

United Mine Workers of America Health and Retirement Funds 2019

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INTRODUCTION

The UMWA Health and Retirement Funds ("the Funds") is pleased to provide the 2019 *Prescribing Guide* as a useful reference and informational tool. The *Prescribing Guide* can assist practitioners in selecting clinically appropriate and cost-effective products for their patients.

The drugs represented have been reviewed by the Funds' Pharmacy and Therapeutics (P&T) Committee and are approved for inclusion. The *Prescribing Guide* is reflective of current medical practice as of the date of review.

The information contained in this *Prescribing Guide* and its appendices is provided solely for the convenience of medical providers. We do not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. This *Prescribing Guide* is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his or her choice of prescription drugs. All the information in the *Prescribing Guide* is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

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

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

NONDISCRIMINATION STATEMENT

Discrimination is Against the Law

The UMWA Health and Retirement Funds complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The UMWA Health and Retirement Funds does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The UMWA Health and Retirement Funds:

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- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact the Funds' Call Center at **800-291-1425**.

If you believe that the UMWA Health and Retirement Funds has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Compliance Manager
UMWA Health and Retirement Funds
160 Heartland Drive
Beckley, WV 25801
1-800-291-1425 (TTY: 711)

You can file a grievance in person or by mail. If you need help filing a grievance, the Compliance Manager is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.

Language Services

If your primary language is not English, language assistance services are available to you, free of charge. Call: 1-800-291-1425 (TTY: 711).

Español (SPANISH)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-291-1425 (TTY: 711).

繁體中文 (CHINESE)

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 1-800-291-1425 (TTY: 711)。

Polski (POLISH)

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CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-291-1425 (TTY: 711).

Deutsch (GERMAN)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-291-1425 (TTY: 711).

ية (ARABIC)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-291-1425 (رقم هاتف الصم والبكم: 711).

Русский (RUSSIAN)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-291-1425 (TTY: 711).

Tagalog (TAGALOG – FILIPINO)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-291-1425 (TTY: 711).

Français (FRENCH)

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-291-1425 (ATS: 711).

Deutsch (PENNSYLVANIA DUTCH)

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kansch du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: 1-800-291-1425 (TTY: 711).

ગુજરાતી (GUJARATI)

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-291-1425 (TTY: 711).

Italiano (ITALIAN)

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-291-1425 (TTY: 711).

أردو (URDU)

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-291-1425 (TTY: 711)۔

हिंदी (HINDI)

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-291-1425 (TTY: 711). पर कॉल करें।

Diné Bizaad (Navajo)

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jínk'eh, éí ná hóló, kojí' hódíłínih 1-800-291-1425 (TTY: 711)

PREFACE

The *Prescribing Guide* is organized by sections. Each section is divided by therapeutic drug class primarily defined by mechanism of action. Products are listed by generic name with brand name for reference only. Unless exceptions are noted, generally all applicable dosage forms and strengths of the drug cited are included in the *Prescribing Guide*. **Generics should be considered the first line of prescribing.**

The Funds has an open, preferred product formulary; therefore, most drugs are covered whether listed in the *Prescribing Guide* or not. However, specific limitations do apply and will be described on subsequent pages in the preface. In addition, over-the-counter (OTC) products, with the exception of insulin and diabetes monitoring products, are not included in the pharmacy benefit, except those provided to specific benefit plans that require compliance with the Affordable Care Act (ACA) provisions. Pharmacy law requires a valid prescription for the purchase of needles and syringes in certain states. OTC products are listed for informational purposes. If covered in the pharmacy benefit, OTC products require a valid prescription

Drugs represented in the *Prescribing Guide* may have varying cost to the plan member. Prescription benefit plan may alter coverage of certain products or vary copay amounts based on the condition being treated. Generic medications typically are available at the lowest cost, brand-name medications in the *Prescribing Guide* will generally cost more than generics, and brand-name medications not on the list may cost the most.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The Funds' P&T Committee was established to review and approve safe and clinically effective drug therapies. The P&T Committee's voting members include physicians, pharmacists, and nurses. The Committee meets quarterly to review drug usage patterns, evaluate medications and establish guidelines for optimal use.

PRODUCT SELECTION CRITERIA

The Funds' P&T Committee considers all new to market drugs for inclusion in the *Prescribing Guide*. 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

When a new drug is considered, it will be reviewed relative to similar drugs concurrently in the *Prescribing Guide*. In addition, entire therapeutic classes are periodically reviewed.

Physicians are encouraged to prescribe drugs in the *Prescribing Guide*.

All the information in the *Prescribing Guide* 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 in the *Prescribing Guide*, 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.

Products in the *Prescribing Guide* include all strengths and dosage forms of the cited brand-name product.

pregabalin

Lyrica

Oral capsules, oral solution and all strengths of Lyrica would be included in this listing.

When a strength or dosage form is specified, only the specified strength and dosage form is in the *Prescribing Guide*. Other strengths/dosage forms of the reference product are not.

acyclovir caps, tabs

Zovirax

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

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

sitagliptin/metformin

Janumet

The immediate-release product listing of Janumet alone would not include the extended-release product Janumet XR.

sitagliptin/metformin ext-rel

Janumet XR

A separate entry for Janumet XR confirms that the extended-release product is in the *Prescribing Guide*.

Dosage forms in the *Prescribing Guide* 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 in the list unless there is an entry for this product in the DERMATOLOGY section of the *Prescribing Guide*.

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. An example of the latter includes Levoxyil.

One way to reduce out-of-pocket cost is by requesting a generic drug. 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 rate and extent 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.

PREFERRED PRODUCT PROGRAM

Effective 10/01/2019

The Funds has a Preferred Product Program in seven drug classes. These classes are Lipid Lowering Agents (HMG-CoA Reductase Inhibitors/Combinations), ARB/ARB Combinations, Hypnotics, DPP-4 Inhibitors/Biguanide Combinations (Diabetes), Nasal Steroids (Allergies), Urinary Antispasmodics (Overactive Bladder) and Opioid-Induced Constipation. The preferred drugs in these classes are available to the beneficiary at the standard copay. If a non-preferred drug within these classes is selected, the beneficiary will be required to pay the standard copay plus an additional charge. See the appropriate sections for the preferred and non-preferred lists. Additional classes may be added in the future. If you have questions, please call CVS Caremark® Customer Care at 1-800-294-4741. The current Preferred Product Program Drug List is as follows:

DRUG CLASS

Lipid Lowering Agents (HMG-CoA Reductase Inhibitors/Combinations)

PREFERRED

generic atorvastatin
generic ezetimibe/simvastatin
generic pravastatin
generic rosuvastatin
generic simvastatin

NON-PREFERRED

Livalo (pitavastatin)

DRUG CLASS

ARB/ARB Combinations

PREFERRED

generic candesartan, candesartan/HCTZ
generic eprosartan
generic irbesartan, irbesartan/HCTZ
generic losartan, losartan/HCTZ
generic olmesartan, olmesartan/HCTZ
generic telmisartan, telmisartan/HCTZ
generic valsartan, valsartan/HCTZ

NON-PREFERRED

Edarbi (azilsartan)
Edarbyclor (azilsartan/chlorthalidone)

DRUG CLASS

Hypnotics

PREFERRED

generic eszopiclone
generic zaleplon
generic zolpidem, zolpidem extended-release
Belsomra (suvorexant)

NON-PREFERRED

Edluar (zolpidem sublingual)
Intermezzo (zolpidem sublingual)
Rozerem (ramelteon)

DRUG CLASS

DPP-4 Inhibitors/Combinations (Diabetes)

PREFERRED

Janumet (sitagliptin/metformin)
Janumet XR (sitagliptin/metformin extended-release)
Januvia (sitagliptin)
Kombiglyze XR (saxagliptin/metformin extended-release)
Onglyza (saxagliptin)

NON-PREFERRED

Jentadueto (linagliptin/metformin)
Jentadueto XR (linagliptin/metformin extended-release)
Kazano (alogliptin/metformin)
Nesina (alogliptin)
Oseni (alogliptin/pioglitazone)
Tradjenta (linagliptin)

DRUG CLASS

Nasal Steroids/Combinations (Allergies)

PREFERRED

generic flunisolide nasal
generic fluticasone nasal
generic triamcinolone nasal

NON-PREFERRED

Beconase AQ (beclomethasone)
Dymista (azelastine/fluticasone)
Omnaris (ciclesonide)
Qnasl (beclomethasone)
Qnasl Childrens (beclomethasone)
Zetonna (ciclesonide)

DRUG CLASS

Urinary Antispasmodics (Overactive Bladder)

PREFERRED

generic darifenacin extended-release
generic oxybutynin, oxybutynin extended-release
generic tolterodine, tolterodine extended-release
generic trospium, trospium extended-release
Myrbetriq (mirabegron extended-release)
Vesicare (solifenacin)

NON-PREFERRED

Gelnique (oxybutynin gel)
Oxytrol (oxybutynin transdermal)
Toviaz (fesoterodine extended-release)

DRUG CLASS

Opioid-Induced Constipation

PREFERRED

Movantik (naloxegol)

NON-PREFERRED

Relistor tablets (methylnaltrexone)
Symproic (naldemedine tosylate)

Note: Brand names listed on the preferred column are subject to a change of status when a generic or OTC version becomes available.

All medications contained in this list are subject to coverage based on FDA-approved maximum dosages(s).

