

# Priority Partners (690)

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## INTRODUCTION

Priority Partners is pleased to provide the 2018 Priority Partners MCO Formulary. The Priority Partners Formulary is a guide for health care providers and plan members. The formulary is updated on a regular basis, including when a new generic or brand-name medication becomes available, and as discontinued drugs are removed from the marketplace. **The Priority Partners Formulary is a closed formulary and only those drugs listed in this formulary are covered.**

The drugs selected for this formulary have been reviewed and approved by the Priority Partners Pharmacy and Therapeutics (P&T) Committee. Formulary drugs are clinically-appropriate and cost-effective for patients who have their drug benefit administered through Priority Partners. There may be occasions when an unlisted drug is desired for medical management of a specific patient. In those instances, the unlisted medication may be requested through the Non-Formulary request process, which is described on page 8 of this document.

Please visit our website at [www.jhhc.com](http://www.jhhc.com) for additional information regarding the Priority Partners MCO Formulary.

## NONDISCRIMINATION STATEMENT

It is the policy of Priority Partners MCO not to discriminate on the basis of race, color, national origin, sex, age or disability. Priority Partners MCO has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act (42 U.S.C. 18116) and its implementing regulations at 45 CFR part 92, issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities. Section 1557 and its implementing regulations may be examined in the office of Ms. Jennifer Glenn, Johns Hopkins HealthCare Compliance Grievance Coordinator, Johns Hopkins HealthCare Corporate Compliance Department at 6704 Curtis Court, Glen Burnie, MD 21060, phone: 1-844-422-6957, fax: 1-410-762-1527, and email: [compliance@jhhc.com](mailto:compliance@jhhc.com), who has been designated to coordinate the efforts of Priority Partners MCO to comply with Section 1557.

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance under this procedure. It is against the law for Priority Partners MCO to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

Procedure:

- Grievances must be submitted to the Section 1557 Coordinator within (60 days) of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
- The Section 1557 Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Section 1557 Coordinator will maintain the files and records of Priority Partners MCO relating to such grievances. To the extent possible, and in accordance with applicable law, the Section 1557 Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
- The Section 1557 Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.
- The person filing the grievance may appeal the decision of the Section 1557 Coordinator by writing to the President of Johns Hopkins HealthCare within 15 days of receiving the Section 1557 Coordinator's decision. The President of Johns Hopkins HealthCare shall issue a written decision in response to the appeal no later than 30 days after its filing.

The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the U.S. Department of Health and Human Services, Office for

Civil Rights. A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019/TDD: 1-800-537-7697.

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>. Such complaints must be filed within 180 days of the date of the alleged discrimination.

Priority Partners MCO will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings. The Section 1557 Coordinator will be responsible for such arrangements.

### **Language Accessibility Statement**

**Interpreter Services Are Available for Free**

**Español/Spanish**

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-654-9728 (TTY: 1-800-201-7165).

**አማርኛ/Amharic**

ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ደርጅቶች፣ በክፍያ የሚሰጡት ተዘጋጅተዋል። ወደ ሚክሶኮቲኮ ቅጥር ይደውሉ 1-800-654-9728 (መስማት ለተሳናቸው: 1-800-201-7165)።

**العربية/Arabic**

ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية متوافر لك بالمجان. اتصل برقم 1-800-654-9728 (رقم هاتف الصم والبكم: 1-800-201-7165).

**Bàsco-wüqù-po-nyò/Basca**

Dè qenià kedýe djé gbo: Djú ké m [Bàsó ò -wü qù-po-nyò ] jú ní, níí, à wuqú ká kò djò po-pòò BÉín m gbo kpáa. Dá 1-800-654-9728 (TTY:1-800-201-7165).

**中文/Chinese**

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電1-800-654-9728 (TTY:1-800-201-7165)。

**فارسی/Farsi**

توجه: اگر به زبان فارسی گفتگو می کنید، خدمات پشتیبانی زبانی بصورت رایگان برای شما جگردد. تماس 1-800-654-9728 (TTY: 1-800-201-7165) با ما شد می فر.

**Français/French**

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-654-9728 (ATS : 1-800-201-7165).

**ગુજરાતી/Gujarati**

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે.

ફોન કરો

1-800-654-9728 (TTY: 1-800-201-7165).

**kreyòl ayisyen/Haitian Creole**

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-654-9728 (TTY: 1-800-201-7165).

**Igbo**

Ni: O bụrụ na asụ lbo, asụsụ aka pasụ n'efu, defu, aka. Call 1-800-654-9728 (TTY: 1-800-201-7165).

**한국어/Korean**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-654-9728

(TTY: 1-800-201-7165)번으로 전화해 주십시오.

**Português/Portuguese**

ATENÇÃO: Se fala português, encontramos-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-654-9728 (TTY: 1-800-201-7165).

**Русский/Russian**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-654-9728 (телефакс: 1-800-201-7165).

**Tagalog**

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-654-9728 (TTY: 1-800-201-7165).

**اردو/Urdu**

خبردار: اگر آپ اردو بولتے ہیں تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-654-9728 (TTY: 1-800-201-7165)۔

**Tiếng Việt/Vietnamese**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-654-9728 (TTY: 1-800-201-7165).

**Yorùbá/Yoruba**

AKIYESI: Èi o ba n sọ èdè Yorùbá o fẹ̀ ni iranlowo lo ni èdè wa fun yin o. Ẹ pe ẹrọ-ibaniṣọrọ yi 1-800-654-9728 (TTY: 1-800-201-7165).

## PREFACE

The Priority Partners MCO Formulary is organized by sections. Each section includes therapeutic groups identified by either a drug class or disease state. Products are listed by generic name. Brand names are included as a reference to assist in product recognition. Unless exceptions are noted, generally all applicable dosage forms and strengths of the drug cited are covered.

This formulary covers selected over-the-counter (OTC) products upon prescription. A complete list is included in this formulary. You are encouraged to recommend OTC products when clinically-appropriate.

The Priority Partners formulary is now available on line through the Epocrates system. Registration for Epocrates is free and is available at [www.epocrates.com](http://www.epocrates.com).

## PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The Priority Partners P&T Committee is comprised of faculty physicians from the Johns Hopkins School of Medicine and other Priority Partners practicing physicians from a variety of medical specialties. Additional members of the Committee include Clinical Pharmacists and Allied Health Professionals. The actions of the Priority Partners P&T Committee are communicated in the *Across the Board Newsletter*, which is distributed via mail to Priority Partners network physicians.

## PRODUCT SELECTION CRITERIA

The Priority Partners P&T Committee considers all new-to-market drugs for inclusion to the formulary. The evaluation includes a literature review and expert external opinion may also be sought. Formal reviews are prepared that typically address the following information:

- Safety
- Efficacy
- Comparison studies
- Approved indications
- Adverse effects
- Contraindications/Warnings/Precautions
- Pharmacokinetics
- Patient administration/compliance considerations
- Medical outcome and pharmaco-economic studies

When a new drug is considered for formulary inclusion, it will be reviewed relative to similar drugs currently on formulary. In addition, entire therapeutic classes are periodically reviewed in an effort to continually provide the most clinically useful and cost-effective agents.

*All the information in the Priority Partners MCO Formulary is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.*

## GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than the prescribed brand-name product. Products designated in the formulary drug list by **boldface** type have **generic availability**. In most instances, a brand-name drug for which a generic product becomes available will become non-formulary, with the generic product covered in its place, upon release of the generic product onto the market.

The U.S. Food and Drug Administration's (FDA) generic drug review and approval process assures the following requirements have been met:

1. The generic drug must contain the same active ingredient(s), be the same strength and the same dosage form as the brand-name product.
2. The FDA has given the generic an "A" rating compared to the branded product indicating bioequivalence, and has determined the generic is therapeutically equivalent to the reference brand. The ratings of generic drugs are available by referring to the FDA reference, *Approved Drug Products with Therapeutic Equivalence Evaluations* (Orange Book).

When the above two criteria are met, a generic can be substituted with the full expectation that the substituted product will produce the same clinical effect and safety profile as the prescribed product. Drug products that have a narrow therapeutic index (NTI) can also be guided by these principles. It is not necessary for the health care provider to approach any one therapeutic class of drug products (e.g., NTI drugs) differently from any other class, when there has been a determination of therapeutic equivalence by the FDA for the drug products under consideration. Also, additional clinical tests or examinations by the physician are not needed when a therapeutically equivalent generic drug product is substituted for the brand-name product.

It is recommended that generic substitution not be exercised by the pharmacist with multisource products that appear in the Orange Book and carry a "B" rating, indicating that these products cannot be considered therapeutically equivalent to other products in the group. Also, state laws or regulations may dictate the ability to practice generic substitution for selected products or categories of drugs.

It is also recommended that generic substitution not be undertaken for any unrated multisource products that might be considered narrow therapeutic index, or maintenance drugs where it is known that unrated products from different labelers are not bioequivalent.

## DRUG EFFICACY STUDY IMPLEMENTATION (DESI) DRUGS

Drugs first marketed between 1938 and 1962 were approved as safe but required no showing of effectiveness for FDA approval. Beginning in 1962, all new drugs were required to be both safe and effective before they could be marketed. This legislation also applied retroactively to all drugs approved as safe from 1938-1962. The DESI program was established to review the effectiveness of these pre-1962 drugs, and a determination of fully effective was made for most of these products and they remain in the marketplace. A few DESI products remain classified as less than fully effective while awaiting final administrative disposition. Also, classified as DESI are many products listed as identical, similar, or related to actual DESI products. Some plans will not pay for DESI less-than-effective drug products.

## NON-FORMULARY EXCEPTION REQUESTS

A medical exception must be requested for drug products not listed in the Priority Partners MCO Formulary. To request a Non-Formulary Exception Request form, call 1-800-654-9728, or download a copy from the Priority Partners website at [www.jhhc.com](http://www.jhhc.com). Fax the completed form to the Priority Partners Pharmacy Department at 1-410-424-4607.

## MANAGED DRUG LIMITATIONS (MDL)

Certain prescription medications have specific dispensing limitations for quantity and maximum dose. These dispensing limitations are based on generally accepted guidelines, drug label information approved by the Food and Drug Administration (FDA), current medical literature and input from a committee of physicians and pharmacists. The Priority Partners Pharmacy and Therapeutics Committee may place a limit on the quantity of drug a plan participant may receive based upon cost and/or clinical reasons. The list of medications subject to quantity limits may change. The most up-to-date listing of quantity limits is available on the website [www.jhhc.com](http://www.jhhc.com).

Airduo Respiclick (fluticasone/salmeterol, CFC-free aerosol)	2 containers/month
Amerge (naratriptan)	8 tabs/month
Aranesp (darbepoetin alfa)	4 vials or syringes/month
Basaglar KwikPen (insulin glargine)	60 mL/month
Celebrex (celecoxib)	60 caps/month
Codeine/acetaminophen oral solution 12/120 mg/5 ml	1000 mL/month
Codeine sulfate	180 tabs/month
Combivent Respimat (ipratropium/albuterol)	2 containers/month
Depo-Provera (medroxyprogesterone acetate 150 mg/mL)	1 mL injection/90 days
Diflucan (fluconazole) 150 mg	2 tabs/month
Dilaudid (hydromorphone)	180 tabs/month
Duragesic (fentanyl transdermal)	10 patches/month
Elidel (pimecrolimus)	100 gm/month
Emend (aprepitant) suspension	9 kits/month
Epclusa (sofosbuvir/velpatasvir)	30 tabs/month
Epinephrine auto-injector	2 syringes/month



Epipen, Epipen Jr. (epinephrine pen)	2 syringes/month
Epogen (epoetin alfa)	4 vials or syringes/month
Fioricet (butalbital/acetaminophen/caffeine) caps, tabs	8 caps or tabs/day
Fioricet w/Codeine (butalbital/acetaminophen/caffeine/codeine)	180 tabs/month
Fiorinal w/Codeine (butalbital/aspirin/caffeine/codeine)	180 caps/month
Flovent Diskus (fluticasone)	1 container (60 caps)/month
Flovent HFA (fluticasone)	1 container/month
Freestyle or Precision XTRA diabetic test strips (birth through age 17)	300 strips/month
Freestyle or Precision XTRA diabetic test strips (age 18 and above)	150 strips/month
Granix (tbo-filgrastim)	12 syringes/month
Humalog	4 vials combined/month
Humulin	4 vials combined/month
Hydrocodone/acetaminophen oral solution 7.5/325 mg/15 ml	2750 mL/month
Hydrocodone/acetaminophen	180 tabs/month
Imitrex (sumatriptan) tabs	16 tabs/month
Imitrex (sumatriptan) spray	12 nasal sprays/month
Imitrex (sumatriptan) injections	8 injections/month
Ipratropium nasal spray 0.03%	30 mL/month
Ipratropium nasal spray 0.06%	15 mL/month
Kytril (granisetron) 1 mg	6 tabs/month
Kytril (granisetron) 1 mg/5 mL suspension	30 mL/month
Leukine (sargramostim)	4 vials or syringes/month
Levonorgestrel 0.75 mg	4 tabs/year
Lidocaine oint 5%	60 gm/month
Lovenox (enoxaparin) all strengths	greater than 30 days of therapy requires Prior Authorization
Lysteda (tranexamic acid)	30 tabs/month
Mavyret (glecaprevir/pibrentasvir)	90 tabs/month
Maxalt (rizatriptan) tabs	12 tabs/month
Metrogel (metronidazole) 1% gel	60 gm/month
Mobic (meloxicam) 7.5 mg/5 mL suspension	600 mL/month
Mobic (meloxicam) tabs	60 tabs/month
Morphine immediate-release	180 tabs/month
Morphine oral solution 10 mg/5 ml	1350 mL/month
Morphine oral solution 20 mg/5 ml	675 mL/month
Morphine oral solution 100 mg/5 ml	135 mL/month
Morphine suppository	180 sup/month
Neulasta (pegfilgrastim)	4 vials or syringes/month
Neupogen (filgrastim)	12 vials or syringes/month
Nexium 24HR (esomeprazole magnesium delayed-rel)	2 caps or tabs/day
Next Choice One Dose (levonorgestrel) 1.5 mg	2 tabs/year
Novolin	4 vials combined/month
Novolog	4 vials combined/month
Omeprazole delayed-rel caps, tabs 20 mg (OTC)	68 caps or tabs/month
Omeprazole delayed-rel caps 20 mg, 40 mg (Rx)	30 caps/month
Oxycodone/acetaminophen solution 5/325 mg/5 mL	1800 mL/month
Oxycodone immediate-release	180 tabs/month
Oxycodone concentrate 20 mg/mL	90 mL/month
Oxycodone oral solution 5 mg/5 mL	1800 mL/month
Pantoprazole delayed-rel tabs	30 tabs/month
Percocet (oxycodone/acetaminophen)	180 tabs/month
Percodan (oxycodone/aspirin)	180 tabs/month
Plan B One-Step (levonorgestrel) 1.5 mg (OTC only)	1 tab/month
Prevacid (lansoprazole delayed-rel) caps (Rx)	30 caps/month
Prevacid 24HR (lansoprazole delayed-rel) (OTC)	60 caps/month
Prevpac (lansoprazole 30 mg + amoxicillin 500 mg + clarithromycin 500 mg)	1 pack/14 days
Proair HFA (albuterol sulfate, CFC-free aerosol)	2 containers/month
Procrit (epoetin alfa)	4 vials or syringes/month
Protopic (tacrolimus)	100 gm/month

