

Fidelis Care Quick Reference List

The **Fidelis Care Quick Reference List** is not an all-inclusive list but represents a summary of prescribed medications within select therapeutic categories. This useful reference tool can assist medical providers in selecting therapeutically-appropriate and cost-effective products for their patients.

This list represents brand products in CAPS, branded generics in upper-and lowercase *Italics*, and generic products in lowercase *italics*. This document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

Fidelis Care has a mandatory generic pharmacy benefit. If a medication is available as generic, then the generic product must be dispensed. Certain specific products are exempt from the mandatory generic requirement and are indicated as such within the drug list. Exempt products include: ARMOUR THYROID, CLOZARIL, COUMADIN, DILANTIN, LANOXIN, LEVOXYL, NEORAL, SANDIMMUNE, SYNTHROID, TEGRETOL, UNITHROID and ZARONTIN.

This list is not all-inclusive and does not guarantee coverage.

ANALGESICS

§ ANALGESICS, OTHER

acetaminophen **OTC**

§ NSAIDs

aspirin **OTC**

aspirin bufferea **OTC**

aspirin delayed-rel **OTC**

ibuprofen **OTC**

diclofenac potassium

diclofenac sodium delayed-rel

diclofenac sodium ext-rel

diflunisal

etodolac

etodolac ext-rel

flurbiprofen

ibuprofen

indomethacin 25 mg **QL**

indomethacin ext-rel **QL**

ketorolac

meloxicam

nabumetone

naproxen

naproxen sodium

oxaprozin

salsalate

sulindac

§ OPIOID ANALGESICS

Note: Per State of New York regulation, opioid analgesic prescriptions are limited to 4 per 30 days. Additional prescriptions require a PA. Excluded from PA criteria are members who have cancer, sickle cell disease or are on hospice care.