For more information about The Funds' Drug Benefit, go to <https://www.umwafunds.org>

SPECIALTY PREFERRED PRODUCT PROGRAM

Effective 10/01/2019

The Funds has a Specialty Preferred Product Program in ten specialty drug classes. These classes are Ankylosing Spondylitis, Crohn's Disease, Plaque Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, Autoimmune - All Other Conditions, Growth Hormones, Hepatitis C and Multiple Sclerosis. The preferred drugs in these classes are available to the beneficiary at the standard copay. If a non-preferred drug within these classes is selected, the prescriber will be asked to consider a preferred drug to be used before the non-preferred drug will be covered. Additional classes may be added in the future. If you have questions, please call CVS Caremark Customer Care at 1-800-294-4741. The current Specialty Preferred Product Program Drug List is as follows:

DRUG CLASS

Ankylosing Spondylitis

PREFERRED

Cosentyx (secukinumab)
Enbrel (etanercept)

NON-PREFERRED

Cimzia (certolizumab)
Inflixtra (infliximab-dyyb)

Humira (adalimumab)

Renflexis (infliximab-abda)
Simponi (golimumab)

DRUG CLASS

Crohn's Disease

PREFERRED

Humira (adalimumab)
Stelara Subcutaneous (ustekinumab) [after failure of Humira]

NON-PREFERRED

Cimzia (certolizumab)
Entyvio (vedolizumab)
Inflectra (infliximab-dyyb)
Renflexis (infliximab-abda)

DRUG CLASS

Plaque Psoriasis

PREFERRED

Humira (adalimumab)
Otezla (apremilast)
Stelara Subcutaneous (ustekinumab)
Taltz (ixekizumab)
Skyrizi (risankizumab-rzaa)

NON-PREFERRED

Cimzia (certolizumab)
Cosentyx (secukinumab)
Enbrel (etanercept)
Inflectra (infliximab-dyyb)
Renflexis (infliximab-abda)
Siliq (brodalumab)
Tremfya (guselkumab)

DRUG CLASS

Psoriatic Arthritis

PREFERRED

Cosentyx (secukinumab)
Enbrel (etanercept)
Humira (adalimumab)
Otezla (apremilast)

NON-PREFERRED

Cimzia (certolizumab)
Inflectra (infliximab-dyyb)
Orencia Clickject (abatacept)
Orencia Intravenous (abatacept)
Orencia Subcutaneous (abatacept)
Renflexis (infliximab-abda)
Simponi (golimumab)
Stelara Subcutaneous (ustekinumab)
Taltz (ixekizumab)
Xeljanz (tofacitinib)
Xeljanz XR (tofacitinib extended-release)

DRUG CLASS

Rheumatoid Arthritis

PREFERRED

Enbrel (etanercept)
Humira (adalimumab)
Kevzara (sarilumab)
Orencia Clickject (abatacept)
Orencia Subcutaneous (abatacept)
Xeljanz (tofacitinib)
Xeljanz XR (tofacitinib extended-release)

NON-PREFERRED

Actemra (tocilizumab)
Cimzia (certolizumab)
Inflectra (infliximab-dyyb)
Kineret (anakinra)
Orencia Intravenous (abatacept)
Renflexis (infliximab-abda)
Simponi (golimumab)

DRUG CLASS

Ulcerative Colitis

PREFERRED

Humira (adalimumab)
Simponi (golimumab)

NON-PREFERRED

Entyvio (vedolizumab)
Inflectra (infliximab-dyyb)
Renflexis (infliximab-abda)
Xeljanz (tofacitinib)

DRUG CLASS

Autoimmune - All Other Conditions

PREFERRED

Enbrel (etanercept)
Humira (adalimumab)

NON-PREFERRED

Actemra (tocilizumab)
Inflectra (infliximab-dyyb)
Kineret (anakinra)
Orencia Clickject (abatacept)
Orencia Intravenous (abatacept)
Orencia Subcutaneous (abatacept)
Renflexis (infliximab-abda)

DRUG CLASS

Growth Hormones

PREFERRED

Humatrope (somatropin)

NON-PREFERRED

Genotropin (somatropin)
Norditropin (somatropin)
Nutropin AQ (somatropin)
Omnitrope (somatropin)
Saizen (somatropin)
Zomacton (somatropin)

DRUG CLASS

Hepatitis C

PREFERRED

Eplclusa (sofosbuvir/velpatasvir) [genotypes 1, 2, 3, 4, 5, 6]
Harvoni (ledipasvir/sofosbuvir) [genotypes 1, 4, 5, 6]
Vosevi (sofosbuvir/velpatasvir/voxilaprevir)*

NON-PREFERRED

Daklinza (daclatasvir)
Mavyret (glecaprevir/pibrentasvir)
Sovaldi (sofosbuvir)
Technivie (ombitasvir/paritaprevir/ritonavir)
Viekira Pak (ombitasvir/paritaprevir/ritonavir with dasabuvir)
Viekira XR (dasabuvir/ombitasvir/paritaprevir/ritonavir extended-release)
Zepatier (elbasvir/grazoprevir)

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

DRUG CLASS

Multiple Sclerosis

PREFERRED

Aubagio (teriflunomide)
Betaseron (interferon beta-1b)
Copaxone (glatiramer)
generic glatiramer - Glatopa
Gilenya (fingolimod)

NON-PREFERRED

Extavia (interferon beta-1b)
Mavenclad (cladribine)
Mayzent (siponimod)

Rebif (interferon beta-1a)
Tecfidera (dimethyl fumarate delayed-release)

GENERIC FIRST SPECIALTY PREFERRED PRODUCT PROGRAM

Effective 10/01/2019

The Funds has a Generics First Specialty Preferred Product Program in eight specialty drug classes. These classes are Cardiac Disorders, Cystic Fibrosis, Hepatitis C, Oncology, Pulmonary Arterial Hypertension (PAH), Seizure Disorders, Movement Disorders and Multiple Sclerosis. The preferred generic drugs in these classes are available to the beneficiary at the standard copay. If a non-preferred brand drug within these classes is selected, the prescriber will be asked to consider a preferred generic drug to be used before the non-preferred brand drug will be covered. Additional classes may be added in the future. If you have questions, please call CVS Caremark Customer Care at 1-800-294-4741. The current Generics First Specialty Preferred Product Program Drug List is as follows:

DRUG CLASS

Cardiac Disorders

PREFERRED GENERIC	NON-PREFERRED BRAND
generic dofetilide	Tikosyn (dofetilide)

DRUG CLASS

Cystic Fibrosis

PREFERRED GENERIC	NON-PREFERRED BRAND
generic tobramycin inhalation solution	Tobi (tobramycin inhalation solution)

DRUG CLASS

Hepatitis C

PREFERRED GENERIC	NON-PREFERRED BRAND
generic ribavirin	Moderiba (ribavirin)
generic ribavirin	Ribapak (ribavirin)

DRUG CLASS

Oncology

PREFERRED GENERIC	NON-PREFERRED BRAND
generic bexarotene	Targretin (bexarotene)
generic capecitabine	Xeloda (capecitabine)
generic imatinib mesylate	Gleevec (imatinib mesylate)
generic temozolomide	Temodar (temozolomide)
generic temsirolimus	Torisel (temsirolimus)

DRUG CLASS

Pulmonary Arterial Hypertension (PAH)

PREFERRED GENERIC	NON-PREFERRED BRAND
generic sildenafil	Revatio (sildenafil)
generic tadalafil	Adcirca (tadalafil)
Alyq (generic tadalafil)	

DRUG CLASS

Seizure Disorders

PREFERRED GENERIC

generic vigabatrin powder
Vigadrone (generic vigabatrin powder)
generic vigabatrin tablets

NON-PREFERRED BRAND

Sabril (vigabatrin powder, tablets)

DRUG CLASS

Movement Disorders

PREFERRED GENERIC

generic tetrabenazine

NON-PREFERRED BRAND

Xenazine (tetrabenazine)

DRUG CLASS

Multiple Sclerosis

PREFERRED GENERIC

generic dalfampridine ext-rel

NON-PREFERRED BRAND

Ampyra (dalfampridine ext-rel)

All medications contained in this list are subject to coverage based on FDA-approved maximum dosages(s).

For more information about The Funds' Drug Benefit, go to [https:// www.umwafunds.org](https://www.umwafunds.org)

SPECIFIC LIMITATIONS AND EXCLUSIONS

Prior Authorization:

The following drugs require Prior Authorization. Please call the CVS Caremark Prior Authorization Department at 1-800-294-5979 to request Prior Authorization review:

- Acne (Topical treatments, including adapalene [Differin], tazarotene [Tazorac], tretinoin [Retin-A, Retin-A Micro])
- Auvi-Q (epinephrine auto-injector) - use alternative instead (examples include generic epinephrine auto-injector, Adrenaclick, EpiPen, EpiPen Jr.)
- Contraceptives (approved for non-contraceptive indications), except for benefit plans with required compliance with the Affordable Care Act (ACA)
- Evzio (naloxone auto-injector) - use alternative instead (examples include Narcan nasal spray, naloxone injection (excluding auto-injector))
- Hypoactive Sexual Desire Disorder (Addyi)
- Multi-Ingredient Compounds (A compounded medication is one that is made by combining, mixing, or altering ingredients, in response to a prescription, to create a customized medication that is not otherwise commercially available.)
- Obesity Drugs (Belviq, benzphetamine, Contrave, diethylpropion, phendimetrazine, phentermine, Qsymia, Saxenda, Xenical) **[Note: Treatment of obesity is not covered except for pathological, morbid forms of severe obesity]**
- Oral/Intranasal Fentanyl Products (including Abstral, Actiq, fentanyl buccal tablet, fentanyl transmucosal lozenge, Fentora, Lazanda, Subsys)
- Glumetza and Fortamet (including their generic metformin ER versions) - use generic Glucophage XR (metformin ER) instead
- Zegerid (including generic omeprazole/sodium bicarbonate) - use an alternative generic Proton Pump Inhibitor (PPI) instead
- Extended-release Opioids - must use an immediate-release opioid before an extended-release form is covered

- Duexis (combination of ibuprofen + famotidine) and Vimovo (combination of naproxen + esomeprazole) - use generic NSAID and generic H2 Blocker or PPI instead
- Omnipod and V-GO (disposable insulin pump devices)

Specialty medications (including biotech injectables and complex oral therapies) require Prior Authorization review by the Specialty Guideline Management (SGM) program. Specialty medications are listed within the Specialty Drugs section of this document - located near the index. Please call 1-866-814-5506 to request SGM review.

The Funds may choose to modify this list prior to the next yearly publication of the *Prescribing Guide*.

