

# Arkansas Blue Cross and Blue Shield Blue Choice Formulary

Effective 10/01/2021

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## INTRODUCTION

We are pleased to provide the 2021 **Arkansas Blue Cross and Blue Shield Blue Choice Formulary** as a useful reference and informational tool. This document can assist practitioners in selecting clinically appropriate and cost-effective products for their patients.

The drugs represented have been reviewed by a National Pharmacy and Therapeutics (P&T) Committee and are approved for inclusion. The document is reflective of current medical practice as of the date of review.

The information contained in this document and its appendices is provided solely for the convenience of medical providers. We do not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. This document 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. All the information in the document is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.

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

We assume no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

National guidelines can be found on the National Guideline Clearinghouse site at <https://www.ahrq.gov/gam/>, on the websites listed under each therapeutic class and on the sites listed in the Websites section of this publication.

## PREFACE

The document is organized by sections. Each section is divided by therapeutic drug class primarily defined by mechanism of action. Products are listed by generic name with brand name for reference only. Unless the cited drug is available as an injectable or an exception is specifically noted, generally, all applicable dosage forms and strengths of the drug cited are included in the document.

Drugs represented in this document may have varying cost to the plan member based on the plan's benefit structure. Some prescription benefit plan designs may alter coverage of certain products or vary copay amounts based on the condition being treated. Generic medications typically are available at the lower cost, brand-name medications on the document will generally cost more than generics. Generics should be considered the first line of prescribing subject to applicable rules.

## PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of an independent National Pharmacy and Therapeutics Committee ("P&T Committee") are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an external advisory body of clinical professionals from across the United States. The P&T Committee's voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Employees with significant clinical expertise are invited to meet with the P&T Committee, but no employee may vote on issues before the P&T Committee. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

Arkansas Blue Cross will utilize the services of the independent National P&T Committee as well as internal pharmacy and medical advisory committees to direct formulary decisions as it relates to our benefit certificates and policies.

## DRUG LIST PRODUCT DESCRIPTIONS

To assist in understanding which specific strengths and dosage forms on the document are covered, examples are noted below. The general principles shown in the examples can usually be extended to other entries in the document. Any exceptions are noted.

Listed products on the document generally include all strengths and all oral dosage forms of the cited product.

*escitalopram* Lexapro  
Oral tablets, oral solution and all strengths of Lexapro would be included in this listing.

Nasal sprays require a separate entry.

*sumatriptan nasal spray* Imitrex

Oral disintegrating tablets require a separate entry.

*prednisolone sodium phosphate orally disintegrating tabs* Orapred ODT

Injectable dosage forms require a separate entry.

*sumatriptan inj* Imitrex

When a strength or dosage form is specified, only the specified strength and dosage form is on the document. Other strengths/dosage forms, including injectable dosage forms of the reference product are not.

*gabapentin caps, tabs* Neurontin  
The capsule and tablet formulations are listed on the document, but the oral solution is not.

Extended-release and delayed-release products require their own entry.

*tofacitinib* Xeljanz  
The immediate-release product listing of Xeljanz alone would not include the extended-release product Xeljanz XR.

*tofacitinib ext-rel* Xeljanz XR  
A separate entry for Xeljanz XR confirms that the extended-release product is on the document.

Dosage forms on the document will be consistent with the category and use where listed.

*nystatin*  
The above *nystatin* entry listed in the TOPICAL/DERMATOLOGY section is limited to the topical dosage forms. From this entry the oral formulations cannot be assumed to be on the list unless there is an entry for this product in the ANTI-INFECTIVES section of the document.

## GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand-name product. **Boldface type** indicates generic availability. However, not all strengths or dosage forms of the generic name in boldface type may be generically available. In most instances, a brand-name drug for which a generic product becomes available will become non-formulary, with the generic product covered in its place, upon release of the generic product to the market. However, the document is subject to state specific regulations and rules regarding generic substitution and mandatory generic rules apply where appropriate.

Generic drugs are usually priced lower than their brand-name equivalents. Prescription generic drugs are:

- Approved by the U.S. Food and Drug Administration for safety and effectiveness, and are manufactured under the same strict standards that apply to brand-name drugs.
- Tested in humans to assure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug (bioequivalence). Generics may be different from the brand in size, color and inactive ingredients, but this does not alter their effectiveness or ability to be absorbed just like the brand-name drug.
- Manufactured in the same strength and dosage form as the brand-name drugs.

When a generic drug is substituted for a brand-name drug, you can expect the generic to produce the same clinical effect and safety profile as the brand-name drug (therapeutic equivalence).

## SPECIALTY MEDICATIONS

A new, rapidly growing category of drugs, specialty medications are the result of continued advances in drug development technology and design. They are created to target and treat complex chronic or genetic medical

conditions and include bioengineered proteins, blood-derived products and complex molecules. The therapeutic categories listed below include products that are covered as part of the Specialty benefit.

Acromegaly	Mental Health Conditions
Alpha-1 Antitrypsin Deficiency	Miscellaneous
Amyloidosis	Movement Disorders
Anemia	Multiple Sclerosis
Asthma	Neutropenia
Atopic Dermatitis	Ocular Disorders
Cardiac Disorders	Oncology – Injectable
Coagulation Disorders	Oncology – Oral/Topical
Cryopyrin-Associated Periodic Syndromes	Osteoporosis
Cystic Fibrosis	Paroxysmal Nocturnal Hemoglobinuria
Electrolyte Disorders	Phenylketonuria
Gastrointestinal Disorders-Other	Pre-Term Birth
Gout	Psoriasis
Growth Hormone & Related Disorders	Pulmonary Arterial Hypertension
Hematopoietics	Pulmonary Disorders - Other
Hemophilia, Von Willebrand Disease & Related	Rare Disorders - Other
Bleeding Disorders	Renal Disease
Hepatitis	Respiratory Syncytial Virus
Hereditary Angioedema	Rheumatoid Arthritis
HIV Medications	Seizure Disorders
Hormonal Therapies	Sickle Cell Disease
Immune Deficiencies & Related Disorders	Sleep Disorders
Infectious Disease - Other	Systemic Lupus Erythematosus
Inflammatory Bowel Disease	Thrombocytopenia
Iron Overload	Transplant
Lysosomal Storage Disorders	Urea Cycle Disorders

### Specialty Guideline Management (SGM)

SGM is our utilization management program that helps ensure appropriate utilization for specialty medications based on currently accepted evidence-based medicine guidelines. The utilization management program is available for therapeutic areas dispensed by our specialty pharmacies. SGM is designed to help ensure safety and efficacy while preventing off-guideline utilization. Medications which may be included in the SGM program are identified in the document as “SP” for your reference. For additional information, please refer to [https://www.arkansasbluecross.com/pd\\_list/specialty.aspx](https://www.arkansasbluecross.com/pd_list/specialty.aspx) or to submit a prior authorization, please call 866-814-5506.

### PLAN DESIGN

The document represents a closed formulary plan design. Certain medications on the list are covered if utilization management criteria are met (i.e., Step Therapy, Prior Authorization, Quantity Limits, etc.); requests for use of such medications outside of their listed criteria will be reviewed for medical necessity. If a medication is not listed on the document, a formulary exception may be requested for coverage. Medical necessity or formulary exception requests will be reviewed based on drug-specific prior authorization criteria or standard non-formulary prescription request criteria.

Individual pharmacy benefit plans may impose restrictions or not reimburse some products. In addition, over-the-counter (OTC) products, with the exception of insulin and diabetic monitoring products, are usually not included in the pharmacy benefit. If covered in the pharmacy benefit, OTC products require a valid prescription.

Some plans exclude mental health drugs.

Log in to [www.arkansasbluecross.com](http://www.arkansasbluecross.com) to check coverage.