codeine-acetaminophen **QL**

fentanyl transdermal **QL**

fentanyl transmucosal **PA**

hydrocodone-acetaminophen **QL**

hydrocodone-acetaminophen soln

7.5/325 mg/15 mL **QL**

hydrocodone-ibuprofen **QL**

hydromorphone tabs **QL**

methadone **QL**

morphine **QL**

morphine ext-rel **QL**

morphine suppository

oxycodone caps, tabs **QL**

oxycodone solution 5 mg/5 mL

oxycodone-acetaminophen

5 mg/325 mg/5 mL solution

oxycodone-acetaminophen 5/325 **QL**

oxycodone-aspirin **QL**

oxymorphone ext-rel **QL, ST**

tramadol **QL**

tramadol ext-rel tabs **PA, QL**

tramadol-acetaminophen **QL**

§ NON-OPIOID ANALGESICS

butalbital-acetaminophen **QL**

butalbital-acetaminophen-caffeine **QL**

butalbital-aspirin-caffeine **QL**

ANTI-INFECTIVES

ANTIBACTERIALS

CEPHALOSPORINS

§ First Generation

cefadroxil

cephalexin

§ Second Generation

cefaclor

cefprozil

cefuroxime axetil

§ Third Generation

cefdinir

§ ERYTHROMYCINS / MACROLIDES

azithromycin

clarithromycin

clarithromycin ext-rel

erythromycin base

erythromycin delayed-rel

erythromycin ethylsuccinate

erythromycin stearate

PCE

§ FLUOROQUINOLONES

ciprofloxacin

levofloxacin **QL**

§ PENICILLINS

amoxicillin

amoxicillin-clavulanate

ampicillin

dicloxacillin

penicillin VK

§ SULFONAMIDES

sulfamethoxazole-trimethoprim

sulfamethoxazole-trimethoprim DS

SULFADIAZINE

§ TETRACYCLINES

demeclocycline

doxycycline hyclate caps 50 mg,

100 mg

doxycycline hyclate tabs 20 mg,

100 mg

minocycline

§ ANTIFUNGALS

clotrimazole troches

fluconazole

griseofulvin microsize tabs

griseofulvin ultramicrosize

itraconazole caps **PA**

ketoconazole

terbinafine tabs

voriconazole **PA**

SPORANOX SOLUTION **PA**

ANTIRETROVIRAL AGENTS

ANTIRETROVIRAL ADJUVANTS

TYBOST **QL**

§ ANTIRETROVIRAL

COMBINATIONS

abacavir-lamivudine **QL**

abacavir-lamivudine-

zidovudine **PA, QL**

lamivudine-zidovudine **QL**

ATRIPLA **QL**

COMBIVIR **PA***

COMPLERA **PA, QL**

DESCOVY **QL**

EPZICOM **PA***

EVOTAZ **QL**

GENVOYA **QL**

JULUCA **PA, QL**

ODEFSEY **PA, QL**

PREZCOBIX **QL**

STRIBILD **QL**

TRIUMEQ **QL**

TRUVADA **QL**

PA*Prior authorization is required for brand product

CHEMOKINE RECEPTOR ANTAGONISTS

SELZENTRY **PA, QL**

FUSION INHIBITORS

FUZEON **PA, SP, QL**

INTEGRASE INHIBITORS

ISENTRESS **QL**

ISENTRESS HD **QL**

TIVICAY **QL**

§ NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS

nevirapine **QL**

nevirapine ext-rel **QL**

EDURANT **PA, QL**

INTELENCE **QL**

RESCRIPTOR **PA, QL**

SUSTIVA **QL**

§ NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS

abacavir **QL**

didanosine delayed-rel **PA, QL**

lamivudine **QL**

stavudine **PA, QL**

zidovudine **QL**

EMTRIVA **QL**

EPIVIR **PA***

RETROVIR **PA***

VIDEX SOLUTION **PA, QL**

ZIAGEN **QL**

ZIAGEN **PA***

PA*Prior authorization is required for brand product

NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS

VIREAD **QL**

§ PROTEASE INHIBITORS

fosamprenavir tablet **QL**

lopinavir-ritonavir solution

APTIVUS **QL**

CRIVIVAN **QL**

INVIRASE **QL**

KALETRA SOLUTION **PA***

KALETRA TABLET **QL**

LEXIVA SOLUTION

LEXIVA TABLET **PA***
NORVIR **QL**
PREZISTA **QL**
REYATAZ **QL**
VIRACEPT **QL**

PA*Prior authorization is required for brand product

ANTIVIRALS

§ HERPES AGENTS

acyclovir caps, suspension, tabs
famciclovir
valacyclovir

§ MISCELLANEOUS

atovaquone
clindamycin
dapsona
daptomycin **PA**
ivermectin
linezolid **PA**
methenamine mandelate
metronidazole tabs
nitrofurantoin ext-rel
nitrofurantoin macrocrystals
nitrofurantoin suspension
rifabutin
tigecycline **PA**
tinidazole **ST, QL**
trimethoprim
vancomycin **PA**
ALBENZA **QL**
ALINIA **QL**
NEBUPENT
PRIMSOL **PA**
XIFAXAN **PA**

CARDIOVASCULAR

§ ACE INHIBITORS

benazepril
captopril
enalapril
fosinopril
lisinopril
quinapril
ramipril
trandolapril

§ ACE INHIBITOR / DIURETIC COMBINATIONS

benazepril-hydrochlorothiazide
captopril-hydrochlorothiazide
enalapril-hydrochlorothiazide
fosinopril-hydrochlorothiazide
lisinopril-hydrochlorothiazide
quinapril-hydrochlorothiazide

§ ADRENOLYTICS, CENTRAL

clonidine
clonidine transdermal
guanfacine

§ ALDOSTERONE RECEPTOR ANTAGONISTS

eplerenone
spironolactone

§ ALPHA BLOCKERS

doxazosin
prazosin

terazosin

§ ANGIOTENSIN II RECEPTOR ANTAGONISTS / DIURETIC COMBINATIONS

irbesartan **QL**
irbesartan-hydrochlorothiazide **QL**
losartan
losartan-hydrochlorothiazide
valsartan **QL**
valsartan-hydrochlorothiazide **QL**

§ ANTIARRHYTHMICS

amiodarone
disopyramide
dofetilide **PA, SP**
flecainide
mexiletine
propafenone
propafenone ext-rel
quinidine sulfate
sotalol
NORPACE CR

ANTILIPEMICS

§ BILE ACID RESINS

cholestyramine
colestipol

§ CHOLESTEROL ABSORPTION INHIBITORS

ezetimibe **ST**

§ FIBRATES

fenofibrate
fenofibric acid
gemfibrozil

§ HMG-CoA REDUCTASE INHIBITORS

atorvastatin **QL**
lovastatin **QL**
pravastatin **QL**
rosuvastatin **QL, ST**
simvastatin **PA, QL**