Relenza (zanamivir) 5 mg	5 days therapy maximum/month
Spiriva Handihaler (tiotropium)	1 container/month
Spiriva Respimat (tiotropium, CFC-free aerosol)	1 container/month
Tamiflu (oseltamivir) caps	10 caps/180 days
Tamiflu (oseltamivir) oral suspension	180 mL/90 days
Tylenol w/Codeine (acetaminophen/codeine)	180 tabs/month
Ultracet (tramadol/acetaminophen)	180 tabs/month
Ultram (tramadol)	180 tabs/month
Valcyte (valganciclovir) 450 mg	98 tabs/month
Ventolin HFA (albuterol sulfate, CFC-free aerosol)	2 containers/month
Voltaren Gel (diclofenac sodium gel)	500 gm/month
Zithromax (azithromycin) 250 mg	6 tabs/month
Zithromax (azithromycin) 500 mg	3 tabs/month
Zofran/Zofran ODT (ondansetron) 4 mg, 8 mg	12 tabs/month
Zofran (ondansetron) 4 mg/5 mL solution	60 mL/month
Zomig/Zomig ZMT (zolmitriptan) 2.5 mg	18 tabs/month
Zomig/Zomig ZMT (zolmitriptan) 5 mg	15 tabs/month
Zyvox (linezolid) 600 mg	28 tabs/month

## MARYLAND PREFERRED DRUG LIST

Maryland Department of Health is responsible for formulary management of most drugs used for behavioral health purposes which are covered under the Medicaid Mental Health Formulary as well as Substance Use Disorder Medications and drugs used in the treatment of HIV/AIDS. Drugs in these classes are carved out of the MCO pharmacy benefit and are payable as fee-for-service through Maryland Medical Assistance. Some drugs are subject to the prior authorization requirements of the Preferred Drug List (PDL) and clinical criteria. Please refer to the Maryland Preferred Drug List for a complete listing of covered drugs at:

<https://mmcp.health.maryland.gov/pap/pages/Preferred-Drug-List.aspx>

### Maryland Medicaid Mental Health Formulary

Drugs from the American Hospital Formulary Service (AHFS) therapeutic classes listed below are included in the Maryland Medicaid Mental Health Formulary available at:

[https://mmcp.health.maryland.gov/pap/docs/MMPP\\_MHF.pdf](https://mmcp.health.maryland.gov/pap/docs/MMPP_MHF.pdf)

Central Alpha-Agonist (AHFS Class No. 240816)  
 Anticonvulsants, Benzodiazepines (AHFS Class No. 281208)  
 Anticonvulsants, Miscellaneous (AHFS Class No. 281292)  
 Antidepressants (AHFS Class No. 281604)  
 Antipsychotic Agents (AHFS Class No. 281608)  
 Amphetamines (AHFS Class No. 282004)  
 Respiratory and Cerebral Stimulants (AHFS Class No. 282032)  
 Wakefulness-Promoting Agents (AHFS Class No. 282080)  
 Benzodiazepines, Anxiolytics, Sedatives and Hypnotics (AHFS Class No. 282408)  
 Anxiolytics, Sedatives and Hypnotics, Miscellaneous (AHFS Class No. 282492)  
 Antimanic Agents (AHFS Class No. 282800)  
 Anticholinergic Agents (AHFS Class No. 283608)  
 MAO Inhibitors (AHFS Class No. 283632)  
 Central Nervous System Agents, Miscellaneous (AHFS Class No. 289200)

### Substance Use Disorder Medications

A list of Substance Use Disorder Medications can be found at:

<https://mmcp.health.maryland.gov/pap/docs/Substance%20Use%20Disorder%20Medication%20Clinical%20Criteria%20Final%20updated%20Oct%204%202017.pdf>

## OVER-THE-COUNTER DRUG COVERAGE

In addition to prescription benefits, all over-the-counter (OTC) medications on this list, up to a maximum 30-day supply, are covered by Priority Partners with a written or verbal prescription from a network provider. OTC products covered are restricted to generics when available. Brand names are provided as reference only. If both prescription and OTC products are available, you are encouraged to prescribe OTC products when clinically appropriate.

<b>Product Name</b>	<b>Brand Name Examples</b>
Acetaminophen tabs, caps, chew tabs, susp, elixir, drops	Tylenol
Acetic acid/Aluminum acetate otic solution	
Alumina/Magnesia	Maalox
Alumina/Magnesia/Simethicone	Maalox, Mylanta
Ammonium Lactate 12% crm, lotion	Amlactin
Artificial tears oint, soln	Artificial Tears
Aspirin tabs, chew tabs, buffered tabs, delayed-rel tabs	
Bacitracin topical oint	
Bisacodyl delayed-rel tabs	Dulcolax
Blood glucose monitoring kits, test strips <b>MDL</b>	Freestyle, Precision XTRA
Blood ketone monitoring test strips	Precision XTRA
Brompheniramine/Phenylephrine elixir 1 mg/2.5 mg/5 mL	Dimetapp
Butenafine crm	Lotrimin Ultra
Calcium Acetate/Aluminum Sulfate powder packet	Domeboro
Cetirizine	Zyrtec
Cetirizine/Pseudoephedrine ext-rel	Zyrtec-D
Chlorpheniramine 4 mg tabs, syrup	Chlor-Trimeton
Cholecalciferol (D3) drops	Vitamin D3
Cimetidine	Tagamet HB 200
Clotrimazole crm	Lotrimin AF
Clotrimazole vaginal crm	Gyne-Lotrimin 3-day, Gyne-Lotrimin 7-day
Condoms	
Dextromethorphan/Guaifenesin ext-rel	Mucinex DM
Dextromethorphan/Guaifenesin liquid, solution, syrup	
Diabetic supplies: alcohol swabs, lancets, sharps container	
Diphenhydramine 25 mg caps, elixir, tabs	Benadryl
Docusate Sodium 100 mg caps, 150 mg/15 mL liquid	Colace
Doxylamine 25 mg	Unisom
Electrolyte rehydrating solution, oral	Pedialyte
Ergocalciferol (D2) drops	
Esomeprazole magnesium delayed-rel <b>MDL</b>	Nexium 24HR
Ferrous Gluconate tabs	Fergon
Ferrous Sulfate drops, elixir, tabs	Feosol
Fexofenadine	Allegra
Fexofenadine/Pseudoephedrine ext-rel	Allegra-D
Fluticasone spray	Flonase Allergy Relief
Guaifenesin ext-rel	Mucinex
Guaifenesin liquid, syrup	Diabetic Tussin
Hydrocortisone crm, gel, lotion, oint, solution 1%	Cortizone-10
Hydrocortisone oint 0.5%	
Hydrocortisone/Aloe Vera crm 0.5%, 1%	
Ibuprofen 200 mg tabs, 100 mg/5 mL susp	Advil
Insulin human <b>MDL</b>	Humulin R, Novolin R
Insulin isophane human <b>MDL</b>	Humulin N, Novolin N
Insulin isophane human 70%/regular 30% <b>MDL</b>	Humulin 70/30, Novolin 70/30
Insulin syringes and needles	
Ketotifen ophthalmic solution	Zaditor
Lansoprazole delayed-rel <b>MDL</b>	Prevacid 24HR
Levonorgestrel 1.5 mg	Plan B One-Step
(Prescription not required regardless of member's age.) <b>MDL</b>	
Lidocaine crm 4%	LMX 4

**Product Name**

Loperamide tabs, liquid  
 Loratadine liquid, orally disintegrating tabs, tabs  
 Loratadine/Pseudoephedrine ext-rel  
 Meclizine  
 Miconazole crm, powder, spray  
 Miconazole vaginal crm, suppository  
 Multivitamins  
 Multivitamins drops  
 Multivitamins/Iron  
 Multivitamins/Iron drops  
 Multivitamins/Minerals  
 Neomycin/Bacitracin/Polymyxin B  
 Niacin tabs  
 Omeprazole delayed-rel **MDL**  
 Permethrin 1% (60 mL)  
 Polyethylene Glycol 3350 powder  
 Polysaccharide Iron Complex (renal patients only)  
 Polysaccharide Iron Complex/Vitamin B12/Folic acid  
 Pseudoephedrine tabs, ext-rel tabs, 30 mg/5 mL syrup  
 Pyrantel - Reese's Pinworm Medicine  
 Pyridoxine 25 mg  
 Ranitidine  
 Salicylic Acid pad 2%  
 Salicylic Acid/Urea oint 5-10%  
 Spacer (respiratory)  
 Triamcinolone acetonide spray  
 Urea crm 10%  
 Urea crm 20%  
 Urea lotion 10%  
 Vitamin E drops, caps

**Brand Name Examples**

Imodium A-D  
 Claritin  
 Claritin-D  
  
 Micatin  
 Monistat 3, Monistat 7  
  
 Poly-Vi-Sol  
 Geritol  
 Poly-Vi-Sol/Iron  
 Centrum Silver  
 Neosporin  
  
 Prilosec OTC  
 NIX Creme Rinse  
 Miralax  
 Nu-Iron 150  
 Ferrex 150 Forte  
 Sudafed  
  
 Vitamin B6  
 Zantac 75, Zantac 150  
  
 Kerasal  
 Aerochamber  
 Nasacort Allergy 24HR  
 Atrac-tain  
 Carmol 20  
 Carmol 10

**PRIOR AUTHORIZATION**

Certain medications require prior authorization (PA) before coverage is approved, to assure medical necessity, clinical appropriateness and/or cost effectiveness. Coverage of these drugs is subject to specific criteria approved by the Priority Partners P&T Committee. Established criteria are based upon medical literature, physician expert opinion, and FDA-approved labeling information.

To request a Non-Formulary Exception Request form, call 1-800-654-9728, or download a copy from the Priority Partners website at [www.jhnc.com](http://www.jhnc.com). Fax the completed form to the Priority Partners Pharmacy Department at 1-410-424-4607.

The following drugs and generic versions, if available, require prior authorization. This list is subject to change.

Adcirca	Claravis
Afinitor	Cometriq
Alecensa	Copaxone
Amitiza	Copegus
Ampyra	Cosentyx
Androderm	Cotellic
Androgel	Delatestryl
Avonex	Depo-Testosterone
Betaseron	Differin
Bosulif	Dificid
Cabometyx	Dolophine
Caprelsa	Duragesic
Celebrex	Eligard
Cimzia	Enbrel

Erivedge	Pomalyst
Exjade	Promacta
Farydak	Purixan
Flolan	Rebetol
Forteo	Rebif
Gilotrif	Remodulin
Gleevec	Revatio
Humira	Revlimid
Hycamtin	Rubraca
Ibrance	Rydapt
Iclusig	Santyl
Idhifa	Sensipar
Imbruvica	Siliq
Inlyta	Sprycel
Insulin pens (except Basaglar) for members > 18 years of age)	Stivarga
Intron A	Tagrisso
Iressa	Tafinlar
Jadenu	Tarceva
Jakafi	Targretin caps
Kevzara	Tasigna
Kisqali	Tecfidera
Kisqali Femara Co-Pack	Temodar
Lenvima	Testim
Letairis	Thalomid
Lonsurf	Tikosyn
Lovenox	Tracleer
(for greater than 30 days of therapy)	Tykerb
Lupron	Tyvaso
Lynparza	Venclexta
Mavyret	Votrient
Mekinist	Xalkori
MS Contin	Xeljanz
Nerlynx	Xeljanz XR
Ninlaro	Xeloda
Norditropin	Xenazine
Noxafil	Xtandi
Odomzo	Zejula
Ofev	Zelboraf
Oralair	Zolinza
Oxandrin	Zydelig
Oxymorphone ext-rel	Zykadia
Pegasys	Zytiga

## STEP THERAPY

For some plan members who receive the pharmacy benefit, certain covered medications are required to satisfy specific step therapy criteria. Step therapy criteria simply means that for certain drug products, members must first have tried one or more prerequisite medications to treat their condition before other medications are covered through their benefit.

The following drugs and generic versions, if available, require step therapy. This list is subject to change and may not be all-inclusive.