## PREVENTIVE SERVICES

The U.S. Department of Health and Human Services (HHS) has adopted Guidelines for Preventive Services under the Affordable Care Act (ACA). Under the ACA, some pharmacy benefit plans may provide a range of preventive services for \$0 member cost share. These items may include:

- Aspirin to Prevent Cardiovascular Disease
- Bowel Preparations for Colorectal Cancer Screening
- Fluoride Supplementation in Children
- Folic Acid Supplementation
- Tobacco Use Counseling and Cessation Intervention
- Immunizations
- Medications for Risk Reduction of Primary Breast Cancer
- Contraceptives
- Statin Use for the Primary Prevention of Cardiovascular Disease in Adults

Items that may be covered as preventive services under this formulary will not be specifically noted since final coverage is determined by the plan sponsor. For additional information regarding preventive services, please refer to <https://www.hhs.gov>

## LEGEND

<b>AL</b>	Age Limit
<b>OTC</b>	Over the counter
<b>PA</b>	Prior Authorization
<b>PA, QL</b>	Quantity Limit is applied after Prior Authorization approval
<b>QL</b>	Quantity Limit
<b>QL, PA</b>	If Quantity Limit is exceeded, Prior Authorization may apply
<b>SP</b>	Specialty Drug
<b>ST</b>	Step Therapy
<b>ST, PA</b>	If Step Therapy requirements are not met, Prior Authorization may apply
<b>boldface</b>	Indicates generic availability; boldface may not apply to every strength or dosage form under the listed generic name. Brand name is for reference and may not be covered.
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>

### NSAIDs

<b>diclofenac potassium</b>
<b>diclofenac sodium delayed-rel</b>
<b>diclofenac sodium ext-rel</b>
<b>diflunisal</b>
<b>etodolac</b>
<b>flurbiprofen</b>
<b>ibuprofen</b>
<b>ketoprofen 50 mg, 75 mg</b>
<b>ketorolac</b>
<b>ketorolac inj</b>
<b>meloxicam tabs</b>
<b>nabumetone</b>
<b>naproxen delayed-rel</b>
<b>naproxen sodium tabs</b>
<b>naproxen tabs</b>
<b>oxaprozin</b>
<b>piroxicam</b>
<b>sulindac</b>
<b>tolmetin</b>

### GOUT

<b>allopurinol</b>
<b>colchicine</b>
<b>probenecid</b>

### 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>

The quantity of opioid products prescribed (including those that are combined with acetaminophen, aspirin or ibuprofen) will be limited to up to 90 morphine milligram equivalents (MME) per day based on a 30-day supply. Members who are opioid-naïve will be required to use an immediate-release (IR) formulation before moving to an extended-release (ER) formulation and will be subject to quantity limit restrictions.

<b>QL, PA, *</b>	<b>buprenorphine</b>	BELBUCA
<b>QL, PA, *</b>	<b>buprenorphine transdermal</b>	
<b>QL, PA</b>	<b>codeine sulfate</b>	

### LEGEND

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<b>OTC</b>	Over the counter
<b>PA</b>	Prior Authorization
<b>PA, QL</b>	Quantity Limit is applied after Prior Authorization approval
<b>QL</b>	Quantity Limit
<b>QL, PA</b>	If Quantity Limit is exceeded, Prior Authorization may apply
<b>SP</b>	Specialty Drug
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<b>QL</b>	<b>codeine/acetaminophen</b>	
<b>PA, QL</b>	<b>fentanyl lozenge</b>	
<b>QL, PA, *</b>	<b>fentanyl transdermal</b>	
<b>QL</b>	<b>hydrocodone/acetaminophen</b>	
<b>QL, PA</b>	<b>hydromorphone</b>	
<b>QL, PA</b>	<b>methadone</b>	
<b>QL, PA</b>	<b>morphine</b>	
<b>QL, PA, *</b>	<b>morphine ext-rel</b>	
<b>QL, PA, *</b>	<b>morphine ext-rel</b>	
<b>QL, PA</b>	<b>morphine supp</b>	
<b>QL, PA</b>	<b>oxycodone</b>	
<b>QL, PA, *</b>	oxycodone ext-rel	XTAMPZA ER
<b>QL</b>	<b>oxycodone/acetaminophen</b>	
<b>QL, PA</b>	<b>tramadol 50 mg</b>	
<b>QL, PA, *</b>	<b>tramadol ext-rel tabs</b>	

\* Initial PA may apply to higher strengths

#### VISCOSUPPLEMENTS

<b>PA, SP</b>	sodium hyaluronate	DUROLANE
<b>PA, SP</b>	sodium hyaluronate	EUFLEXXA
<b>PA, SP</b>	sodium hyaluronate	GELSYN-3
<b>PA, SP</b>	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>

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**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**

**Cephalosporins**

*First Generation*

<b>cefadroxil</b>
<b>cephalexin</b>

*Second Generation*

<b>cefprozil</b>
<b>cefuroxime axetil</b>

*Third Generation*

<b>cefdinir</b>
<b>cefpodoxime</b>

**Erythromycins/Macrolides**

<b>azithromycin</b>
<b>clarithromycin</b>
<b>clarithromycin ext-rel</b>
<b>erythromycin delayed-rel</b>
<b>erythromycin ethylsuccinate</b>
<b>erythromycin stearate</b>

<b>PA</b>	fidaxomicin	DIFICID
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**Fluoroquinolones**

<b>ciprofloxacin</b>
<b>levofloxacin</b>
<b>moxifloxacin</b>

**Penicillins**

<b>amoxicillin</b>
<b>amoxicillin/clavulanate</b>
<b>amoxicillin/clavulanate ext-rel</b>
<b>ampicillin</b>
<b>dicloxacillin</b>
<b>penicillin VK</b>

**Tetracyclines**

<b>doxycycline hyclate</b>
<b>doxycycline hyclate tabs 20 mg, 100 mg</b>
<b>doxycycline monohydrate susp</b>

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- OTC** Over the counter
- PA** Prior Authorization
- PA, QL** Quantity Limit is applied after Prior Authorization approval
- QL** Quantity Limit
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- ST, PA** If Step Therapy requirements are not met, Prior Authorization may apply

	minocycline	
	tetracycline	

#### ANTIFUNGALS

	clotrimazole troches	
	fluconazole	
	griseofulvin microsize	
	itraconazole	
	nystatin	
	terbinafine tabs	
<b>PA</b>	voriconazole	

#### ANTIRETROVIRAL AGENTS

##### Antiretroviral Combinations

<b>QL, PA</b>	abacavir/dolutegravir/lamivudine	TRIUMEQ
<b>QL, PA</b>	<b>abacavir/lamivudine</b>	
<b>QL, PA</b>	<b>abacavir/lamivudine/zidovudine</b>	
<b>QL, PA</b>	atazanavir/cobicistat	EVOTAZ
<b>QL, PA</b>	bictegravir/emtricitabine/tenofovir alafenamide	BIKTARVY
<b>QL, PA</b>	darunavir/cobicistat	PREZCOBIX
<b>QL, PA</b>	darunavir/cobicistat/emtricitabine/tenofovir alafenamide	SYMTUZA
<b>QL, PA</b>	dolutegravir/lamivudine	DOVATO
<b>QL, PA</b>	<b>efavirenz/emtricitabine/tenofovir disoproxil fumarate</b>	
<b>QL, PA</b>	<b>efavirenz/lamivudine/tenofovir disoproxil fumarate</b>	
<b>QL, PA</b>	<b>efavirenz/lamivudine/tenofovir disoproxil fumarate</b>	
<b>QL, PA</b>	elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide	GENVOYA
<b>QL, PA</b>	emtricitabine/rilpivirine/tenofovir alafenamide	ODEFSEY
<b>QL, PA</b>	emtricitabine/tenofovir alafenamide	DESCOXY
<b>QL, PA</b>	<b>emtricitabine/tenofovir disoproxil fumarate</b>	
<b>QL, PA</b>	lamivudine/tenofovir disoproxil fumarate	CIMDUO
<b>QL, PA</b>	lamivudine/tenofovir disoproxil fumarate	TEMIXYS
<b>QL, PA</b>	<b>lamivudine/zidovudine</b>	

##### Fusion Inhibitors

<b>PA, SP, QL</b>	enfuvirtide	FUZEON
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##### Integrase Inhibitors

<b>QL, PA</b>	dolutegravir	TIVICAY
<b>QL, PA</b>	raltegravir	ISENTRESS
<b>QL, PA</b>	raltegravir	ISENTRESS HD

##### Monoclonal Antibody

	ibalizumab-uiyk	TROGARZO
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##### Non-nucleoside Reverse Transcriptase Inhibitors

<b>QL, PA</b>	<b>efavirenz</b>	
<b>QL, PA</b>	etravirine	INTELENCE

##### LEGEND

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<b>OTC</b>	Over the counter
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<b>PA, QL</b>	Quantity Limit is applied after Prior Authorization approval
<b>QL</b>	Quantity Limit
<b>QL, PA</b>	If Quantity Limit is exceeded, Prior Authorization may apply
<b>SP</b>	Specialty Drug
<b>ST</b>	Step Therapy
<b>ST, PA</b>	If Step Therapy requirements are not met, Prior Authorization may apply

