

# 2022 DC Healthy Families and DC Healthcare Alliance Prescribing Guide

(01/01/2022)

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## INTRODUCTION

MedStar Family Choice-DC (MFC-DC) is pleased to provide the *2022 DC Healthy Families and DC Healthcare Alliance Prescribing Guide* for the District of Columbia. This Prescribing Guide is to be used when prescribing for patients covered by the pharmacy plan offered by MFC-DC. **This is a closed formulary and only those drugs listed in this formulary will be covered by MFC-DC for the DC Healthy Families Medicaid and DC Healthcare Alliance enrollees.**

HIV/AIDS medications, PEP, and PrEP for DC Healthy Families beneficiaries are covered through the District of Columbia Fee-for-Service only and are not the responsibility of MFC-DC.

For DC Healthcare Alliance beneficiaries, medications for the treatment of HIV/AIDS are supplied through the AIDS Drug Assistance Program (ADAP). All enrollees must apply to the ADAP program and renew every 6 months. Prescriptions for HIV and AIDS medications must be filled at ADAP-participating pharmacies. Prescriptions for PEP and PrEP may be filled at any MFC-DC in-network pharmacy. PLEASE NOTE ON THE PRESCRIPTION that the intended use of the medication is for PEP or PrEP as this will assist the pharmacy in processing the prescription expeditiously. For example, include the phrase, "for PrEP" anywhere on the prescription.

The drugs listed in this *2022 DC Healthy Families and DC Healthcare Alliance Prescribing Guide* have been reviewed and approved by the MFC-DC Pharmacy and Therapeutics Committee. The drugs have been selected to provide the most clinically appropriate and cost-effective medications for patients who have drug benefits administered through MFC-DC. 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 Medical Exception process.

*The information contained in this formulary and its appendices is provided solely for the convenience of medical providers. This formulary 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. MFC-DC does not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. This 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. MFC-DC does not assume 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.***

## NONDISCRIMINATION STATEMENT

MedStar Family Choice-District of Columbia ("We") do not discriminate on the basis of race, color, national origin, sex, gender identity, age, disability (physical or mental), religion or political beliefs ("discrimination"). We comply with applicable federal civil rights laws. We do not exclude people or treat them differently on the basis of discrimination.

We provide free communication aids and services to people with disabilities, such as:

- Qualified sign language interpreters
- Written information in other formats (e.g. large print, audio, accessible electronic, other)

We provide free language services to those whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these aids or services, contact Enrollee Services at **888-404-3549 (TTY: 7-1-1)**.

We have a grievance procedure to resolve complaints alleging discrimination. If you believe we have failed to provide these services or discriminated in another way, you can file a grievance in the following ways:

- By phone: **888-404-3549 (TTY: 7-1-1)**
- By e-mail: [MFCDC1557Coordinator@medstar.net](mailto:MFCDC1557Coordinator@medstar.net)
- By mail: Section 1557 Coordinator, 3007 Tilden Street, NW, POD 3N, Washington, DC 20008

Enrollee Services or the Section 1557 Coordinator can help you file a grievance.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

- Electronically through the web portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>;
- By mail at U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201; or
- By phone at 800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>.

## LANGUAGE ASSISTANCE STATEMENT

Interpretation services are available for free, please call 888-404-3549 (TTY 711) for assistance.

### Spanish/Español

Atención: Si no habla y/o lee inglés, llame al 888-404-3549 entre las 8:00 a.m. y las 5:30 p.m. Un representante lo asistirá.

### Amharic/አማርኛ

ማሳሰቢያ፡ እንገሊዝኛ የማይናገሩ እና/ወይም የማያነቡ ከሆነ፣ እባክዎ ከጧት 8:00 እስከ አመሽሽ 5:30 ባለ ሰዓታት ውስጥ ወደ 888-404-3549 ይደውሉ። ተወካይ ያግኝዎታል።

### Arabic/العربية

تنبيه: إذا كنت لا تتحدث أو تقرأ اللغة الإنجليزية، يرجى الاتصال بـ 888-404-3549 بين الساعة 8:00 صباحاً و 5:30 مساءً. أحد مندوبينا سيقوم بمساعدتك.

### Bassa/Bàsɔ̀

DÉ DÈ NIÀ KÈ DYÉDÉ GBO: Ǿ Jũ ké m̄ se Xwí-Wùdù wùdù pœ dyuò mɔɔ wuɖuún zàà dyuò ní, qá nɔ̀bà nià kè 888-404-3549 sòin 8:00 AM ké 5:30 PM gbo muɛ. À kè-baɖa-nyò qó mu m̄ gbo kpáun.

### Burmese/မြန်မာဘာသာစကား

သတိပြုရန်- အကယ်၍ သင်သည် အင်္ဂလိပ်စကား မပြောတတ်၊ မဖတ်တတ်လျှင် ကျေးဇူးပြု၍ နံနက် ၈:၀၀ နာရီနှင့် ညနေ ၅:၃၀ နာရီ အကြားတွင် ၈၈၈-၄၀၄-၃၅၄၉ သို့ ဖုန်းခေါ်ဆိုပါ။ ကိုယ်စားလှယ်တစ်ဦးက သင့်ကို ကူညီလိမ့်မည်။

### Chinese (Traditional)/粵語

注意：如果你不會說或讀 英語，請在早上8點到下午5點半之間撥打888-404-3549。有個代表會幫助你的。

### Chinese (Simplified)/普通话

注意：如果你不会说或读 英语，请在早上8点到下午5点半之间拨打888-404-3549。有个代表会帮助你的。

### Farsi/پارسی

توجه: اگر قادر به صحبت کردن و/یا خواندن به انگلیسی نیستید، لطفاً بین ساعات 8.00 صبح تا 5.30 عصر با شماره 888-404-3549 تماس بگیرید. نماینده‌ای به شما کمک خواهد کرد.





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### French/Français

Attention : Si vous ne parlez pas et / ou ne lisez pas l'anglais, veuillez appeler le 888-404-3549 entre 8h00 et 17h30, un représentant vous répondra.

### Gujarati/ગુજરાતી

ધ્યાન આપો: જો તમે અંગ્રેજી બોલી અને/અથવા વાંચી શકતા ન હોય તો, કૃપા કરીને 888-404-3549 નંબર પર 8:00 a.m. થી 5:30 p.m. વચ્ચે કોલ કરો. પ્રતિનિધિ તમારી મદદ કરશે.

### Haitian Creole/Kreyòl Ayisyen

Atansyon: Si ou pa pale ak/oswa li anglè, tanpri rele 888-404-3549 ant 8:00 a.m. ak 5:30 p.m. Yon reprezantan pral ede ou.

### Hindi/हिन्दी

ध्यान दें: यदि आप अंग्रेज़ी बोलते और / अथवा पढ़ते नहीं हैं, तो कृपया 888-404-3549 पर सुबह 8:00 बजे से शाम 5:30 बजे के बीच फोन करें। एक प्रतिनिधि आपकी सहायता करेगा।

### Hmong/Hmong

Nco ntsoov: Yog tias koj tsis hais thiab / los sis tsis nyeem As Kiv, thov hu rau 888-404-3549 thaum 8:00 sawv ntxov thiab 5:30 tsaus ntuj. Ib tus sawv cev yuav pab koj.

### Igbo/ìgbò

Gee ntị: O buru na ị naghị asụ ma/màgbụ agụ Bekee, biko kpọọ 888-404-3549 ihe dikà ebe 8:00 nke ututu ruo 5:30 nke mgbede. Onye nnọchị anya ga-enyere gị aka.

### Italian/Italiano

Attenzione: Se non parli e/o leggi inglese, chiama il numero 888-404-3549 tra le 8:00 e le 17:30. Un rappresentante ti assisterà.

### Japanese/日本語

注意: 英語が話せないまたは読めない場合は、888-404-3549までご連絡をお入れください。受付の営業時間は朝8時から昼5時半まででございます。係員がお手伝い致します。

### Korean/한국어

알립니다: 영어를 읽거나 말할 수 없다면, 오전 8시에서 오후 5시 30분 사이에 888-404-3549로 문의주십시오. 대표가 도움을 드릴 것입니다.

### Polish/Polski

Uwaga: Jeśli nie mówisz i/lub nie czytasz po Angielski, zadzwoń pod numer 888-404-3549 między 8:00 a 17:30. Nasz przedstawiciel będzie mógł Ci pomóc.



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### **Portuguese/Português**

Atenção: Se você não fala ou lê Inglês, ligue para 888-404-3549; horário de atendimento das 08:00 às 17:00. Nosso representante irá ajudá-lo.

### **Punjabi/ਪੰਜਾਬੀ**

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਅੰਗ੍ਰੇਜ਼ੀ ਬੋਲ ਅਤੇ/ਜਾਂ ਪੜ੍ਹ ਨਹੀਂ ਸਕਦੇ ਹੋ, ਕਿਰਪਾ ਕਰਕੇ ਸਵੇਰੇ 8:00 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 5:30 ਵਜੇ ਦੇ ਵਿਚਕਾਰ 888-404-3549 'ਤੇ ਕਾਲ ਕਰੋ। ਇੱਕ ਨੁਮਾਇੰਦਾ ਤੁਹਾਡੀ ਸਹਾਇਤਾ ਕਰੇਗਾ।

### **Russian / русский**

Внимание: Если вы не говорите и/или не можете читать на английский языке, позвоните по телефону 888-404-3549 с 8:00 до 17:30. Представитель поможет вам.

### **Somali/Soomaaliga**

Ogeysiis: Haddii aadan ku hadlin iyo/ama aadan Akhriyi karin Ingiriisi, fadlan wac lambarkaan 888-404-3549 inta u dhexeysa 8:00 subaxnimo iyo 5:30 galabnimo waxaa ku caawin doona qof wakiil ka ah.

### **Tagalog/Tagalog**

Paunawa: Kung hindi ka nagsasalita at/o nagbabasa ng Ingles, pakitawagan ang 888-404-3549 sa pagitan ng 8:00 a.m. at 5:30 p.m. May kinatawan na tutulong sa iyo.

### **Urdu/اردو**

توجہ فرمائیں: اگر آپ انگریزی بولتے اور/یا پڑھتے نہیں ہیں تو براہ کرم 888-404-3549 پر صبح 8:00 بجے سے شام 5:30 بجے کے درمیان کال کریں۔ ایک نمائندہ آپ کی مدد کرے گا۔

### **Vietnamese/Tiếng Việt**

Chú ý: Nếu bạn không nói và/hoặc đọc Tiếng Anh, vui lòng gọi 888-404-3549 giữa 8 giờ sáng đến 5 giờ 30 chiều. Một người đại diện sẽ hỗ trợ bạn

### **Yoruba/Yorùbá**

Àkíyèsí: Bí o ko bá sọ àtí/tàbí ka èdè Gẹ̀ẹ̀sì, jòwọ̀ pe 888-404-3549 láààrín 8:00 òwúrò àtí 5:30 ìrèlẹ̀. Asojú kan yóò ràn ọ̀ lẹ̀wọ̀.



## PREFACE

The *DC Healthy Families and DC Healthcare Alliance Prescribing Guide* is organized by sections. Each section includes therapeutic groups identified by either a drug class or disease state. All drugs listed were selected to be on this formulary. Products are listed by generic name. Brand-name products are included as a reference to assist in product recognition. Unless exceptions are noted, generally all dosage forms and strengths of the drug cited are covered.

This formulary covers prescription and selected over-the-counter (OTC) products. You are encouraged to prescribe them when clinically appropriate. A prescription (written or telephoned) is also required for OTC medications and refills are permitted. Prescription medications for chronic conditions should be written as a 30 or 90-day supply with refills. Prescription and OTC medications can be refilled for a maximum of 12 months. For covered OTC products refer to the Over-The-Counter (OTC) Drug Coverage section that is located near the end of the introductory sections of this formulary. Mail order service is also available for enrollees of MFC-DC.

## PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The MedStar Family Choice-DC Pharmacy and Therapeutics Committee (MFC-DC P&T) includes physicians, pharmacists, and nurses. The Committee meets bimonthly to evaluate drugs for formulary inclusion and to develop policies concerning formulary and drug utilization management. Please visit the MFC-DC website at [MedStarFamilyChoiceDC.com](http://MedStarFamilyChoiceDC.com) to view the decisions of the MFC-DC P&T Committee and any applicable changes. The main features of the MFC-DC P&T Policies are also on the website in the FAQs.

## PRODUCT SELECTION CRITERIA

The MFC-DC P&T Committee considers clinical information on new-to-market drugs that are typically included in an outpatient pharmacy benefit. The evaluation includes all or part of the following:

- Safety
- Efficacy
- Comparison studies
- Approved indications
- Adverse effects
- Contraindications/Warnings/Precautions
- Pharmacokinetics
- Patient administration/compliance considerations

When a new drug is considered for formulary inclusion, it will be reviewed relative to similar drugs currently on formulary. In addition, the entire *DC Healthy Families and DC Healthcare Alliance Prescribing Guide* is reviewed on an annual basis.

*All the information in the DC Healthy Families and DC Healthcare Alliance Prescribing Guide is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.*

## GENERIC AVAILABILITY

**Boldface** type of a generic drug name in this book indicates generic availability of that product. However, not all strengths or dosage forms of the generic name in boldface type may be generically available. In some cases, **the brand name listed is a generic drug**. Examples of the latter include Ery-tab and Zovia.

## GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand-name product. An important consideration for generic substitution is the knowledge that all approvals of generic drugs by the FDA since 1984, and many generic approvals prior to 1984, have a showing of bioequivalence between the generic versions and the reference brand product. To gain FDA approval:

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.

## MAIL SERVICE PRESCRIPTIONS

Mail order is available for chronic medications. A 90-day supply will be provided to enrollees using mail order services. To start the process, prescribers may call CVS Caremark Mail Service Pharmacy™ at **800-996-5772** or they may submit a prescription to the CVS Caremark Mail Service Pharmacy. Additional information can be found at the MFC-DC website, **MedStarFamilyChoiceDC.com** or at **caremark.com**.

Simply write the prescription(s) for a 90-day supply and have the enrollee submit it with their mail-service request forms to the address listed on the Mail Service Order Form. Prescribers may also call **800-996-5772** to start the process.

Please note that medications ordered and processed through mail service are typically mailed to the enrollee via U.S. regular mail. As such, please advise enrollees to allow up to 14 days for delivery from the time mail service receives the request. Any prescriptions submitted to mail service for less than a 90-day supply may be returned to the enrollee.

Enrollees are also able to order their prescriptions from CVS Caremark Mail Service Pharmacy. Receiving a 90-day supply of medication by mail may prove to be more convenient for enrollees, especially when filling prescriptions for routine or maintenance type medications. Mail service may also help enrollees stay compliant with their medications.

## MEDICAL EXCEPTION

If a non-covered drug is desired for medical management of a patient, a medication exception may be requested by calling MFC-DC at: **855-798-4244**.

## PRIOR AUTHORIZATION (PA)

If a medication on Prior Authorization is needed for an enrollee, it can be requested by calling MFC-DC at **855-798-4244** from 8 a.m. to 5:30 p.m. After hours, follow the instructions in the after-hours pharmacy message on the main telephone line.

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

### Drugs requiring Prior Authorization

ABECMA  
ADCIRCA  
AIMOVIG  
ALECENSA

ALUNBRIG  
AMITIZA  
AMONDYS 45  
AMPYRA  
AUSTEDO  
AYVAKIT  
BALVERSA

BENLYSTA  
BETHKIS  
BLENREP  
BOSULIF  
BRAFTOVI  
BREYANZI  
CABOMETYX

|                      |                        |                        |
|----------------------|------------------------|------------------------|
| chlordiazepoxide     | LUPKYNIS               | REYVOW                 |
| COMETRIQ             | LUPRON DEPOT           | REZUROCK               |
| COSELA               | LYBALVI                | RITUXAN HYCELA         |
| COTELLIC             | LYNPARZA               | ROZLYTREK              |
| CUTAQUIG             | MACRILEN               | RUBRACA                |
| DARZALEX FASPRO      | MAVYRET                | RYBREVA                |
| desmopressin spray   | MEKINIST               | RYBREVANT              |
| DEXCOM CONTINUOUS    | MEKTOVI                | SABRIL                 |
| GLUCOSE MONITORING   | methadone              | SANTYL                 |
| SYSTEM               | MINASTRIN 24 FE        | SAPHNELO               |
| DIFICID              | morphine ext-rel beads | SEROSTIM               |
| DOPTLET              | morphine ext-rel tabs  | SEYSARA                |
| DUPIXENT             | MOVANTI                | SIRTURO                |
| EGRIFTA SV           | MULPLETA               | sofosbuvir/velpatasvir |
| ELIGARD              | NATAZIA                | SPRAVATO               |
| ELZONRIS             | NORDITROPIN            | STIMATE                |
| EMPAVELI             | NOURIANZ               | STIVARGA               |
| ENHERTU              | NOXAFIL                | STROMECTOL             |
| ESBRIET              | NUBEQA                 | SYNAGIS                |
| EVKEEZA              | NUCALA                 | SYNRIBO                |
| EXKIVITY             | NULIBRY                | SYPRINE                |
| FASENRA              | NUVIGIL                | TABRECTA               |
| fentanyl transdermal | OCREVUS                | TAFINLAR               |
| FIRAZYR              | OFEV                   | TAGRISSO               |
| FOTIVDA              | OMNIPOD DASH INSULIN   | TALZENNA               |
| FREESTYLE LIBRE      | INFUSION PUMP          | TARCEVA                |
| CONTINUOUS           | OMNIPOD INSULIN        | TASIGNA                |
| GLUCOSE MONITORING   | INFUSION PUMP          | TAVALISSE              |
| SYSTEM               | ONPATTRO               | TAYTULLA               |
| GAVRETO              | ONUREG                 | TAZVERIK               |
| GRALISE              | ORIAHNN                | TIBSOVO                |
| HAEGARDA             | ORILISSA               | TRIKAFTA               |
| HYCAMTIN CAPS        | ORKAMBI                | TRODELVY               |
| IBRANCE              | ORLADEYO               | TRUSELTIQ              |
| ICLUSIG              | OXLUMO                 | TUKYSA                 |
| IMBRUVICA            | oxymorphone ext-rel    | TURALIO                |
| JAKAFI               | PEMAZYRE               | TYKERB                 |
| JIVI                 | PIQRAY                 | UBRELVI                |
| JUXTAPID             | POLIVY                 | UPLIZNA                |
| JYNARQUE             | pretomanid             | VAZALORE               |
| KALBITOR             | PROLIA                 | VENCLEXTA              |
| KALYDECO             | PROVIGIL               | V-GO INSULIN INFUSION  |
| KERENDIA             | PULMOZYME              | PUMP                   |
| KISQALI              | QBREXZA                | VILTEPSO               |
| KYMRIAH              | QELBREE                | VITRAKVI               |
| leuprolide acetate   | QULIPTA                | VIZIMPRO               |
| LIBTAYO              | RASUVO                 | VYEPTI                 |
| LO LOESTRIN FE       | REPATHA                | XADAGO                 |
| LORBRENA             | RESTASIS               | XALKORI                |
| LOVAZA               | RETEVMO                | XENAZINE               |
| LUMAKRAS             | REVATIO                | XGEVA                  |
| LUMOXITI             | REVLIMID               | XIIDRA                 |
|                      |                        | XOLAIR                 |

XOSPATA  
XPOVIO  
XYREM  
YESCARTA  
ZEJULA

ZELBORAF  
ZEPZELCA  
ZOLADEX  
ZONTIVITY  
ZURAMPIC

ZYDELIG  
ZYKADIA  
ZYNLONTA

## MANAGED DRUG LIMITATIONS (MDL)

The Managed Drug Limitation program provides for a maximum quantity of drug product that a member may receive per prescription and/or over a specific period of time. Many drug products on the *DC Health Families and DC Healthcare Alliance Prescribing Guide* have quantity limits based upon the dosage described in product labeling.