Advair Diskus	Inhaled corticosteroid required before Advair or Symbicort
Advair HFA	Inhaled corticosteroid required before Advair or Symbicort
Anoro Ellipta	Spiriva required before Anoro Ellipta
Elidel	Topical steroid required before Elidel and tacrolimus (Protopic)
Exforge	amlodipine/benazepril or amlodipine with an ARB required before valsartan/amlodipine (Exforge)

Exforge HCT	amlodipine/benazepril or amlodipine with an ARB required before valsartan/amlodipine/hydrochlorothiazide (Exforge HCT)
Janumet	metformin or metformin combinations required before Janumet, Janumet XR or Kombiglyze XR
Janumet XR	metformin or metformin combinations required before Janumet, Janumet XR or Kombiglyze XR
Januvia	metformin or metformin combinations required before Januvia or Onglyza
Jardiance	metformin or metformin combinations required before Jardiance
Kombiglyze XR	metformin or metformin combinations required before Janumet, Janumet XR or Kombiglyze XR
Lialda	Other Colitis drug required before Lialda
Onglyza	metformin or metformin combinations required before Januvia or Onglyza
Ovide	permethrin required before malathion (Ovide) for age > 6
Protopic	Topical steroid required before Elidel and tacrolimus (Protopic)
Serevent Diskus	Inhaled corticosteroid required before Serevent Diskus
Symbicort	Inhaled corticosteroid required before Advair or Symbicort
Synjardy	metformin or metformin combinations required before Synjardy
Synjardy XR	metformin or metformin combinations required before Synjardy XR
Tanzeum	metformin or metformin combinations required before Tanzeum
Tekturna	Two antihypertensives required before Tekturna
Ulesfia	permethrin required before Ulesfia for 6 years of age or younger
Uloric	allopurinol required before Uloric
Victoza	metformin or metformin combinations required before Victoza
Xadago	carbidopa/levodopa required before Xadago
Zetia	Statin (HMG-CoA) required before ezetimibe (Zetia)

## SPECIALTY PHARMACY

Most of the injectable products listed in this formulary for Priority Partners plan participants are available through CVS Specialty™. Prior Authorization is required for most injectables and may be requested by calling Priority Partners at 1-800-654-9728.

In addition, CVS Specialty includes delivery services to the location of the plan participant's or the physician's choice. Other services include electronic claims processing and claims assistance designed to alleviate the administrative duties of physicians' offices.

## EDITOR

Your comments and suggestions regarding the Priority Partners Formulary are encouraged. Your input is vital to this formulary's continued success. Network providers may request Formulary changes by completing a Formulary Change Request Form. All responses will be reviewed and considered. Please send your comments or completed form to:

Chairperson  
Pharmacy and Therapeutics Committee  
Priority Partners MCO  
6704 Curtis Court  
Glen Burnie, MD 21060

Phone: 1-800-654-9728  
Fax: 1-410-424-4607

## LEGEND

<b>d</b>	DESI drug
<b>MDL</b>	Managed Drug Limitation
<b>OTC</b>	Over the counter
<b>PA</b>	Prior Authorization
<b>SP</b>	Specialty
<b>ST</b>	Step Therapy
<b>boldface</b>	Indicates generic availability
delayed-rel	Delayed-release (also known as enteric-coated), refer to the reference brand listed for clarification
ext-rel	Extended-release (also known as sustained-release), refer to the reference brand listed for clarification

## NOTICE

The information contained in this Priority Partners Formulary and its appendices is provided by Priority Partners solely for the convenience of medical providers. Priority Partners does not warrant or assure accuracy of such information, nor is it intended to be comprehensive in nature. The Priority Partners Formulary is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his or her choice of prescription drugs. Priority Partners assumes no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

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This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with Priority Partners.

Priority Partners does not operate the websites/organizations listed here, nor is it responsible for the availability or reliability of the websites' content. These listings do not imply or constitute an endorsement, sponsorship or recommendation by Priority Partners.

## ANALGESICS

Practice guidelines of pain management are available at:

<http://www.asahq.org>

### ANALGESICS, OTHER

Treatment recommendations for osteoarthritis are available at:

<http://www.rheumatology.org>

<b>OTC, QL</b>	<b>acetaminophen</b>	TYLENOL
<b>NSAIDs</b>		
<b>OTC</b>	<b>ibuprofen</b>	ADVIL
	<b>diclofenac sodium delayed-rel</b>	
	<b>etodolac</b>	
	<b>ibuprofen</b>	
<b>MDL</b>	<b>meloxicam</b>	MOBIC
	<b>nabumetone</b>	
	<b>naproxen</b>	NAPROSYN
	<b>naproxen sodium</b>	ANAPROX
	<b>oxaprozin</b>	DAYPRO
	<b>sulindac</b>	
<b>NSAIDs, TOPICAL</b>		
<b>MDL</b>	<b>diclofenac sodium gel</b>	VOLTAREN GEL
<b>COX-2 INHIBITORS</b>		
<b>MDL, PA</b>	<b>celecoxib</b>	CELEBREX
<b>GOUT</b>		
	<b>allopurinol</b>	ZYLOPRIM
	<b>colchicine tabs</b>	COLCRYS
<b>ST</b>	<b>febuxostat</b>	ULORIC
	<b>probenecid</b>	

**ST** = allopurinol required before Uloric

### OPIOID ANALGESICS

Practice Guidelines for Cancer Pain Management (includes WHO analgesic ladder) are available at:

<http://www.asahq.org>

<http://www.nccn.org>

Opioid guidelines in the management of chronic non-malignant pain are available at:

<http://www.asipp.org/Guidelines.htm>

The quantity of opioid products prescribed (including those that are combined with acetaminophen, aspirin or ibuprofen) will be limited to up to 90 morphine milligram equivalents (MME) per day based on a 30-day supply.

<b>MDL</b>	<b>butalbital/acetaminophen/caffeine/codeine</b>	FIORICET w/CODEINE
<b>MDL</b>	<b>butalbital/aspirin/caffeine/codeine</b>	FIORINAL w/CODEINE
<b>MDL</b>	<b>codeine sulfate</b>	
<b>MDL</b>	<b>codeine/acetaminophen</b>	TYLENOL w/CODEINE
<b>MDL, PA</b>	<b>fentanyl transdermal</b>	DURAGESIC
<b>MDL</b>	<b>hydrocodone/acetaminophen 5/300 mg, 7.5/300 mg, 10/300 mg</b>	
<b>MDL</b>	<b>hydrocodone/acetaminophen 5/325 mg, 7.5/325 mg, 10/325 mg</b>	
<b>MDL</b>	<b>hydrocodone/acetaminophen solution 7.5/325 mg/15 mL</b>	
<b>MDL</b>	<b>hydromorphone</b>	DILAUDID
<b>PA</b>	<b>methadone</b>	DOLOPHINE



PA	morphine ext-rel	MS CONTIN
MDL	morphine immediate-release	
MDL	morphine oral solution	
MDL	morphine supp	
MDL	oxycodone concentrate 20 mg/mL	
MDL	oxycodone immediate release	
MDL	oxycodone oral solution 5 mg/5 mL	
MDL	oxycodone/acetaminophen	PERCOCET
MDL	oxycodone/aspirin	PERCODAN
PA	oxymorphone ext-rel	
MDL	tramadol immediate-release	ULTRAM
MDL	tramadol/acetaminophen	ULTRACET
<b>NON-OPIOID ANALGESICS</b>		
MDL	butalbital/acetaminophen/caffeine	FIORICET
	butalbital/aspirin/caffeine	FIORINAL

## ANTI-INFECTIVES

Practice guidelines and statements developed and endorsed by the Infectious Diseases Society of America are available at: <http://www.idsociety.org>

**Hepatitis:** CDC recommendations on the treatment of hepatitis are available at: <http://www.cdc.gov/hepatitis/Resources/>

Guidelines for the management of chronic hepatitis by the American Association for the Study of Liver Disease are available at: <http://www.aasld.org>

**HIV/AIDS:** Guidelines for the treatment of HIV patients by the U.S. Department of Health and Human Services are available at: <http://www.aidsinfo.nih.gov>

**Infective Endocarditis:** American Heart Association recommendations for the prevention of bacterial endocarditis are available at: <http://www.myamericanheart.org>

**Influenza:** Recommendations of the Advisory Committee on Immunization Practices are available at: <http://www.cdc.gov/ncidod/diseases/flu/fluvirus.htm>

**International Travel:** CDC recommendations for international travel are available at: <http://www.cdc.gov/travel>

**Respiratory Tract Infection/Antibiotic Use/Community Acquired Pneumonia/Other:** Principles of appropriate antibiotic use for treatment of nonspecific upper respiratory tract infection in adults are available at: <http://www.cdc.gov/flu/>

**Sexually Transmitted Diseases:** CDC Sexually Transmitted Diseases Guidelines are available at: <http://www.cdc.gov/std/treatment/default.htm>

## ANTIBACTERIALS

### Aminoglycosides

neomycin sulfate tabs

### Cephalosporins

#### First Generation

cephalexin

KEFLEX

#### Second Generation

cefaclor

cefprozil

	<b>cefuroxime axetil</b>	CEFTIN
<i>Third Generation</i>		
	<b>cefdinir</b>	
<b>Erythromycins/Macrolides</b>		
<b>MDL</b>	<b>azithromycin</b>	ZITHROMAX
	<b>clarithromycin</b>	BIAXIN
	<b>erythromycin base</b>	
	<b>erythromycin delayed-rel</b>	
	<b>erythromycin delayed-rel - Ery-tab</b>	
	<b>erythromycin ethylsuccinate</b>	E.E.S.
	<b>erythromycin stearate</b>	
<b>PA</b>	<b>fidaxomicin</b>	DIFICID
<b>Fluoroquinolones</b>		
	<b>ciprofloxacin</b>	CIPRO
	<b>ciprofloxacin ext-rel</b>	
	<b>levofloxacin</b>	LEVAQUIN
	<b>moxifloxacin</b>	AVELOX
	<b>ofloxacin</b>	
<b>Penicillins</b>		
	<b>amoxicillin</b>	
	<b>amoxicillin/clavulanate</b>	AUGMENTIN
	<b>amoxicillin/clavulanate ext-rel</b>	
	<b>ampicillin</b>	
	<b>dicloxacillin</b>	
	<b>penicillin VK</b>	
<b>Sulfonamides</b>		
	<b>sulfadiazine</b>	
	<b>sulfamethoxazole/trimethoprim DS</b>	
<b>Tetracyclines</b>		
	<b>doxycycline hyclate caps</b>	VIBRAMYCIN
*	<b>doxycycline hyclate tabs 20 mg, 100 mg</b>	
	<b>doxycycline monohydrate caps 100 mg</b>	MONODOX
	<b>doxycycline monohydrate susp</b>	VIBRAMYCIN
	<b>doxycycline monohydrate tabs</b>	
	<b>minocycline caps</b>	MINOCIN
	<b>tetracycline</b>	
* doxycycline hyclate delayed-rel tabs 75 mg, 100 mg, 150 mg are not covered		
<b>ANTIFUNGALS</b>		
	<b>clotrimazole troches</b>	
<b>MDL</b>	<b>fluconazole</b>	DIFLUCAN
	<b>griseofulvin microsize susp, tabs</b>	
	<b>griseofulvin ultramicrosize</b>	GRIS-PEG
	<b>itraconazole caps</b>	SPORANOX
	<b>itraconazole solution</b>	SPORANOX
	<b>ketoconazole tabs</b>	
	<b>nystatin</b>	
<b>PA</b>	<b>posaconazole</b>	NOXAFIL
	<b>terbinafine tabs</b>	LAMISIL

**ANTIMALARIALS**

	atovaquone	MEPRON
	atovaquone/proguanil	MALARONE
	chloroquine	
	mefloquine	
	primaquine	
	pyrimethamine	DARAPRIM

**ANTIRETROVIRAL AGENTS**

These drugs are carved out of the MCO pharmacy benefit and are payable as fee-for-service through Maryland Medical Assistance.

**ANTITUBERCULAR AGENTS**

	ethambutol	MYAMBUTOL
	isoniazid	
	pyrazinamide	
	rifampin	RIFADIN

**ANTIVIRALS****Cytomegalovirus Agents**

	foscarnet	
	valganciclovir oral solution	VALCYTE
<b>MDL</b>	valganciclovir tabs	VALCYTE

**Hepatitis Agents***Hepatitis B*

	adefovir dipivoxil	HEPSERA
	entecavir	BARACLUDE
	lamivudine	EPIVIR-HBV

*Hepatitis C*

<b>MDL, PA, SP</b>	glecaprevir/pibrentasvir	MAVYRET
<b>PA, SP</b>	ribavirin caps	REBETOL
<b>PA, SP</b>	ribavirin tabs	COPEGUS

**Herpes Agents**

	acyclovir caps, susp, tabs	ZOVIRAX
	valacyclovir	VALTREX

**Influenza Agents**

	amantadine caps, syrup	
<b>MDL</b>	oseltamivir caps	TAMIFLU
<b>MDL</b>	oseltamivir susp	TAMIFLU
<b>MDL, *</b>	zanamivir	RELENZA

\* Covered for individuals 7 years of age or older

**MISCELLANEOUS**

<b>OTC</b>	<b>pyrantel - Reese's Pinworm Medicine</b>	
	albendazole	ALBENZA
	clindamycin	CLEOCIN
	dapsone tabs	
	linezolid susp	ZYVOX
<b>MDL</b>	linezolid tabs	ZYVOX
	metronidazole 250 mg, 375 mg, 500 mg	FLAGYL
	nitrofurantoin ext-rel	MACROBID
	nitrofurantoin macrocrystals	MACRODANTIN
	paromomycin	

	pentamidine aerosol	NEBUPENT
	<b>rifabutin</b>	MYCOBUTIN
	<b>tinidazole</b>	TINDAMAX
	<b>trimethoprim tabs</b>	
	<b>vancomycin</b>	VANCOCIN

## ANTINEOPLASTIC AGENTS

Clinical practice guidelines in oncology are available at:

<http://www.asco.org>

<http://www.nccn.org>

### ALKYLATING AGENTS

	altretamine	HEXALEN
	busulfan	MYLERAN
	chlorambucil	LEUKERAN
	cyclophosphamide caps	
	lomustine	GLEOSTINE
	<b>melfhalan</b>	ALKERAN
<b>PA, SP</b>	<b>temozolomide</b>	TEMODAR

### ANTIMETABOLITES

<b>PA, SP</b>	<b>capecitabine</b>	XELODA
	<b>mercaptopurine</b>	
<b>PA, SP</b>	mercaptopurine susp	PURIXAN
	thioguanine	TABLOID