QL, PA	nevirapine	
QL, PA	nevirapine ext-rel	
QL, PA	rilpivirine	EDURANT

#### Nucleoside Reverse Transcriptase Inhibitors

QL, PA	abacavir	
QL, PA	emtricitabine	
QL, PA	lamivudine	
QL, PA	stavudine	
QL, PA	zidovudine	

#### Nucleotide Reverse Transcriptase Inhibitors

QL, PA	tenofovir disoproxil fumarate	
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#### Protease Inhibitors

QL, PA	atazanavir	
QL, PA	darunavir	PREZISTA
QL, PA	fosamprenavir tabs	
QL, PA	ritonavir	

#### ANTITUBERCULAR AGENTS

	capreomycin	CAPASTAT SULFATE
	cycloserine	
	ethambutol	
	ethionamide	TRECATOR
	isoniazid	
	pyrazinamide	
	rifampin	
	rifapentine	PRIFTIN
	streptomycin sulfate inj	

#### ANTIVIRALS

##### Cytomegalovirus Agents

SP, QL	valganciclovir	
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##### Hepatitis Agents

###### Hepatitis B

	entecavir soln	BARACLUDE
	entecavir tabs	
	lamivudine tabs	
SP, QL	tenofovir alafenamide	VEMLIDY

###### Hepatitis C

#, PA, SP, QL	ledipasvir/sofosbuvir	HARVONI
PA, SP	ribavirin	
#, PA, SP, QL	sofosbuvir/velpatasvir	EPCLUSA
*, PA, SP, QL	sofosbuvir/velpatasvir/voxilaprevir	VOSEVI

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- ST Step Therapy
- ST, PA If Step Therapy requirements are not met, Prior Authorization may apply

# HARVONI only for genotypes 1, 4, 5 and 6  
 EPCLUSA for genotypes 1, 2, 3, 4, 5, 6

\* For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3).

**Herpes Agents**

	<b>acyclovir</b>	
	<b>famciclovir</b>	
	<b>valacyclovir</b>	

**Influenza Agents**

<b>QL, PA</b>	<b>oseltamivir</b>	
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**MISCELLANEOUS**

	<b>atovaquone</b>	
	<b>clindamycin</b>	
	<b>dapsone</b>	
	<b>ivermectin</b>	
<b>PA</b>	<b>linezolid</b>	
<b>PA</b>	<b>linezolid inj</b>	
	mebendazole	EMVERM
	<b>metronidazole</b>	
	<b>nitrofurantoin ext-rel</b>	
	<b>nitrofurantoin macrocrystals</b>	
	<b>praziquantel</b>	
	<b>rifabutin</b>	
<b>PA</b>	rifaximin 550 mg	XIFAXAN
	<b>sulfamethoxazole/trimethoprim</b>	
	<b>sulfamethoxazole/trimethoprim DS</b>	
	<b>tinidazole</b>	
	<b>trimethoprim</b>	
<b>QL</b>	<b>vancomycin</b>	

**ANTINEOPLASTIC AGENTS**

Clinical practice guidelines in oncology are available at:

<https://www.asco.org>

<https://www.nccn.org>

Most oncology medications are eligible for coverage and some may require prior authorization. Please call the Customer Care phone number located on the member ID card for coverage determination.

**ALKYLATING AGENTS**

	busulfan	MYLERAN
	chlorambucil	LEUKERAN

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	<b>cyclophosphamide caps</b>	
	estramustine	EMCYT
	lomustine	GLEOSTINE
	<b>melphalan</b>	
<b>PA, SP</b>	<b>temozolomide</b>	

#### ANTIMETABOLITES

<b>PA, SP, QL</b>	<b>capecitabine</b>	
	<b>mercaptopurine</b>	
	thioguanine	TABLOID
<b>PA, SP, QL</b>	trifluridine/tipiracil	LONSURF

#### BIOSIMILARS

<b>PA, SP</b>	bevacizumab-bvzr	ZIRABEV
<b>PA, SP</b>	rituximab-pvvr	RUXIENCE
<b>PA, SP</b>	trastuzumab-anns	KANJINTI
<b>PA, SP</b>	trastuzumab-qyyp	TRAZIMERA

#### HORMONAL ANTINEOPLASTIC AGENTS

##### Antiandrogens

<b>PA, SP, QL</b>	abiraterone	YONSA
<b>PA, SP, QL</b>	<b>abiraterone 250 mg</b>	
<b>PA, SP, QL</b>	apalutamide	ERLEADA
	<b>bicalutamide</b>	
<b>PA, SP, QL</b>	darolutamide	NUBEQA
<b>PA, SP, QL</b>	enzalutamide	XTANDI
	<b>flutamide</b>	
	<b>nilutamide</b>	

##### Antiestrogens/Selective Estrogen Receptor Modifiers

<b>PA, SP</b>	<b>fulvestrant</b>	
	<b>tamoxifen</b>	
	<b>toremifene</b>	

##### Aromatase Inhibitors

	<b>anastrozole</b>	
	<b>exemestane</b>	
	<b>letrozole</b>	

##### Progestins

	<b>megestrol acetate</b>	
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#### KINASE INHIBITORS

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

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PA, SP, QL	bosutinib	BOSULIF
PA, SP, QL	brigatinib	ALUNBRIG
PA, SP, QL	cabozantinib	CABOMETYX
PA, SP, QL	dabrafenib	TAFINLAR
PA, SP, QL	dasatinib	SPRYCEL
PA, SP, QL	duvelisib	COPIKTRA
PA, SP, QL	<b>erlotinib</b>	
PA, SP, QL	<b>everolimus</b>	
PA, SP, QL	gefitinib	IRESSA
PA, SP, QL	ibrutinib	IMBRUVICA
PA, SP, QL	<b>imatinib mesylate</b>	
PA, SP, QL	<b>lapatinib</b>	
PA, SP, QL	larotrectinib	VITRAKVI
PA, SP, QL	lenvatinib	LENVIMA
PA, SP, QL	lorlatinib	LORBRENA
PA, SP, QL	midostaurin	RYDAPT
PA, SP, QL	osimertinib	TAGRISSE
PA, SP, QL	palbociclib	IBRANCE
PA, SP, QL	pazopanib	VOTRIENT
PA, SP, QL	regorafenib	STIVARGA
PA, SP, QL	ribociclib	KISQALI
PA, SP, QL	ribociclib + letrozole	KISQALI FEMARA CO-PACK
PA, SP, QL	ruxolitinib	JAKAFI
PA, SP, QL	selumetinib	KOSELUGO
PA, SP, QL	sunitinib	SUTENT
PA, SP, QL	trametinib	MEKINIST
PA, SP, QL	tucatinib	TUKYSA
PA, SP, QL	vandetanib	CAPRELSA

## MULTIPLE MYELOMA

### Immunomodulators

PA, SP, QL	lenalidomide	REVLIMID
PA, SP, QL	thalidomide	THALOMID

### Proteasome Inhibitors

PA, SP, QL	brigatinib	VELCADE
PA, SP, QL	ixazomib	NINLARO

## PROSTATE CANCER

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

PA, SP	leuprolide acetate	ELIGARD
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### Luteinizing Hormone-Releasing Hormone (LHRH) Antagonists

PA, SP	degarelix	FIRMAGON
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## MISCELLANEOUS

PA, SP	<b>bexarotene caps</b>	
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	<b>etoposide caps</b>	
<b>PA, SP, QL</b>	gilteritinib	XOSPATA
	<b>hydroxyurea</b>	
	mitotane	LYSODREN
<b>PA, SP, QL</b>	niraparib	ZEJULA
<b>PA, SP, QL</b>	olaparib	LYNPARZA
<b>PA, SP</b>	pertuzumab	PERJETA
<b>PA, SP</b>	pertuzumab/trastuzumab/hyaluronidase-zzxf	PHESGO
	procarbazine	MATULANE
<b>PA, SP, QL</b>	rucaparib	RUBRACA
<b>PA, SP, QL</b>	sonidegib	ODOMZO
	<b>tretinoin caps</b>	
<b>SP, QL</b>	uridine triacetate	VISTOGARD
<b>PA, SP, QL</b>	venetoclax	VENCLEXTA
<b>PA, SP, QL</b>	vismodegib	ERIVEDGE
<b>PA, SP, QL</b>	vorinostat	ZOLINZA

## 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>

	<b>captopril</b>	
	<b>enalapril</b>	
	<b>lisinopril</b>	
	<b>perindopril</b>	
	<b>ramipril</b>	
	<b>trandolapril</b>	

### ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATIONS

	<b>amlodipine/benazepril</b>	
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### ACE INHIBITOR/DIURETIC COMBINATIONS

