

# Fidelis Care New York Formulary 2017

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## INTRODUCTION

Fidelis Care New York is pleased to provide the Fidelis Care Formulary for Child Health Plus (CHP), HealthierLife (HARP) and Medicaid members as a useful reference and informational tool. The Fidelis Care Formulary can assist practitioners in selecting clinically appropriate and cost-effective products for members.

The drugs on this formulary have been reviewed by the Fidelis Care Pharmacy and Therapeutics (P&T) Committee and found appropriate for formulary inclusion. The clinical information within the formulary is primarily derived from medical literature and is reviewed and approved by the P&T Committee.

This edition incorporates drugs added to the formulary since the last edition as well as numerous revisions to the prescribing information based on changes in pharmacotherapy. Comments and suggestions from practicing physicians have also been incorporated to ensure that the Fidelis Care Formulary is reflective of current medical practice as of the date of review.

*The information contained in the Fidelis Care Formulary and its appendices is provided by Fidelis Care, solely for the convenience of medical providers. Fidelis Care does not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. The Fidelis Care Formulary is not intended to be a substitute for the knowledge, expertise, skill, and judgment of the medical provider in their choice of prescription drugs. Fidelis Care assumes no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The 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. **The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.***

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  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose first language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call Fidelis Care at 1-888-343-3547. For TTY/TDD services, call 1-800-421-1220.

If you believe that Fidelis Care has not given you these services or treated you differently because of race, color, national origin, age, disability or sex, you can file a grievance with Fidelis Care by:

- Mail: 95-25 Queens Boulevard, Rego Park, NY 11374
- Phone: 1-718-896-6500 (TTY: 1-800-421-1220)
- Fax: 1-718-896-3557
- In person: 95-25 Queens Boulevard, Rego Park, NY 11374
- Email: rfazzolari@fideliscare.org

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

- Web: Office for Civil Rights Complaint Portal at:  
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- Mail: U.S. Department of Health and Human Services  
200 Independence Avenue SW., Room 509F, HHH Building  
Washington, DC 20201  
Complaint forms are available at:  
<http://www.hhs.gov/ocr/office/file/index.html>
- Phone: 1-800-368-1019 (TTY/TDD 800-537-7697)

## LANGUAGE ASSISTANCE

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-888-343-3547 (TTY/TDD: 1-800-421-1220).	English
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-343-3547 (TTY/TDD: 1-800-421-1220)	Spanish
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-343-3547 (TTY/TDD: 1-800-421-1220)	Chinese
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ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-343-3547 (телетайп: TTY/TDD: 1-800-421-1220).	Russian
ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-343-3547 (TTY/TDD: 1-800-421-1220).	Italian
ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-343-3547 (TTY/TDD: 1-800-421-1220).	French
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-888-343-3547 (TTY/TDD: 1-800-421-1220).	French Creole
אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-888-343-3547 (TTY/TDD: 1-800-421-1220).	Yiddish
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-343-3547 (TTY/TDD: 1-800-421-1220).	Polish
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-343-3547 (TTY/TDD: 1-800-421-1220).	Tagalog
সাক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-১৮৮-৩৪৩-৩৫৪৭ (TTY/TDD: 1-800-421-1220).	Bengali
KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-888-343-3547 (TTY/TDD: 1-800-421-1220).	Albanian
ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-888-343-3547 (TTY/TDD: 1-800-421-1220).	Greek
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## PREFACE

The Fidelis Care Formulary is organized by sections. Each section includes therapeutic groups identified by either a drug class or disease state. Products are listed by generic name. Brand names are included as a reference to assist in product recognition. Unless exceptions are noted, generally all applicable dosage forms and strengths of the drug cited are included in the Fidelis Care Formulary.

## PHARMACY AND THERAPEUTICS COMMITTEE

The Fidelis Care P&T Committee considers all new-to-market drugs for inclusion in the formulary. The evaluation includes a literature review and expert external opinion may also be sought. Formal reviews are prepared that typically address the following information:

- Safety
- Efficacy
- Comparison studies
- Approved indications
- Adverse effects
- Contraindications/Warnings/Precautions
- Pharmacokinetics
- Patient administration/compliance considerations
- Medical outcome and pharmacoeconomic studies
- Cost

When a new drug is considered for formulary inclusion, it will be reviewed relative to similar drugs currently on the formulary. In addition, entire therapeutic classes are periodically evaluated.

All the information in the Fidelis Care Formulary is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.

## DRUG LIST PRODUCT DESCRIPTIONS

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

**Listed products on the document generally include all strengths and dosage forms of the cited brand-name product.**

*ondansetron* *Zofran*

Oral solution, tablets, disintegrating tablets, and all strengths of Zofran would be included in this listing.

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

*acyclovir caps, tabs* *Zovirax*

The capsules and tablets of Zovirax are on the document. From this entry, the cream and ointment cannot be assumed to be on the list unless there is a specific entry.

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

*tolterodine* *Detrol*

The immediate-release product listing of Detrol alone would not include the extended-release product Detrol LA.

*tolterodine ext-rel* *Detrol LA*

A separate entry for Detrol LA confirms that the extended-release product is on the document.

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

*neomycin/polymyxin B/hydrocortisone* *Cortisporin*

Since Cortisporin is listed only in the OTIC section, it is limited to the otic solution and suspension. From this entry the topical cream cannot be assumed to be on the list unless there is an entry for this product in the DERMATOLOGY section of the document.

## GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand-name product. **Boldface** type indicates generic availability. However not all strengths or dosage forms of the generic name in boldface type may be generically available. In addition, boldface type may indicate that the brand name cited is a generic. Examples of the latter include Levoxyll and Trivora.

Fidelis Care New York 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 formulary. Exempt products include: Clozaril, Coumadin, Dilantin, Lanoxin, Levoxyll, Neoral, Sandimmune, Synthroid, Tegretol, Unithroid and Zarontin. Generic drugs are usually priced lower than their brand-name equivalents. Prescription generic drugs are:

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

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

## DRUG EFFICACY STUDY IMPLEMENTATION DRUGS

Drugs first marketed between 1938 and 1962 were approved as safe but required no showing of effectiveness for FDA approval. Beginning in 1962, all new drugs were required to be both safe and effective before they could be marketed. This legislation also applied retroactively to all drugs approved as safe from 1938-1962. The Drug Efficacy Study Implementation (DESI) program was established by the FDA to review the effectiveness of these pre-1962 drugs for their labeled indications, and a determination of fully effective was made for most of these products and they remain in the marketplace. A few DESI products remain classified as "less than fully effective" while awaiting final administrative disposition. Also, classified as DESI are many products listed as identical, similar, or related to actual DESI products.

## NON-PREFERRED REQUEST

Acknowledging the medical necessity for certain non-preferred drugs in specific patient populations, Fidelis Care has developed a means of review for authorizing coverage of non-preferred drugs when medical necessity warrants their use. The non-preferred request review policy permits coverage of non-preferred drugs when at least one of the following criteria is met:

1. Documented allergic/adverse reaction to a preferred agent.
2. Documented failure of preferred agents.
3. Documented patient stability/control issues in patients with concomitant drug/disease states where a preferred agent is contraindicated or a change in therapy is not advisable.

In making decisions with regard to non-preferred request and the overall formulary, Fidelis Care applies recommendations of national evidence-based guidelines, professional expertise and judgment. Fidelis Care looks for the appropriate usages of drugs and drug products as established by or in: (1) evidence-based national guidelines, (2) peer-reviewed literature, (3) the American Hospital Formulary Service-Drug Information, (4) the American Medical Association-Drug Evaluations, (5) the United States Pharmacopeia-Drug Information, (6) other such standard compendia, and (7) the professional guidance of pharmacists.

Fidelis Care adheres to Article 49 guidelines for providing responses to non-preferred requests. All requests will be reviewed and decision on these requests made within 3 business days from the day of receipt. Generally, requests are processed in the order received. However, **urgent** requests should be identified as such when submitted, and will be reviewed within the same day, if feasible. A response will be forwarded to the requesting provider as soon as a determination has been made on the request (both verbal and written). Members will be notified of the decision verbally and by a letter as well.

To request a non-preferred medication, prescribers need to fill out and fax over to Fidelis a "Medication Request Form." To obtain the form, providers may contact Fidelis Care at 1-888-343-3547 or download the form from Fidelis' Web site: [www.fideliscare.org/en-us/providers/pharmacyservices.aspx](http://www.fideliscare.org/en-us/providers/pharmacyservices.aspx)

## QUANTITY LIMITATIONS

Quantity Limits (QL) provide for a maximum quantity of a drug product that a member may receive per prescription over a specified period of time.

The following brand-name drugs, and generic versions if available, are subject to QL:

Abilify	Effexor XR
acamprosate	Elmiron
Accolate	Emend
Actos	Emtriva
Actoplus Met	epinephrine auto-injector
Adderall	Epipen
Adderall XR	Epipen Jr.
Advair	Epivir
Advair HFA	Epzicom
Aerospan	Epivir-HBV
Albenza	Evotaz
albuterol inhalation solution	Fioricet w/Codeine
Alinia	Flovent Diskus
Alphagan P	Flovent HFA
Anusol-HC	fluticasone nasal spray
Apidra	Focalin
Apidra Solostar	Focalin XR
Ambien	Fosamax 35 mg, 40 mg, 70 mg
Amerge	Fuzeon
Anzemet	Genvoya
Aptivus	granisetron
Atripla	Hepsera
Atrovent HFA	Humalog
Avalide	Humalog Mix
Avapro	Humulin N
Baraclude	Humulin R
Basaglar	Humulin 70/30
brimonidine 0.2%	Imitrex
buprenorphine/naloxone sublingual tabs	Incruse Ellipta
butalbital/acetaminophen	indomethacin
butalbital/acetaminophen/caffeine - Esgic	indomethacin ext-rel
Chantix	Intelence
Colcrys	Invirase
Combivent Respimat	Invokamet
Combivir	ipratropium-albuterol inhalation solution
Complera	ipratropium inhalation solution
Concerta	ipratropium nasal spray
Condylox gel	Isentress
Crixivan	Janumet
cromolyn inhalation solution	Janumet XR
Cutter Backwoods Insect Repellent	Januvia
Cutter Skinsations Insect Repellent	Kaletra
Dexedrine Spansule	Kazano
dextroamphetamine tabs 5 mg, 10 mg	levalbuterol inhalation solution
Diovan	Levaquin
Diovan HCT	Lexapro
Dulera	Lexiva
Duragesic	Lidoderm
Edurant	Lipitor