### HORMONAL ANTINEOPLASTIC AGENTS

#### Antiandrogens

<b>PA, SP</b>	abiraterone	ZYTIGA
	<b>bicalutamide</b>	CASODEX
<b>PA, SP</b>	enzalutamide	XTANDI
	<b>flutamide</b>	

#### Antiestrogens

	<b>tamoxifen</b>	
	toremifene	FARESTON

#### Aromatase Inhibitors

	<b>anastrozole</b>	ARIMIDEX
	<b>exemestane</b>	AROMASIN
	<b>letrozole</b>	FEMARA

#### Luteinizing Hormone-Releasing Hormone (LHRH) Agonists

<b>PA, SP</b>	<b>leuprolide acetate</b>	
<b>PA, SP</b>	leuprolide acetate	ELIGARD

#### Progestins

	<b>megestrol acetate</b>	MEGACE
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### IMMUNOMODULATORS

<b>PA, SP</b>	lenalidomide	REVLIMID
<b>PA, SP</b>	pomalidomide	POMALYST
<b>PA, SP</b>	thalidomide	THALOMID

### KINASE INHIBITORS

<b>PA, SP</b>	afatinib	GILOTRIF
<b>PA, SP</b>	alectinib	ALECENSA
<b>PA, SP</b>	axitinib	INLYTA

PA, SP	bosutinib	BOSULIF
PA, SP	cabozantinib	CABOMETYX
PA, SP	cabozantinib	COMETRIQ
PA, SP	ceritinib	ZYKADIA
PA, SP	cobimetinib	COTELLIC
PA, SP	crizotinib	XALKORI
PA, SP	dabrafenib	TAFINLAR
PA, SP	dasatinib	SPRYCEL
PA, SP	erlotinib	TARCEVA
PA, SP	everolimus	AFINITOR
PA, SP	gefitinib	IRESSA
PA, SP	ibrutinib	IMBRUVICA
PA, SP	idelalisib	ZYDELIG
PA, SP	<b>imatinib mesylate</b>	GLEEVEC
PA, SP	lapatinib	TYKERB
PA, SP	lenvatinib	LENVIMA
PA, SP	midostaurin	RYDAPT
PA, SP	neratinib	NERLYNX
PA, SP	nilotinib	TASIGNA
PA, SP	osimertinib	TAGRISSO
PA, SP	palbociclib	IBRANCE
PA, SP	pazopanib	VOTRIENT
PA, SP	ponatinib	ICLUSIG
PA, SP	regorafenib	STIVARGA
PA, SP	ribociclib	KISQALI
PA, SP	ribociclib + letrozole	KISQALI FEMARA CO-PACK
PA, SP	ruxolitinib	JAKAFI
PA, SP	sorafenib	NEXAVAR
PA, SP	sunitinib	SUTENT
PA, SP	trametinib	MEKINIST
PA	vandetanib	CAPRELSA
PA, SP	vemurafenib	ZELBORAF

#### TOPOISOMERASE INHIBITORS

PA, SP	topotecan caps	HYCAMTIN
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#### MISCELLANEOUS

PA, SP	<b>bexarotene caps</b>	TARGRETIN caps
	doxorubicin liposomal	DOXIL
PA, SP	enasidenib	IDHIFA
	<b>etoposide</b>	
	<b>hydroxyurea</b>	HYDREA
PA, SP	ixazomib	NINLARO
	mitotane	LYSODREN
PA, SP	niraparib	ZEJULA
PA, SP	olaparib	LYNPARZA
PA, SP	panobinostat	FARYDAK
	procarbazine	MATULANE
PA, SP	rucaparib	RUBRACA
PA, SP	sonidegib	ODOMZO
	<b>tretinoin caps</b>	
PA, SP	trifluridine/tipiracil	LONSURF
PA, SP	venetoclax	VENCLEXTA
PA, SP	vismodegib	ERIVEDGE
PA, SP	vorinostat	ZOLINZA

## CARDIOVASCULAR

The Eighth Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure is available at:

<http://jama.jamanetwork.com/article.aspx?articleid=1791497>

Guidelines for the evaluation and management of cardiovascular diseases in adults are available at:

<http://www.acc.org>

<http://www.heartfailureguideline.org>

<http://www.myamericanheart.org>

### ACE INHIBITORS

Guidelines for the use of ACE inhibitors are available at:

<http://jama.jamanetwork.com/article.aspx?articleid=1791497>

<http://professional.diabetes.org>

<http://www.acc.org>

<http://www.myamericanheart.org>

<b>benazepril</b>	LOTENSIN
<b>captopril</b>	
<b>enalapril</b>	VASOTEC
<b>fosinopril</b>	
<b>lisinopril</b>	ZESTRIL
<b>moexipril</b>	
<b>quinapril</b>	ACCUPRIL
<b>ramipril</b>	ALTACE
<b>trandolapril</b>	MAVIK

### ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATIONS

<b>amlodipine/benazepril</b>	LOTREL
<b>trandolapril/verapamil ext-rel</b>	TARKA

### ACE INHIBITOR/DIURETIC COMBINATIONS

<b>captopril/hydrochlorothiazide</b>	
<b>enalapril/hydrochlorothiazide</b>	VASERETIC
<b>fosinopril/hydrochlorothiazide</b>	
<b>lisinopril/hydrochlorothiazide</b>	ZESTORETIC
<b>moexipril/hydrochlorothiazide</b>	
<b>quinapril/hydrochlorothiazide</b>	ACCURETIC

### ADRENOLYTICS, CENTRAL

<b>clonidine</b>	CATAPRES
<b>clonidine transdermal</b>	CATAPRES-TTS
<b>guanfacine</b>	

### ALPHA BLOCKERS

Guidelines for the use of alpha blockers in various patient populations are available at:

<http://jama.jamanetwork.com/article.aspx?articleid=1791497>

<b>doxazosin</b>	CARDURA
<b>prazosin</b>	MINIPRESS
<b>terazosin</b>	

## ANGIOTENSIN II RECEPTOR ANTAGONISTS (ARBs)/DIURETIC COMBINATIONS

Guidelines for the use of angiotensin II receptor antagonists in various patient populations are available at:

<http://jama.jamanetwork.com/article.aspx?articleid=1791497>

<http://professional.diabetes.org>

	<b>candesartan</b>	ATACAND
	<b>candesartan/hydrochlorothiazide</b>	ATACAND HCT
	<b>irbesartan</b>	AVAPRO
	<b>irbesartan/hydrochlorothiazide</b>	AVALIDE
	<b>losartan</b>	COZAAR
	<b>losartan/hydrochlorothiazide</b>	HYZAAR
	<b>telmisartan/hydrochlorothiazide</b>	MICARDIS HCT
	<b>valsartan</b>	DIOVAN
	<b>valsartan/hydrochlorothiazide</b>	DIOVAN HCT

## ANGIOTENSIN II RECEPTOR ANTAGONIST (ARB)/CALCIUM CHANNEL BLOCKER COMBINATIONS

	<b>telmisartan/amlodipine</b>	TWYNSTA
<b>ST</b>	<b>valsartan/amlodipine</b>	EXFORGE

**ST** = amlodipine/benazepril or amlodipine with an ARB required before valsartan/amlodipine (Exforge)

## ANGIOTENSIN II RECEPTOR ANTAGONIST (ARB)/CALCIUM CHANNEL BLOCKER/DIURETIC COMBINATIONS

<b>ST</b>	<b>valsartan/amlodipine/hydrochlorothiazide</b>	EXFORGE HCT
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**ST** = amlodipine/benazepril or amlodipine with an ARB required before valsartan/amlodipine/hydrochlorothiazide (Exforge HCT)

## ANTIARRHYTHMICS

Guidelines for the use of antiarrhythmics and cardiac glycosides in various patient populations are available at:

<http://www.acc.org>

	<b>amiodarone</b>	
	<b>disopyramide</b>	NORPACE
	disopyramide ext-rel 100 mg	NORPACE CR
<b>PA, SP</b>	<b>dofetilide</b>	TIKOSYN
	dronedarone	MULTAQ
	<b>flecainide</b>	
	<b>propafenone</b>	

## ANTILIPEMICS

The 2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults is available at:

<http://circ.ahajournals.org/content/early/2013/11/11/01.cir.0000437738.63853.7a>

### Antilipemic Combinations

	<b>ezetimibe/simvastatin</b>	VYTORIN
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### Bile Acid Resins

	<b>cholestyramine can</b>	QUESTRAN/QUESTRAN LIGHT
	<b>colestipol</b>	COLESTID

### Cholesterol Absorption Inhibitors

<b>ST</b>	<b>ezetimibe</b>	ZETIA
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**ST** = Statin (HMG-CoA) required before ezetimibe (Zetia)

### Fibrates

	<b>fenofibrate tabs 48 mg, 54 mg, 145 mg, 160 mg</b>	
	<b>fenofibrate, micronized caps 43 mg, 67 mg, 134 mg, 200 mg</b>	

	<b>fenofibric acid tabs</b>	FIBRICOR
	<b>gemfibrozil</b>	LOPID
<b>HMG-CoA Reductase Inhibitors</b>		
	<b>atorvastatin</b>	LIPITOR
	<b>lovastatin</b>	
	<b>pravastatin</b>	PRAVACHOL
	<b>simvastatin</b>	ZOCOR
<b>Niacins</b>		
<b>OTC</b>	<b>niacin</b>	
	<b>niacin ext-rel</b>	NIASPAN
<b>Omega-3 Fatty Acids</b>		
	<b>omega-3 acid ethyl esters</b>	LOVAZA
<b>BETA-BLOCKERS</b>		
Guidelines for the use of beta-blockers and beta-blocker combinations in various patient populations are available at: <a href="http://jama.jamanetwork.com/article.aspx?articleid=1791497">http://jama.jamanetwork.com/article.aspx?articleid=1791497</a> <a href="http://www.acc.org">http://www.acc.org</a>		
	<b>atenolol</b>	TENORMIN
	<b>carvedilol</b>	COREG
	<b>labetalol</b>	TRANDATE
	<b>metoprolol succinate ext-rel</b>	TOPROL-XL
	<b>metoprolol tartrate</b>	LOPRESSOR
	<b>nadolol</b>	CORGARD
	<b>pindolol</b>	
	<b>propranolol</b>	
	<b>propranolol ext-rel</b>	INDERAL LA
	<b>sotalol</b>	BETAPACE, BETAPACE AF
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
Guidelines for the use of beta-blockers and diuretic combinations in various patient populations are available at: <a href="http://jama.jamanetwork.com/article.aspx?articleid=1791497">http://jama.jamanetwork.com/article.aspx?articleid=1791497</a> <a href="http://www.acc.org">http://www.acc.org</a>		
	<b>atenolol/chlorthalidone</b>	
	<b>bisoprolol/hydrochlorothiazide</b>	ZIAC
	<b>metoprolol/hydrochlorothiazide</b>	LOPRESSOR HCT
<b>CALCIUM CHANNEL BLOCKERS</b>		
<b>Dihydropyridines</b>		
	<b>amlodipine</b>	NORVASC
	<b>felodipine ext-rel</b>	
	<b>nifedipine</b>	
	<b>nifedipine ext-rel</b>	ADALAT CC
	<b>nisoldipine ext-rel</b>	SULAR
<b>Nondihydropyridines</b>		
	<b>diltiazem ext-rel</b>	CARDIZEM CD
	<b>diltiazem ext-rel</b>	TIAZAC
	<b>verapamil ext-rel</b>	CALAN SR
	<b>verapamil ext-rel</b>	VERELAN
<b>DIGITALIS GLYCOSIDES</b>		
	<b>digoxin</b>	LANOXIN



**DIRECT RENIN INHIBITORS**

<b>ST</b>	aliskiren	TEKTURNA
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**ST** = Two antihypertensives required before Tekturna

**DIURETICS****Carbonic Anhydrase Inhibitors**

	acetazolamide	
	acetazolamide ext-rel	DIAMOX SEQUELS
	methazolamide	

**Loop Diuretics**

	bumetanide	
	furosemide	LASIX
	toremide	DEMADEX

**Potassium-sparing Diuretics**

	amiloride	
	spironolactone	ALDACTONE
	triamterene	DYRENIUM

**Thiazides and Thiazide-like Diuretics**

	chlorothiazide susp	DIURIL
	chlorthalidone	
	hydrochlorothiazide	
	indapamide	
	metolazone	

**Diuretic Combinations**

	amiloride/hydrochlorothiazide	
	spironolactone/hydrochlorothiazide	ALDACTAZIDE
	triamterene/hydrochlorothiazide 37.5/25	DYAZIDE
	triamterene/hydrochlorothiazide 37.5/25	MAXZIDE-25
	triamterene/hydrochlorothiazide 75/50	MAXZIDE

**HEART FAILURE**

	isosorbide dinitrate/hydralazine	BIDIL
	ivabradine	CORLANOR
	sacubitril/valsartan	ENTRESTO

**NITRATES****Oral**

	isosorbide dinitrate ext-rel tabs	
	isosorbide dinitrate oral	ISORDIL
	isosorbide mononitrate	
	isosorbide mononitrate ext-rel	

**Sublingual/Translingual**

	nitroglycerin lingual spray	NITROLINGUAL
	nitroglycerin sublingual	NITROSTAT

**Transdermal**

	nitroglycerin oint	NITRO-BID
	nitroglycerin transdermal	NITRO-DUR

## PULMONARY ARTERIAL HYPERTENSION

### Endothelin Receptor Antagonists

<b>PA, SP</b>	ambrisentan	LETAIRIS
<b>PA, SP</b>	bosentan	TRACLEER

### Phosphodiesterase Inhibitors

<b>PA, SP</b>	<b>sildenafil</b>	REVATIO
<b>PA, SP</b>	tadalafil	ADCIRCA

### Prostaglandin Vasodilators

<b>PA, SP</b>	<b>epoprostenol sodium</b>	FLOLAN
<b>PA, SP</b>	treprostinil	REMODULIN
<b>PA, SP</b>	treprostinil	TYVASO

## MISCELLANEOUS

	<b>hydralazine</b>	
	<b>methyldopa</b>	
	<b>midodrine</b>	
	<b>minoxidil</b>	

## CENTRAL NERVOUS SYSTEM

Practice guidelines for psychiatric disorders are available at:

<http://www.psych.org>

### ANTIANSXIETY

Refer to Maryland Department of Health Mental Health Formulary for a complete listing at:

[https://mmcp.health.maryland.gov/pap/docs/MMPP\\_MHF.pdf](https://mmcp.health.maryland.gov/pap/docs/MMPP_MHF.pdf)

### ANTICONVULSANTS

Practice guidelines for the treatment of epilepsy are available at:

<http://www.aan.com>

Refer to Maryland Department of Health Mental Health Formulary for a complete listing at:

[https://mmcp.health.maryland.gov/pap/docs/MMPP\\_MHF.pdf](https://mmcp.health.maryland.gov/pap/docs/MMPP_MHF.pdf)

	<b>ethosuximide</b>	ZARONTIN
	<b>phenobarbital</b>	
	<b>phenytoin</b>	DILANTIN INFATABS
	<b>phenytoin sodium extended</b>	DILANTIN
	<b>primidone</b>	MYSOLINE

### ANTIDEMENTIA

Practice guidelines for the management of dementia are available at:

<http://www.aan.com>

	<b>donepezil</b>	ARICEPT
	<b>galantamine</b>	RAZADYNE
	<b>memantine</b>	NAMENDA
	<b>rivastigmine caps, soln</b>	

## ANTIDEPRESSANTS

Although these agents are primarily indicated for depression, some of these are also approved for other indications, including bipolar disorder, obsessive-compulsive disorder, panic disorder and premenstrual dysphoric disorder.