Not covered:

- Certain legend products (other than Insulin) that have an OTC equivalent
- OTC products, with the exception of insulin and diabetes monitoring products (see note about continuous glucose monitoring supplies below). OTC products are listed for informational purposes. If covered in the pharmacy benefit, OTC products require a valid prescription.
- Continuous glucose monitoring supplies (monitor/receiver, sensors, transmitters) - covered only under DME benefit
- Medications for cosmetic purposes
- Investigational or experimental therapies
- Contraceptives (oral, injectable and other drug delivery systems), except as prior approved for non-contraceptive indications or as a provision of the ACA
- OTC smoking cessation products, except as required as a provision of the ACA
- Miscellaneous formulations, including select topical analgesics (e.g., patches, lotions and creams), which contain products used for the temporary relief of minor aches and muscle pains. These products may be marketed contrary to the Federal Food, Drug and Cosmetic Act (the FD&C Act). They may contain an ingredient or ingredients for which the efficacy and safety are unknown or have not been adequately studied based on their route of administration. U.S. Food and Drug Administration (FDA)-approved drugs (either legend or over-the-counter [OTC]) are available to treat the conditions targeted by these agents, and many of the ingredients within multi-ingredient products may also be commercially available individually.
- Select bulk powders and proprietary bases for compounding

Specific Covered Items:

- The first fill of prescriptions for diabetic supplies, including insulin syringes with needles, alcohol swabs, blood glucose testing strips (with the exception of continuous glucose monitoring supplies), urine glucose testing strips, ketone testing strips, ketone tablets, lancets, and lancet devices, are covered under the Funds' prescription drug benefit at \$0 co-pay. Refills for these supplies should be obtained through the Funds' DME vendor. To locate a participating DME vendor with the Funds, contact the Funds' Call Center at **1-800-291-1425**. Insulin is not included in this category and is available under the drug benefit only.
- Infertility medications
- Injectables, unless previously listed as not covered
- Durable Medical Equipment (DME) used for respiratory use (e.g. respiratory spacers like InspirEase and AeroChamber), unless urgently required, should be obtained through one of the Funds' participating DME vendors. To locate a participating DME vendor with the Funds, contact the Funds' Call Center at **1-800-291-1425**.
- Legend vitamins (with a prescription) except prenatal vitamins
- Medication Assisted Treatment of Substance Abuse Disorder - the following products are covered at \$0 Copayment: buprenorphine sublingual tablet (2mg, 8mg), buprenorphine-naloxone sublingual tablet (2mg-0.5mg, 8mg-2mg), Naltrexone tablet (50mg)

PRESCRIPTION QUANTITY LIMITS

All medications contained in this *Prescribing Guide* are subject to coverage based on FDA-approved maximum quantity limits. Prescriptions for quantity limits that exceed the FDA-approved dosing are subject to enhanced medical necessity approval guidelines. Listed below are some of the benefit limits on certain drugs based on either benefit design or FDA maximum dosing criteria.

Erectile Dysfunction Drugs - combined limit of 18 tablets per 3 month supply

- Cialis (tadalafil) [Post-limit Prior Authorization available for Benign Prostatic Hyperplasia (BPH)]
- Levitra (vardenafil)
- Staxyn (vardenafil)
- Stendra
- Viagra (sildenafil)

Miscellaneous

- OxyContin 10 mg, 15 mg, 20 mg, 30 mg, 40 mg - 120 tablets per month
- OxyContin 60 mg, 80 mg - 60 tablets per month
- Lidocaine 5% Ointment - 100 grams per month

SPECIALTY PHARMACY

CVS Specialty™ is a full-service specialty pharmaceutical provider and a preferred provider for the Funds. Specialty pharmaceuticals or products are used in the management of specific chronic or genetic conditions and certain catastrophic diseases such as cancer. They are often injectable or infused medications, but may also include oral agents.

CVS Caremark offers these services combined with professional pharmaceutical care management. Medications currently available through CVS Specialty are listed within the Specialty Drugs section of this document - located near the index. Products distributed by CVS Caremark and therapies may change. To learn more about how CVS Specialty can help you or your patients, please visit the website <https://www.CVSSpecialty.com> or call 1-800-237-2767.

NOTICE

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LEGEND

OTC	Over the counter
P	Indicates preferred brand drugs or representative generic drugs for consideration
#	Indicates brand product remains preferred.
boldface	Indicates generic availability; boldface may not apply to every strength or dosage form under the listed generic name
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

FUNDS' WEBSITE

For more information about the Funds' drug benefit, please access our website at:
<https://www.umwafunds.org>

Frequently Used Telephone Numbers:

CVS Caremark Customer Care

Phone

1-800-294-4741

CVS Caremark Prior Authorization

Phone

1-800-294-5979

Fax

1-888-836-0730

CVS Specialty

Phone

1-800-237-2767

Fax

1-866-295-2778

The Funds Call Center (Beckley, WV)

Phone

1-800-291-1425

ANALGESICS

Practice guidelines of pain management are available at:
<https://www.asahq.org>

ANALGESICS, OTHER

Treatment recommendations for osteoarthritis are available at:
<https://www.rheumatology.org>

OTC	acetaminophen	TYLENOL
NSAIDs		
OTC	ibuprofen	ADVIL
OTC	naproxen sodium	ALEVE
P	diclofenac sodium delayed-rel	
	diflunisal	
	etodolac	
	ibuprofen	
P	meloxicam	MOBIC
	nabumetone	
	naproxen sodium tabs	
P	naproxen susp	NAPROSYN
P	naproxen tabs	NAPROSYN
	oxaprozin	DAYPRO
	sulindac	
NSAIDs, COMBINATIONS		
P	diclofenac sodium delayed-rel/misoprostol	
NSAIDs, TOPICAL		
P	diclofenac sodium gel 1%	
P	diclofenac sodium soln	
COX-2 INHIBITORS		
P	celecoxib	CELEBREX
GOUT		
P	allopurinol	ZYLOPRIM
P, #	colchicine	COLCRYS
P, #	febuxostat	ULORIC
P	probenecid	

Brands COLCRYS and ULORIC remain preferred.

OPIOID ANALGESICS

Practice Guidelines for Cancer Pain Management (includes WHO analgesic ladder) are available at:
<https://www.asahq.org>
<https://www.nccn.org>

Opioid guidelines in the management of chronic non-malignant pain are available at:
<https://www.asipp.org/ASIPP-Guidelines.html>

P	codeine/acetaminophen	
P	fentanyl transdermal	

P	fentanyl transmucosal lozenge	
P	hydrocodone/acetaminophen	NORCO
P	hydromorphone	DILAUDID
P	hydromorphone ext-rel	
P	methadone	
P	morphine	
P	morphine ext-rel	
P	morphine ext-rel	KADIAN
P	morphine ext-rel	MS CONTIN
P	morphine supp	
P	oxycodone caps, tabs 5 mg	
P	oxycodone concentrate 20 mg/mL	
P	oxycodone tabs 15 mg, 30 mg, soln 5 mg/5 mL	ROXICODONE
P	oxycodone/acetaminophen 5/325	PERCOCET
P	oxycodone/acetaminophen soln	ROXICET
P	tramadol	ULTRAM
P	tramadol ext-rel	
P	buprenorphine	BELBUCA
P	buprenorphine transdermal	BUTRANS
P	fentanyl citrate sublingual	ABSTRAL
P	fentanyl sublingual spray	SUBSYS
P	hydrocodone ext-rel	HYSINGLA ER
P	morphine/naltrexone ext-rel	EMBEDA
P	oxycodone ext-rel	OXYCONTIN
P	tapentadol	NUCYNTA
P	tapentadol ext-rel	NUCYNTA ER
NON-OPIOID ANALGESICS		
	butalbital/acetaminophen/caffeine tabs	ESGIC
	butalbital/aspirin/caffeine	FIORINAL
VISCOSUPPLEMENTS		
P	sodium hyaluronate	GEL-ONE
P	sodium hyaluronate	GELSYN-3
P	sodium hyaluronate	SUPARTZ FX
P	sodium hyaluronate	VISCO-3

ANTI-INFECTIVES

Practice guidelines and statements developed and endorsed by the Infectious Diseases Society of America are available at:

<https://www.idsociety.org>

Hepatitis: CDC recommendations on the treatment of hepatitis are available at:

<https://www.cdc.gov/hepatitis/Resources/>

Guidelines for the management of chronic hepatitis by the American Association for the Study of Liver Disease are available at:

<https://www.aasld.org>

HIV/AIDS: Guidelines for the treatment of HIV patients by the U.S. Department of Health and Human Services are available at:

<https://www.aidsinfo.nih.gov>

Infective Endocarditis: American Heart Association recommendations for the prevention of bacterial endocarditis are available at:

<https://professional.heart.org>

Influenza: Recommendations of the Advisory Committee on Immunization Practices are available at:

<https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html>

International Travel: CDC recommendations for international travel are available at:

<https://wwwnc.cdc.gov/travel>

Respiratory Tract Infection/Antibiotic Use/Community Acquired Pneumonia/Other: Principles of appropriate antibiotic use for treatment of nonspecific upper respiratory tract infection in adults are available at:

<https://www.cdc.gov/pneumonia/management-prevention-guidelines.html>

Sexually Transmitted Diseases: CDC Sexually Transmitted Diseases Guidelines are available at:

<https://www.cdc.gov/std/treatment/default.htm>

ANTIBACTERIALS

Cephalosporins

First Generation

	cefadroxil	
P	cephalexin	KEFLEX

Second Generation

P	cefprozil	
P	cefuroxime axetil	

Third Generation

P	cefdinir	
P, #	cefixime	SUPRAX

Brand SUPRAX remains preferred.

Erythromycins/Macrolides

P	azithromycin	ZITHROMAX
P	clarithromycin	
P	clarithromycin ext-rel	
P	erythromycin delayed-rel	
P	erythromycin ethylsuccinate	
P	erythromycin stearate	
P	fidaxomicin	DIFICID

Fluoroquinolones

P	ciprofloxacin	CIPRO
P	ciprofloxacin ext-rel	
P	levofloxacin	LEVAQUIN
P	moxifloxacin	AVELOX

Penicillins

P	amoxicillin	
P	amoxicillin/clavulanate	AUGMENTIN

	amoxicillin/clavulanate ext-rel	
	ampicillin	
P	dicloxacillin	
P	penicillin VK	

Tetracyclines

P	doxycycline hyclate	VIBRAMYCIN
P	doxycycline hyclate 20 mg	
P	minocycline	
P	tetracycline	

ANTIFUNGALS

	clotrimazole troches	
P	fluconazole	DIFLUCAN
	griseofulvin ultramicrosize	
P	itraconazole	
	nystatin	
P	terbinafine tabs	
	voriconazole	VFEND

ANTIMALARIALS

	atovaquone/proguanil	MALARONE
	chloroquine	
	mefloquine	

ANTIRETROVIRAL AGENTS

Antiretroviral Combinations

P	abacavir/lamivudine	EPZICOM
	lamivudine/zidovudine	COMBIVIR
P	abacavir/dolutegravir/lamivudine	TRIUMEQ
P	atazanavir/cobicistat	EVOTAZ
P	bictegravir/emtricitabine/tenofovir alafenamide	BIKTARVY
P	darunavir/cobicistat	PREZCOBIX
P	efavirenz/emtricitabine/tenofovir disoproxil fumarate	ATRIPLA
P	efavirenz/lamivudine/tenofovir disoproxil fumarate	SYMFI
P	efavirenz/lamivudine/tenofovir disoproxil fumarate	SYMFI LO
P	elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide	GENVOYA
P	elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil fumarate	STRIBILD
P	emtricitabine/rilpivirine/tenofovir alafenamide	ODEFSEY
P	emtricitabine/rilpivirine/tenofovir disoproxil fumarate	COMPLERA
P	emtricitabine/tenofovir alafenamide	DESCOVY
P	emtricitabine/tenofovir disoproxil fumarate	TRUVADA
P	lamivudine/tenofovir disoproxil fumarate	CIMDUO

Fusion Inhibitors

	enfuvirtide	FUZEON
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Integrase Inhibitors

P	dolutegravir	TIVICAY
P	raltegravir	ISENTRESS

Non-nucleoside Reverse Transcriptase Inhibitors

	efavirenz	
	nevirapine	
	nevirapine ext-rel	
	etravirine	INTELENCE
	rilpivirine	EDURANT

Nucleoside Reverse Transcriptase Inhibitors

P	abacavir tabs	ZIAGEN
	didanosine delayed-rel	VIDEX EC
P	lamivudine	EPIVIR
	stavudine	
	zidovudine	RETROVIR
	emtricitabine	EMTRIVA

Nucleotide Reverse Transcriptase Inhibitors

	tenofovir disoproxil fumarate	VIREAD
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Protease Inhibitors

P, #	atazanavir	REYATAZ
	lopinavir/ritonavir soln	KALETRA
P, #	ritonavir	NORVIR
P	darunavir	PREZISTA
	lopinavir/ritonavir tabs	KALETRA

Brands NORVIR and REYATAZ remain preferred.