Marinol  
Maxalt/Maxalt-MLT  
Metadate CD  
Methylin  
methylphenidate ext-rel 10 mg  
Mevacor  
Migranal  
naloxone injection  
Narcan  
Nasacort Allergy 24HR  
Natranel Insect Repellent  
Nesina  
Nexium 24HR  
Nicoderm CQ  
Nicorette  
Nicotrol Inhaler  
Nicotrol NS  
Norco  
Norvir  
Novolin N  
Novolin R  
Novolin 70/30  
Novolog  
Novolog Mix 70/30  
Nutritional Supplements  
Off Active Insect Repellent  
Off Deep Woods Insect Repellent  
Off Family Care Insect Repellent  
omeprazole delayed-rel caps, tabs  
omeprazole magnesium delayed-rel caps  
Oseni  
oxycodone caps, tabs  
Paxil CR  
Percocet  
Plavix  
Pravachol  
Prevacid 24HR  
Prezcobix  
Prezista  
Protonix  
Pulmicort Flexhaler  
Pulmicort Respules  
Repel Sportsmen Insect Repellent  
Repel Sportsmen Max Insect Repellent  
Rescriptor  
Retrovir  
Reyataz

Risperdal  
Ritalin  
Ritalin LA  
Sawyer Insect Repellent  
Selzentry  
Serevent  
Seroquel 100 mg  
Singulair  
Sonata  
Spiriva Respimat  
Strattera  
Stribild  
Suboxone film  
Sustiva  
Symbicort  
Symbyax  
Synalgos-DC  
Tamiflu capsule  
Tanzeum  
Tivicay  
triamcinolone nasal spray  
Triumeq  
Trizivir  
Truvada  
Tybost  
Tylenol w/Codeine  
Ultracet  
Ultram  
Ventolin HFA  
Victoza  
Videx  
Videx EC  
Viracept  
Viramune  
Viramune XR  
Viread  
Xalatan  
Xopenex HFA  
Zerit  
Ziagen  
Zocor  
Zofran  
Zomig nasal spray  
Zomig/Zomig-ZMT  
Zyban  
Zyprexa/Zyprexa Zydis

## SPECIALTY DRUGS

Specialty pharmaceuticals are used in the management of complex chronic or genetic conditions and certain catastrophic diseases. They are often injectable medications, but they may also include oral agents. Specialty drugs identified in the document by (SP) are available through CVS Specialty™ Pharmacy.

Fidelis Care New York requires prior authorization (PA) for many drugs before they will be approved for coverage. Prior authorization for specialty drugs should be obtained by the physician's office prior to CVS Specialty Pharmacy being contacted. The physician's office must call Fidelis Care at 1-888-343-3547 to obtain a prior authorization.

Once the prior authorization is obtained, getting started with CVS Specialty Pharmacy is easy. Members will need to register by calling 1-800-237-2767. Providers may contact CVS Specialty Pharmacy by calling 1-866-295-2779. Additional information can also be found online at [CVSSpecialty.com](http://CVSSpecialty.com).

CVS Specialty Pharmacy provides side-effect counseling, condition-specific materials, refill reminder calls, and access to health care professionals for emergency consultation 24 hours a day, seven days a week.

## PRIOR AUTHORIZATION

The advantages of Prior Authorization (PA) are: 1) enforcement of treatment protocols/guidelines, 2) prevention of drug use for unlabeled indications, 3) the ability to "risk manage" drugs with serious side effects, 4) decreased utilization of certain drugs, and 5) cost control.

Prior authorized drugs cannot be obtained through Fidelis' pharmacy benefit unless the prior authorization process has been completed. The procedure for prior authorization of a non-specialty drug is as follows:

When the patient takes the prescription for a drug requiring prior authorization to a community pharmacist with an on-line system, the community pharmacist will enter the Fidelis Care member eligibility number and drug. The community pharmacist will receive the message "prior authorization required" on their computer screen and they will not be able to put the prescription through the system. The pharmacist must contact the physician's office and instruct them to call Fidelis Care at 1-888-343-3547 and indicate that they need a prior authorization for a Fidelis Care patient. The physician should be prepared to supply the following information: 1) patient name, ID number, and date of birth, 2) physician name, address and phone number, 3) drug name, strength and directions, 4) diagnosis and clinical information as indicated on the "Medication Request Form." Once Fidelis receives the completed "Medication Request Form," the request will be reviewed to determine if it meets medical necessity criteria for the drug in question.

If the patient does meet the criteria, a prior authorization will be entered into the on-line system, and the community pharmacist will be able to bill the prescription. If the patient does not meet the established criteria, prior authorization will not be granted. Fidelis Care staff will be responsible for notifying the physician regarding the approval/denial.

The criteria of use for each drug follows the FDA-approved labeled indications and standards of physicians' practice. These criteria can change based on newly approved indications and/or at least two well-designed peer-reviewed studies showing effectiveness and safety.

Fidelis Care adheres to Article 49 guidelines for providing responses to prior authorization requests. **Urgent** requests should be identified as such when submitted. A response will be forwarded to the physician as soon as determination has been made on the request. Requests are processed in the order received.

Fidelis Care currently requires prior authorization for the following drugs, and generic versions, if available:

Abilify	Androgel	Creon
Actiq	Aranesp	Cubicin
Adagen	Aristada	Cymbalta
Adcirca	Bosulif	Cyramza
Adderall	Cayston	Cystagon
Adderall XR	Chantix	DDAVP tabs
Afinitor	Claravis	Depo-Testosterone
Aldara	Concerta	Dexedrine Spansule
Amerge	Copaxone	

dextroamphetamine tabs 5 mg, 10 mg	Namenda	Symbyax
Dovonex	Neupogen	Synagis
Edurant	Nexavar	Tafinlar
Emend	Nicoderm CQ	Tarceva
Enbrel	Nicorette	Targretin caps
Epogen	Nicotrol Inhaler	Tasigna
Erivedge	Nicotrol NS	Temodar
Exjade	Norditropin	Testim
Extavia	Opsumit	Thalomid
Ferrlecit	Orfadin	Tikosyn
Flolan	Pegasys	Tivicay
Focalin	Plavix	Tobi
Focalin XR	Pomalyst	Tobi Podhaler
Fuzeon	Primsol	Tracleer
Gazyva	Procrit	tramadol ext-rel tabs
Gilotrif	Promacta	tretinoin caps
Gleevec	Provigil	Trizivir
H.P. Acthar Gel	Pulmicort Respules	Tygacil
Humira	Pulmozyme	Tykerb
Imbruvica	Ranexa	Tyvaso
Imitrex	Rebetol	Valchlor
Increlex	Rebif	Vancocin
InFeD	Regranex	Venofer
Intron A	Remodulin	Ventavis
Invega Sustenna	Repatha	Vfend
isotretinoin	Restasis	Videx
Kuvan	Retin-A	Videx EC
Latuda	Revatio	Votrient
Letairis	Revlimid	Xeloda
Leukine	ribavirin	Xenazine
leuprolide acetate	Risperdal Consta	Xifaxan
levalbuterol inhalation solution	Ritalin	Xylocaine
lidocaine/prilocaine	Ritalin LA	Xyrem
Lidoderm	Sandostatin	Zenatane
Linzess	Sandostatin LAR	Zepatier
Lupron Depot	Selzentry	Zocor 80 mg
Lysteda	Sensipar	Zolinza
Marinol	Serostim	Zometa
Matulane	Somavert	Zomig/Zomig-ZMT
Metadate CD	Soriatane	Zyban
Methitest	Sovaldi	Zykadia
Methylin	Sporanox caps	Zyprexa
methylphenidate ext-rel 10 mg	Sporanox solution	Zyprexa Relprevv
Miacalcin	Sprycel	Zyprexa Zydis
Migranal	Strattera	Zyvox
Myorisan	Sutent	
	Sylvant	

## STEP THERAPY

Step Therapy (**ST**) requires the use of one or more prerequisite drugs that meet specific conditions prior to the use of another drug or drugs. Fidelis Care requires step therapy for the following drugs, and generic versions if available:

Actos	Detrol
Actoplus Met	Detrol LA
Adderall XR	Invokamet
Amerge	Invokana
balsalazide	Inspira
Boniva	Januvia

Janumet  
Janumet XR  
Kazano  
Maxalt  
Maxalt-MLT  
Metrogel 1%  
Nesina  
Oseni  
Ovide  
oxymorphone ext-rel  
Pentasa  
Renagel

Renvela  
Retin-A  
Serevent  
SymlinPen  
Tanzeum  
Ulesfia  
Victoza  
Voltaren Gel  
Zetia  
Zomig  
Zomig nasal spray  
Zomig-ZMT

## APPEALS INFORMATION/PROCESS

For appeals information/process call Fidelis Care at 1-888-FIDELIS (343-3547) or visit the Fidelis Care Web site at: [www.fideliscare.org/en-us/providers/pharmacyservices.aspx](http://www.fideliscare.org/en-us/providers/pharmacyservices.aspx)

## EDITOR

Your comments and suggestions regarding the Fidelis Care Formulary are encouraged. Your input is vital to the continued success of the Fidelis Care Formulary. All responses will be reviewed and considered. Please send your comments to:

Pharmacy Manager  
Fidelis Care New York  
95-25 Queens Blvd  
Rego Park, NY 11374

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**When viewing this formulary via the Internet, please be advised that the document is updated periodically and changes may appear prior to their effective date to allow for client notification.**

## LEGEND

<b>AL</b>	Age Limit
<b>DESI</b>	DESI (Drug Efficacy Study Implementation) drug
<b>OTC</b>	Over-the-counter product. Covered only with valid prescription.
<b>PA</b>	Prior Authorization
<b>QL</b>	Quantity Limit
<b>SP</b>	Specialty Drug
<b>ST</b>	Step Therapy
<b>boldface</b>	Indicates generic availability
delayed-rel	Delayed-release (also known as enteric-coated), refer to the reference brand listed for clarification
ext-rel	Extended-release (also known as sustained-release), refer to the reference brand listed for clarification

## ANALGESICS

### ANALGESICS, OTHER

<b>OTC</b>	acetaminophen , except 650 mg	TYLENOL
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### NSAIDs

<b>OTC</b>	aspirin	BAYER
<b>OTC</b>	aspirin buffered	BUFFERIN
<b>OTC</b>	aspirin delayed-rel	ECOTRIN
<b>OTC</b>	ibuprofen	ADVIL
	diclofenac potassium	
	diclofenac sodium delayed-rel	
	diclofenac sodium ext-rel	
	diflunisal	
	etodolac	
	etodolac ext-rel	
	flurbiprofen	
	ibuprofen	
<b>QL</b>	indomethacin	
<b>QL</b>	indomethacin ext-rel	
	ketoprofen ext-rel	
	ketorolac	
	meloxicam	MOBIC
	nabumetone	
	naproxen	NAPROSYN
	naproxen sodium	ANAPROX
	oxaprozin	DAYPRO
	salsalate	
	sulindac	

### NSAIDs, TOPICAL

<b>ST</b>	diclofenac sodium gel	VOLTAREN GEL
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### GOUT

	allopurinol	ZYLOPRIM
<b>QL</b>	colchicine	COLCRYS
	colchicine/probenecid	
	probenecid	

### 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 this PA criteria are members who have cancer, sickle cell disease or are on hospice care.

