



# **2019 Clinically Preferred Drug List**

## **3<sup>rd</sup> Quarter Edition**

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## Overview

The **Clinically Preferred Drug List** or “PDL” is a continually updated list of prescription medications that represents the current clinical judgement of our clinical team, providers and experts in the diagnosis and treatment of different diseases. It contains clinical prescribing information that assists health care professionals when prescribing the highest quality affordable drugs to patients. The PDL represents the efforts of our clinical team to a method to evaluate the various drug products available. *Note that not all drugs that are available are listed in this document ... just those that are the most commonly dispensed by general practitioners and specialists. There are thousands of generic drugs for effective products that are readily available not listed in this book.* The PDL shows both generic and brand names for reference and convenience. Some plan sponsors, HMOs or Health Plans, Unions or Employers may be provided with the option of imposing further restrictions or choose not to reimburse some products listed in the PDL.

Additionally, as drug prices increase, new specialty drugs are released, and brand drugs lose patent, limiting drug selection to preferred products (generics, brands, as well as specialty) has become more critical. Our clinicians work to manage a balanced formulary, offering the best clinical products based on (1) safety, (2) efficacy, (3) availability, (4) lowest potential for abuse, (5) limited side effects, (6) viable clinical alternatives, (7) patient educational needs & availability, and finally (8) cost. While a very high percentage of plan designs follow this formulary, some small percentage may make plan design modifications and/or apply their own clinical management parameters.

## Coverage Limitation

The PDL does not provide information regarding specific coverage, limitations or exclusions, member out-of-pocket costs (known as “member contributions” or more commonly “copays”) that may be assigned at plan level. The PDL applies to out-patient drugs provided to members, and *does not* apply to medications used in the in-patient setting (with the exception of some physician administered office products). All applicable dosage forms and strengths of a particular drug are included in the PDL under the specific entry unless otherwise noted and listed separately.

## Compounded Drugs

Our Pharmacy & Therapeutics Committee (“P&T Committee”) has recommended against the coverage of compounded products. This decision was based on our research that compounds are not currently FDA approved as indicated for therapeutic use. Compounds have not passed the standards of clinical safety nor clinical efficacy that the FDA has set for authorization to be used in human diseases. Furthermore, due to ongoing reports concerning compounded pharmacy products causing harm for their intended patients, the P&T Committee has decided to take a prudent position against approval of compounding products to keep the safety and best interests of our members as its highest priority. If you have any questions, please contact your account executive.

While the P&T Committee does not recommend the use or coverage of compounds, we maintain that every patient has the right to order, and pharmacies have the right to dispense, compounded drugs at their own risk and expense. Please note that some plan benefits may opt to include them on a limited basis.

## Drug Placement Determination

New agents are constantly being developed and approved by the FDA for the treatment of the different disease states. Due to vast availability of medication therapies and treatments, a reasonable process of drug selection and drug usage has been developed. The goal of the PDL is to enhance the physicians’ and pharmacists’ abilities to provide optimal cost-effective drug therapies to patients.

The development, maintenance, and improvement of the PDL are evolutionary processes that require the constant attention of our P&T Committee. As stated above, the PDL is a continually reviewed and revised list of drug products that mirrors the prevailing clinical opinion of the P&T Committee. Unfortunately, this dynamic process does not allow this document to be completely accurate in official print at all times. Updates are provided as necessary through newsletters and updates made readily available on the Internet for members, physicians, pharmacists and plan sponsors.

New agents being considered for formulary inclusion will be reviewed for their safety, efficacy, FDA-approved indications, contraindications, side effects, pharmacokinetic profile, patient compliance potential, drug cost and effects on other indirect health costs. A thorough medical literature review will place an emphasis on the following characteristics:

- Safety and Effectiveness of Product
- Potential for Patient Clinical or Utilization Abuse
- Comparison Studies with Similar Products if available
- Therapeutic Outcomes and Economic Data

Agents that are given a "priority" review by the FDA will be reviewed for possible inclusion into the formulary in as little as 7 days if necessary. New drugs will have their characteristics compared to other similar agents within a therapeutic class when available. New drugs that are added to an existing therapeutic class may result in the deletion of other drug(s) within the particular therapeutic class as clinical applications warrant. This process ensures the selection of the most clinically useful and cost-effective agents within a specific therapeutic class.

## Preferred Brand Products

Brand drugs (listed in bold) that are added to the PDL in the "Preferred Brand" column include those that offer a clinical and/or cost advantage over other existing comparable brand drugs (listed under "Non-Preferred Brands") without sacrificing safety or effectiveness. Drugs will not be placed in either column if there currently is insufficient clinical evidence of its appropriate clinical effectiveness.

Brand drugs, whose generic form is also listed in the "Generic Drugs" column, should be considered as Non-Preferred brands as there have readily available generic equivalents. Brand drugs listed in the "Generic Drugs" column that have a caret (^) are considered Preferred Brands with preferred brand copays. Brand drugs listed in the "Generic Drugs" column that have a hash or pound sign (#) are brand drugs with generic copays.

Brand drugs that may vary from formulary to formulary are notated with an asterisk (\*). Brand drugs that have <sup>RECOMMEND</sup> next to their name may not have any tier limitations in place, although they are subject to the copay tier assigned.

Brand drugs that are crossed out (i.e. ~~Drug Name~~) are no longer marketed but are available generically.

*Exclusions & Grandfathering:* Patients on continuous therapy of a Non-Preferred brand that may be excluded or is in a higher formulary tier may continue to take these drugs at the Preferred Brand copay until therapy is discontinued (called "grandfathering"). Restart of such brand drugs may require restart of therapy and may be charged the higher Non-Preferred Brand copay.

## Generic Substitution

Whenever available, lower cost generic drugs approved by the FDA should be used regardless of the brand name indicated. Generic drugs provide the patients with a more cost effective, chemically and therapeutically equivalent option that can reduce the patient's out of pocket cost. Generic drugs will be listed in the "Generic Drugs" column, or in parenthesis next the brand drug name in the "Preferred Brands" or "Non-Preferred Brands" columns. The brand drugs listed under the "Generic Drugs" column are for reference only, do not have a generic copay, and do not guarantee coverage. This statement is not meant to preclude or override any state statutes that may exist (e.g., Non-Substitutable Drugs). Inclusion of a brand drug for generic substitution is subject to the following:

- An FDA Rating of "A" for generic equivalency as well as thorough review by the P&T Committee for efficacy and safety
- A narrow therapeutic index that makes it not subject to substitution due to complex pharmacokinetics, dosage forms, etc.

## Single & Dual Source Generics

Upon patent expiration, brand drugs become available from one or more generic manufacturers. If the brand drug becomes available from only one generic manufacturer – typically for an exclusivity period or when other competing generics are removed from the market – the generic drug is called a "*Single Source Generic*" or SSG. If a brand drug becomes available from two (2) manufacturers, the generic drugs are called "*Dual Source Generics*" or DSG; if a brand drug is available from many generic

manufacturers, it is then called a “Multi-Source Brand” or MSB, while the generic drugs are called “Multi-Source Generics” or MSG.

While a generic drug is a SSG or DSG, its price may only be slightly cheaper than the original equivalent brand drug. During this time, at the clinical team’s recommendation, the SSG or DSG may be priced according to one of the following algorithms:

- GENERIC discount with a GENERIC copay
- GENERIC discount with a BRAND copay
- BRAND discount with a GENERIC copay
- BRAND discount with a BRAND copay
- NDC blocked so that the member must buy the BRAND at the full cash price (100% copay) with our discounts being applied

## Prior Authorizations, Step Edits & Quantity Limits

*Prior Authorization:* Some brand drugs may require approval called “prior authorization” before the prescription can be dispensed. If a drug requires prior authorization, it may be noted in this PDL with either a P/A or P/A Req’d. Note that your plan may also restrict specific drugs and require a Prior Authorization that may not be shown on this PDL.

When a Prior Authorization is required, one or more of the following criteria must be fulfilled before the Prior Authorization will be issued:

1. Patient must have failed an appropriate trial of generics or other clinically Preferred Brand drugs (“step edit” – see below).
2. Use of a Preferred Brand drug(s) may cause documented underlying conditions or side effects, which would be detrimental to the patient’s health.
3. The treatment algorithm for that disease state is being followed according to the generally accepted published guidelines or the protocol in the FDA approved package insert.
4. A more cost effective, clinically equivalent agent is available as the Preferred Brand Drug.

*Step Edits:* Many drugs on the PDL may have specific step edits or quantity limits. A “step edit” is the process where another drug may be required to be used first before the prescribed drug is covered. Such drugs requiring use of another drug before it can be dispensed will be indicated in this PDL with an <sup>S/E</sup> or an <sup>S/E-2</sup>.

*Quantity Limits:* Our clinical team strongly recommends that some method of utilization compliance, including quantity limits, be placed on many drugs. Many products may have quantity limits implemented in your plan benefit design that are consistent with their FDA approved package insert or appropriate clinical guidance to control utilization. They are not specifically marked in this PDL.

More information on specialty drug restrictions are detailed at the end of this PDL.

## 100% Copay vs. Excluded Drugs

Our P&T Committee and clinicians believe that drug exclusions limit the choice of physicians and patients in treating specific conditions. Some drugs are manufactured simply for patient convenience at a much higher price than available equivalent generic drugs, or have other brand drug options available at a much lower net cost. To maintain a complete patient profile of drugs, managed clients should *not* exclude the drugs indicated with 100% Copay but instead cover them at the 100% copay to the patient, with strong encouragement that the patient use manufacturer copay cards to reduce the patient’s out of pocket costs. If a patient is already on one of the drugs listed with a star(\*), therapy should be continued at the non-preferred copay.

The list includes but is not limited to:

Auvi-Q	Edecrin	Pexeva	Taperdex
Cambia*	Epaned	Prexxartan	Tivorbex
Carospir Soln	Evzio	Qbrelis Soln	Vimovo
Consensi	Fortamet ER	Riomet	Vivlodex
Cycloset	Glumetza	Sitavig	Yosprela
Duexis	Katerzia Soln	Segluromet*	Zorvolex
Durlaza	Millipred Pak	Steglatro*	
Dyloject	Noxafil	Steglujan*	

## Non-Listed Drugs & Drug Categories

Drug categories that are not specifically listed in the book are generally categories of lower utilization where generic products are readily available (i.e. cough & cold) and shall be driven by plan design if covered. A specific brand drug may be “preferred”, “non-preferred” or “non-formulary” depending on the class.

Additionally, if a specific drug is not listed in the PDL, the drug is categorized under a general statement (such as that of HIV products on page 9), is covered under a medical benefit due to the location of administration, or is in a therapeutic class generally not seen in managed care. Oral products (other than oral oncology agents) that are not listed should be considered as having a Non-Preferred brand copay.

## Formulary Modifications & Changes

Changes may be made to this PDL at any time based on availability or market conditions. Drugs approved by the FDA are added as Non-Preferred Brands with the same restrictions as other Non-Preferred Brands in the same clinical equivalent drug class until they are reviewed by the P&T Committee unless the clinical team determines that the product is a “line extension”. Drugs that are NOT listed in this book when the competitors *are* should be considered as excluded, not covered, or non-preferred agents.

## Biosimilars

A biosimilar drug is a biological (specialty product that is almost an identical copy of an original product that is manufactured by a different company. Biosimilars are officially approved versions of original brand “innovator” products and can be manufactured when the original brand drug’s patent expires. The FDA acknowledges a biosimilar drug as a

biological (specialty) product that is highly similar to and has no clinically meaningful differences from an existing FDA-approved reference product with the following definitions:

- “Highly Similar” means that a manufacturer developing a proposed biosimilar demonstrates that its product is highly similar to the original brand drug product by extensively analyzing (i.e., characterizing) the structure and function of both the reference product and the proposed biosimilar.
- “No Clinically Meaningful Differences” means that the manufacturer must demonstrate that its proposed biosimilar product has no clinically meaningful differences from the original brand drug in terms of safety, purity, and potency (safety and effectiveness).

## Major Changes to the PDL

The following changes to the PDL have been implemented or can be expected on the date shown:

Drug	Disease State	Date	Change
BROMSITE	Ophthalmic Antibiotic	10/01/2019	Moved to Tier 3
BUTASOL	Opioid/Narcotic	09/01/2019	Moved to 100% Copay
CANASA SUPP		09/01/2019	Moved to Tier 3
DICLEGIS		09/01/2019	Moved to Tier 3
GLOPERBA SOLN		09/01/2019	Moved to 100% Copay
PENNSAID SOLN		09/01/2019	Moved to 100% Copay
SECONAL	Opioid/Narcotic	09/01/2019	Moved to 100% Copay
SOTALYZE SOLN		09/01/2019	Moved to 100% Copay
ULORIC	Gout	09/01/2019	Moved to Tier 3

# Antibiotics

ANTIBIOTICS

GENERIC DRUGS	PREFERRED BRANDS	NON- PREFERRED BRANDS
<p><b>Penicillins &amp; Cephalosporins</b></p> <p><i>Multiple Generics available for Prescribing</i></p> <p>W1</p>		<p><b>Cedax</b> (Ceftibuten)  <b>Spectracef</b> (Cefditoren Pivoxil)  <b>Suprax</b> (Cefixime) <sup>S/E</sup></p>
<p><b>Tetracyclines</b></p> <p>Doxycycline (various) / <b>Doryx, Vibramycin</b>            Minocycline / <b>Minocin, Dynacin, Solodyn</b><sup>^</sup></p> <p><i>Multiple Generics available for Prescribing</i></p> <p>W1</p>		<p><b>Acticlate</b> (Doxycycline Hyclate)  <b>Oracea</b> (Doxycycline Monohydrate)</p>
<p><b>Macrolides, Clindamycins &amp; Ketolides</b></p> <p><i>Multiple Generics available for Prescribing</i></p> <p>W9</p>		<p><b>Ketek</b> (Telithromycin)</p>
<p><b>Sulfonamides, Sulfones &amp; Nitrofurantoin</b></p> <p><i>Multiple Generics available for Prescribing</i></p> <p>W2</p>		<p><b>Furadantin Liquid</b> (Nitrofurantoin)</p>
<p><b>Quinolones</b></p> <p>Ciprofloxacin / <b>Cipro, Cipro XR</b>            Levofloxacin / <b>Levaquin</b>            Moxifloxacin / <b>Avelox</b>            Ofloxacin / <b>Floxin</b></p> <p>W1</p>		<p><b>Factive</b> (Gemifloxacin)  <b>Noroxin</b> (Norfloxacin)</p>
<p><b>Miscellaneous Antibiotics</b></p> <p>Vancomycin / <b>Vancocin</b>            Linezolid / <b>Zyvox</b></p> <p>W1</p>	<p><b>Dificid</b><sup>'</sup> (Fidaxomycin)</p>	<p><b>FirVanq</b> (Vancomycin)</p>



# Antivirals

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p><b>General Antivirals</b></p> <p><u>Antivirals/Herpes/Shingles/Chicken Pox:</u>                      Acyclovir / <b>Zovirax</b>                      Amantadine / <b>Symmetrel</b>                      Famciclovir / <b>Famvir</b>                      Ganciclovir / <b>Cytovene</b>                      Valacyclovir / <b>Valtrex</b>                      Valganciclovir / <b>Valcyte</b></p> <p>W5</p> <p><u>Flu Treatment/Flu Prevention:</u>                      Oseltamivir / <b>Tamiflu</b>                      Rimantadine / <b>Flumadine</b></p> <p>W5</p>	<p><u>Antivirals/Herpes/Shingles/Chicken Pox:</u></p> <p><u>Flu Treatment/Flu Prevention:</u></p>	<p><u>Antivirals/Herpes/Shingles/Chicken Pox:</u>  <b>Sitavig</b> (Acyclovir) <sup>100% Copay</sup>  <b>Prevymis</b> (Letermovir) <sup>P/A Req'd</sup></p> <p><u>Flu Treatment/Flu Prevention:</u>  <b>Relenza</b> (Zanamivir)  <b>Xofluza</b> (Baloxavir Marboxil)</p>
<p><b>HIV Antiviral Agents</b></p> <p><i>Multiple Generics available for Prescribing</i></p> <p>W5</p>	<p>All <u>Other Single Source Brand</u> HIV Antiviral Agents</p>	<p>All <u>Multi-Source Brand</u> HIV Antiviral Agents</p>
<p><b>HIV Pre-Exposure Prophylaxis Agents</b></p> <p>Tenofovir/Emtricitabine / <b>Truvada</b> <sup>S/E/P/A REQ'D</sup></p> <p>W5</p>		

## Anti-Infectives

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>Anaerobic Anti-Infectives</b> Metronidazole / <b>Flagyl</b> Paromomycin Sulfate / <b>Humatin</b> Tinidazole / <b>Tindamax</b> W4		
<b>Antiparasitics</b> W4	<b>Alinia</b> (Nitazoxanide)	<b>Egaten</b> (Triclabendazole)
<b>Antimalarials &amp; Antiprotozoals</b> Atovaquone/Proguanil / <b>Malarone</b> Hydroxychloroquine / <b>Plaquenil</b> Mefloquine / <b>Lariam</b> Quinine Sulfate / <b>Qualaquin</b> W4		<b>Arakoda</b> (Tafenoquine) <b>Daraprim</b> (Pyrimethamine) <sup>100% Copay</sup>
<b>Antihelmintic Agents</b> Ivermectin / <b>Stromectol</b> W4		<b>Albenza</b> (Albendazole) <b>Biltricide</b> (Praziquantel) <b>Emverm</b> (Mebendazole)