Guidelines for the evaluation and management of bipolar and depressive disorders are available at:  
<http://www.psych.org>

Refer to Maryland Department of Health Mental Health Formulary for a complete listing at:  
[https://mmcp.health.maryland.gov/pap/docs/MMPP\\_MHF.pdf](https://mmcp.health.maryland.gov/pap/docs/MMPP_MHF.pdf)

## ANTIPARKINSONIAN AGENTS

Practice guidelines for the diagnosis and treatment of Parkinson's disease are available at:  
<http://www.aan.com>

	<b>amantadine caps, syrup</b>	
	<b>bromocriptine</b>	PARLODEL
	<b>carbidopa/levodopa</b>	SINEMET
	<b>carbidopa/levodopa ext-rel</b>	SINEMET CR
	<b>carbidopa/levodopa/entacapone</b>	STALEVO
	<b>entacapone</b>	COMTAN
	<b>pramipexole</b>	MIRAPEX
	<b>ropinirole</b>	REQUIP
<b>ST</b>	<b>safinamide</b>	XADAGO
	<b>selegiline caps</b>	

**ST** = carbidopa/levodopa required before Xadago

## ANTIPSYCHOTICS

Refer to Maryland Department of Health Mental Health Formulary for a complete listing at:  
[https://mmcp.health.maryland.gov/pap/docs/MMPP\\_MHF.pdf](https://mmcp.health.maryland.gov/pap/docs/MMPP_MHF.pdf)

## ATTENTION DEFICIT HYPERACTIVITY DISORDER

Guidelines for the evaluation and management of attention deficit disorder are available at:  
<http://www.aacap.org>  
<http://www.aap.org>

**Intuniv** and **Kapvay**: For recipients 6-17 years of age, Intuniv and Kapvay (and their generics) are part of the mental health formulary and billed fee-for-service. For individuals not in this age range, you may submit a non-formulary request form to Priority Partners.

Refer to Maryland Department of Health Mental Health Formulary for a complete listing at:  
[https://mmcp.health.maryland.gov/pap/docs/MMPP\\_MHF.pdf](https://mmcp.health.maryland.gov/pap/docs/MMPP_MHF.pdf)

## HUNTINGTON'S DISEASE AGENTS

<b>PA, SP</b>	<b>tetrabenazine</b>	XENAZINE
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## HYPNOTICS

Practice parameters for the treatment of sleep disorders and clinical guidelines for the evaluation and management of chronic insomnia in adults are available at:  
<http://www.aasmnet.org>

Refer to Maryland Department of Health Mental Health Formulary for a complete listing at:  
[https://mmcp.health.maryland.gov/pap/docs/MMPP\\_MHF.pdf](https://mmcp.health.maryland.gov/pap/docs/MMPP_MHF.pdf)

## Nonbenzodiazepines

<b>OTC</b>	<b>doxylamine 25 mg</b>	UNISOM
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## MIGRAINE

Guidelines for prevention and management of migraine headaches are available at:  
<http://www.aan.com>

### Ergotamine Derivatives

	<b>ergotamine/caffeine</b>	CAFERGOT
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### Selective Serotonin Agonists

<b>MDL</b>	<b>naratriptan</b>	AMERGE
<b>MDL</b>	<b>rizatriptan</b>	MAXALT
<b>MDL</b>	<b>sumatriptan</b>	IMITREX
<b>MDL</b>	<b>sumatriptan inj</b>	IMITREX
<b>MDL</b>	<b>sumatriptan nasal spray</b>	IMITREX
<b>MDL</b>	<b>zolmitriptan</b>	ZOMIG
<b>MDL</b>	<b>zolmitriptan orally disintegrating tabs</b>	ZOMIG

### Miscellaneous

<b>d</b>	<b>acetaminophen/dichloralphenazone/isometheptene</b>	MIDRIN
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## MOOD STABILIZERS

Refer to Maryland Department of Health Mental Health Formulary for a complete listing at:  
[https://mmcp.health.maryland.gov/pap/docs/MMPP\\_MHF.pdf](https://mmcp.health.maryland.gov/pap/docs/MMPP_MHF.pdf)

## MULTIPLE SCLEROSIS AGENTS

Practice guidelines for multiple sclerosis are available at:  
<http://www.aan.com>

<b>PA, SP</b>	<b>dalfampridine ext-rel</b>	AMPYRA
<b>PA, SP</b>	<b>dimethyl fumarate delayed-rel</b>	TECFIDERA
<b>PA, SP</b>	<b>glatiramer 20 mg/mL</b>	COPAXONE
<b>PA, SP</b>	<b>glatiramer 40 mg/mL</b>	COPAXONE
<b>PA, SP</b>	<b>interferon beta-1a</b>	AVONEX
<b>PA, SP</b>	<b>interferon beta-1a</b>	REBIF
<b>PA, SP</b>	<b>interferon beta-1b</b>	BETASERON
<b>PA, SP</b>	<b>peginterferon beta-1a</b>	PLEGRIDY

## MUSCULOSKELETAL THERAPY AGENTS

	<b>baclofen</b>	
	<b>carisoprodol 350 mg</b>	
	<b>cyclobenzaprine 5 mg, 10 mg</b>	
	<b>dantrolene</b>	DANTRIUM
	<b>methocarbamol</b>	ROBAXIN
	<b>tizanidine tabs</b>	ZANAFLEX

## MYASTHENIA GRAVIS

	<b>pyridostigmine</b>	MESTINON
	<b>pyridostigmine ext-rel</b>	MESTINON TIMESPAN

## PSYCHOTHERAPEUTIC-MISCELLANEOUS

Alcohol Deterrents

Opioid Antagonists

Partial Opioid Agonists

Partial Opioid Agonist/Opioid Antagonist Combinations

These drugs are carved out of the MCO pharmacy benefit and are payable as fee-for-service through Maryland Medical Assistance.

A list of Substance Use Disorder medications can be found at:

<https://mmcp.health.maryland.gov/pap/docs/Substance%20Use%20Disorder%20%20Medication%20Clinical%20Criteria%20Final%20updated%20Oct%204%202017.pdf>

### Pseudobulbar Affect

dextromethorphan/quinidine	NUEDEXTA
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### Smoking Deterrents

Treating Tobacco Use and Dependence: 2008 Update-Clinical Practice Guideline is available at:

<http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/index.html>

These drugs are carved out of the MCO pharmacy benefit and are payable as fee-for-service through Maryland Medical Assistance.

A list of Substance Use Disorder medications can be found at:

<https://mmcp.health.maryland.gov/pap/docs/Substance%20Use%20Disorder%20%20Medication%20Clinical%20Criteria%20Final%20updated%20Oct%204%202017.pdf>

## ENDOCRINE AND METABOLIC

### ANDROGENS

Clinical practice guidelines for the treatment of hypogonadism are available at:

<http://www.aace.com/publications/guidelines>

PA	oxandrolone	OXANDRIN
PA	testosterone cypionate	DEPO-TESTOSTERONE
PA	testosterone enanthate	DELATESTRYL
PA	testosterone gel	TESTIM
PA	testosterone gel 1%	ANDROGEL
PA	testosterone transdermal	ANDRODERM

### ANTIDIABETICS

Guidelines of treatment and management of diabetes are available at:

<http://professional.diabetes.org>

#### Alpha-glucosidase Inhibitors

acarbose	PRECOSE
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#### Biguanides

metformin	GLUCOPHAGE
metformin ext-rel 500 mg	GLUCOPHAGE XR

#### Biguanide/Sulfonylurea Combinations

glipizide/metformin	
glyburide/metformin	GLUCOVANCE

#### Dipeptidyl Peptidase-4 (DPP-4) Inhibitors

ST	saxagliptin	ONGLYZA
ST	sitagliptin	JANUVIA

ST = metformin or metformin combinations required before Januvia or Onglyza

### Dipeptidyl Peptidase-4 (DPP-4) Inhibitor/Biguanide Combinations

<b>ST</b>	saxagliptin/metformin ext-rel	KOMBIGLYZE XR
<b>ST</b>	sitagliptin/metformin	JANUMET
<b>ST</b>	sitagliptin/metformin ext-rel	JANUMET XR

**ST** = metformin or metformin combinations required before Janumet, Janumet XR or Kombiglyze XR

### Incretin Mimetic Agents

<b>ST</b>	albiglutide	TANZEUM
<b>ST</b>	liraglutide	VICTOZA

**ST** = metformin or metformin combinations required before Tanzeum or Victoza

### Insulins

<b>OTC, MDL, *</b>	insulin human	HUMULIN R
<b>OTC, MDL, *</b>	insulin human	NOVOLIN R
<b>OTC, MDL, *</b>	insulin isophane human	HUMULIN N
<b>OTC, MDL, *</b>	insulin isophane human	NOVOLIN N
<b>OTC, MDL, *</b>	insulin isophane human 70%/regular 30%	HUMULIN 70/30
<b>OTC, MDL, *</b>	insulin isophane human 70%/regular 30%	NOVOLIN 70/30
<b>MDL, *</b>	insulin aspart	NOVOLOG
<b>MDL, *</b>	insulin aspart protamine 70%/insulin aspart 30%	NOVOLOG MIX 70/30
<b>MDL, *</b>	insulin detemir	LEVEMIR
<b>MDL</b>	insulin glargine	BASAGLAR
<b>MDL, *</b>	insulin lispro 100 units/mL	HUMALOG
<b>MDL, *</b>	insulin lispro protamine/insulin lispro	HUMALOG MIX

\* Insulin vials are included in the formulary. Insulin pens (except Basaglar) require prior authorization for members > 18 years of age.

### Insulin Sensitizers

	<b>pioglitazone</b>	ACTOS
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### Insulin Sensitizer/Biguanide Combinations

	<b>pioglitazone/metformin</b>	ACTOPLUS MET
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### Insulin Sensitizer/Sulfonylurea Combinations

	<b>pioglitazone/glimepiride</b>	DUETACT
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### Meglitinides

	<b>nateglinide</b>	STARLIX
	<b>repaglinide</b>	PRANDIN

### Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors

<b>ST</b>	empagliflozin	JARDIANCE
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**ST** = metformin or metformin combinations required before Jardiance

### Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitor/Biguanide Combinations

<b>ST</b>	empagliflozin/metformin	SYNJARDY
<b>ST</b>	empagliflozin/metformin ext-rel	SYNJARDY XR

**ST** = metformin or metformin combinations required before Synjardy or Synjardy XR

### Sulfonylureas

	<b>glimepiride</b>	AMARYL
	<b>glipizide</b>	GLUCOTROL
	<b>glipizide ext-rel</b>	GLUCOTROL XL

	<b>glyburide</b>	
	<b>glyburide, micronized</b>	GLYNASE
<b>Supplies</b>		
<b>OTC</b>	alcohol swabs	
<b>OTC, MDL, *</b>	blood glucose monitoring kits, test strips	FREESTYLE FREEDOM LITE kits and test strips
<b>OTC, MDL, *</b>	blood glucose monitoring kits, test strips	FREESTYLE INSULINX kits and test strips
<b>OTC, MDL, *</b>	blood glucose monitoring kits, test strips	FREESTYLE LITE kits and test strips
<b>OTC, MDL, *</b>	blood glucose monitoring kits, test strips	PRECISION XTRA kits and test strips
<b>OTC, *</b>	blood ketone monitoring test strips	PRECISION XTRA
<b>OTC</b>	insulin syringes and needles	
<b>OTC</b>	lancets	
<b>OTC</b>	sharps container	

\* Abbott diabetes meters available at 1-866-224-8892 or [www.ChooseFreeStyle.com](http://www.ChooseFreeStyle.com)

#### CALCIUM RECEPTOR ANTAGONISTS

<b>PA, SP</b>	cinacalcet	SENSIPAR
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#### CALCIUM REGULATORS

Guidelines of treatment and management of osteoporosis are available at:

<http://www.aace.com>

<http://www.nof.org>

#### Bisphosphonates

	<b>alendronate tabs</b>	FOSAMAX
	alendronate/vitamin D3	FOSAMAX PLUS D
	<b>risedronate</b>	ACTONEL

#### Calcitonins

	<b>calcitonin-salmon spray</b>	MIACALCIN
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#### Parathyroid Hormones

<b>PA, SP</b>	teriparatide	FORTEO
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#### CONTRACEPTIVES

EE = ethinyl estradiol

ME = mestranol

#### Monophasic

*20 mcg Estrogen*

	<b>drospirenone/EE 3/20</b>	YAZ
	<b>norethindrone acetate/EE 1/20</b>	LOESTRIN 1/20
	<b>norethindrone acetate/EE 1/20 and iron</b>	LOESTRIN FE 1/20