<b>QL</b>	butalbital/acetaminophen/caffeine/codeine codeine sulfate	FIORICET w/CODEINE
<b>QL</b>	codeine/acetaminophen	TYLENOL w/CODEINE
<b>QL</b>	dihydrocodeine/aspirin/caffeine	SYNALGOS-DC
<b>QL</b>	fentanyl transdermal	DURAGESIC
<b>PA</b>	fentanyl transmucosal	ACTIQ
<b>QL</b>	hydrocodone/acetaminophen	NORCO
	hydromorphone tabs	DILAUDID
	meperidine	DEMEROL
	methadone	DOLOPHINE
	morphine	
	morphine ext-rel	MS CONTIN
	morphine suppository	
<b>QL</b>	oxycodone caps, tabs oxycodone solution 5 mg/5 mL	

Fidelis Care mandates the use of generic drugs, if available (indicated by **boldface**). Brand names listed are for reference only.

	oxycodone/acetaminophen 5 mg/325 mg/5 mL solution	
QL	oxycodone/acetaminophen 5/325	PERCOCET
	oxycodone/aspirin	PERCODAN
ST	oxymorphone ext-rel	
QL	tramadol	ULTRAM
PA	tramadol ext-rel tabs	
QL	tramadol/acetaminophen	ULTRACET

#### NON-OPIOID ANALGESICS

QL	butalbital/acetaminophen	
QL	butalbital/acetaminophen/caffeine - Esgic	
	butalbital/aspirin/caffeine	FIORINAL

### ANTI-INFECTIVES

#### ANTIBACTERIALS

##### Cephalosporins

##### First Generation

	cefadroxil	
	cephalexin	KEFLEX

##### Second Generation

	cefaclor	
	cefprozil	
	cefuroxime axetil	CEFTIN

##### Third Generation

	cefdinir	
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##### Erythromycins/Macrolides

	azithromycin	ZITHROMAX
	clarithromycin	BIAXIN
	clarithromycin ext-rel	
	erythromycin base	
	erythromycin delayed-rel	
	erythromycin ethylsuccinate	E.E.S.
	erythromycin stearate	
	erythromycin dispertabs	PCE

##### Fluoroquinolones

	ciprofloxacin	CIPRO
QL	levofloxacin	LEVAQUIN

##### Penicillins

	amoxicillin	
	amoxicillin/clavulanate	AUGMENTIN
	ampicillin	
	dicloxacillin	
	penicillin VK	

##### Sulfonamides

	sulfamethoxazole/trimethoprim	
	sulfamethoxazole/trimethoprim DS	
	sulfadiazine	

##### Tetracyclines

	demeclocycline	
	doxycycline hyclate caps 50 mg, 100 mg	VIBRAMYCIN

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	doxycycline hyclate tabs 20 mg, 100 mg	
	minocycline	MINOCIN
<b>ANTIFUNGALS</b>		
	clotrimazole troches	
	fluconazole	DIFLUCAN
	griseofulvin microsize tabs	
	griseofulvin ultramicrosize	GRIS-PEG
PA	itraconazole caps	SPORANOX
PA	itraconazole solution	SPORANOX
	ketoconazole	
	terbinafine tabs	LAMISIL
PA	voriconazole	VFEND
<b>ANTIMALARIALS</b>		
	atovaquone/proguanil	MALARONE
	chloroquine	
	mefloquine	
	primaquine	
<b>ANTIRETROVIRAL AGENTS</b>		
Limit of four different antiretroviral agents per month. If additional antiretroviral agents are needed, a PA is required.		
<b>Antiretroviral Adjuvants</b>		
QL	cobicistat	TYBOST
<b>Antiretroviral Combinations</b>		
QL	abacavir/lamivudine	EPZICOM
PA, QL	abacavir/lamivudine/zidovudine	TRIZIVIR
QL	lamivudine/zidovudine	COMBIVIR
QL	abacavir/dolutegravir/lamivudine	TRIUMEQ
QL	atazanavir/cobicistat	EVOTAZ
QL	darunavir/cobicistat	PREZCOBIX
QL	efavirenz/emtricitabine/tenofovir	ATRIPLA
QL	elvitegravir/cobicistat/emtricitabine/tenofovir	STRIBILD
QL	elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide	GENVOYA
QL	emtricitabine/rilpivirine/tenofovir	COMPLERA
QL	emtricitabine/tenofovir	TRUVADA
<b>Chemokine Receptor Antagonists</b>		
PA, QL	maraviroc	SELZENTRY
<b>Fusion Inhibitors</b>		
PA, QL, SP	enfuvirtide	FUZEON
<b>Integrase Inhibitors</b>		
PA, QL	dolutegravir	TIVICAY
QL	raltegravir	ISENTRESS
<b>Non-nucleoside Reverse Transcriptase Inhibitors</b>		
QL	nevirapine	VIRAMUNE
QL	nevirapine ext-rel	VIRAMUNE XR
QL	delavirdine	RESCRIPTOR
QL	efavirenz	SUSTIVA
QL	etravirine	INTELENCE
PA, QL	rilpivirine	EDURANT

Nucleoside Reverse Transcriptase Inhibitors		
QL	<b>abacavir tabs</b>	ZIAGEN
PA, QL	<b>didanosine delayed-rel</b>	VIDEX EC
QL	<b>lamivudine</b>	EPIVIR
QL	<b>stavudine</b>	ZERIT
QL	<b>zidovudine</b>	RETROVIR
QL	abacavir solution	ZIAGEN
PA, QL	didanosine solution	VIDEX
QL	emtricitabine	EMTRIVA
Nucleotide Reverse Transcriptase Inhibitors		
QL	tenofovir	VIREAD
Protease Inhibitors		
QL	<b>lopinavir/ritonavir</b>	KALETRA
QL	atazanavir	REYATAZ
QL	darunavir	PREZISTA
QL	fosamprenavir	LEXIVA
QL	indinavir	CRIXIVAN
QL	nelfinavir	VIRACEPT
QL	ritonavir	NORVIR
QL	saquinavir mesylate	INVIRASE
QL	tipranavir	APTIVUS
ANTITUBERCULAR AGENTS		
	<b>ethambutol</b>	MYAMBUTOL
	<b>isoniazid</b>	
	<b>pyrazinamide</b>	
	<b>rifampin</b>	RIFADIN
	rifampin/isoniazid	RIFAMATE
ANTIVIRALS		
Cytomegalovirus Agents		
	<b>valganciclovir</b>	VALCYTE
Hepatitis Agents		
<i>Hepatitis B</i>		
QL	<b>adefovir dipivoxil</b>	HEPSERA
QL	<b>entecavir</b>	BARACLUDE
QL	<b>lamivudine</b>	EPIVIR-HBV
<i>Hepatitis C</i>		
PA, SP	<b>ribavirin caps</b>	REBETOL
PA, SP	<b>ribavirin tabs</b>	
PA, SP	<b>elbasvir/grazoprevir</b>	ZEPATIER
PA, SP	<b>sofosbuvir</b>	SOVALDI
Herpes Agents		
	<b>acyclovir caps, suspension, tabs</b>	ZOVIRAX
	<b>famciclovir</b>	FAMVIR
	<b>valacyclovir</b>	VALTREX
Influenza Agents		
QL	<b>oseltamivir caps</b>	TAMIFLU
	oseltamivir suspension	TAMIFLU
	zanamivir	RELENZA



## MISCELLANEOUS

	atovaquone	MEPRON
	clindamycin	CLEOCIN
	dapsone	
PA	daptomycin	CUBICIN
	ivermectin	STROMEKTOL
PA	linezolid	ZYVOX
	methenamine mandelate	
	metronidazole tabs	FLAGYL
	nitrofurantoin ext-rel	MACROBID
	nitrofurantoin macrocrystals	MACRODANTIN
	nitrofurantoin suspension	FURADANTIN
	rifabutin	MYCOBUTIN
	trimethoprim	
PA	vancomycin	VANCOCIN
QL	albendazole	ALBENZA
QL	nitazoxanide	ALINIA
	pentamidine aerosol	NEBUPENT
PA	rifaximin	XIFAXAN
PA	tigecycline	TYGACIL
PA	trimethoprim solution	PRIMSOL

## ANTINEOPLASTIC AGENTS

### ALKYLATING AGENTS

PA, SP	temozolomide	TEMODAR
	altretamine	HEXALEN
	busulfan	MYLERAN
	chlorambucil	LEUKERAN
	cyclophosphamide caps	
PA	dabrafenib	VALCHLOR
	lomustine	GLEOSTINE
	melphalan	ALKERAN