## Antiemetics

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>Antiemetics (Assorted Use)</b> Aprepitant / <b>Emend</b> Dronabinol / <b>Marinol</b> Granisetron / <b>Kytril</b> Mecizine / <b>Antivert, Vertin</b> Ondansetron / <b>Zofran, Zofran ODT</b> Doxylamine/Pyridoxine / <b>Diclegis</b> Prochlorperazine / <b>Compazine</b> Promethazine HCL / <b>Phenergan, Promethegan Supp.</b> Trimethobenzamide / <b>Tigan</b> H6	<b>Bonjesta ER'</b> (Doxylamine Succinate/Vitamin B6) <b>Transderm-Scop Patch</b> (Scopalamine)	<b>Akynzeo</b> (Netupitant/Palonosetron) <sup>P/A REQ'D</sup> <b>Anzemet</b> (Dolasetron) <b>Cesamet</b> (Nabilone) <b>Sancuso Patch</b> (Granisetron) <sup>P/A REQ'D</sup> <b>Sustol Injectable</b> (Ganisetron) <sup>P/A REQ'D</sup> <b>Syndros Oral Solution</b> (Dronabinol) <sup>P/A REQ'D</sup> <b>Varubi</b> (Rolapitant) <b>Zuplenz Film</b> (Ondansetron)

# Neurologic: Parkinsons & Migraine Agents

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p><b>Anti-Parkinsons Agents</b></p> <p>Amantadine / <b>Symmetrel</b>                      Benzotropine / <b>Cogentin</b>                      Bromocriptine / <b>Parlodel</b>                      Carbidopa/Levodopa / <b>Sinemet/CR, Parcopa</b>                      Carbidopa/Levodopa/Entacapone / <b>Stalevo</b>                      Entacapone / <b>Comtan</b>                      Pramipexole / <b>Mirapex, Mirapex ER</b>                      Rasagiline / <b>Azilect</b>                      Ropinirole / <b>Requip, Requip XL</b>                      Tolcapone / <b>Tasmar</b></p> <p>H6</p> <p><u>Parkinsons Motion/Dyskinesia Agents:</u></p> <p>H6</p> <p><u>Psychosis Agents:</u></p> <p>H8</p>	<p><b>Parkinsons Motion/Dyskinesia Agents:</b></p> <p><b>Gocovri</b><sup>*</sup> (Amantadine)  <b>Xadago</b><sup>*</sup> (Safinamide)</p> <p><b>Psychosis Agents:</b></p>	<p><b>Apokyn Injectable</b> (Apomorphine)  <b>Banzel</b> (Rufinamide)  <b>Duopa Susp. IV</b> (Carbidopa/Levodopa) <sup>P/A REQ'D</sup>  <b>Imbrija</b> (Levodopa)  <b>Neupro Patch</b> (Rotigotine)  <b>Osmolex ER</b> (Amantadine)  <b>Peganone</b> (Ethotoin)  <b>Rytary ER</b> (Carbidopa/Levodopa ER) <sup>S/E</sup>  <b>Zelapar ODT</b> (Selegiline)</p> <p><b>Parkinsons Motion/Dyskinesia Agents:</b></p> <p><b>Psychosis Agents:</b></p> <p><b>Nuplazid</b> (Pimavanserin) <sup>P/A REQ'D</sup></p>
<p><b>Anti-Migraine Agents</b></p> <p><u>Triptans:</u></p> <p>Naratriptan / <b>Amerge</b>                      Rizatriptan / <b>Maxalt, Maxalt MLT</b>                      Sumatriptan Tablets &amp; Injectibles / <b>Imitrex</b>                      Sumatriptan / Naproxen Sodium) <b>Treximet</b>                      Zomitriptan / <b>Zomig, Zomig ZMT</b></p> <p>H3</p> <p><u>CGRP:</u></p> <p>H3</p> <p><u>Other Agents:</u></p> <p>Ergotamine/Caffeine / <b>Cafergot</b>                      Dihydroergotamine/ <b>DHE 45, Migranal Nasal</b></p> <p>H3</p>	<p><u>Triptans:</u></p> <p><b>CGRP:</b></p> <p><b>Ajovy</b><sup>*</sup> (Fremanezumab) <sup>Clinical P/A REQ'D</sup></p> <p><u>Other Agents:</u></p>	<p><u>Triptans:</u></p> <p><b>Alsuma Injection</b> (Sumatriptan)  <b>Axert</b> (Almotriptan)  <b>Frova</b> (Frovatriptan)  <b>Imitrex Spray</b> (Sumatriptan)  <b>Onzetra Xsail</b> (Sumatriptan Nasal)  <b>Relpax</b> (Eletriptan)  <b>Sumavel DosePro Inject</b> (Sumatriptan)  <b>Tosymra Nasal Spray</b> (Sumatriptan)  <b>Zembrace SymTouch</b> (Sumatriptan) <sup>P/A REQ'D</sup>  <b>Zomig Nasal Spray only</b> (Zomitriptan)</p> <p><u>CGRP:</u></p> <p><b>Aimovig</b> (Erenumab) <sup>NDC Block</sup>  <b>Emgality</b> (Galcanezumab) <sup>NDC Block, Exc Cluster Headaches</sup></p> <p><u>Other Agents:</u></p> <p><b>Botox</b> (OnabotulinumtoxinA) <sup>Medical/Specialty</sup>  <b>Cambia Powder</b> (Diclofenac Pot) <sup>100% Copay</sup>  <b>Ergomar</b> (Ergotamine)  <b>GammaCore Device</b> – VNS</p>

# Neurologic: Alzheimers, Anticonvulsants & Antiepileptics

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p><b>Alzheimer's Agents</b></p> <p>Donepezil / <b>Aricept</b>/ODT Galantamine / <b>Razadyne</b>/ER Memantine /<b>Namenda</b>/XR Pyridostigmine / <b>Mestinon</b> Razadyne / <b>Reminyl</b>, <b>Reminyl ER</b> Rivastigmine / <b>Exelon Capsules/Patches</b></p> <p>H1/J1</p>		<p><b>Namzaric</b> (Memantine/Donepezil) <sup>S/E</sup></p>
<p><b>Anticonvulsants &amp; Anti-Epileptics</b></p> <p><u>Anti-Convulsants</u></p> <p>Carbamazepine / <b>Carbatrol</b>, <b>Tegretol</b> Clonazepam / <b>Klonopin</b> Divalproex Sodium / <b>Depakote/ER/Sprinkles</b> Gabapentin / <b>Neurontin</b> Lamotrigine / <b>Lamictal</b>, <b>Lamictal XR</b>, <b>Lamictal ODT</b> Oxcarbazepine / <b>Trileptal</b> Pregabalin / <b>Lyrica</b> Topiramate / <b>Topamax</b>, <b>Qudexy XR</b> Valproic Acid / <b>Depakene</b></p> <p><i>(Many other Generic Products are Available)</i></p> <p><u>Anti-Epileptic Agents</u></p> <p>Levetiracetam / <b>Keppra</b>, <b>Keppra XR</b> Phenytoin / <b>Dilantin</b> Phenytoin Sodium / <b>Phenytek</b></p> <p>H2/H4</p>	<p><u>Anti-Convulsants</u></p> <p><u>Anti-Epileptic Agents</u></p> <p><b>Dilantin 30mg ONLY</b> (Phenytoin) <b>Spritam</b><sup>1</sup> (Levetiracetam) <sup>S/E</sup></p>	<p><u>Anti-Convulsants</u></p> <p><b>Aptiom</b> (Eslicarbazepine) <sup>P/A REQ'D</sup> <b>Celontin</b> (Methsuximide) <sup>S/E</sup> <b>Diacomit</b> (Stiripentol) <sup>S/E [Dravet]</sup> <b>Diastat Acu-Dial Gel</b> (Diazepam) <sup>P/A REQ'D</sup> <b>Equetro</b> (Carbamazepine) <sup>S/E</sup> <b>Fycompa</b> (Perampanel) <sup>S/E</sup> <b>Lyrica CR</b> (Pregabalin) <sup>P/A REQ'D</sup> <b>Nayzilam Nasal Spray</b> (Midazolam) <b>Oxtellar XR</b> (Oxcarbazepine) <sup>P/A REQ'D</sup> <b>Potiga</b> (Ezogabine) <sup>S/E</sup> <b>Sabril</b> (Vigabatrin) <sup>S/E</sup> <b>Stavzor</b> (Valproic Acid) <sup>P/A REQ'D</sup> <b>Trokendi XR</b> (Topiramate) <sup>P/A REQ'D</sup> <b>Vimpat</b> (Lucosamide) <sup>P/A REQ'D</sup></p> <p><u>Anti-Epileptic Agents</u></p> <p><b>Briivact</b> (Brivaracetam) <sup>S/E</sup> <b>Elepsia XR</b> (Levetiracetam) <sup>P/A REQ'D</sup></p>
<p><b>Fibromyalgia, Neuropathic &amp; PHN** Agents</b></p> <p>Duloxetine / <b>Cymbalta</b> Gabapentin / <b>Neurontin</b> Lidocaine Patch 5% Pregabalin / <b>Lyrica</b></p> <p>H4/H7</p>		<p><b>Gralise</b> (Gabapentin) <b>Lyrica CR</b> (Pregabalin)** <b>Savella</b> (Milnacipran) <b>ZTLido</b> (Lidocaine Patch)**</p>
<p><b>Restless Leg Syndrome (RLS) Agents</b></p> <p>Pramipexole / <b>Mirapex</b> Ropinirole / <b>Requip</b>, <b>Requip XL</b></p> <p>H6</p>		<p><b>Horizant</b> (Gabapentin Enacarbil) <b>Neupro Patch</b> (Rotigotine)</p>

\*\* - Post-Herpatic Neuralgia Pain (PHN)

## Blood Modifiers

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p><b>Anticoagulants /Anti-10A/Thrombin Inhibitors</b></p> <p>Warfarin Sodium / <b>Coumadin</b> Heparin Sodium</p> <p>M9</p>	<p><b>Eliquis'</b> (Apixaban) <b>Pradaxa'</b> (Dabigatran Etexilate) <b>Xarelto 2.5mg, 15mg, 20mg'</b> (Rivaroxaban) &amp; <b>Xarelto Starter Pak – all'</b></p>	<p><b>Savaysa</b> (Edoxaban Tosylate)</p>
<p><b>Heparin-Related Agents / DVT</b></p> <p>M9</p>	<p><b>Eliquis'</b> (Apixaban) <b>Pradaxa'</b> (Dabigatran Etexilate) <b>Xarelto 10mg'</b> (Rivaroxaban)</p>	<p><b>Bevyxxa</b> (Betrixaban) <b>Savaysa</b> (Edoxaban Tosylate)</p>
<p><b>Platelet Aggregation Inhibitors / ACS</b></p> <p>Anagralide / <b>Agrylin</b> Cilostazol / <del><b>Pleta</b></del> Clopidogrel / <b>Plavix</b> Dipyridamole / <b>Persantine</b> Dipyridamole &amp; Aspirin / <b>Aggrenox</b> Pentoxifylline / <del><b>Trental</b></del> Prasugrel / <b>Effient</b></p> <p>M9 / N1</p>	<p><b>Brilinta'</b> (Ticagrelor)</p>	<p><b>Durlaza ER</b> (Aspirin) <sup>100% Copay</sup></p>
<p><b>Other Products</b></p> <p>Aminocaproic Acid / <b>Amicar</b> Tranexamic Acid / <b>Lestyda</b></p> <p>M9</p>		<p><b>Zontivity</b> (Vorapaxar)</p>



## Cardiovascular: ACE, ARBs & Diuretics

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p><b>ACE Inhibitors with/without Diuretics</b></p> <p>Benazepril / <b>Lotensin</b> (Lotensin HCT)            Captopril / <del>Capoten</del> (<del>Capozide</del>)            Enalapril / <b>Vasotec</b> (Vaseretic)            Fosinopril / <del>Monopril</del> (<del>Monopril HCT</del>)            Lisinopril / <b>Prinivil</b> (Prinzide), <b>Zestril</b> (Zestoretic)            Moexipril / <del>Univasc</del> (<del>Uniretic</del>)            Quinapril / <b>Accupril</b> (Accuretic)            Perindopril Erbumine / <del>Aceon</del>            Ramipril / <b>Altace</b>            Trandolapril / <b>Mavik</b></p>		<p><b>Epaned Solution</b> (Enalapril) <sup>100% Copay</sup>  <b>Qbrelis Solution</b> (Lisinopril) <sup>100% Copay</sup></p>
<p><b>ACE Inhibitor / CCB Combination</b></p> <p>Benazepril/Amlodipine / <b>Lotrel</b> (all other strengths)            Trandolapril/Verapamil / <b>Tarka</b></p>		<p><b>Prestalia</b> (Amlodipine / Perindopril) <sup>S/E</sup></p>
<p><b>ARBs without &amp; with Diuretics</b></p> <p>Candesartan, Candesartan HCTZ / <b>Atacand</b>, <b>Atacand HCT</b>            Irbesartan, Irbesartan HCTZ / <b>Avapro</b>, <b>Avalide</b>            Losartan, Losartan HCT / <b>Cozaar</b>, <b>Hyzaar</b>            Olmesartan/HCT / <b>Benicar</b>, <b>Benicar HCT</b>            Telmisartan, HCTZ / <b>Micardis</b>, <b>Micardis HCT</b>            Valsartan, Valsartan HCTZ / <b>Diovan</b>, <b>Diovan HCT</b></p>	<p><b>Edarbi</b>*, <b>Edarbyclor</b>* (Azilsartan/Chlorthalidone)</p>	<p><b>Prexartan Solution</b> (Valsartan) <sup>100% Copay</sup></p>
<p><b>ARB Combinations</b></p> <p>Olmesartan/Amlodipine/HCT / <b>Azor</b>, <b>Tribenzor</b>            Telmisartan/Amlodipine / <b>Twynsta</b>            Valsartan/Amlodipine/HCT / <b>Exforge</b>/HCT</p>	<p><b>Byvalson</b>* (Valsartan/Nebivolol)</p>	
<p><b>Naprilysin Inhibitors</b></p>	<p><b>Entresto</b>* (Naprilysin/Valsartan)</p>	
<p><b>Diuretics</b></p> <p>Chlorothiazide / <del>Diuril</del>            Chlorthalidone / <del>Hygroton</del>            Furosemide / <b>Lasix</b>            Indapamide / <del>Lezol</del>            Spironolactone/HCTZ / <b>Aldactone</b>, <b>Aldactazide</b>            Triamterene / HCTZ / <b>Dyazide</b>, <b>Maxzide</b>            (Various other Generics)</p>		<p><b>Carospir Solution</b> (Spironolactone) <sup>100% Copay</sup>  <b>Dyrenium</b> (Triamterene)  <b>Edecrin</b> (Ethacrynic Acid) <sup>100% Copay</sup></p>

## Cardiovascular: Anti-Arrhythmia & Vasodilators

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>Renin Inhibitors &amp; Combinations<sup>##</sup></b> <small>A4</small>	<b>Tektura/HCT<sup>†</sup></b> (Aliskiren Hemifumarate/HCT)	
<b>Antiarrhythmics / Anti-Ischemic</b> Amiodarone / <b>Pacerone</b> Disopyramide / <b>Norpace/ Norpace CR 150mg</b> Dofetilide / <b>Tikosyn</b> Propafenone / <b>Rythmol, Rythmol SR</b> <small>A2</small>		<b>Multaq</b> (Dronedarone) <b>Norpace CR 100mg</b> (Disopyramide) <b>Ranexa ER</b> (Ranolazine)
<b>Cardiac Glycosides</b> Digoxin / <b>Lanoxin</b> <small>A1</small>		
<b>Vasodilators, Coronary, Nitrates</b> Isosorbide Dinitrate / <b>Isordil, Sorbitrate</b> Isosorbide Mononitrate / <b>Imdur-ER</b> <u>Nitroglycerins</u> Nitroglycerin (Patch) / <b>Nitro-Dur, Minitran</b> Nitroglycerin Mist / <b>NitroMist Spray, Nitrolingual Spray</b> <small>A7</small>	<u>Nitroglycerins</u> <b>Nitrostat</b> (Nitroglycerin Oral)	<u>Nitroglycerins</u> <b>Gonitro</b> (Nitroglycerin Sublingual) <b>Nitro-BID Ointment</b> (Nitroglycerin)
<b>Vasodilators, Sympatholytics</b> Clonidine / <b>Catapres, Catapres TTS Patch</b> Guanfacine / <b>Tenex</b> Hydralazine / <b>Apresoline</b> Methyldopa / <b>Aldomet</b> Methyldopa/HCTZ / <b>Alderil</b> <small>A4</small>		
<b>Other Agents</b> <small>A4</small>		<b>Corlanor</b> (Ivabradine) <b>Northera</b> (Droxidopa) <b>Vecamyl</b> (Mecamylamine)

<sup>##</sup> Note special warnings on use of Aliskiren containing products in treatment of diabetics