PA Required only for products containing 80 mg of simvastatin

§ NIACINS

niacin ext-rel/**OTC**
niacin ext-rel

PCSK9 INHIBITORS

REPATHA **PA, SP**

§ BETA-BLOCKERS

atenolol
bisoprolol
carvedilol
labetalol
metoprolol succinate ext-rel
metoprolol tartrate 25 mg, 50 mg, 100 mg
nadolol
pindolol
propranolol
propranolol ext-rel
timolol

§ BETA-BLOCKER / DIURETIC COMBINATIONS

atenolol-chlorthalidone
bisoprolol-hydrochlorothiazide

CALCIUM CHANNEL BLOCKERS

§ DIHYDROPYRIDINES

amlodipine
felodipine ext-rel
nifedipine ext-rel
nimodipine

§ NONDIHYDROPYRIDINES

diltiazem
diltiazem ext-rel
verapamil **QL**
verapamil ext-rel/**QL**

§ DIGITALIS GLYCOSIDES

digoxin *****
digoxin pediatric elixir

***** Mandatory generic requirement does not apply to LANOXIN

DIURETICS

§ CARBONIC ANHYDRASE INHIBITORS

acetazolamide
acetazolamide ext-rel
methazolamide

§ LOOP DIURETICS

bumetanide
furosemide
torsemide

§ POTASSIUM-SPARING DIURETICS

amiloride
spironolactone

§ THIAZIDES AND THIAZIDE-LIKE DIURETICS

chlorthalidone
hydrochlorothiazide
indapamide
metolazone

§ DIURETIC COMBINATIONS

amiloride-hydrochlorothiazide
spironolactone-hydrochlorothiazide
triamterene-hydrochlorothiazide

NITRATES

§ ORAL

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

§ SUBLINGUAL

nitroglycerin sublingual

§ TRANSDERMAL

nitroglycerin transdermal
NITRO-BID

PULMONARY ARTERIAL HYPERTENSION

ENDOTHELIN RECEPTOR ANTAGONISTS

LETAIRIS **PA, SP**
OPSUMIT **PA, SP**
TRACLEER **PA, SP**

§ PHOSPHODIESTERASE INHIBITORS

sildenafil **PA, SP**
ADCIRCA **PA, SP**

§ PROSTAGLANDIN VASODILATORS

epoprostenol sodium **PA, SP**
REMODULIN **PA, SP**
TYVASO **PA, SP**
VENTAVIS **PA, SP**

§ MISCELLANEOUS

hydralazine
methyl dopa
methyl dopa-hydrochlorothiazide
midodrine
RANEXA **PA**

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

§ BENZODIAZEPINES

alprazolam
chlordiazepoxide
clonazepam tabs
diazepam
lorazepam
oxazepam

§ MISCELLANEOUS

bupropion
clomipramine
fluvoxamine

§ ANTICONSULSANTS

carbamazepine *****
carbamazepine ext-rel
diazepam rectal gel
divalproex sodium delayed-rel
divalproex sodium ext-rel
ethosuximide *****
gabapentin
lamotrigine
lamotrigine ext-rel
levetiracetam
levetiracetam ext-rel
oxcarbazepine
phenobarbital
phenytoin
phenytoin sodium extended *****
primidone
tiagabine
topiramate sprinkle caps, tabs
valproic acid
zonisamide

***** Mandatory generic requirement does not apply to DILANTIN, TEGRETOL or ZARONTIN

§ ANTIDEMENTIA

donepezil
galantamine

galantamine ext-rel
memanline PA*

PA* Only applies to members <30 years of age

ANTIDEPRESSANTS

§ SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)

citalopram
escitalopram QL
fluoxetine
fluoxetine delayed-rel
fluvoxamine
paroxetine HCl
paroxetine HCl ext-rel QL
sertraline

§ SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)

duloxetine delayed-rel QL
venlafaxine
venlafaxine ext-rel QL

§ TRICYCLIC ANTIDEPRESSANTS (TCAs)

amitriptyline PA*
clomipramine PA*
desipramine PA*
doxepin PA*
imipramine HC/PA*
nortriptyline PA*

PA* Prior authorization only required for members of age 65 and older

§ MISCELLANEOUS AGENTS

bupropion
bupropion ext-rel
mirtazapine
mirtazapine orally disintegrating tabs
trazodone

§ ANTIPARKINSONIAN AGENTS

amantadine
benztropine
bromocriptine
carbidopa-levodopa
carbidopa-levodopa ext-rel
carbidopa-levodopa-entacapone
entacapone
pramipexole
ropinirole
selegiline
trihexyphenidyl