*30 mcg Estrogen*

	<b>desogestrel/EE 0.15/30 - Apri</b>	
	<b>drospirenone/EE 3/30</b>	YASMIN
<b>#</b>	<b>levonorgestrel/EE 0.15/30 - Levora</b>	
	<b>norethindrone acetate/EE 1.5/30</b>	LOESTRIN 1.5/30
	<b>norethindrone acetate/EE 1.5/30 and iron</b>	LOESTRIN FE 1.5/30
<b>#</b>	<b>norgestrel/EE 0.3/30 - Low-Ogestrel</b>	

# Only the reference brand name noted is on formulary.

35 mcg Estrogen

#	<b>ethynodiol diacetate/EE 1/35 - Zovia 1/35</b>	
	norethindrone/EE 0.4/35	OVCON 35
	norethindrone/EE 0.5/35	
	norethindrone/EE 1/35	ORTHO-NOVUM 1/35
	norgestimate/EE 0.25/35	ORTHO-CYCLEN

# Only the reference brand name noted is on formulary.

50 mcg Estrogen

#	<b>ethynodiol diacetate/EE 1/50 - Zovia 1/50</b>	
	norethindrone/ME 1/50	

# Only the reference brand name noted is on formulary.

Biphasic

	<b>desogestrel/EE</b>	MIRCETTE
	norethindrone/EE	NECON 10/11

Triphasic

	<b>desogestrel/EE</b>	CYCLESSA
#	<b>levonorgestrel/EE - Trivora</b>	
	norethindrone acetate/EE/iron	ESTROSTEP FE
	norethindrone/EE	ORTHO-NOVUM 7/7/7
	norethindrone/EE	TRI-NORINYL
	norgestimate/EE	ORTHO TRI-CYCLEN
	norgestimate/EE	ORTHO TRI-CYCLEN LO

# Only the reference brand name noted is on formulary.

Extended Cycle

	<b>levonorgestrel/EE 0.15/30</b>	
	levonorgestrel/EE 0.15/30 and EE 10	SEASONIQUE

Progestin Only

	<b>norethindrone</b>	ORTHO MICRONOR
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Emergency Contraception

<b>OTC, MDL</b>	levonorgestrel 1.5 mg	PLAN B ONE-STEP
<b>MDL</b>	levonorgestrel 0.75 mg	
<b>MDL</b>	levonorgestrel 1.5 mg - Next Choice One Dose	

**OTC** = Prescription not required regardless of member's age.

Injectable

<b>MDL</b>	<b>medroxyprogesterone acetate 150 mg/mL</b>	DEPO-PROVERA
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Transdermal

	<b>norelgestromin/EE - Xulane</b>	
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Vaginal

	etonogestrel/EE ring	NUVARING
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Miscellaneous

<b>OTC</b>	<b>condoms</b>	
	diaphragm	



## ENDOMETRIOSIS

danazol

## ESTROGENS

Guidelines of treatment and management of hormone therapy and menopause are available at:

<http://www.menopause.org>

<https://www.aace.com/files/menopause.pdf>

### Oral

estradiol	ESTRACE
estrogens, conjugated	PREMARIN
estropipate	

### Transdermal

estradiol	CLIMARA
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### Vaginal

estradiol crm	ESTRACE CREAM
estrogens, conjugated crm	PREMARIN CREAM

## ESTROGEN/PROGESTINS

### Oral

EE/norethindrone acetate	FEMHRT
EE/norethindrone acetate - Jinteli	
estrogens, conjugated/medroxyprogesterone	PREMPHASE
estrogens, conjugated/medroxyprogesterone	PREMPRO

### Transdermal

estradiol/levonorgestrel	CLIMARA PRO
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## GLUCOCORTICOIDS

dexamethasone	
fludrocortisone	
hydrocortisone	CORTEF
methylprednisolone	MEDROL
prednisolone sodium phosphate oral solution	
prednisolone syrup	
prednisone	

## GLUCOSE ELEVATING AGENTS

glucagon, human recombinant	GLUCAGON EMERGENCY KIT
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## HUMAN GROWTH HORMONES

Guidelines for use of growth hormone are available at:

<http://www.aace.com/publications/guidelines>

PA, SP, #	somatropin	NORDITROPIN
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# Only the branded product noted is on formulary.

## HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS

calcitriol (1,25-D3)	ROCALTROL
doxercalciferol caps	HECTOROL

## PHOSPHATE BINDER AGENTS

calcium acetate	PHOSLO
lanthanum	FOSRENOL
sevelamer carbonate	RENEVELA

sevelamer HCl	RENAGEL
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#### POTASSIUM-REMOVING AGENTS

sodium polystyrene sulfonate oral susp 15 gm/60 mL	
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#### PROGESTINS

medroxyprogesterone acetate	PROVERA
norethindrone acetate	AYGESTIN
progesterone powder	
progesterone suppositories	FIRST-PROGESTERONE VGS
progesterone, micronized	PROMETRIUM

#### SELECTIVE ESTROGEN RECEPTOR MODULATORS

raloxifene	EVISTA
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#### THYROID AGENTS

##### Antithyroid Agents

methimazole	TAPAZOLE
propylthiouracil	

##### Thyroid Supplements

levothyroxine	SYNTHROID
levothyroxine - Levoxyl	
liothyronine	CYTOMEL
thyroid	ARMOUR THYROID

#### VASOPRESSINS

desmopressin spray, tabs	DDAVP
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#### MISCELLANEOUS

cabergoline	
methylergonovine	METHERGINE
succimer	CHEMET

## GASTROINTESTINAL

Guidelines for the treatment and management of various gastrointestinal diseases/conditions are available at:

<http://gi.org>

<http://www.gastro.org>

#### ANTACIDS

OTC	alumina/magnesia	MAALOX
OTC	alumina/magnesia/simethicone	MAALOX
OTC	alumina/magnesia/simethicone	MYLANTA

#### ANTIDIARRHEALS

OTC	loperamide	IMODIUM A-D
	diphenoxylate/atropine	LOMOTIL
	loperamide	

#### ANTIEMETICS

OTC	meclizine	
	aprepitant caps	EMEND
MDL	aprepitant susp	EMEND
MDL	granisetron	
	meclizine	
	metoclopramide	REGLAN
MDL	ondansetron	ZOFRAN
	prochlorperazine	

	<b>promethazine</b>	
	<b>promethazine supp</b>	
<b>ANTISPASMODICS</b>		
	<b>dicyclomine</b>	BENTYL
	<b>glycopyrrolate</b>	ROBINUL
	<b>hyoscyamine sulfate</b>	LEVSIN
<b>CHOLELITHOLYTICS</b>		
	<b>ursodiol</b>	ACTIGALL
	<b>ursodiol</b>	URSO
<b>H<sub>2</sub> RECEPTOR ANTAGONISTS</b>		
<b>OTC</b>	<b>cimetidine</b>	TAGAMET HB 200
<b>OTC</b>	<b>ranitidine</b>	ZANTAC 75, ZANTAC 150
	<b>cimetidine</b>	
	<b>ranitidine 150 mg, 300 mg</b>	ZANTAC
	<b>ranitidine syrup</b>	ZANTAC
<b>INFLAMMATORY BOWEL DISEASE</b>		
<b>Oral Agents</b>		
	<b>balsalazide</b>	COLAZAL
	<b>budesonide delayed-rel caps</b>	ENTOCORT EC
	<b>mesalamine delayed-rel tabs</b>	ASACOL HD
<b>ST</b>	<b>mesalamine delayed-rel tabs</b>	LIALDA
	<b>mesalamine ext-rel caps</b>	PENTASA
	<b>sulfasalazine</b>	AZULFIDINE
	<b>sulfasalazine delayed-rel</b>	AZULFIDINE EN-TABS
<b>ST = Other Colitis drug required before Lialda</b>		
<b>Rectal Agents</b>		
	<b>hydrocortisone acetate foam</b>	CORTIFOAM
	<b>hydrocortisone enema</b>	
	<b>mesalamine rectal susp</b>	ROWASA
	<b>mesalamine supp</b>	CANASA
<b>IRRITABLE BOWEL SYNDROME</b>		
<b>Irritable Bowel Syndrome with Constipation</b>		
<b>PA</b>	<b>lubiprostone</b>	AMITIZA
<b>LAXATIVES/STOOL SOFTENERS</b>		
<b>OTC</b>	<b>bisacodyl delayed-rel tabs</b>	DULCOLAX
<b>OTC</b>	<b>docusate sodium</b>	COLACE
<b>OTC</b>	<b>polyethylene glycol 3350</b>	MIRALAX
	<b>lactulose</b>	
	<b>peg 3350/electrolytes</b>	GOLYTELY
	<b>peg 3350/electrolytes</b>	NULYTELY
<b>PANCREATIC ENZYMES</b>		
	<b>pancrelipase delayed-rel</b>	CREON
	<b>pancrelipase delayed-rel</b>	ZENPEP
<b>PROSTAGLANDINS</b>		
	<b>misoprostol</b>	CYTOTEC

## PROTON PUMP INHIBITORS

<b>OTC, MDL</b>	esomeprazole magnesium delayed-rel	NEXIUM 24HR
<b>OTC, MDL</b>	<b>lansoprazole delayed-rel</b>	PREVACID 24HR
<b>OTC, MDL</b>	omeprazole delayed-rel tabs	
<b>OTC, MDL</b>	omeprazole magnesium delayed-rel	PRILOSEC OTC
<b>OTC, MDL</b>	<b>omeprazole magnesium delayed-rel caps</b>	
<b>MDL</b>	<b>lansoprazole delayed-rel caps</b>	PREVACID
<b>MDL</b>	<b>omeprazole delayed-rel caps 20 mg, 40 mg</b>	
<b>MDL</b>	<b>pantoprazole delayed-rel</b>	

## SALIVA STIMULANTS

	<b>pilocarpine tabs</b>	SALAGEN
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## STEROIDS, RECTAL

	<b>hydrocortisone crm</b>	ANUSOL-HC
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## ULCER THERAPY COMBINATIONS

	bismuth/metronidazole/tetracycline	PYLERA
<b>MDL</b>	<b>lansoprazole + amoxicillin + clarithromycin</b>	PREVPAC

## MISCELLANEOUS

	<b>sucrafate</b>	CARAFATE
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## GENITOURINARY

### BENIGN PROSTATIC HYPERPLASIA

Guidelines for the management of BPH are available at:

<http://www.auanet.org/guidelines>

	<b>alfuzosin ext-rel</b>	UROXATRAL
	<b>finasteride 5 mg</b>	PROSCAR
	<b>tamsulosin</b>	FLOMAX

## URINARY ANTISPASMODICS

	<b>flavoxate</b>	
	<b>oxybutynin</b>	
	<b>oxybutynin ext-rel</b>	DITROPAN XL
	<b>tolterodine</b>	DETROL
	<b>tolterodine ext-rel</b>	DETROL LA
	<b>trospium</b>	
	<b>trospium ext-rel</b>	

## VAGINAL ANTI-INFECTIVES

<b>OTC</b>	<b>clotrimazole crm 1%</b>	GYNE-LOTRIMIN 7-DAY
<b>OTC</b>	<b>clotrimazole crm 2%</b>	GYNE-LOTRIMIN 3-DAY
<b>OTC</b>	<b>miconazole crm 2%, supp 100 mg</b>	MONISTAT 7
<b>OTC</b>	<b>miconazole crm 4%, supp 200 mg</b>	MONISTAT 3
	<b>clindamycin crm</b>	CLEOCIN
	<b>clotrimazole</b>	
<b>MDL</b>	<b>fluconazole 150 mg</b>	DIFLUCAN
	<b>metronidazole</b>	METROGEL-VAGINAL
	<b>miconazole</b>	
	<b>terconazole crm 0.4%</b>	TERAZOL 7
	<b>terconazole crm 0.8%</b>	
	<b>terconazole supp 80 mg</b>	

## MISCELLANEOUS

	<b>bethanechol</b>	URECHOLINE
	<b>phenazopyridine</b>	PYRIDIUM
	<b>potassium citrate ext-rel</b>	UROCIT-K
	<b>potassium/sodium phosphates - Phospha 250 Neutral</b>	
	<b>propantheline 15 mg</b>	
	<b>sodium citrate/citric acid</b>	

## HEMATOLOGIC

Guidelines of treatment and management of hemophilia are available at:

<http://www.hemophilia.org>

### ANTICOAGULANTS

CHEST guidelines are available at:

<http://www.chestnet.org/Guidelines-and-Resources/Guidelines-and-Consensus-Statements/Antithrombotic-Guidelines-9th-Ed>

#### Injectable

<b>MDL, PA*</b>	<b>enoxaparin</b>	LOVENOX
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**PA\*** Greater than 30 days of therapy requires Prior Authorization

#### Oral

	<b>dabigatran</b>	PRADAXA
	<b>warfarin</b>	COUMADIN

### HEMATOPOIETIC GROWTH FACTORS

Guidelines for the management of neutropenia are available at:

<http://www.asco.org>

Guidelines for the management of anemia associated with chronic kidney disease are available at:

[http://www.kidney.org/professionals/kdoqi/guidelines\\_commentaries.cfm#guidelines](http://www.kidney.org/professionals/kdoqi/guidelines_commentaries.cfm#guidelines)

<b>SP, MDL</b>	<b>darbepoetin alfa</b>	ARANESP
<b>SP, MDL</b>	<b>epoetin alfa</b>	EPOGEN
<b>SP, MDL</b>	<b>epoetin alfa</b>	PROCRIT
<b>SP, MDL</b>	<b>filgrastim</b>	NEUPOGEN
<b>SP, MDL</b>	<b>pegfilgrastim</b>	NEULASTA
<b>SP, MDL</b>	<b>sargramostim inj</b>	LEUKINE
<b>SP, MDL</b>	<b>tbo-filgrastim</b>	GRANIX

### IDIOPATHIC THROMBOCYTOPENIC PURPURA AGENTS

<b>PA, SP</b>	<b>eltrombopag</b>	PROMACTA
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### IRON CHELATING AGENTS