MFC-DC limits "new" opioid analgesic prescriptions to a 7-day supply. A "new" prescription means that a patient has not had an opioid medication filled under MFC-DC in the preceding 90 days or had one short-acting opioid at < 50 morphine milligram equivalents (MME) per day in the previous 90 days, filled within 7 days of a subsequent request. New prescriptions for more than 7-day supply will require Prior Authorization.

The following drugs are subject to MDL because they are typically not taken on a regular schedule and/or because of potential safety and utilization concerns. This list is subject to change. Contact MFC-DC at **855-798-4244** for an updated list.

### Drugs

albuterol sulfate aerosol powder breath-activated (PROAIR RESPICLICK)  
albuterol sulfate, CFC-free aerosol  
azelastine spray 0.1%  
azithromycin tabs  
baloxavir (XOFLUZA)  
bupropion ext-rel (smoking deterrent)  
butalbital/acetaminophen  
butalbital/acetaminophen/caffeine (FIORICET)  
butalbital/acetaminophen/caffeine/codeine (FIORICET w/CODEINE)  
butalbital/aspirin/caffeine  
butalbital/aspirin/caffeine/codeine  
capsaicin crm 0.033%, 0.075%  
codeine sulfate tabs  
codeine/acetaminophen oral solution  
  
codeine/acetaminophen tabs  
codeine/guaifenesin liquid  
  
codeine/guaifenesin/pseudoephedrine  
  
codeine/promethazine  
  
codeine/promethazine/phenylephrine  
  
condoms, male  
dextromethorphan/promethazine  
  
doxylamine/pyridoxine delayed-rel (DICLEGIS)  
esomeprazole magnesium delayed-rel (NEXIUM 24HR)  
fentanyl transdermal  
fluconazole 150 mg (DIFLUCAN)  
granisetron 1 mg

### Limits

2 inhalers per 45 days  
2 inhalers per 45 days  
2 bottles per 23 days  
30 tablets per 23 days  
2 fills per 365 days  
6 month supply per 365 days  
60 units per 23 days  
60 units per 23 days  
60 units per 23 days  
60 units per 23 days  
60 units per 23 days  
120 grams per 23 days  
60 tablets per 23 days  
1000 mL per 23 days and 2 fills  
per 90 days  
60 tablets per 23 days  
1000 mL per 23 days and 2 fills  
per 90 days  
1000 mL per 23 days and 2 fills  
per 90 days  
1000 mL per 23 days and 2 fills  
per 90 days  
1000 mL per 23 days and 2 fills  
per 90 days  
108 per 23 days  
1000 mL per 23 days and 2 fills  
per 90 days  
120 tablets per 23 days  
60 capsules per 23 days  
10 patches per 23 days  
4 tablets per 23 days  
10 tablets per 23 days

### Drugs

hydrocodone/acetaminophen oral solution  
hydrocodone/acetaminophen tabs  
hydromorphone oral liquid 1 mg/mL (DILAUDID)  
hydromorphone suppository  
hydromorphone tabs 2 mg (DILAUDID)  
hydromorphone tabs 4 mg (DILAUDID)  
hydromorphone tabs 8 mg (DILAUDID)  
ketorolac  
lansoprazole orally disintegrating tabs 15 mg (PREVACID SOLUTAB)  
lansoprazole (PREVACID)  
levabuterol tartrate, CFC-free aerosol (XOPENEX HFA)  
levonorgestrel (PLAN B ONE-STEP)  
L-glutamine oral powder (ENDARI)  
lidocaine patch 4%  
metformin 500 mg  
metformin 1000 mg  
methadone oral concentrate 10 mg/mL  
methadone oral solution 5 mg/5 mL  
methadone oral solution 10 mg/5 mL  
methadone tabs 5 mg  
methadone tabs 10 mg  
methadone tabs 40 mg  
morphine sulfate ext-rel beads 30 mg  
morphine sulfate ext-rel beads 45 mg  
morphine sulfate ext-rel beads 60 mg  
morphine sulfate ext-rel beads 75 mg  
morphine sulfate ext-rel beads 90 mg  
morphine sulfate ext-rel beads 120 mg  
morphine sulfate ext-rel tabs 15 mg (MS CONTIN)  
morphine sulfate ext-rel tabs 30 mg (MS CONTIN)  
morphine sulfate ext-rel tabs 60 mg (MS CONTIN)  
morphine sulfate ext-rel tabs 100 mg (MS CONTIN)  
morphine sulfate ext-rel tabs 200 mg (MS CONTIN)  
morphine sulfate immediate-release tabs 15 mg  
morphine sulfate immediate-release tabs 30 mg  
morphine sulfate oral solution 20 mg/5 mL  
morphine suppository 5 mg, 10 mg  
morphine suppository 20 mg  
morphine suppository 30 mg  
naratriptan (AMERGE)  
nicotine polacrilex gum, lozenge (NICORETTE)  
nicotine transdermal  
omeprazole 40 mg (PRILOSEC)  
omeprazole, except 40 mg (PRILOSEC)  
oseltamivir (TAMIFLU)  
oxycodone immediate release tabs 15 mg (ROXICODONE)  
oxycodone immediate release tabs 20 mg  
oxycodone immediate release tabs 30 mg (ROXICODONE)  
oxycodone immediate-release caps 5 mg, tabs 5 mg, 10 mg  
oxycodone oral concentrate 20 mg/mL  
oxycodone oral solution 5 mg/5 mL (ROXICODONE)

### Limits

2750 mL per 23 days  
180 tablets per 23 days  
675 mL per 23 days  
180 suppositories per 23 days  
180 tablets per 23 days  
168 tablets per 23 days  
84 tablets per 23 days  
20 tablets per 23 days  
30 tablets per 23 days  
60 units per 23 days  
2 inhalers per 45 days  
12 fills per 365 days  
180 packets per 23 days  
30 patches per 23 days  
120 tablets per 23 days  
90 tablets per 23 days  
450 mL per 23 days  
900 mL per 23 days  
450 mL per 23 days  
180 tablets per 23 days  
90 tablets per 23 days  
23 tablets per 23 days  
90 capsules per 23 days  
60 capsules per 23 days  
45 capsules per 23 days  
36 capsules per 23 days  
30 capsules per 23 days  
23 capsules per 23 days  
180 tablets per 23 days  
90 tablets per 23 days  
45 tablets per 23 days  
27 tablets per 23 days  
13.5 tablets per 23 days  
180 tablets per 23 days  
90 tablets per 23 days  
675 mL per 23 days  
180 suppositories per 23 days  
135 suppositories per 23 days  
90 suppositories per 23 days  
12 tablets per 23 days  
6 month supply per 365 days  
6 month supply per 365 days  
60 capsules per 23 days  
30 capsules per 23 days  
2 fills per 365 days  
120 tablets per 23 days  
90 tablets per 23 days  
60 tablets per 23 days  
180 units per 23 days  
90 mL per 23 days  
1800 mL per 23 days

### Drugs

oxycodone/acetaminophen tabs (PERCOCET)  
 oxycodone/aspirin tabs  
 oxymorphone ext-rel tabs 5 mg  
 oxymorphone ext-rel tabs 7.5 mg  
 oxymorphone ext-rel tabs 10 mg  
 oxymorphone ext-rel tabs 15 mg  
 oxymorphone ext-rel tabs 20 mg  
 oxymorphone ext-rel tabs 30 mg  
 oxymorphone ext-rel tabs 40 mg  
 paliperidone palmitate ext-rel inj (INVEGA HAFYERA)  
 pantoprazole 20 mg, 40 mg (PROTONIX)  
 promethazine syrup

rizatriptan orally disintegrating tabs (MAXALT-MLT)  
 rizatriptan (MAXALT)  
 sodium phosphate/sodium bisphosphate enema (FLEET ENEMA)  
 sumatriptan 25 mg, 50 mg, 100 mg (IMITREX)  
 sumatriptan injection (IMITREX)

sumatriptan nasal spray 5 mg/actuation (IMITREX)

sumatriptan nasal spray 20 mg/actuation (IMITREX)

tramadol (ULTRAM)  
 ulipristal (ELLA)  
 varenicline  
 zolmitriptan 2.5 mg, 5 mg (ZOMIG)  
 zolmitriptan orally disintegrating tabs 2.5 mg, 5 mg

### Limits

180 tablets per 23 days  
 180 tablets per 23 days  
 180 tablets per 23 days  
 120 tablets per 23 days  
 90 tablets per 23 days  
 60 tablets per 23 days  
 45 tablets per 23 days  
 30 tablets per 23 days  
 23 tablets per 23 days  
 1 syringe per 180 days  
 60 tablets per 23 days  
 1000 mL per 23 days and 2 fills  
 per 90 days  
 18 tablets per 23 days  
 18 tablets per 23 days  
 2 kits per 72 hours  
 9 tablets per 23 days  
 12 injections (0.5 mL) = 6 mL per  
 23 days  
 24 units (4 packages) per 23  
 days  
 12 units (2 packages) per 23  
 days  
 180 tablets per 23 days  
 12 fills per 365 days  
 6 month supply per 365 days  
 12 tablets per 23 days  
 12 tablets per 23 days

## STEP THERAPY (ST)

Drugs indicated with a "ST" require Step Therapy authorization for coverage. When using drugs within select drug classes, this program requires a certain order to be followed for the "ST" designated drugs to be covered by your benefit plan.

Within the Step Therapy program, drug therapy is begun with the most cost-effective and safest drugs. If this initial therapy proves unsuccessful, treatment may move to other, more costly therapy. Step Therapy helps ensure that a plan enrollee receives clinically appropriate, cost-effective medication.

The following drugs are subject to Step Therapy:

### Drugs

ciclopirox cream, suspension (LOPROX)  
 EUCRISA  
 ivermectin lotion



## OVER-THE-COUNTER (OTC) DRUG COVERAGE

In addition to prescription benefits, all over-the-counter medications on this list are covered by MFC-DC with a written or telephoned prescription. Refills are permitted. Prescriptions may be written for the State limited 12-month maximum. Emergency contraceptives and latex condoms are an exception and do not need a prescription. 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.

### Antacids

|                                                    |            |
|----------------------------------------------------|------------|
| aluminum hydroxide                                 | AlternaGEL |
| aluminum hydroxide/magnesium hydroxide             | Alamag     |
| aluminum hydroxide/magnesium hydroxide/simethicone | Maalox     |
| calcium carbonate                                  | Maalox     |
| sodium bicarbonate                                 |            |

### Antifungals, Topical

|                      |                |
|----------------------|----------------|
| butenafine           | Lotrimin Ultra |
| clotrimazole crm 1%  | Lotrimin AF    |
| clotrimazole soln 1% |                |
| miconazole           | Desenex        |
| terbinafine          | Lamisil AT     |
| tolnaftate crm 1%    | Tinactin       |

### Antifungals, Vaginal

|              |               |
|--------------|---------------|
| clotrimazole | Gyne-Lotrimin |
| miconazole   | Monistat      |

### Antihistamines

|                             |                |
|-----------------------------|----------------|
| cetirizine, except chewable | Zyrtec         |
| chlorpheniramine            | Chlor-Trimeton |
| clemastine                  | Tavist-1       |
| diphenhydramine             | Benadryl       |
| fexofenadine susp, tabs     | Allegra        |
| loratadine                  | Claritin       |

### Antihistamine/Decongestant Combinations

|                                     |                       |
|-------------------------------------|-----------------------|
| cetirizine/pseudoephedrine ext-rel  | Zyrtec-D              |
| chlorpheniramine/phenylephrine tabs | Cold & Allergy Relief |
| loratadine/pseudoephedrine ext-rel  | Claritin-D            |

### Cardiovascular, Miscellaneous

|                                       |                 |
|---------------------------------------|-----------------|
| blood pressure monitoring kit         |                 |
| niacin                                |                 |
| omega-3 fatty acids                   | Fish Oil        |
| omega-3 fatty acids 300 mg            | Krill Oil       |
| omega-3 fatty acids/vitamin E         | Fish Oil        |
| omega-3 fatty acids/vitamins chewable | Omega-3 Gummies |

### Contraceptives, Barrier

|                                   |                     |
|-----------------------------------|---------------------|
| condoms (prescription not needed) |                     |
| spermicide gel                    | Gynol II, Shur-Seal |

### **Contraceptives, Emergency**

levonorgestrel (prescription not needed)

Plan B One-Step

### **Cough/Cold/Allergy**

**(OTC products not covered for members under 4 years of age)**

budesonide spray

dextromethorphan gelcaps, liquid

dextromethorphan polistirex ext-rel syrup 30 mg/5 mL

dextromethorphan/chlorpheniramine liquid

dextromethorphan/guaifenesin ext-rel

dextromethorphan/guaifenesin/pseudoephedrine liq 10 mg/100 mg/30 mg/5 mL

dextromethorphan/guaifenesin syrup

eucalyptus/menthol/compound rub

fluticasone mist

fluticasone spray

guaifenesin ext-rel

guaifenesin liquid

guaifenesin liquid

guaifenesin/pseudoephedrine ext-rel

oxymetazoline

phenylephrine

phenylephrine drops

pseudoephedrine

sodium chloride inhalation solution

sodium chloride nasal spray

triamcinolone acetonide spray

Robitussin Long-Acting Cough

Delsym

Robitussin Children's Cough & Cold, Long-Acting

Mucinex DM

Robitussin Cough + Chest Congestion DM

Vicks Vaporub

Flonase Sensimist

Flonase Allergy Relief

Mucinex

Diabetic Tussin

Mucinex for Kids

Mucinex D

Afrin

Neo-Synephrine

PediaCare

Sudafed

Simply Saline

Ocean

Nasacort Allergy 24HR

### **Diabetic Supplies**

alcohol swabs

insulin syringes, needles

lancets, lancet devices

### **Gastrointestinal**

esomeprazole magnesium delayed-rel

famotidine

famotidine chewable tabs

lansoprazole delayed-rel

omeprazole magnesium delayed-rel

omeprazole/sodium bicarbonate

Nexium 24HR

Pepcid AC

Pepcid AC

Prevacid 24HR

Prilosec OTC

Zegerid OTC

### **Gastrointestinal, Miscellaneous**

bismuth subsalicylate

dextrose/fructose/phosphoric acid

dimenhydrinate

lidocaine rectal cream 5%

loperamide liquid, tabs

meclizine

probiotics (\$20 maximum per claim)

pyrantel

simethicone

witch hazel medicated pads/wipes

Pepto-Bismol

Emetrol

Dramamine

LMX 5

Anti-Diarrheal

Reese's Pinworm Medicine

Mylicon

Tucks

### **Laxatives/Stool Softeners**

|                                                       |               |
|-------------------------------------------------------|---------------|
| bisacodyl                                             | Dulcolax      |
| calcium polycarbophil                                 | Fibercon      |
| docusate sodium caps                                  | Colace        |
| docusate sodium liquid                                |               |
| glycerin rectal suppository, adult                    |               |
| glycerin rectal suppository, pediatric                |               |
| magnesium citrate                                     |               |
| methylcellulose                                       | Citrucel      |
| mineral oil                                           |               |
| polyethylene glycol 3350                              | MiraLax       |
| psyllium                                              | Metamucil     |
| psyllium/aspartame                                    | Natural Fiber |
| sennosides syrup 8.8 mg/5 mL                          |               |
| sennosides 8.6 mg tablets                             | Senokot       |
| sennosides 15 mg tablets                              | Ex-Lax        |
| sennosides/docusate sodium                            | Peri-Colace   |
| sodium phosphate/sodium bisphosphate enema, adult     | Fleet Enema   |
| sodium phosphate/sodium bisphosphate enema, pediatric | Fleet Enema   |

### **Nutritional/Supplements**

|                                                       |                    |
|-------------------------------------------------------|--------------------|
| alpha-lipoic acid                                     | Vitamin C          |
| ascorbic acid                                         | Os-Cal             |
| calcium carbonate/cholecalciferol                     | Vitamin D3         |
| cholecalciferol (D3)                                  | Vitamin B12        |
| cyanocobalamin tabs 1000 mcg                          | DHA cap            |
| docosahexaenoic acid                                  | Pedialyte          |
| electrolyte rehydrating soln                          |                    |
| ergocalciferol (D2) drops                             |                    |
| ferrous fumarate                                      | Ferrimin 150       |
| ferrous gluconate                                     | Fergon             |
| ferrous sulfate                                       | Feosol             |
| ferrous sulfate delayed-rel                           | Slow FE            |
| iron/vitamin C                                        | Vitron-C           |
| lutein                                                |                    |
| magnesium oxide                                       | Mag-Ox             |
| multivitamins drops, tabs                             |                    |
| multivitamins/iron drops                              |                    |
| multivitamins/minerals caps                           |                    |
| polysaccharide iron complex 150 mg                    | Nu-Iron 150        |
| polysaccharide iron complex/vitamin B12/folic acid    | Ferrex 150         |
| prenatal vitamins/DHA/EPA/ferrous fumarate/folic acid | One Daily Prenatal |
| prenatal vitamins/DHA/EPA/folic acid chewable gummy   | One-A-Day Prenatal |
| prenatal vitamins/folic acid                          |                    |
| pyridoxine 25 mg, 50 mg, 100 mg                       | Vitamin B6         |
| sodium chloride tabs 1 gm                             |                    |
| thiamine 50 mg, 100 mg, 250 mg                        | Vitamin B1         |
| vitamin A cap 10000 unit                              |                    |
| vitamin B complex caps, tabs                          | B-Complex          |
| vitamin E caps 400 unit                               |                    |
| zinc sulfate                                          |                    |

### **Overactive Bladder**

oxybutynin transdermal \*

\* Gender restriction - Coverage for females

Oxytrol for Women

### **Pain & Fever**

acetaminophen

acetaminophen/aspirin/caffeine

aspirin 81 mg (not chewable)

enteric coated aspirin

ibuprofen

naproxen sodium

Tylenol

Excedrin

Bayer

Ecotrin

Advil

Aleve

### **Pediculocides**

permethrin aerosol 0.05%

permethrin 1%

RID

NIX Creme Rinse

### **Radioactive Iodine Blockers**

potassium iodide

potassium iodide

Iosat

ThyroSafe

### **Sleep Aids**

acetaminophen/diphenhydramine

diphenhydramine

doxylamine

melatonin

Tylenol PM

Benadryl

Unisom

### **Smoking Cessation**

nicotine polacrilex gum, lozenge

nicotine transdermal

Nicorette

### **Topical, Acne**

adapalene gel 0.1%

benzoyl peroxide bar, gel, lotion 2.5%, 5%, 10%

benzoyl peroxide liquid 6%

Differin

Panoxyl

### **Topical, Antibacterial**

antibacterial cleanser bar, liquid cleanser, cleansing cloths

bacitracin

bacitracin/polymyxin B

chlorhexidine gluconate liquid, soln 4%

neomycin/bacitracin/polymyxin B

Cetaphil

Polysporin

Hibiclens

Neosporin

### **Topical, Ear**

carbamide peroxide

Debrox

### **Topical, Eye**

artificial tears

ketotifen

Zaditor

#### Topical, Miscellaneous

|                                            |              |
|--------------------------------------------|--------------|
| ammonium lactate 12%                       | Lac-Hydrin   |
| calamine lotion                            |              |
| capsaicin crm 0.025%, 0.033%, 0.075%, 0.1% |              |
| coal tar shampoo                           | Neutrogena   |
| diclofenac sodium gel 1%                   | Voltaren Gel |
| docosanol                                  | Abreva       |
| hydrocortisone crm, oint 0.5%, 1%          | Cortizone    |
| lidocaine crm 4%                           | LMX 4        |
| lidocaine patch 4%                         |              |
| oatmeal, colloidal                         |              |
| oatmeal, colloidal/dimethicone             | Aveeno       |
| petrolatum ointment                        |              |
| petrolatum/mineral oil                     | Eucerin      |
| petrolatum/mineral oil cream               |              |
| salicylic acid gel 3%                      | Keralyt      |
| salicylic acid gel 17%                     |              |
| salicylic acid pad, plaster 40%            |              |
| salicylic acid 17%/collodion               | Duofilm      |
| urea crm 10%, 20%, 30%, 40%                |              |
| urea lotion 10%                            |              |
| zinc oxide                                 | Desitin      |