ANTIPSYCHOTICS

§ ATYPICALS

aripiprazole PA, QL
clozapine*
olanzapine PA*, QL
olanzapine orally disintegrating tabs PA*, QL
olanzapine-fluoxetine PA*, QL
quetiapine
quetiapine 100 mg QL
risperidone QL
ziprasidone
ABILIFY MAINTENA PA
ARISTADA PA
INVEGA SUSTENNA PA
INVEGA TRINZA PA

RISPERDAL CONSTA PA
ZYPREXA RELPREVV PA

* Mandatory generic requirement does not apply to CLOZARIL

PA* Prior authorization only required for members under 18 years of age

§ MISCELLANEOUS

pimozide
chlorpromazine
fluphenazine
haloperidol
haloperidol decanoate inj
loxapine
perphenazine
thioridazine
thiothixene
trifluoperazine

§ ATTENTION DEFICIT HYPERACTIVITY DISORDER

amphetamine-dextroamphetamine mixed salts PA, QL
amphetamine-dextroamphetamine mixed salts ext-rel PA, QL
atomoxetine PA*, QL
dexamethylphenidate PA, QL
dexamethylphenidate ext-rel PA, QL
dextroamphetamine ext-rel PA, QL
dextroamphetamine tabs 5 mg, 10 mg PA, QL
methylphenidate PA, QL
methylphenidate ext-rel PA, QL

PA Required for members over 18 years of age

PA* Required for members of all ages

HYPNOTICS

§ BENZODIAZEPINES

temazepam

§ NONBENZODIAZEPINES

diphenhydramine OTC
doxylamine OTC
zaleplon QL
zolpidem*, QL

* Gender restriction - In accordance with product labeling, females must begin therapy with 5 mg dose.

MIGRAINE

§ ERGOTAMINE DERIVATIVES

dihydroergotamine injection PA, QL
dihydroergotamine spray PA, QL
ergotamine-caffeine
ERGOMAR

PA Required for members under 18 years of age

§ SELECTIVE SEROTONIN AGONISTS

Note: Limit of 1 prescription in class per 25 days

naratriptan ST, PA, QL
rizatriptan ST, QL
rizatriptan orally disintegrating tabs ST, QL
sumatriptan PA, QL
sumatriptan injection PA, QL

sumatriptan nasal spray PA, QL
zolmitriptan ST, PA, QL
zolmitriptan orally disintegrating tabs ST, PA, QL
ZOMIG NASAL SPRAY ST, PA*, QL

PA Required for members under 18 years of age

PA* Required for members under 12 years of age

§ MULTIPLE SCLEROSIS AGENTS

glatiramer PA, SP
AUBAGIO PA, SP
AVONEX PA, SP
EXTAVIA PA, SP
GILENYA PA, SP
PLEGRIDY PA, SP
REBIF PA, SP
TECFIDERA PA, SP

§ MUSCULOSKELETAL THERAPY AGENTS

baclofen
chlorzoxazone
cyclobenzaprine 5 mg, 10 mg
dantrolene
methocarbamol
orphenadrine-aspirin-caffeine
tizanidine tabs

PSYCHOTHERAPEUTIC-MISCELLANEOUS

§ SMOKING DETERRENTS

nicotine polacrilex gum,
lozenge OTC, PA, QL
nicotine transdermal OTC, PA, QL
bupropion ext-rel PA, QL
CHANTIX PA, QL
NICOTROL INHALER PA, QL
NICOTROL NS PA, QL

PA Required for members under 13 years of age

ENDOCRINE AND METABOLIC

ANTIDIABETICS

§ ALPHA-GLUCOSIDASE INHIBITORS

acarbose

AMYLIN ANALOGS

SYMLINPEN ST

§ BIGUANIDES

metformin
metformin ext-rel 500 mg, 750 mg

§ BIGUANIDE / SULFONYLUREA COMBINATIONS

glipizide-metformin
glyburide-metformin

§ DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS

alogliptin ST, QL
JANUVIA ST, QL

§ DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR / BIGUANIDE COMBINATIONS

alogliptin-metformin ST, QL
JANUMET ST, QL
JANUMET XR ST, QL

§ DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR / INSULIN SENSITIZER COMBINATIONS

alogliptin-pioglitazone ST, QL

INCRETIN MIMETIC AGENTS

TANZEUM ST, QL
TRULICITY ST, QL
VICTOZA ST, QL

INSULINS

ADMELOG QL
APIDRA QL
APIDRA SOLOSTAR QL
BASAGLAR QL
FIASP QL
HUMALOG QL
HUMALOG MIX QL
HUMULIN 70/30 QL
HUMULIN N QL
HUMULIN R QL
NOVOLIN 70/30 QL
NOVOLIN N QL
NOVOLIN R QL
NOVOLOG QL
NOVOLOG MIX 70/30 QL