### ANTIMETABOLITES

PA, SP	capecitabine	XELODA
	mercaptopurine	
	thioguanine	TABLOID

### HORMONAL ANTINEOPLASTIC AGENTS

#### Antiandrogens

	bicalutamide	CASODEX
	flutamide	

#### Antiestrogens

	tamoxifen	
	fulvestrant	FASLODEX
	toremifene	FARESTON

#### Aromatase Inhibitors

	anastrozole	ARIMIDEX
	exemestane	AROMASIN
	letrozole	FEMARA

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

PA, SP	leuprolide acetate	
PA, SP	leuprolide acetate	LUPRON DEPOT

<b>Progestins</b>		
	<b>megestrol acetate</b>	MEGACE
<b>IMMUNOMODULATORS</b>		
<b>PA, SP</b>	lenalidomide	REVLIMID
<b>PA, SP</b>	pomalidomide	POMALYST
<b>PA, SP</b>	thalidomide	THALOMID
<b>KINASE INHIBITORS</b>		
<b>PA, SP</b>	afatinib	GILOTRIF
<b>PA, SP</b>	bosutinib	BOSULIF
<b>PA, SP</b>	ceritinib	ZYKADIA
<b>PA, SP</b>	dabrafenib	TAFINLAR
<b>PA, SP</b>	dasatinib	SPRYCEL
<b>PA, SP</b>	erlotinib	TARCEVA
<b>PA, SP</b>	everolimus	AFINITOR
<b>PA</b>	ibrutinib	IMBRUVICA
<b>PA, SP</b>	lapatinib	TYKERB
<b>PA, SP</b>	nilotinib	TASIGNA
<b>PA, SP</b>	pazopanib	VOTRIENT
<b>PA, SP</b>	sorafenib	NEXAVAR
<b>PA, SP</b>	sunitinib	SUTENT
<b>KINASE INHIBITORS FOR CML</b>		
<b>PA, SP</b>	imatinib mesylate	GLEEVEC
<b>MISCELLANEOUS</b>		
<b>PA, SP</b>	<b>bexarotene caps</b>	TARGRETIN
	dexrazoxane	ZINECARD
	etoposide	
	hydroxyurea	HYDREA
<b>PA</b>	<b>tretinoin caps</b>	
	mitotane	LYSODREN
<b>PA, SP</b>	obinutuzumab	GAZYVA
<b>PA</b>	procarbazine	MATULANE
<b>PA</b>	ramucirumab	CYRAMZA
<b>PA</b>	siltuximab	SYLVANT
<b>PA, SP</b>	vismodegib	ERIVEDGE
<b>PA, SP</b>	vorinostat	ZOLINZA
<b>CARDIOVASCULAR</b>		
<b>ACE INHIBITORS</b>		
	<b>benazepril</b>	LOTENSIN
	<b>captopril</b>	
	<b>enalapril</b>	VASOTEC
	<b>fosinopril</b>	
	<b>lisinopril</b>	ZESTRIL
	<b>quinapril</b>	ACCUPRIL
	<b>ramipril</b>	ALTACE
	<b>trandolapril</b>	MAVIK
<b>ACE INHIBITOR/DIURETIC COMBINATIONS</b>		
	<b>benazepril/hydrochlorothiazide</b>	LOTENSIN HCT
	<b>captopril/hydrochlorothiazide</b>	
	<b>enalapril/hydrochlorothiazide</b>	VASERETIC
	<b>fosinopril/hydrochlorothiazide</b>	
	<b>lisinopril/hydrochlorothiazide</b>	ZESTORETIC

Fidelis Care mandates the use of generic drugs, if available (indicated by **boldface**). Brand names listed are for reference only.

	quinapril/hydrochlorothiazide	ACCURETIC
ADRENOLYTICS, CENTRAL		
	clonidine	CATAPRES
	clonidine transdermal	CATAPRES-TTS
	guanfacine	TENEX
ADRENOLYTICS, CENTRAL/DIURETIC COMBINATION		
	clonidine/chlorthalidone	
ALDOSTERONE RECEPTOR ANTAGONISTS		
ST	eplerenone	INSPRA
	spironolactone	ALDACTONE
ALPHA BLOCKERS		
	doxazosin	CARDURA
	prazosin	MINIPRESS
	terazosin	
ANGIOTENSIN II RECEPTOR ANTAGONISTS/DIURETIC COMBINATIONS		
QL	irbesartan	AVAPRO
QL	irbesartan/hydrochlorothiazide	AVALIDE
	losartan	COZAAR
	losartan/hydrochlorothiazide	HYZAAR
QL	valsartan	DIOVAN
QL	valsartan/hydrochlorothiazide	DIOVAN HCT
ANTIARRHYTHMICS		
	amiodarone	
	disopyramide	NORPACE
PA, SP	dofetilide	TIKOSYN
	flecainide	
	mexiletine	
	propafenone	
	propafenone ext-rel	RYTHMOL SR
	quinidine sulfate	
	sotalol	BETAPACE
	sotalol	BETAPACE AF
	disopyramide ext-rel	NORPACE CR
ANTILIPEMICS		
Bile Acid Resins		
	cholestyramine	QUESTRAN/QUESTRAN LIGHT
	colestipol	COLESTID
Cholesterol Absorption Inhibitors		
ST	ezetimibe	ZETIA
Fibrates		
	fenofibrate	LOFIBRA
	fenofibric acid	FIBRICOR
	gemfibrozil	LOPID
HMG-CoA Reductase Inhibitors		
QL	atorvastatin	LIPITOR
QL	lovastatin	MEVACOR
QL	pravastatin	PRAVACHOL

<b>PA, QL</b>	simvastatin	ZOCOR
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**PA** Required only for products containing 80 mg of simvastatin

#### Niacins

<b>OTC</b>	niacin ext-rel	SLO-NIACIN
	niacin ext-rel	NIASPAN

#### PCSK9 Inhibitors

<b>PA, SP</b>	evolocumab	REPATHA
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#### BETA-BLOCKERS

	atenolol	TENORMIN
	bisoprolol	ZEBETA
	carvedilol	COREG
	labetalol	TRANDATE
	metoprolol succinate ext-rel	TOPROL-XL
	metoprolol tartrate 25 mg, 50 mg, 100 mg	LOPRESSOR
	nadolol	CORGARD
	pindolol	
	propranolol	
	propranolol ext-rel	INDERAL LA
	timolol	

#### BETA-BLOCKER/DIURETIC COMBINATIONS

	atenolol/chlorthalidone	TENORETIC
	bisoprolol/hydrochlorothiazide	ZIAC

#### CALCIUM CHANNEL BLOCKERS

##### Dihydropyridines

	amlodipine	NORVASC
	felodipine ext-rel	
	nifedipine ext-rel	ADALAT CC
	nifedipine ext-rel	PROCARDIA XL
	nimodipine	NIMOTOP

##### Nondihydropyridines

	diltiazem	CARDIZEM
	diltiazem ext-rel	CARDIZEM CD
	diltiazem ext-rel	TIAZAC
	diltiazem ext-rel, except 120 mg	CARDIZEM LA
	verapamil	CALAN
	verapamil ext-rel	CALAN SR
	verapamil ext-rel	VERELAN

#### DIGITALIS GLYCOSIDES

*	digoxin	LANOXIN
	digoxin pediatric elixir	

\* Mandatory generic requirement does not apply

#### DIURETICS

##### Carbonic Anhydrase Inhibitors

	acetazolamide	
	acetazolamide ext-rel	DIAMOX SEQUELS
	methazolamide	

<b>Loop Diuretics</b>		
	<b>bumetanide</b>	
	<b>furosemide</b>	LASIX
	<b>torsemide</b>	DEMADEX
<b>Potassium-sparing Diuretics</b>		
	<b>amiloride</b>	
	<b>spironolactone</b>	ALDACTONE
<b>Thiazides and Thiazide-like Diuretics</b>		
	<b>chlorothiazide</b>	
	<b>chlorthalidone</b>	
	<b>hydrochlorothiazide</b>	
	<b>indapamide</b>	
	<b>metolazone</b>	
<b>Diuretic Combinations</b>		
	<b>amiloride/hydrochlorothiazide</b>	
	<b>spironolactone/hydrochlorothiazide</b>	ALDACTAZIDE
	<b>triamterene/hydrochlorothiazide</b>	DYAZIDE
	<b>triamterene/hydrochlorothiazide</b>	MAXZIDE
	<b>triamterene/hydrochlorothiazide</b>	MAXZIDE-25
<b>NITRATES</b>		
Oral		
	<b>isosorbide dinitrate ext-rel tabs</b>	
	<b>isosorbide dinitrate oral</b>	ISORDIL
	<b>isosorbide mononitrate</b>	
	<b>isosorbide mononitrate ext-rel</b>	
Sublingual		
	<b>nitroglycerin sublingual</b>	NITROSTAT
Transdermal		
	<b>nitroglycerin transdermal</b>	
	<b>nitroglycerin transdermal</b>	NITRO-DUR
	<b>nitroglycerin ointment</b>	NITRO-BID
<b>PULMONARY ARTERIAL HYPERTENSION</b>		
Endothelin Receptor Antagonists		
<b>PA, SP</b>	<b>ambrisentan</b>	LETAIRIS
<b>PA, SP</b>	<b>bosentan</b>	TRACLEER
<b>PA, SP</b>	<b>macitentan</b>	OPSUMIT
Phosphodiesterase Inhibitors		
<b>PA, SP</b>	<b>sildenafil</b>	REVATIO
<b>PA, SP</b>	<b>tadalafil</b>	ADCIRCA
Prostaglandin Vasodilators		
<b>PA, SP</b>	<b>epoprostenol sodium</b>	FLOLAN
<b>PA, SP</b>	<b>iloprost</b>	VENTAVIS
<b>PA, SP</b>	<b>treprostinil</b>	REMODULIN
<b>PA, SP</b>	<b>treprostinil</b>	TYVASO
<b>MISCELLANEOUS</b>		
	<b>hydralazine</b>	
	<b>methyldopa</b>	

	methyldopa/hydrochlorothiazide	
	midodrine	
PA	ranolazine ext-rel	RANEXA

## CENTRAL NERVOUS SYSTEM

### ANTI-ANXIETY

#### Benzodiazepines

	alprazolam	XANAX
	chlordiazepoxide	
	clonazepam tabs	KLONOPIN
	diazepam	VALIUM
	lorazepam	ATIVAN
	oxazepam	

#### Miscellaneous

	buspirone	
	clomipramine	ANAFRANIL
	fluvoxamine	

### ANTICONVULSANTS

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

\* Mandatory generic requirement does not apply

### ANTIDEMENTIA

	donepezil	ARICEPT
	galantamine	RAZADYNE
	galantamine ext-rel	RAZADYNE ER
PA	memantine	NAMENDA

### ANTIDEPRESSANTS

#### Monoamine Oxidase Inhibitors (MAOIs)

	phenelzine	NARDIL
	tranylcypromine	PARNATE
	isocarboxazid	MARPLAN

#### Selective Serotonin Reuptake Inhibitors (SSRIs)

	citalopram	CELEXA
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Fidelis Care mandates the use of generic drugs, if available (indicated by **boldface**). Brand names listed are for reference only.