ANTITUBERCULAR AGENTS

	ethambutol	MYAMBUTOL
	isoniazid	
	pyrazinamide	
	rifampin	RIFADIN

ANTIVIRALS

Cytomegalovirus Agents

P	valganciclovir	
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Hepatitis Agents

Hepatitis B

P	entecavir tabs	
P	lamivudine	
	entecavir soln	BARACLUDE
P	tenofovir alafenamide	VEMLIDY

Hepatitis C

P, *	ribavirin caps	REBETOL
P, *	ribavirin tabs	
P, †	ledipasvir/sofosbuvir	HARVONI
	ribavirin oral soln	REBETOL
P, †	sofosbuvir/velpatasvir	EPCLUSA
P, †	sofosbuvir/velpatasvir/voxilaprevir	VOSEVI

† HARVONI only for genotypes 1, 4, 5, and 6

EPCLUSA for genotypes 1, 2, 3, 4, 5, 6

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

Non-Preferred Agents:

DAKLINZA
MAVYRET
SOVALDI
TECHNIVIE
VIEKIRA PAK
VIEKIRA XR
ZEPATIER

Your Funds patients will pay an additional charge for these brand products.

*** Non-Preferred Brand Agents:**

MODERIBA
RIBAPAK

Use preferred generic products before non-preferred brand products.

Herpes Agents

P	acyclovir caps, tabs	ZOVIRAX
	famciclovir	
P	valacyclovir	

Influenza Agents

P	oseltamivir	
P	zanamivir	RELENZA

MISCELLANEOUS

P	clindamycin	CLEOCIN
	dapsone	
P	ivermectin	STROMECTOL
P	linezolid	
P	metronidazole	FLAGYL
P	nitrofurantoin ext-rel	MACROBID
P	nitrofurantoin macrocrystals	
P	nitrofurantoin susp	FURADANTIN
P	sulfamethoxazole/trimethoprim	
P	sulfamethoxazole/trimethoprim DS	
	tinidazole	
	trimethoprim	
	vancomycin	VANCOCIN
P	mebendazole chewable	EMVERM
P	rifaximin 550 mg	XIFAXAN

ANTINEOPLASTIC AGENTS

Clinical practice guidelines in oncology are available at:

<https://www.asco.org>

<https://www.nccn.org>

ALKYLATING AGENTS

	melphalan	ALKERAN
P, *	temozolomide	TEMODAR
	busulfan	MYLERAN
	chlorambucil	LEUKERAN
	cyclophosphamide caps	

* Non-Preferred Brand Agents:

TEMODAR

Use preferred generic products before non-preferred brand products.

ANTIMETABOLITES

P, *	capecitabine	XELODA
	mercaptopurine	
	methotrexate	TREXALL
	thioguanine	TABLOID

* Non-Preferred Brand Agents:

XELODA

Use preferred generic products before non-preferred brand products.

HORMONAL ANTINEOPLASTIC AGENTS

Antiandrogens

P	abiraterone	
P	bicalutamide	CASODEX
	flutamide	
P	apalutamide	ERLEADA
P	enzalutamide	XTANDI

Antiestrogens

	tamoxifen	
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Aromatase Inhibitors

	anastrozole	ARIMIDEX
	exemestane	AROMASIN
	letrozole	FEMARA

Luteinizing Hormone-Releasing Hormone (LHRH) Agonists

	leuprolide acetate	
P	leuprolide acetate	ELIGARD
P	leuprolide acetate	LUPRON DEPOT

Progestins

	megestrol acetate tabs	
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IMMUNOMODULATORS

	lenalidomide	REVLIMID
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	pomalidomide	POMALYST
	thalidomide	THALOMID

KINASE INHIBITORS

P, #	erlotinib	TARCEVA
P, *	imatinib mesylate	GLEEVEC
P	bosutinib	BOSULIF
P	cabozantinib	CABOMETYX
P	dasatinib	SPRYCEL
P	everolimus	AFINITOR
P	gefitinib	IRESSA
	lapatinib	TYKERB
P	midostaurin	RYDAPT
P	palbociclib	IBRANCE
P	pazopanib	VOTRIENT
P	ribociclib	KISQALI
P	ribociclib + letrozole	KISQALI FEMARA CO-PACK
P	sorafenib	NEXAVAR
P	sunitinib	SUTENT

* Non-Preferred Brand Agents:

GLEEVEC

Use preferred generic products before non-preferred brand products.

Brand TARCEVA remains preferred.

TOPOISOMERASE INHIBITORS

	topotecan caps	HYCAMTIN
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MISCELLANEOUS

P, *	bexarotene caps	TARGRETIN
	etoposide	
	hydroxyurea	HYDREA
P, *	temsirolimus	TORISEL
	tretinoin caps	
	mitotane	LYSODREN
P	niraparib	ZEJULA
	procarbazine	MATULANE
P	sonidegib	ODOMZO
P	uridine triacetate	VISTOGARD
	vorinostat	ZOLINZA

* Non-Preferred Brand Agents:

TARGRETIN

TORISEL

Use preferred generic products before non-preferred brand products.

CARDIOVASCULAR

The Eighth Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure is available at:

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

Guidelines for the evaluation and management of cardiovascular diseases in adults are available at:

<https://www.acc.org>

<https://professional.heart.org>

ACE INHIBITORS

Guidelines for the use of ACE inhibitors are available at:

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

<https://professional.diabetes.org>

<https://www.acc.org>

<https://professional.heart.org>

	benazepril	LOTENSIN
	captopril	
	enalapril	VASOTEC
P	fosinopril	
P	lisinopril	ZESTRIL
	perindopril	
P	quinapril	ACCUPRIL
P	ramipril	ALTACE
	trandolapril	

ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATIONS

	amlodipine/benazepril	LOTREL
	trandolapril/verapamil ext-rel	TARKA

ACE INHIBITOR/DIURETIC COMBINATIONS

	benazepril/hydrochlorothiazide	LOTENSIN HCT
	captopril/hydrochlorothiazide	
	enalapril/hydrochlorothiazide	VASERETIC
P	fosinopril/hydrochlorothiazide	
P	lisinopril/hydrochlorothiazide	ZESTORETIC
P	quinapril/hydrochlorothiazide	ACCURETIC

ADRENOLYTICS, CENTRAL

	clonidine	CATAPRES
	clonidine transdermal	CATAPRES-TTS
	guanfacine	

ALDOSTERONE RECEPTOR ANTAGONISTS

	eplerenone	INSPIRA
	spironolactone	ALDACTONE

ALPHA BLOCKERS

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

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

P	doxazosin	CARDURA
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P	terazosin	
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ANGIOTENSIN II RECEPTOR ANTAGONISTS/DIURETIC COMBINATIONS

Guidelines for the use of angiotensin II receptor antagonists in various patient populations are available at:

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

<https://professional.diabetes.org>

P	candesartan	ATACAND
P	candesartan/hydrochlorothiazide	ATACAND HCT
P	eprosartan	TEVETEN
P	irbesartan	AVAPRO
P	irbesartan/hydrochlorothiazide	AVALIDE
P	losartan	COZAAR
P	losartan/hydrochlorothiazide	HYZAAR
P	olmesartan	BENICAR
P	olmesartan/hydrochlorothiazide	BENICAR HCT
P	telmisartan	MICARDIS
P	telmisartan/hydrochlorothiazide	MICARDIS HCT
P	valsartan	DIOVAN
P	valsartan/hydrochlorothiazide	DIOVAN HCT

Non-Preferred Agents:

EDARBI

EDARBYCLOR

Your Funds patients will pay an additional charge for these brand products.

ANGIOTENSIN II RECEPTOR ANTAGONIST/CALCIUM CHANNEL BLOCKER COMBINATIONS

P	amlodipine/olmesartan	AZOR
P	amlodipine/telmisartan	
P	amlodipine/valsartan	

ANGIOTENSIN II RECEPTOR ANTAGONIST/CALCIUM CHANNEL BLOCKER/DIURETIC COMBINATIONS

P	amlodipine/valsartan/hydrochlorothiazide	
P	olmesartan/amlodipine/hydrochlorothiazide	TRIBENZOR

ANTIARRHYTHMICS

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

<https://www.acc.org>

	amiodarone	
	disopyramide	NORPACE
P, *	dofetilide	TIKOSYN
	flecainide	
	propafenone	
	propafenone ext-rel	RYTHMOL SR
P	sotalol	
	disopyramide ext-rel	NORPACE CR
P	dronedarone	MULTAQ

* Non-Preferred Brand Agents:

TIKOSYN

Use preferred generic products before non-preferred brand products.

ANTILIPEMICS

The 2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults is available at:

<https://www.ahajournals.org/doi/full/10.1161/01.cir.0000437738.63853.7a>

Bile Acid Resins

P	cholestyramine	QUESTRAN/QUESTRAN LIGHT
P	colesevelam	
	colestipol	COLESTID

Cholesterol Absorption Inhibitors

P	ezetimibe	ZETIA
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Fibrates

P	fenofibrate	
P	fenofibrate	LIPOFEN
P	fenofibric acid delayed-rel	TRILIPIX
	gemfibrozil	LOPID
	fenofibrate	ANTARA

HMG-CoA Reductase Inhibitors/Combinations

P	atorvastatin	LIPITOR
P	ezetimibe/simvastatin	VYTORIN
	fluvastatin	
	lovastatin	
P	pravastatin	PRAVACHOL
P	rosuvastatin	CRESTOR
P	simvastatin	ZOCOR

Non-Preferred Agents:

LIVALO

Your Funds patients will pay an additional charge for these brand products.