§ INSULIN SENSITIZERS

pioglitazone QL

§ INSULIN SENSITIZER / BIGUANIDE COMBINATIONS

pioglitazone-metformin QL

§ MEGLITINIDES

nateglinide

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS
INVOKANA ST, QL

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITOR / BIGUANIDE COMBINATIONS
INVOKAMET ST, QL

§ SULFONYLUREAS

chlorpropamide
glimepiride
glipizide
glipizide ext-rel
glyburide
glyburide, micronized
tolbutamide

SUPPLIES

BD ULTRAFINE INSULIN SYRINGES AND NEEDLES OTC
FREESTYLE FREEDOM LITE STRIPS AND KITS OTC
FREESTYLE INSULINX STRIPS AND KITS OTC

FREESTYLE LITE
STRIPS AND KITS **OTC**
LANCETS **OTC**
PRECISION XTRA
STRIPS AND KITS **OTC**

CALCIUM REGULATORS
§ BISPHOSPHONATES

alendronate tabs 5 mg, 10 mg
alendronate tabs 35 mg, 40 mg,
70 mg **QL**
ibandronate **ST**
zoledronic acid **QL, SP**

ESTROGENS

§ ORAL

estradiol
estropipate
MENEST
PREMARIN

§ TRANSDERMAL

estradiol

§ VAGINAL

estradiol vaginal cream
estradiol vaginal tabs - Yuvaferm
FEMRING
PREMARIN CREAM

ESTROGEN / PROGESTINS

§ ORAL

EE-norethindrone acetate
estradiol-norethindrone acetate
PREFEST
PREMPHASE
PREMPRO

TRANSDERMAL

COMBIPATCH

§ GLUCOCORTICOIDS

cortisone acetate
dexamethasone
fludrocortisone
hydrocortisone
methylprednisolone
prednisolone sodium phosphate
solution 5 mg/5 mL
prednisolone syrup
prednisone

HUMAN GROWTH HORMONES AND
RELATED DISORDERS

INCRELEX **PA, SP**
NORDITROPIN **PA, SP**
SEROSTIM **PA, SP**

§ PROGESTINS

medroxyprogesterone acetate
progesterone, micronized

THYROID AGENTS

§ THYROID SUPPLEMENTS

*levothyroxine**
liothyronine
ARMOUR THYROID
NP THYROID
THYROLAR

WP THYROID

* Mandatory generic requirement does
not apply to LEVOXYL, SYNTHROID or
UNITHROID

GASTROINTESTINAL

§ ANTACIDS

alumina-magnesia **OTC**
alumina-magnesia-simethicone **OTC**
aluminum hydroxide **OTC**
calcium carbonate **OTC**

§ ANTIEMETICS

dimenhydrinate **OTC**
aprepitant **PA, QL**
dronabino **PA, QL**
granisetron **QL**
meclizine 12.5 mg, 25 mg
metoclopramide
ondansetron **QL**
prochlorperazine
promethazine
trimethobenzamide
ANZEMET **QL**

§ H₂ RECEPTOR ANTAGONISTS

cimetidine **OTC**
famotidine **OTC**
ranitidine **OTC**
cimetidine
famotidine
ranitidine

§ LAXATIVES / STOOL SOFTENERS

docusate sodium **OTC**
psyllium **OTC**
lactulose
peg 3350-electrolytes
polyethylene glycol 3350
KRISTALOSE

PANCREATIC ENZYMES

CREON **PA**

§ PROTON PUMP INHIBITORS

lansoprazole delayed-rel
15 mg **OTC, QL**
omeprazole magnesium delayed-rel
caps **OTC, QL**
omeprazole-sodium bicarbonate **OTC**
NEXIUM 24HR **OTC, QL**
PRILOSEC **OTC, QL**
omeprazole delayed-rel caps **QL**
pantoprazole delayed-rel tabs **QL**