<b>QL</b>	escitalopram	LEXAPRO
	fluoxetine	PROZAC
	fluoxetine delayed-rel	PROZAC WEEKLY
	fluvoxamine	
	paroxetine HCl	PAXIL
<b>QL</b>	paroxetine HCl ext-rel	PAXIL CR
	sertraline	ZOLOFT

#### Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)

<b>PA</b>	duloxetine delayed-rel	CYMBALTA
	venlafaxine	
<b>QL</b>	venlafaxine ext-rel	EFFEXOR XR

#### Tricyclic Antidepressants (TCAs)

<b>PA*</b>	amitriptyline	
<b>PA*</b>	clomipramine	ANAFRANIL
<b>PA*</b>	desipramine	NORPRAMIN
<b>PA*</b>	doxepin	
<b>PA*</b>	imipramine HCl	TOFRANIL
<b>PA*</b>	nortriptyline	PAMELOR

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

#### Miscellaneous Agents

	bupropion	
	bupropion ext-rel	WELLBUTRIN SR
	bupropion ext-rel	WELLBUTRIN XL
	mirtazapine	REMERON
	mirtazapine orally disintegrating tabs	REMERON SOLTAB
	trazodone	

#### ANTIPARKINSONIAN AGENTS

	amantadine	
	benztropine	
	bromocriptine	PARLODEL
	carbidopa/levodopa	SINEMET
	carbidopa/levodopa ext-rel	SINEMET CR
	carbidopa/levodopa/entacapone	STALEVO
	entacapone	COMTAN
	pramipexole	MIRAPEX
	ropinirole	REQUIP
	selegiline	ELDEPRYL
	trihexyphenidyl	

#### ANTIPSYCHOTICS

##### Atypicals

<b>PA, QL</b>	aripiprazole	ABILIFY
<b>*</b>	clozapine	CLOZARIL
<b>PA*, QL</b>	olanzapine	ZYPREXA
<b>PA*, QL</b>	olanzapine orally disintegrating tabs	ZYPREXA ZYDIS
<b>PA*, QL</b>	olanzapine/fluoxetine	SYMBYAX
	quetiapine	SEROQUEL
<b>QL</b>	quetiapine 100 mg	SEROQUEL
<b>QL</b>	risperidone	RISPERDAL
	ziprasidone	GEODON
<b>PA</b>	aripiprazole lauroxil ext-rel inj	ARISTADA
<b>PA</b>	lurasidone	LATUDA

Fidelis Care mandates the use of generic drugs, if available (indicated by **boldface**). Brand names listed are for reference only.

PA	olanzapine pamoate ext-rel inj	ZYPREXA RELPREVV
PA	paliperidone palmitate ext-rel inj	INVEGA SUSTENNA
PA	risperidone long-acting inj	RISPERDAL CONSTA

\* Mandatory generic requirement does not apply

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

#### Miscellaneous

	chlorpromazine	
	fluphenazine	
	haloperidol	
	loxapine	
	perphenazine	
	pimozide	ORAP
	thioridazine	
	thiothixene	
	trifluoperazine	

#### ATTENTION DEFICIT HYPERACTIVITY DISORDER

PA, QL	amphetamine/dextroamphetamine mixed salts	ADDERALL
ST, PA, QL	amphetamine/dextroamphetamine mixed salts ext-rel	ADDERALL XR
PA, QL	dexmethylphenidate	FOCALIN
PA, QL	dexmethylphenidate ext-rel	FOCALIN XR
PA, QL	dextroamphetamine ext-rel	DEXEDRINE SPANSULE
PA, QL	dextroamphetamine tabs 5 mg, 10 mg	
PA, QL	methylphenidate	METHYLIN
PA, QL	methylphenidate	RITALIN
PA, QL	methylphenidate ext-rel	CONCERTA
PA, QL	methylphenidate ext-rel	METADATE CD
PA, QL	methylphenidate ext-rel	RITALIN LA
PA, QL	methylphenidate ext-rel 10 mg	
PA*, QL	atomoxetine	STRATTERA

PA Required for members over 18 years of age

PA\* Required for members of all ages

#### HUNTINGTON'S DISEASE AGENTS

PA, SP	tetrabenazine	XENAZINE
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#### HYPNOTICS

##### Benzodiazepines

	temazepam	RESTORIL
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##### Nonbenzodiazepines

OTC	diphenhydramine	NYTOL
OTC	doxylamine	UNISOM
QL	zaleplon	SONATA
QL	zolpidem	AMBIEN

#### MIGRAINE

##### Ergotamine Derivatives

	dihydroergotamine injection	D.H.E. 45
PA, QL	dihydroergotamine spray	MIGRANAL
	ergotamine/caffeine	CAFERGOT
	ergotamine tartrate sublingual	ERGOMAR

PA Required for members under 18 years of age

Fidelis Care mandates the use of generic drugs, if available (indicated by **boldface**). Brand names listed are for reference only.



## Selective Serotonin Agonists

Note: Limit of 1 prescription in class per 25 days.

<b>ST, PA, QL</b>	naratriptan	AMERGE
<b>ST, QL</b>	rizatriptan	MAXALT
<b>ST, QL</b>	rizatriptan orally disintegrating tabs	MAXALT-MLT
<b>PA, QL</b>	sumatriptan	IMITREX
<b>PA, QL</b>	sumatriptan injection	IMITREX
<b>PA, QL</b>	sumatriptan nasal spray	IMITREX
<b>ST, PA, QL</b>	zolmitriptan	ZOMIG
<b>ST, PA, QL</b>	zolmitriptan orally disintegrating tabs	ZOMIG-ZMT
<b>ST, PA*, QL</b>	zolmitriptan nasal spray	ZOMIG

**PA** Required for members under 18 years of age

**PA\*** Required for members under 12 years of age

## Miscellaneous

<b>DESI</b>	acetaminophen/dichloralphenazone/isometheptene	
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## MOOD STABILIZERS

	lithium carbonate	
	lithium carbonate ext-rel tabs 300 mg	LITHOBID
	lithium carbonate ext-rel tabs 450 mg	

## MULTIPLE SCLEROSIS AGENTS

<b>PA, SP</b>	glatiramer 20 mg/mL	COPAXONE
<b>PA, SP</b>	interferon beta-1a	REBIF
<b>PA, SP</b>	interferon beta-1b	EXTAVIA

## MUSCULOSKELETAL THERAPY AGENTS

	baclofen	
	chlorzoxazone	PARAFON FORTE DSC
	cyclobenzaprine 5 mg, 10 mg	
	dantrolene	DANTRUM
	methocarbamol	ROBAXIN
	orphenadrine/aspirin/caffeine	
	tizanidine tabs	ZANAFLEX

## MYASTHENIA GRAVIS

	pyridostigmine	MESTINON
	pyridostigmine ext-rel	MESTINON TIMESPAN

## NARCOLEPSY/CATAPLEXY

<b>PA</b>	modafinil	PROVIGIL
<b>PA</b>	sodium oxybate	XYREM

## PSYCHOTHERAPEUTIC-MISCELLANEOUS

### Alcohol Deterrents

<b>QL</b>	acamprosate calcium	
	disulfiram	ANTABUSE
	naltrexone microspheres	VIVITROL

### Opioid Antagonists

<b>QL</b>	naloxone inj	
	naltrexone	
<b>QL</b>	naloxone nasal spray	NARCAN

Fidelis Care mandates the use of generic drugs, if available (indicated by **boldface**). Brand names listed are for reference only.

## Partial Opioid Agonists

	<b>buprenorphine sublingual</b>	
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## Partial Opioid Agonist/Opioid Antagonist Combinations

<b>QL</b>	<b>buprenorphine/naloxone sublingual tabs</b>	
<b>QL</b>	buprenorphine/naloxone sublingual film	SUBOXONE FILM

## Smoking Deterrents

<b>OTC, PA, QL</b>	nicotine polacrilex gum, lozenge	NICORETTE
<b>OTC, PA, QL</b>	nicotine transdermal	NICODERM CO
<b>PA, QL</b>	bupropion ext-rel	ZYBAN
<b>PA, QL</b>	nicotine inhaler	NICOTROL INHALER
<b>PA, QL</b>	nicotine nasal spray	NICOTROL NS
<b>PA, QL</b>	varenicline	CHANTIX

**PA** Required for members under 13 years of age

## ENDOCRINE AND METABOLIC

### ANDROGENS

<b>PA</b>	testosterone cypionate inj	DEPO-TESTOSTERONE
<b>PA</b>	testosterone gel 25 mg/2.5 g	ANDROGEL
<b>PA</b>	testosterone gel 50 mg/5 g	TESTIM
<b>PA</b>	methyltestosterone	METHITEST

### ANTIDIABETICS

#### Alpha-glucosidase Inhibitors

	<b>acarbose</b>	PRECOSE
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#### Amylin Analogs

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

	<b>metformin</b>	GLUCOPHAGE
	metformin ext-rel 500 mg, 750 mg	GLUCOPHAGE XR

#### Biguanide/Sulfonylurea Combinations

	<b>glipizide/metformin</b>	
	<b>glyburide/metformin</b>	GLUCOVANCE

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

<b>ST, QL</b>	<b>alogliptin</b>	NESINA
<b>ST, QL</b>	sitagliptin	JANUVIA

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

<b>ST, QL</b>	<b>alogliptin/metformin</b>	KAZANO
<b>ST, QL</b>	sitagliptin/metformin	JANUMET
<b>ST, QL</b>	sitagliptin/metformin ext-rel	JANUMET XR

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

<b>ST, QL</b>	<b>alogliptin/pioglitazone</b>	OSENI
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#### Incretin Mimetic Agents

<b>ST, QL</b>	albiglutide	TANZEUM
<b>ST, QL</b>	liraglutide	VICTOZA

#### Insulins

<b>QL</b>	insulin aspart	NOVOLOG
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QL	insulin aspart protamine 70%/insulin aspart 30%	NOVOLOG MIX 70/30
QL	insulin glargine	BASAGLAR
QL	insulin glulisine pen	APIDRA SOLOSTAR
QL	insulin glulisine vial	APIDRA
QL	insulin human	HUMULIN R
QL	insulin human	NOVOLIN R
QL	insulin isophane human	HUMULIN N
QL	insulin isophane human	NOVOLIN N
QL	insulin isophane human 70%/regular 30%	HUMULIN 70/30
QL	insulin isophane human 70%/regular 30%	NOVOLIN 70/30
QL	insulin lispro	HUMALOG
QL	insulin lispro protamine/insulin lispro	HUMALOG MIX
<b>Insulin Sensitizers</b>		
ST, QL	pioglitazone	ACTOS
<b>Insulin Sensitizer/Biguanide Combinations</b>		
ST, QL	pioglitazone/metformin	ACTOPLUS MET
<b>Meglitinides</b>		
	nateglinide	STARLIX
<b>Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors</b>		
ST	canagliflozin	INVOKANA
<b>Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor/Biguanide Combinations</b>		
ST, QL	canagliflozin/metformin	INVOKAMET
<b>Sulfonylureas</b>		
	chlorpropamide	DIABINESE
	glimepiride	AMARYL
	glipizide	GLUCOTROL
	glipizide ext-rel	GLUCOTROL XL
	glyburide	
	glyburide, micronized	GLYNASE
	tolbutamide	
<b>Supplies</b>		
OTC	blood glucose monitoring kits, test strips	FREESTYLE FREEDOM LITE kits and test strips
OTC	blood glucose monitoring kits, test strips	FREESTYLE INSULINX kits and test strips
OTC	blood glucose monitoring kits, test strips	FREESTYLE LITE kits and test strips
OTC	blood glucose monitoring kits, test strips	PRECISION XTRA kits and test strips
OTC	insulin syringes, needles	BD ULTRAFINE insulin syringes and needles
OTC	lancets	
<b>CALCIUM RECEPTOR ANTAGONISTS</b>		
PA, SP	cinacalcet	SENSIPAR
<b>CALCIUM REGULATORS</b>		
<b>Bisphosphonates</b>		
	alendronate tabs 5 mg, 10 mg	FOSAMAX
QL	alendronate tabs 35 mg, 40 mg, 70 mg	FOSAMAX