## Cholesterol: Statins, Fibrates & Others

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p><b>Statins&amp; Statin/CCB Combinations</b></p> <p>Atorvastatin / <b>Lipitor</b>            Atorvastatin/Amlodipine / <b>Caduet</b>            Ezetimibe/Simvastatin / <b>Vytorin</b>            Fluvastatin / <b>Lescol, Lescol XL</b>            Lovastatin / <b>Altoprev, Mevacor</b>            Pravastatin / <b>Pravachol</b>            Rosuvastatin / <b>Crestor</b>            Simvastatin / <b>Zocor</b></p> <p>M4</p>	<p><b>Zypitamag'</b> (Pitavastatin)<sup>S/E</sup></p>	<p><b>Livalo</b> (Pitavastatin)</p>
<p><b>Bile Acid Sequestrants/Liver Agents</b></p> <p><u>BAS</u>            Cholestyramine / <b>Questran</b>            Colesevelam / <b>Welchol</b>            Colestipol / <b>Colestid</b></p> <p>M4</p> <p><u>Liver Agents</u>            Ursodiol / <b>Actigall, Urso/Urso Forte</b></p> <p>D7</p>	<p><u>BAS</u></p> <p><u>Liver Agents</u></p>	<p><u>BAS</u></p> <p><u>Liver Agents</u></p>
<p><b>Fibrates &amp; Other Agents</b></p> <p>Gemfibrozil / <b>Lopid</b>            Fenofibric Acid –Choline / <b>Fibricor, TriLipix</b>            Fenofibrate, micronized / <b>Antara, Fenoglide</b>            Fenofibrate, nanocrystalized / <b>Tricor, TriGlide</b></p> <p><u>Others</u>            Ezetimibe / <b>Zetia</b>            Omega-3 Acid Ethyl Esters / <b>Lovaza</b>            Slo Niacin / <b>Niacin, Niaspan ER</b></p> <p>M4</p>	<p><b>Lipofen'</b> (Fenofibrate, micronized)</p> <p><u>Others</u>  <b>Vascepa'</b> (Ethyl Esters of EPA)</p>	<p><u>Others</u>  <b>Niacor</b> (Niacin)</p>

# Pancreatic Agents & Urological: Diuretics, BPH, OAB & E/D

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p><b>Pancreatic Agents</b></p> <p>D8</p>	<p><b>Creon'</b> (Lipase/Protease/Amylase) <b>Zenpep'</b> (Lipase/Protease/Amylase)</p>	<p><b>Pancreaze</b> (Lipase/Protease/Amylase) <b>Pertyze, Viokase</b> (Lipase/Protease/Amylase)</p>
<p><b>Benign Prostate Hyperplasia</b></p> <p><u>Alpha Blockers</u> Alfuzosin / <b>Uroxatral</b> Doxazosin / <b>Cardura</b> Prazosin / <b>Minipress</b> Silodosin / <b>Rapaflo</b> Tamsulosin / <b>Flomax</b> Terazosin / <b>Hytrin</b></p> <p>J7/Q9</p> <p><u>5 Alpha Reductase Inhibitors</u> Finasteride / <b>Proscar</b> Dutasteride / <b>Avodart</b> Dutasteride/Tamsulosin / <b>Jalyn</b></p> <p>Q9</p> <p><u>Phosphodiesterase-5 Enzyme Inhibitors</u> Tadalafil / <b>Cialis 5mg Only</b></p> <p>F2</p>	<p><u>Alpha Blockers</u></p> <p><u>5 Alpha Reductase Inhibitors</u></p> <p><u>Phosphodiesterase-5 Enzyme Inhibitors</u></p>	<p><u>Alpha Blockers</u> <b>Cardura XL</b> (Doxazosin Mesylate)</p> <p><u>5 Alpha Reductase Inhibitors</u></p> <p><u>Phosphodiesterase-5 Enzyme Inhibitors</u></p>
<p><b>Urologic Agents</b></p> <p><u>Overactive Bladder</u> Oxybutynin / <b>Ditropan XL</b> Darifenacin / <b>Enablex</b> Solifenacin Succinate / <b>VESIcare</b> Tolterodine / <b>Detrol, Detrol LA</b> Trospium / <b>Sanctura, Sanctura XR</b></p> <p>R1</p> <p><u>Other</u> Desmopressin Acetate / <b>DDAVP</b> Flavoxate / <b>Urispas</b> Phenazopyridine / <b>Pyridium</b></p> <p>R5/P2</p>	<p><u>Overactive Bladder</u> <b>Myrbetriq'</b> (Mirabegron)</p> <p><u>Other</u></p>	<p><u>Overactive Bladder Anti-Cholinergics</u> <b>Gelnique</b> (Oxybutynin) <sup>S/E</sup> <b>Oxytrol Patch</b> (Oxybutynin) <b>Toviaz</b> (Fesoterodine Fumarate) <sup>S/E</sup></p> <p><u>Other</u> <b>Elmiron</b> (Pentosan Polysulfate) <b>Nocdurna SL</b> (Desmopressin) <b>Noctiva Niasal Spray</b> (Desmopressin) <sup>P/A REQ'D</sup></p>
<p><b>Erectile Dysfunction Agents</b></p> <p>Sildenafil / <b>Viagra</b> <sup>S/E</sup> Tadalafil / <b>Cialis</b> <sup>S/E</sup> Vardenafil / <b>Levitra</b> <sup>S/E</sup></p> <p>F2</p>	<p><b>Stendra'</b> (Avanafil)</p>	<p><b>Staxyn</b> (Vardenafil) <sup>S/E</sup> <b>Caverject, Edex</b> (Alprostadil) <b>Muse</b> (Alprostadil) <sup>S/E</sup></p>

# Urological: Gout, PH / K Modifiers & Depleters

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p><b>Gout Agents</b></p> <p><u>Orals</u>                      Allopurinol / <b>Zyloprim</b>                      Febuxostat / <b>Uloric</b><sup>^A</sup>                      Probenecid / <del>Benemid</del>, <del>Col-Benemid</del></p> <p><u>Topicals</u></p> <p>C7</p>	<p><u>Orals</u>  <b>Colcryst</b><sup>'</sup> (Colchicine)</p> <p><u>Topicals</u>  <b>ColciGel</b><sup>'</sup> (Colchicine Gel)</p>	<p><u>Orals</u>  <b>Duzallo</b> (Lesinurad+Allopurinol)  <b>Gloperba Solution</b> (Colchicine) <sup>100% Copay</sup>  <b>Mitigare</b> (Colchicine)  <b>Zurampic</b> (Lesinurad)</p> <p><u>Topicals</u></p>
<p><b>Urinary Ph Modifiers</b></p> <p>Potassium Citrate + Citric Acid / <b>Citra-K</b>                      Potassium Citrate / <b>Urocit-K</b>                      Potassium Acid Phosphate / <b>K-Phos Original</b></p> <p>R1</p>		<p><b>K-Phos MF, N° 2</b> (Sod. Phos/Pot. Phos)  <b>Renacidin</b> (Mag Carb/Citric Acid/Lact)</p>
<p><b>Potassium &amp; Electrolytes</b></p> <p>Potassium Bicarbonate / <b>Effer-K</b>                      Potassium Bicarb+Potassium Citrate / <b>K-Lyte</b>                      Potassium Gluconate / <del>Kaon</del>                      Potassium Chloride / <b>KTab ER</b><sup>#</sup>                      Potassium Phosphate / <b>K-Phos</b></p> <p>C1/R1</p>		<p><b>Klor-Con</b> (Potassium Chloride)  <b>Micro-K</b> (Potassium Chloride)</p>
<p><b>Phosphorus/Calcium/Electrolyte Depleters</b></p> <p>Calcium Acetate / <b>PhosLo</b>, <b>Eliphos</b><sup>HP</sup>                      Lanthanum Carbonate / <b>Fosrenol</b><sup>HP</sup>                      Sevelamer Carbonate / <b>Renvela</b><sup>HP</sup>                      Sevelamer Hydrochloride / <b>Renagel</b><sup>HP</sup>                      Sodium Polystyrene Sulfonate / <b>Kayexalate</b><sup>HK</sup></p> <p>C1</p>	<p><b>Lokelma</b><sup>'</sup> (Sodium Zirconium Cyclosilicate)<sup>HK</sup>  <b>Phoslyra Oral Solution</b><sup>'</sup> (Calcium Acetate)<sup>HP</sup>  <b>Velphoro</b><sup>'</sup> (Sucroferric Oxyhydroxide)<sup>HP</sup></p>	<p><b>Auryxia</b> (Ferric Citrate)<sup>HP</sup>  <b>Kionex</b> (Sodium Polystyrene Sulfonate)<sup>HK</sup>  <b>Veltassa Oral Susp</b> (Patiromer)<sup>HK</sup></p>

HC - Hypercalcemia

HK - Hyperkalemia

HP - Hyperphosphatemia

# Osteoporosis

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p><b>Osteoporosis Agents / Paget's Disease</b></p> <p><u>Bisphosphonates</u>                      Alendronate / <b>Fosamax</b>                      Ibandronate / <b>Boniva 150mg Tablets</b>                      Risedronate / <b>Actonel, Atelvia</b></p> <p><u>Other</u>                      Raloxifene / <b>Evista</b>                      Calcitonin / <b>Miacalcin Nasal Spray</b></p> <p>P4</p>	<p><u>Bisphosphonates</u></p> <p><u>Other</u></p>	<p><u>Bisphosphonates</u>  <b>Binosto Effervescent Tabs</b> (Alendronate)  <b>Fosamax Plus D</b> (Alendronate w/ Vit D)</p> <p><u>Other</u></p>

# Anti-Inflammatory & Pain

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p><b>Anti-Inflammatory Agents (NSAID)</b></p> <p>Diclofenac/Misoprostol / <b>Arthrotec</b>                      Diclofenac Potassium / <b>Cataflam</b>                      Diclofenac Sodium / <b>VoltarenXR</b>                      Etodolac / <b>Lodine/XL</b>                      Fenoprofen / <b>Nalfon</b>                      Flurbiprofen / <b>Ansaid</b>                      Ibuprofen / <b>Motrin</b>                      Indomethacin / <b>Indocin</b>                      Ketoprofen / <b>Orudis, Oruvail</b>                      Ketorolac / <b>Toradol</b>                      Meclofenamate / <b>Meclomen</b>                      Mefenamic Acid / <b>Ponstel</b>                      Meloxicam/ <b>Mobic</b>                      Nabumetone / <b>Relafen</b>                      Naproxen / <b>Naprosyn/EC, Anaprox DS, Naprelan</b>                      Oxaprozin / <b>Daypro</b>                      Piroxicam / <b>Feldene</b>                      Sulindac / <b>Clinoril</b>                      Tolmetin / <b>Tolactin-DS</b></p> <p>S2</p>	<p><b>Sprix Spray'</b> (Ketorolac Tromethamine)</p>	<p><b>Duexis</b> (Ibuprofen/Famotidine) 100% Copay  <b>Dyloject</b> (Diclofenac Sodium) 100% Copay  <b>Tivorbex</b> (Indomethacin) 100% Copay  <b>Vimovo</b> (Naproxen/Esomeprazole IR) 100% Copay  <b>Vivlodex</b> (Meloxicam) 100% Copay  <b>Yosprala</b> (Aspirin/Omeprazole) 100% Copay  <b>Zipsor</b> (Diclofenac Potassium) P/A REQ'D  <b>Zorvolex</b> (Diclofenac) 100% Copay</p>

# Anti-Inflammatory & Pain

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p><b>COX-II Agents</b></p> <p>Celecoxib / <b>Celebrex</b></p> <p>S2</p>		<p><b>Consensi</b> (Celecoxib/Amlodipine) <sup>100% Copay</sup></p>
<p><b>Analgesics, Narcotics</b></p> <p><u>Opioids</u></p> <p>Acetaminophen w/Codeine / <b>Tylenol #3/4</b>            Aspirin w/Codeine / <b>Empirin #2/3/4</b>            Codeine/Acetaminophen/Butalbital/Caffeine / <b>Fiorinal #3</b>            Codeine/Aspirin/Butalbital/Caffeine / <b>Fioricet</b></p> <p>▶ Fentanyl Citrate / <b>Duragesic Patches, Actiq</b>            Hydrocodone/Acetaminophen / <b>Vicodin, Norco</b></p> <p>▶ Hydromorphone / <b>Dilaudid, Exalgo/Exalgo ER</b>            Meperidine / <b>Demerol</b>            Morphine Sulfate / <b>Roxanol</b>            Morphine Sulfate Extend Release / <b>Avinza</b></p> <p>▶ Morphine Sulfate Sust Release / <b>Kadian</b>            Oxycodone w/Acetaminophen / <b>Percocet</b>            Tramadol (w/ Acetaminophen) / <b>Ultram/ER, Ultracet</b></p> <p>H3</p>	<p><u>Opioids</u></p> <p><b>Belbuca Film'</b> (Buprenorphine)  <b>Butrans Patch'</b> (Buprenorphine)            ▶ <b>Oxycontin'</b> (Oxycodone)            ▶ <b>Zohydro ER'</b> (Hydrocodone)</p>	<p><u>Opioids</u> <small>Double Step Edit for Most Orals with MME Check</small></p> <p><b>Abstral</b> (Fentanyl Sublingual)  <b>Arymo ER'</b> (Morphine Sulfate)  <b>Conzip Caps</b> (Tramadol HCL)            ▶ <b>Embeda</b> (Morphine Sulfate/Ntxn)  <b>Hysingla ER</b> (Hydrocodone Bitartrate)  <b>Lazanda Nasal Spray</b> (Fentanyl) <sup>P/A REQ'D</sup>  <b>MorphaBond ER</b> (Morphine Sulfate)  <b>Nucynta/ER</b> (Tapentadol)  <b>Oxaydo</b> (Oxycodone IR)  <b>RoxyBond</b> (Oxycodone IR)  <b>Subsys Spray'</b> (Fentanyl) <sup>NDC BLOCK - P/A REQ'D</sup>  <b>Troxyca ER</b> (Oxycodone/Naloxone) <sup>S/E, P/A REQ'D</sup>  <b>Xartemis XR</b> (Oxycodone/Acet) <sup>NDC BLOCK</sup>  <b>Xtampza ER</b> (Oxycodone)</p>
<p><b>Analgesics, Salicylates &amp; Non-Salicylates</b></p> <p><u>Salicylates</u></p> <p>Aspirin / Butalbital / Caffeine/ <b>Fiorinal</b>            Diflunisal / <b>Dolebid</b>            Salsalate / <b>Disalcid</b></p> <p><u>Non-Salicylates</u></p> <p>Acetaminophen/Caffeine/Butalbital / <b>Esgic, Fioricet</b></p> <p>H3</p>	<p><u>Salicylates</u></p> <p><u>Non-Salicylates</u></p>	<p><u>Salicylates</u></p> <p><b>Durlaza ER</b> (Aspirin) <sup>100% Copay</sup></p> <p><u>Non-Salicylates</u></p>

▶ Note: Denotes Long-Acting Opioid

# CNS: Anxiety, Sedatives, ADD/ADHD & Narcolepsy

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p><b>Anti-Anxiety Agents (Benzodiazepines)</b></p> <p><i>All Generics in this Class are Preferred</i></p> <p>H6</p>		<p>All Brands in this Class are Non-Preferred</p>
<p><b>Sedatives/Sleeping Aids</b></p> <p>Eszopiclone / <b>Lunesta</b> <sup>S/E</sup>            Flurazepam / <b>Dalmane</b>            Quazepam / <b>Doral</b>            Temazepam / <b>Restoril</b>            Triazolam / <b>Halcion</b>            Zaleplon / <b>Sonata</b> <sup>S/E</sup>            Zolpidem / <b>Ambien</b> <sup>S/E</sup>, <b>Ambien CR</b> <sup>S/E</sup>, <b>Intermezzo</b></p> <p>H2/H8</p>	<p><b>Belsomra</b><sup>†</sup> (Suvorexant)  <b>Silenor</b><sup>†</sup> (Doxepin)</p>	<p><b>Edluar Sublingual</b> (Zolpidem) <sup>S/E</sup>  <b>Hetlioz</b> (Tasimelteon) <sup>P/A REQ'D</sup>  <b>Rozerem</b> (Ramelteon) <sup>S/E</sup>  <b>Zolpimist Nasal Spray</b> (Zolpidem) <sup>P/A REQ'D</sup></p>
<p><b>Sedatives/Hypnotics (Barbiturate/CNS)</b></p> <p>Phenobarbital</p> <p>H2</p>		<p><b>Butisol</b> (Butabarbital) <sup>100% Copay</sup>  <b>Seconal</b> (Secobarbital) <sup>100% Copay</sup></p>
<p><b>ADD &amp; ADHD Agents</b></p> <p>Atomoxetine / <b>Strattera</b>            Amphetamine/D-Amphetamine / <b>Adderall, Adderall XR</b><sup>†^</sup>            Clonidine HCL / <b>Kapvay</b>            D-Amphetamine / <b>Dexedrine</b>            Dexmethylphenidate / <b>Focalin, *Focalin XR</b>            Guanfacine / <b>Intuniv</b>            Methylphenidate / <b>Concerta, *Concerta ER</b>            Methylphenidate / <b>Desoxyn</b>            Methylphenidate / <b>Ritalin/LA/SR</b>            Methylphenidate / <b>*Metadate CD, *Metadate ER</b></p> <p>J5/H7/H2</p>	<p><b>Daytrana Patch</b><sup>†</sup> (Methylphenidate)  <b>Mydayis</b><sup>†</sup> (Amphetamine Salts)  <b>Vyvanse</b><sup>†</sup> (Lisdexamfetamine Dimesylate)</p>	<p><b>*Adhansia XR</b> (Methylphenidate) <sup>S/E</sup>  <b>Adzenys XR-ODT</b> (Amphetamine) <sup>S/E</sup>  <b>Adzenys ER Liquid</b> (Amphetamine) <sup>S/E</sup>            Amphetamine/D-Amphetamine [SSG] <sup>NDC BLOCK</sup>  <b>*Aptensio XR</b> (Methylphenidate) <sup>S/E</sup>  <b>*Cotempla XR-ODT</b> (Methylphenidate) <sup>S/E</sup>  <b>Evekeo</b> (Amphetamine Sulfate) <sup>S/E</sup>  <b>Dyanavel XR Susp</b> (Amphetamine) <sup>S/E</sup>  <b>Methylin Solution</b> (Methylphenidate) <sup>S/E</sup>  <b>*QuilliChew ER</b> (Methylphenidate) <sup>S/E</sup>  <b>*Quillivant XR Susp</b> (Methylphenidate) <sup>S/E</sup>  <b>*Relexxii ER</b> (Methylphenidate) <sup>S/E</sup></p>
<p><b>Excessive Sleepiness / Narcolepsy</b></p> <p>Armodafinil / <b>Nuvigil</b>            Modafinil / <b>Provigil</b></p> <p>H8</p>		<p><b>Sunosi</b> (Solriamfetol)</p>