§ MISCELLANEOUS

cromolyn sodium
sucrafate tabs

GENITOURINARY

§ BENIGN PROSTATIC
HYPERPLASIA

*finasteride**
*tamsulosin**

* Gender restriction - Coverage for males
only

§ VAGINAL ANTI-INFECTIVES

clotrimazole **OTC**
miconazole **OTC**

clindamycin cream
metronidazole
terconazole
CLEOCIN VAGINAL SUPPOSITORY
GYNAZOLE-1

HEMATOLOGIC

ANTICOAGULANTS

§ INJECTABLE

enoxaparin
heparin

§ ORAL

*warfarin**
ELIQUIS
XARELTO

* Mandatory generic requirement does
not apply to COUMADIN

HEMATOPOIETIC GROWTH
FACTORS

ARANESP **PA, SP**
EPOGEN **PA, SP**
LEUKINE **PA, SP**
PROCRIT **PA, SP**
ZARXIO **PA, SP**

HEMOPHILIA, VON WILLEBRAND
DISEASE & RELATED BLEEDING
DISORDERS

ADVATE **PA, SP**
ADYNOVATE **PA, SP**
AFSTYLA **PA, SP**
ALPHANATE **PA, SP**
ALPHANINE SD **PA, SP**
ALPROLIX **PA, SP**
BEBULIN **PA, SP**
BENEFIX **PA, SP**
COAGADEX **PA, SP**
CORIFACT KIT **PA, SP**
ELOCTATE **PA, SP**
FEIBA NF **PA, SP**
HELIXATE FS **PA, SP**
HEMOFIL M **PA, SP**
HUMATE-P **PA, SP**
IDELVION **PA, SP**
IXINITY **PA, SP**
KOATE **PA, SP**
KOATE-DVI **PA, SP**
KOGENATE FS **PA, SP**
KOVALTRY **PA, SP**
MONOCLATE-P **PA, SP**
MONONINE **PA, SP**
NOVOEIGHT **PA, SP**
NOVOSEVEN RT **PA, SP**
NUWIQ **PA, SP**
OBIZUR **PA, SP**
PROFILNINE SD **PA, SP**
RECOMBINATE **PA, SP**
RIXUBIS **PA, SP**
TRETEN **PA, SP**
VONVENDI **PA, SP**
WILATE **PA, SP**
XYNTHA **PA, SP**

§ PLATELET AGGREGATION
INHIBITORS

aspirin 81 mg **OTC**
clopidogrel **PA**
dipyridamole

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

COSENTYX 300 MG **PA, SP**
ENBREL **PA, SP**
HUMIRA **PA, SP**
KEVZARA **PA, SP**
SILIQ **PA, SP**
XELJANZ **PA, SP**
XELJANZ XR **PA, SP**

IMMUNOMODULATORS

INTERFERONS

INTRON A **PA, SP**
PEGASYS **PA, SP**

IMMUNOSUPPRESSANTS

§ ANTIMETABOLITES

azathioprine
mycophenolate mofetil
AZASAN

§ CALCINEURIN INHIBITORS

cyclosporine
*cyclosporine, modified**
tacrolimus

* Mandatory generic requirement does
not apply to NEORAL or
SANDIMMUNE

§ RAPAMYCIN DERIVATIVES

sirolimus

NUTRITIONAL / SUPPLEMENTS

ELECTROLYTES

§ POTASSIUM

potassium chloride ext-rel caps
8 mEq, 10 mEq
potassium chloride ext-rel tabs
20 mEq
potassium chloride liquid
20 mEq/15 mL, 40 mEq/15 mL

VITAMINS AND MINERALS

§ FOLIC ACID AGENTS

folic acid

§ PRENATAL VITAMINS

prenatal vitamins-carbonyl iron-
docusate-folic acid - Prenatal AD
prenatal vitamins-ferrous fumarate-
docusate-folic acid - Prenatal 19

CITRANATAL B-CALM
CITRANATAL BLOOM **QL**
CITRANATAL HARMONY
CITRANATAL RX
VITAFOL-ONE
ZATEAN-PN CAP PLUS

§ MISCELLANEOUS

ascorbic acid **OTC**
calcium carbonate **OTC**
cholecalciferol (D3) **OTC**
ergocalciferol (D2) **OTC**
ferrous gluconate **OTC**
ferrous sulfate **OTC**
magnesium oxide **OTC**
multivitamins-minerals **OTC**
niacin **OTC**

omega-3 fatty acids **OTC**
 omega-3 fatty acids-vitamin E **OTC**
 pyridoxine **OTC**
 thiamine **OTC**
 vitamin A **OTC**
 vitamin E **OTC**
 cyanocobalamin injection
 ergocalciferol (D2)
 fluoride drops, tabs*
 multivitamins, pediatric
 multivitamins-fluoride drops, tabs*
 multivitamins-fluoride-iron drops,
 tabs*
 multivitamins-iron, pediatric
 sodium ferric gluconate injection **PA**
 vitamin ADC-fluoride drops*
 vitamin ADC-fluoride-iron drops*
INFED PA
MEPHYTON
VENOFER PA