	<b>captopril/hydrochlorothiazide</b>	
	<b>enalapril/hydrochlorothiazide</b>	

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lisinopril/hydrochlorothiazide

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#### ADRENOLYTICS, CENTRAL

clonidine

clonidine transdermal

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#### ALDOSTERONE RECEPTOR ANTAGONISTS

eplerenone

spironolactone

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#### 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>

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irbesartan

irbesartan/hydrochlorothiazide

losartan

losartan/hydrochlorothiazide

olmesartan

olmesartan/hydrochlorothiazide

valsartan

valsartan/hydrochlorothiazide

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

amlodipine/olmesartan

olmesartan/amlodipine/hydrochlorothiazide

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#### ANTIARRHYTHMICS

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

<https://www.acc.org>

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acebutolol

amiodarone

amiodarone - Pacerone

disopyramide

disopyramide ext-rel

NORPACE CR

**PA, SP**

dofetilide

flecainide

ibutilide

propafenone

propafenone ext-rel

sotalol

sotalol

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## 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>

### Bile Acid Resins

cholestyramine  
colestipol

### Cholesterol Absorption Inhibitors

ezetimibe

### Fibrates

fenofibrate  
fenofibrate caps 67 mg, 134 mg, 200 mg  
gemfibrozil

### HMG-CoA Reductase Inhibitors

atorvastatin  
pravastatin  
rosuvastatin  
simvastatin

### Niacins

niacin ext-rel

### Omega-3 Fatty Acids

icosapent ethyl VASCEPA

### PCSK9 Inhibitors

**PA, SP, QL** alirocumab PRALUENT

## 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  
bisoprolol  
carvedilol  
labetalol  
metoprolol 25 mg, 50 mg, 100 mg  
metoprolol ext-rel  
nadolol  
pindolol  
propranolol  
propranolol ext-rel

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## 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>

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**atenolol/chlorthalidone**

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**bisoprolol/hydrochlorothiazide**

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**metoprolol/hydrochlorothiazide**

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**propranolol/hydrochlorothiazide**

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## CALCIUM CHANNEL BLOCKERS

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

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

<https://www.acc.org>

### Dihydropyridines

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**amlodipine**

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**felodipine ext-rel**

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**isradipine**

---

**nicardipine**

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**nifedipine ext-rel**

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**nifedipine ext-rel**

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### Nondihydropyridines

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**diltiazem ext-rel**

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**diltiazem ext-rel**

---

**diltiazem ext-rel**

---

**verapamil ext-rel**

---

**verapamil ext-rel**

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**verapamil ext-rel**

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## DIGITALIS GLYCOSIDES

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**digoxin**

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**digoxin ped elixir**

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## DIURETICS

### Loop Diuretics

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**bumetanide**

---

**furosemide**

---

**toremide**

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### Potassium-sparing Diuretics

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**amiloride**

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### Thiazides and Thiazide-like Diuretics

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**chlorthalidone**

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hydrochlorothiazide
indapamide
metolazone

#### Diuretic Combinations

amiloride/hydrochlorothiazide
spironolactone/hydrochlorothiazide
triamterene/hydrochlorothiazide
triamterene/hydrochlorothiazide caps

#### HEART FAILURE

ivabradine	CORLANOR
sacubitril/valsartan	ENTRESTO

#### NITRATES

##### Oral

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

##### Sublingual

nitroglycerin sublingual
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##### Transdermal

nitroglycerin transdermal
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#### PULMONARY ARTERIAL HYPERTENSION

##### Endothelin Receptor Antagonists

<b>PA, SP, QL</b>	ambrisentan	
<b>PA, SP, QL</b>	bosentan	
<b>PA, SP, QL</b>	macitentan	OPSUMIT

##### Phosphodiesterase Inhibitors

<b>PA, SP, QL</b>	sildenafil	
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##### Prostacyclin Receptor Agonists

<b>PA, SP, QL</b>	selexipag	UPTRAVI
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##### Prostaglandin Vasodilators

<b>PA, SP</b>	treprostinil ext-rel	ORENITRAM
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##### Soluble Guanylate Cyclase Stimulators

<b>PA, SP, QL</b>	riociguat	ADEMPAS
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#### MISCELLANEOUS

hydralazine
methyldopa

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midodrine  
ranolazine ext-rel

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## CENTRAL NERVOUS SYSTEM

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

### ANTICONVULSANTS

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

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	carbamazepine
	carbamazepine ext-rel
<b>PA</b>	clobazam
<b>QL</b>	clonazepam tabs
	divalproex sodium delayed-rel
	divalproex sodium ext-rel
	divalproex sodium sprinkle caps
	ethosuximide
	felbamate
	gabapentin caps, tabs
	lamotrigine
	lamotrigine ext-rel
	levetiracetam
	levetiracetam ext-rel
	oxcarbazepine
	phenobarbital
	phenytoin chewable tabs
	phenytoin sodium extended
	phenytoin susp
	primidone
	tiagabine
	topiramate
	topiramate sprinkle caps
	valproic acid
<b>PA, SP, QL</b>	vigabatrin
	zonisamide

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### ANTIDEMENTIA

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

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	donepezil
	donepezil orally disintegrating tabs
	galantamine
	galantamine ext-rel

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	memantine	
	rivastigmine	
	rivastigmine transdermal	

#### ANTIPARKINSONIAN AGENTS

Practice guidelines for the diagnosis and treatment of Parkinson's disease are available at:

<https://www.aan.com>

	amantadine	
PA, SP, QL	apomorphine	KYNMOBI
	benztropine	
	bromocriptine	
	carbidopa/levodopa	
	carbidopa/levodopa ext-rel	
	carbidopa/levodopa orally disintegrating tabs	
	carbidopa/levodopa/entacapone	
	entacapone	
PA, SP, QL	levodopa inhalation powder	INBRIJA
	pramipexole	
	rasagiline mesylate	
	ropinirole	
	selegiline	
	trihexyphenidyl	

#### FIBROMYALGIA

PA	milnacipran	SAVELLA
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#### MIGRAINE

Guidelines for prevention and management of migraine headaches are available at:

<https://www.aan.com>

#### Monoclonal Antibodies

ST, PA, QL	erenumab-aooe	AIMOVIG
ST, PA, QL	galcanezumab-gnlm	EMGALITY

#### Selective Serotonin Agonists

QL, PA	naratriptan	
QL, PA	rizatriptan	
QL, PA	rizatriptan orally disintegrating tabs	
QL, PA	sumatriptan	
QL, PA	sumatriptan inj	
QL, PA	sumatriptan nasal spray	
QL, PA	zolmitriptan orally disintegrating tabs	
QL, PA	zolmitriptan tabs	

#### MOVEMENT DISORDERS

PA, SP, QL	deutetrabenazine	AUSTEDO
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<b>PA</b>	Prior Authorization
<b>PA, QL</b>	Quantity Limit is applied after Prior Authorization approval
<b>QL</b>	Quantity Limit
<b>QL, PA</b>	If Quantity Limit is exceeded, Prior Authorization may apply
<b>SP</b>	Specialty Drug
<b>ST</b>	Step Therapy
<b>ST, PA</b>	If Step Therapy requirements are not met, Prior Authorization may apply

<b>PA, SP, QL</b>	<b>tetrabenazine</b>	
<b>PA, SP, QL</b>	valbenazine	INGREZZA

### MULTIPLE SCLEROSIS AGENTS

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

<b>PA, SP, QL</b>	<b>dimethyl fumarate delayed-rel</b>	
<b>PA, SP, QL</b>	diroximel fumarate delayed-rel	VUMERITY
<b>PA, SP, QL</b>	fingolimod	GILENYA
<b>PA, SP, QL</b>	<b>glatiramer</b>	
<b>PA, SP, QL</b>	glatiramer	COPAXONE
<b>PA, SP, QL</b>	interferon beta-1a	REBIF
<b>PA, SP, QL</b>	interferon beta-1b	BETASERON
<b>PA, SP, QL</b>	natalizumab	TYSABRI
<b>PA, SP, QL</b>	ocrelizumab	OCREVUS
<b>PA, SP, QL</b>	ofatumumab	KESIMPTA
<b>PA, SP, QL</b>	ozanimod	ZEPOSIA
<b>PA, SP, QL</b>	siponimod	MAYZENT
<b>PA, SP, QL</b>	teriflunomide	AUBAGIO

### MUSCULOSKELETAL THERAPY AGENTS

	<b>baclofen</b>	
	<b>cyclobenzaprine 5 mg, 10 mg</b>	
	<b>dantrolene</b>	
	<b>methocarbamol</b>	
	<b>tizanidine tabs</b>	