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<b>ST</b>	ibandronate	BONIVA
<b>PA, SP</b>	zoledronic acid	ZOMETA
Calcitonins		
<b>PA</b>	calcitonin-salmon	MIACALCIN
ENDOMETRIOSIS		
	<b>danazol</b>	
	nafarelin	SYNAREL
ESTROGENS		
Oral		
	estradiol	ESTRACE
	<b>estropipate</b>	
	estrogens, conjugated	PREMARIN
	estrogens, esterified	MENEST
Transdermal		
	estradiol	CLIMARA
Vaginal		
	<b>estradiol vaginal tabs - Yuvaferm</b>	
	estradiol vaginal cream	ESTRACE
	estradiol vaginal ring	FEMRING
	estrogens, conjugated cream	PREMARIN
ESTROGEN/PROGESTINS		
Oral		
	<b>EE/norethindrone acetate</b>	FEMHRT
	<b>EE/norethindrone acetate - Jinteli</b>	
	estradiol/norethindrone acetate	ACTIVELLA
	estradiol/norgestimate	PREFEST
	estrogens, conjugated/medroxyprogesterone	PREMPHASE
	estrogens, conjugated/medroxyprogesterone	PREMPRO
Transdermal		
	estradiol/norethindrone acetate	COMBIPATCH
GLUCOCORTICOIDS		
	cortisone acetate	
	dexamethasone	
	fludrocortisone	
	hydrocortisone	CORTEF
	methylprednisolone	MEDROL
	prednisolone sodium phosphate solution 5 mg/5 mL	
	prednisolone syrup	
	prednisone	
GLUCOSE ELEVATING AGENTS		
	glucagon, human recombinant	GLUCAGON EMERGENCY KIT
	glucagon, human recombinant	GLUCAGON HYPOKIT
HUMAN GROWTH HORMONES AND RELATED DISORDERS		
<b>PA, SP</b>	mecasermin	INCRELEX
<b>PA, SP</b>	somatropin	NORDITROPIN
<b>PA, SP</b>	somatropin	SEROSTIM

## HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS

	calcitriol (1,25-D3)	ROCALTROL
	doxercalciferol	HECTOROL
	paricalcitol	ZEMPLAR

## PHENYLKETONURIA TREATMENT AGENTS

<b>PA, SP</b>	sapropterin	KUVAN
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## PHOSPHATE BINDER AGENTS

	calcium acetate	PHOSLO
<b>ST</b>	sevelamer carbonate	REVELA
<b>ST</b>	sevelamer HCl	RENAGEL

## PROGESTINS

	medroxyprogesterone acetate	PROVERA
	progesterone, micronized	PROMETRIUM

## THYROID AGENTS

### Antithyroid Agents

	methimazole	TAPAZOLE
	propylthiouracil	

### Thyroid Supplements

	levothyroxine	
*	levothyroxine	SYNTHROID
*	levothyroxine	UNITHROID
*	levothyroxine - LevoxyI	
	liothyronine	CYTOMEL
	thyroid	ARMOUR THYROID
	liotrix	THYROLAR

\* Mandatory generic requirement does not apply

## VASOPRESSINS

	desmopressin spray	DDAVP
<b>PA</b>	desmopressin tabs	DDAVP
	desmopressin spray	STIMATE

## MISCELLANEOUS

	cabergoline	
	levocarnitine	CARNITOR
<b>PA, SP</b>	octreotide acetate	SANDOSTATIN
<b>PA, SP</b>	corticotropin	H.P. ACTHAR GEL
<b>PA, SP</b>	cysteamine bitartrate	CYSTAGON
	methylergonovine	METHERGINE
<b>PA, SP</b>	nitisinone	ORFADIN
<b>PA, SP</b>	octreotide acetate	SANDOSTATIN LAR
<b>PA</b>	pegademase, bovine	ADAGEN
<b>PA, SP</b>	pegvisomant	SOMAVERT

## GASTROINTESTINAL

### ANTACIDS

<b>OTC</b>	alumina/magnesia	MAALOX
<b>OTC</b>	alumina/magnesia/simethicone	MYLANTA
<b>OTC</b>	aluminum hydroxide	
<b>OTC</b>	calcium carbonate	TUMS

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ANTIDIARRHEALS		
OTC	bismuth subsalicylate	PEPTO-BISMOL
OTC	loperamide	IMODIUM A-D
	diphenoxylate/atropine	LOMOTIL
ANTIEMETICS		
OTC	dimenhydrinate	DRAMAMINE
PA, QL	aprepitant	EMEND
PA, QL	dronabinol	MARINOL
QL	granisetron	
	meclizine	
	metoclopramide	REGLAN
QL	ondansetron	ZOFRAN
	prochlorperazine	
	promethazine	
	trimethobenzamide	TIGAN
QL	dolasetron	ANZEMET
ANTISPASMODICS		
	dicyclomine	BENTYL
	glycopyrrolate	ROBINUL
	glycopyrrolate	ROBINUL FORTE
	hyoscyamine sulfate	LEVSIN
	hyoscyamine sulfate ext-rel	LEVBID
	hyoscyamine sulfate ext-rel caps	
	hyoscyamine sulfate orally disintegrating tabs	
	propantheline	
	scopolamine methylbromide	PAMINE
CHOLELITHOLYTICS		
	ursodiol	ACTIGALL
	ursodiol	URSO
H <sub>2</sub> RECEPTOR ANTAGONISTS		
OTC	cimetidine	TAGAMET HB
OTC	famotidine	PEPCID AC
OTC	ranitidine	ZANTAC 75, ZANTAC 150
	cimetidine	
	famotidine	PEPCID
	ranitidine	ZANTAC
INFLAMMATORY BOWEL DISEASE		
Oral Agents		
ST	balsalazide	
	budesonide delayed-rel caps	ENTOCORT EC
	mesalamine delayed-rel tabs	ASACOL HD
	sulfasalazine	AZULFIDINE
	sulfasalazine delayed-rel	AZULFIDINE EN-TABS
	mesalamine ext-rel caps	APRISO
ST	mesalamine ext-rel caps	PENTASA
	olsalazine	DIPENTUM
Rectal Agents		
	hydrocortisone enema	
	mesalamine rectal suspension	ROWASA
	hydrocortisone acetate foam	CORTIFOAM
	mesalamine rectal suspension	SFROWASA

## IRRITABLE BOWEL SYNDROME

### Irritable Bowel Syndrome with Constipation

<b>PA</b>	linaclotide	LINZESS
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## LAXATIVES/STOOL SOFTENERS

<b>OTC</b>	docusate sodium	COLACE
<b>OTC</b>	psyllium	METAMUCIL
	lactulose	
	peg 3350/electrolytes	
	peg 3350/electrolytes	GOLYTELY
	polyethylene glycol 3350	
	lactulose	KRISTALOSE

## PANCREATIC ENZYMES

<b>PA</b>	pancrelipase delayed-rel	CREON
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## PROSTAGLANDINS

	misoprostol	CYTOTEC
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## PROTON PUMP INHIBITORS

<b>OTC, QL</b>	lansoprazole delayed-rel 15 mg	PREVACID 24HR
<b>OTC, QL</b>	omeprazole magnesium delayed-rel caps	
<b>OTC</b>	omeprazole/sodium bicarbonate caps	ZEGERID OTC
<b>OTC, QL</b>	esomeprazole magnesium delayed-rel	NEXIUM 24HR
<b>OTC, QL</b>	omeprazole delayed-rel tabs	
<b>OTC</b>	omeprazole magnesium delayed-rel	PRILOSEC OTC
<b>QL</b>	omeprazole delayed-rel caps	
<b>QL</b>	pantoprazole delayed-rel tabs	PROTONIX

## SALIVA STIMULANTS

	cevimeline	EVOXAC
	pilocarpine tabs	SALAGEN

## STEROIDS, RECTAL

<b>QL</b>	hydrocortisone cream	ANUSOL-HC
	hydrocortisone acetate/pramoxine foam	PROCTOFOAM-HC

## MISCELLANEOUS

	cromolyn sodium	GASTROCROM
	sucrafate	CARAFATE

## GENITOURINARY

### BENIGN PROSTATIC HYPERPLASIA

*	finasteride	PROSCAR
*	tamsulosin	FLOMAX

\* Gender restriction - Coverage for males only

### URINARY ANTISPASMODICS

	oxybutynin	
	oxybutynin ext-rel	DITROPAN XL
<b>ST</b>	tolterodine	DETROL
<b>ST</b>	tolterodine ext-rel	DETROL LA
	trospium	

### VAGINAL ANTI-INFECTIVES

<b>OTC</b>	clotrimazole	GYNE-LOTTRIMIN
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<b>OTC</b>	miconazole	MONISTAT
	clindamycin cream	CLEOCIN
	metronidazole	METROGEL-VAGINAL
	terconazole	TERAZOL 7
	terconazole 3	
	butoconazole	GNAZOLE-1
	clindamycin suppository	CLEOCIN

#### MISCELLANEOUS

	bethanechol	URECHOLINE
	phenazopyridine	PYRIDIUM
	potassium citrate ext-rel	UROCIT-K
	sodium citrate/citric acid	
<b>QL</b>	pentosan polysulfate sodium	ELMIRON

#### HEMATOLOGIC

##### ANTICOAGULANTS

###### Injectable

	enoxaparin	LOVENOX
	heparin	

###### Oral

*	warfarin	COUMADIN
	rivaroxaban	XARELTO

\* Mandatory generic requirement does not apply

##### Synthetic Heparinoid-like Agents

	<b>fondaparinux</b>	ARIXTRA
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##### HEMATOPOIETIC GROWTH FACTORS