* Covered for members through 17 years of age

RESPIRATORY

§ ANAPHYLAXIS TREATMENT AGENTS

epinephrine auto-injector **QL**
EPIPEN QL
EPIPEN JR. QL

§ ANTICHOLINERGICS

ipratropium inhalation solution **QL**
ATROVENT HFA QL
INCRUSE ELLIPTA QL
SPIRIVA RESPIMAT AL, QL

AL Covered for members age 12 or older

ANTICHOLINERGIC / BETA AGONIST COMBINATIONS

§ SHORT ACTING

ipratropium-albuterol inhalation solution **QL**
COMBIVENT RESPIMAT QL

LONG ACTING

ANORO ELLIPTA QL

§ ANTIHISTAMINES, LOW SEDATING

cetirizine **OTC**

§ ANTIHISTAMINES, NONSEDATING

fexofenadine **OTC**
loratadine **OTC**
CLARITIN REDITABS 5 MG OTC

§ ANTIHISTAMINES, SEDATING

chlorpheniramine **OTC**
clemastine **OTC**
diphenhydramine **OTC**
cyproheptadine
hydroxyzine HCl

§ ANTIHISTAMINE / DECONGESTANT COMBINATIONS

cetirizine-pseudoephedrine ext-rel **OTC**
chlorpheniramine-phenylephrine **OTC**
dexbrompheniramine-pseudoephedrine ext-rel **OTC**

fexofenadine-pseudoephedrine ext-rel **OTC**
loratadine-pseudoephedrine ext-rel **OTC**

ANTITUSSIVE COMBINATIONS

§ **NON-OPIOID**
ROBITUSSIN COUGH + CHEST CONGESTION DM OTC
ROBITUSSIN MULTI-SYMPTOM COLD OTC
dextromethorphan-promethazine

BETA AGONISTS

INHALANTS

§ Short Acting

albuterol inhalation solution **QL**
levalbuterol inhalation solution **PA, QL**
levalbuterol tartrate, CFC-free aerosol **QL**
PROAIR RESPICLICK QL
VENTOLIN HFA QL

Long Acting

SEREVENT QL

§ ORAL AGENTS

albuterol
albuterol ext-rel
terbutaline

§ LEUKOTRIENE RECEPTOR ANTAGONISTS

montelukast **QL, ***
zafirlukast **QL, ***

* May be dispensed as a 90-day supply

§ MAST CELL STABILIZERS

cromolyn inhalation solution **QL**

§ NASAL ANTIHISTAMINES

azelastine spray

§ NASAL STEROIDS

budesonide spray **OTC, QL**
NASACORT ALLERGY 24HR OTC, QL
fluticasone spray **QL**

STEROID / BETA AGONIST COMBINATIONS

ADVAIR QL, *
ADVAIR HFA QL, *
BREO ELLIPTA QL, *
DULERA QL, *
SYMBICORT QL, *

* May be dispensed as a 90-day supply

§ STEROID INHALANTS

budesonide inhalation suspension **PA, QL, ***
AEROSPAN QL, *
ARNUITY ELLIPTA QL, *
FLOVENT DISKUS QL, *
FLOVENT HFA QL, *

PULMICORT FLEXHALER QL, *

PA Required for members over 8 years of age

* May be dispensed as a 90-day supply

§ XANTHINES

theophylline ext-rel tabs *
ELIXOPHYLLIN *
THEO-24 *

* May be dispensed as a 90-day supply

TOPICAL

DERMATOLOGY

§ ACTINIC KERATOSIS

fluorouracil cream 0.5%
fluorouracil cream 5%
FLUOROPLEX

§ ANTIBIOTICS

bacitracin **OTC**
gentamicin
mupirocin oint
silver sulfadiazine

§ ANTIFUNGALS

clotrimazole **OTC**
miconazole **OTC**
tolnaftate **OTC**
LAMISIL AT OTC
ketoconazole crm 2%
nystatin
nystatin/triamcinolone **PA, QL**