\* Long-acting Methylphenidate derivatives for ADD/ADHD that require failure of Vyvanse prior to approval

# CNS: Anti-Depressants & PBA

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>Serotonin Specific Reuptake Inhibitors (SSRI)</b> Citalopram / <b>Celexa</b> Escitalopram / <b>Lexapro</b> Fluoxetine / <b>Prozac, Sarafem</b> Fluvoxamine / <b>Luvex/CR</b> Paroxetine / <b>Paxil/CR</b> Sertraline / <b>Zoloft</b> H2	<b>Trintellix'</b> (Vortioxetine) <sup>S/E</sup> <b>Viibryd'</b> (Vilazodone) <sup>S/E</sup>	<b>Pexeva</b> (Paroxetine Mesylate) <sup>100% Copay</sup>
<b>Serotonin Norepinephrine Reuptake Inhibitors</b> Duloxetine / <b>Cymbalta</b> Desvenlafaxine / <b>Pristiq, Khedezla ER</b> Venlafaxine / <b>Effexor XR</b> H7	<b>Fetzima'</b> (Levomilnacipran) <sup>S/E</sup>	
<b>Other SSRI Combinations</b> Olanzapine/Fluoxetine / <b>Symbyax</b> H7		
<b>Monoamine Oxidase Inhibitors (MAOIs)</b> Phenelzine Sulfate / <b>Nardil</b> Tranylcypromine Sulfate / <b>Parnate</b> H7/H2		<b>Emsam Patches</b> (Selegiline) <b>Marplan</b> (Isocarboxazid)
<b>Antidepressants, Others</b> Amitriptyline / <b>Elavil</b> Bupropion / <b>Wellbutrin SR/XL</b> Buspirone / <b>Buspar</b> Clomipramine / <b>Anafranil</b> Desipramine / <b>Norpramin</b> Imipramine / <b>Tofranil/PM</b> Mirtazapine / <b>Remeron, Remeron Soltab</b> Nortriptyline / <b>Aventyl, Pamelor</b> Trazadone / <b>Desyre!</b> (Over 20 other 'generic only' agents exist) H2/H7	<b>Forfivo XL' 450mg Only</b> (Bupropion HCL)	<b>Aplenzin ER</b> (Bupropion Hydrobromide) <b>Olepto ER</b> (Trazadone) <sup>S/E</sup>
<b>Pseudobulbar Affect (PBA) Agents</b> H8	<b>Nuedexta'</b> (Dextromethorphan/Quinidine)	

## CNS: Anti-Psychotics & Bi-Polar

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>Antipsychotic Agents</b> Chlorpromazine / <del>Thorazine</del> Fluphenazine / <del>Prolixin</del> Haloperidol / <del>Haldol</del> Loxapine / <del>Loxitane</del> Perphenazine / <del>Trilafon</del> Trifluoperazine / <del>Stelazine</del> Thioridazine / <del>Mellaril</del> Thiothixene / <del>Navane</del>		ORAP (Pimozide)
H7 <b>Atypical Antipsychotic Agents</b> Aripiprazole / <del>Abilify</del> <sup>B,S</sup> Clozapine / <del>Clozaril, Fazaclo</del> <sup>B,S</sup> Olanzapine / <del>Zyprexa, Zyprexa ZYDIS</del> <sup>B,S</sup> Quetiapine / <del>Seroquel IR</del> <sup>B,S</sup> , <del>Seroquel XR</del> <sup>B,S</sup> Risperidone / <del>Risperdal</del> <sup>B,S</sup> Ziprasidone / <del>Geodon</del> <sup>B,S</sup>	Saphris <sup>1</sup> (Asenapine) <sup>B,S</sup> Vraylar <sup>1</sup> (Cariprazine) <sup>B,S</sup>	Abilify MyCite w/ Sensor (Aripiprazole) <sup>B,S, P/A REQ'D</sup> Fanapt (Iloperidone) <sup>2 S/E, B,S</sup> Invega ER (Paliperidone) <sup>2 S/E, B,S</sup> Latuda (Lurasidone) <sup>B,S S/E</sup> Rexulti (Brexipiprazole) <sup>2 S/E, M,S</sup> Versacloz Susp (Clozapine)
H2 <b>Bipolar Disorders (Anti-mania Agents)</b> Lithium Carbonate / <del>Lithobid</del> Valproic Acid / <del>Stavzor</del>		Equetro (Carbamazepine)

<sup>B</sup> - Bi-polar indication

<sup>S</sup> - Schizophrenia indication

<sup>M</sup> - Manic Depressive Disorder indication

## Parathyroid Agents

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>Parathyroid Agents</b> Calcitriol <sup>2</sup> / <del>Rocaltrol</del> Cinacalcet <sup>2</sup> / <del>Sensipar</del> Doxercaliferol <sup>2</sup> / <del>Hectorol</del> Ergocalciferol Drops <sup>2</sup> / <del>Drisol</del> Paricalcitol <sup>2</sup> / <del>Zemplar</del>		Natpara <sup>1</sup> (Parathyroid Hormone) <sup>P/A REQ'D</sup> Rayaldee <sup>2</sup> (Calcifediol) <sup>P/A REQ'D</sup>

<sup>1</sup> – Hypothyroidism, <sup>2</sup> – Hyperthyroidism



# Gastrointestinal: Ulcer, GERD & IBS

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p><b>Anti-Ulcer /GERD Agents</b></p> <p><u>H2 Antagonists</u> Generic Drugs Only!!</p> <p><u>PPIs**</u> Esomeprazole / <b>Nexium</b> Lansoprazole / <b>Prevacid</b> Omeprazole / <b>Prilosec</b> Omeprazole w/ Sodium Bicarb / <b>Zegerid</b> 100% Copay Pantoprazole / <b>Protonix</b> Rabeprazole / <b>Aciphex</b></p> <p><u>Others</u> Metoclopramide / <b>Reglan</b> Sucralfate / <b>Carafate</b></p> <p>D4/J9/Z2</p>	<p><u>H2 Antagonists</u></p> <p><u>PPIs</u> <b>Dexilant'</b> (Dexlansoprazole)</p> <p><u>Others</u> <b>Enteragam Powder Pak'</b> (Immune Globulin)</p>	<p><u>H2 Antagonists</u></p> <p><u>PPIs</u> <b>Protonix Oral Suspension</b> (Pantoprazole)</p> <p><u>Others</u> <b>Metozolv ODT</b> (Metoclopramide)</p>
<p><b>Bowel &amp; Colon Agents</b></p> <p><u>Inflammatory Bowel Disease/Ulcerative Colitis</u> Mesalamine / <b>Asacol/HD, Rowasa</b> Balsalazide Disodium / <b>Colazal</b></p> <p>D6/Q3</p>	<p><u>Irritable Bowel Syndrome (IBS-C, OIC, CIC)</u> <b>Apriso'</b> (Mesalamine) <b>Lialda'</b> (Mesalamine)</p>	<p><u>Irritable Bowel Syndrome (IBS-C, OIC, CIC)</u> <b>Delzicol</b> (Mesalamine) <b>Dipentum</b> (Olsalazine) <sup>S/E</sup> Mesalamine [<i>Generics for Lialda</i>] <b>Pentasa</b> (Mesalamine) <sup>S/E</sup></p>
<p><u>Irritable Bowel Syndrome (IBS-C, OIC, CIC)</u></p> <p><u>Irritable Bowel Syndrome (IBS-D)</u></p> <p>D6</p>	<p><u>Irritable Bowel Syndrome (IBS-C, OIC, CIC)</u> <b>Amitiza'</b> (Lubiprostone) <sup>IBS-C, OIC, CIC</sup> <b>Linzess'</b> (Linaclotide) <sup>IBS-C</sup> <b>Motegrity'</b> (Prucalopride) <sup>CIC</sup></p> <p><u>Irritable Bowel Syndrome (IBS-D)</u> <b>Viberzi'</b> (Eluxadoline) <sup>IBS-D</sup> <b>Xifaxan 550'</b> (Rifaximin) <sup>IBS-D</sup></p>	<p><u>Irritable Bowel Syndrome (IBS-C, OIC, CIC)</u> <b>Movantik</b> (Naloxegol) <sup>OIC - S/E</sup> <b>Relistor Tablets</b> (Methylnaltrexone) <sup>OIC - P/A Req'd</sup> <b>Symproic'</b> (Naldemedine) <sup>OIC</sup> <b>Trulance'</b> (Plecanatide) <sup>CIC</sup> <b>Zelnorm</b> (Tegaserod) <sup>IBS-c</sup></p> <p><u>Irritable Bowel Syndrome (IBS-D)</u> <b>Lotronex</b> (Alosetron) <sup>IBS-D</sup></p>
<p><u>Other:</u> Budesonide / <b>Entocort EC</b> Difenoxylate/Atropine / <b>Lomotil</b> Glycopyrrolate / <b>Glycate</b> Loperamide / <b>Imodium (OTC)</b> Mesalamine / <b>Canasa Suppositories</b></p> <p>D6/J2</p>	<p><u>Other:</u></p>	<p><u>Other:</u> <b>Aemcolo</b> (Rifamycin) <sup>P/A Req'd</sup> <b>Cuvposa</b> (Glycopyrrolate) <b>Entereg</b> (Alvimopan) <b>Motofen</b> (Difenoxin/Atropine Sulfate) <b>Relistor Injectable</b> (Methylnaltrexone) <sup>P/A Req'd</sup> <b>Uceris Foam &amp; Tablets'</b> (Budesonide)</p>

## Gastrointestinal: Laxatives & Colon Preps

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p><b>Laxatives</b></p> <p>Lactulose / <b>Granulose</b>                      Polyethelene Glycol (PEG) 3350 / <b>Merilax</b></p> <p>D6</p>		<p><b>Kristalose'</b> (Lactulose)</p>
<p><b>Colon Prep Agents</b></p> <p>Peg 3350/NA Sulfate,Bicarbonate CL/KCL / <b>Colyte</b>,  <b>Gavilyte</b>, <b>Golytely</b>                      Sodium Chloride / <b>Nulytely</b></p> <p>D6</p>	<p><b>Moviprep'</b> (Peg 3350 Solution)  <b>Osmoprep'</b> (Sodium Phosphate Tablets)  <b>Plenvu'</b> (Peg 3350/NA Ascorbate/NA Sulfate++)  <b>Suprep'</b> (Sodium, Potassium, &amp; Magnesium Sulfate)</p>	<p><b>Clenpiq</b> Pre-Mix (Sod Picosulf, Mag Ox, Citric Acid)  <b>Gialax</b> (PEG 3350/Sod Chlor/Pot Citrate Solution)  <b>Halflytely</b> (Sodium Phosphate Solution)  <b>Prepopik</b> (Sod Picosulf, Mag Ox, Citric Acid)</p>
<p><b>H. Pylori Agents</b></p> <p><u>H-Pylori Agents</u>                      Lansoprazole/Amox/Clarithromycin / <b>PrevPac</b></p> <p>D4</p>	<p><u>H-Pylori Agents</u>  <b>Pylera'</b> (Bismuth/Metronid/Tetracycline)</p>	<p><u>H-Pylori Agents</u>  <b>Omeclamox</b> (Omeprazole/Amox/Clarithromycin)</p>

# Hormone Therapy: O/Cs & Estrogens

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p><b>Contraceptives</b></p> <p><u>Orals</u> All Oral Contraceptives flagged as Generic Levonorgesterol / <b>Plan-B</b><sup>+</sup></p> <p><u>Others</u> Generic Products <b>Nuvaring</b></p> <p>G8</p>	<p><u>Orals</u> <b>Beyaz', Yaz'</b> <b>Natazia', Safyral'</b></p> <p><u>Others</u></p>	<p><u>Orals</u> All Oral Contraceptives flagged as Brand</p> <p><u>Others</u> All Other formulations flagged as Brand</p>
<p><b>Estrogens / Estrogen Combinations</b></p> <p><u>Orals – Single</u> Estradiol / <b>Estrace</b> Estropipate / <b>Ogen, Ortho-Est</b> ME-Test/Estrogen/Ester / <b>Covaryx/HS</b></p> <p>G1</p> <p><u>Orals – Combination Products</u></p> <p>G1</p> <p><u>Patches/Gels</u> Estradiol / <b>Climara Patch</b> Estradiol / <b>Vivelle/DOT Patch</b></p> <p>G1</p> <p><u>Vaginal (All Forms)</u> Estradiol / <b>Estrace Cream</b> Estradiol / <b>Vagifem</b></p> <p>Q4</p>	<p><u>Orals – Single</u></p> <p><u>Orals – Combination Products</u></p> <p><u>Patches/Gels/Pumps</u> <b>Climara Pro Patch'</b> (Estradiol/Levonorgestrel) <b>Divigel'</b> (Estradiol Gel) <b>Minivelle Patch'</b> (Lo-Dose Estradiol) <b>Xulane Patch</b> (Norelgestromin/Estradiol)</p> <p><u>Vaginal (All Forms)</u> <b>Osphena'</b> (Ospemifene)</p>	<p><u>Orals – Single</u> <b>Cenestin</b> (Conjugated Estrogen) <b>Menest</b> (Esterified Estrogen) <b>Premarin</b> (Conjugated Estrogen)</p> <p><u>Orals – Combination Products</u> <b>Activella, FemHRT, Mimvey</b> (Estradiol/Noreth) <b>Angeliq</b> (Estradiol/Drospirenone) <b>Annovera</b> (Estradiol/Segesterone) <b>Bijuva</b> (Estradiol/Progesterone) <b>Duavee</b> (Conj Estrogens/Bazedoxifene) <sup>100% Copay</sup> <b>Prefest</b> (Estradiol/Norgestimate) <b>Prempro, Premphase</b> (Conj. Estrog/Medroxyprog)</p> <p><u>Patches/Gels/Pumps</u> <b>Alora Patch</b> (Estradiol) <b>Combipatch</b> (Estradiol/Norethindrone) <b>Elestrin Gel, Estroge</b> (Estradiol) <sup>S/E New Starts</sup> <b>Evamist Spray</b> (Estradiol) <sup>S/E New Starts</sup> <b>Menostar Patch</b> (Estrogen)</p> <p><u>Vaginal (All Forms)</u> <b>Estring, Femring Ring</b> (Estradiol) <sup>S/E New Starts</sup> <b>Imvexxy</b> (Estradiol) <sup>S/E New Starts</sup> <b>Premarin Cream</b> (Conj. Estrogen) <sup>S/E New Starts</sup></p>

IMPORTANT NOTE - Contraceptive coverage varies by Plan, but most Plans cover generic Oral Contraceptives

## Hormone Therapy: Androgenics, Progestones & Fertility

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p><b>Other Hormonal &amp; Non-Hormonal Agents</b></p> <p>Clomiphene Citrate / <b>Clomid, Serophene</b>                      Hydroxyprogesterone Capoate Injections / <b>Makena</b></p> <p>G1/G8</p>	<p><b>Addyi</b><sup>†</sup> (Flibanserin)  <b>Brisdelle</b><sup>†</sup> (Paroxetine Mesylate)  <b>Orilissa</b><sup>†</sup> (Elagolix)</p>	<p><b>Ella</b> (Ulipristal Acetate)  <b>IntraRosa Vaginal Insert</b> (Prasterone)<sup>S/E New Starts</sup>  <b>Vyleesi</b> (Bremelanotide)</p>
<p><b>Progestational Agents</b></p> <p>Medroxyprogesterone / <b>Provera</b>                      Norethindone Acetate / <b>Aygestin</b>                      Progesterone, Micronized / <b>Prometrium</b></p> <p>G2</p>	<p><b>Crinone</b><sup>†</sup> (Progesterone, Micronized)</p>	<p><b>Depo-Provera</b> (Medroxyprogesterone)  <b>Endometrin Supp</b> (Progesterone, Micron.)  <b>First-Progesterone MC</b> (Progesterone)</p>
<p><b>Androgenic Agents</b></p> <p>Oxandrolone / <b>Oxandrin</b>                      Prasterone / <b>DHEA</b>                      Testosterone / <b>Androgel Gel, Axiron Pump, Fortesta,</b>                      Testim                      Testosterone Cypionate / <b>Depo-Testosterone</b>                      Testosterone Enanthate / <b>Delatestryl Injectable</b><sup>S/E</sup></p> <p>F1</p>		<p><b>Anadrol-50</b> (Oxymetholone)  <b>Androderm</b> (Testosterone Patch, Gel)  <b>Jatenzo</b> (Testosterone Undecanoate)  <b>Methitest</b> (Methyltestosterone)  <b>Natesto Nasal Gel</b> (Testosterone)  <b>Striant</b> (Testosterone)  <b>Testopel Insert</b> (Testosterone)  <b>Testred</b> (Methyltestosterone)  <b>Vogelxo</b> (Testosterone Gel)  <b>Xyosted</b> (Testosterone Enanthate)</p>

## Prenatal Vitamins, Iron Deficiency

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>Prenatal Vitamins</b> <i>All Generic Agents are Covered in Tier 1</i> C6		<i>All Brand Agents are Non-Preferred</i>
<b>Iron Deficiency Agents</b> <i>All Generic Agents are Covered in Tier 1</i> C3		<i>All Brand Agents are Non-Preferred</i>