<b>PA, SP</b>	darbepoetin alfa	ARANESP
<b>PA, SP</b>	epoetin alfa	EPOGEN
<b>PA, SP</b>	epoetin alfa	PROCRIT
<b>PA, SP</b>	filgrastim	NEUPOGEN
<b>PA, SP</b>	sargramostim	LEUKINE

##### IDIOPATHIC THROMBOCYTOPENIC PURPURA AGENTS

<b>PA, SP</b>	eltrombopag	PROMACTA
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##### PLATELET AGGREGATION INHIBITORS

<b>OTC</b>	aspirin 81 mg	
<b>QL*, PA</b>	clopidogrel	PLAVIX
	dipyridamole	

**QL\*** Covered up to two years without authorization, longer duration requires PA

##### PLATELET SYNTHESIS INHIBITORS

	anagrelide	AGRYLIN
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#### MISCELLANEOUS

	cilostazol	
<b>PA</b>	tranexamic acid	LYSTEDA
<b>PA, SP</b>	deferasirox	EXJADE



## IMMUNOLOGIC AGENTS

### BIOLOGIC DISEASE-MODIFYING AGENTS

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

### DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDs)

	hydroxychloroquine	PLAQUENIL
	leflunomide	ARAVA
	methotrexate 2.5 mg	

### IMMUNOMODULATORS

#### Interferons

<b>PA, SP</b>	interferon alfa-2b	INTRON A
<b>PA, SP</b>	peginterferon alfa-2a	PEGASYS

### IMMUNOSUPPRESSANTS

#### Antimetabolites

	azathioprine	IMURAN
	mycophenolate mofetil	CELLCEPT
	azathioprine	AZASAN

#### Calcineurin Inhibitors

*	cyclosporine	SANDIMMUNE
*	cyclosporine, modified	NEORAL
	tacrolimus	PROGRAF

\* Mandatory generic requirement does not apply

#### Rapamycin Derivatives

	sirolimus	RAPAMUNE
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## 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	

#### Miscellaneous

<b>OTC</b>	electrolyte solution, oral	PEDIALYTE
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### VITAMINS AND MINERALS

#### Folic Acid Agents

	folic acid	
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#### Prenatal Vitamins

	prenatal vitamins/carbonyl iron/docusate/folic acid - Prenatal AD	
	prenatal vitamins/ferrous fumarate/docusate/folic acid - Prenatal 19	
	prenatal vitamins/DHA/docusate/folic acid	CITRANATAL HARMONY
	prenatal vitamins/DHA/EPA/ferrous fumarate/folic acid	ZATEAN-PN CAP PLUS
	prenatal vitamins/DHA/folic acid	VITAFOL-ONE
	prenatal vitamins/docusate/folic acid	CITRANATAL RX
	prenatal vitamins/folic acid + pyridoxine	CITRANATAL B-CALM

Fidelis Care mandates the use of generic drugs, if available (indicated by **boldface**). Brand names listed are for reference only.

## Miscellaneous

OTC	ascorbic acid	VITAMIN C
OTC	calcium carbonate	OS-CAL
OTC	cholecalciferol (D3)	VITAMIN D3
OTC	ergocalciferol (D2)	VITAMIN D2
OTC	ferrous gluconate	FERGON
OTC	ferrous sulfate	FEOSOL
OTC	magnesium oxide	MAG-OX
OTC	multivitamins/minerals	CENTRUM
OTC	niacin	
OTC	omega-3 fatty acids	FISH OIL
OTC	omega-3 fatty acids/vitamin E	FISH OIL
OTC	pyridoxine	VITAMIN B-6
OTC	thiamine	VITAMIN B-1
OTC	vitamin A	VITAMIN A
OTC	vitamin E	VITAMIN E
	cyanocobalamin injection	VITAMIN B-12
	ergocalciferol (D2)	
*	fluoride drops	LURIDE
*	fluoride tabs	LURIDE LOZI-TABS
	multivitamins, pediatric	
*	multivitamins/fluoride drops, tabs	
*	multivitamins/fluoride/iron drops, tabs	
	multivitamins/iron, pediatric	
PA	sodium ferric gluconate injection	FERRLECIT
*	vitamin ADC/fluoride drops	
*	vitamin ADC/fluoride/iron drops	
PA	iron dextran	INFED
PA	iron sucrose injection	VENOFER
	phytonadione	MEPHYTON

\* Covered for members through 17 years of age

## RESPIRATORY

### ANAPHYLAXIS TREATMENT AGENTS

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

### ANTICHOLINERGICS

QL	ipratropium inhalation solution	
QL	ipratropium, CFC-free aerosol	ATROVENT HFA
AL, QL	tiotropium	SPIRIVA RESPIMAT
QL	umeclidinium	INCRUSE ELLIPTA

AL Covered for members age 12 or older

### ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

#### Short Acting

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

### ANTIHISTAMINES, LOW SEDATING

OTC	cetirizine	ZYRTEC
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### ANTIHISTAMINES, NONSEDATING

OTC	fexofenadine	ALLEGRA
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<b>OTC</b>	loratadine	CLARITIN
<b>OTC</b>	loratadine orally disintegrating tabs, 5 mg	CLARITIN REDITABS
<b>ANTI-HISTAMINES, SEDATING</b>		
<b>OTC</b>	chlorpheniramine	CHLOR-TRIMETON ALLERGY
<b>OTC</b>	diphenhydramine	BENADRYL
	clemastine	
	cyproheptadine	
	hydroxyzine HCl	
<b>ANTI-HISTAMINE/DECONGESTANT COMBINATIONS</b>		
<b>OTC</b>	cetirizine/pseudoephedrine ext-rel	ZYRTEC-D 12 Hour
<b>OTC</b>	chlorpheniramine/phenylephrine	ACTIFED COLD & ALLERGY
<b>OTC</b>	dexbrompheniramine/pseudoephedrine ext-rel	DRIXORAL
<b>OTC</b>	fexofenadine/pseudoephedrine ext-rel	ALLEGRA-D
<b>OTC</b>	loratadine/pseudoephedrine ext-rel	CLARITIN-D
<b>ANTITUSSIVE</b>		
	benzonatate	TESSALON
<b>ANTITUSSIVE COMBINATIONS</b>		
<b>Opioid</b>		
	codeine/chlorpheniramine/pseudoephedrine	
	codeine/guaifenesin liquid	
	codeine/guaifenesin/pseudoephedrine	
	codeine/promethazine	
	codeine/promethazine/phenylephrine	
	hydrocodone/chlorpheniramine/phenylephrine	
	hydrocodone/homatropine	
<b>Non-opioid</b>		
<b>OTC</b>	dextromethorphan/guaifenesin	ROBITUSSIN COUGH + CHEST CONGESTION DM
<b>OTC</b>	dextromethorphan/guaifenesin/pseudoephedrine	ROBITUSSIN MULTI-SYMP TOM COLD
	dextromethorphan/promethazine	
<b>BETA AGONISTS</b>		
<b>Inhalants</b>		
<i>Short Acting</i>		
<b>QL</b>	albuterol inhalation solution	
<b>PA, QL</b>	levalbuterol inhalation solution	
<b>QL</b>	levalbuterol tartrate, CFC-free aerosol	XOPENEX HFA
<b>QL</b>	albuterol sulfate, CFC-free aerosol	VENTOLIN HFA
<i>Long Acting</i>		
<b>ST, QL</b>	salmeterol xinafoate	SEREVENT
<b>Oral Agents</b>		
	albuterol	
	albuterol ext-rel	VOSPIRE ER
	terbutaline	
<b>CYSTIC FIBROSIS</b>		
<b>PA, SP</b>	tobramycin inhalation solution	TOBI
<b>PA</b>	aztreonam lysine inhalation solution	CAYSTON
<b>PA, SP</b>	dornase alfa	PULMOZYME

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<b>PA, SP</b>	tobramycin inhalation powder	TOBI PODHALER
<b>LEUKOTRIENE RECEPTOR ANTAGONISTS</b>		
<b>QL, *</b>	<b>montelukast</b>	SINGULAIR
<b>QL, *</b>	<b>zafirlukast</b>	ACCOLATE
* May be dispensed as a 90-day supply		
<b>MAST CELL STABILIZERS</b>		
<b>QL</b>	<b>cromolyn inhalation solution</b>	
<b>NASAL ANTIHISTAMINES</b>		
	<b>azelastine spray</b>	
<b>NASAL DECONGESTANTS</b>		
<b>OTC</b>	<b>oxymetazoline spray</b>	AFRIN
<b>OTC</b>	<b>phenylephrine spray</b>	NEO-SYNEPHRINE
<b>NASAL STEROIDS</b>		
<b>OTC, QL</b>	triamcinolone acetonide spray	NASACORT ALLERGY 24HR
<b>QL</b>	<b>fluticasone spray</b>	
<b>RESPIRATORY DEVICES</b>		
	respiratory devices	AEROTRACH PLUS HOLDING CHAMBER
	respiratory devices	BREATHERITE PRODUCTS
	respiratory devices	EASIVENT PRODUCTS
	respiratory devices	INSPIREASE PRODUCTS
	respiratory devices	MICROCHAMBER PRODUCTS
<b>RESPIRATORY SYNCYTIAL VIRUS</b>		
<b>PA, SP</b>	palivizumab	SYNAGIS
<b>STEROID/BETA AGONIST COMBINATIONS</b>		
<b>QL, *</b>	budesonide/formoterol	SYMBICORT
<b>QL, *</b>	fluticasone/salmeterol	ADVAIR
<b>QL, *</b>	fluticasone/salmeterol, CFC-free aerosol	ADVAIR HFA
<b>QL, *</b>	mometasone/formoterol	DULERA
* May be dispensed as a 90-day supply		
<b>STEROID INHALANTS</b>		
<b>PA, QL, *</b>	<b>budesonide inhalation solution</b>	PULMICORT RESPULES
<b>QL, *</b>	budesonide	PULMICORT FLEXHALER
<b>QL, *</b>	flunisolide, CFC-free aerosol	AEROSPAN
<b>QL, *</b>	fluticasone	FLOVENT DISKUS
<b>QL, *</b>	fluticasone, CFC-free aerosol	FLOVENT HFA
<b>PA</b> Required for members over 8 years of age		
* May be dispensed as a 90-day supply		
<b>XANTHINES</b>		
<b>*</b>	<b>theophylline ext-rel tabs</b>	
<b>*</b>	theophylline ext-rel caps	THEO-24
<b>*</b>	theophylline liquid	ELIXOPHYLLIN

