

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: 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 , except 650 mg **OTC**

§ NSAIDS

aspirin **OTC**

aspirin buffered **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 **QL**

indomethacin ext-rel **QL**

ketoprofen ext-rel

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 sulfate

codeine-acetaminophen **QL**

fentanyl transdermal **QL**

fentanyl transmucosal **PA**

hydrocodone-acetaminophen **QL**

hydrocodone-acetaminophen soln

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

hydromorphone tabs **QL**

mepredine **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 **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

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 **QL**

DESCOVY **QL**

EPZICOM **PA***

EVOTAZ **QL**

GENVOYA **QL**

ODEFSEY **QL**

PREZCOBIX **QL**

STRIBILD **QL**

TRIUMEQ **QL**

TRUVADA **QL**

PA*Prior authorization is required for the brand

CHEMOKINE RECEPTOR ANTAGONISTS

SELZENTRY **PA, QL**

FUSION INHIBITORS

FUZEON **PA, QL, SP**

INTEGRASE INHIBITORS

ISENTRESS **QL**

TIVICAY **PA, QL**

§ NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS

nevirapine **QL**

nevirapine ext-rel **QL**

EDURANT **PA, QL**

INTELENCE **QL**

RESCRIPTOR **QL**

SUSTIVA **QL**

§ NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS

abacavir tabs **QL**

didanosine delayed-rel **PA, QL**

lamivudine **QL**

stavudine **QL**

zidovudine **QL**

EMTRIVA **QL**

EPIVIR **PA***

RETROVIR **PA***

VIDEX SOLUTION **PA, QL**

ZIAGEN **PA***

ZIAGEN SOLUTION **QL**

PA*Prior authorization is required for the brand

NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS

VIREAD **QL**

§ PROTEASE INHIBITORS

lopinavir-ritonavir **QL**

APTIVUS **QL**

CRIVIVAN **QL**

INVIRASE **QL**

LEXIVA **QL**
NORVIR **QL**
PREZISTA **QL**
REYATAZ **QL**
VIRACEPT **QL**

ANTIVIRALS

§ HERPES AGENTS

acyclovir caps, suspension, tabs
famciclovir
valacyclovir

§ MISCELLANEOUS

atovaquone
clindamycin
dapson
daptomycin **PA**
ivermectin
linezolid **PA**
methenamine mandelate
metronidazole tabs
nitrofurantoin ext-rel
nitrofurantoin macrocrystals
nitrofurantoin suspension
rifabutin
trimethoprim
vancomycin **PA**
ALBENZA **QL**
ALINIA **QL**
NEBUPENT
PRIMSOL **PA**
TYGACIL **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 **ST**
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
verapamil ext-rel

§ 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
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
methyldopa
methyldopa-hydrochlorothiazide
midodrine
RANEXA **PA**

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

§ BENZODIAZEPINES

alprazolam
chlordiazepoxide
clonazepam tabs
diazepam
lorazepam
oxazepam

§ MISCELLANEOUS

buspirone
clomipramine
fluvoxamine

§ ANTICONVULSANTS

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 and ZARONTIN

§ ANTIDEMENTIA

donepezil
galantamine
galantamine ext-rel
memantine **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 HCl **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
ARISTADA **PA**
INVEGA SUSTENNA **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**
dexmethylphenidate **PA, QL**
dexmethylphenidate 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
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**
EXTAVIA **PA, SP**
REBIF **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**
VICTOZA **ST, QL**

INSULINS

APIDRA **QL**
APIDRA SOLOSTAR **QL**
BASAGLAR **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**

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 **PA, SP**

ESTROGENS

§ ORAL

estradiol
estropipate
MENEST
PREMARIN

§ TRANSDERMAL

estradiol

§ VAGINAL

estradiol vaginal tabs - Yuvaferm
ESTRACE CREAM
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
thyroid
THYROLAR

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

GASTROINTESTINAL

§ ANTACIDS

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

§ ANTIEMETICS

dimenhydrinate **OTC**
aprepitant **PA, QL**
dronabinol **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, OTC**
omeprazole delayed-rel caps **QL**
pantoprazole delayed-rel tabs **QL**

§ MISCELLANEOUS

cromolyn sodium
sucralfate

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*
XARELTO

* Mandatory generic requirement does not apply to COUMADIN

HEMATOPOIETIC GROWTH FACTORS

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

HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS

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

§ PLATELET AGGREGATION INHIBITORS

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

IMMUNOLOGIC AGENTS

BIOLOGIC DISEASE-MODIFYING AGENTS

ENBREL **PA, SP**
HUMIRA **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 and 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 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*
fluoride 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**

§ 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**
dextbrompheniramine-
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-SYMP TOM
COLD **OTC**
dextromethorphan-promethazine

BETA AGONISTS

INHALANTS

§ Short Acting

albuterol inhalation solution **QL**

levalbuterol inhalation
solution **PA, QL**
levalbuterol tartrate,
CFC-free aerosol **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, ***
DULERA **QL, ***
SYMBICORT **QL, ***

* May be dispensed as a 90-day supply

§ STEROID INHALANTS

budesonide inhalation
suspension **PA, QL, ***
AEROSPAN **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

§ ANTIBIOTICS

bacitracin **OTC**
gentamicin
mupirocin oint
silver sulfadiazine

§ ANTIFUNGALS

clotrimazole **OTC**
miconazole **OTC**
tolnaftate **OTC**
LAMISIL AT **OTC**
ketoconazole crm 2%
nystatin

§ ATOPIC DERMATITIS

tacrolimus **PA, QL**

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 onto 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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LEGEND **AL:** Age Limit **OTC:** Over the Counter. Covered only with valid prescription. **PA:** Prior Authorization **QL:** Quantity Limit **SP:** Specialty Drug **ST:** Step Therapy