## Metabolic: Thyroid Replacements

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>Anti-Thyroid &amp; Thyroid Replacements</b> <u>Thyronine (Free T3)</u> Liothyronine / <b>Cytomel</b> <u>Thyroxine (Free T4)</u> Levothyroxine / <b>Eurthyrox, Levo-T, Levothroid, Levoxyl, Synthroid, Unithroid</b> <u>Mixed Thyronine/ Thyroxine</u>  <u>Other</u> Propylthiouracil / <b>Propylthiouracil</b> Methimazole / <b>Tapazole</b> Thyroid, pork / <b>Armour Thyroid</b> P3	<u>Thyronine (Free T3)</u>  <u>Thyroxine (Free T4)</u>  <u>Mixed Thyronine/ Thyroxine</u>  <u>Other</u>	<u>Thyronine (Free T3)</u>  <u>Thyroxine (Free T4)</u> <b>Tirosint</b> (Levothyroxine)  <u>Mixed Thyronine/ Thyroxine</u> <b>Nature-Throid</b> (Thyroid, pork) <b>Thyrolar</b> (Liotrix, pork) <b>Westhroid, WP-Thyroid</b> (Thyroid, pork)  <u>Other</u> <b>NP-Thyroid</b> (Thyroid, pork)
<b>Glucocorticoids / Mineralocorticoids</b> Budesonide / <b>Entocort EC</b> Methylprednisone / <b>Medrol</b> Prednisone / <b>Deltasone</b> Prednisolone / <b>Prednisolone, Prelone Syrup, Pediapred</b> <i>Multiple Generics available for Prescribing</i> P5		<b>Celestone</b> (Betamethasone) <b>Dexpak</b> (Dexamethasone) <b>Millipred/Pak</b> (Prednisone ER) 100% Copay <b>Rayos</b> (Prednisone ER) 100% Copay <b>Taperdex</b> (Prednisone ER) 100% Copay

# Diabetes: Insulins & Injectibles

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p><b>Insulins</b></p> <p><u>Synthetic Insulin</u> Short-Acting <sup>(Bolus)</sup></p> <p><u>Long-Acting</u> <sup>(Basal)</sup></p> <p><u>Mixed Insulin</u></p> <p><u>Human Insulin</u> Injectible</p> <p>Inhaled</p> <p>C4</p>	<p><u>Synthetic Insulin</u> Short-Acting <sup>(Bolus)</sup> <b>Fiasp</b><sup>®</sup> (Insulin Aspart) <b>Novolog</b><sup>®</sup> (Insulin Aspart) <b>Apidra</b><sup>®</sup> (Insulin Glulisine)</p> <p><u>Long-Acting</u> <sup>(Basal)</sup> <b>Lantus</b><sup>®</sup> (Insulin Glargine) <b>Levemir</b><sup>®</sup> (Insulin Detemir) <b>Toujeo</b><sup>®</sup>/<b>Toujeo Max</b> <b>Solostar</b><sup>®</sup> (Insulin Glargine) <b>Tresiba</b><sup>®</sup> (Insulin Degludec)</p> <p><u>Mixed Insulin</u> <b>Novolog Mix</b><sup>®</sup> (Insulin Aspart)</p> <p><u>Human Insulin</u> Injectible <b>Novolin</b><sup>®</sup> (Insulin Aspart)</p> <p>Inhaled</p>	<p><u>Synthetic Insulin</u> Short-Acting <sup>(Bolus)</sup> <b>Humalog</b> (Insulin Lispro) <sup>S/E</sup> <b>Admelog</b> (Insulin Lispro) <sup>S/E</sup></p> <p><u>Long-Acting</u> <sup>(Basal)</sup> <b>Basaglar</b> (Insulin Glargine) <sup>P/A REQ'D</sup></p> <p><u>Mixed Insulin</u> <b>Humalog Mix</b> (Insulin Lispro) <b>Basalog Mix</b> (Insulin Glargine)</p> <p><u>Human Insulin</u> Injectible <b>Humulin</b> (Insulin, Assorted) <b>Basalin</b> (Insulin, Assorted)</p> <p>Inhaled <b>Afrezza</b> (Insulin Regular, Human)</p>
<p><b>Injectible Anti-Diabetics</b></p> <p><u>GLP-1</u></p> <p><u>GLP-1 / Insulin Combinations</u></p> <p><u>Other Injectibles</u></p> <p>C4</p>	<p><u>GLP-1</u> <b>Bydureon</b><sup>®</sup>/<b>Bydureon BCise</b> (Exenatide) <b>Byetta</b><sup>®</sup> (Exenatide) <b>Ozempic</b><sup>®</sup> (Semaglutide) <b>Victoza</b><sup>®</sup> (Liraglutide)</p> <p><u>GLP-1 / Insulin Combinations</u> <b>Soliqua</b><sup>®</sup> (Insulin Glargine &amp; Lixisenatide) <b>Xultophy</b><sup>®</sup> (Insulin Degludec &amp; Liraglutide)</p> <p><u>Other Injectibles</u> <b>SymlinPen</b><sup>®</sup> (Pramlintide Acetate)</p>	<p><u>GLP-1</u> <b>Adlyxin</b> (Lixisenatide) <b>Trulicity</b> (Dulaglutide)</p> <p><u>GLP-1 / Insulin Combinations</u></p> <p><u>Other Injectibles</u></p>
<p><b>Hyperglycemic Agents</b></p> <p>M4</p>	<p><b>GlucaGen Kit</b><sup>®</sup> (Glucagon) <sup>Novo Nordisk Only</sup></p>	<p><b>Glucagon Emergency Kit</b> (Glucagon) <b>Proglycem Oral Suspension</b> (Diazoxide) <b>Baqsimi</b> (Glucagon) <sup>QLL/MAX DOSE</sup></p>

# Diabetes: Oral Antidiabetics

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p><b>Oral Anti-Diabetics</b></p> <p><u>Orals</u>                      Glyburide / <b>Diabeta, Glynase, Micronase</b>                      Metformin ER / <b>Fortamet ER</b> <sup>S/E 100% Copay</sup>                      Metformin ER / <b>Glumetza</b> <sup>S/E-100% Copay</sup>                      Metformin / <b>GlucophageXR</b>                      (Over 30 other generic agents exist)</p> <p>C4</p>	<p><u>Orals</u></p>	<p><u>Orals</u>  <b>Cycloset</b> (Bromocriptine) <sup>100% Copay</sup>  <b>Riomet</b> (Metformin) <sup>100% Copay</sup></p>
<p><u>Thiazolidinediones (TZDs) &amp; Combinations</u>                      Pioglitazone Family/ <b>Actos, Duetact, ActoPlusMet/XR</b></p> <p>C4</p>	<p><u>Thiazolidinediones (TZDs)</u></p>	<p><u>Thiazolidinediones (TZDs)</u>  <b>Avandia Avandamet Avandaryl</b></p>
<p><u>DPP-4 / DPP-4 Combos</u>                      Alogliptin / <b>Nesina</b>                      Alogliptin/Metformin / <b>Kazano</b>                      Alogliptin/Pioglitazone / <b>Oseni</b></p> <p>C4</p>	<p><u>DPP-4 / DPP-4 Combos</u> <sup>S/E Through Metformin</sup>  <b>Janumet/XR</b>' (Sitagliptin/Metformin)  <b>Januvia</b>' (Sitagliptin*)  <b>Jentadueto</b>' (Linagliptin/Metformin)  <b>Kombiglyze XR</b>' (Saxagliptin/Metformin)  <b>Onglyza</b>' (Saxagliptin)  <b>Tradjenta</b>' (Linagliptin)</p>	<p><u>DPP-4 / DPP-4 Combos</u> <sup>S/E Through Metformin</sup></p>
<p><u>SGLT-2 Inhibitors</u></p> <p><u>SGLT-2 / DPP-4 Combinations</u></p> <p>C4</p>	<p><u>SGLT-2 Inhibitors</u> <sup>S/E Through Metformin</sup>  <b>Farxiga</b>' (Dapagliflozin)  <b>Invokana</b>' (Canagliflozin)  <b>Invokamet/XR</b>' (Canagliflozin/Metformin)  <b>Jardiance</b>' (Empagliflozin)  <b>Synjardy</b>' (Empagliflozin/Metformin)  <b>Xigduo</b>' (Dapagliflozin/Metformin)</p> <p><u>SGLT-2 / DPP-4 Combinations</u> <sup>S/E Through Metformin</sup>  <b>Glyxambi</b>' (Empagliflozin/Linagliptin)  <b>Qtern</b>' (Dapagliflozin/Saxagliptin)  <b>Qternmet XR</b>' (Dapagliflozin/Saxagliptin/Metformin)</p>	<p><u>SGLT-2 Inhibitors</u> <sup>S/E Through Metformin</sup>  <b>Steglatro</b> (Ertugliflozin) <sup>100% Copay</sup>  <b>Segluromet</b> (Ertugliflozin/Metformin) <sup>100% Copay</sup></p> <p><u>SGLT-2 / DPP-4 Combinations</u> <sup>S/E Through Metformin</sup>  <b>Steglujan</b> (Ertugliflozin/Sitagliptin) <sup>100% Copay</sup></p>

## Diabetes: Diabetic Supplies & Pumps

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>Diabetic Supplies</b> <u>Meters</u> Store Brand  <u>Strips</u> Store Brand  M4/X2	<u>Meters</u> Accu-Chek Compact Plus' TRUE Metrix' Accu-Chek Aviva Care' Accu-Chek Nano' Accu-Chek Guide  <u>Strips</u> A/C Aviva Plus' TRUE Metrix' A/C Compact' TRUE Track' A/C Guide & Smartview	<u>Meters</u> <i>Other Brands of Meters are either NOT Covered OR may incur a 100% copay depending on plan design.</i>  <u>Strips</u> <i>Other Brands of Strips are either NOT Covered OR may incur a 100% copay depending on plan design.</i>
Replacing Roche Accu-Chek with One Touch Meters & Strips for 10/01/2019 and 01/01/2020		
<u>Lancets Devices &amp; Lancets</u> Store Brand  <u>Syringes &amp; Supplies by:</u> Store Brand  Y2/Y9	<u>Lancets Devices &amp; Lancets</u> Accu-Chek Fastclix', Multiclix', Softclix' Accu-Chek SoftTouch Lancets'  <u>Syringes &amp; Supplies by:</u> Novofine & NovoTwist Pen Needles TechLITE Pen Needles	<u>Lancets Devices &amp; Lancets</u> Autoject, Autolet Lancets, B-D Lancets Monoject, Terumo Lancets Unifine Lancets  <u>Syringes &amp; Supplies by:</u> B-D, Clickfine, Monoject, Terumo UltiCare, Unifine, all other brand products
<b>Continuous Glucose Monitoring Devices</b>  Y9	Dexcom Transmitter, Receiver & Sensors' Freestyle Libre Reader & Sensors'	
<b>Insulin Pumps &amp; Supplies</b>  Y9	Minimed 50X, Paradigm & Guardian OmniPod System & Pods V-Go Disposable Units	

## Weight Loss

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>Anorexia Agents</b> Benzphetamine HCL / <b>Didrex</b> Phendimetrazine / <b>Bontril-PDM</b> Phentermine HCL / <b>Adipex-P</b>  J8	<b>Contrave'</b> (Bupropion/Naloxone) <sup>P/A Approp Use</sup> <b>Saxenda Injection'</b> (Liraglutide) <sup>P/A Approp Use</sup>	<b>Belviq/XR</b> (Lorcaserin) <sup>P/A</sup> <b>Lomaira</b> (Phentermine) <sup>P/A</sup> <b>Qsymia</b> (Phentermine/Topiramate) <sup>P/A</sup>



# Respiratory: Allergy & Asthma

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p><b>Oral Allergy Agents</b></p> <p>w7</p>	<p><b>Grastek<sup>'</sup>, Ragwitek<sup>'</sup>, Odactra<sup>'</sup></b></p>	<p>{All Other Oral Allergy Immunotherapy}</p>
<p><b>Allergy Medications</b></p> <p><u>Non/Low Sedating Antihistamines</u> Multiple Generics &amp; OTCs available for Prescribing</p> <p>z2</p> <p><u>Intranasal Corticosteroids</u> Flunisolide / <b>Nasarel</b> Fluticasone / <b>Flonase, Flonase Sensimist (OTC)</b> Triamcinolone Acetate / <b>Nasacort Allergy 24 HR (OTC)</b></p> <p><u>Other Allergy Agents (Sprays)</u> Azelastine / <b>Astepro</b></p> <p>q7</p>	<p><u>Non/Low Sedating Antihistamines</u></p> <p><u>Intranasal Corticosteroids</u> <b>Nasonex<sup>'</sup></b> (Mometasone) <b>QNASL<sup>'</sup></b> (Beclomethasone Dipropionate)</p> <p><u>Other Allergy Agents (Sprays)</u> <b>Dymista<sup>'</sup></b> (Azelastine/Fluticasone)</p>	<p><u>Non/Low Sedating Antihistamines</u> <b>Semprex-D</b> (Pseudoephedrine/Acrivias)</p> <p><u>Intranasal Corticosteroids</u> <b>Beconase AQ</b> (Beclomethasone Dipropionate) <b>Omnaris, Zetonna</b> (Ciclesonide)</p> <p><u>Other Allergy Agents (Sprays)</u> <b>Patanase</b> (Olopatadine) <b>Ticalast</b> (Azelastine/Fluticasone)</p>
<p><b>Asthma Agents</b></p> <p><u>Short Acting Beta Agonists (SABA)</u> Albuterol Sulfate Inhaler Levalbuterol / <b>Xopenex</b> Terbutaline</p> <p><u>Inhaled Corticosteroids (ICS)</u></p> <p><u>ICS / LABA Combination Agents</u> Fluticasone/Salmeterol / <b>Wixela Inhub</b></p> <p><u>Long Acting Muscarinic Agonists (LAMA)</u></p> <p><u>Other Agents</u> Budesonide / <b>Pulmicort Respules for Inhalation</b></p> <p>B6</p>	<p><u>Short Acting Beta Agonists (SABA)</u> <b>ProAir HFA/RespiClick<sup>'</sup></b> (Albuterol) <b>Proventil/HFA<sup>'</sup></b> (Albuterol) <b>Ventolin/HFA<sup>'</sup></b> (Albuterol)</p> <p><u>Inhaled Corticosteroids (ICS)</u> <b>Arnuity<sup>'</sup></b> (Fluticasone Furoate) <b>Flovent<sup>'</sup></b> (Fluticasone) <b>Pulmicort Flexhaler<sup>'</sup></b> (Budesonide) <b>Qvar/Qvar ReditHaler<sup>'</sup></b> (Beclomethasone)</p> <p><u>ICS / LABA Combination Agents</u> <b>Advair<sup>'</sup></b> (Fluticasone/Salmeterol) <b>Breo<sup>'</sup></b> (Fluticasone/Vilanterol) <b>Symbicort<sup>'</sup></b> (Budesonide/Formoterol)</p> <p><u>Long Acting Muscarinic Agonists (LAMA)</u></p> <p><u>Other Agents</u></p>	<p><u>Short Acting Beta Agonists (SABA)</u></p> <p><u>Inhaled Corticosteroids (ICS)</u> <b>Aerospan</b> (Flunisolide) <b>Alvesco</b> (Ciclesonide) <b>ArmonAir</b> (Fluticasone) <b>Asmanex<sup>'</sup></b> (Mometasone Furoate)</p> <p><u>ICS/LABA Combination Agents</u> <b>AirDuo</b> (Fluticasone/Salmeterol <sup>AG</sup>) <b>Dulera</b> (Mometasone/Formoterol) <sup>100% Copay</sup></p> <p><u>Long Acting Muscarinic Agonists (LAMA)</u> <b>Spiriva 1.25mcg<sup>'</sup></b> (Tiotropium)</p> <p><u>Other Agents</u></p>

# Respiratory: Allergy, COPD & Polyps

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p><b>Leukotriene Inhibitors</b></p> <p>Montelukast / <b>Singulair</b>                      Zafirlukast / <b>Accolate</b>                      Zileuton / <b>Zyflo/CR</b></p> <p>Z4</p>		
<p><b>COPD Agents</b></p> <p><u>Beta Agonists / Muscarinic Agonists, Short Acting</u>                      Albuterol/Ipratropium [SABA]</p> <p><u>Long Acting Beta Agonists (LABA)</u></p> <p><u>Long Acting Muscarinic Agonists (LAMA)</u></p> <p><u>LABA / LAMA Combination Agents</u></p> <p><u>ICS / LABA Combination Agents</u>                      Fluticasone/Salmeterol / <b>Wixela Inhub</b></p> <p><u>ICS / LABA / LAMA Combination Agents</u></p> <p><u>Inhalation/Nebulizer Agents</u></p> <p>B6</p>	<p><u>Beta Agonists / Muscarinic Agonists</u>  <b>Combivent</b><sup>®</sup> (Albuterol/Ipratropium) [SABA/SAMA]</p> <p><u>Long Acting Beta Agonists (LABA)</u>  <b>Arcapta</b><sup>®</sup> (Indacaterol Powder)  <b>Serevent</b><sup>®</sup> (Salmeterol)  <b>Striverdi</b><sup>®</sup> (Olodaterol)</p> <p><u>Long Acting Muscarinic Agonists (LAMA)</u>  <b>Incruse</b><sup>®</sup> (Umeclidinium)  <b>Spiriva 2.5mcg</b><sup>®</sup>, <b>Spiriva Handihaler</b> (Tiotropium)</p> <p><u>LABA / LAMA Combination Agents</u>  <b>Anoro</b><sup>®</sup> (Umeclidinium/Vilanterol)  <b>Stiolto</b><sup>®</sup> (Tiotropium/Olodaterol)</p> <p><u>ICS / LABA Combination Agents</u>  <b>Advair</b><sup>®</sup> (Fluticasone/Salmeterol)  <b>Breo</b><sup>®</sup> (Fluticasone/Vilanterol)  <b>Symbicort</b><sup>®</sup> (Budesonide/Formoterol)</p> <p><u>ICS / LABA / LAMA Combination Agents</u>  <b>Trelegy</b><sup>®</sup> (Umeclidinium/Vilanterol/Fluticasone)</p> <p><u>Inhalation/Nebulizer Agents</u>  <b>Perforomist Inhalation</b><sup>®</sup> (Formoterol Fumarate)  <b>Yupelri Inhalation</b><sup>®</sup> (Revefenacin)</p>	<p><u>Beta Agonist / Muscarinic Agonists</u>  <b>Atrovent HFA</b> (Ipratropium) [SAMA]</p> <p><u>Long Acting Beta Agonists (LABA)</u>  <b>Brovana</b> (Arformoterol Tartrate)  <b>Foradil</b> (Formoterol)</p> <p><u>Long Acting Muscarinic Agonists (LAMA)</u>  <b>Seebri</b> (Glycopyrronium Bromide)  <b>Tudorza</b> (Aclidinium Bromide)</p> <p><u>LABA / LAMA Combination Agents</u>  <b>Utibron</b> (Indacaterol/Glycopyrronium)  <b>Bevespi</b> (Fomoterol/Glycopyrronium)</p> <p><u>ICS / LABA Combination Agents</u></p> <p><u>ICS / LABA / LAMA Combination Agents</u></p> <p><u>Inhalation/Nebulizer Agents</u>  <b>Lonhala Magnair</b> (Glycopyrrolate)</p>
<p><u>Other Agents</u></p> <p>Z2</p>	<p><u>Other Agents</u>  <b>Daliresp</b><sup>®</sup> (Roflumilast)</p>	<p><u>Other Agents</u></p>
<p><b>Nasal Polyps</b></p> <p>Q7</p>	<p><b>XHance</b><sup>®</sup> (Fluticasone Propionate)</p>	