#### EDITOR

Your comments and suggestions regarding the *DC Healthy Families and DC Healthcare Alliance Prescribing Guide* are encouraged. Your input is vital to this formulary's continued success. All responses will be reviewed and considered. Please send your comments to:

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## LEGEND

|                 |                                                                                                                       |
|-----------------|-----------------------------------------------------------------------------------------------------------------------|
| <b>AL</b>       | Age Limit                                                                                                             |
| <b>MDL</b>      | Managed Drug Limitation                                                                                               |
| <b>OTC</b>      | Over the counter                                                                                                      |
| <b>PA</b>       | Prior Authorization required                                                                                          |
| <b>ST</b>       | Step Therapy required                                                                                                 |
| <b>boldface</b> | Indicates generic availability; boldface may not apply to every strength or dosage form under the listed generic name |
| 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             |

## ANALGESICS

Practice guidelines of pain management are available at: <https://www.asahq.org>

Treatment recommendations for osteoarthritis are available at: <https://www.rheumatology.org>

### NSAIDs

|            |                                      |             |
|------------|--------------------------------------|-------------|
| <b>OTC</b> | ibuprofen                            | ADVIL       |
| <b>OTC</b> | naproxen sodium                      | ALEVE       |
|            | <b>diclofenac potassium</b>          |             |
|            | <b>diclofenac sodium delayed-rel</b> |             |
|            | etodolac                             |             |
|            | flurbiprofen                         |             |
|            | ibuprofen                            |             |
|            | indomethacin                         |             |
| <b>MDL</b> | ketorolac                            |             |
|            | meloxicam                            | MOBIC       |
|            | nabumetone                           |             |
|            | naproxen                             |             |
|            | <b>naproxen delayed-rel</b>          | EC-NAPROSYN |
|            | oxaprozin                            | DAYPRO      |
|            | sulindac                             |             |

### NSAIDs, TOPICAL

|            |                                 |              |
|------------|---------------------------------|--------------|
| <b>OTC</b> | <b>diclofenac sodium gel 1%</b> | VOLTAREN GEL |
|            | <b>diclofenac sodium gel 1%</b> |              |

### COX-2 INHIBITORS

|  |           |          |
|--|-----------|----------|
|  | celecoxib | CELEBREX |
|--|-----------|----------|

### GOUT

|           |                              |          |
|-----------|------------------------------|----------|
|           | allopurinol                  | ZYLOPRIM |
|           | colchicine caps              | MITIGARE |
|           | colchicine tabs              | COLCRYS  |
|           | <b>colchicine/probenecid</b> |          |
|           | <b>probenecid</b>            |          |
| <b>PA</b> | lesinurad                    | ZURAMPIC |



## OPIOID ANALGESICS

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

<https://www.asahq.org>

<https://www.nccn.org>

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

<https://www.asipp.org/ASIPP-Guidelines.html>

Note: MedStar Family Choice-DC limits "new" opioid analgesic prescriptions to a 7-day supply. A "new" prescription means that a patient has not had an opioid medication filled under MedStar Family Choice in the preceding 90 days or had one short-acting opioid at ≤ 50 morphine milligram equivalents (MME) per day in the previous 90 days, filled within 7 days of a subsequent request. New prescriptions for more than 7-day supply will require Prior Authorization.

For complete information regarding the requirements of the District of Columbia Medicaid Opioid Drug Utilization Review for opioid prescribing, please visit: **MedStarFamilyChoiceDC.com**

|         |                                                           |                    |
|---------|-----------------------------------------------------------|--------------------|
| MDL     | butalbital/acetaminophen/caffeine/codeine                 | FIORICET w/CODEINE |
| MDL     | butalbital/aspirin/caffeine/codeine                       |                    |
| MDL     | codeine sulfate                                           |                    |
| MDL     | codeine/acetaminophen                                     |                    |
| MDL, PA | fentanyl transdermal                                      |                    |
| MDL     | hydrocodone/acetaminophen 5/325 mg, 7.5/325 mg, 10/325 mg |                    |
| MDL     | hydrocodone/acetaminophen soln 7.5/325 per 15 mL          |                    |
| MDL     | hydromorphone                                             | DILAUDID           |
| MDL, PA | methadone                                                 |                    |
| MDL     | morphine                                                  |                    |
| MDL, PA | morphine ext-rel beads                                    |                    |
| MDL, PA | morphine ext-rel tabs                                     | MS CONTIN          |
| MDL     | morphine supp                                             |                    |
| MDL     | oxycodone caps, tabs 5 mg                                 |                    |
| MDL     | oxycodone concentrate 20 mg/mL                            |                    |
| MDL     | oxycodone tabs 10 mg, 20 mg                               |                    |
| MDL     | oxycodone tabs 15 mg, 30 mg, soln 5 mg/5 mL               | ROXICODONE         |
| MDL     | oxycodone/acetaminophen 5/325, 7.5/325, 10/325            | PERCOCET           |
| MDL     | oxycodone/aspirin                                         |                    |
| MDL, PA | oxymorphone ext-rel                                       |                    |
| MDL     | tramadol                                                  | ULTRAM             |

## NON-OPIOID ANALGESICS

|     |                                   |       |
|-----|-----------------------------------|-------|
| MDL | butalbital/acetaminophen          |       |
| MDL | butalbital/acetaminophen/caffeine | ESGIC |
| MDL | butalbital/aspirin/caffeine       |       |

## SALICYLATES

|    |              |          |
|----|--------------|----------|
| PA | aspirin caps | VAZALORE |
|----|--------------|----------|

## VISCOSUPPLEMENTS

|  |                    |            |
|--|--------------------|------------|
|  | sodium hyaluronate | HYALGAN    |
|  | sodium hyaluronate | SUPARTZ FX |

## ANTI-INFECTIVES

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

**Hepatitis:** CDC recommendations on the treatment of hepatitis are available at: <https://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:  
<https://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:  
<https://www.aidsinfo.nih.gov>

**Infective Endocarditis:** American Heart Association recommendations for the prevention of bacterial endocarditis are available at:  
<https://professional.heart.org>

**Influenza:** Recommendations of the Advisory Committee on Immunization Practices are available at:  
<https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html>

**International Travel:** CDC recommendations for international travel are available at:  
<https://wwwnc.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:  
<https://www.cdc.gov/pneumonia/management-prevention-guidelines.html>

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

### ANTIBACTERIALS

#### Aminoglycosides

|          |  |
|----------|--|
| neomycin |  |
|----------|--|

#### Cephalosporins

##### First Generation

|            |  |
|------------|--|
| cefadroxil |  |
|------------|--|

|                                |        |
|--------------------------------|--------|
| cephalexin caps 250 mg, 500 mg | KEFLEX |
|--------------------------------|--------|

|                                          |        |
|------------------------------------------|--------|
| cephalexin susp 125 mg/5 mL, 250 mg/5 mL | KEFLEX |
|------------------------------------------|--------|

##### Second Generation

|                   |  |
|-------------------|--|
| cefuroxime axetil |  |
|-------------------|--|

##### Third Generation

|          |  |
|----------|--|
| cefdinir |  |
|----------|--|

|                      |  |
|----------------------|--|
| cefepodoxime tablets |  |
|----------------------|--|

|             |          |
|-------------|----------|
| ceftriaxone | ROCEPHIN |
|-------------|----------|

#### Erythromycins/Macrolides

##### MDL

|              |           |
|--------------|-----------|
| azithromycin | ZITHROMAX |
|--------------|-----------|

|                |  |
|----------------|--|
| clarithromycin |  |
|----------------|--|

|                        |  |
|------------------------|--|
| clarithromycin ext-rel |  |
|------------------------|--|

|                   |  |
|-------------------|--|
| erythromycin base |  |
|-------------------|--|

|                          |  |
|--------------------------|--|
| erythromycin delayed-rel |  |
|--------------------------|--|

|           |                                           |         |
|-----------|-------------------------------------------|---------|
|           | <b>erythromycin delayed-rel - Ery-tab</b> |         |
|           | <b>erythromycin ethylsuccinate</b>        | E.E.S.  |
|           | <b>erythromycin stearate</b>              |         |
| <b>PA</b> | fidaxomicin                               | DIFICID |

#### Fluoroquinolones

|  |                      |       |
|--|----------------------|-------|
|  | <b>ciprofloxacin</b> | CIPRO |
|  | <b>levofloxacin</b>  |       |
|  | <b>moxifloxacin</b>  |       |

#### Penicillins

|  |                                               |              |
|--|-----------------------------------------------|--------------|
|  | <b>amoxicillin</b>                            |              |
|  | <b>amoxicillin/clavulanate</b>                | AUGMENTIN    |
|  | <b>ampicillin</b>                             |              |
|  | <b>dicloxacillin</b>                          |              |
|  | <b>penicillin VK</b>                          |              |
|  | penicillin G benzathine                       | BICILLIN L-A |
|  | penicillin G benzathine/penicillin G procaine | BICILLIN C-R |

#### Sulfonamides

|  |                                         |  |
|--|-----------------------------------------|--|
|  | <b>sulfamethoxazole/trimethoprim</b>    |  |
|  | <b>sulfamethoxazole/trimethoprim DS</b> |  |
|  | sulfadiazine                            |  |

#### Tetracyclines

|           |                                                                  |            |
|-----------|------------------------------------------------------------------|------------|
|           | <b>doxycycline hyclate caps</b>                                  | VIBRAMYCIN |
|           | <b>doxycycline hyclate tabs 20 mg, 100 mg</b>                    |            |
|           | <b>doxycycline monohydrate caps 50 mg, 75 mg, 100 mg, 150 mg</b> |            |
|           | <b>doxycycline monohydrate susp</b>                              | VIBRAMYCIN |
|           | <b>doxycycline monohydrate tabs 50 mg, 75 mg, 100 mg, 150 mg</b> |            |
|           | <b>minocycline</b>                                               |            |
|           | <b>tetracycline</b>                                              |            |
| <b>PA</b> | sarecycline                                                      | SEYSARA    |

#### ANTIFUNGALS

|            |                                          |          |
|------------|------------------------------------------|----------|
|            | <b>clotrimazole troches</b>              |          |
| <b>MDL</b> | <b>fluconazole</b>                       | DIFLUCAN |
|            | <b>griseofulvin microsize susp, tabs</b> |          |
|            | <b>griseofulvin ultramicrosize</b>       |          |
|            | <b>itraconazole caps 100 mg</b>          | SPORANOX |
|            | <b>nystatin</b>                          |          |
| <b>PA</b>  | <b>posaconazole</b>                      | NOXAFIL  |
|            | <b>terbinafine tabs</b>                  |          |
|            | <b>voriconazole susp, tabs</b>           | VFEND    |

**MDL** 150 mg only (4 tabs/23 days)

#### ANTIMALARIALS

|  |                             |          |
|--|-----------------------------|----------|
|  | <b>atovaquone/proguanil</b> | MALARONE |
|  | <b>chloroquine</b>          |          |
|  | <b>mefloquine</b>           |          |
|  | <b>primaquine</b>           |          |

## ANTIRETROVIRAL AGENTS

HIV/AIDS medications, PEP, and PrEP for DC Healthy Families beneficiaries are covered through the District of Columbia Fee-for-Service only and are not the responsibility of MedStar Family Choice-DC.

For Alliance beneficiaries, medications for the treatment of HIV/AIDS are supplied through the AIDS Drug Assistance Program (ADAP). All members must apply to the ADAP program and renew every 6 months. Prescriptions for HIV and AIDS medications must be filled at ADAP-participating pharmacies. Prescriptions for PEP and PrEP may be filled at any MedStar Family Choice-DC in-network pharmacy. PLEASE note ON THE PRESCRIPTION that the intended use of the medication is for PEP or PrEP as this will assist the pharmacy in processing the prescription expeditiously. For example, include the phrase, "for PrEP" anywhere on the prescription.

## ANTITUBERCULAR AGENTS

|           |                     |           |
|-----------|---------------------|-----------|
|           | <b>ethambutol</b>   | MYAMBUTOL |
|           | <b>isoniazid</b>    |           |
|           | <b>pyrazinamide</b> |           |
|           | <b>rifampin</b>     |           |
| <b>PA</b> | bedaquiline         | SIRTURO   |
| <b>PA</b> | pretomanid          |           |
|           | rifapentine         | PRIFTIN   |

## ANTIVIRALS

### Cytomegalovirus Agents

|  |                       |         |
|--|-----------------------|---------|
|  | <b>foscarnet</b>      |         |
|  | <b>valganciclovir</b> | VALCYTE |

### Hepatitis Agents

#### Hepatitis B

|  |                       |            |
|--|-----------------------|------------|
|  | <b>entecavir tabs</b> | BARACLUDE  |
|  | <b>lamivudine</b>     | EPIVIR-HBV |
|  | entecavir soln        | BARACLUDE  |

#### Hepatitis C

|           |                             |         |
|-----------|-----------------------------|---------|
|           | <b>ribavirin caps, tabs</b> |         |
| <b>PA</b> | glecaprevir/pibrentasvir    | MAVYRET |
| <b>PA</b> | sofosbuvir/velpatasvir      |         |

### Herpes Agents

|  |                                   |         |
|--|-----------------------------------|---------|
|  | <b>acyclovir caps, susp, tabs</b> | ZOVIRAX |
|  | <b>famciclovir</b>                |         |
|  | <b>valacyclovir</b>               | VALTREX |

### Influenza Agents

|            |                    |         |
|------------|--------------------|---------|
| <b>MDL</b> | <b>oseltamivir</b> | TAMIFLU |
| <b>MDL</b> | baloxavir          | XOFLUZA |

## MISCELLANEOUS

|            |                                            |         |
|------------|--------------------------------------------|---------|
| <b>OTC</b> | <b>pyrantel - Reese's Pinworm Medicine</b> |         |
|            | <b>albendazole</b>                         | ALBENZA |
|            | <b>atovaquone</b>                          | MEPRON  |
|            | <b>clindamycin</b>                         | CLEOCIN |
|            | <b>dapsone tabs</b>                        |         |
|            | <b>fosfomycin</b>                          | MONUROL |

|           |                                     |             |
|-----------|-------------------------------------|-------------|
| <b>PA</b> | <b>ivermectin</b>                   | STROMEKTOL  |
|           | <b>linezolid</b>                    | ZYVOX       |
|           | <b>metronidazole</b>                | FLAGYL      |
|           | <b>nitrofurantoin ext-rel</b>       | MACROBID    |
|           | <b>nitrofurantoin macrocrystals</b> | MACRODANTIN |
| <b>AL</b> | <b>nitrofurantoin susp</b>          |             |
|           | <b>paromomycin</b>                  |             |
|           | <b>pentamidine aerosol</b>          | NEBUPENT    |
|           | <b>praziquantel</b>                 | BILTRICIDE  |
|           | <b>rifabutin</b>                    | MYCOBUTIN   |
|           | <b>trimethoprim tabs</b>            |             |
|           | <b>vancomycin</b>                   | VANCOCIN    |
|           | nifurtimox                          | LAMPIT      |
|           | rifaximin 550 mg                    | XIFAXAN     |
|           | vancomycin oral soln                | FIRVANQ     |

**AL** Covered for younger than age 8

## ANTINEOPLASTIC AGENTS

Clinical practice guidelines in oncology are available at:

<https://www.asco.org>

<https://www.nccn.org>

### ALKYLATING AGENTS

|           |                              |          |
|-----------|------------------------------|----------|
|           | <b>cyclophosphamide caps</b> |          |
|           | <b>melfalan</b>              | ALKERAN  |
|           | <b>temozolomide</b>          | TEMODAR  |
|           | busulfan                     | MYLERAN  |
|           | chlorambucil                 | LEUKERAN |
| <b>PA</b> | lurbinectedin                | ZEPZELCA |

### ANTIMETABOLITES

|           |                       |        |
|-----------|-----------------------|--------|
|           | <b>capecitabine</b>   | XELODA |
|           | <b>mercaptopurine</b> |        |
| <b>PA</b> | azacitidine           | ONUREG |

### HORMONAL ANTINEOPLASTIC AGENTS

#### Antiandrogens

|           |                     |         |
|-----------|---------------------|---------|
|           | <b>abiraterone</b>  | ZYTIGA  |
|           | <b>bicalutamide</b> | CASODEX |
|           | <b>flutamide</b>    |         |
| <b>PA</b> | darolutamide        | NUBEQA  |

#### Antiestrogens

|  |                    |          |
|--|--------------------|----------|
|  | <b>fulvestrant</b> | FASLODEX |
|  | <b>tamoxifen</b>   |          |
|  | <b>toremifene</b>  | FARESTON |

#### Aromatase Inhibitors

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

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

|    |                           |              |
|----|---------------------------|--------------|
| PA | <b>leuprolide acetate</b> |              |
| PA | goserelin acetate         | ZOLADEX      |
| PA | leuprolide acetate        | ELIGARD      |
| PA | leuprolide acetate        | LUPRON DEPOT |

#### Progestins

|  |                          |  |
|--|--------------------------|--|
|  | <b>megestrol acetate</b> |  |
|--|--------------------------|--|

#### KINASE INHIBITORS

|    |                          |           |
|----|--------------------------|-----------|
| PA | <b>erlotinib</b>         | TARCEVA   |
|    | <b>imatinib mesylate</b> | GLEEVEC   |
| PA | <b>lapatinib</b>         | TYKERB    |
| PA | alectinib                | ALECENSA  |
| PA | alpelisib                | PIQRAY    |
| PA | avapritinib              | AYVAKIT   |
| PA | binimetinib              | MEKTOVI   |
| PA | bosutinib                | BOSULIF   |
| PA | brigatinib               | ALUNBRIG  |
| PA | cabozantinib             | CABOMETYX |
| PA | cabozantinib             | COMETRIQ  |
| PA | capmatinib               | TABRECTA  |
| PA | ceritinib                | ZYKADIA   |
| PA | cobimetinib              | COTELLIC  |
| PA | crizotinib               | XALKORI   |
| PA | dabrafenib               | TAFINLAR  |
| PA | dacomitinib              | VIZIMPRO  |
| PA | encorafenib              | BRAFTOVI  |
| PA | entrectinib              | ROZLYTREK |
| PA | erdafitinib              | BALVERSA  |
| PA | gilteritinib             | XOSPATA   |
| PA | ibrutinib                | IMBRUVICA |
| PA | idelalisib               | ZYDELIG   |
| PA | infigratinib             | TRUSELTIQ |
| PA | larotrectinib            | VITRAKVI  |
| PA | lorlatinib               | LORBRENA  |
| PA | mobocertinib             | EXKIVITY  |
| PA | nilotinib                | TASIGNA   |
| PA | osimertinib              | TAGRISSE  |
| PA | palbociclib              | IBRANCE   |
| PA | pemigatinib              | PEMAZYRE  |
| PA | pexidartinib             | TURALIO   |
| PA | ponatinib                | ICLUSIG   |
| PA | pralsetinib              | GAVRETO   |
| PA | regorafenib              | STIVARGA  |
| PA | ribociclib               | KISQALI   |
| PA | ruxolitinib              | JAKAFI    |
| PA | selpercatinib            | RETEVMO   |
| PA | sotorasib                | LUMAKRAS  |
| PA | tazemetostat             | TAZVERIK  |
| PA | tivozanib                | FOTIVDA   |

|    |             |          |
|----|-------------|----------|
| PA | trametinib  | MEKINIST |
| PA | tucatinib   | TUKYSA   |
| PA | vemurafenib | ZELBORAF |