Niacins

P	niacin ext-rel	NIASPAN
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Omega-3 Fatty Acids

P	omega-3 acid ethyl esters	LOVAZA
P	icosapent ethyl	VASCEPA

PCSK9 Inhibitors

P	alirocumab	PRALUENT
P	evolocumab	REPATHA

BETA-BLOCKERS

Guidelines for the use of beta-blockers and beta-blocker combinations in various patient populations are available at:

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

<https://www.acc.org>

P	atenolol	
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	bisoprolol	
P	carvedilol	COREG
P	carvedilol phosphate ext-rel	
	labetalol	
P	metoprolol succinate ext-rel	TOPROL-XL
P	metoprolol tartrate	LOPRESSOR
P	nadolol	CORGARD
P	pindolol	
P	propranolol	
P	propranolol ext-rel	INDERAL LA
P	nebivolol	BYSTOLIC

BETA-BLOCKER/DIURETIC COMBINATIONS

Guidelines for the use of beta-blockers and diuretic combinations in various patient populations are available at:

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

<https://www.acc.org>

	atenolol/chlorthalidone	
	bisoprolol/hydrochlorothiazide	ZIAC
	metoprolol/hydrochlorothiazide	LOPRESSOR HCT

CALCIUM CHANNEL BLOCKERS

Dihydropyridines

P	amlodipine	
	felodipine ext-rel	
P	nifedipine ext-rel	ADALAT CC
P	nifedipine ext-rel	PROCARDIA XL

Nondihydropyridines

P	diltiazem ext-rel	
P	diltiazem ext-rel	TIAZAC
P	verapamil ext-rel	CALAN SR

CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS

P	amlodipine/atorvastatin	CADUET
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DIGITALIS GLYCOSIDES

P	digoxin 0.125 mg, 0.25 mg	
P	digoxin ped elixir	
	digoxin 0.0625 mg, 0.1875 mg	LANOXIN

DIRECT RENIN INHIBITORS/DIURETIC COMBINATIONS

P, #	aliskiren	TEKTURNA
P	aliskiren/hydrochlorothiazide	TEKTURNA HCT

Brand TEKTURNA remains preferred.

DIURETICS

Carbonic Anhydrase Inhibitors

	acetazolamide	
	acetazolamide ext-rel	
	methazolamide	

Loop Diuretics

	bumetanide	
P	furosemide	LASIX
P	torsemide	DEMADEX

Potassium-sparing Diuretics

P	amiloride	
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Thiazides and Thiazide-like Diuretics

	chlorthalidone	
P	hydrochlorothiazide	
	indapamide	
P	metolazone	

Diuretic Combinations

	amiloride/hydrochlorothiazide	
P	spironolactone/hydrochlorothiazide	ALDACTAZIDE
P	triamterene/hydrochlorothiazide	DYAZIDE
P	triamterene/hydrochlorothiazide	MAXZIDE

HEART FAILURE

P	isosorbide dinitrate/hydralazine	BIDIL
P	ivabradine	CORLANOR
P	sacubitril/valsartan	ENTRESTO

NITRATES

Oral

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

Sublingual/Translingual

P	nitroglycerin lingual spray	NITROLINGUAL
P	nitroglycerin sublingual	NITROSTAT

Transdermal

	nitroglycerin transdermal	
	nitroglycerin transdermal	NITRO-DUR

PULMONARY ARTERIAL HYPERTENSION

Endothelin Receptor Antagonists

P, #	bosentan	TRACLEER
P	ambrisentan	LETAIRIS
P	macitentan	OPSUMIT

Brand TRACLEER remains preferred.

Phosphodiesterase Inhibitors

P, *	sildenafil	REVATIO
P, *	tadalafil	

*** Non-Preferred Brand Agents:**

ADCIRCA

REVATIO

Use preferred generic products before non-preferred brand products.

Prostacyclin Receptor Agonists

P	selexipag	UPTRAVI
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Prostaglandin Vasodilators

	epoprostenol sodium	FLOLAN
P	treprostinil ext-rel	ORENITRAM

Soluble Guanylate Cyclase Stimulators

P	riociguat	ADEMPAS
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MISCELLANEOUS

	hydralazine	
	methyldopa	
	midodrine	
P	ranolazine ext-rel	

CENTRAL NERVOUS SYSTEM

Practice guidelines for psychiatric disorders are available at:

<https://www.psychiatry.org>

ANTI-ANXIETY

Benzodiazepines

P	alprazolam	
P	clonazepam	KLONOPIN
P	diazepam	VALIUM
P	lorazepam	ATIVAN
P	oxazepam	

Miscellaneous

	bupirone	
	clomipramine	ANAFRANIL
	fluvoxamine	

ANTICONVULSANTS

Practice guidelines for the treatment of epilepsy are available at:

<https://www.aan.com>

P	carbamazepine	TEGRETOL
P	carbamazepine ext-rel	
P	carbamazepine ext-rel	CARBATROL
P	clobazam	
P	diazepam rectal gel	DIASTAT
P	divalproex sodium delayed-rel	DEPAKOTE
P	divalproex sodium ext-rel	DEPAKOTE ER
P	ethosuximide	ZARONTIN
P	gabapentin	NEURONTIN
P	lamotrigine	LAMICTAL
P	lamotrigine ext-rel	LAMICTAL XR

P	lamotrigine orally disintegrating tablets	LAMICTAL ODT
P	levetiracetam	KEPPRA
P	levetiracetam ext-rel	KEPPRA XR
P	oxcarbazepine	TRILEPTAL
P	phenobarbital	
P	phenytoin	DILANTIN INFATABS
P	phenytoin sodium extended	DILANTIN
P	primidone	MYSOLINE
P	tiagabine	
P	topiramate	TOPAMAX
	topiramate ext-rel	
P	valproic acid	DEPAKENE
P, *	vigabatrin	
P	zonisamide	
P	lacosamide	VIMPAT
P	oxcarbazepine ext-rel	OXTELLAR XR
P	perampanel	FYCOMPA
P	topiramate ext-rel	TROKENDI XR

*** Non-Preferred Brand Agents:**

SABRIL powder, tablets

Use preferred generic products before non-preferred brand products.

ANTIDEMENTIA

Practice guidelines for the management of dementia are available at:

<https://www.aan.com>

P	donepezil	ARICEPT
P	galantamine	RAZADYNE
P	galantamine ext-rel	RAZADYNE ER
P	memantine	NAMENDA
	memantine ext-rel	
P	rivastigmine	
P	rivastigmine transdermal	EXELON
P	memantine/donepezil	NAMZARIC

ANTIDEPRESSANTS

Although these agents are primarily indicated for depression, some of these are also approved for other indications including bipolar disorder, obsessive-compulsive disorder, panic disorder and premenstrual dysphoric disorder.

Guidelines for the evaluation and management of bipolar and depressive disorders are available at:

<https://www.psychiatry.org>

Monoamine Oxidase Inhibitors (MAOIs)

	phenelzine	NARDIL
	tranylcypromine	PARNATE

Selective Serotonin Reuptake Inhibitors (SSRIs)

P	citalopram	CELEXA
P	escitalopram	LEXAPRO
P	fluoxetine	PROZAC
	fluoxetine 60 mg	
P	paroxetine HCl	PAXIL

P	paroxetine HCl ext-rel	PAXIL CR
P	sertraline	ZOLOFT
P	vilazodone	VIIBRYD
P	vortioxetine	TRINTELLIX

Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)

P	desvenlafaxine ext-rel	PRISTIQ
P	duloxetine delayed-rel	
P	venlafaxine	
P	venlafaxine ext-rel	EFFEXOR XR
P	levomilnacipran ext-rel	FETZIMA

Tricyclic Antidepressants (TCAs)

	amitriptyline	
	desipramine	NORPRAMIN
	doxepin	
	imipramine HCl	TOFRANIL
	nortriptyline	PAMELOR

Miscellaneous Agents

P	bupropion	
P	bupropion ext-rel	WELLBUTRIN SR
P	bupropion ext-rel	WELLBUTRIN XL
P	mirtazapine	REMERON
P	trazodone	

ANTIPARKINSONIAN AGENTS

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

<https://www.aan.com>

P	amantadine	
	benztropine	
	bromocriptine	PARLODEL
P	carbidopa/levodopa	SINEMET
P	carbidopa/levodopa ext-rel	SINEMET CR
P	carbidopa/levodopa orally disintegrating tabs	
P	carbidopa/levodopa/entacapone	STALEVO
P	entacapone	COMTAN
P	pramipexole	MIRAPEX
P	pramipexole ext-rel	
P	rasagiline	
P	ropinirole	REQUIP
P	ropinirole ext-rel	REQUIP XL
P	selegiline	
	trihexyphenidyl	
P	rotigotine transdermal	NEUPRO

ANTIPSYCHOTICS

Atypicals

P	aripiprazole	
P	clozapine	CLOZARIL
P	olanzapine	ZYPREXA

P	quetiapine	SEROQUEL
P	quetiapine ext-rel	
P	risperidone	RISPERDAL
P	ziprasidone	GEODON
P	aripiprazole ext-rel inj	ABILIFY MAINTENA
P	aripiprazole lauroxil ext-rel inj	ARISTADA
P	aripiprazole lauroxil ext-rel inj	ARISTADA INITIO
P	cariprazine	VRAYLAR
P	lurasidone	LATUDA
	risperidone long-acting injection	RISPERDAL CONSTA

Miscellaneous

	chlorpromazine	
	fluphenazine	
	haloperidol	
	perphenazine	
	thiothixene	
	trifluoperazine	

ATTENTION DEFICIT HYPERACTIVITY DISORDER

Guidelines for the evaluation and management of attention deficit disorder are available at:

<https://www.aacap.org>

<https://www.aap.org>

P	amphetamine/dextroamphetamine mixed salts	
P	amphetamine/dextroamphetamine mixed salts ext-rel	
P	atomoxetine	STRATTERA
	dexmethylphenidate	FOCALIN
	dexmethylphenidate ext-rel	FOCALIN XR
	dextroamphetamine	
	dextroamphetamine ext-rel	DEXEDRINE SPANSULE
P	guanfacine ext-rel	
P	methylphenidate	METHYLIN
P	methylphenidate	RITALIN
P	methylphenidate ext-rel	
P	methylphenidate ext-rel	CONCERTA
P	amphetamine/dextroamphetamine mixed salts ext-rel	MYDAYIS
P	lisdexamfetamine	VYVANSE

FIBROMYALGIA

P	milnacipran	SAVELLA
P	pregabalin	LYRICA

HUNTINGTON'S DISEASE AGENTS

P, *	tetrabenazine	XENAZINE
P	deutetrabenazine	AUSTEDO

* Non-Preferred Brand Agents:

XENAZINE

Use preferred generic products before non-preferred brand products.