### MYASTHENIA GRAVIS

	<b>pyridostigmine</b>	
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### 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>bupropion ext-rel</b>	
	varenicline	CHANTIX

### MISCELLANEOUS

	<b>riluzole</b>	
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### ENDOCRINE AND METABOLIC

#### ACROMEGALY

<b>PA, SP, QL</b>	lanreotide acetate	SOMATULINE DEPOT
<b>PA, SP, QL</b>	<b>octreotide acetate</b>	

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## ANDROGENS

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

<https://www.ace.com>

<b>PA</b>	<b>testosterone cypionate inj</b>	
<b>PA</b>	<b>testosterone enanthate inj</b>	
<b>PA</b>	<b>testosterone gel</b>	
<b>PA</b>	<b>testosterone gel 25 mg/2.5 g</b>	

## ANTIDIABETICS

Guidelines of treatment and management of diabetes are available at:

<https://professional.diabetes.org>

### Amylin Analogs

<b>ST, PA</b>	pramlintide	SYMLINPEN
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### Biguanides

	<b>metformin</b>	
<b>^</b>	<b>metformin ext-rel</b>	

**^** Listing does not include generics for FORTAMET and GLUMETZA

### Biguanide/Sulfonylurea Combinations

	<b>glipizide/metformin</b>	
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### Dipeptidyl Peptidase-4 (DPP-4) Inhibitors

<b>ST, PA</b>	sitagliptin	JANUVIA
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### Dipeptidyl Peptidase-4 (DPP-4) Inhibitor/Biguanide Combinations

<b>ST, PA</b>	sitagliptin/metformin	JANUMET
<b>ST, PA</b>	sitagliptin/metformin ext-rel	JANUMET XR

### Incretin Mimetic Agents

<b>ST, PA, QL</b>	dulaglutide	TRULICITY
<b>ST, PA, QL</b>	liraglutide	VICTOZA
<b>ST, PA, QL</b>	semaglutide	OZEMPIC
<b>ST, PA, QL</b>	semaglutide	RYBELSUS

### Incretin Mimetic Agent/Insulin Combinations

<b>ST, PA</b>	lixisenatide/insulin glargine	SOLIQUA
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### Insulins

	insulin aspart	FIASP
	insulin aspart	NOVOLOG
	insulin aspart protamine 70%/insulin aspart 30%	NOVOLOG MIX 70/30
	insulin detemir	LEVEMIR
	insulin glargine	BASAGLAR

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<b>OTC</b>	insulin human	NOVOLIN R
	insulin human, concentrated	HUMULIN R U-500
<b>OTC</b>	insulin isophane human	NOVOLIN N
<b>OTC</b>	insulin isophane human 70%/regular 30%	NOVOLIN 70/30

#### Insulin Sensitizers

**pioglitazone**

#### Insulin Sensitizer/Biguanide Combinations

**pioglitazone/metformin**

#### Insulin Sensitizer/Sulfonylurea Combinations

**pioglitazone/glimepiride**

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

<b>ST, PA</b>	dapagliflozin	FARXIGA
<b>ST, PA</b>	empagliflozin	JARDIANCE

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

<b>ST, PA</b>	dapagliflozin/metformin ext-rel	XIGDUO XR
<b>ST, PA</b>	empagliflozin/metformin	SYNJARDY
<b>ST, PA</b>	empagliflozin/metformin ext-rel	SYNJARDY XR

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

<b>ST, PA</b>	empagliflozin/linagliptin	GLYXAMBI
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#### Sodium Glucose Co-Transporter 2 (SGLT2) Inhibitor/Dipeptidyl Peptidase-4 (DPP-4) Inhibitor/Biguanide Combinations

<b>ST, PA</b>	empagliflozin/linagliptin/metformin ext-rel	TRIJARDY XR
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#### Sulfonylureas

**glimepiride**

**glipizide**

**glipizide ext-rel**

#### Supplies\*

\*An ACCU-CHEK or ONETOUCH blood glucose meter may be provided at no charge by the manufacturer to those individuals currently using a meter other than ACCU-CHEK or ONETOUCH. For more information on how to obtain a blood glucose meter, call: 1-877-418-4746.

<b>OTC</b>	blood glucose monitoring kits, test strips	ACCU-CHEK AVIVA PLUS STRIPS AND KITS
<b>OTC</b>	blood glucose monitoring kits, test strips	ACCU-CHEK COMPACT PLUS STRIPS AND KITS
<b>OTC</b>	blood glucose monitoring kits, test strips	ACCU-CHEK GUIDE STRIPS AND KITS

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<b>OTC</b>	blood glucose monitoring kits, test strips	ACCU-CHEK SMARTVIEW STRIPS AND KITS
<b>OTC</b>	blood glucose monitoring kits, test strips	ONETOUCH ULTRA STRIPS AND KITS
<b>OTC</b>	blood glucose monitoring kits, test strips	ONETOUCH VERIO STRIPS AND KITS
<b>QL</b>	insulin management system	OMNIPOD DASH
<b>OTC</b>	insulin syringes, needles	BD insulin syringes and needles
<b>OTC</b>	lancets	LANCETS

#### CALCIUM RECEPTOR ANTAGONISTS

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

Guidelines of treatment and management of osteoporosis are available at:

<https://www.aace.com>

<https://www.nof.org>

#### Bisphosphonates

	<b>alendronate</b>	
	<b>ibandronate</b>	
	<b>risedronate</b>	

#### Parathyroid Hormones

<b>PA, SP, QL</b>	abaloparatide	TYMLOS
<b>PA, SP, QL</b>	teriparatide	FORTEO

#### Miscellaneous

<b>PA, SP, QL</b>	denosumab	PROLIA
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#### CENTRAL PRECOCIOUS PUBERTY

<b>PA, SP</b>	histrelin	SUPPRELIN LA
<b>PA, SP</b>	triptorelin	TRIPTODUR

#### CONTRACEPTIVES

EE = ethinyl estradiol

#### Monophasic

20 mcg Estrogen

	<b>drospirenone/EE 3/20</b>	
	<b>levonorgestrel/EE 0.1/20 - Lessina</b>	
	<b>norethindrone acetate/EE 1/20</b>	
	<b>norethindrone acetate/EE 1/20 and iron</b>	

25 mcg Estrogen

	<b>norethindrone acetate/EE 0.8/25 and iron</b>	
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30 mcg Estrogen

desogestrel/EE 0.15/30 - Apri  
drospirenone/EE 3/30  
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

35 mcg Estrogen

ethynodiol diacetate/EE 1/35 - Zovia 1/35  
norethindrone/EE 0.5/35  
norethindrone/EE 1/35  
norgestimate/EE 0.25/35

50 mcg Estrogen

ethynodiol diacetate/EE 1/50

Biphasic

desogestrel/EE

Triphasic

desogestrel/EE  
levonorgestrel/EE - Trivora  
norethindrone/EE  
norgestimate/EE

Extended Cycle

levonorgestrel/EE 0.15/30 - Jolessa

Progestin Only

norethindrone

Emergency Contraception

ulipristal ELLA

Injectable

medroxyprogesterone acetate 150 mg/mL

Progestin Intrauterine Devices

levonorgestrel-releasing IUD KYLEENA  
levonorgestrel-releasing IUD MIRENA  
levonorgestrel-releasing IUD SKYLA

Transdermal

norelgestromin/EE - Xulane

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## Vaginal

	<b>etonogestrel/EE ring</b>	
	segesterone acetate/EE ring	ANNOVERA

## ENDOMETRIOSIS

	<b>danazol</b>	
	nafarelin	SYNAREL

## FERTILITY REGULATORS

### GNRH/LHRH Antagonists

<b>PA, SP</b>	cetorelix	CETROTIDE
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### Ovulation Stimulants, Gonadotropins

<b>PA, SP</b>	choriogonadotropin alfa	VIDREL
<b>PA, SP, QL</b>	follitropin alfa	GONAL-F

## GAUCHER DISEASE

<b>PA, SP, QL</b>	eliglustat	CERDELGA
<b>PA, SP, QL</b>	imiglucerase	CEREZYME

## GLUCOCORTICOIDS

	<b>dexamethasone</b>	
	<b>fludrocortisone</b>	
	<b>hydrocortisone</b>	
	<b>methylprednisolone</b>	
	<b>prednisolone sodium phosphate</b>	
	<b>prednisolone sodium phosphate orally disintegrating tabs</b>	
	<b>prednisolone syrup</b>	
	<b>prednisone</b>	