## MULTIPLE MYELOMA

### Immunomodulators

|    |              |          |
|----|--------------|----------|
| PA | lenalidomide | REVLIMID |
|----|--------------|----------|

## TOPOISOMERASE INHIBITORS

|    |                       |               |
|----|-----------------------|---------------|
|    | doxorubicin liposomal | DOXIL         |
| PA | topotecan caps        | HYCANTIN CAPS |

## MISCELLANEOUS

|    |                                 |                 |
|----|---------------------------------|-----------------|
|    | <b>bexarotene caps</b>          | TARGRETIN       |
|    | <b>etoposide</b>                |                 |
|    | <b>hydroxyurea</b>              | HYDREA          |
|    | <b>leucovorin</b>               |                 |
|    | <b>tretinoin caps</b>           |                 |
| PA | amivantamab-vmjw                | RYBREVA         |
| PA | axicabtagene ciloleucel         | YESCARTA        |
| PA | belantamab mafodotin-blmf       | BLENREP         |
| PA | belumosudil                     | REZUROCK        |
| PA | cemiplimab-rwlc                 | LIBTAYO         |
| PA | daratumumab/hyaluronidase-fihj  | DARZALEX FASPRO |
| PA | fam-trastuzumab deruxtecan-nxki | ENHERTU         |
|    | hydroxyurea                     | DROXIA          |
| PA | idecabtagene vicleucel          | ABECMA          |
| PA | ivosidenib                      | TIBSOVO         |
| PA | lisocabtagene maraleucel        | BREYANZI        |
| PA | loncastuximab tesirine-lpyl     | ZYNLONTA        |
|    | mitotane                        | LYSODREN        |
| PA | moxetumomab pasudotox-tdfk      | LUMOXITI        |
| PA | niraparib                       | ZEJULA          |
| PA | olaparib                        | LYNPARZA        |
| PA | omacetaxine mepesuccinate       | SYNRIBO         |
| PA | polatuzumab vedotin-piiq        | POLIVY          |
|    | procarbazine                    | MATULANE        |
| PA | rituximab/hyaluronidase human   | RITUXAN HYCELA  |
| PA | rucaparib                       | RUBRACA         |
| PA | sacituzumab govitecan-hziy      | TRODELVY        |
| PA | selinexor                       | XPOVIO          |
| PA | tagraxofusp-erzs                | ELZONRIS        |
| PA | talazoparib                     | TALZENNA        |
| PA | tisagenlecleucel                | KYMRIA          |
|    | trifluridine/tipiracil          | LONSURF         |
| PA | trilaciclib                     | COSELA          |
| PA | venetoclax                      | VENCLEXTA       |



## CARDIOVASCULAR

The Eighth Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure is available at: <https://jamanetwork.com/journals/jama/fullarticle/1791497>

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

<https://www.acc.org>

<https://professional.heart.org>

### ACE INHIBITORS

Guidelines for the use of ACE inhibitors are available at:

<https://jamanetwork.com/journals/jama/fullarticle/1791497>

<https://professional.diabetes.org>

<https://www.acc.org>

<https://professional.heart.org>

|              |          |
|--------------|----------|
| benazepril   | LOTENSIN |
| captopril    |          |
| enalapril    | VASOTEC  |
| fosinopril   |          |
| lisinopril   | ZESTRIL  |
| moexipril    |          |
| perindopril  |          |
| quinapril    | ACCUPRIL |
| ramipril     | ALTACE   |
| trandolapril |          |

### ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATIONS

|                                |        |
|--------------------------------|--------|
| amlodipine/benazepril          | LOTREL |
| trandolapril/verapamil ext-rel | TARKA  |

### ACE INHIBITOR/DIURETIC COMBINATIONS

|                                |              |
|--------------------------------|--------------|
| benazepril/hydrochlorothiazide | LOTENSIN HCT |
| enalapril/hydrochlorothiazide  | VASERETIC    |
| fosinopril/hydrochlorothiazide |              |
| lisinopril/hydrochlorothiazide | ZESTORETIC   |
| quinapril/hydrochlorothiazide  | ACCURETIC    |

### ADRENOLYTICS, CENTRAL

|                       |              |
|-----------------------|--------------|
| clonidine             |              |
| clonidine transdermal | CATAPRES-TTS |
| guanfacine            |              |

### ALDOSTERONE RECEPTOR ANTAGONISTS

|                |           |
|----------------|-----------|
| eplerenone     | INSPIRA   |
| spironolactone | ALDACTONE |

### ALPHA BLOCKERS

Guidelines for the use of alpha blockers in various patient populations are available at:  
<https://jamanetwork.com/journals/jama/fullarticle/1791497>

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

### ANGIOTENSIN II RECEPTOR ANTAGONISTS/DIURETIC COMBINATIONS

Guidelines for the use of angiotensin II receptor antagonists in various patient populations are available at:  
<https://jamanetwork.com/journals/jama/fullarticle/1791497>  
<https://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>olmesartan</b>                      | BENICAR      |
| <b>olmesartan/hydrochlorothiazide</b>  | BENICAR HCT  |
| <b>telmisartan</b>                     | MICARDIS     |
| <b>telmisartan/hydrochlorothiazide</b> | MICARDIS HCT |
| <b>valsartan</b>                       | DIOVAN       |
| <b>valsartan/hydrochlorothiazide</b>   | DIOVAN HCT   |

### ANGIOTENSIN II RECEPTOR ANTAGONIST/CALCIUM CHANNEL BLOCKER COMBINATIONS

|                              |         |
|------------------------------|---------|
| <b>amlodipine/olmesartan</b> | AZOR    |
| <b>amlodipine/valsartan</b>  | EXFORGE |

### ANGIOTENSIN II RECEPTOR ANTAGONIST/CALCIUM CHANNEL BLOCKER/DIURETIC COMBINATIONS

|                                                 |             |
|-------------------------------------------------|-------------|
| <b>amlodipine/valsartan/hydrochlorothiazide</b> | EXFORGE HCT |
|-------------------------------------------------|-------------|

### ANTIARRHYTHMICS

Guidelines for the use of antiarrhythmics and cardiac glycosides in various patient populations are available at:  
<https://www.acc.org>

|                     |             |
|---------------------|-------------|
| <b>amiodarone</b>   |             |
| <b>amiodarone</b>   | PACERONE    |
| <b>disopyramide</b> | NORPACE     |
| <b>dofetilide</b>   | TIKOSYN     |
| <b>flecainide</b>   |             |
| <b>propafenone</b>  |             |
| <b>sotalol</b>      | BETAPACE    |
| <b>sotalol</b>      | BETAPACE AF |

## ANTILIPEMICS

The 2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Blood Cholesterol is available at:

<https://www.ahajournals.org/doi/10.1161/CIR.0000000000000625>

### ANGPTL3 Inhibitors

|           |                 |         |
|-----------|-----------------|---------|
| <b>PA</b> | evinacumab-dgnb | EVKEEZA |
|-----------|-----------------|---------|

### Bile Acid Resins

|  |                |                         |
|--|----------------|-------------------------|
|  | cholestyramine | QUESTRAN/QUESTRAN LIGHT |
|--|----------------|-------------------------|

### Cholesterol Absorption Inhibitors/Combinations

|  |                       |         |
|--|-----------------------|---------|
|  | ezetimibe             | ZETIA   |
|  | ezetimibe/simvastatin | VYTORIN |

### Fibrates

|  |                                                                  |        |
|--|------------------------------------------------------------------|--------|
|  | fenofibrate caps 50 mg, 150 mg                                   |        |
|  | fenofibrate micronized caps 43 mg, 67 mg, 130 mg, 134 mg, 200 mg |        |
|  | fenofibrate tabs 40 mg, 48 mg, 54 mg, 145 mg, 160 mg             | TRICOR |
|  | fenofibric acid delayed-rel tabs 35 mg, 105 mg                   |        |
|  | gemfibrozil                                                      | LOPID  |

### HMG-CoA Reductase Inhibitors

|  |              |         |
|--|--------------|---------|
|  | atorvastatin | LIPITOR |
|  | lovastatin   |         |
|  | pravastatin  |         |
|  | rosuvastatin | CRESTOR |
|  | simvastatin  | ZOCOR   |

### Microsomal Triglyceride Transfer Protein Inhibitors

|           |            |          |
|-----------|------------|----------|
| <b>PA</b> | lomitapide | JUXTAPID |
|-----------|------------|----------|

### Niacins

|            |                |         |
|------------|----------------|---------|
| <b>OTC</b> | niacin         |         |
|            | niacin         | NIACOR  |
|            | niacin ext-rel | NIASPAN |

### Omega-3 Fatty Acids

|            |                                       |                 |
|------------|---------------------------------------|-----------------|
| <b>OTC</b> | omega-3 fatty acids                   | FISH OIL        |
| <b>OTC</b> | omega-3 fatty acids 300 mg            | KRILL OIL       |
| <b>OTC</b> | omega-3 fatty acids/vitamin E         | FISH OIL        |
| <b>OTC</b> | omega-3 fatty acids/vitamins chewable | OMEGA-3 GUMMIES |
| <b>PA</b>  | omega-3 acid ethyl esters             | LOVAZA          |

### PCSK9 Inhibitors

|           |            |         |
|-----------|------------|---------|
| <b>PA</b> | evolocumab | REPATHA |
|-----------|------------|---------|

### BETA-BLOCKERS

Guidelines for the use of beta-blockers and beta-blocker combinations in various patient populations are available at:

<https://jamanetwork.com/journals/jama/fullarticle/1791497>

<https://www.acc.org>

|    |                                          |            |
|----|------------------------------------------|------------|
|    | atenolol                                 | TENORMIN   |
|    | bisoprolol                               |            |
|    | carvedilol                               | COREG      |
|    | carvedilol phosphate ext-rel             | COREG CR   |
|    | labetalol                                | TRANDATE   |
|    | metoprolol succinate ext-rel             | TOPROL-XL  |
|    | metoprolol tartrate 25 mg, 50 mg, 100 mg | LOPRESSOR  |
|    | nadolol                                  | CORGARD    |
|    | pindolol                                 |            |
|    | propranolol                              |            |
|    | propranolol ext-rel                      | INDERAL LA |
|    | timolol maleate tabs                     |            |
| AL | propranolol oral soln                    | HEMANGEOL  |

AL Covered for age 5 or younger

### BETA-BLOCKER/DIURETIC COMBINATIONS

Guidelines for the use of beta-blockers and diuretic combinations in various patient populations are available at:

<https://jamanetwork.com/journals/jama/fullarticle/1791497>

<https://www.acc.org>

|  |                                |      |
|--|--------------------------------|------|
|  | atenolol/chlorthalidone        |      |
|  | bisoprolol/hydrochlorothiazide | ZIAC |

### CALCIUM CHANNEL BLOCKERS

#### Dihydropyridines

|  |                    |              |
|--|--------------------|--------------|
|  | amlodipine         | NORVASC      |
|  | felodipine ext-rel |              |
|  | nicardipine        |              |
|  | nifedipine         |              |
|  | nifedipine ext-rel |              |
|  | nifedipine ext-rel | PROCARDIA XL |
|  | nimodipine         |              |

#### Nondihydropyridines

|  |                   |             |
|--|-------------------|-------------|
|  | diltiazem         | CARDIZEM    |
|  | diltiazem ext-rel |             |
|  | diltiazem ext-rel | CARDIZEM CD |
|  | diltiazem ext-rel | TIAZAC      |
|  | verapamil         |             |
|  | verapamil ext-rel | CALAN SR    |
|  | verapamil ext-rel | VERELAN     |

#### CALCIUM CHANNEL BLOCKER/ANTIPEMIC COMBINATIONS

|                         |        |
|-------------------------|--------|
| amlodipine/atorvastatin | CADUET |
|-------------------------|--------|

#### DIGITALIS GLYCOSIDES

|         |         |
|---------|---------|
| digoxin | LANOXIN |
|---------|---------|

#### DIURETICS

##### Carbonic Anhydrase Inhibitors

|                       |  |
|-----------------------|--|
| acetazolamide         |  |
| acetazolamide ext-rel |  |
| methazolamide         |  |

##### Loop Diuretics

|            |       |
|------------|-------|
| bumetanide |       |
| furosemide | LASIX |
| toremide   |       |

##### Potassium-sparing Diuretics

|             |          |
|-------------|----------|
| amiloride   |          |
| triamterene | DYRENIUM |

##### Thiazides and Thiazide-like Diuretics

|                     |        |
|---------------------|--------|
| chlorthalidone      |        |
| hydrochlorothiazide |        |
| indapamide          |        |
| metolazone          |        |
| chlorothiazide susp | DIURIL |

##### Diuretic Combinations

|                                      |             |
|--------------------------------------|-------------|
| amiloride/hydrochlorothiazide        |             |
| spironolactone/hydrochlorothiazide   | ALDACTAZIDE |
| triamterene/hydrochlorothiazide      | MAXZIDE     |
| triamterene/hydrochlorothiazide caps |             |

#### HEART FAILURE

|                                  |          |
|----------------------------------|----------|
| isosorbide dinitrate/hydralazine | BIDIL    |
| sacubitril/valsartan             | ENTRESTO |

#### NITRATES

##### Oral

|                                                |         |
|------------------------------------------------|---------|
| isosorbide dinitrate 5 mg, 10 mg, 20 mg, 30 mg | ISORDIL |
| isosorbide mononitrate                         |         |
| isosorbide mononitrate ext-rel                 |         |

##### Sublingual/Translingual

|                             |              |
|-----------------------------|--------------|
| nitroglycerin lingual spray | NITROLINGUAL |
| nitroglycerin sublingual    | NITROSTAT    |

##### Transdermal

|                           |           |
|---------------------------|-----------|
| nitroglycerin transdermal |           |
| nitroglycerin transdermal | NITRO-DUR |
| nitroglycerin oint        | NITRO-BID |

## PULMONARY ARTERIAL HYPERTENSION

### Endothelin Receptor Antagonists

|  |                    |          |
|--|--------------------|----------|
|  | <b>ambrisentan</b> | LETAIRIS |
|  | macitentan         | OPSUMIT  |

### Phosphodiesterase Inhibitors

|           |                   |         |
|-----------|-------------------|---------|
| <b>PA</b> | <b>sildenafil</b> | REVATIO |
| <b>PA</b> | <b>tadalafil</b>  | ADCIRCA |

### Prostacyclin Receptor Agonists

|  |           |         |
|--|-----------|---------|
|  | selexipag | UPTRAVI |
|--|-----------|---------|

### Prostaglandin Vasodilators

|  |                            |           |
|--|----------------------------|-----------|
|  | <b>epoprostenol sodium</b> | FLOLAN    |
|  | treprostinil               | REMODULIN |
|  | treprostinil               | TYVASO    |
|  | treprostinil ext-rel       | ORENITRAM |

## MISCELLANEOUS

|            |                               |        |
|------------|-------------------------------|--------|
| <b>OTC</b> | blood pressure monitoring kit |        |
|            | <b>hydralazine</b>            |        |
|            | <b>midodrine</b>              |        |
|            | <b>minoxidil</b>              |        |
|            | methyldopa                    |        |
|            | ranolazine ext-rel            | RANEXA |

## CENTRAL NERVOUS SYSTEM

Practice guidelines for psychiatric disorders are available at: <https://www.psychiatry.org>

### AMYOTROPHIC LATERAL SCLEROSIS

|  |          |         |
|--|----------|---------|
|  | riluzole | RILUTEK |
|--|----------|---------|

## ANTI-ANXIETY

### Benzodiazepines

|           |                  |          |
|-----------|------------------|----------|
|           | alprazolam       | XANAX    |
| <b>PA</b> | chlordiazepoxide |          |
|           | clonazepam tabs  | KLONOPIN |
|           | diazepam         | VALIUM   |
|           | lorazepam        | ATIVAN   |
|           | oxazepam         |          |

### Miscellaneous

|  |              |           |
|--|--------------|-----------|
|  | buspirone    |           |
|  | clomipramine | ANAFRANIL |
|  | fluvoxamine  |           |

## ANTICONSULSANTS

Practice guidelines for the treatment of epilepsy are available at:  
<https://www.aan.com>

|    |                                |                   |
|----|--------------------------------|-------------------|
|    | carbamazepine                  | TEGRETOL          |
|    | carbamazepine ext-rel          | CARBATROL         |
|    | carbamazepine ext-rel          | TEGRETOL-XR       |
|    | diazepam rectal gel            | DIASTAT           |
|    | divalproex sodium delayed-rel  | DEPAKOTE          |
|    | divalproex sodium ext-rel      | DEPAKOTE ER       |
|    | ethosuximide                   | ZARONTIN          |
|    | gabapentin                     | NEURONTIN         |
|    | lamotrigine                    | LAMICTAL          |
|    | levetiracetam                  | KEPPRA            |
|    | levetiracetam inj              | KEPPRA            |
|    | oxcarbazepine                  | TRILEPTAL         |
|    | phenobarbital                  |                   |
|    | phenytoin                      | DILANTIN INFATABS |
|    | phenytoin sodium extended      | DILANTIN          |
|    | phenytoin sodium extended      | PHENYTEK          |
|    | primidone                      | MYSOLINE          |
|    | tiagabine                      | GABITRIL          |
|    | topiramate sprinkle caps, tabs | TOPAMAX           |
|    | valproic acid                  |                   |
| PA | vigabatrin                     | SABRIL            |
|    | zonisamide                     | ZONEGRAN          |

## ANTIDEMENTIA

Practice guidelines for the management of dementia are available at: <https://www.aan.com>

|  |                         |         |
|--|-------------------------|---------|
|  | donepezil               | ARICEPT |
|  | galantamine             |         |
|  | memantine               |         |
|  | rivastigmine caps, soln |         |

## 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:  
<https://www.psychiatry.org>

### Monoamine Oxidase Inhibitors (MAOIs)

|  |                 |         |
|--|-----------------|---------|
|  | phenelzine      | NARDIL  |
|  | tranylcypromine | PARNATE |
|  | isocarboxazid   | MARPLAN |

### Selective Serotonin Reuptake Inhibitors (SSRIs)

|  |              |         |
|--|--------------|---------|
|  | citalopram   | CELEXA  |
|  | escitalopram | LEXAPRO |
|  | fluoxetine   | PROZAC  |

|                        |          |
|------------------------|----------|
| paroxetine HCl ext-rel | PAXIL CR |
| paroxetine HCl tabs    | PAXIL    |
| sertraline             | ZOLOFT   |

#### Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)

|                        |            |
|------------------------|------------|
| duloxetine delayed-rel | CYMBALTA   |
| venlafaxine            |            |
| venlafaxine ext-rel    | EFFEXOR XR |

#### Tricyclic Antidepressants (TCAs)

|                |           |
|----------------|-----------|
| amitriptyline  |           |
| desipramine    | NORPRAMIN |
| doxepin        |           |
| imipramine HCl |           |
| nortriptyline  | PAMELOR   |

#### Miscellaneous Agents

|                                     |               |
|-------------------------------------|---------------|
| bupropion                           |               |
| bupropion ext-rel                   | WELLBUTRIN SR |
| bupropion ext-rel                   | WELLBUTRIN XL |
| mirtazapine                         | REMERON       |
| trazodone                           |               |
| <b>PA</b> esketamine nasal solution | SPRAVATO      |

#### ANTIPARKINSONIAN AGENTS

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

|                               |          |
|-------------------------------|----------|
| amantadine caps, syrup        |          |
| benztropine                   |          |
| bromocriptine                 | PARLODEL |
| carbidopa                     | LODOSYN  |
| carbidopa/levodopa            | SINEMET  |
| carbidopa/levodopa ext-rel    |          |
| carbidopa/levodopa/entacapone | STALEVO  |
| entacapone                    | COMTAN   |
| pramipexole                   | MIRAPEX  |
| ropinirole                    |          |
| ropinirole ext-rel            |          |
| selegiline caps, tabs         |          |
| trihexyphenidyl               |          |
| <b>PA</b> istradefylline      | NOURIANZ |
| rotigotine transdermal        | NEUPRO   |
| <b>PA</b> safinamide          | XADAGO   |