# Dermatology: Acne, Rosacea, Psoriasis

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p><u>Acne – Topicals (Acne/Seborrhea/Dermatitis)</u>                      Clindamycin / <b>Cleocin-T Soln, Evoclin Foam</b>                      Erythromycin+Ethanol / <b>Erygel 2%</b>                      Fluticasone Propionate / <b>Cutivate Lotion</b>                      Sulfacetamide / <b>Ovace, Plexion</b>                      Sulfacetamide+Urea / <b>Rosula Pads &amp; Wash</b>                      Tretinoin / <b>Retin-A/Micro, Avita, Atralin</b>  <i>Various</i></p> <p><u>Acne – Oral Antibiotics</u>                      Doxycycline Hyclate / <b>Acticlate, Doryx, Soloxide</b>                      Doxycycline Monohydrate / <b>Avidoxy, Oracea</b>                      Minocycline / <b>Minocin, Solodyn'^</b>  <i>W1C</i></p> <p><u>Acne – Topical Antibiotics</u>                      Adapalene / <b>Differin</b>                      Benzoyl Peroxide+a/b / <b>Benzaclin Pump</b>                      Dapsone / <b>Aczone 5.0%</b>                      Tretinoin+ Clindamycin / <b>Veltin</b>  <i>L5H</i></p> <p><u>Rosacea</u>                      Metronidazole / <b>MetroGel, Metro lotion, MetroCream</b></p> <p><i>L5G</i></p> <p><u>Eczema (Immuno Topicals)</u>                      Tacrolimus / <b>Protopic</b>  <i>Q5K</i></p> <p><u>Psoriasis – Orals</u>                      Acitretin / <b>Soriatane</b>  <i>L1A</i></p> <p><u>Psoriasis – Topicals</u>                      Calcipotriene / <b>Dovonex Cream, Sorilux</b>                      Calcipotriene/Betamethesone / <b>Taclonex Cream (only)</b>                      Calcitriol / <b>Vectical</b><sup>S/E</sup>                      Tazarotene / <b>Tazorac Cream (only)</b>  <i>L5F</i></p>	<p><u>Acne – Topicals (Acne/Seborrhea/Dermatitis)</u></p> <p><u>Acne – Oral Antibiotics</u>  <b>Absorica'</b> (Isotretinoin)</p> <p><u>Acne – Topical Antibiotics</u>  <b>Acanya'</b> (Benzoyl Peroxide+Clindamycin)  <b>Aczone 7.5% Pump'</b> (Dapsone)  <b>Ziana'</b> (Tretinoin+Clindamycin)</p> <p><u>Rosacea</u>  <b>Finacea'</b> (Azelaic Acid)  <b>Rhofade'</b> (Oxymetazoline)</p> <p><u>Eczema (Immuno Topicals)</u></p> <p><u>Psoriasis – Orals</u>  <b>Oxsoralen'</b> (Methoxsalen)</p> <p><u>Psoriasis – Topicals</u>  <b>Bryhali'</b> (Halobetasol Propionate)  <b>Duobrii'</b> (Halobetasol Prop / Tazarotene)  <b>Enstilar Foam'</b> (Calcipotriene/Betamethesone)  <b>Taclonex Suspension'</b> Calcipotriene/Betameth  <b>Tazorac Gel' only</b> (Tazarotene)  <b>Vanos Cream'</b> (Fluocinonide)</p>	<p><u>Acne – Topicals (Acne/Seborrhea/Dermatitis)</u>  <b>Altreno Lotion</b> (Tretinoin) <sup>P/A Req'd</sup>  <b>Avar</b> (Sulfacetamide/sulfur)  <b>Eucrisa</b> (Crisaborole)</p> <p><u>Acne – Oral Antibiotics</u>  <b>Doryx</b> (Doxycycline Hyclate)  <b>Seysara'</b> (Sarecycline)  <b>Minolira ER, Ximino</b> (Minocycline)</p> <p><u>Acne – Topical Antibiotics</u>  <b>Benzaclin, Duac</b> (Benzoyl Peroxide+Clindamycin)  <b>Epiduo Forte, Plixda</b> (Adapalene+BP)  <b>Onexton</b> (Benzoyl Peroxide+Clindamycin)</p> <p><u>Rosacea</u>  <b>Azelex</b> (Azelaic Acid)  <b>Noritrate</b> (Metronidazole)  <b>Mirvaso</b> (Brimonidine Tartrate)  <b>Rosadan</b> (Metronidazole)  <b>Soolantra Cream</b> (Ivermectin)</p> <p><u>Eczema (Immuno Topicals)</u>  <b>Elidel</b> (Pimecrolimus)</p> <p><u>Psoriasis – Orals</u>  <b>8-MOP</b> (Methoxsalen)</p> <p><u>Psoriasis – Topicals</u>  <b>Clobex, Olux</b> (Clobetasol) <sup>S/E</sup>  <b>Fabior Foam</b> (Tazarotene) <sup>S/E</sup>  <b>Impoz</b> (Clobetasol) <sup>S/E</sup>  <b>Lexette Foam</b> (Halobetasol Propionate)  <b>Sernivo Spray</b> (Betamethasone Dipropionate) <sup>S/E</sup>  <b>Ultravate 0.05% Lotion</b> (Halobetasol Propionate)</p>

# Dermatology: Keratolytics, Scabies, Anesthetics/Analgesics & Hyperhydrosis

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p><b>Antifungals</b></p> <p><u>Orals</u>            Clotrimazole / <b>Lotrimin, Mycelex</b>            Fluconazole / <b>Diflucan</b>            Itraconazole / <b>Sporanox</b>            Voriconazole / <b>Vfend</b></p> <p><u>Topicals</u>            Ciclopirox / <b>Loprox, Penlac</b>            Econazole Nitrate / <b>Spectazole</b>            Halcinonide / <b>Halog Cream</b><sup>^</sup>            Halobetasol Propionate / <b>Ultravate Cream</b>            Ketoconazole / <b>Nizoral, Extina</b>            Naftifine / <b>Naftin Cream, Gel 1%</b>            Nystatin / <b>Mycostatin, Mycolog II</b>            Terbinafine / <b>Lamisil Solution</b></p> <p>Q5/L9</p>	<p><u>Orals</u>  <b>Lamisil Granules only</b> (Terbinafine)</p> <p><u>Topicals</u>  <b>Jublia</b><sup>'</sup> (Efinaconazole)  <b>Ertaczo</b><sup>'</sup> (Sertaconazole)  <b>Locoid Lipocream</b><sup>'</sup> (Hydrocortisone)  <b>Luzu</b><sup>'</sup> (Luliconazole)  <b>Naftin Gel 2%</b><sup>'</sup> (Naftifine)</p>	<p><u>Orals</u>  <b>Ancobon</b> (Flucytosine)  <b>Cresemba</b> (Isamuconazonium)  <b>Noxafil</b> (Posaconazole) <sup>100% Copay</sup>  <b>Oravig Buccal</b> (Miconazole)  <b>Oxistat</b> (Oxiconazole)  <b>Sporanox Oral Solution</b> (Itraconazole)  <b>Toisyra</b> (Itraconazole)</p> <p><u>Topicals</u>  <b>Exelderm</b> (Sulconazole)  <b>Kerydin Solution</b> (Tavaborole)  <b>Vusion</b> (Miconazole/Zinc Oxide)  <b>Xolegel</b> (Ketoconazole)</p>
<p><b>Keratolytic Agents</b></p> <p><u>Moisture Agents</u>            Diclofenac Sodium / <b>Solaraze</b> <sup>S/E</sup>            Fluorouracil / <b>Efudex</b> <sup>S/E</sup></p> <p>L5F/Q5P/T0A</p> <p><u>Immunomodulators</u>            Imiquimod / <b>Aldara</b> <sup>S/E</sup></p> <p>Z2G</p>	<p><u>Moisture Agents</u>  <b>Picato Gel</b><sup>'</sup> (Ingenol Mebutate)</p> <p><u>Immunomodulators</u></p>	<p><u>Moisture Agents</u>  <b>Carac</b> (Fluorouracil)  <b>Fluoroplex</b> <sup>S/E</sup>, <b>Tolak Cream</b> <sup>S/E</sup> (Fluorouracil)  <b>Panretin</b> (Alitretinoin)  <b>Targretin</b> (Bexarotene)</p> <p><u>Immunomodulators</u>  <b>Zyclara</b> (Imiquimod)</p>
<p><b>Scabies &amp; Pediculosis Agents</b></p> <p>Malathion            Permethrin 5% / <b>Elimite Cream/Liquid</b>            Spinosad / <b>Natroba Suspension</b></p> <p>Q5N</p>		<p><b>Eurax Cream/Lotion</b> (Crotamiton)  <b>Ovide Lotion</b> (Malathion)  <b>Sklice</b> (Ivermectin) <sup>S/E</sup>  <b>Ulesfia Lotion</b> (Benzil Alcohol)</p>

IMPORTANT NOTE – For Topical Steroids, use Generics as First Line therapy for all products. All Single Source Brand Products are considered Non-Preferred Brands

## Dermatology: Topicals & Others

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>Topical Local Anesthetics &amp; Analgesics</b> Diclofenac Sodium / <b>Pennsaid 1.5% only</b> , Voltaren Gel Lidocaine Patches / <b>Lidoderm</b>  Q5E/Q5H		<b>Analpram-HC</b> (HC Acetate/Pramoxine) <b>Cetacaine</b> (Tetracaine/Benzocaine) <b>Epifoam</b> (HC Acetate/Pramoxine HCL) <b>Flector</b> (Diclofenac Epolamine) <b>LidoRx Pump</b> (Lidocaine HCL) <b>Novacort</b> (HC Acetate/Pramoxine) <b>Pennsaid 2%</b> (Diclofenac Sodium) <sup>100% Copay</sup> <b>Pramosone</b> (HC Acetate/Pramoxine) <b>Proctofoam-HC</b> (HC Acetate/Pramoxine) <b>SpeedGel Rx Pump</b> (Homeopathic) <b>Zingo</b> (Lidocaine HCL monohydrate)
<b>Hyperhidrosis</b>  L8C	<b>Qbrexza'</b> (Glycopyrronium)	
<b>Other Topical Products</b> Acyclovir / <b>Zovirax Ointment Only</b> Mupirocin / <b>Bactroban 2% Ointment &amp; Cream</b>  Q5V/Q5W	<b>Zovirax 5% Cream Only'</b> (Acyclovir)	<b>Altabax</b> (Retapamulin) <b>Qutenza Patches</b> (Capsaicin) <b>Rectiv</b> (Nitroglycerin)

## Vaginal Agents

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>Vaginal Antibiotics</b> Metronidazole / <b>Metrogel-Vaginal, Vandozole Gel</b> Clindamycin / <b>Cleocin Cream</b>		<b>AVC Cream</b> (Sulfanilamide) <b>Cleocin Supp</b> (Clindamycin Phosphate) <b>Clindesse</b> (Clindamycin Phosphate) <b>Nuversa Gel</b> (Metronidazole)
<b>Vaginal Antifungals</b> Miconazole / <b>Monistat-7</b> Nystatin Vaginal tabs Terconazole / <b>Terazol</b>		<b>Femstat</b> (Butoconazole) <b>Gynazole</b> (Butoconazole) <b>Solosec</b> (Secnidazole)

## Ophthalmics: Anti-Infectives, Antihistamines, Dry Eye Agents & Anti-Inflammatories

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p><b>Ophthalmic Anti-Infectives</b></p> <p>Ciprofloxacin / <b>Ciloxan</b>                      Gentamycin / <b>Gentak</b>                      Ofloxacin / <b>Ocuflox</b>                      Polymyxin/Trimethoprim / <b>Polytrim</b>                      Prednisolone/Sulfacetamide / <b>Blephamide</b>                      Sulfacetamide 10% / <b>Bleph-10</b>                      Tobramycin / <b>Tobrex</b>                      Trifluridine / <b>Viroptic</b></p> <p>Q21N/Q6S-V-W</p>	<p><b>Azasite'</b> (Azithromycin)  <b>Moxeza'</b> (Moxifloxacin)  <b>Vigamox'</b> (Moxifloxacin)  <b>Zymaxid'</b> (Gatifloxacin)</p>	<p><b>Besivance</b> (Besifloxacin)  <b>Blephamide/SOP</b> (Na Sulfacet/Prednisolone)  <b>Natacyn</b> (Natamycin)  <b>Zirgan Gel</b> (Ganciclovir)</p>
<p><b>Ophthalmic Antihistamines</b></p> <p>Cetirizine / <b>Zerviate</b> <sup>100% Copay</sup>                      Epinastine / <b>Elestat</b>                      Ketotifen / <b>Zaditor OTC, Alaway</b>                      Olopatadine / <b>Patanol</b> <sup>S/E</sup></p> <p>Q6R</p>	<p><b>Pazeo'</b> (Olopatadine)</p>	<p><b>Bepreve</b> (Bepotastine)  <b>Emadine</b> (Emedastine)  <b>Lastacraft</b> (Alcaftadine)  <b>Pataday</b> (Olopatadine)</p>
<p><b>Ophthalmic Immunomodulators (Dry Eye)</b></p> <p>Q2C</p>	<p><b>Restasis'</b> (Cyclosporine)</p>	<p><b>Cequa</b> (Cyclosporine)  <b>Xiidra</b> (Lifitegrast)</p>
<p><b>Ophthalmic Mast Cell Stabilizers</b></p> <p>Q6U</p>		<p><b>Alocril</b> (Nedocromil Sodium)  <b>Alomide</b> (Lodoxamide)</p>
<p><b>Ophthalmic Anti-Inflammatory Agents</b></p> <p>Diclofenac Sodium / <b>Voltaren</b>                      Fluorometholone / <b>FML Forte</b>                      Ketorolac / <b>Acular, Acular-LS</b>                      Prednisolone Acetate / <b>Pred Forte</b></p> <p>Q6P</p>	<p><b>Airex'</b> (Loteprednol)  <b>Ilevro'</b> (Nepafenac)  <b>Lotemax Gel/Oint/Susp'</b> (Loteprednol)  <b>Prolensa'</b> (Bromfenac Sodium)</p>	<p><b>Acular PF, Acuvail</b> (Ketorolac)  <b>Bromsite'</b> (Bromfenac Sodium)  <b>Durezol</b> (Difluprednate)  <b>Flarex</b> (Fluorometholone)  <b>FML Forte, FML-SOP</b> (Fluorometholone)  <b>Inveltys</b> (Loteprednol Etabonate)  <b>Maxidex</b> (Dexamethasone)  <b>Nevanac</b> (Nepafenac)  <b>Pred Mild</b> (Prednisolone Acetate)</p>