HYPNOTICS

Practice parameters for the treatment of sleep disorders and clinical guidelines for the evaluation and management of chronic insomnia in adults are available at:

<https://aasm.org>

Benzodiazepines

	temazepam	RESTORIL
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Nonbenzodiazepines

P	eszopiclone	LUNESTA
P	zaleplon	SONATA
P	zolpidem	AMBIEN
P	zolpidem ext-rel	AMBIEN CR
P	suvorexant	BELSOMRA

Non-Preferred Agents:

EDLUAR

INTERMEZZO

ROZEREM

Your Funds patients will pay an additional charge for these brand products.

Tricyclics

P	doxepin	SILENOR
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MIGRAINE

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

<https://www.aan.com>

Ergotamine Derivatives

	dihydroergotamine inj	D.H.E. 45
	dihydroergotamine spray	MIGRANAL
P	ergotamine/caffeine	

Monoclonal Antibodies

P	erenumab-aooe	AIMOVIG
P	fremanezumab-vfrm	AJOVY
P	galcanezumab-gnlm	EMGALITY

Selective Serotonin Agonists

P	eletriptan	RELPAK
P	naratriptan	
P	rizatriptan	MAXALT
P	sumatriptan	IMITREX
P	sumatriptan inj	IMITREX
P	sumatriptan nasal spray	IMITREX
P	zolmitriptan	ZOMIG
P	sumatriptan inj	ZEMBRACE SYMTOUCH
P	sumatriptan nasal powder	ONZETRA XSAIL
P	zolmitriptan nasal spray	ZOMIG

Selective Serotonin Agonist/Nonsteroidal Anti-inflammatory Drug (NSAID) Combinations

P, #	sumatriptan/naproxen sodium	TREXIMET
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Brand TREXIMET remains preferred.

Miscellaneous

OTC	acetaminophen/aspirin/caffeine	EXCEDRIN MIGRAINE
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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

Practice guidelines for multiple sclerosis are available at:

<https://www.aan.com>

P, *	dalfampridine ext-rel	AMPYRA
P, #	glatiramer	COPAXONE
P	glatiramer - Glatopa	
P	dimethyl fumarate delayed-rel	TECFIDERA
P	fingolimod	GILENYA
P	interferon beta-1a	REBIF
P	interferon beta-1b	BETASERON
P	natalizumab	TYSABRI
P	teriflunomide	AUBAGIO

Brand COPAXONE remains preferred.

Non-Preferred Agents:

EXTAVIA

MAVENCLAD

MAYZENT

Use preferred products before non-preferred products.

*** Non-Preferred Brand Agents:**

AMPYRA

Use preferred generic products before non-preferred brand products.

MUSCULOSKELETAL THERAPY AGENTS

	baclofen	
	carisoprodol	
	chlorzoxazone	
P	cyclobenzaprine	
	dantrolene	DANTRium
	metaxalone	SKELAXIN
	methocarbamol	ROBAXIN
	orphenadrine/aspirin/caffeine	
	tizanidine tabs	ZANAFLEX

MYASTHENIA GRAVIS

	pyridostigmine	MESTINON
	pyridostigmine ext-rel	

NARCOLEPSY

P	armodafinil	NUVIGIL
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POSTHERPETIC NEURALGIA (PHN)

P	gabapentin ext-rel	GRALISE
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P	pregabalin ext-rel	LYRICA CR
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PSYCHOTHERAPEUTIC-MISCELLANEOUS

Alcohol Deterrents

	acamprosate calcium	CAMPRAL
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	disulfiram	ANTABUSE
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Opioid Antagonists

P	naloxone inj	
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	naltrexone	
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P	naloxone nasal spray	NARCAN
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Partial Opioid Agonists

	buprenorphine sublingual	
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Partial Opioid Agonist/Opioid Antagonist Combinations

P	buprenorphine/naloxone sublingual	
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P	buprenorphine/naloxone	BUNAVAIL
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P	buprenorphine/naloxone	ZUBSOLV
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Pseudobulbar Affect Agents

P	dextromethorphan/quinidine	NUDEXTA
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Smoking Deterrents

Treating Tobacco Use and Dependence: 2008 Update-Clinical Practice Guideline is available at:

<https://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/index.html>

OTC	nicotine polacrilex gum	NICORETTE
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OTC	nicotine transdermal	NICODERM CQ
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OTC	nicotine polacrilex lozenge	NICORETTE
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	bupropion ext-rel	ZYBAN
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	varenicline	CHANTIX
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Vasomotor Symptom Agents

P	paroxetine mesylate	
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ENDOCRINE AND METABOLIC

ACROMEGALY

P	lanreotide acetate	SOMATULINE DEPOT
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P	pegvisomant	SOMAVERT
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ANDROGENS

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

<https://www.ace.com>

	testosterone cypionate	
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	testosterone enanthate	
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P	testosterone gel	
P	testosterone soln	
P	testosterone transdermal	ANDRODERM

ANTIDIABETICS

Guidelines of treatment and management of diabetes are available at:

<https://professional.diabetes.org>

Alpha-glucosidase Inhibitors

	acarbose	PRECOSE
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Amylin Analogs

P	pramlintide	SYMLINPEN
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Biguanides

P	metformin	GLUCOPHAGE
P	metformin ext-rel	GLUCOPHAGE XR

Biguanide/Sulfonylurea Combinations

P	glipizide/metformin	
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Dipeptidyl Peptidase-4 (DPP-4) Inhibitors/Combinations

P	saxagliptin	ONGLYZA
P	saxagliptin/metformin ext-rel	KOMBIGLYZE XR
P	sitagliptin phosphate	JANUVIA
P	sitagliptin/metformin	JANUMET
P	sitagliptin/metformin ext-rel	JANUMET XR

Non-Preferred Agents:

JENTADUETO

JENTADUETO XR

KAZANO

NESINA

OSENI

TRADJENTA

Your Funds patients will pay an additional charge for these brand products.

Incretin Mimetic Agents

P	dulaglutide	TRULICITY
P	liraglutide	VICTOZA
P	semaglutide	OZEMPIC

Incretin Mimetic Agent/Insulin Combinations

P	liraglutide/insulin degludec	XULTOPHY
P	lixisenatide/insulin glargine	SOLIQUA

Insulins

OTC, P	insulin human	HUMULIN R
OTC, P	insulin human	NOVOLIN R
OTC, P	insulin isophane human	HUMULIN N
OTC, P	insulin isophane human	NOVOLIN N
OTC, P	insulin isophane human 70%/regular 30%	HUMULIN 70/30
OTC, P	insulin isophane human 70%/regular 30%	NOVOLIN 70/30

P	insulin aspart	FIASP
P	insulin aspart	NOVOLOG
P	insulin aspart protamine 70%/insulin aspart 30%	NOVOLOG MIX 70/30
P	insulin degludec	TRESIBA
P	insulin detemir	LEVEMIR
P	insulin glargine	BASAGLAR
P	insulin glargine	LANTUS
P	insulin glargine	TOUJEO
P	insulin human	HUMULIN R U-500
P	insulin lispro	HUMALOG
P	insulin lispro protamine/insulin lispro	HUMALOG MIX

Insulin Sensitizers

P	pioglitazone	
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Insulin Sensitizer/Biguanide Combinations

P	pioglitazone/metformin	ACTOPLUS MET
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Insulin Sensitizer/Sulfonylurea Combinations

P	pioglitazone/glimepiride	DUETACT
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Meglitinides

P	nateglinide	
P	repaglinide	PRANDIN

Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors

P	canagliflozin	INVOKANA
P	dapagliflozin	FARXIGA
P	empagliflozin	JARDIANCE

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

P	canagliflozin/metformin	INVOKAMET
P	canagliflozin/metformin ext-rel	INVOKAMET XR
P	dapagliflozin/metformin ext-rel	XIGDUO XR
P	empagliflozin/metformin	SYNJARDY
P	empagliflozin/metformin ext-rel	SYNJARDY XR

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

P	dapagliflozin/saxagliptin	QTERN
P	empagliflozin/linagliptin	GLYXAMBI

Sulfonylureas

P	glimepiride	AMARYL
P	glipizide	GLUCOTROL
P	glipizide ext-rel	GLUCOTROL XL
	glyburide	

Supplies

OTC, P	blood glucose monitoring kits, test strips	ACCU-CHEK AVIVA PLUS kits and test strips
OTC, P	blood glucose monitoring kits, test strips	ACCU-CHEK COMPACT PLUS kits and test strips
OTC, P	blood glucose monitoring kits, test strips	ACCU-CHEK GUIDE kits and

		test strips
OTC, P	blood glucose monitoring kits, test strips	ACCU-CHEK SMARTVIEW kits and test strips
OTC, P	blood glucose monitoring kits, test strips	ONETOUCH ULTRA kits and test strips
OTC, P	blood glucose monitoring kits, test strips	ONETOUCH VERIO kits and test strips
OTC, P	insulin syringes, needles	BD ULTRAFINE insulin syringes and needles
OTC	lancets	
P	insulin infusion disposable pump	OMNIPOD INSULIN INFUSION PUMP
P	insulin infusion disposable pump	V-GO INSULIN INFUSION PUMP

ANTI-OBESITY

Guidelines of treatment and management of obesity are available at:

<https://www.ace.com>

<https://www.nhlbi.nih.gov/health-topics/managing-overweight-obesity-in-adults>

Injectable

P	liraglutide	SAXENDA
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Oral

P	lorcaserin	BELVIO
P	lorcaserin ext-rel	BELVIO XR
P	naltrexone/bupropion ext-rel	CONTRAVE

CALCIUM RECEPTOR ANTAGONISTS

P	cinacalcet	SENSIPAR
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CALCIUM REGULATORS

Guidelines of treatment and management of osteoporosis are available at:

<https://www.ace.com>

<https://www.nof.org>

Bisphosphonates

P	alendronate	FOSAMAX
P	ibandronate	BONIVA
P	risedronate	ACTONEL
	risedronate delayed-rel	ATELVIA

Calcitonins

P	calcitonin-salmon spray	
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Parathyroid Hormones

P	abaloparatide	TYMLOS
P	teriparatide	FORTEO

Miscellaneous

P	denosumab	PROLIA
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CARNITINE DEFICIENCY AGENTS