\* May be dispensed as a 90-day supply

**MISCELLANEOUS**

<b>OTC</b>	cromolyn nasal spray	NASALCROM
<b>OTC</b>	sodium chloride	OCEAN
<b>QL</b>	ipratropium nasal spray	
	sodium chloride	

**TOPICAL****DERMATOLOGY**

Acne

*Oral*

<b>PA</b>	isotretinoin - Claravis	
<b>PA</b>	isotretinoin - Myorisan	
<b>PA</b>	isotretinoin - Zenatane	

*Topical*

	benzoyl peroxide	BENZAC AC
	clindamycin gel, lotion, solution, swabs	CLEOCIN T
	erythromycin gel 2%	
	erythromycin solution	
	sulfacetamide/sulfur cream, lotion, pads	
<b>ST, PA</b>	tretinoin	RETIN-A
	azelaic acid	AZELEX

**PA** Required for members over 40 years of age**Actinic Keratosis**

	fluorouracil	CARAC
	fluorouracil	EFUDEX
	fluorouracil	FLUOROPLEX

**Antibiotics**

<b>OTC</b>	bacitracin	
	gentamicin	
	mupirocin	BACTROBAN
	silver sulfadiazine	SILVADENE

**Antifungals**

<b>OTC</b>	clotrimazole	LOTRIMIN AF
<b>OTC</b>	miconazole	MICATIN
<b>OTC</b>	tolnaftate	TINACTIN
<b>OTC</b>	terbinafine	LAMISIL AT
	ketoconazole crm 2%	
	nystatin	

**Antipsoriatics***Oral*

<b>PA</b>	acitretin	SORIATANE
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*Topical*

	anthralin	
<b>PA</b>	calcipotriene	DOVONEX

**PA** Required for quantity of 120 gm and larger**Antiseborrheics**

	ketoconazole shampoo 2%	NIZORAL SHAMPOO
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Fidelis Care mandates the use of generic drugs, if available (indicated by **boldface**). Brand names listed are for reference only.

	selenium sulfide shampoo 2.5%	
<b>Corticosteroids</b>		
<i>Low Potency</i>		
<b>OTC</b>	hydrocortisone cream, ointment 0.5%, 1%	
	alclometasone cream, ointment 0.05%	ACLOVATE
	fluocinolone acetonide cream, solution 0.01%	
	hydrocortisone cream 2.5%	
	hydrocortisone lotion 1%	
<i>Medium Potency</i>		
	betamethasone valerate cream, lotion, ointment 0.1%	
	fluocinolone acetonide cream, ointment 0.025%	
	fluocinolone acetonide oil 0.01%	DERMA-SMOOTH/FS
	fluticasone propionate cream 0.05%, ointment 0.005%	CUTIVATE
	mometasone cream, lotion, ointment 0.1%	ELOCON
	triamcinolone acetonide cream, lotion, ointment 0.025%	
	triamcinolone acetonide cream, lotion, ointment 0.1%	
<i>High Potency</i>		
	amcinonide lotion, ointment 0.1%	
	betamethasone dipropionate augmented cream 0.05%	DIPROLENE AF
	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%	
<i>Very High Potency</i>		
	betamethasone dipropionate augmented ointment 0.05%	DIPROLENE
	clobetasol propionate emollient cream 0.05%	TEMOVATE EMOLLIENT
	halobetasol propionate cream, ointment 0.05%	ULTRAVATE
<b>Emollients</b>		
	ammonium lactate 12%	LAC-HYDRIN
<b>Local Analgesics</b>		
<b>PA, QL</b>	lidocaine patch	LIDODERM
<b>Local Anesthetics</b>		
<b>OTC</b>	lidocaine crm 4% - Aspercreme	
<b>OTC</b>	lidocaine/menthol crm 4/1% - Icy Hot	
<b>PA</b>	lidocaine gel 2%	XYLOCAINE
<b>PA</b>	lidocaine/prilocaine	
<b>Rosacea</b>		
	metronidazole cream 0.75%	METROCREAM
	metronidazole gel 0.75%	
<b>ST</b>	metronidazole gel 1%	METROGEL
	metronidazole lotion 0.75%	METROLOTION
	sulfacetamide/sulfur cream, gel, lotion, pads	
<b>Scabicides and Pediculicides</b>		
<b>OTC</b>	permethrin 1%	NIX CREME RINSE
<b>OTC</b>	pyrethrins/piperonyl butoxide 4%	A-200 SHAMPOO
<b>OTC</b>	pyrethrins/piperonyl butoxide 4%	LICE KILLING SHAMPOO
<b>OTC</b>	pyrethrins/piperonyl butoxide 4%	RID SHAMPOO
<b>ST</b>	malathion	OVIDE

	<b>permethrin 5%</b>	
<b>ST</b>	benzyl alcohol	ULESFIA
	crotamiton	EURAX

#### Miscellaneous Skin and Mucous Membrane

<b>OTC, QL</b>	insect repellent, DEET 7%	CUTTER SKINSATIONS
<b>OTC, QL</b>	insect repellent, DEET 15%	OFF ACTIVE
<b>OTC, QL</b>	insect repellent, DEET 15%	OFF FAMILY CARE
<b>OTC, QL</b>	insect repellent, DEET 25%	CUTTER BACKWOODS
<b>OTC, QL</b>	insect repellent, DEET 25%	OFF DEEP WOODS
<b>OTC, QL</b>	insect repellent, DEET 25%	REPEL SPORTSMEN
<b>OTC, QL</b>	insect repellent, DEET 40%	REPEL SPORTSMEN MAX
<b>OTC, QL</b>	insect repellent, picardin 20%	NATRAPEL
<b>OTC, QL</b>	insect repellent, picardin 20%	SAWYER
<b>PA</b>	<b>imiquimod</b>	ALDARA
	<b>podofilox solution</b>	CONDYLOX
	<b>trypsin/balsam/castor oil</b>	
<b>PA</b>	becaplermin	REGRANEX
	collagenase	SANTYL
<b>QL</b>	podofilox gel	CONDYLOX

#### MOUTH/THROAT/DENTAL AGENTS

##### Anesthetics - Topical Oral

	<b>lidocaine viscous</b>	
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##### Steroids - Mouth/Throat

	<b>triamcinolone paste</b>	
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##### Miscellaneous

	<b>chlorhexidine gluconate</b>	PERIDEX
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#### OPHTHALMIC

##### Antiallergics

<b>OTC</b>	<b>ketotifen</b>	ZADITOR
	<b>cromolyn sodium</b>	

##### Anti-infectives

Ointments are also available for many of the products and they should be considered on the drug list.

	<b>bacitracin</b>	
	<b>ciprofloxacin solution</b>	CILOXAN
	<b>erythromycin</b>	
	<b>gentamicin</b>	
	<b>levofloxacin</b>	
	<b>neomycin/polymyxin B/gramicidin</b>	NEOSPORIN
	<b>ofloxacin</b>	OCUFLOX
	<b>polymyxin B/bacitracin</b>	
	<b>polymyxin B/trimethoprim</b>	POLYTRIM
	<b>sulfacetamide solution 10%</b>	BLEPH-10
	<b>tobramycin solution</b>	TOBEX

##### Anti-infective/Anti-inflammatory Combinations

	<b>neomycin/polymyxin B/bacitracin/hydrocortisone ointment</b>	
	<b>neomycin/polymyxin B/dexamethasone</b>	MAXITROL
	<b>neomycin/polymyxin B/hydrocortisone suspension</b>	
	<b>sulfacetamide/prednisolone phosphate 10%/0.25%</b>	
	<b>tobramycin/dexamethasone suspension 0.3%/0.1%</b>	TOBRADEX

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	sulfacetamide/prednisolone acetate 10%/0.2%	BLEPHAMIDE
	tobramycin/dexamethasone ointment 0.3%/0.1%	TOBRADEX
<b>Anti-inflammatories</b>		
Ointments are also available for many of the products and they should be considered on the drug list.		
<i>Nonsteroidal</i>		
	<b>diclofenac sodium</b>	
	<b>flurbiprofen</b>	OCUFEN
	<b>ketorolac 0.4%</b>	ACULAR LS
	<b>ketorolac 0.5%</b>	ACULAR
<i>Steroidal</i>		
	<b>dexamethasone sodium phosphate</b>	
	<b>fluorometholone</b>	FML
	<b>prednisolone acetate 1%</b>	PRED FORTE
	fluorometholone 0.25%	FML FORTE
	fluorometholone ointment 0.1%	FML S.O.P.
	prednisolone acetate 0.12%	PRED MILD
	prednisolone phosphate 1%	
<b>Antivirals</b>		
	<b>trifluridine</b>	VIROPTIC
<b>Beta-blockers</b>		
<i>Nonselective</i>		
	<b>carteolol</b>	
	<b>levobunolol</b>	BETAGAN
	<b>metipranolol</b>	
	<b>timolol maleate</b>	TIMOPTIC
	<b>timolol maleate gel</b>	TIMOPTIC-XE
	timolol hemihydrate	BETIMOL
<i>Selective</i>		
	betaxolol	BETOPTIC S
<b>Carbonic Anhydrase Inhibitors</b>		
<i>Topical</i>		
	<b>dorzolamide</b>	TRUSOPT
<b>Carbonic Anhydrase Inhibitor/Beta-blocker Combinations</b>		
	<b>dorzolamide/timolol maleate</b>	COSOPT
<b>Dry Eye Disease</b>		
<b>PA</b>	cyclosporine, emulsion	RESTASIS
<b>Mydriatics</b>		
	<b>atropine</b>	
	<b>cyclopentolate</b>	CYCLOGYL
	<b>homatropine</b>	ISOPTO HOMATROPINE
	<b>tropicamide</b>	
	cyclopentolate/phenylephrine	CYCLOMYDRIL
	scopolamine hydrobromide	ISOPTO HYOSCINE
<b>Parasympathomimetics</b>		
	<b>pilocarpine</b>	ISOPTO CARPINE



Prostaglandins		
QL	latanoprost	XALATAN
Sympathomimetics		
QL	brimonidine 0.15%	ALPHAGAN P
QL	brimonidine 0.2%	
Miscellaneous		
OTC	artificial tears ointment, solution	
OTC	sodium chloride	MURO-128
OTIC		
Anti-infectives		
	acetic acid	
	acetic acid/aluminum acetate	
	ofloxacin otic	
Anti-infective/Anti-inflammatory Combinations		
	<b>neomycin/polymyxin B/hydrocortisone</b>	CORTISPORIN OTIC
	ciprofloxacin/dexamethasone	CIPRODEX
	hydrocortisone/colistin sulfate/neomycin sulfate	COLY-MYCIN S
Miscellaneous		
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