# Ophthalmics: Glaucoma, Mydriatics & Others

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p><b>Ophthalmics for Glaucoma</b></p> <p><u>Miotics</u>                      Betaxolol / <b>Betopic</b>                      Brimonidine / <b>Alphagan</b>                      Dorzolamine / <b>Trusopt</b>                      Levobunolol / <b>Betagan</b>                      Metipranolol / <b>Optipranolol</b>                      Pilocarpine / <b>Isopto Carpine</b>                      Timolol / <b>Timoptic/XE</b>                      Timolol/Dorzolam / <b>Cosopt</b></p> <p><u>Prostaglandins</u>                      Latanoprost / <b>Xalatan</b></p> <p>Q6G</p>	<p><u>Miotics</u>  <b>Alphagan P'</b> (Brimonidine)  <b>Betimol'</b> (Timolol)  <b>Combigan'</b> (Brimonidine/Timolol)  <b>Cosopt-PF'</b> (Timolol/Dorzolam)  <b>Simbrinza'</b> (Brimonidine/Brinzolamide)</p> <p><u>Prostaglandins</u>  <b>Lumigan'</b> (Bimatoprost)  <b>Zioptan'</b> (Tafloprost)</p>	<p><u>Miotics</u>  <b>Azopt</b> (Brinzolamide)  <b>Betopic-S</b> (Betaxolol)  <b>Iopidine</b> (Apraclonidine)  <b>Istalol</b> (Timolol Maleate)  <b>Miochol-E</b> (Acetylcholine Chloride)  <b>Rhopressa</b> (Netarsudil)  <b>Rocklatan</b> (Netarsudil/Latanoprost)</p> <p><u>Prostaglandins</u>  <b>Rescula</b> (Unoprostone Isopropyl)  <b>Travatan Z</b> (Travoprost)  <b>Vyzulta</b> (Latanoprostene Bunod)  <b>Xelphos</b> (Latanoprost-PF Emulsion)</p>
<p><b>Ophthalmic Mydriatics (Pupils)</b></p> <p>Atropine / <b>Isopto Atropine</b>                      Cyclopentolate / <b>Cyclogyl</b>                      Tropicamide / <b>Mydracyl</b></p> <p>Q6J</p>		<p><b>Cyclomydril</b> (Phenylephrine/Cyclopent)  <b>Paremyd</b> (Hydroxyamphetamine/Tropicamide)</p>
<p><b>Ophthalmic Antibiotic-Corticoid Agents</b></p> <p>Neomycin/Polymyxin/Dexamethasone / <b>Maxitrol</b>                      Tobramycin/Dexamethasone / <b>Tobradex</b></p> <p>Q6I</p>		<p><b>Pred-G</b> (Gentamicin/Prednisolone)  <b>Zylet</b> (Tobramycin/Loteprednisolone)</p>
<p><b>Other Ophthalmic Agents</b></p> <p>Q2</p>		<p><b>Cystaran</b> (Cysteamine) <sup>P/A Req'd</sup>  <b>Eylea</b> (Aflibercept) <sup>P/A Req'd</sup>  <b>Jetrea</b> (Ocriplasmin) <sup>P/A Req'd</sup>  <b>Lumify</b> (Brimonidine Tartrate) <sup>P/A Req'd</sup>  <b>Oxervate</b> (Cenegermin) <sup>P/A Req'd</sup></p>

# Ear Agents

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p><b>Ear Agents</b></p> <p>Ciprofloxacin / <b>Cetraxal Solution</b>            Fluocinolone Acetonide / <b>Dermotic</b></p> <p>Q8</p>	<p><b>CiproDex<sup>1</sup></b> (Ciprofloxacin/Dexamethasone)</p>	<p><b>Cipro HC</b> (Ciprofloxacin/HC)  <b>Coly-Mycin S</b> (Neomycin/Colist Sulf)  <b>Cortane-B</b> (HC/Pramoxine/Chlorox)  <b>Otovel</b> (Ciprofloxacin/Fluocinolone)</p>



# Miscellaneous: Dependence & Withdrawal, Dental, Saliva, & Rescue Agents

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p><b>Dependence &amp; Withdrawal Symptom Agents</b></p> <p><u>Alcohol Dependence Agents</u> Disulfiram / <b>Antabuse</b> C0D</p> <p><u>Opioid Dependence Agents</u> Buprenorphine/Naloxone Tablets <sup>S/E</sup> / <b>Suboxone Tablets</b> <sup>S/E</sup> H3W</p> <p><u>Withdrawal Symptom Agents</u> H33</p> <p><u>Smoking Cessation</u> Bupropion/ <b>Zyban, Wellbutrin</b> H7/J3</p>	<p><u>Alcohol Dependence Agents</u></p> <p><u>Opioid Dependence Agents</u> <b>Suboxone SL Film</b><sup>1</sup> (Buprenorphine/NLX) <b>Zubsolv SL</b><sup>1</sup> (Buprenorphine/Naloxone)</p> <p><u>Withdrawal Symptom Agents</u> <b>Lucemyra</b><sup>1</sup> (Lofexidine)</p> <p><u>Smoking Cessation</u></p>	<p><u>Alcohol Dependence Agents</u> <b>Vivitrol Injectable</b> (Naltrexone) <sup>P/A REQ'D</sup></p> <p><u>Opioid Dependence Agents</u> <b>Bunavail Buccal</b> (Buprenorphine/NLX) <sup>S/E</sup> <b>Cassipa Film</b> (Buprenorphine/NLX) <sup>S/E</sup> <b>Sublocade</b> (Buprenorphine SR Inj.) <sup>P/A REQ'D</sup></p> <p><u>Withdrawal Symptom Agents</u></p> <p><u>Smoking Cessation</u> <b>Chantix</b> (Varenicline Tartrate) <b>Nicotrol NS</b> (Nicotine)</p>
<p><b>Dental Preparations</b></p> <p>Chlorhexidine / <b>Peridex</b> D1/D2</p>		<p><b>Gel-Kam</b> (Stannous Fluoride) <b>Fluorabon</b> (Sodium Fluoride) <b>Flura-Drops</b> (Sodium Fluoride) <b>Prevident</b> (Sodium Fluoride) <b>Periomed</b> (Stannous Fluoride)</p>
<p><b>Parasympathetic (Saliva) Agents</b></p> <p>Bethanechol / <b>Urecholine</b> Cevimeline / <b>Evoxac</b> Pilocarpine / <b>Salagen</b> J1A</p>		
<p><b>Rescue Agents</b></p> <p><u>Anaphylaxis Agents</u> Epinephrine Pen / <b>AdrenaClick</b> <sup>S/E</sup> Epinephrine (Epipen AG) J5F</p> <p><u>Opioid Receptor Blockers</u> H3T</p>	<p><u>Anaphylaxis Agents</u> <b>Epipen</b><sup>1</sup>, <b>Epipen Jr</b><sup>1</sup> (Epinephrine)</p> <p><u>Opioid Receptor Blockers</u> <b>Narcan Nasal Spray</b> (Naloxone)</p>	<p><u>Anaphylaxis Agents</u> <b>Auvi-Q</b> (Epinephrine) <sup>100% Copay</sup> <b>Symjepi</b> (Epinephrine) <sup>S/E</sup></p> <p><u>Opioid Receptor Blockers</u> <b>Evzio Injector</b> (Naloxone) <sup>100% Copay</sup></p>

# Specialty Drug Formulary List

## Specialty Drug Products

Specialty drugs are prescription medications that require special handling, administration or monitoring. These drugs typically treat complex and chronic conditions, including cancer, multiple sclerosis, various types of hepatitis, chronic kidney failure, organ transplants, rheumatoid arthritis and other diseases. Specialty drugs might be covered through either medical or prescription drug insurance. Under which benefit a specialty drug is covered usually depends on where the patient receives the drug. If the patient takes the drug orally or self-injects the drug at home, it is more likely to be covered through their prescription drug benefit, while if the patient receives the drug at a doctor's office or an outpatient clinic, it's more likely to be covered through the medical benefit.

Prescriptions for specialty drugs can be filled at a retail pharmacy, but not many pharmacies will dispense specialty drugs or provide the extra clinical and educational services required to properly manage specialty patients due to inventory costs. Additionally, some drug manufacturers limit the distribution of specialty drugs, making their drugs available only through designated, pre-certified specialty pharmacies. For more information about limited distribution drugs, please contact your clinical Account Manager.

## Specialty Programs & Limits

Some specialty drugs below are noted with letters or symbols next to them. The letters and symbols refer to the requirements of the pharmacy benefit programs and are provided to help check which drugs may have a clinical program or limitations in place. The benefit plan determines how these medications may be covered.

- P/A or P/A Req'd** Prior Authorization – Physician is required to provide additional information to determine coverage.
- P/A for Diagnosis** Prior Authorization may be required for clinical diagnosis
- C-P/A** Prior Authorization may be required for clinical confirmation
- S/E** Step Therapy – Trial of another drug is required before this drug is covered.
- RECOMMENDED** Product is preferred over other drugs listed in the assigned tier – step edit may or may not apply
- 100%** 100% Copay may apply. Lower-cost or better clinical options are available.

## Specialty Drug Product Qualifications

The P&T Committee, using current medical literature, has developed a “specialty” pharmacy product formulary comprised of Specialty Drug Products. To be considered a “Specialty Drug”, a drug should fall into at least six (6) of the following categories although still subject to assignment by the P&T Committee.

1. A drug that treats specific, mainly chronic, and often rare conditions; or is considered an orphan drug
2. A drug whose usage is initiated with a specialist
3. A drug typically not administered orally or topically
4. A drug that requires special handling
5. A drug whose use involves unique distribution channels, such as limited distribution management and specialized paperwork (REMS)
6. A drug that requires administration in a healthcare setting with oversight of a healthcare professional
7. A drug that is costs more than a specific set amount per month
8. A drug whose usage requires high degrees of patient management, increased supervision, counseling, and/or education
9. A drug whose use often may result in patients requiring reimbursement assistance to maintain regimen

The current specialty pharmacy product listing is available from your Account Manager.

# Specialty: Hep C & Multiple Sclerosis

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p><b>Hepatitis Treatment Agents</b></p> <p><u>Hepatitis B Agents</u> Peginterferon Alfa-2B / <b>Peg-Intron</b></p> <p><small>HEPB</small> <u>Hepatitis C Agents – Interferons</u> Ribavirin / <b>Ribasphere</b></p> <p><small>HEPC</small> <u>Hepatitis C Agents – Other Inhibitors</u></p>	<p><u>Hepatitis B Agents</u></p> <p><u>Hepatitis C Agents – Interferons</u></p> <p><u>Hepatitis C Agents – Other Inhibitors</u> <b>Mavyret</b><sup>†</sup> (Glecaprevir/Pibrentasir) <sup>P/A for Diagnosis</sup></p>	<p><u>Hepatitis B Agents</u> <b>Baraclude</b> (Entecavir) <b>Epivir HBV</b> (Lamivudine) <b>Hepsera</b> (Adefovir Dipivoxil) <b>Pegasys</b> (Peginterferon Alfa-2A) <b>Tyzeka</b> (Telbivudine) <b>Vemlidy</b> (Tenofovir Alafenamide)</p> <p><u>Hepatitis C Agents – Interferons</u> <b>Copegus</b> (Ribavirin) <b>Infergen</b> (Interferon Alfacon-1)</p> <p><u>Hepatitis C Agents – Other Inhibitors</u> <b>Daklinza</b> (Daclatasvir) <sup>P/A REQ'D</sup> <b>Epclusa</b> (Sofosbuvir/Velpatasvir) <sup>P/A REQ'D</sup> <b>Harvoni</b> (Sofosbuvir/Ledipasvir) <sup>P/A REQ'D</sup> <b>Olysio</b> (Simeprevir) <sup>P/A REQ'D</sup> <b>Sovaldi</b> (Sofosbuvir) <sup>P/A REQ'D</sup> <b>Viekira/XR</b> (4 Product Combo Pak) <sup>P/A REQ'D</sup> <b>Technivie</b> (Ombitasvir/Paritaprevir/Ritonavir) <sup>P/A Req</sup> <b>Vosevi</b> (Sofosbuvir/Velpatasvir/Voxilaprevir) <sup>P/A</sup> <b>Zepatier</b> (Elbasvir/Grazoprevir) <sup>P/A REQ'D</sup></p>
<p><small>HEPC</small></p> <p><b>Multiple Sclerosis (MS) Agents</b></p> <p><u>Injectibles</u> Glatiramer Acetate (<b>Glatopa</b>)</p> <p><small>MS_I</small> <u>Orals</u></p> <p><small>MS_O</small> <u>Infused</u></p> <p><small>MS_F</small> <u>Ambulatory</u> Dalfampridine / <b>Ampyra</b> <sup>P/A REQ'D</sup></p> <p><small>MS_A</small></p>	<p><u>Injectibles</u> <b>Copaxone</b><sup>†</sup> (Glatiramer Acetate)</p> <p><u>Orals</u> <b>Gilenya</b><sup>†</sup> (Fingolimod)</p> <p><u>Infused</u></p> <p><u>Ambulatory</u></p>	<p><u>Injectibles</u> <b>Avonex</b> (Interferon <math>\beta</math> -1A) <sup>S/E</sup> <b>Betaseron</b> (Interferon <math>\beta</math> 1B) <sup>S/E</sup> <b>Extavia</b> (Interferon <math>\beta</math> -1B) <sup>S/E</sup> <b>Plegridy</b> (Interferon <math>\beta</math> -1A) <sup>2-S/E (Inj &amp; Oral)</sup> <b>Rebif</b> (Interferon <math>\beta</math> -1A/Albumin) <sup>2-S/E (Inj &amp; Oral)</sup></p> <p><u>Orals</u> <b>Aubagio</b> (Teriflunomide) <sup>S/E</sup> <b>Mavenclad</b> (Cladribine) <sup>P/A, Special Therapy</sup> <b>Mayzent</b> (Siponimod) <sup>P/A</sup> <b>Tecfidera</b> (Dimethyl Fumerate) <sup>2-S/E (Inj &amp; Oral)</sup></p> <p><u>Infused</u> <b>Lemtrada Infusion</b> (Alemtuzumab) <sup>S/E</sup> <b>Ocrevus</b> (Ocrelizumab) <sup>S/E</sup> <b>Tysabri Infusion</b> (Natalizumab) <sup>2-S/E (Inj &amp; Oral)</sup></p> <p><u>Ambulatory</u></p>

# Specialty: Rheumatoid Arthritis, Plaque Psoriasis & Atopic Dermatitis

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p><b>Rheumatoid Arthritis Agents</b></p> <p><u>Self-Injectible Biologics</u></p> <p><u>Office Administered Biologics</u> {None}</p> <p><small>RA_I</small> <u>Methotrexates &amp; Orals</u> Leflunomide / <b>Arava</b> Methotrexate / <b>Trexall</b></p> <p><small>RA_O</small></p>	<p><u>Self-Injectible Biologics</u> <b>Humira'</b> (Adalimumab) <b>Rinvoq'</b> (Upadacitinib)</p> <p><u>Office Administered Biologics</u> {None}</p> <p><u>Methotrexates &amp; Orals</u> <b>Rasuvo'</b> (Methotrexate)</p>	<p><u>Self-Injectible Biologics</u> <b>Cimzia</b> (Certolizumab, Peg) <small>S/E, P/A REQ'D</small> <b>Enbrel</b> (Etanercept) <small>S/E, P/A REQ'D</small> <b>Erelzi</b> (Etanercept-szzs) <small>S/E, P/A REQ'D</small> <b>Kineret</b> (Anakinra) <small>S/E, P/A REQ'D</small></p> <p><u>Office Administered Biologics</u> <b>Actemra</b> (Tocilizumab) <small>S/E, P/A REQ'D</small> <b>Cimzia</b> (Certolizumab) <small>S/E, P/A REQ'D</small> <b>Inflectra</b> (Infliximab) <small>S/E, P/A REQ'D</small> <b>Orencia</b> (Abatacept) <small>RECOMMENDED</small> <b>Remicade</b> (Infliximab) <small>S/E, P/A REQ'D</small></p> <p><u>Methotrexates &amp; Orals</u> <b>Otrexup, Rheumatrex</b> (Methotrexate) <b>Xeljanz/XR</b> (Tofacitinib) <small>P/A REQ'D</small></p> <p><b>Kevzara</b> (Sarilumab) <small>S/E, P/A REQ'D</small> <b>Olumiant</b> (Baricitinib) <small>S/E, P/A REQ'D</small> <b>Orencia</b> (Abatacept) <small>RECOMMENDED</small> <b>Simponi</b> (Golimumab) <small>S/E, P/A REQ'D</small></p> <p><b>Renflexis</b> (Infliximab-abda) <small>S/E, P/A REQ'D</small> <b>Rituxan</b> (Rituximab) <small>S/E, P/A REQ'D</small> <b>Rituxan Hycela</b> (Rituximab) <small>S/E, P/A REQ'D</small> <b>Simponi Aria</b> (Golimumab) <small>S/E, P/A REQ'D</small></p>
<p><b>Psoriatic &amp; Plaque Arthritis Agents</b></p> <p><u>TNF Agents</u></p> <p><small>PS_T</small> <u>Interleukin Agents</u></p> <p><small>PS_I</small> <u>Orals</u></p> <p><small>PS_</small> <u>Office Administered Biologics</u> {None}</p> <p><small>O</small></p>	<p><u>TNF Agents</u> <b>Humira'</b> (Adalimumab)</p> <p><u>Interleukin Agents</u> <b>Skyrizi'</b> (Risankizumab-rzaa)</p> <p><u>Orals</u></p> <p><u>Office Administered Biologics</u> {None}</p>	<p><u>TNF Agents</u> <b>Enbrel</b> (Etanercept) <small>S/E, P/A REQ'D</small> <b>Erelzi</b> (Etanercept-szzs) <small>S/E, P/A REQ'D</small> <b>Simponi</b> (Golimumab) <small>S/E, P/A REQ'D</small></p> <p><u>Interleukin Agents</u> <b>Cosentyx</b> (Secukinumab) <small>S/E, P/A REQ'D</small> <b>Ilumya</b> (Tildrakizumab-asmn) <small>S/E, P/A REQ'D</small> <b>Stelara</b> (Ustekinumab) <small>S/E, P/A REQ'D</small></p> <p><u>Orals</u> <b>Otezla'</b> (Apremilast) <small>RECOMMENDED</small></p> <p><u>Office Administered Biologics</u> <b>Simponi Aria</b> (Golimumab) <small>S/E, P/A REQ'D</small></p> <p><b>Siliq</b> (Brodalumab) <small>P/A REQ'D</small> <b>Taltz</b> (Ixekizumab) <small>S/E, P/A REQ'D</small> <b>Tremfya</b> (Guselkumab) <small>S/E, P/A REQ'D</small></p>
<p><b>Atopic Dermatitis</b></p> <p><small>HAE</small></p>		<p><b>Dupixent</b> (Dupilumab) <small>P/A REQ'D</small></p>