#### ANTIPSYCHOTICS

##### Atypicals

|                                         |          |
|-----------------------------------------|----------|
| aripiprazole                            | ABILIFY  |
| aripiprazole orally disintegrating tabs |          |
| clozapine                               | CLOZARIL |
| clozapine orally disintegrating tabs    |          |



|            |                                       |                  |
|------------|---------------------------------------|------------------|
|            | <b>olanzapine</b>                     | ZYPREXA          |
|            | <b>olanzapine pamoate ext-rel inj</b> | ZYPREXA RELPREVV |
|            | <b>paliperidone ext-rel</b>           | INVEGA           |
|            | <b>quetiapine</b>                     | SEROQUEL         |
|            | <b>risperidone</b>                    | RISPERDAL        |
|            | <b>ziprasidone</b>                    | GEODON           |
|            | aripiprazole ext-rel inj              | ABILIFY MAINTENA |
|            | aripiprazole lauroxil ext-rel inj     | ARISTADA         |
|            | aripiprazole lauroxil ext-rel inj     | ARISTADA INITIO  |
|            | lurasidone                            | LATUDA           |
| <b>PA</b>  | olanzapine/samidorphan                | LYBALVI          |
| <b>MDL</b> | paliperidone palmitate ext-rel inj    | INVEGA HAFYERA   |
|            | paliperidone palmitate ext-rel inj    | INVEGA SUSTENNA  |
|            | paliperidone palmitate ext-rel inj    | INVEGA TRINZA    |
|            | risperidone long-acting inj           | RISPERDAL CONSTA |

#### Miscellaneous

|  |                                   |                  |
|--|-----------------------------------|------------------|
|  | <b>chlorpromazine</b>             |                  |
|  | <b>fluphenazine</b>               |                  |
|  | <b>fluphenazine decanoate inj</b> |                  |
|  | <b>fluphenazine inj</b>           |                  |
|  | <b>haloperidol</b>                |                  |
|  | <b>haloperidol decanoate inj</b>  | HALDOL DECANOATE |
|  | <b>haloperidol lactate inj</b>    |                  |
|  | <b>perphenazine</b>               |                  |
|  | <b>thiothixene</b>                |                  |
|  | <b>trifluoperazine</b>            |                  |

#### ATTENTION DEFICIT HYPERACTIVITY DISORDER

Guidelines for the evaluation and management of attention deficit disorder are available at:

<https://www.aacap.org>

<https://www.aap.org>

|           |                                                          |                    |
|-----------|----------------------------------------------------------|--------------------|
|           | <b>amphetamine/dextroamphetamine mixed salts</b>         | ADDERALL           |
|           | <b>amphetamine/dextroamphetamine mixed salts ext-rel</b> | ADDERALL XR        |
|           | <b>atomoxetine</b>                                       | STRATTERA          |
|           | <b>dexmethylphenidate</b>                                | FOCALIN            |
|           | <b>dexmethylphenidate ext-rel</b>                        |                    |
|           | <b>dextroamphetamine ext-rel</b>                         | DEXEDRINE SPANSULE |
|           | <b>dextroamphetamine tabs 5 mg, 10 mg</b>                |                    |
|           | <b>methylphenidate</b>                                   | RITALIN            |
|           | <b>methylphenidate ext-rel</b>                           |                    |
|           | <b>methylphenidate ext-rel</b>                           | CONCERTA           |
|           | <b>methylphenidate ext-rel 20 mg, 30 mg, 40 mg</b>       | RITALIN LA         |
|           | <b>methylphenidate ext-rel tabs 20 mg - Metadate ER</b>  |                    |
|           | <b>methylphenidate soln, tabs</b>                        | METHYLIN           |
| <b>PA</b> | viloxazine                                               | QELBREE            |

#### FIBROMYALGIA

|  |                    |         |
|--|--------------------|---------|
|  | <b>pregabalin</b>  | LYRICA  |
|  | <b>milnacipran</b> | SAVELLA |

## HYPNOTICS

Practice parameters for the treatment of sleep disorders and clinical guidelines for the evaluation and management of chronic insomnia are available at: <https://aasm.org>

### Benzodiazepines

|  |                  |          |
|--|------------------|----------|
|  | <b>temazepam</b> | RESTORIL |
|--|------------------|----------|

### Nonbenzodiazepines

|            |                                      |            |
|------------|--------------------------------------|------------|
| <b>OTC</b> | <b>acetaminophen/diphenhydramine</b> | TYLENOL PM |
| <b>OTC</b> | <b>diphenhydramine</b>               | BENADRYL   |
| <b>OTC</b> | <b>doxylamine</b>                    | UNISOM     |
|            | <b>diphenhydramine</b>               |            |
|            | <b>hydroxyzine HCl</b>               |            |
|            | <b>hydroxyzine pamoate</b>           | VISTARIL   |
|            | <b>zolpidem</b>                      | AMBIEN     |

## MIGRAINE

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

### Acute Migraine Agents

#### Ergotamine Derivatives

|  |                            |          |
|--|----------------------------|----------|
|  | <b>ergotamine/caffeine</b> | CAFERGOT |
|--|----------------------------|----------|

#### Triptans

|            |                                 |         |
|------------|---------------------------------|---------|
| <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 injection</b>    | IMITREX |
| <b>MDL</b> | <b>sumatriptan nasal spray</b>  | IMITREX |
|            | <b>zolmitriptan nasal spray</b> | ZOMIG   |
| <b>MDL</b> | <b>zolmitriptan tabs</b>        | ZOMIG   |

#### Miscellaneous

|            |                                       |          |
|------------|---------------------------------------|----------|
| <b>OTC</b> | <b>acetaminophen/aspirin/caffeine</b> | EXCEDRIN |
| <b>PA</b>  | <b>lasmiditan</b>                     | REYVOW   |

### Preventive Migraine Agents

#### Monoclonal Antibodies

|           |                         |         |
|-----------|-------------------------|---------|
| <b>PA</b> | <b>atogepant</b>        | QULIPTA |
| <b>PA</b> | <b>eptinezumab-jjmr</b> | VYEPTI  |
| <b>PA</b> | <b>erenumab-aooe</b>    | AIMOVIG |
| <b>PA</b> | <b>ubrogepant</b>       | UBRELVY |

## MOOD STABILIZERS

|  |                                              |          |
|--|----------------------------------------------|----------|
|  | <b>lithium carbonate</b>                     |          |
|  | <b>lithium carbonate ext-rel tabs 300 mg</b> | LITHOBID |
|  | <b>lithium carbonate ext-rel tabs 450 mg</b> |          |

## MOVEMENT DISORDERS

|           |                         |          |
|-----------|-------------------------|----------|
| <b>PA</b> | <b>tetrabenazine</b>    | XENAZINE |
| <b>PA</b> | <b>deutetrabenazine</b> | AUSTEDO  |

|             |          |
|-------------|----------|
| valbenazine | INGREZZA |
|-------------|----------|

#### MULTIPLE SCLEROSIS AGENTS

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

|           |                                      |           |
|-----------|--------------------------------------|-----------|
| <b>PA</b> | <b>dalfampridine ext-rel</b>         | AMPYRA    |
|           | <b>dimethyl fumarate delayed-rel</b> | TECFIDERA |
|           | <b>glatiramer</b>                    | COPAXONE  |
|           | fingolimod                           | GILENYA   |
|           | glatiramer 40 mg/mL                  | COPAXONE  |
|           | interferon beta-1a                   | AVONEX    |
|           | interferon beta-1a                   | REBIF     |
|           | interferon beta-1b                   | EXTAVIA   |
| <b>PA</b> | ocrelizumab                          | OCREVUS   |
|           | siponimod                            | MAYZENT   |

#### MUSCULAR DYSTROPHY AGENTS

|           |             |            |
|-----------|-------------|------------|
| <b>PA</b> | casimersen  | AMONDYS 45 |
| <b>PA</b> | viltolarsen | VILTEPSO   |

#### MUSCULOSKELETAL THERAPY AGENTS

|  |                                    |          |
|--|------------------------------------|----------|
|  | <b>baclofen 5 mg, 10 mg, 20 mg</b> |          |
|  | <b>carisoprodol 350 mg</b>         |          |
|  | <b>chlorzoxazone 500 mg</b>        |          |
|  | <b>cyclobenzaprine 5 mg, 10 mg</b> |          |
|  | <b>dantrolene</b>                  | DANTRIUM |
|  | <b>metaxalone</b>                  | SKELAXIN |
|  | <b>methocarbamol</b>               |          |
|  | <b>orphenadrine ext-rel</b>        |          |
|  | <b>tizanidine tabs</b>             | ZANAFLEX |

#### MYASTHENIA GRAVIS

|  |                |          |
|--|----------------|----------|
|  | pyridostigmine | MESTINON |
|--|----------------|----------|

#### NARCOLEPSY/CATAPLEXY

|           |                    |          |
|-----------|--------------------|----------|
| <b>PA</b> | <b>armodafinil</b> | NUVIGIL  |
| <b>PA</b> | <b>modafinil</b>   | PROVIGIL |
| <b>PA</b> | sodium oxybate     | XYREM    |

#### POLYNEUROPATHY OF HEREDITARY AMYLOIDOSIS

|           |           |          |
|-----------|-----------|----------|
| <b>PA</b> | patisiran | ONPATTRO |
|-----------|-----------|----------|

#### POSTHERPETIC NEURALGIA (PHN)

|           |                    |         |
|-----------|--------------------|---------|
| <b>PA</b> | gabapentin ext-rel | GRALISE |
|-----------|--------------------|---------|

#### PSYCHOTHERAPEUTIC-MISCELLANEOUS

##### Agents for Opioid Withdrawal

|  |            |          |
|--|------------|----------|
|  | lofexidine | LUCEMYRA |
|--|------------|----------|

#### Alcohol Deterrents

|  |                      |  |
|--|----------------------|--|
|  | acamprostate calcium |  |
|--|----------------------|--|

|                         |          |
|-------------------------|----------|
| <b>disulfiram</b>       |          |
| naltrexone microspheres | VIVITROL |

#### Opioid Antagonists

|                      |        |
|----------------------|--------|
| <b>naloxone inj</b>  |        |
| <b>naltrexone</b>    |        |
| naloxone nasal spray | NARCAN |

#### Partial Opioid Agonists

|                                 |           |
|---------------------------------|-----------|
| <b>buprenorphine sublingual</b> |           |
| buprenorphine ext-rel inj       | SUBLOCADE |

#### Partial Opioid Agonist/Opioid Antagonist Combinations

|                                               |          |
|-----------------------------------------------|----------|
| <b>buprenorphine/naloxone sublingual film</b> | SUBOXONE |
| <b>buprenorphine/naloxone sublingual tabs</b> |          |
| buprenorphine/naloxone                        | BUNAVAIL |
| buprenorphine/naloxone sublingual tabs        | ZUBSOLV  |

#### Pseudobulbar Affect

|                            |          |
|----------------------------|----------|
| dextromethorphan/quinidine | NUEDEXTA |
|----------------------------|----------|

#### Smoking Deterrents

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

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

|                 |                                         |           |
|-----------------|-----------------------------------------|-----------|
| <b>OTC, MDL</b> | <b>nicotine polacrilex gum, lozenge</b> | NICORETTE |
| <b>OTC, MDL</b> | <b>nicotine transdermal</b>             |           |
| <b>MDL</b>      | <b>bupropion ext-rel</b>                |           |
| <b>MDL</b>      | varenicline                             |           |

## ENDOCRINE AND METABOLIC

#### ACROMEGALY

|                   |              |
|-------------------|--------------|
| <b>octreotide</b> | SANDOSTATIN  |
| pasireotide       | SIGNIFOR LAR |

#### ANDROGENS

Clinical practice guidelines for the treatment of hypogonadism are available at: <https://www.aace.com>

|                                   |                   |
|-----------------------------------|-------------------|
| <b>oxandrolone</b>                |                   |
| <b>testosterone cypionate inj</b> | DEPO-TESTOSTERONE |
| <b>testosterone enanthate inj</b> | DELATESTRYL       |
| <b>testosterone gel 1%</b>        |                   |
| <b>testosterone gel 2%</b>        | FORTESTA          |
| <b>testosterone soln</b>          |                   |

## ANTIDIABETICS

Guidelines of treatment and management of diabetes are available at: <https://professional.diabetes.org>

### Alpha-glucosidase Inhibitors

|                 |         |
|-----------------|---------|
| <b>acarbose</b> | PRECOSE |
|-----------------|---------|

### Biguanides

|            |                                         |
|------------|-----------------------------------------|
| <b>MDL</b> | <b>metformin</b>                        |
| <b>*</b>   | <b>metformin ext-rel 500 mg, 750 mg</b> |

\* metformin ext-rel 1000 mg is not covered

### Biguanide/Sulfonylurea Combinations

|                            |
|----------------------------|
| <b>glipizide/metformin</b> |
| <b>glyburide/metformin</b> |

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

|                   |           |
|-------------------|-----------|
| <b>alogliptin</b> | NESINA    |
| linagliptin       | TRADJENTA |
| saxagliptin       | ONGLYZA   |
| sitagliptin       | JANUVIA   |

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

|                             |        |
|-----------------------------|--------|
| <b>alogliptin/metformin</b> | KAZANO |
|-----------------------------|--------|

### Dipeptidyl Peptidase-4 (DPP-4) Inhibitor/Insulin Sensitizer Combinations

|                                |       |
|--------------------------------|-------|
| <b>alogliptin/pioglitazone</b> | OSENI |
|--------------------------------|-------|

### Incretin Mimetic Agents

|             |           |
|-------------|-----------|
| dulaglutide | TRULICITY |
| liraglutide | VICTOZA   |
| semaglutide | OZEMPIC   |
| semaglutide | RYBELSUS  |

### Incretin Mimetic Agent/Insulin Combinations

|                               |         |
|-------------------------------|---------|
| lixisenatide/insulin glargine | SOLIQUA |
|-------------------------------|---------|

### Insulins\*

|            |                                                           |                   |
|------------|-----------------------------------------------------------|-------------------|
| <b>OTC</b> | insulin human pen, vial                                   | HUMULIN R         |
| <b>OTC</b> | insulin human vial                                        | NOVOLIN R         |
| <b>OTC</b> | insulin isophane human 70%/regular 30% pen, vial          | HUMULIN 70/30     |
| <b>OTC</b> | insulin isophane human 70%/regular 30% pen, vial          | NOVOLIN 70/30     |
| <b>OTC</b> | insulin isophane human pen, vial                          | HUMULIN N         |
| <b>OTC</b> | insulin isophane human vial                               | NOVOLIN N         |
|            | insulin aspart pen, vial                                  | NOVOLOG           |
|            | insulin aspart protamine 70%/insulin aspart 30% pen, vial | NOVOLOG MIX 70/30 |
|            | insulin glargine pen                                      | BASAGLAR          |
|            | insulin glargine pen, vial                                | SEMGLEE           |
|            | insulin lispro 100 units/mL pen, vial                     | ADMELOG           |
|            | insulin lispro protamine 50%/insulin lispro 50% pen, vial | HUMALOG MIX 50/50 |

|                                                           |                   |
|-----------------------------------------------------------|-------------------|
| insulin lispro protamine 75%/insulin lispro 25% pen, vial | HUMALOG MIX 75/25 |
| insulin degludec pen, vial                                | TRESIBA           |

\* Insulin cartridges and pens are covered for participants 0-18 years of age.  
 Basaglar and Tresiba pens are covered for all members regardless of age.  
 For enrollees age 19 and older, insulin pens may be approved, via Prior Authorization (PA) for members with poor visual acuity, poor manual dexterity or educational challenges. Medical records may be required to support the PA request.

#### Insulin Sensitizers

|                     |       |
|---------------------|-------|
| <b>pioglitazone</b> | ACTOS |
|---------------------|-------|

#### Insulin Sensitizer/Biguanide Combinations

|                               |              |
|-------------------------------|--------------|
| <b>pioglitazone/metformin</b> | ACTOPLUS MET |
|-------------------------------|--------------|

#### Insulin Sensitizer/Sulfonylurea Combinations

|                                 |         |
|---------------------------------|---------|
| <b>pioglitazone/glimepiride</b> | DUETACT |
|---------------------------------|---------|

#### Meglitinides

|                    |  |
|--------------------|--|
| <b>nateglinide</b> |  |
| <b>repaglinide</b> |  |

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

|               |           |
|---------------|-----------|
| canagliflozin | INVOKANA  |
| dapagliflozin | FARXIGA   |
| empagliflozin | JARDIANCE |
| ertugliflozin | STEGLATRO |

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

|                                 |              |
|---------------------------------|--------------|
| canagliflozin/metformin         | INVOKAMET    |
| canagliflozin/metformin ext-rel | INVOKAMET XR |
| dapagliflozin/metformin ext-rel | XIGDUO XR    |
| empagliflozin/metformin         | SYNJARDY     |
| empagliflozin/metformin ext-rel | SYNJARDY XR  |
| ertugliflozin/metformin         | SEGLUROMET   |

#### Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitor/Dipeptidyl Peptidase (DPP-4) Inhibitor Combinations

|                           |           |
|---------------------------|-----------|
| empagliflozin/linagliptin | GLYXAMBI  |
| ertugliflozin/sitagliptin | STEGLUJAN |

#### Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitor/Dipeptidyl Peptidase (DPP-4) Inhibitor/Biguanide Combinations

|                                             |             |
|---------------------------------------------|-------------|
| empagliflozin/linagliptin/metformin ext-rel | TRIJARDY XR |
|---------------------------------------------|-------------|

#### Sulfonylureas

|                              |              |
|------------------------------|--------------|
| <b>glimepiride</b>           | AMARYL       |
| <b>glipizide</b>             |              |
| <b>glipizide ext-rel</b>     | GLUCOTROL XL |
| <b>glyburide</b>             |              |
| <b>glyburide, micronized</b> | GLYNASE      |

#### Supplies

|            |               |
|------------|---------------|
| <b>OTC</b> | alcohol swabs |
|------------|---------------|

|            |                                                                      |                                                      |
|------------|----------------------------------------------------------------------|------------------------------------------------------|
| <b>OTC</b> | blood glucose monitoring kits, test strips                           | ACCU-CHEK KITS AND TEST STRIPS                       |
| <b>OTC</b> | glucose meter control solution                                       | ACCU-CHEK CONTROL SOLUTION                           |
| <b>OTC</b> | insulin syringes, needles                                            |                                                      |
| <b>OTC</b> | lancets, lancet devices                                              |                                                      |
| <b>OTC</b> | urine test strips                                                    | CHEMSTRIP URINE TEST STRIPS                          |
| <b>OTC</b> | urine test strips                                                    | KETOSTIX URINE TEST STRIPS                           |
| <b>PA</b>  | blood glucose continuous monitoring readers, sensors                 | FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM |
| <b>PA</b>  | blood glucose continuous monitoring receivers, sensors, transmitters | DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM          |
| <b>PA</b>  | insulin infusion disposable pump                                     | OMNIPOD DASH INSULIN INFUSION PUMP                   |
| <b>PA</b>  | insulin infusion disposable pump                                     | OMNIPOD INSULIN INFUSION PUMP                        |
| <b>PA</b>  | insulin infusion disposable pump                                     | V-GO INSULIN INFUSION PUMP                           |

#### CALCIUM RECEPTOR ANTAGONISTS

|                   |          |
|-------------------|----------|
| <b>cinacalcet</b> | SENSIPAR |
|-------------------|----------|