<b>PA, SP</b>	<b>deferasirox</b>	EXJADE
<b>PA, SP</b>	<b>deferasirox tabs</b>	JADENU

### PLATELET AGGREGATION INHIBITORS

<b>OTC</b>	<b>aspirin</b>	
	<b>clopidogrel</b>	PLAVIX
	<b>dipyridamole</b>	
	<b>dipyridamole ext-rel/aspirin</b>	AGGRENOX
	<b>vorapaxar</b>	ZONTIVITY

### PLATELET SYNTHESIS INHIBITORS

	<b>anagrelide</b>	AGRYLIN
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## MISCELLANEOUS

	aminocaproic acid	AMICAR
	<b>pentoxifylline ext-rel</b>	
<b>MDL</b>	<b>tranexamic acid</b>	LYSTEDA

## IMMUNOLOGIC AGENTS

Guidelines for the management of rheumatic diseases are available at:  
<http://www.rheumatology.org>

### ALLERGENIC EXTRACTS

<b>PA</b>	grass mixed pollen extract	ORALAIR
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### AUTOIMMUNE AGENTS

<b>PA, SP</b>	adalimumab	HUMIRA
<b>PA, SP</b>	brodalumab	SILIQ
<b>PA, SP</b>	certolizumab pegol	CIMZIA
<b>PA, SP</b>	etanercept	ENBREL
<b>PA, SP</b>	sarilumab	KEVZARA
<b>PA, SP</b>	secukinumab	COSENTYX
<b>PA, SP</b>	tofacitinib	XELJANZ
<b>PA, SP</b>	tofacitinib ext-rel	XELJANZ XR

### DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDs)

	<b>hydroxychloroquine</b>	PLAQUENIL
	<b>leflunomide</b>	ARAVA
	<b>methotrexate</b>	

## IMMUNOMODULATORS

CDC recommendations on the treatment of hepatitis are available at:  
<http://www.cdc.gov/hepatitis/Resources/>

Guidelines for the management of hepatitis are available at:  
<http://www.aasld.org>

### Interferons

<b>PA, SP</b>	interferon alfa-2b	INTRON A
<b>PA, SP</b>	peginterferon alfa-2a	PEGASYS

## IMMUNOSUPPRESSANTS

### Antimetabolites

	azathioprine	AZASAN
	<b>azathioprine</b>	IMURAN
	<b>mycophenolate mofetil</b>	CELLCEPT

### Calcineurin Inhibitors

	cyclosporine	SANDIMMUNE
	<b>cyclosporine, modified</b>	NEORAL
	<b>tacrolimus</b>	PROGRAF

### Rapamycin Derivatives

	<b>sirolimus</b>	RAPAMUNE
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## VACCINES

*	influenza vaccine	FLUMIST
*	influenza vaccine	FLUZONE

\* For patients 18 years of age or older. Pediatric patients should receive VFC vaccine supply.

## NUTRITIONAL/SUPPLEMENTS

### ELECTROLYTES

#### Potassium

	potassium bicarbonate/potassium citrate effervescent tabs 25 mEq	
	potassium chloride ext-rel	
	potassium chloride liquid	
	potassium chloride powder 20 mEq	
	potassium chloride/potassium bicarbonate/citric acid effervescent tabs 25 mEq	

### VITAMINS AND MINERALS

#### Folic Acid Agents

	folic acid	
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#### Prenatal Vitamins

	prenatal vitamins/DHA/docusate/folic acid/polysaccharide iron complex	VITAFOL FE+
	prenatal vitamins/DHA/folic acid	SELECT-OB + DHA
	prenatal vitamins/docusate/folic acid	CITRANATAL RX
	<b>prenatal vitamins/ferrous fumarate/folic acid</b>	
	prenatal vitamins/folic acid	VITAFOL-OB
	prenatal vitamins/folic acid/omega 3 fatty acids	VITAFOL GUMMIES

#### Miscellaneous

<b>OTC</b>	cholecalciferol (D3) drops	VITAMIN D3
<b>OTC</b>	electrolyte rehydrating solution, oral	PEDIALYTE
<b>OTC</b>	ergocalciferol (D2) drops	
<b>OTC</b>	ferrous gluconate	FERGON
<b>OTC</b>	ferrous sulfate	FEOSOL
<b>OTC</b>	multivitamins	
<b>OTC</b>	multivitamins drops	POLY-VI-SOL
<b>OTC</b>	multivitamins/iron	GERITOL
<b>OTC</b>	multivitamins/iron drops	POLY-VI-SOL WITH IRON
<b>OTC</b>	multivitamins/minerals	CENTRUM SILVER
<b>OTC</b>	<b>polysaccharide iron complex - Nu-Iron 150</b>	
<b>OTC</b>	polysaccharide iron complex/vitamin B12/folic acid	FERREX 150 FORTE
<b>OTC</b>	pyridoxine 25 mg	VITAMIN B6
<b>OTC</b>	vitamin E	
	cyanocobalamin inj	
	ergocalciferol (D2) caps	
	multivitamins/fluoride drops, tabs	
	multivitamins/fluoride/iron drops, tabs	
	phytonadione	MEPHYTON
	vitamin ADC/fluoride drops	
	vitamin ADC/fluoride/iron drops	
	vitamin B complex/vitamin C/folic acid	NEPHRO-VITE RX
	zinc acetate	GALZIN

## RESPIRATORY

Guidelines to the management, prevention, or treatment of COPD and asthma are available at:

<http://www.aaaai.org>

<http://www.ginasthma.com>

<http://www.goldcopd.com>

<http://www.nhlbi.nih.gov>

The Allergy Report and guidelines for allergy-related conditions are available at:

<http://www.aaaai.org>

### ANAPHYLAXIS TREATMENT AGENTS

<b>MDL</b>	<b>epinephrine auto-injector</b>	
<b>MDL</b>	epinephrine auto-injector	EPIPEN
<b>MDL</b>	epinephrine auto-injector	EPIPEN JR.

### ANTICHOLINERGICS

	<b>ipratropium nebulization solution</b>	
	ipratropium, CFC-free aerosol	ATROVENT HFA
<b>MDL, *</b>	tiotropium	SPIRIVA HANDIHALER
<b>MDL, *</b>	tiotropium, CFC-free aerosol	SPIRIVA RESPIMAT

\* Covered only for individuals older than age 12

### ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

#### Short Acting

	<b>ipratropium/albuterol nebulization solution</b>	
<b>MDL</b>	ipratropium/albuterol, CFC-free aerosol	COMBIVENT RESPIMAT

#### Long Acting

<b>ST</b>	umeclidinium/vilanterol	ANORO ELLIPTA
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ST = Spiriva required before Anoro Ellipta

### ANTIHISTAMINES, LOW SEDATING

<b>OTC</b>	<b>cetirizine</b>	ZYRTEC
	<b>levocetirizine</b>	XYZAL

### ANTIHISTAMINES, NONSEDATING

<b>OTC</b>	<b>fexofenadine</b>	ALLEGRA
<b>OTC</b>	<b>loratadine liquid, orally disintegrating tabs, tabs</b>	CLARITIN

### ANTIHISTAMINES, SEDATING

<b>OTC</b>	<b>chlorpheniramine</b>	CHLOR-TRIMETON
<b>OTC</b>	<b>diphenhydramine</b>	BENADRYL
	<b>cyproheptadine</b>	

### ANTIHISTAMINE/DECONGESTANT COMBINATIONS

<b>OTC</b>	<b>brompheniramine/phenylephrine elixir 1 mg/2.5 mg/5 mL</b>	DIMETAPP
<b>OTC</b>	<b>cetirizine/pseudoephedrine ext-rel</b>	ZYRTEC-D 12 HOUR
<b>OTC</b>	<b>fexofenadine/pseudoephedrine ext-rel</b>	ALLEGRA-D
<b>OTC</b>	<b>loratadine/pseudoephedrine ext-rel</b>	CLARITIN-D

### ANTITUSSIVES

Clinical practice guidelines are available at:

<http://journal.publications.chestnet.org/article.aspx?articleID=1084267>

	<b>benzonatate</b>	TESSALON
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## ANTITUSSIVE COMBINATIONS

### Opioid

	codeine/chlorpheniramine/pseudoephedrine	
	codeine/guaifenesin	
	codeine/guaifenesin/pseudoephedrine	
	codeine/promethazine	
	codeine/promethazine/phenylephrine	
	hydrocodone/homatropine	

### Non-Opioid

<b>OTC</b>	dextromethorphan/guaifenesin ext-rel	MUCINEX DM
<b>OTC</b>	dextromethorphan/guaifenesin liquid, solution, syrup	
	dextromethorphan/promethazine	

## BETA AGONISTS

### Inhalants

#### Short Acting

	<b>albuterol nebulization solution</b>	
<b>MDL</b>	albuterol sulfate, CFC-free aerosol	PROAIR HFA
<b>MDL</b>	albuterol sulfate, CFC-free aerosol	VENTOLIN HFA
	<b>levalbuterol nebulization solution</b>	
	<b>levalbuterol tartrate, CFC-free aerosol</b>	XOPENEX HFA

#### Long Acting

#### Hand-held Active Inhalation

	olodaterol, CFC-free aerosol	STRIVERDI RESPIMAT
<b>ST</b>	salmeterol xinafoate	SEREVENT DISKUS

**ST** = Inhaled corticosteroid required before Serevent Diskus

### Oral Agents

	<b>albuterol</b>	
	<b>albuterol ext-rel</b>	VOSPIRE ER
	<b>terbutaline</b>	

## DECONGESTANTS

<b>OTC</b>	pseudoephedrine	SUDAFED
<b>OTC</b>	pseudoephedrine ext-rel	SUDAFED

## EXPECTORANTS

<b>OTC</b>	guaifenesin ext-rel	MUCINEX
<b>OTC</b>	guaifenesin liquid	DIABETIC TUSSIN
<b>OTC</b>	guaifenesin liquid, syrup, tabs	

## LEUKOTRIENE MODULATORS

	montelukast	SINGULAIR
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## MAST CELL STABILIZERS

	cromolyn nebulization solution	
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## MEDICAL SUPPLIES

<b>OTC</b>	spacer	AEROCHAMBER
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## NASAL ANTIHISTAMINES

	azelastine spray	
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## NASAL STEROIDS

<b>OTC</b>	fluticasone spray	FLONASE ALLERGY RELIEF
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<b>OTC</b>	<b>triamcinolone acetonide spray</b>	NASACORT ALLERGY 24HR
	<b>budesonide spray</b>	RHINOCORT AQUA
	<b>flunisolide spray</b>	
	<b>fluticasone spray</b>	
*	<b>mometasone spray</b>	NASONEX

\* Covered for individuals 2-4 years of age

#### PULMONARY FIBROSIS AGENTS

<b>PA, SP</b>	nintedanib	OFEV
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#### STEROID/BETA AGONIST COMBINATIONS

<b>ST</b>	budesonide/formoterol	SYMBICORT
<b>ST</b>	fluticasone/salmeterol	ADVAIR DISKUS
<b>ST</b>	fluticasone/salmeterol, CFC-free aerosol	ADVAIR HFA
<b>MDL</b>	<b>fluticasone/salmeterol, CFC-free aerosol</b>	AIRDUO RESPICLICK

ST = Inhaled corticosteroid required before Advair or Symbicort

#### STEROID INHALANTS

	beclomethasone, CFC-free aerosol	QVAR
	budesonide	PULMICORT FLEXHALER
	<b>budesonide nebulization suspension</b>	PULMICORT RESPULES
<b>MDL</b>	fluticasone propionate	FLOVENT DISKUS
<b>MDL</b>	fluticasone, CFC-free aerosol	FLOVENT HFA

#### XANTHINES

	<b>theophylline ext-rel tabs</b>	
	<b>theophylline liquid</b>	

#### MISCELLANEOUS

<b>MDL</b>	<b>ipratropium nasal spray</b>	
	<b>sodium chloride nebulization solution</b>	

#### TOPICAL

##### DERMATOLOGY

###### Acne

Guidelines for the care and treatment of acne vulgaris are available at:  
<http://www.aad.org/education-and-quality-care/clinical-guidelines>

###### Oral

<b>PA</b>	<b>isotretinoin - Claravis</b>	
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###### Topical

<b>OTC</b>	<b>salicylic acid pad 2%</b>	
<b>PA</b>	<b>adapalene crm, gel, lotion</b>	DIFFERIN
	<b>benzoyl peroxide gel 2.5%, 5%, 10%</b>	
	<b>clindamycin foam 1%</b>	EVOCLIN
	<b>clindamycin gel, lotion, solution 1%</b>	CLEOCIN T
	<b>clindamycin/benzoyl peroxide</b>	BENZACLIN
	<b>erythromycin gel 2%</b>	
	<b>erythromycin solution 2%</b>	
	<b>erythromycin/benzoyl peroxide 3%/5%</b>	BENZAMYCIN
	<b>sulfacetamide/sulfur cleanser, crm, foam, lotion, wash 10-5%</b>	
	<b>sulfacetamide/sulfur crm 10-2%</b>	
	<b>tretinoin crm, gel</b>	RETIN-A

PA required for individuals 35 years of age or older

### Actinic Keratosis

	fluorouracil crm 1%	FLUOROPLEX
	<b>fluorouracil crm 5%</b>	EFUDEX
	<b>fluorouracil solution 2%, 5%</b>	

### Antibiotics

<b>OTC</b>	<b>bacitracin</b>	
<b>OTC</b>	<b>neomycin/bacitracin/polymyxin B</b>	NEOSPORIN
	<b>mupirocin oint 2%</b>	
	<b>silver sulfadiazine crm 1%</b>	SILVADENE

### Antifungals

<b>OTC</b>	butenafine	LOTRIMIN ULTRA
<b>OTC</b>	clotrimazole	LOTRIMIN AF
<b>OTC</b>	miconazole	MICATIN
	<b>ciclopirox crm, gel, shampoo, topical suspension</b>	
	<b>ciclopirox nail lacquer</b>	PENLAC
	<b>clotrimazole</b>	
	<b>ketoconazole crm 2%</b>	
	<b>nystatin</b>	
	<b>nystatin/triamcinolone</b>	

### Antipsoriatics

Guidelines of care for the management and treatment of psoriasis with topical therapies are available at:  
<http://www.aad.org>

#### Oral

	<b>methoxsalen oral</b>	OXSORALEN-ULTRA
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#### Topical

	<b>calcipotriene</b>	DOVONEX
	<b>tazarotene</b>	TAZORAC

### Antiseborrheics

	<b>ketoconazole shampoo 2%</b>	NIZORAL SHAMPOO
	<b>selenium sulfide shampoo 2.5%</b>	

### Atopic Dermatitis

Guidelines for the treatment of atopic dermatitis are available at:  
<http://www.aad.org/education/clinical-guidelines>

<b>MDL, ST</b>	pimecrolimus	ELIDEL
<b>MDL, ST, *</b>	<b>tacrolimus</b>	PROTOPIC

**ST** = Topical steroid required before Elidel and tacrolimus (Protopic)

\* = tacrolimus 0.03%: In addition to clinical criteria, the member must be at least two years of age.

tacrolimus 0.1%: In addition to clinical criteria, the member must be at least 15 years of age.