P	levocarnitine	
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CONTRACEPTIVES

EE = ethinyl estradiol

Monophasic

20 mcg Estrogen

P	drospirenone/EE 3/20	YAZ
P	drospirenone/EE/levomefolate 3/20 and levomefolate levonorgestrel/EE 0.1/20 - Lessina	
P	norethindrone acetate/EE 1/20	LOESTRIN 1/20
P	norethindrone acetate/EE 1/20 and iron	LOESTRIN FE 1/20
P	norethindrone acetate/EE 1/20 and iron chewable	
P	norethindrone acetate/EE 1/20 and iron	TAYTULLA

30 mcg Estrogen

	desogestrel/EE 0.15/30	
P	drospirenone/EE 3/30	YASMIN
P	drospirenone/EE/levomefolate 3/30 and levomefolate levonorgestrel/EE 0.15/30 - Levora	SAFYRAL
P	norethindrone acetate/EE 1.5/30	LOESTRIN 1.5/30
P	norethindrone acetate/EE 1.5/30 and iron norgestrel/EE 0.3/30 - Low-Ogestrel	LOESTRIN FE 1.5/30

35 mcg Estrogen

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

Biphasic

	desogestrel/EE	MIRCETTE
P	norethindrone acetate/EE 1/10 and EE 10 and iron	LO LOESTRIN FE

Triphasic

	desogestrel/EE	
	levonorgestrel/EE - Trivora	
	norethindrone/EE	ORTHO-NOVUM 7/7/7
	norethindrone/EE	TRI-NORINYL
P	norgestimate/EE	ORTHO TRI-CYCLEN
P	norgestimate/EE	ORTHO TRI-CYCLEN LO

Four Phase

P	estradiol valerate and dienogest/estradiol valerate	NATAZIA
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Extended Cycle

P	levonorgestrel/EE 0.1/20 and EE 10	LOSEASONIQUE
P	levonorgestrel/EE 0.15/30	
P	levonorgestrel/EE 0.15/30 and EE 10	SEASONIQUE

Progestin Only

	norethindrone	
	norethindrone	ORTHO MICRONOR

Injectable

	medroxyprogesterone acetate 150 mg/mL	DEPO-PROVERA
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Progestin Intrauterine Devices

P	levonorgestrel releasing IUD	KYLEENA
P	levonorgestrel releasing IUD	MIRENA
P	levonorgestrel releasing IUD	SKYLA

Transdermal

P	norelgestromin/EE	
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Vaginal

P	etonogestrel/EE ring	NUVARING
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ENDOMETRIOSIS

	danazol	
P	elagolix	ORILISSA

ESTROGENS

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

<https://www.menopause.org>

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

Oral

P	estradiol	ESTRACE
P	estrogens, conjugated	PREMARIN

Transdermal

P	estradiol	
P	estradiol	CLIMARA
P	estradiol	VIVELLE-DOT
P	estradiol	DIVIGEL
P	estradiol	EVAMIST

Vaginal

P	estradiol vaginal crm	
P	estradiol vaginal tabs	VAGIFEM
P	estradiol vaginal ring	ESTRING
P	estrogens, conjugated crm	PREMARIN

ESTROGEN/PROGESTINS

Oral

	EE/norethindrone acetate - Jinteli	
P	estradiol/norethindrone	
P	estrogens, conjugated/medroxyprogesterone	PREMPHASE
P	estrogens, conjugated/medroxyprogesterone	PREMPRO

Transdermal

P	estradiol/levonorgestrel	CLIMARA PRO
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P	estradiol/norethindrone acetate	COMBIPATCH
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ESTROGEN/SELECTIVE ESTROGEN RECEPTOR MODULATOR COMBINATIONS

P	conjugated estrogens/bazedoxifene	DUAVEE
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FERTILITY REGULATORS

GNRH/LHRH Antagonists

	ganirelix acetate	
P	cetorelix	CETROTIDE

Ovulation Stimulants, Gonadotropins

P	choriogonadotropin alfa	OVIDREL
P	follitropin alfa	GONAL-F

Ovulation Stimulants, Synthetic

	clomiphene	
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GAUCHER DISEASE

P	eliglustat	CERDELGA
P	imiglucerase	CEREZYME

GLUCOCORTICOIDS

P	dexamethasone	
P	fludrocortisone	
P	hydrocortisone	CORTEF
P	methylprednisolone	MEDROL
P	prednisolone	
P	prednisone	

GLUCOSE ELEVATING AGENTS

P	glucagon, human recombinant	GLUCAGEN HYPOKIT
P	glucagon, human recombinant	GLUCAGON EMERGENCY KIT

HUMAN GROWTH HORMONES

Guidelines for use of growth hormone are available at:

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

P	somatropin	HUMATROPE
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Non-Preferred Agents:

GENOTROPIN
 NORDITROPIN
 NUTROPIN AQ
 OMNITROPE
 SAIZEN
 ZOMACTON

Use preferred products before non-preferred products.

HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS

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

PHENYLKETONURIA TREATMENT AGENTS

sapropterin	KUVAN
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PHOSPHATE BINDER AGENTS

P	calcium acetate	
P	lanthanum carbonate	
P	sevelamer carbonate	
P	calcium acetate	PHOSLYRA
P	sucroferric oxyhydroxide	VELPHORO

POTASSIUM-REMOVING AGENTS

P	patiromer sorbitex	VELTASSA
P	sodium zirconium cyclosilicate	LOKELMA

PROGESTINS

Oral

P	medroxyprogesterone acetate	PROVERA
P	megestrol acetate susp	MEGACE ES
	norethindrone acetate	AYGESTIN
P	progesterone, micronized	PROMETRIUM

Vaginal

P	progesterone gel	CRINONE
P	progesterone vaginal inserts	ENDOMETRIN

SELECTIVE ESTROGEN RECEPTOR MODULATORS

P	raloxifene	EVISTA
P	ospemifene	OSPHENA

THYROID AGENTS

Antithyroid Agents

	methimazole	TAPAZOLE
	propylthiouracil	

Thyroid Supplements

P	levothyroxine	
P, #	levothyroxine	SYNTHROID
	levothyroxine - Levoxyl	
P	liothyronine	CYTOMEL

Brand SYNTHROID remains preferred.

VASOPRESSINS

	desmopressin spray, tabs	DDAVP
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MISCELLANEOUS

	cabergoline	
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GASTROINTESTINAL

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

<https://gi.org>

<https://www.gastro.org>

ANTIDIARRHEALS

OTC	loperamide	IMODIUM A-D
	diphenoxylate/atropine	LOMOTIL
	loperamide	

ANTIEMETICS

P, #	doxylamine/pyridoxine delayed-rel	DICLEGIS
P	dronabinol	MARINOL
P	granisetron	
P	meclizine	
P	metoclopramide	REGLAN
P	ondansetron	ZOFRAN
P	prochlorperazine	
P	promethazine	
P	trimethobenzamide	TIGAN
P	granisetron transdermal	SANCUSO
P	rolapitant	VARUBI

Brand DICLEGIS remains preferred.

ANTISPASMODICS

	dicyclomine	BENTYL
	hyoscyamine sulfate	LEVSIN
	hyoscyamine sulfate ext-rel	LEVBIID
	hyoscyamine sulfate ext-rel caps	
	hyoscyamine sulfate orally disintegrating tabs	

CHOLELITHOLYTICS

	ursodiol	ACTIGALL
	ursodiol	URSO

H₂ RECEPTOR ANTAGONISTS

OTC	cimetidine	
OTC	famotidine	
OTC	ranitidine	
	cimetidine	
	famotidine	PEPCID
	nizatidine	
P	ranitidine	ZANTAC

INFLAMMATORY BOWEL DISEASE

Oral Agents

P	balsalazide	
P	budesonide delayed-rel caps	
P	budesonide ext-rel	
P, #	mesalamine delayed-rel tabs	LIALDA
P	sulfasalazine	AZULFIDINE

P	sulfasalazine delayed-rel	AZULFIDINE EN-TABS
P	mesalamine ext-rel caps	APRISO
P	mesalamine ext-rel caps	PENTASA

Brand LIALDA remains preferred.

Rectal Agents

P	hydrocortisone enema	
P	mesalamine supp	
P	mesalamine susp	ROWASA
P	hydrocortisone acetate foam	CORTIFOAM

IRRITABLE BOWEL SYNDROME

Irritable Bowel Syndrome with Constipation

P	linaclotide	LINZESS
P	lubiprostone	AMITIZA

Irritable Bowel Syndrome with Diarrhea

P	alosetron	
P	eluxadoline	VIBERZI

LAXATIVES

OTC	polyethylene glycol 3350	MIRALAX
P	lactulose	
P	peg 3350/electrolytes	GOLYTELY
P	peg 3350/electrolytes	NULYTELY
P	sodium sulfate/potassium sulfate/magnesium sulfate	SUPREP

OPIOID-INDUCED CONSTIPATION

P	naloxegol	MOVANTIK
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Non-Preferred Agents:

RELISTOR TABLETS

SYMPROIC

Your Funds patients will pay an additional charge for these brand products.