#### CALCIUM REGULATORS

Guidelines of treatment and management of osteoporosis are available at:

<https://www.aace.com>

<https://www.nof.org>

#### Bisphosphonates

|                         |                |
|-------------------------|----------------|
| <b>alendronate tabs</b> | FOSAMAX        |
| alendronate/vitamin D3  | FOSAMAX PLUS D |

#### Calcitonins

|                          |           |
|--------------------------|-----------|
| <b>calcitonin-salmon</b> | MIACALCIN |
|--------------------------|-----------|

#### RANK Ligand (RANKL) Inhibitors

|           |           |        |
|-----------|-----------|--------|
| <b>PA</b> | denosumab | PROLIA |
| <b>PA</b> | denosumab | XGEVA  |

#### CONTRACEPTIVES

EE = ethinyl estradiol

#### Monophasic

*10 mcg Estrogen*

|           |                                                  |                |
|-----------|--------------------------------------------------|----------------|
| <b>PA</b> | norethindrone acetate/EE 1/10 and EE 10 and iron | LO LOESTRIN FE |
|-----------|--------------------------------------------------|----------------|

*20 mcg Estrogen*

|                                                           |       |
|-----------------------------------------------------------|-------|
| <b>drospirenone/EE 3/20</b>                               | YAZ   |
| <b>drospirenone/EE/levomefolate 3/20 and levomefolate</b> | BEYAZ |

|                        |                                                       |                  |
|------------------------|-------------------------------------------------------|------------------|
|                        | levonorgestrel/EE 0.1/20 - Aviane                     |                  |
|                        | norethindrone acetate/EE 1/20                         |                  |
|                        | norethindrone acetate/EE 1/20 and iron                |                  |
| PA                     | norethindrone acetate/EE 1/20 and iron chewable       | MINASTRIN 24 FE  |
| PA                     | norethindrone acetate/EE 1/20 and iron gel caps       | TAYTULLA         |
| <i>25 mcg Estrogen</i> |                                                       |                  |
|                        | norethindrone/EE 0.8/25 chewable                      | GENERESS FE      |
| <i>30 mcg Estrogen</i> |                                                       |                  |
|                        | desogestrel/EE 0.15/30 - Apri                         |                  |
|                        | drospirenone/EE 3/30                                  | YASMIN           |
|                        | levonorgestrel/EE 0.15/30 - Levora                    |                  |
|                        | norethindrone acetate/EE 1.5/30                       |                  |
|                        | norethindrone acetate/EE 1.5/30 and iron              |                  |
|                        | norgestrel/EE 0.3/30 - Low-Ogestrel                   |                  |
| <i>35 mcg Estrogen</i> |                                                       |                  |
|                        | ethynodiol diacetate/EE 1/35 - Zovia 1/35             |                  |
|                        | norethindrone/EE 0.4/35 - Briellyn                    |                  |
|                        | norethindrone/EE 0.4/35 chewable - Wymzya FE          |                  |
|                        | norethindrone/EE 0.5/35 - Necon 0.5/35                |                  |
|                        | norethindrone/EE 1/35                                 | ORTHO-NOVUM 1/35 |
|                        | norgestimate/EE 0.25/35                               |                  |
| <i>50 mcg Estrogen</i> |                                                       |                  |
|                        | ethynodiol diacetate/EE 1/50 - Kelnor 1/50            |                  |
| <b>Biphasic</b>        |                                                       |                  |
|                        | desogestrel/EE                                        | MIRCETTE         |
|                        | desogestrel/EE                                        | PIMTREA          |
| <b>Triphasic</b>       |                                                       |                  |
|                        | desogestrel/EE - Velivet                              |                  |
|                        | levonorgestrel/EE - Trivora                           |                  |
|                        | norethindrone acetate/EE and iron                     | ESTROSTEP FE     |
|                        | norethindrone/EE                                      |                  |
|                        | norgestimate/EE                                       |                  |
| <b>Four Phase</b>      |                                                       |                  |
| PA                     | estradiol valerate and dienogest/estradiol valerate   | NATAZIA          |
| <b>Extended Cycle</b>  |                                                       |                  |
|                        | levonorgestrel/EE 0.1/20 and EE 10                    | LOSEASONIQUE     |
|                        | levonorgestrel/EE 0.15/20, 0.15/25, 0.15/30 and EE 10 | QUARTETTE        |
|                        | levonorgestrel/EE 0.15/30                             |                  |
|                        | levonorgestrel/EE 0.15/30 and EE 10                   | SEASONIQUE       |
| <b>Progestin Only</b>  |                                                       |                  |
|                        | norethindrone                                         |                  |



### Emergency Contraception

|                 |                       |                 |
|-----------------|-----------------------|-----------------|
| <b>OTC, MDL</b> | <b>levonorgestrel</b> | PLAN B ONE-STEP |
| <b>MDL</b>      | ulipristal            | ELLA            |

### Injectable

|  |                                              |                       |
|--|----------------------------------------------|-----------------------|
|  | <b>medroxyprogesterone acetate 150 mg/mL</b> | DEPO-PROVERA          |
|  | medroxyprogesterone acetate 104 mg/0.65 mL   | DEPO-SUBQ PROVERA 104 |

### Intrauterine Devices

|  |                              |                 |
|--|------------------------------|-----------------|
|  | intrauterine device          | PARAGARD T 380A |
|  | levonorgestrel-releasing IUD | KYLEENA         |
|  | levonorgestrel-releasing IUD | LILETTA         |
|  | levonorgestrel-releasing IUD | MIRENA          |
|  | levonorgestrel-releasing IUD | SKYLA           |

### Transdermal

|  |                          |  |
|--|--------------------------|--|
|  | <b>norelgestromin/EE</b> |  |
|--|--------------------------|--|

### Vaginal

|  |                             |          |
|--|-----------------------------|----------|
|  | <b>etonogestrel/EE ring</b> | NUVARING |
|--|-----------------------------|----------|

### Miscellaneous

|                 |                      |           |
|-----------------|----------------------|-----------|
| <b>OTC, MDL</b> | condoms, male        |           |
| <b>OTC</b>      | nonoxynol-9          | SHUR-SEAL |
| <b>OTC</b>      | nonoxynol 9 gel      | GYNOL II  |
|                 | etonogestrel implant | NEXPLANON |

### DIABETIC KIDNEY DISEASE

|           |            |          |
|-----------|------------|----------|
| <b>PA</b> | finerenone | KERENDIA |
|-----------|------------|----------|

### ENDOMETRIOSIS

|           |          |          |
|-----------|----------|----------|
| <b>PA</b> | elagolix | ORILISSA |
|-----------|----------|----------|

### ESTROGENS

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

<https://www.menopause.org>

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

### Injectable

|  |                               |                |
|--|-------------------------------|----------------|
|  | <b>estradiol valerate inj</b> |                |
|  | estradiol cypionate inj       | DEPO-ESTRADIOL |

### Oral

|  |                  |         |
|--|------------------|---------|
|  | <b>estradiol</b> | ESTRACE |
|--|------------------|---------|

### Transdermal

|  |                  |             |
|--|------------------|-------------|
|  | <b>estradiol</b> | CLIMARA     |
|  | <b>estradiol</b> | VIVELLE-DOT |
|  | estradiol        | ALORA       |

### Vaginal

|  |                               |         |
|--|-------------------------------|---------|
|  | <b>estradiol vaginal tabs</b> | VAGIFEM |
|  | estradiol vaginal cream       | ESTRACE |

|                        |         |
|------------------------|---------|
| estradiol vaginal ring | FEMRING |
|------------------------|---------|

## ESTROGEN/PROGESTINS

### Oral

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

### Transdermal

|                                 |             |
|---------------------------------|-------------|
| estradiol/levonorgestrel        | CLIMARA PRO |
| estradiol/norethindrone acetate | COMBIPATCH  |

## GLUCOCORTICOIDS

|                                                                      |        |
|----------------------------------------------------------------------|--------|
| dexamethasone                                                        |        |
| fludrocortisone                                                      |        |
| hydrocortisone                                                       | CORTEF |
| methylprednisolone                                                   | MEDROL |
| prednisolone sodium phosphate soln 5 mg/5 mL, 15 mg/5 mL, 25 mg/5 mL |        |
| prednisolone syrup                                                   |        |
| prednisone                                                           |        |

## GLUCOSE ELEVATING AGENTS

|                             |                        |
|-----------------------------|------------------------|
| diazoxide                   | PROGLYCEM              |
| glucagon, human recombinant | GLUCAGON EMERGENCY KIT |
| glucagon nasal powder       | BAQSIMI                |

## HUMAN GROWTH HORMONES

Guidelines for use of growth hormone are available at:  
<https://www.aace.com/publications/guidelines>

|    |            |             |
|----|------------|-------------|
| PA | somatropin | NORDITROPIN |
| PA | somatropin | SEROSTIM    |

## HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS

|                      |           |
|----------------------|-----------|
| calcitriol (1,25-D3) | ROCALTROL |
| doxercalciferol      |           |

## PHOSPHATE BINDER AGENTS

|                     |          |
|---------------------|----------|
| calcium acetate     |          |
| lanthanum carbonate | FOSRENOL |
| sevelamer carbonate | REVELA   |

## POTASSIUM-REMOVING AGENTS

|                              |     |
|------------------------------|-----|
| sodium polystyrene sulfonate | SPS |
|------------------------------|-----|

## PROGESTINS

### Injectable

|                              |        |
|------------------------------|--------|
| hydroxyprogesterone caproate | MAKENA |
|------------------------------|--------|

#### Oral

|  |                                    |            |
|--|------------------------------------|------------|
|  | <b>medroxyprogesterone acetate</b> | PROVERA    |
|  | <b>megestrol acetate susp</b>      |            |
|  | <b>norethindrone acetate</b>       | AYGESTIN   |
|  | <b>progesterone, micronized</b>    | PROMETRIUM |

#### Vaginal

|  |                  |         |
|--|------------------|---------|
|  | progesterone gel | CRINONE |
|--|------------------|---------|

#### SELECTIVE ESTROGEN RECEPTOR MODULATORS

|  |                   |        |
|--|-------------------|--------|
|  | <b>raloxifene</b> | EVISTA |
|--|-------------------|--------|

#### THYROID AGENTS

##### Antithyroid Agents

|  |                         |          |
|--|-------------------------|----------|
|  | <b>methimazole</b>      | TAPAZOLE |
|  | <b>propylthiouracil</b> |          |
|  | potassium iodide        | SSKI     |

##### Radioactive Iodine Blockers

|            |                  |           |
|------------|------------------|-----------|
| <b>OTC</b> | potassium iodide | IOSAT     |
| <b>OTC</b> | potassium iodide | THYROSAFE |

##### Thyroid Supplements

|  |                                |           |
|--|--------------------------------|-----------|
|  | <b>levothyroxine</b>           | SYNTHROID |
|  | <b>levothyroxine - Levoxyl</b> |           |
|  | <b>liothyronine</b>            | CYTOMEL   |

#### UTERINE FIBROIDS

|           |                                             |         |
|-----------|---------------------------------------------|---------|
| <b>PA</b> | elagolix/estradiol/norethindrone + elagolix | ORIAHNN |
|-----------|---------------------------------------------|---------|

#### VASOPRESSIN RECEPTOR ANTAGONISTS

|           |           |          |
|-----------|-----------|----------|
| <b>PA</b> | tolvaptan | JYNARQUE |
|-----------|-----------|----------|

#### VASOPRESSINS

|           |                           |         |
|-----------|---------------------------|---------|
| <b>PA</b> | <b>desmopressin spray</b> |         |
|           | <b>desmopressin tabs</b>  |         |
| <b>PA</b> | desmopressin spray        | STIMATE |

#### MISCELLANEOUS

|           |                         |            |
|-----------|-------------------------|------------|
|           | <b>cabergoline</b>      |            |
|           | <b>methylergonovine</b> | METHERGINE |
| <b>PA</b> | <b>trientine</b>        | SYPRINE    |
| <b>PA</b> | fosdenopterin           | NULIBRY    |
| <b>PA</b> | macimorelin             | MACRILEN   |
| <b>PA</b> | tesamorelin             | EGRIFTA SV |

## GASTROINTESTINAL

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

<https://gi.org>

<https://www.gastro.org>

### ANTACIDS

|     |                                        |            |
|-----|----------------------------------------|------------|
| OTC | aluminum hydroxide                     | ALTERNAGEL |
| OTC | aluminum hydroxide/magnesium hydroxide | ALAMAG     |
| OTC | calcium carbonate                      | MAALOX     |
| OTC | sodium bicarbonate                     |            |

### ANTIDIARRHEALS

|     |                         |                |
|-----|-------------------------|----------------|
| OTC | bismuth subsalicylate   | PEPTO-BISMOL   |
| OTC | loperamide liquid, tabs | ANTI-DIARRHEAL |
|     | diphenoxylate/atropine  | LOMOTIL        |

### ANTIEMETICS

|     |                                   |                |
|-----|-----------------------------------|----------------|
| OTC | dextrose/fructose/phosphoric acid | EMETROL        |
| OTC | dimenhydrinate                    | DRAMAMINE      |
| OTC | meclizine                         |                |
|     | aprepitant caps                   | EMEND          |
| MDL | doxylamine/pyridoxine delayed-rel | DICLEGIS       |
| MDL | granisetron                       |                |
|     | meclizine                         |                |
|     | metoclopramide                    | REGLAN         |
|     | ondansetron                       | ZOFRAN         |
|     | prochlorperazine                  |                |
| MDL | promethazine syrup                |                |
|     | promethazine, except suppository  |                |
|     | scopolamine transdermal           | TRANSDERM SCOP |
|     | trimethobenzamide                 |                |

### ANTISPASMODICS

|  |                                           |  |
|--|-------------------------------------------|--|
|  | dicyclomine                               |  |
|  | glycopyrrolate tabs 1 mg, 2 mg            |  |
|  | hyoscyamine sulfate 125 mcg/5 mL elixir   |  |
|  | hyoscyamine sulfate ext-rel tabs 0.375 mg |  |
|  | hyoscyamine sulfate tabs 0.125 mg         |  |
|  | methscopolamine                           |  |

### CHOLELITHOLYTICS

|  |                      |            |
|--|----------------------|------------|
|  | ursodiol caps 300 mg |            |
|  | ursodiol tabs 250 mg | URSO       |
|  | ursodiol tabs 500 mg | URSO FORTE |

### H<sub>2</sub> RECEPTOR ANTAGONISTS

|     |                              |           |
|-----|------------------------------|-----------|
| OTC | famotidine                   | PEPCID AC |
| OTC | famotidine chewable tabs     | PEPCID AC |
|     | cimetidine                   |           |
|     | famotidine susp 40 mg/5 mL   | PEPCID    |
|     | famotidine tabs 10 mg, 40 mg | PEPCID    |

## INFLAMMATORY BOWEL DISEASE

### Oral Agents

|  |                                      |                    |
|--|--------------------------------------|--------------------|
|  | budesonide delayed-rel caps          | ENTOCORT EC        |
|  | mesalamine delayed-rel caps 0.375 mg | APRISO             |
|  | mesalamine delayed-rel caps 400 mg   | DELZICOL           |
|  | mesalamine delayed-rel tabs 1.2 gm   | LIALDA             |
|  | mesalamine delayed-rel tabs 400 mg   | ASACOL HD          |
|  | sulfasalazine                        | AZULFIDINE         |
|  | sulfasalazine delayed-rel            | AZULFIDINE EN-TABS |
|  | mesalamine ext-rel caps              | PENTASA            |

### Rectal Agents

|  |                             |           |
|--|-----------------------------|-----------|
|  | hydrocortisone enema        |           |
|  | mesalamine rectal susp      | ROWASA    |
|  | mesalamine supp             | CANASA    |
|  | hydrocortisone acetate foam | CORTIFOAM |

## IRRITABLE BOWEL SYNDROME

### Irritable Bowel Syndrome with Constipation

|    |              |         |
|----|--------------|---------|
| PA | lubiprostone | AMITIZA |
|----|--------------|---------|

## LAXATIVES/STOOL SOFTENERS

|     |                              |               |
|-----|------------------------------|---------------|
| OTC | calcium polycarbophil        | FIBERCON      |
| OTC | docusate sodium caps         | COLACE        |
| OTC | docusate sodium liquid       |               |
| OTC | methylcellulose              | CITRUCEL      |
| OTC | mineral oil                  |               |
| OTC | polyethylene glycol 3350     | MIRALAX       |
| OTC | psyllium                     | METAMUCIL     |
| OTC | psyllium/aspartame           | NATURAL FIBER |
| OTC | sennosides                   | SENOKOT       |
| OTC | sennosides syrup 8.8 mg/5 mL |               |
|     | lactulose soln               |               |
|     | peg 3350/electrolytes        | GOLYTELY      |
|     | peg 3350/electrolytes        | NULYTELY      |

## OPIOID-INDUCED CONSTIPATION

|    |           |          |
|----|-----------|----------|
| PA | naloxegol | MOVANTIK |
|----|-----------|----------|

## PANCREATIC ENZYMES

|  |                          |         |
|--|--------------------------|---------|
|  | pancrelipase             | VIOKACE |
|  | pancrelipase delayed-rel | CREON   |
|  | pancrelipase delayed-rel | ZENPEP  |

## PROSTAGLANDINS

|  |             |         |
|--|-------------|---------|
|  | misoprostol | CYTOTEC |
|--|-------------|---------|

## PROTON PUMP INHIBITORS

|          |                                    |               |
|----------|------------------------------------|---------------|
| OTC, MDL | esomeprazole magnesium delayed-rel | NEXIUM 24HR   |
| OTC      | lansoprazole delayed-rel           | PREVACID 24HR |
| OTC      | omeprazole magnesium delayed-rel   | PRIOSEC OTC   |
| OTC      | omeprazole/sodium bicarbonate      | ZEGERID OTC   |

|                |                                                           |                  |
|----------------|-----------------------------------------------------------|------------------|
| <b>MDL</b>     | lansoprazole delayed-rel                                  | PREVACID         |
| <b>AL, MDL</b> | lansoprazole delayed-rel orally-disintegrating 15 mg tabs | PREVACID SOLUTAB |
| <b>MDL</b>     | omeprazole delayed-rel caps                               |                  |
| <b>MDL</b>     | pantoprazole delayed-rel                                  | PROTONIX         |

**AL** Covered for age 8 or younger

#### RECTAL PREPARATIONS, STEROIDS/OTHER

|            |                                   |                |
|------------|-----------------------------------|----------------|
| <b>OTC</b> | lidocaine cream 5%                | LMX 5          |
| <b>OTC</b> | witch hazel medicated pads/wipes  | TUCKS          |
|            | hydrocortisone crm                | ANUSOL-HC 2.5% |
|            | hydrocortisone rectal crm, oint   |                |
|            | hydrocortisone/pramoxine crm 1-1% | ANALPRAM-HC    |

#### SALIVA STIMULANTS

|  |                       |         |
|--|-----------------------|---------|
|  | pilocarpine tabs 5 mg | SALAGEN |
|--|-----------------------|---------|

#### ULCER THERAPY COMBINATIONS

|  |                                             |  |
|--|---------------------------------------------|--|
|  | lansoprazole + amoxicillin + clarithromycin |  |
|--|---------------------------------------------|--|

#### MISCELLANEOUS

|            |             |          |
|------------|-------------|----------|
| <b>OTC</b> | probiotics  |          |
| <b>OTC</b> | simethicone | MYLICON  |
|            | sucralfate  | CARAFATE |

## GENITOURINARY

### BENIGN PROSTATIC HYPERPLASIA

Guidelines for the management of BPH are available at:

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

|  |                   |           |
|--|-------------------|-----------|
|  | alfuzosin ext-rel | UROXATRAL |
|  | doxazosin         | CARDURA   |
|  | dutasteride       | AVODART   |
|  | finasteride       | PROSCAR   |
|  | silodosin         | RAPAFLO   |
|  | tamsulosin        | FLOMAX    |
|  | terazosin         |           |