### Corticosteroids

Products are grouped based upon relative potency. The formulary generally includes all strengths and usual topical dosage forms for all the products cited.

#### Low Potency

<b>OTC</b>	<b>hydrocortisone crm, gel, lotion, oint, solution 1%</b>	
<b>OTC</b>	<b>hydrocortisone oint 0.5%</b>	
<b>OTC</b>	<b>hydrocortisone/aloe vera crm 0.5%, 1%</b>	
	<b>desonide crm, lotion, oint 0.05%</b>	DESOWEN
	<b>fluocinolone acetonide body oil 0.01%</b>	

	<b>fluocinolone acetonide crm, oil, solution 0.01%</b>	
	<b>fluocinolone acetonide scalp oil 0.01%</b>	
	<b>hydrocortisone crm 2.5%</b>	
	<b>hydrocortisone lotion 1%</b>	

*Medium Potency*

	<b>betamethasone valerate crm, lotion, oint 0.1%</b>	
	<b>betamethasone valerate foam 0.12%</b>	LUXIQ
	<b>desoximetasone crm, oint 0.05%</b>	TOPICORT LP
	<b>fluocinolone acetonide crm, oint 0.025%</b>	
	<b>fluticasone propionate crm 0.05%</b>	CUTIVATE
	<b>hydrocortisone valerate crm, oint 0.2%</b>	WESTCORT
	<b>mometasone crm, lotion, oint 0.1%</b>	ELOCON
	<b>triamcinolone acetonide crm, lotion 0.025%</b>	
	<b>triamcinolone acetonide crm, lotion, oint 0.1%</b>	

*High Potency*

	<b>betamethasone dipropionate augmented crm 0.05%</b>	DIPROLENE AF
	<b>betamethasone dipropionate augmented lotion 0.05%</b>	DIPROLENE
	<b>betamethasone dipropionate crm, lotion, oint 0.05%</b>	
	<b>desoximetasone crm, oint 0.25%, gel 0.05%</b>	TOPICORT
	<b>fluocinonide crm, gel, oint, solution 0.05%</b>	
	<b>triamcinolone acetonide crm 0.5%</b>	

*Very High Potency*

	<b>betamethasone dipropionate augmented gel, oint 0.05%</b>	DIPROLENE
	<b>clobetasol propionate crm, gel, oint, solution 0.05%</b>	TEMOVATE
	<b>clobetasol propionate foam 0.05%</b>	OLUX
	<b>clobetasol propionate lotion, shampoo 0.05%</b>	CLOBEX
	<b>halobetasol propionate crm, oint 0.05%</b>	ULTRAVATE

**Emollients**

<b>OTC</b>	<b>ammonium lactate 12%</b>	AMLACTIN
<b>OTC</b>	<b>urea crm 10%</b>	ATRAC-TAIN
<b>OTC</b>	<b>urea crm 20%</b>	CARMOL 20
<b>OTC</b>	<b>urea lotion 10%</b>	CARMOL 10

**Local Anesthetics**

<b>OTC</b>	<b>lidocaine crm 4%</b>	LMX 4
<b>MDL</b>	<b>lidocaine oint 5%</b>	
	<b>lidocaine/prilocaine</b>	

**Rosacea**

	<b>metronidazole crm 0.75%</b>	METROCREAM
	<b>metronidazole crm 1%</b>	NORITATE
<b>MDL</b>	<b>metronidazole gel 1%</b>	METROGEL
	<b>sulfacetamide/sulfur cleanser, crm, foam, lotion, wash 10-5%</b>	
	<b>sulfacetamide/sulfur crm 10-2%</b>	

**Scabicides and Pediculicides**

<b>OTC</b>	<b>permethrin 1%</b>	NIX CREME RINSE
<b>ST</b>	<b>benzyl alcohol</b>	ULESFIA
<b>ST*</b>	<b>malathion</b>	OVIDE
	<b>permethrin crm 5%</b>	

**ST** = permethrin required before Ulesfia for 6 years of age or younger

**ST\*** = permethrin required before malathion (Ovide) for age > 6

**Miscellaneous Skin and Mucous Membrane**

<b>OTC</b>	<b>calcium acetate/aluminum sulfate powder packet</b>	DOMEBORO
<b>OTC</b>	<b>salicylic acid/urea oint 5-10%</b>	KERASAL
	<b>acyclovir oint</b>	ZOVIRAX
	aluminum chloride solution 20%	DRYSOL
<b>PA</b>	collagenase	SANTYL
	<b>imiquimod</b>	ALDARA
	<b>podofilox solution</b>	CONDYLOX
	<b>salicylic acid foam 6%</b>	SALVAX
	<b>salicylic acid liquid 27.5%</b>	
	<b>salicylic acid lotion 6%</b>	

**MOUTH/THROAT/DENTAL AGENTS****Anesthetics - Topical Oral**

	<b>lidocaine viscous</b>	
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**Steroids - Mouth/Throat**

	<b>triamcinolone paste</b>	
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**Miscellaneous**

	<b>chlorhexidine gluconate</b>	PERIDEX
	<b>sodium fluoride 0.5 mg, 1 mg tabs</b>	
	<b>sodium fluoride chew tabs, drops</b>	
	<b>sodium fluoride crm, gel 1.1%</b>	PREVIDENT
	<b>sodium fluoride dental rinse 0.2%</b>	PREVIDENT
	<b>sodium fluoride/xylitol chew tabs</b>	FLUOR-A-DAY

**OPHTHALMIC**

Preferred Practice Pattern Guidelines for the treatment of various ophthalmic conditions are available at:

<http://one.aaao.org>

**Antiallergics**

<b>OTC</b>	<b>ketotifen</b>	ZADITOR
	<b>azelastine</b>	
	<b>cromolyn sodium</b>	

**Anti-infectives**

	<b>bacitracin</b>	
	<b>ciprofloxacin solution</b>	CILOXAN
	<b>erythromycin</b>	
	<b>gentamicin</b>	
	<b>moxifloxacin</b>	VIGAMOX
	<b>neomycin/polymyxin B/gramicidin</b>	NEOSPORIN
	<b>ofloxacin</b>	OCUFLOX
	<b>polymyxin B/bacitracin</b>	
	<b>polymyxin B/trimethoprim</b>	POLYTRIM
	<b>sulfacetamide solution 10%</b>	BLEPH-10
	tobramycin oint	TOBREX
	<b>tobramycin solution</b>	TOBREX

**Anti-infective/Anti-inflammatory Combinations**

	gentamicin/prednisolone acetate	PRED-G
	<b>neomycin/polymyxin B/dexamethasone</b>	MAXITROL
	<b>sulfacetamide/prednisolone phosphate 10%/0.25%</b>	
	<b>tobramycin/dexamethasone susp 0.3%/0.1%</b>	TOBRADEX

**Anti-inflammatories***Nonsteroidal*

	<b>ketorolac 0.4%</b>	ACULAR LS
	<b>ketorolac 0.5%</b>	ACULAR
	nepafenac	NEVANAC

*Steroidal*

	<b>dexamethasone sodium phosphate</b>	
	<b>fluorometholone 0.1% susp</b>	FML LIQUIFILM
	fluorometholone 0.25%	FML FORTE
	fluorometholone oint	FML S.O.P.
	loteprednol susp 0.5%	LOTEMAX
	prednisolone acetate 0.12%	PRED MILD
	<b>prednisolone acetate 1%</b>	PRED FORTE
	prednisolone phosphate 1%	

**Antivirals**

	<b>trifluridine</b>	VIROPTIC
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**Beta-blockers***Nonselective*

	<b>levobunolol</b>	BETAGAN
	timolol hemihydrate	BETIMOL
	<b>timolol maleate</b>	TIMOPTIC

*Selective*

	betaxolol 0.25%	BETOPTIC S
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**Carbonic Anhydrase Inhibitors**

	brinzolamide	AZOPT
	<b>dorzolamide</b>	TRUSOPT

**Carbonic Anhydrase Inhibitor/Beta-blocker Combinations**

	<b>dorzolamide/timolol maleate</b>	COSOPT
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**Mydriatics**

	<b>atropine solution 1%</b>	
	<b>homatropine 5%</b>	ISOPTO HOMATROPINE

**Parasympathomimetics**

	<b>pilocarpine</b>	ISOPTO CARPINE
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**Prostaglandins**

	bimatoprost 0.01%	LUMIGAN
	<b>bimatoprost 0.03%</b>	
	<b>latanoprost</b>	XALATAN

**Sympathomimetics**

	brimonidine 0.1%	ALPHAGAN P
	<b>brimonidine 0.15%</b>	ALPHAGAN P
	<b>brimonidine 0.2%</b>	

**Sympathomimetic/Beta-blocker Combinations**

	brimonidine/timolol	COMBIGAN
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**Miscellaneous**

<b>OTC</b>	<b>artificial tears oint, soln</b>	ARTIFICIAL TEARS
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## OTIC

Clinical practice guidelines for the treatment of otitis media are available at:  
<http://www.aap.org>

### Anti-infectives

<b>OTC</b>	<b>acetic acid/aluminum acetate</b>
	<b>acetic acid</b>
	<b>ciprofloxacin otic</b>
	<b>ofloxacin otic 0.3%</b>

### Anti-infective/Anti-inflammatory Combinations

ciprofloxacin/dexamethasone	CIPRODEX
neomycin/polymyxin B/hydrocortisone	CORTISPORIN OTIC

### Miscellaneous

<b>antipyrine/benzocaine</b>
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## WEBSITES

Agency for Healthcare Research and Quality  
<http://www.ahrq.gov>

Alzheimer's Association  
<http://www.alz.org>

American Academy of Allergy, Asthma and Immunology  
<http://www.aaaai.org>

American Academy of Child & Adolescent Psychiatry  
<http://www.aacap.org>

American Academy of Dermatology  
<http://www.aad.org>

American Academy of Neurology  
<http://www.aan.com>

American Academy of Ophthalmology  
<http://www.aao.org>

American Academy of Pediatrics  
<http://www.aap.org>

American Association for the Study of Liver Disease  
<http://www.aasld.org>

American Association of Clinical Endocrinologists  
<http://www.aace.com>

American Association of Diabetes Educators  
<http://www.diabeteseducator.org>

American Cancer Society  
<http://www.cancer.org>

American College of Allergy, Asthma and Immunology  
<http://www.acaai.org>

American College of Cardiology  
<http://www.acc.org>

American College of Chest Physicians  
<http://www.chestnet.org>

American College of Gastroenterology  
<http://gi.org>

American College of Physicians  
<http://www.acponline.org>

American College of Rheumatology  
<http://www.rheumatology.org>

American Congress of Obstetricians and Gynecologists  
<http://www.acog.org>

American Diabetes Association  
<http://www.diabetes.org>

American Gastroenterological Association  
<http://www.gastro.org>

American Headache Society Committee for Headache Education  
<http://www.achenet.org>

American Heart Association  
<http://www.myamericanheart.org>

American Lung Association  
<http://www.lung.org>

American Medical Association  
<http://www.ama-assn.org>

American Psychiatric Association  
<http://www.psych.org>

American Society of Anesthesiologists  
<http://www.asahq.org>

American Society of Clinical Oncology  
<http://www.asco.org>

American Society of Interventional Pain Physicians  
<http://www.asipp.org>

American Urological Association  
<http://www.auanet.org>

Centers for Disease Control and Prevention  
<http://www.cdc.gov>

Centers for Disease Control and Prevention  
Guideline topics: AIDS  
<http://www.cdc.gov/hiv/default.html>

Centers for Disease Control and Prevention  
Guideline topics: Sexually Transmitted Diseases  
<http://www.cdc.gov/std/treatment/default.htm>

CVS Caremark®  
<http://www.caremark.com>

The Food and Drug Administration  
<http://www.fda.gov>



Global Initiative for Asthma  
<http://www.ginasthma.com>

Infectious Diseases Society of America  
<http://www.idsociety.org>

Institute for Safe Medication Practices  
<http://www.ismp.org>

Johns Hopkins AIDS Service  
<http://www.thebody.com/content/art12096.html>

Juvenile Diabetes Research Foundation International  
<http://jdrf.org>

MedWatch  
<http://www.fda.gov/Safety/MedWatch/default.htm>

National Agricultural Library  
<http://www.nal.usda.gov>

National Cancer Institute  
<http://www.cancer.gov/cancertopics>

National Comprehensive Cancer Network  
<http://www.nccn.org>

National Foundation for Infectious Diseases  
<http://www.nfid.org>

National Guideline Clearinghouse  
<http://www.guideline.gov>

National Heart, Lung and Blood Institute  
<http://www.nhlbi.nih.gov>

National Institutes of Health  
<http://www.nih.gov>

National Kidney Foundation  
<http://www.kidney.org>

National Osteoporosis Foundation  
<http://www.nof.org>

North American Menopause Society  
<http://www.menopause.org>

United States Department of Health and Human  
Services  
<http://www.hhs.gov>

World Health Organization  
<http://www.who.int>

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