PA Required for members 5 years of age and older

§ ATOPIC DERMATITIS

tacrolimus **PA, QL**
EUCRISA PA

CORTICOSTEROIDS

§ Low Potency

hydrocortisone cream, ointment 0.5%, 1% **OTC**
alclometasone cream, ointment 0.05%
fluocinolone acetonide cream, solution 0.01%
hydrocortisone cream 2.5%
hydrocortisone lotion 1%

§ Medium Potency

betamethasone valerate cream, lotion, ointment 0.1%
fluocinolone acetonide cream, ointment 0.025%
fluocinolone acetonide oil 0.01%
fluticasone propionate cream 0.05%, ointment 0.005%
mometasone cream, lotion, ointment 0.1%
triamcinolone acetonide cream, lotion, ointment 0.025%
triamcinolone acetonide cream, lotion, ointment 0.1%

§ High Potency

amcinonide lotion, ointment 0.1%
betamethasone dipropionate augmented cream 0.05%

betamethasone dipropionate cream, lotion, ointment 0.05%
fluocinonide cream, gel, ointment, solution 0.05%
fluocinonide emollient cream 0.05%
triamcinolone acetonide cream, ointment 0.5%

§ Very High Potency

betamethasone dipropionate augmented ointment 0.05%
clobetasol propionate emollient cream 0.05%
halobetasol propionate cream, ointment 0.05%

§ MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

CUTTER BACKWOODS INSECT REPELLENT OTC, QL
CUTTER SKINSACTIONS INSECT REPELLENT OTC, QL
NATRAPEL INSECT REPELLENT OTC, QL
OFF ACTIVE INSECT REPELLENT OTC, QL
OFF DEEP WOODS INSECT REPELLENT OTC, QL
OFF FAMILY CARE INSECT REPELLENT OTC, QL
REPEL SPORTSMEN INSECT REPELLENT OTC, QL
REPEL SPORTSMEN MAX INSECT REPELLENT OTC, QL
SAWYER INSECT REPELLENT OTC, QL
imiquimod **PA**
podofilox solution
trypsin-balsam-castor oil spray
REGRANEX PA
SANTYL QL

OPHTHALMIC

§ ANTIALLERGICS

ketotifen **OTC**
cromolyn sodium

§ ANTI-INFECTIVES

bacitracin
ciprofloxacin solution
erythromycin
gentamicin
levofloxacin
neomycin-polymyxin B-gramicidin
ofloxacin
polymyxin B-bacitracin
polymyxin B-trimethoprim
sulfacetamide solution 10%
tobramycin solution

ANTI-INFLAMMATORIES

§ Nonsteroidal

diclofenac sodium
flurbiprofen
ketorolac 0.4%, 0.5%

§ Steroidal

dexamethasone sodium phosphate
fluorometholone
prednisolone acetate 1%

FML FORTE
FML S.O.P.
PRED MILD
PREDNISOLONE PHOSPHATE 1%

BETA-BLOCKERS

§ Nonselective

carteolol
levobunolol
metipranolol
timolol maleate

timolol maleate gel
BETIMOL

§ Selective
BETOPTIC S

§ CARBONIC ANHYDRASE
INHIBITORS
dorzolamide

§ CARBONIC ANHYDRASE
INHIBITOR / BETA-BLOCKER
COMBINATIONS

dorzolamide-timolol maleate

§ PROSTAGLANDINS

latanoprost **QL**
TRAVATAN Z **QL**

§ SYMPATHOMIMETICS

brimonidine 0.15%, 0.2% **QL**

OTIC

§ ANTI-INFECTIVES

acetic acid
acetic acid-aluminum acetate
ofloxacin otic

§ ANTI-INFECTIVE /
ANTI-INFLAMMATORY
COMBINATIONS

neomycin-polymyxin B-hydrocortisone
CIPRODEX

FOR YOUR INFORMATION: This drug list represents a summary of prescription coverage. It is not all-inclusive and does not guarantee coverage. In most instances, a brand-name drug for which a generic product becomes available will require prior authorization or will no longer be covered upon release of the generic product to the market. Unless specifically indicated, drug list products will include all dosage forms. This list represents brand products in CAPS, branded generics in upper- and lowercase *Italics*, and generic products in lowercase *italics*. Listed products may be available generically in certain strengths or dosage forms. Dosage forms on this list will be consistent with the category and use where listed.

An exception process may exist for specific clinical or regulatory circumstances that may require coverage of a removed medication.

§ Generics are available in this class and should be considered the first line of prescribing.

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