#### URINARY ANTISPASMODICS

|               |                        |                   |
|---------------|------------------------|-------------------|
| <b>OTC, *</b> | oxybutynin transdermal | OXYTROL FOR WOMEN |
|               | oxybutynin             |                   |
|               | oxybutynin ext-rel     | DITROPAN XL       |
|               | tolterodine            | DETROL            |
|               | tolterodine ext-rel    | DETROL LA         |
|               | tropium                |                   |
|               | tropium ext-rel        |                   |

\*Gender restriction – Coverage for females

#### VAGINAL ANTI-INFECTIVES

|            |              |              |
|------------|--------------|--------------|
| <b>OTC</b> | clotrimazole | GYNE-LOTIMIN |
|------------|--------------|--------------|

|                      |                                                                                    |                |
|----------------------|------------------------------------------------------------------------------------|----------------|
| <b>OTC</b>           | miconazole                                                                         | MONISTAT       |
|                      | clindamycin crm                                                                    | CLEOCIN        |
|                      | metronidazole                                                                      |                |
|                      | terconazole                                                                        |                |
| <b>MISCELLANEOUS</b> |                                                                                    |                |
|                      | bethanechol                                                                        |                |
|                      | methenamine hippurate                                                              | HIPREX         |
|                      | methenamine/hyoscyamine/methylene blue/benzoic acid/phenyl salicylate - Hyophen    |                |
|                      | methenamine/hyoscyamine/methylene blue/sodium phosphate/phenyl salicylate - Uribel |                |
|                      | phenazopyridine                                                                    | PYRIDIUM       |
|                      | potassium citrate ext-rel                                                          | UROKIT-K       |
|                      | potassium/sodium phosphates                                                        | K-PHOS NEUTRAL |
|                      | sodium citrate/citric acid                                                         |                |
|                      | acetohydroxamic acid                                                               | LITHOSTAT      |
| <b>PA</b>            | lumasiran                                                                          | OXLUMO         |
|                      | pentosan polysulfate sodium                                                        | ELMIRON        |

## HEMATOLOGIC

Guidelines of treatment and management of hemophilia are available at: <https://www.hemophilia.org>

### ANTICOAGULANTS

CHEST guidelines are available at:

<https://www.chestnet.org/Guidelines-and-Resources/CHEST-Guideline-Topic-Areas/Pulmonary-Vascular>

|                   |                      |         |
|-------------------|----------------------|---------|
| <b>Injectable</b> |                      |         |
|                   | enoxaparin           | LOVENOX |
| <b>Oral</b>       |                      |         |
|                   | warfarin             |         |
|                   | apixaban             | ELIQUIS |
|                   | dabigatran etexilate | PRADAXA |
|                   | rivaroxaban          | XARELTO |

### HEMATOPOIETIC GROWTH FACTORS

Guidelines for the management of neutropenia are available at:

<https://www.asco.org>

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

<https://www.kidney.org/professionals/guidelines#guidelines>

|  |                    |           |
|--|--------------------|-----------|
|  | darbepoetin alfa   | ARANESP   |
|  | epoetin alfa       | EPOGEN    |
|  | epoetin alfa       | PROCRIT   |
|  | filgrastim-sndz    | ZARXIO    |
|  | pegfilgrastim-bmez | ZIEXTENZO |
|  | sargramostim       | LEUKINE   |

### HEMOPHILIA A AGENTS

|           |                                                    |      |
|-----------|----------------------------------------------------|------|
| <b>PA</b> | antihemophilic factor (recombinant) pegylated-aucI | JIVI |
|-----------|----------------------------------------------------|------|

#### PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS

|           |               |          |
|-----------|---------------|----------|
| <b>PA</b> | pegcetacoplan | EMPAVELI |
|-----------|---------------|----------|

#### PLATELET AGGREGATION INHIBITORS

|           |                                       |           |
|-----------|---------------------------------------|-----------|
|           | clopidogrel                           | PLAVIX    |
|           | dipyridamole                          |           |
|           | dipyridamole extended-release/aspirin |           |
|           | prasugrel                             | EFFIENT   |
|           | ticagrelor                            | BRILINTA  |
| <b>PA</b> | vorapaxar                             | ZONTIVITY |

#### PLATELET SYNTHESIS INHIBITORS

|  |                        |         |
|--|------------------------|---------|
|  | anagrelide             | AGRYLIN |
|  | pentoxifylline ext-rel |         |

#### SICKLE CELL DISEASE

|            |                         |         |
|------------|-------------------------|---------|
|            | crizanlizumab-tmca      | ADAKVEO |
| <b>MDL</b> | L-glutamine oral powder | ENDARI  |
|            | voxelotor               | OXBRYTA |

#### THROMBOCYTOPENIA AGENTS

|           |               |           |
|-----------|---------------|-----------|
| <b>PA</b> | avatrombopag  | DOPTELET  |
| <b>PA</b> | fostamatinib  | TAVALISSE |
| <b>PA</b> | lusutrombopag | MULPLETA  |

#### MISCELLANEOUS

|  |                   |         |
|--|-------------------|---------|
|  | aminocaproic acid |         |
|  | cilostazol        |         |
|  | deferasirox       | JADENU  |
|  | tranexamic acid   | LYSTEDA |
|  | succimer          | CHEMET  |

### IMMUNOLOGIC AGENTS

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

#### ALLERGEN EXTRACTS

|  |                                       |          |
|--|---------------------------------------|----------|
|  | grass mixed pollen allergen extract   | ORALAIR  |
|  | ragweed pollen allergen extract       | RAGWITEK |
|  | timothy grass pollen allergen extract | GRASTEK  |

#### AUTOIMMUNE AGENTS

|  |                     |            |
|--|---------------------|------------|
|  | adalimumab          | HUMIRA     |
|  | apremilast          | OTEZLA     |
|  | brodalumab          | SILIQ      |
|  | etanercept          | ENBREL     |
|  | sarilumab           | KEVZARA    |
|  | secukinumab         | COSENTYX   |
|  | tofacitinib         | XELJANZ    |
|  | tofacitinib ext-rel | XELJANZ XR |

#### DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDs)

|  |                    |           |
|--|--------------------|-----------|
|  | hydroxychloroquine | PLAQUENIL |
|--|--------------------|-----------|



|           |                                                |        |
|-----------|------------------------------------------------|--------|
|           | <b>leflunomide</b>                             | ARAVA  |
| <b>PA</b> | <b>methotrexate 2.5 mg</b><br>methotrexate inj | RASUVO |

#### HEREDITARY ANGIOEDEMA AGENTS

|           |                       |          |
|-----------|-----------------------|----------|
| <b>PA</b> | <b>icatibant</b>      | FIRAZYR  |
| <b>PA</b> | berotralstat          | ORLADEYO |
| <b>PA</b> | C1 esterase inhibitor | HAEGARDA |
| <b>PA</b> | ecallantide           | KALBITOR |

#### IMMUNOMODULATORS

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

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

#### Immune Globulins

|           |                                           |          |
|-----------|-------------------------------------------|----------|
| <b>PA</b> | immune globulin subcutaneous (human)-hipp | CUTAQUIG |
|-----------|-------------------------------------------|----------|

#### IMMUNOSUPPRESSANTS

##### Antimetabolites

|  |                              |          |
|--|------------------------------|----------|
|  | <b>azathioprine</b>          | IMURAN   |
|  | <b>mycophenolate mofetil</b> | CELLCEPT |

##### Calcineurin Inhibitors

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

##### Rapamycin Derivatives

|  |                  |          |
|--|------------------|----------|
|  | <b>sirolimus</b> | RAPAMUNE |
|--|------------------|----------|

##### Miscellaneous

|           |                   |          |
|-----------|-------------------|----------|
| <b>PA</b> | anifrolumab-fnia  | SAPHNELO |
| <b>PA</b> | belimumab         | BENLYSTA |
| <b>PA</b> | inebilizumab-cdon | UPLIZNA  |
| <b>PA</b> | voclosporin       | LUPKYNIS |

## NUTRITIONAL/SUPPLEMENTS

#### ELECTROLYTES

##### Potassium

|  |                                         |             |
|--|-----------------------------------------|-------------|
|  | <b>potassium chloride effervescent</b>  |             |
|  | <b>potassium chloride ext-rel</b>       |             |
|  | <b>potassium chloride liquid</b>        |             |
|  | <b>potassium chloride powder 25 mEq</b> | KLOR-CON/25 |

##### Sodium

|            |                                  |  |
|------------|----------------------------------|--|
| <b>OTC</b> | <b>sodium chloride tabs 1 gm</b> |  |
|------------|----------------------------------|--|

## VITAMINS AND MINERALS

### Folic Acid Agents

|  |                   |  |
|--|-------------------|--|
|  | <b>folic acid</b> |  |
|--|-------------------|--|

### Prenatal Vitamins

|            |                                                       |                    |
|------------|-------------------------------------------------------|--------------------|
| <b>OTC</b> | <b>prenatal vitamins/folic acid</b>                   |                    |
| <b>OTC</b> | prenatal vitamins/DHA/EPA/ferrous fumarate/folic acid | ONE DAILY PRENATAL |
| <b>OTC</b> | prenatal vitamins/DHA/EPA/folic acid chewable gummy   | ONE A DAY PRENATAL |
|            | <b>prenatal vitamins/folic acid</b>                   |                    |
|            | <b>prenatal vitamins/folic acid</b>                   | PRENATABS RX       |
|            | <b>prenatal vitamins/folic acid</b>                   | PRENATAL LOW IRON  |
|            | prenatal vitamins/DHA/docusate/folic acid             | CITRANATAL DHA     |

### Miscellaneous

|            |                                                                                             |              |
|------------|---------------------------------------------------------------------------------------------|--------------|
| <b>OTC</b> | <b>alpha-lipoic acid</b>                                                                    |              |
| <b>OTC</b> | <b>ascorbic acid</b>                                                                        | VITAMIN C    |
| <b>OTC</b> | <b>calcium carbonate/cholecalciferol</b>                                                    | OS-CAL       |
| <b>OTC</b> | <b>cholecalciferol (D3) drops</b>                                                           | VITAMIN D3   |
| <b>OTC</b> | <b>cyanocobalamin tabs 1000 mcg</b>                                                         | VITAMIN B-12 |
| <b>OTC</b> | <b>docosahexaenoic acid</b>                                                                 | DHA CAP      |
| <b>OTC</b> | <b>ergocalciferol (D2) drops</b>                                                            |              |
| <b>OTC</b> | <b>ferrous gluconate</b>                                                                    | FERGON       |
| <b>OTC</b> | <b>ferrous sulfate</b>                                                                      | FEOSOL       |
| <b>OTC</b> | <b>ferrous sulfate delayed-rel</b>                                                          | SLOW FE      |
| <b>OTC</b> | <b>lutein</b>                                                                               |              |
| <b>OTC</b> | <b>magnesium oxide</b>                                                                      | MAG-OX       |
| <b>OTC</b> | <b>melatonin</b>                                                                            |              |
| <b>OTC</b> | <b>multivitamins drops, tabs</b>                                                            |              |
| <b>OTC</b> | <b>multivitamins/iron drops</b>                                                             |              |
| <b>OTC</b> | <b>multivitamins/minerals caps</b>                                                          |              |
| <b>OTC</b> | <b>polysaccharide iron complex 150 mg - Nu-Iron 150</b>                                     |              |
| <b>OTC</b> | <b>polysaccharide iron complex/vitamin B12/folic acid - Ferrex 150</b>                      |              |
| <b>OTC</b> | <b>pyridoxine 25 mg, 50 mg, 100 mg</b>                                                      | VITAMIN B6   |
| <b>OTC</b> | <b>thiamine 50 mg, 100 mg, 250 mg</b>                                                       | VITAMIN B1   |
| <b>OTC</b> | <b>vitamin A cap 10000 unit</b>                                                             | VITAMIN A    |
| <b>OTC</b> | <b>vitamin ADC drops</b>                                                                    |              |
| <b>OTC</b> | <b>vitamin B complex caps, tabs</b>                                                         | B-COMPLEX    |
| <b>OTC</b> | <b>vitamin E caps 400 unit</b>                                                              | VITAMIN E    |
| <b>OTC</b> | <b>zinc sulfate</b>                                                                         |              |
| <b>OTC</b> | <b>ferrous fumarate</b>                                                                     | FERRIMIN 150 |
| <b>OTC</b> | <b>iron/vitamin C</b>                                                                       | VITRON-C     |
| <b>OTC</b> | <b>multivitamins drops</b>                                                                  | TRI-VI-SOL   |
|            | <b>cyanocobalamin inj</b>                                                                   |              |
|            | <b>ferrous fumarate/polysaccharide iron complex/folic acid/B complex/vitamin C/minerals</b> |              |
|            | <b>fluoride drops, tabs</b>                                                                 |              |
|            | <b>multivitamins/fluoride drops, tabs</b>                                                   |              |
|            | <b>multivitamins/fluoride/iron drops, tabs</b>                                              |              |
|            | <b>phytonadione</b>                                                                         | MEPHYTON     |
|            | <b>vitamin ADC/fluoride drops</b>                                                           |              |
|            | <b>vitamin ADC/fluoride/iron drops</b>                                                      |              |
|            | <b>vitamin B complex/vitamin C/folic acid</b>                                               | NEPHROCAPS   |

|                          |           |
|--------------------------|-----------|
| ergocalciferol (D2) caps | VITAMIN D |
| zinc acetate             | GALZIN    |

## RESPIRATORY

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

<https://www.aaaai.org>

<https://ginasthma.org>

<https://goldcopd.org>

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

The Allergy Report and guidelines for allergy-related conditions are available at: <https://www.aaaai.org>

## ANAPHYLAXIS TREATMENT AGENTS

|                           |            |
|---------------------------|------------|
| epinephrine auto-injector |            |
| epinephrine auto-injector | EPIPEN     |
| epinephrine auto-injector | EPIPEN JR. |

## ANTICHOLINERGICS

|                                 |                  |
|---------------------------------|------------------|
| ipratropium inhalation solution |                  |
| tiotropium                      | SPIRIVA RESPIMAT |
| umeclidinium                    | INCRUSE ELLIPTA  |

## ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

### Short Acting

|                                           |                    |
|-------------------------------------------|--------------------|
| ipratropium/albuterol inhalation solution |                    |
| ipratropium/albuterol, CFC-free aerosol   | COMBIVENT RESPIMAT |

### Long Acting

|                         |                  |
|-------------------------|------------------|
| tiotropium/olodaterol   | STIOLTO RESPIMAT |
| umeclidinium/vilanterol | ANORO ELLIPTA    |

## ANTICHOLINERGIC/BETA AGONIST/STEROID INHALANT COMBINATIONS

|                                     |                 |
|-------------------------------------|-----------------|
| fluticasone/umeclidinium/vilanterol | TRELEGY ELLIPTA |
|-------------------------------------|-----------------|

## ANTI-HISTAMINES, LOW SEDATING

|            |                             |        |
|------------|-----------------------------|--------|
| <b>OTC</b> | cetirizine, except chewable | ZYRTEC |
|            | levocetirizine              |        |

## ANTI-HISTAMINES, NONSEDATING

|            |                         |          |
|------------|-------------------------|----------|
| <b>OTC</b> | fexofenadine susp, tabs | ALLEGRA  |
| <b>OTC</b> | loratadine              | CLARITIN |

## ANTI-HISTAMINES, SEDATING

|            |                  |                |
|------------|------------------|----------------|
| <b>OTC</b> | chlorpheniramine | CHLOR-TRIMETON |
| <b>OTC</b> | diphenhydramine  |                |
|            | clemastine       |                |
|            | cyproheptadine   |                |
|            | diphenhydramine  |                |

#### ANTI-HISTAMINE/DECONGESTANT COMBINATIONS

|     |                                     |                       |
|-----|-------------------------------------|-----------------------|
| OTC | cetirizine/pseudoephedrine ext-rel  | ZYRTEC-D              |
| OTC | chlorpheniramine/phenylephrine tabs | COLD & ALLERGY RELIEF |
| OTC | loratadine/pseudoephedrine ext-rel  | CLARITIN-D            |

#### ANTITUSSIVES

Clinical practice guidelines are available at:

[https://journal.chestnet.org/article/S0012-3692\(15\)52856-0/pdf](https://journal.chestnet.org/article/S0012-3692(15)52856-0/pdf)

|     |                                                      |                              |
|-----|------------------------------------------------------|------------------------------|
| OTC | dextromethorphan gelcaps, liquid                     | ROBITUSSIN LONG-ACTING COUGH |
| OTC | dextromethorphan polistirex ext-rel syrup 30 mg/5 mL | DELSYM                       |
|     | benzonatate                                          | TESSALON                     |

#### ANTITUSSIVE COMBINATIONS

##### Opioid

|     |                                     |  |
|-----|-------------------------------------|--|
| MDL | codeine/guaifenesin liquid          |  |
| MDL | codeine/guaifenesin/pseudoephedrine |  |
| MDL | codeine/promethazine                |  |
| MDL | codeine/promethazine/phenylephrine  |  |
|     | hydrocodone/homatropine             |  |

##### Non-opioid

|     |                                                                          |                                                 |
|-----|--------------------------------------------------------------------------|-------------------------------------------------|
| OTC | dextromethorphan/chlorpheniramine liquid                                 | ROBITUSSIN CHILDREN'S COUGH & COLD, LONG ACTING |
| OTC | dextromethorphan/guaifenesin ext-rel                                     | MUCINEX DM                                      |
| OTC | dextromethorphan/guaifenesin syrup                                       | ROBITUSSIN COUGH + CHEST CONGESTION DM          |
| OTC | dextromethorphan/guaifenesin/pseudoephedrine liq 10 mg/100 mg/30 mg/5 mL |                                                 |
|     | dextromethorphan/brompheniramine/pseudoephedrine                         |                                                 |
| MDL | dextromethorphan/promethazine                                            |                                                 |

#### BETA AGONISTS

##### Inhalants

##### Short Acting

|     |                                                   |                   |
|-----|---------------------------------------------------|-------------------|
|     | albuterol inhalation solution                     |                   |
| MDL | albuterol sulfate, CFC-free aerosol               | PROAIR HFA        |
| MDL | albuterol sulfate, CFC-free aerosol               | VENTOLIN HFA      |
|     | levalbuterol inhalation solution                  |                   |
| MDL | levalbuterol tartrate, CFC-free aerosol           | XOPENEX HFA       |
| MDL | albuterol sulfate aerosol powder breath-activated | PROAIR RESPICLICK |

##### Long Acting

##### Hand-held Active Inhalation

|  |                      |          |
|--|----------------------|----------|
|  | salmeterol xinafoate | SEREVENT |
|--|----------------------|----------|

### Oral Agents

|  |                    |  |
|--|--------------------|--|
|  | <b>albuterol</b>   |  |
|  | <b>terbutaline</b> |  |

### CYSTIC FIBROSIS

|           |                                              |           |
|-----------|----------------------------------------------|-----------|
|           | <b>tobramycin inhalation solution</b>        | TOBI      |
| <b>PA</b> | dornase alfa                                 | PULMOZYME |
| <b>PA</b> | elexacaftor/tezacaftor/ivacaftor + ivacaftor | TRIKAFTA  |
| <b>PA</b> | ivacaftor                                    | KALYDECO  |
| <b>PA</b> | lumacaftor/ivacaftor                         | ORKAMBI   |
| <b>PA</b> | tobramycin inhalation soln                   | BETHKIS   |

### DECONGESTANTS

|            |                        |                |
|------------|------------------------|----------------|
| <b>OTC</b> | <b>oxymetazoline</b>   | AFRIN          |
| <b>OTC</b> | <b>phenylephrine</b>   | NEO-SYNEPHRINE |
| <b>OTC</b> | <b>pseudoephedrine</b> | SUDAFED        |