## GLUCOSE ELEVATING AGENTS

	<b>glucagon, human recombinant</b>	
	glucagon intranasal powder	BAQSIMI
	glucagon subcutaneous soln	GVOKE

## HEREDITARY TYROSINEMIA TYPE 1 AGENTS

### Metabolic Modifiers

<b>PA, SP</b>	<b>nitisinone</b>	
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## HUMAN GROWTH HORMONES

Guidelines for use of growth hormone are available at:

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

<b>PA, SP</b>	somatropin	NORDITROPIN
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## HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS

calcitriol (1,25-D3)

doxercalciferol

paricalcitol

## MENOPAUSAL SYMPTOM AGENTS

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

<https://www.menopause.org>

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

### Oral

EE/norethindrone acetate

EE/norethindrone acetate - Jinteli

estradiol

estradiol/norethindrone

### Transdermal

estradiol

estradiol/levonorgestrel

CLIMARA PRO

### Vaginal

estradiol vaginal crm

estradiol vaginal inserts

IMVEXXY

## PHENYLKETONURIA TREATMENT AGENTS

**PA, SP**

sapropterin

## PHOSPHATE BINDER AGENTS

calcium acetate caps

sevelamer carbonate

## POLYNEUROPATHY

**PA, SP, QL**

inotersen

TEGSEDI

## PROGESTINS

### Oral

medroxyprogesterone acetate

norethindrone acetate

progesterone, micronized

### Vaginal

progesterone vaginal inserts

ENDOMETRIN

## SELECTIVE ESTROGEN RECEPTOR MODULATORS

raloxifene

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## THYROID AGENTS

### Antithyroid Agents

**methimazole**  
**propylthiouracil**

### Thyroid Supplements

**levothyroxine**  
**levothyroxine**  
**levothyroxine - Levoxyl**  
**liothyronine**

## UREA CYCLE DISORDERS

**PA, SP, QL** **sodium phenylbutyrate**

## VASOPRESSINS

**desmopressin nasal spray**  
**desmopressin tabs**

## MISCELLANEOUS

**cabergoline**  
**PA, SP** **cysteamine** **CYSTAGON**

## GASTROINTESTINAL

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

<https://gi.org>

<https://www.gastro.org>

## ANTIDIARRHEALS

**diphenoxylate/atropine**  
**loperamide**

## ANTIEMETICS

**QL, PA** **aprepitant caps**  
**dronabinol**  
**granisetron**  
**meclizine**  
**metoclopramide**  
**ondansetron**  
**ondansetron orally disintegrating tabs**  
**prochlorperazine**  
**promethazine**  
**trimethobenzamide**

## ANTISPASMODICS

**dicyclomine**  
**hyoscyamine sulfate**

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<b>hyoscyamine sulfate ext-rel caps</b>	
<b>hyoscyamine sulfate orally disintegrating tabs</b>	
<b>CHOLELITHOLYTICS</b>	
<b>ursodiol</b>	
<b>ursodiol</b>	
<b>H<sub>2</sub> RECEPTOR ANTAGONISTS</b>	
<b>cimetidine</b>	
<b>famotidine</b>	
<b>INFLAMMATORY BOWEL DISEASE</b>	
<b>Oral Agents</b>	
<b>balsalazide</b>	
<b>budesonide delayed-rel caps</b>	
<b>mesalamine delayed-rel</b>	
<b>mesalamine ext-rel caps</b>	
<b>sulfasalazine</b>	
<b>sulfasalazine delayed-rel</b>	
<b>Rectal Agents</b>	
<b>hydrocortisone enema</b>	
<b>mesalamine rectal susp</b>	
<b>IRRITABLE BOWEL SYNDROME</b>	
<b>Irritable Bowel Syndrome with Constipation/Chronic Idiopathic Constipation</b>	
linaclotide	LINZESS
<b>Irritable Bowel Syndrome with Diarrhea</b>	
<b>alosetron</b>	
<b>LAXATIVES</b>	
<b>lactulose soln</b>	
<b>peg 3350/electrolytes</b>	
sodium picosulfate/magnesium oxide/citric acid	CLENPIQ
<b>OPIOID-INDUCED CONSTIPATION</b>	
naloxegol	MOVANTIK
<b>PANCREATIC ENZYMES</b>	
pancrelipase	VIOKACE
pancrelipase delayed-rel	CREON
<b>PROSTAGLANDINS</b>	
<b>misoprostol</b>	

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## PROTON PUMP INHIBITORS

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lansoprazole delayed-rel  
lansoprazole delayed-rel orally-disintegrating tabs  
omeprazole delayed-rel  
pantoprazole delayed-rel tabs

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## SALIVA STIMULANTS

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pilocarpine tabs

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## STEROIDS, RECTAL

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hydrocortisone crm

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## MISCELLANEOUS

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**AL** glycopyrrolate CUVPOSA

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## GENITOURINARY

### BENIGN PROSTATIC HYPERPLASIA

Guidelines for the management of BPH are available at:

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

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alfuzosin ext-rel  
doxazosin  
finasteride  
tamsulosin  
terazosin

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## URINARY ANTISPASMODICS

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oxybutynin  
oxybutynin ext-rel  
tolterodine  
trospium

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## VAGINAL ANTI-INFECTIVES

---

clindamycin crm  
metronidazole  
terconazole

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## MISCELLANEOUS

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bethanechol  
potassium citrate ext-rel

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## HEMATOLOGIC

### ANTICOAGULANTS

CHEST guidelines are available at:

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

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**Injectable****enoxaparin****Oral**

rivaroxaban

XARELTO

**warfarin****Synthetic Heparinoid-like Agents****fondaparinux****CHELATING AGENTS****PA, SP****deferasirox****PA, SP****deferasirox****PA, SP****deferasirox****PA, SP****deferiprone****PA, SP****deferoxamine****HEMATOPOIETIC GROWTH FACTORS****PA, SP**

darbepoetin alfa

ARANESP

**PA, SP**

epoetin alfa-epbx

RETACRIT

**PA, SP**

filgrastim-aafi

NIVESTYM

**PA, SP, QL**

pegfilgrastim-bmez

ZIEXTENZO

**HEMOPHILIA A AGENTS****PA, SP**

antihemophilic factor (recombinant)

ADVATE

**PA, SP**

antihemophilic factor (recombinant)

ADYNOVATE

**PA, SP**

antihemophilic factor (recombinant)

KOGENATE FS

**PA, SP**

antihemophilic factor (recombinant)

KOVALTRY

**PA, SP**

antihemophilic factor (recombinant)

NOVOEIGHT

**PA, SP**

antihemophilic factor (recombinant)

NUWIQ

**PA, SP**

antihemophilic factor (recombinant) Fc fusion protein

ELOCTATE

**PA, SP**

antihemophilic factor (recombinant) glycopegylated-exei

ESPEROCT

**PA, SP**

antihemophilic factor (recombinant) pegylated-aucl

JIVI

**PA, SP**

antihemophilic factor (recombinant) single chain

AFSTYLA

**PA, SP**

emicizumab-kxwh

HEMLIBRA

**HEMOPHILIA B AGENTS****PA, SP**

coagulation factor IX (recombinant) glycopegylated

REBINYN

**PA, SP**

coagulation factor IX (recombinant), albumin fusion protein

IDELVION

**PLATELET AGGREGATION INHIBITORS****clopidogrel****dipyridamole****dipyridamole ext-rel/aspirin****prasugrel**

ticagrelor

BRILINTA

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**PLATELET SYNTHESIS INHIBITORS****anagrelide****THROMBOCYTOPENIA AGENTS**

<b>PA, SP, QL</b>	avatrombopag	DOPTELET
<b>SP, QL</b>	lusutrombopag	MULPLETA

**MISCELLANEOUS****cilostazol****IMMUNOLOGIC AGENTS****ALLERGENIC EXTRACTS**

<b>PA</b>	grass mixed pollen allergen extract	ORALAIR
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**AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)**

<b>PA, SP, QL</b>	golimumab	SIMPONI ARIA
<b>PA, SP, QL</b>	infliximab	REMICADE
<b>PA, SP, QL</b>	ustekinumab intravenous	STELARA

**AUTOIMMUNE AGENTS (SELF-ADMINISTERED)****Ankylosing Spondylitis**

<b>PA, SP, QL</b>	adalimumab	HUMIRA
<b>PA, SP, QL</b>	etanercept	ENBREL
<b>PA, SP, QL</b>	secukinumab	COSENTYX