# Specialty: Ulcerative Colitis & Crohns, Osteoarthritis, Human Growth & Anti-Psychotics

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p><b>Ulcerative Colitis &amp; Crohns Agents</b></p> <p><u>Self-Injectible Biologics</u></p> <p><u>Office Administered Biologics</u> {None}</p> <p>UC_I <u>Other</u></p> <p>UC_O</p>	<p><u>Self-Injectible Biologics</u> <b>Humira'</b> (Adalimumab)</p> <p><u>Office Administered Biologics</u> {None}</p> <p><u>Other</u></p>	<p><u>Self-Injectible Biologics</u> <b>Cimzia</b> (Certolizumab) [C] <sup>S/E, P/A REQ</sup> <b>Enbrel</b> (Etanercept) [UC] <sup>S/E, P/A REQ'D</sup></p> <p><b>Erelzi</b> (Etanercept-szszs) [UC] <sup>S/E, P/A REQ</sup> <b>Simponi</b> (Golimumab) [U] <sup>S/E, P/A REQ'D</sup></p> <p><u>Office Administered Biologics</u> <b>Cimzia</b> (Certolizumab) [C] <sup>S/E, P/A REQ'D</sup> <b>Entyvio</b> (Vedolizumab) [UC] <sup>S/E, P/A REQ'D</sup> <b>Remicade</b> (Infliximab) [UC] <sup>S/E, P/A REQ'D</sup></p> <p><b>Renflexis</b> (Infliximab-abda) [UC] <sup>S/E</sup> <b>Simponi Aria</b> (Golimumab) [U] <sup>S/E</sup> <b>Tysabri</b> (Natalizumab) [C] <sup>S/E</sup></p> <p><u>Other</u> <b>Uceris / Uceris Foam</b> (Budesonide)</p>
<p><b>Osteoarthritis Agents</b></p> <p><b>Move-Free Ultra Vitamins</b> (Hyaluronic Acid)</p> <p>OA_O</p>		<p><b>Euflexxa, Hyalgan, Orthovisc</b> (Hyaluronate Sodium) <sup>P/A REQ'D</sup> <b>Supartz</b> (Hyaluronate Sodium) <sup>P/A REQ'D</sup> <b>Synvisc/Synvisc-ONE</b> (Hylan) <sup>P/A REQ'D</sup></p>
<p><b>Cholesterol Management</b></p> <p><u>PCSK9s</u></p> <p><u>Other Agents</u></p> <p>PCS9</p>	<p><u>PCSK9s</u> <b>Praluent Inject.'</b> (Alirocumab) <sup>C-P/A</sup></p> <p><u>Other Agents</u></p>	<p><u>PCSK9s</u> <b>Repatha Inject.</b> (Evolocumab) <sup>C-P/A with S/E</sup></p> <p><u>Other Agents</u> <b>Juxtapid</b> (Lomitapide) <sup>P/A REQ'D</sup> <b>Kynamro SQ</b> (Mipomersen) <sup>P/A REQ'D</sup></p>
<p><b>Human Growth Hormones (HGH)</b></p> <p>HGH</p>	<p><b>Norditropin'</b> (Somatropin) <sup>P/A Dosing</sup> <b>Omnitrope'</b> (Somatropin) <sup>P/A Dosing</sup></p>	<p><b>All Other Somatropin Agents</b> <sup>P/A REQ'D</sup></p>
<p><b>Injectable Antipsychotic Agents</b></p> <p>ATYP</p>		<p><b>Abilify Maintena</b> (Aripiprazole) <sup>B,S</sup> <b>Aristada Initio Injection</b> (Aripiprazole Lauroxil) <sup>B,S</sup> <b>Geodon for Injection</b> (Ziprasidone) <sup>B,S</sup> <b>Invega Trinza</b> (Paliperidone) <sup>B,S</sup> <b>Perseris Inject. Suspension</b> (Risperidone) <sup>B,S</sup> <b>Risperdal M/Consta</b> (Risperidone) <sup>B,S</sup> <b>Zyprexa Relprevv</b> (Olanzapine Pamoate) <sup>B,S</sup></p>

<sup>B</sup> - Bi-polar indication

<sup>S</sup> - Schizophrenia indication

<sup>M</sup> - Manic Depressive Disorder indication

# Specialty: Cardiovascular, Respiratory & Immunosuppressants

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p><b>Cardiovascular Agents</b></p> <p><u>Pulmonary Anti-HTN (PAH), Endothelin</u> Ambrisentan / <b>Letairis</b> <sup>P/A REQ'D</sup> Bosentan / <b>Tracleer</b> <sup>P/A REQ'D</sup></p> <p><small>PAHE</small> <u>Pulmonary Anti-HTN (PAH), Prostacycline</u> Epoprostenol / <b>Flolan</b> Treprostinil / <b>Remodulin</b></p> <p><small>PAHP</small> <u>Hereditary Angioedema (HAE)</u> Icatibant Injection / <b>Firazyr</b></p> <p><small>PAHP</small> <u>Other Cardiovascular Agents</u> Sildenafil / <b>Revatio</b> Tadalafil / <b>Adcirca</b></p>	<p><u>Pulmonary Anti-HTN, Endothelin</u></p> <p><u>Pulmonary Anti-HTN, Prostacycline</u></p> <p><u>Hereditary Angioedema (HAE)</u></p> <p><u>Other Cardiovascular Agents</u></p>	<p><u>Pulmonary Anti-HTN, Endothelin</u> <b>Opsumit</b> (Macitentan) <sup>P/A REQ'D</sup></p> <p><u>Pulmonary Anti-HTN, Prostacycline</u> <b>Orenitram</b> (Treprostinil) <sup>P/A</sup> <b>Tyvaso</b> (Treprostinil) <sup>P/A REQ'D</sup> <b>Uptravi</b> (Selexipag) <sup>P/A REQ'D</sup></p> <p><u>Hereditary Angioedema (HAE)</u> <b>Berinert, Cinryze</b> (C1 Esterase Inhibitor) <sup>P/A REQ'D</sup> <b>Haegarda, Ruconest</b> (C1 Esterase Inhibitor) <sup>P/A REQ'D</sup></p> <p><u>Other Cardiovascular Agents</u> <b>Adempas</b> (Riociguat) <sup>P/A REQ'D</sup></p> <p><b>Velentri</b> (Epoprostenol) <sup>P/A REQ'D</sup> <b>Ventavis</b> (Iloprost) <sup>P/A REQ'D</sup></p>
<p><b>Severe Asthma</b></p> <p><small>RS2P</small></p> <p><small>RESP</small></p>		<p><b>Cinqair</b> (Reslizumab IV) <sup>P/A REQ'D</sup> <b>Dupixant</b> (Dupilumab) <sup>P/A REQ'D</sup> <b>Fasenra</b> (Benralizumab) <sup>P/A REQ'D</sup></p> <p><b>Nucala</b> (Mepolizumab SQ) <sup>P/A REQ'D</sup> <b>Xolair</b> (Omalizumab) <sup>P/A REQ'D</sup></p>
<p><b>Immunosuppressants</b></p> <p><u>Organ Transplant Agents</u> Mycophenolate Mofetil / <b>Cellcept</b> Mycophenolate Sodium / <b>Myfortic</b> Tacrolimus / <b>Prograf, Hecoria</b></p> <p><u>Blood Cell Proliferation Agents</u> <b>Short Acting:</b></p> <p><b>Long Acting:</b></p> <p><u>Lupus Agents</u></p>	<p><u>Organ Transplant Agents</u> <b>Rapamune</b> (Sirolimus) <sup>P/A REQ'D</sup> <b>Zortress</b> (Everolimus) <sup>P/A REQ'D</sup></p> <p><u>Blood Cell Proliferation Agents</u> <b>Short Acting:</b> <b>Zarxio</b> (Filgrastim-sndz) <sup>P/A for Clinical</sup></p> <p><b>Long Acting:</b></p> <p><u>Lupus Agents</u></p>	<p><u>Organ Transplant Agents</u> <b>Astagraf XL</b> (Tacrolimus) <sup>P/A REQ'D</sup> <b>Envarsus XR</b> (Tacrolimus) <sup>P/A REQ'D</sup></p> <p><u>Blood Cell Proliferation Agents</u> <b>Short Acting:</b> <b>Granix</b> (tbo-Filgrastim) <sup>P/A REQ'D</sup> <b>Neupogen</b> (Filgrastim) <sup>P/A REQ'D</sup> <b>Nivestym</b> (Filgrastim-aafi) <sup>P/A REQ'D</sup></p> <p><b>Long Acting:</b> <b>Fulphilia</b> (Pegfilgrastim-jmdb) <b>Leukine</b> (Sargramostim) <sup>P/A REQ'D</sup> <b>Neulasta</b> (Pegfilgrastim) <sup>P/A REQ'D</sup> <b>Udenyca</b> (Pegfilgrastim-cloqv) <sup>P/A REQ'D</sup></p> <p><u>Lupus Agents</u> <b>Benlysta</b> (Belimumab) <sup>P/A REQ'D</sup></p>

## Specialty: Heparin & Hematopoietic, Osteoporosis, Narcolepsy, Infertility & Others

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>Heparin-Related Agents</b> Enoxaparin / <b>Lovenox Injection</b> Fondaparinux / <b>Arixtra Injection</b>		<b>Fragmin Injection</b> (Dalteparin)
<small>DVT</small> <b>Hematopoietic Agents</b>		<b>Aranesp</b> (Darbepoetin) <b>Epogen</b> (Epoetin-alfa) <b>Procrit</b> (Epoetin-alfa) <b>Retacrit</b> (Epoetin-alfa-epbx)
<small>HPOI</small> <b>Osteoporosis Agents</b>		<b>Boniva Injectable</b> (Ibandronate) <sup>P/A</sup> <b>Evenity</b> (Romosozumab-aqqg) <sup>P/A</sup> <b>Forteo</b> (Teriparatide) <sup>P/A</sup> <b>Prolia</b> (Denosumab) <sup>P/A</sup> <b>Reclast</b> (Zoledronic Acid) <sup>P/A</sup> <b>Tymlos Injectable</b> (Abaloparatide) <sup>P/A</sup> <b>Zometa Injectable</b> (Zoledronic Acid) <sup>P/A</sup>
<b>Cataplexy / Narcolepsy Agents</b>		<b>Wakix</b> (Pitolisant) <b>Xyrem Solution</b> (Sodium Oxybate) <sup>P/A, S/E</sup>
<small>NARC</small> <b>Infertility Agents</b>		<b>Bravelle</b> (Urofollitropin) <sup>P/A REQ'D</sup> <b>Cetrotide</b> (Cetrorelix Acetate) <sup>P/A REQ'D</sup> <b>Follistim AQ</b> (Follitropin Beta) <sup>P/A REQ'D</sup> <b>Gonal-F, Gonal-F RFF</b> (Follitropin Alfa) <sup>P/A</sup> <b>Novarel</b> (Chorionic Gonadotropin, Human) <sup>P/A</sup> <b>Ovidrel</b> (Choriogonadotropin Alfa) <sup>P/A REQ'D</sup>
<small>INFS</small> <b>Intrauterine Devices</b>		<b>Kyleena, Liletta</b> (Levonorgesterol) <b>Mirena, Skyla</b> (Levonorgesterol)
<small>IUUDS</small> <b>Other Agents</b>		<b>Epidiolex</b> (Cannabidio) <sup>S/E [Dravet Only]</sup>
<small>MISC</small>		



## Miscellaneous Notes

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### Miscellaneous Notes: Non-Listed Injectibles, Infusion & Oral Products

***Injectibles:*** There are therapeutic categories that contain injectable specialty drugs that are not listed in this formulary listing (PDL). If you have any questions as to the tier preference of a specific non-listed injectable specialty drug, please contact your account manager for more information. Injectibles that require medical administration or medical/nursing support that not shown in this PDL.

***Infusion:*** There are infused drugs administered at home or at a facility by a healthcare professional that require medical/nursing support. If one of those drugs is not listed, those medications should be processed through medical benefits.

***Other Oral Products:*** Oral products (other than oral oncology and HIV agents) that are not listed in this PDL should be considered having a Non-Preferred Brand copay.

***Single Source Brand Oral Oncology and Immunosuppressant Agents:*** Unless noted, Single Source Brand oral agents generally have a preferred brand copay applied, while Multi-Source Brand agents have a non-preferred copay applied. Multi-Source Generic Oral Oncology and Immunosuppressant agents generally have a generic copay applied.

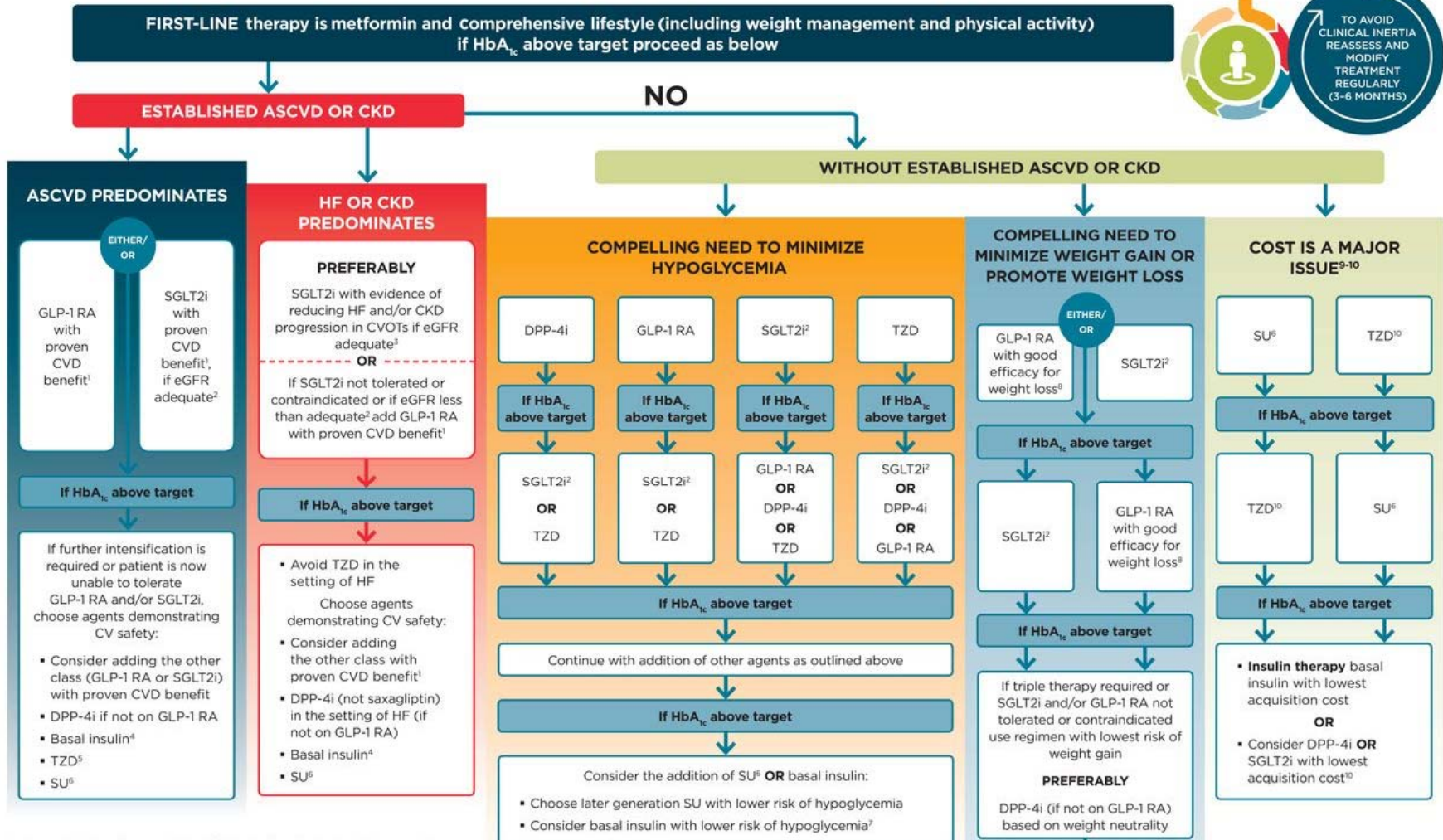
# Clinical Guidelines

## Clinical Guideline Sources

Clinical guidelines from recognized industry sources are utilized by our clinicians as reference for consistent treatment care. Using these guidelines, we assist physicians in understanding the “best practices” adopted by medical experts and healthcare professionals to manage and control the well-being of patients.

This section, which will be expanded over time contains some of the most predominant clinical protocols available:

- Diabetes Care Guidelines
- COPD Gold Guidelines



- Proven CVD benefit means it has label indication of reducing CVD events. For GLP-1 RA strongest evidence for liraglutide > semaglutide > exenatide extended release. For SGLT2i evidence modestly stronger for empagliflozin > canagliflozin.
- Be aware that SGLT2i vary by region and individual agent with regard to indicated level of eGFR for initiation and continued use
- Both empagliflozin and canagliflozin have shown reduction in HF and reduction in CKD progression in CVOTs
- Degludec or U100 glargine have demonstrated CVD safety
- Low dose may be better tolerated though less well studied for CVD effects

- Choose later generation SU with lower risk of hypoglycemia
- Degludec / glargine U300 < glargine U100 / detemir < NPH insulin
- Semaglutide > liraglutide > dulaglutide > exenatide > lixisenatide
- If no specific comorbidities (i.e., no established CVD, low risk of hypoglycemia, and lower priority to avoid weight gain or no weight-related comorbidities)
- Consider country- and region-specific cost of drugs. In some countries TZDs relatively more expensive and DPP-4i relatively cheaper

# COPD GOLD Guidelines 2019