### DECONGESTANT/EXPECTORANT COMBINATIONS

|            |                                            |           |
|------------|--------------------------------------------|-----------|
| <b>OTC</b> | <b>pseudoephedrine/guaifenesin ext-rel</b> | MUCINEX D |
|            | <b>phenylephrine/guaifenesin syrup</b>     |           |

### EXPECTORANTS

|            |                            |                  |
|------------|----------------------------|------------------|
| <b>OTC</b> | <b>guaifenesin ext-rel</b> | MUCINEX          |
| <b>OTC</b> | <b>guaifenesin liquid</b>  | DIABETIC TUSSIN  |
| <b>OTC</b> | guaifenesin liquid         | MUCINEX FOR KIDS |

### LEUKOTRIENE MODULATORS

|  |                    |           |
|--|--------------------|-----------|
|  | <b>montelukast</b> | SINGULAIR |
|  | <b>zafirlukast</b> | ACCOLATE  |

### MAST CELL STABILIZERS

|  |                                     |  |
|--|-------------------------------------|--|
|  | <b>cromolyn inhalation solution</b> |  |
|--|-------------------------------------|--|

### NASAL ANTIHISTAMINES

|            |                              |          |
|------------|------------------------------|----------|
| <b>MDL</b> | <b>azelastine spray 0.1%</b> |          |
|            | <b>olopatadine spray</b>     | PATANASE |

### NASAL STEROIDS

|            |                                      |                           |
|------------|--------------------------------------|---------------------------|
| <b>OTC</b> | <b>budesonide spray</b>              |                           |
| <b>OTC</b> | <b>fluticasone spray</b>             | FLONASE ALLERGY<br>RELIEF |
| <b>OTC</b> | <b>triamcinolone acetonide spray</b> | NASACORT ALLERGY<br>24HR  |
| <b>OTC</b> | fluticasone mist                     | FLONASE SENSIMIST         |
|            | <b>flunisolide spray</b>             |                           |
|            | <b>fluticasone spray</b>             |                           |

### PULMONARY FIBROSIS AGENTS

|           |             |         |
|-----------|-------------|---------|
| <b>PA</b> | nintedanib  | OFEV    |
| <b>PA</b> | pirfenidone | ESBRIET |

#### RESPIRATORY SYNCYTIAL VIRUS

|           |             |         |
|-----------|-------------|---------|
| <b>PA</b> | palivizumab | SYNAGIS |
|-----------|-------------|---------|

#### SEVERE ASTHMA AGENTS

|           |              |         |
|-----------|--------------|---------|
| <b>PA</b> | benralizumab | FASENRA |
| <b>PA</b> | mepolizumab  | NUCALA  |
| <b>PA</b> | omalizumab   | XOLAIR  |

#### STEROID/BETA AGONIST COMBINATIONS

|  |                               |                   |
|--|-------------------------------|-------------------|
|  | <b>budesonide/formoterol</b>  | SYMBICORT         |
|  | <b>fluticasone/salmeterol</b> | AIRDUO RESPICLICK |
|  | mometasone/formoterol         | DULERA            |

#### STEROID INHALANTS

|           |                                         |                    |
|-----------|-----------------------------------------|--------------------|
| <b>AL</b> | <b>budesonide inhalation suspension</b> | PULMICORT RESPULES |
|           | beclomethasone breath-activated aerosol | QVAR REDIHALER     |
|           | fluticasone                             | FLOVENT DISKUS     |
|           | fluticasone, CFC-free aerosol           | FLOVENT HFA        |
|           | mometasone                              | ASMANEX            |
|           | mometasone, CFC-free aerosol            | ASMANEX HFA        |

**AL** Covered for age 1 through 3

#### XANTHINES

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

#### MISCELLANEOUS

|            |                                            |               |
|------------|--------------------------------------------|---------------|
| <b>OTC</b> | <b>sodium chloride nasal spray</b>         | OCEAN         |
| <b>OTC</b> | sodium chloride inhalation solution        | SIMPLY SALINE |
|            | <b>ipratropium nasal spray</b>             |               |
|            | <b>sodium chloride inhalation solution</b> |               |
|            | spacer device                              | AEROCHAMBER   |

#### TOPICAL

##### DERMATOLOGY

###### Acne

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

###### Oral

|  |                     |  |
|--|---------------------|--|
|  | <b>isotretinoin</b> |  |
|--|---------------------|--|

###### Topical

|            |                                             |           |
|------------|---------------------------------------------|-----------|
| <b>OTC</b> | <b>benzoyl peroxide bar, gel 10%</b>        | PANOXYL   |
| <b>OTC</b> | <b>benzoyl peroxide bar, gel, lotion 5%</b> | PANOXYL   |
| <b>OTC</b> | <b>benzoyl peroxide gel 2.5%</b>            |           |
| <b>OTC</b> | <b>benzoyl peroxide liquid 6%</b>           |           |
| <b>OTC</b> | adapalene gel 0.1%                          | DIFFERIN  |
|            | adapalene crm 0.1%, gel 0.3%                | DIFFERIN  |
|            | benzoyl peroxide liquid 2.5%                | BENZAC AC |

|  |                                     |            |
|--|-------------------------------------|------------|
|  | clindamycin lotion, pads, soln 1%   | CLEOCIN T  |
|  | erythromycin gel 2%                 |            |
|  | erythromycin soln                   |            |
|  | erythromycin/benzoyl peroxide       | BENZAMYCIN |
|  | sulfacetamide/sulfur emulsion 10-5% |            |
|  | tretinoin                           | RETIN-A    |

#### Actinic Keratosis

|  |                     |            |
|--|---------------------|------------|
|  | fluorouracil crm 5% | EFUDEX     |
|  | fluorouracil crm 1% | FLUOROPLEX |

#### Antibiotics

|     |                                                |            |
|-----|------------------------------------------------|------------|
| OTC | bacitracin                                     |            |
| OTC | neomycin/polymyxin B crm                       |            |
| OTC | neomycin/polymyxin B/bacitracin/lidocaine oint |            |
| OTC | polymyxin B/bacitracin                         | POLYSPORIN |
|     | gentamicin crm, oint 0.1%                      |            |
|     | mupirocin oint                                 |            |
|     | silver sulfadiazine                            | SILVADENE  |

#### Antifungals

|     |                                  |                |
|-----|----------------------------------|----------------|
| OTC | clotrimazole crm 1%              | LOTRIMIN AF    |
| OTC | clotrimazole soln 1%             |                |
| OTC | miconazole                       | DESENEX        |
| OTC | tolnaftate crm 1%                | TINACTIN       |
| OTC | butenafine                       | LOTRIMIN ULTRA |
| OTC | terbinafine                      | LAMISIL AT     |
| ST  | ciclopirox crm, susp             | LOPROX         |
|     | ciclopirox topical soln 8%       |                |
|     | clotrimazole crm, soln 1%        |                |
|     | clotrimazole/betamethasone crm   |                |
|     | ketoconazole crm 2%              |                |
|     | nystatin                         |                |
|     | nystatin/triamcinolone crm, oint |                |

**ST** Clotrimazole, ketoconazole or nystatin required before ciclopirox crm or susp

#### Antipsoriatics

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

|  |                                 |  |
|--|---------------------------------|--|
|  | calcipotriene oint, soln 0.005% |  |
|--|---------------------------------|--|

#### Antiseborrheics

|     |                              |                  |
|-----|------------------------------|------------------|
| OTC | coal tar shampoo             | NEUTROGENA T/GEL |
|     | ketoconazole shampoo 2%      |                  |
|     | selenium sulfide lotion 2.5% |                  |

#### Atopic Dermatitis

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

*Injectable*

|           |           |          |
|-----------|-----------|----------|
| <b>PA</b> | dupilumab | DUPIXENT |
|-----------|-----------|----------|

*Topical*

|           |                                    |          |
|-----------|------------------------------------|----------|
|           | <b>pimecrolimus</b>                | ELIDEL   |
|           | <b>tacrolimus oint 0.03%, 0.1%</b> | PROTOPIC |
| <b>ST</b> | crisaborole                        | EUCRISA  |

**ST** Topical corticosteroid and topical tacrolimus required first

**Corticosteroids**

*Low Potency*

|            |                                          |           |
|------------|------------------------------------------|-----------|
| <b>OTC</b> | <b>hydrocortisone crm, oint 0.5%, 1%</b> | CORTIZONE |
|            | <b>alclometasone crm, oint 0.05%</b>     |           |
|            | <b>desonide oint 0.05%</b>               |           |
|            | <b>fluocinolone acetonide soln 0.01%</b> |           |
|            | <b>hydrocortisone crm 2.5%</b>           |           |

*Medium Potency*

|  |                                                       |  |
|--|-------------------------------------------------------|--|
|  | <b>betamethasone valerate crm, lotion, oint 0.1%</b>  |  |
|  | <b>fluocinolone acetonide crm, oint 0.025%</b>        |  |
|  | <b>hydrocortisone valerate crm, oint 0.2%</b>         |  |
|  | <b>mometasone crm, oint, soln 0.1%</b>                |  |
|  | <b>triamcinolone acetonide crm, lotion 0.025%</b>     |  |
|  | <b>triamcinolone acetonide crm, lotion, oint 0.1%</b> |  |

*High Potency*

|  |                                                           |  |
|--|-----------------------------------------------------------|--|
|  | <b>betamethasone dipropionate crm, lotion, oint 0.05%</b> |  |
|  | <b>fluocinonide crm, gel, oint, soln 0.05%</b>            |  |
|  | <b>triamcinolone acetonide crm 0.5%</b>                   |  |

*Very High Potency*

|  |                                               |  |
|--|-----------------------------------------------|--|
|  | <b>clobetasol propionate oint, soln 0.05%</b> |  |
|  | <b>halobetasol propionate crm, oint 0.05%</b> |  |

**Local Analgesics**

|                |                                     |          |
|----------------|-------------------------------------|----------|
| <b>OTC</b>     | <b>capsaicin crm 0.025%, 0.1%</b>   |          |
| <b>OTC</b>     | <b>lidocaine crm 4%</b>             |          |
| <b>OTC</b>     | <b>lidocaine crm 4%</b>             | LMX 4    |
| <b>OTC, QL</b> | <b>lidocaine patch 4%</b>           |          |
| <b>OTC, QL</b> | <b>capsaicin crm 0.033%, 0.075%</b> |          |
|                | <b>lidocaine patch 5%</b>           | LIDODERM |
|                | <b>lidocaine soln 4%</b>            |          |

**Local Anesthetics**

|  |                                 |  |
|--|---------------------------------|--|
|  | <b>lidocaine/prilocaine crm</b> |  |
|--|---------------------------------|--|

**Rosacea**

|  |                                   |             |
|--|-----------------------------------|-------------|
|  | <b>metronidazole crm 0.75%</b>    | METROCREAM  |
|  | <b>metronidazole gel 0.75%</b>    |             |
|  | <b>metronidazole gel 1%</b>       | METROGEL    |
|  | <b>metronidazole lotion 0.75%</b> | METROLOTION |



#### Scabicides and Pediculicides

|            |                                |                 |
|------------|--------------------------------|-----------------|
| <b>OTC</b> | <b>permethrin 1%</b>           | NIX CREME RINSE |
| <b>OTC</b> | <b>permethrin aerosol 0.5%</b> | RID             |
| <b>ST</b>  | <b>ivermectin lotion</b>       |                 |
|            | <b>malathion</b>               | OVIDE           |
|            | <b>permethrin 5%</b>           |                 |

**ST** OTC permethrin 1% required before ivermectin lotion for members younger than age 6; malathion required before ivermectin lotion for members age 6 and older

#### Miscellaneous Skin and Mucous Membrane

|            |                                                                      |            |
|------------|----------------------------------------------------------------------|------------|
| <b>OTC</b> | <b>ammonium lactate 12%</b>                                          | LAC-HYDRIN |
| <b>OTC</b> | <b>calamine lotion</b>                                               |            |
| <b>OTC</b> | <b>chlorhexidine gluconate liquid 4%</b>                             | HIBICLENS  |
| <b>OTC</b> | <b>chlorhexidine gluconate soln 4%</b>                               |            |
| <b>OTC</b> | <b>docosanol</b>                                                     | ABREVA     |
| <b>OTC</b> | <b>oatmeal, colloidal</b>                                            |            |
| <b>OTC</b> | <b>petrolatum ointment</b>                                           |            |
| <b>OTC</b> | <b>petrolatum/mineral oil</b>                                        | EUCERIN    |
| <b>OTC</b> | <b>petrolatum/mineral oil cream</b>                                  |            |
| <b>OTC</b> | <b>salicylic acid gel 3%</b>                                         | KERALYT    |
| <b>OTC</b> | <b>salicylic acid gel 17%</b>                                        |            |
| <b>OTC</b> | <b>salicylic acid pad, plaster 40%</b>                               |            |
| <b>OTC</b> | <b>urea crm 10%, 20%, 30%, 40%</b>                                   |            |
| <b>OTC</b> | <b>urea lotion 10%</b>                                               |            |
| <b>OTC</b> | <b>antibacterial cleanser bar, liquid cleanser, cleansing cloths</b> | CETAPHIL   |
| <b>OTC</b> | <b>oatmeal, colloidal/dimethicone</b>                                | AVEENO     |
|            | <b>imiquimod</b>                                                     | ALDARA     |
|            | <b>podofilox</b>                                                     |            |
|            | <b>urea crm 39%, 40%</b>                                             |            |
|            | <b>urea lotion 40%, 45%</b>                                          |            |
|            | <b>aluminum chloride hexahydrate</b>                                 | DRYSOL     |
|            | <b>becaplermin</b>                                                   | REGARANEX  |
| <b>PA</b>  | <b>collagenase</b>                                                   | SANTYL     |
| <b>PA</b>  | <b>glycopyrronium</b>                                                | QBREXZA    |

#### MOUTH/THROAT/DENTAL AGENTS

##### Anesthetics - Topical Oral

|  |                          |  |
|--|--------------------------|--|
|  | <b>lidocaine viscous</b> |  |
|--|--------------------------|--|

##### Steroids - Mouth/Throat

|  |                            |  |
|--|----------------------------|--|
|  | <b>triamcinolone paste</b> |  |
|--|----------------------------|--|

##### Miscellaneous

|  |                                                |                     |
|--|------------------------------------------------|---------------------|
|  | <b>chlorhexidine gluconate</b>                 | PERIDEX             |
|  | <b>sodium fluoride crm, gel, paste</b>         | PREVIDENT           |
|  | <b>sodium fluoride/potassium nitrate paste</b> | PREVIDENT SENSITIVE |

## OPHTHALMIC

Preferred Practice Pattern Guidelines for the treatment of various ophthalmic conditions are available at:  
<https://one.aao.org>

### Antiallergics

|            |                            |                |
|------------|----------------------------|----------------|
| <b>OTC</b> | <b>ketotifen</b>           | <b>ZADITOR</b> |
|            | <b>azelastine</b>          |                |
|            | <b>cromolyn sodium</b>     |                |
|            | <b>phenylephrine 0.25%</b> |                |

### Anti-infectives

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

### Anti-infective/Anti-inflammatory Combinations

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

### Anti-inflammatories

#### Nonsteroidal

|  |                       |                  |
|--|-----------------------|------------------|
|  | <b>flurbiprofen</b>   |                  |
|  | <b>ketorolac 0.4%</b> | <b>ACULAR LS</b> |
|  | <b>ketorolac 0.5%</b> | <b>ACULAR</b>    |

#### Steroidal

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

### Antivirals

|  |                     |  |
|--|---------------------|--|
|  | <b>trifluridine</b> |  |
|--|---------------------|--|

## Beta-blockers

### Nonselective

|                            |             |
|----------------------------|-------------|
| <b>carteolol</b>           |             |
| <b>levobunolol</b>         |             |
| <b>timolol maleate</b>     | TIMOPTIC    |
| <b>timolol maleate gel</b> | TIMOPTIC-XE |
| timolol hemihydrate        | BETIMOL     |

### Selective

|                       |  |
|-----------------------|--|
| <b>betaxolol 0.5%</b> |  |
|-----------------------|--|

## Carbonic Anhydrase Inhibitors

### Topical

|                     |         |
|---------------------|---------|
| <b>brinzolamide</b> | AZOPT   |
| <b>dorzolamide</b>  | TRUSOPT |

## Carbonic Anhydrase Inhibitor/Beta-blocker Combinations

|                                    |        |
|------------------------------------|--------|
| <b>dorzolamide/timolol maleate</b> | COSOPT |
|------------------------------------|--------|

## Carbonic Anhydrase Inhibitor/Sympathomimetic Combinations

|                          |           |
|--------------------------|-----------|
| brinzolamide/brimonidine | SIMBRINZA |
|--------------------------|-----------|

## Dry Eye Disease

|           |                        |          |
|-----------|------------------------|----------|
| <b>PA</b> | cyclosporine, emulsion | RESTASIS |
| <b>PA</b> | lifitegrast            | XIIDRA   |

## Local Anesthetic Combinations

|                                          |  |
|------------------------------------------|--|
| <b>fluorescein/benoxinate 0.25%/0.4%</b> |  |
|------------------------------------------|--|

## Mydriatics

|                                    |                    |
|------------------------------------|--------------------|
| <b>cyclopentolate 0.5%, 1%, 2%</b> | CYCLOGYL           |
| <b>homatropine</b>                 | ISOPTO HOMATROPINE |
| <b>tropicamide</b>                 |                    |
| atropine                           |                    |

## Parasympathomimetics

|                    |                |
|--------------------|----------------|
| <b>pilocarpine</b> | ISOPTO CARPINE |
|--------------------|----------------|

## Prostaglandins

|                    |         |
|--------------------|---------|
| <b>latanoprost</b> | XALATAN |
| bimatoprost 0.01%  | LUMIGAN |

## Rho Kinase Inhibitors

|            |           |
|------------|-----------|
| netarsudil | RHOPRESSA |
|------------|-----------|

## Sympathomimetics

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

## Sympathomimetic/Beta-blocker Combinations

|                     |          |
|---------------------|----------|
| brimonidine/timolol | COMBIGAN |
|---------------------|----------|

**Miscellaneous**

|            |                              |  |
|------------|------------------------------|--|
| <b>OTC</b> | <b>artificial tears soln</b> |  |
|------------|------------------------------|--|

**OTIC**

Clinical practice guidelines for the treatment of otitis media are available at:

<https://www.aap.org>

**Anti-infectives**

|  |                           |          |
|--|---------------------------|----------|
|  | <b>acetic acid</b>        |          |
|  | <b>ciprofloxacin otic</b> | CETRAXAL |
|  | <b>ofloxacin otic</b>     |          |

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

|  |                                            |          |
|--|--------------------------------------------|----------|
|  | <b>ciprofloxacin/dexamethasone</b>         | CIPRODEX |
|  | <b>neomycin/polymyxin B/hydrocortisone</b> |          |

**Miscellaneous**

|            |                                   |          |
|------------|-----------------------------------|----------|
| <b>OTC</b> | <b>carbamide peroxide</b>         | DEBROX   |
|            | <b>fluocinolone acetonide oil</b> | DERMOTIC |

## WEBSITES

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

American Headache Society Committee for Headache Education  
<https://americanheadachesociety.org>

American Heart Association  
<https://professional.heart.org>

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

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

American Psychiatric Association  
<https://www.psychiatry.org>

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

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

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

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

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

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

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

CVS Caremark  
<https://www.caremark.com>

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

Global Initiative for Asthma  
<https://ginasthma.org>

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

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

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

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

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

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

National Cancer Institute  
<https://www.cancer.gov/about-cancer>

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

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

National Guideline Clearinghouse  
<https://www.ahrq.gov>

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

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

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

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

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

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

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

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