**Crohn's Disease**

<b>PA, SP, QL</b>	adalimumab	HUMIRA
<b>##, PA, SP, QL</b>	ustekinumab subcutaneous	STELARA

**##** After failure of HUMIRA**Psoriasis**

<b>PA, SP, QL</b>	adalimumab	HUMIRA
<b>PA, SP, QL</b>	apremilast	OTEZLA
<b>PA, SP, QL</b>	guselkumab	TREMFYA
<b>PA, SP, QL</b>	ixekizumab	TALTZ
<b>PA, SP, QL</b>	risankizumab-rzaa	SKYRIZI
<b>PA, SP, QL</b>	ustekinumab subcutaneous	STELARA

**Psoriatic Arthritis**

<b>PA, SP, QL</b>	adalimumab	HUMIRA
<b>PA, SP, QL</b>	apremilast	OTEZLA
<b>PA, SP, QL</b>	etanercept	ENBREL
<b>PA, SP, QL</b>	secukinumab	COSENTYX

**LEGEND****boldface** Indicates generic availability; boldface may not apply to every strength or dosage form under the listed generic name. Brand name is for reference and may not be covered.**AL** Age Limit**OTC** Over the counter**PA** Prior Authorization**PA, QL** Quantity Limit is applied after Prior Authorization approval**QL** Quantity Limit**QL, PA** If Quantity Limit is exceeded, Prior Authorization may apply**SP** Specialty Drug**ST** Step Therapy**ST, PA** If Step Therapy requirements are not met, Prior Authorization may apply

### Rheumatoid Arthritis

<b>PA, SP, QL</b>	abatacept	ORENCIA CLICKJECT
<b>PA, SP, QL</b>	abatacept subcutaneous	ORENCIA
<b>PA, SP, QL</b>	adalimumab	HUMIRA
<b>PA, SP, QL</b>	etanercept	ENBREL
<b>PA, SP, QL</b>	sarilumab	KEVZARA
<b>PA, SP, QL</b>	tofacitinib	XELJANZ
<b>PA, SP, QL</b>	tofacitinib ext-rel	XELJANZ XR
<b>PA, SP, QL</b>	upadacitinib	RINVOQ

### Ulcerative Colitis

<b>PA, SP, QL</b>	adalimumab	HUMIRA
<b>##, PA, SP, QL</b>	tofacitinib	XELJANZ
<b>##, PA, SP, QL</b>	tofacitinib ext-rel	XELJANZ XR
<b>##, PA, SP, QL</b>	ustekinumab subcutaneous	STELARA

**##** After failure of HUMIRA

### All Other Conditions

<b>PA, SP, QL</b>	adalimumab	HUMIRA
<b>PA, SP, QL</b>	etanercept	ENBREL

### DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDs)

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

	<b>hydroxychloroquine</b>	
	<b>leflunomide</b>	
	<b>methotrexate</b>	
<b>PA, SP, QL</b>	methotrexate	RASUVO
	<b>penicillamine</b>	

### HEREDITARY ANGIOEDEMA AGENTS

<b>PA, SP, QL</b>	C1 esterase inhibitor, recombinant	RUCONEST
<b>PA, SP, QL</b>	<b>icatibant</b>	
<b>PA, SP, QL</b>	lanadelumab-flyo	TAKHZYRO

### IMMUNOMODULATORS

#### Immune Globulins

<b>PA, SP</b>	immune globulin (human)-hipp	CUTAQUIG
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### IMMUNOSUPPRESSANTS

#### Antimetabolites

	<b>azathioprine</b>	
	<b>mycophenolate mofetil</b>	

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## Calcineurin Inhibitors

cyclosporine
cyclosporine, modified
tacrolimus

## Rapamycin Derivatives

sirolimus
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## NUTRITIONAL/SUPPLEMENTS

### ELECTROLYTES

#### Potassium

potassium chloride ext-rel
potassium chloride ext-rel
potassium chloride liquid

### VITAMINS AND MINERALS

#### Folic Acid

folic acid
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#### Prenatal Vitamins

prenatal vitamin/minerals
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#### Miscellaneous

cyanocobalamin inj
ergocalciferol (D2)
fluoride drops, tabs
multivitamins/fluoride drops, tabs
multivitamins/fluoride/iron drops, tabs
phytonadione
vitamin ADC/fluoride drops
vitamin ADC/fluoride/iron drops

## 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>

## ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS

**PA, SP**

alpha-1 proteinase inhibitor

PROLASTIN-C

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## ANAPHYLAXIS TREATMENT AGENTS

<b>QL, PA</b>	epinephrine	EPIPEN
<b>QL, PA</b>	<b>epinephrine</b>	
<b>QL, PA</b>	epinephrine	SYMJEPI
<b>QL, PA</b>	<b>epinephrine auto-injector</b>	

## ANTICHOLINERGICS

<b>QL</b>	<b>ipratropium inhalation solution</b>	
<b>QL</b>	revefenacin inhalation solution	YUPELRI
<b>QL</b>	tiotropium	SPIRIVA

## ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

### Short Acting

<b>QL</b>	<b>ipratropium/albuterol soln</b>	
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### Long Acting

<b>QL</b>	glycopyrrolate/formoterol	BEVESPI AEROSPHERE
<b>QL</b>	umeclidinium/vilanterol	ANORO ELLIPTA

## ANTIHISTAMINES, SEDATING

	<b>cyproheptadine</b>	
	<b>hydroxyzine HCl</b>	

## 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)

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

### Opioid

<b>QL, PA</b>	<b>codeine/promethazine</b>	
<b>QL, PA</b>	<b>codeine/promethazine/phenylephrine</b>	
<b>QL, PA</b>	<b>hydrocodone/homatropine</b>	

### Non-opioid

	<b>dextromethorphan/promethazine</b>	
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## BETA AGONISTS

### Inhalants

#### Short Acting

<b>QL</b>	<b>albuterol inhalation soln</b>	
<b>QL</b>	<b>albuterol sulfate, CFC-free aerosol</b>	
<b>QL</b>	<b>levalbuterol nebulizer soln concentrate</b>	

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Long Acting

Hand-held Active Inhalation

<b>QL</b>	olodaterol, CFC-free aerosol	STRIVERDI RESPIMAT
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Nebulized Passive Inhalation

<b>QL</b>	formoterol inhalation soln	PERFOROMIST
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**CYSTIC FIBROSIS**

<b>PA, SP, QL</b>	elexacaftor/tezacaftor/ivacaftor + ivacaftor	TRIKAFTA
<b>PA, SP, QL</b>	ivacaftor	KALYDECO
<b>PA, SP, QL</b>	tezacaftor/ivacaftor + ivacaftor	SYMDEKO
<b>PA, SP, QL</b>	<b>tobramycin inhalation soln</b>	
<b>PA, SP, QL</b>	<b>tobramycin inhalation soln</b>	
<b>PA, SP, QL</b>	<b>tobramycin inhalation soln</b>	

**LEUKOTRIENE MODULATORS**

	<b>montelukast</b>	
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**NASAL ANTIHISTAMINES**

	<b>azelastine spray</b>	
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**NASAL STEROIDS**

	<b>flunisolide spray</b>	
	<b>fluticasone spray</b>	

**PULMONARY FIBROSIS AGENTS**

<b>PA, SP, QL</b>	nintedanib	OFEV
<b>PA, SP, QL</b>	pirfenidone	ESBRIET

**SEVERE ASTHMA AGENTS**

<b>PA, SP, QL</b>	benralizumab	FASENRA
<b>PA, SP, QL</b>	dupilumab	DUPIXENT
<b>PA, SP, QL</b>	mepolizumab	NUCALA
<b>PA, SP, QL</b>	omalizumab	XOLAIR

**STEROID/BETA AGONIST COMBINATIONS**

<b>QL</b>	budesonide/formoterol	SYMBICORT
<b>QL</b>	fluticasone/salmeterol	ADVAIR
<b>^, QL</b>	fluticasone/salmeterol, CFC-free aerosol	ADVAIR HFA
<b>^, QL</b>	fluticasone/vilanterol	BREO ELLIPTA

^ Listing does not include certain NDCs.

**STEROID INHALANTS**

<b>QL</b>	beclomethasone breath-activated aerosol	QVAR REDHALER
<b>QL, PA</b>	<b>budesonide inh susp</b>	
<b>QL</b>	fluticasone furoate	ARNUITY ELLIPTA

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<b>QL</b>	fluticasone propionate	FLOVENT DISKUS
<b>QL</b>	fluticasone propionate, CFC-free aerosol	FLOVENT HFA

## XANTHINES

	<b>theophylline ext-rel tabs</b>	
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## MISCELLANEOUS

	<b>ipratropium spray</b>	
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## 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 - Claravis</b>	
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#### Topical

	<b>benzoyl peroxide crm, lotion</b>	
<b>QL, PA</b>	<b>clindamycin gel, lotion, soln</b>	
<b>QL, PA</b>	<b>erythromycin gel 2%</b>	
<b>QL, PA</b>	<b>erythromycin soln</b>	
	<b>erythromycin/benzoyl peroxide</b>	
	<b>sulfacetamide lotion 10%</b>	
	<b>tretinoin</b>	
	<b>tretinoin - Avita</b>	

#### Actinic Keratosis

	<b>fluorouracil crm 4%</b>	TOLAK
	<b>fluorouracil crm 5%</b>	
	<b>fluorouracil soln 2%, 5%</b>	
	<b>imiquimod crm</b>	

#### Antibiotics

<b>QL</b>	<b>gentamicin</b>	
<b>QL</b>	<b>mupirocin oint</b>	
	<b>silver sulfadiazine</b>	

#### Antifungals

<b>QL, PA</b>	<b>ciclopirox</b>	
<b>QL, PA</b>	<b>clotrimazole</b>	
<b>QL, PA</b>	<b>econazole</b>	
<b>QL, PA</b>	<b>ketoconazole crm 2%</b>	
<b>QL, PA</b>	<b>nystatin</b>	

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## Antipsoriatics

Guidelines of care for the management and treatment of psoriasis with topical therapies are available at:

<https://www.aad.org>

### Topical

<b>QL</b>	<b>calcipotriene oint, soln 0.005%</b>	
	calcipotriene/betamethasone dipropionate	ENSTILAR
	calcipotriene/betamethasone dipropionate	TACLONEX
	halobetasol propionate/tazarotene	DUOBRII

### Antiseborrheics

<b>QL, PA</b>	<b>ketoconazole shampoo 2%</b>	
	<b>selenium sulfide lotion 2.5%</b>	

## Atopic Dermatitis

Guidelines for the treatment of atopic dermatitis are available at:

<https://www.aad.org/practicecenter/quality/clinical-guidelines>

### Injectable

<b>PA, SP, QL</b>	dupilumab	DUPIXENT
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### Topical

	<b>pimecrolimus</b>	
	<b>tacrolimus</b>	

## Corticosteroids

### Low Potency

<b>QL, PA</b>	<b>alclometasone crm, oint 0.05%</b>	
<b>QL, PA</b>	<b>desonide crm, lotion, oint 0.05%</b>	
<b>QL, PA</b>	<b>fluocinolone acetonide soln 0.01%</b>	
<b>QL, PA</b>	<b>hydrocortisone crm 2.5%</b>	

### Medium Potency

<b>QL, PA</b>	<b>betamethasone valerate crm, lotion, oint 0.1%</b>	
<b>QL, PA</b>	<b>desoximetasone crm 0.05%</b>	
<b>QL, PA</b>	<b>fluocinolone acetonide crm, oint 0.025%</b>	
<b>QL, PA</b>	<b>fluticasone propionate crm 0.05%, oint 0.005%</b>	
<b>QL, PA</b>	<b>hydrocortisone butyrate crm, oint, soln 0.1%</b>	
<b>QL, PA</b>	<b>hydrocortisone valerate crm, oint 0.2%</b>	
<b>QL, PA</b>	<b>mometasone crm, lotion, oint 0.1%</b>	
<b>QL, PA</b>	<b>triamcinolone acetonide crm, lotion 0.025%</b>	
<b>QL, PA</b>	<b>triamcinolone acetonide crm, lotion, oint 0.1%</b>	

### High Potency

<b>QL, PA</b>	<b>amcinonide crm, lotion, oint 0.1%</b>	
<b>QL, PA</b>	<b>betamethasone dipropionate augmented crm 0.05%</b>	
<b>QL, PA</b>	<b>betamethasone dipropionate augmented lotion 0.05%</b>	

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<b>QL, PA</b>	<b>betamethasone dipropionate crm, lotion, oint 0.05%</b>
<b>QL, PA</b>	<b>desoximetasone crm, oint 0.25%, gel 0.05%</b>
<b>QL, PA</b>	<b>fluocinonide crm, gel, oint 0.05%</b>
<b>QL, PA</b>	<b>fluocinonide soln 0.05%</b>
<b>QL, PA</b>	<b>triamcinolone acetonide crm 0.5%</b>

*Very High Potency*

<b>QL, PA</b>	<b>betamethasone dipropionate augmented gel, oint 0.05%</b>
<b>QL, PA</b>	<b>clobetasol propionate crm, gel, oint 0.05%</b>
<b>QL, PA</b>	<b>clobetasol propionate foam 0.05%</b>
<b>QL, PA</b>	<b>clobetasol propionate lotion 0.05%</b>
<b>QL, PA</b>	<b>halobetasol propionate crm, oint 0.05%</b>

**Emollients**

	<b>ammonium lactate 12%</b>
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**Local Anesthetics**

<b>PA, QL</b>	<b>lidocaine patch</b>
	<b>lidocaine/prilocaine crm</b>

**Rosacea**

	<b>doxycycline monohydrate delayed-rel</b>	<b>ORACEA</b>
	<b>metronidazole crm 0.75%</b>	
	<b>metronidazole gel 0.75%</b>	
	<b>metronidazole lotion 0.75%</b>	

**Scabicides and Pediculicides**

	<b>malathion</b>
	<b>permethrin 5%</b>

**MOUTH/THROAT/DENTAL AGENTS**

**Anesthetics - Topical Oral**

	<b>lidocaine viscous</b>
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**Protectants**

	<b>benzyl alcohol/carbomer 941/glycerin</b>	<b>MUGARD</b>
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**Steroids - Mouth/Throat**

	<b>triamcinolone paste</b>
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**OPHTHALMIC**

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

<https://one.aaopt.org>

**Antiallergics**

	<b>azelastine</b>
	<b>cromolyn sodium</b>

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**Antifungals**

natamycin

NATACYN

**Anti-infectives****bacitracin****ciprofloxacin soln****erythromycin****QL****gentamicin****moxifloxacin****neomycin/polymyxin B/gramicidin****ofloxacin****polymyxin B/bacitracin****polymyxin B/trimethoprim****sulfacetamide soln 10%****tobramycin****Anti-infective/Anti-inflammatory Combinations****neomycin/polymyxin B/bacitracin/hydrocortisone oint****neomycin/polymyxin B/dexamethasone****neomycin/polymyxin B/hydrocortisone susp****sulfacetamide/prednisolone phosphate****tobramycin/dexamethasone susp 0.3%/0.1%****Anti-inflammatories***Nonsteroidal***diclofenac sodium****ketorolac 0.5%***Steroidal***dexamethasone sodium phosphate****fluorometholone 0.1% susp****loteprednol susp 0.5%****prednisolone acetate 1%**

prednisolone phosphate 1%

**Antivirals****trifluridine****Beta-blockers***Nonselective***timolol maleate****timolol maleate gel***Selective***betaxolol solution****LEGEND****boldface** Indicates generic availability; boldface may not apply to every strength or dosage form under the listed generic name. Brand name is for reference and may not be covered.**AL** Age Limit**OTC** Over the counter**PA** Prior Authorization**PA, QL** Quantity Limit is applied after Prior Authorization approval**QL** Quantity Limit**QL, PA** If Quantity Limit is exceeded, Prior Authorization may apply**SP** Specialty Drug**ST** Step Therapy**ST, PA** If Step Therapy requirements are not met, Prior Authorization may apply

## Carbonic Anhydrase Inhibitors

### Topical

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**dorzolamide**

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## Carbonic Anhydrase Inhibitor/Beta-blocker Combinations

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**dorzolamide/timolol maleate**

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## Dry Eye Disease

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lifitegrast

XIIDRA

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## Prostaglandins

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**latanoprost**

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## Retinal Disorders

**PA, SP**

aflibercept

EYLEA

**PA, SP**

ranibizumab

LUCENTIS

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## Sympathomimetics

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**brimonidine 0.15%**

**brimonidine 0.2%**

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## OTIC

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

<https://www.aap.org>

## Anti-infectives

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**acetic acid**

**ofloxacin otic**

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## Anti-infective/Anti-inflammatory Combinations

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**ciprofloxacin/dexamethasone**

**neomycin/polymyxin B/hydrocortisone**

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## 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.acee.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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