PANCREATIC ENZYMES

P	pancrelipase	VIOKACE
P	pancrelipase delayed-rel	CREON
P	pancrelipase delayed-rel	ZENPEP

PROSTAGLANDINS

	misoprostol	CYTOTEC
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PROTON PUMP INHIBITORS

OTC	omeprazole magnesium delayed-rel	PRILOSEC OTC
P	esomeprazole delayed-rel	
P	lansoprazole delayed-rel	
P	omeprazole delayed-rel	PRILOSEC
P	pantoprazole delayed-rel	
P	dexlansoprazole delayed-rel	DEXILANT

SALIVA STIMULANTS

	cevimeline	EVOXAC
	pilocarpine tabs	SALAGEN

STEROIDS, RECTAL

	hydrocortisone crm	ANUSOL-HC
P	hydrocortisone acetate/pramoxine foam	PROCTOFOAM-HC

ULCER THERAPY COMBINATIONS

	lansoprazole + amoxicillin + clarithromycin	
P	bismuth/metronidazole/tetracycline	PYLERA

MISCELLANEOUS

	sucralfate	
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GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

Guidelines for the management of BPH are available at:

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

P	alfuzosin ext-rel	
P	dutasteride	AVODART
P	dutasteride/tamsulosin	
P	finasteride	PROSCAR
P	silodosin	
P	tamsulosin	FLOMAX

ERECTILE DYSFUNCTION

Guidelines for the management of erectile dysfunction are available at:

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

Alprostadil Agents

P	alprostadil supp	MUSE
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Phosphodiesterase Inhibitors

P	sildenafil	
P	tadalafil	

URINARY ANTISPASMODICS

P	darifenacin ext-rel	
P	oxybutynin	
P	oxybutynin ext-rel	DITROPAN XL
P	solifenacin	
P	tolterodine	DETROL
P	tolterodine ext-rel	
P	tropium	
P	tropium ext-rel	
P	mirabegron ext-rel	MYRBETRIQ

Non-Preferred Agents:

GELNIQUE

OXYTROL

TOVIAZ

*Your Funds patients will pay an additional charge for these brand products.***VAGINAL ANTI-INFECTIVES**

OTC	clotrimazole	GYNE-LOTRIMIN
OTC	miconazole	MONISTAT
OTC	tioconazole	VAGISTAT-1
	clindamycin crm	CLEOCIN
	metronidazole	METROGEL-VAGINAL
	terconazole	

MISCELLANEOUS

OTC	phenazopyridine	
	bethanechol	URECHOLINE
	potassium citrate ext-rel	UROCIT-K

HEMATOLOGIC

Guidelines of treatment and management of hemophilia are available at:

<https://www.hemophilia.org>**ANTICOAGULANTS**

CHEST guidelines are available at:

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

	enoxaparin	LOVENOX
	dalteparin	FRAGMIN

Oral

P	warfarin	COUMADIN
P	apixaban	ELIQUIS
P	rivaroxaban	XARELTO

Synthetic Heparinoid-like Agents

	fondaparinux	ARIXTRA
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HEMATOPOIETIC GROWTH FACTORS

Guidelines for the management of neutropenia are available at:

<https://www.asco.org>

Guidelines for the management of anemia associated with chronic kidney disease are available at:

<https://www.kidney.org/professionals/guidelines#guidelines>

P	darbepoetin alfa	ARANESP
P	epoetin alfa	PROCRIT
P	epoetin alfa-epbx	RETACRIT
P	filgrastim	NEUPOGEN
P	filgrastim-aafi	NIVESTYM
P	filgrastim-sndz	ZARXIO
P	pegfilgrastim	NEULASTA
P	pegfilgrastim-cbqv	UDENYCA

P	tbo-filgrastim	GRANIX
HEMOPHILIA A AGENTS		
P	antihemophilic factor (recombinant)	KOGENATE FS
P	antihemophilic factor (recombinant)	KOVALTRY
P	antihemophilic factor (recombinant)	NOVOEIGHT
P	antihemophilic factor (recombinant) pegylated	ADYNOVATE
P	antihemophilic factor (recombinant) pegylated-aucl	JIVI
P	human coagulation factor VIII (rDNA) simoctocog alfa	NUWIQ
HEMOPHILIA B AGENTS		
P	coagulation factor IX (recombinant), glycopegylated	REBINYN
HEREDITARY ANGIOEDEMA		
P	C1 esterase inhibitor, recombinant	RUCONEST
IDIOPATHIC THROMBOCYTOPENIC PURPURA AGENTS		
	eltrombopag	PROMACTA
PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS		
	eculizumab	SOLIRIS
PLATELET AGGREGATION INHIBITORS		
OTC	aspirin	
P	clopidogrel	
	dipyridamole	
P	dipyridamole ext-rel/aspirin	AGGRENOX
P	prasugrel	
P	ticagrelor	BRILINTA
PLATELET SYNTHESIS INHIBITORS		
	anagrelide	AGRYLIN
STEM CELL MOBILIZERS		
	plerixafor	MOZOBIL
THROMBOCYTOPENIA AGENTS		
P	lusutrombopag	MULPLETA
MISCELLANEOUS		
	cilostazol	
IMMUNOLOGIC AGENTS		
Guidelines for the management of rheumatic diseases are available at: https://www.rheumatology.org		
ALLERGENIC EXTRACTS		
P	grass mixed pollen allergen extract	ORALAIR
P	ragweed pollen allergen extract	RAGWITEK
P	timothy grass pollen allergen extract	GRASTEK

AUTOIMMUNE AGENTS

Ankylosing Spondylitis

P	adalimumab	HUMIRA
P	etanercept	ENBREL
P	secukinumab	COSENTYX

Non-Preferred Agents:

CIMZIA

INFLECTRA

RENFLEXIS

SIMPONI

Use preferred products before non-preferred products.

Crohn's Disease

P	adalimumab	HUMIRA
P, ‡	ustekinumab	STELARA SUBCUTANEOUS

‡ After failure of HUMIRA

Non-Preferred Agents:

CIMZIA

ENTYVIO

INFLECTRA

RENFLEXIS

Use preferred products before non-preferred products.

Plaque Psoriasis

P	adalimumab	HUMIRA
P	apremilast	OTEZLA
P	ixekizumab	TALTZ
P	risankizumab-rzaa	SKYRIZI
P	ustekinumab	STELARA SUBCUTANEOUS

Non-Preferred Agents:

CIMZIA

COSENTYX

ENBREL

INFLECTRA

RENFLEXIS

SILIQ

TREMFYA

Use preferred products before non-preferred products.

Psoriatic Arthritis

P	adalimumab	HUMIRA
P	apremilast	OTEZLA
P	etanercept	ENBREL
P	secukinumab	COSENTYX

Non-Preferred Agents:

CIMZIA

INFLECTRA

ORENCIA CLICKJECT

ORENCIA INTRAVENOUS

ORENCIA SUBCUTANEOUS
 RENFLEXIS
 SIMPONI
 STELARA SUBCUTANEOUS
 TALTZ
 XELJANZ
 XELJANZ XR

Use preferred products before non-preferred products.

Rheumatoid Arthritis

P	abatacept	ORENCIA CLICKJECT
P	abatacept	ORENCIA SUBCUTANEOUS
P	adalimumab	HUMIRA
P	etanercept	ENBREL
P	sarilumab	KEVZARA
P	tofacitinib	XELJANZ
P	tofacitinib ext-rel	XELJANZ XR

Non-Preferred Agents:

ACTEMRA
 CIMZIA
 INFLECTRA
 KINERET
 ORENCIA INTRAVENOUS
 RENFLEXIS
 SIMPONI

Use preferred products before non-preferred products.

Ulcerative Colitis

P	adalimumab	HUMIRA
P	golimumab	SIMPONI

Non-Preferred Agents:

ENTYVIO
 INFLECTRA
 RENFLEXIS
 XELJANZ

Use preferred products before non-preferred products.

All Other Conditions

P	adalimumab	HUMIRA
P	etanercept	ENBREL

Non-Preferred Agents:

ACTEMRA
 INFLECTRA
 KINERET
 ORENCIA CLICKJECT
 ORENCIA INTRAVENOUS
 ORENCIA SUBCUTANEOUS
 RENFLEXIS

Use preferred products before non-preferred products.

DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDs)

	hydroxychloroquine	PLAQUENIL
	leflunomide	ARAVA
	methotrexate	
P	methotrexate auto-injector	RASUVO

IMMUNOMODULATORS

CDC recommendations on the treatment of hepatitis are available at:

<https://www.cdc.gov/hepatitis/Resources/>

Guidelines for the management of hepatitis are available at:

<https://www.aasld.org>

Interferons

	interferon alfa-2b	INTRON A
	peginterferon alfa-2a	PEGASYS
	peginterferon alfa-2b	SYLATRON

Miscellaneous

	canakinumab	ILARIS
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IMMUNOSUPPRESSANTS

Antimetabolites

	azathioprine	IMURAN
	mycophenolate mofetil	
	mycophenolate sodium delayed-rel	
	azathioprine	AZASAN

Calcineurin Inhibitors

	cyclosporine	
	cyclosporine, modified	
	tacrolimus	

Rapamycin Derivatives

	sirolimus	
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NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

Potassium

	potassium chloride ext-rel	
P	potassium chloride liquid	

Miscellaneous

OTC	electrolyte soln, oral	PEDIALYTE
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VITAMINS AND MINERALS

Folic Acid/Combinations

	folic acid	
	folic acid/vitamin B6/vitamin B12	

Miscellaneous

OTC	calcium carbonate	OS-CAL
OTC	ferrous sulfate	FEOSOL

OTC	multivitamins/minerals	CENTRUM
	cyanocobalamin inj	
	ergocalciferol (D2)	
	fluoride drops, tabs	
	multivitamins/fluoride drops, tabs	
	multivitamins/fluoride/iron drops, tabs	
	vitamin ADC/fluoride drops	
	vitamin ADC/fluoride/iron drops	

RESPIRATORY

Guidelines to the management, prevention, or treatment of COPD and asthma are available at:

<https://www.aaaai.org>

<https://ginasthma.org>

<https://goldcopd.org>

<https://www.nhlbi.nih.gov>

The Allergy Report and guidelines for allergy-related conditions are available at:

<https://www.aaaai.org>

ANAPHYLAXIS TREATMENT AGENTS

P	epinephrine auto-injector	
P, #	epinephrine auto-injector	EPIPEN
P	epinephrine auto-injector	EPIPEN JR.

Brand EPIPEN remains preferred.

ANTICHOLINERGICS

P	ipratropium soln	
P	ipratropium, CFC-free aerosol	ATROVENT HFA
P	tiotropium	SPIRIVA
P	umeclidinium	INCRUSE ELLIPTA

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

Short Acting

P	ipratropium/albuterol soln	
P	ipratropium/albuterol, CFC-free aerosol	COMBIVENT RESPIMAT

Long Acting

P	glycopyrrolate/formoterol	BEVESPI AEROSPHERE
P	tiotropium/olodaterol	STIOLTO RESPIMAT
P	umeclidinium/vilanterol	ANORO ELLIPTA

ANTICHOLINERGIC/BETA AGONIST/STEROID INHALANT COMBINATIONS

P	fluticasone/umeclidinium/vilanterol	TRELEGY ELLIPTA
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ANTIHISTAMINES, LOW SEDATING

OTC	cetirizine	ZYRTEC
	levocetirizine	

ANTIHISTAMINES, NONSEDATING

OTC	loratadine	CLARITIN
OTC	fexofenadine	ALLEGRA

ANTIHISTAMINES, SEDATING

OTC	chlorpheniramine 4 mg	CHLOR-TRIMETON ALLERGY
OTC	clemastine 1.34 mg	
OTC	diphenhydramine	BENADRYL
	clemastine 2.68 mg	
	cyproheptadine	
	hydroxyzine HCl	

ANTIHISTAMINE/DECONGESTANT COMBINATIONS

OTC	cetirizine/pseudoephedrine ext-rel	ZYRTEC-D 12 HOUR
OTC	dexbrompheniramine/pseudoephedrine ext-rel 6 mg/120 mg	DRIXORAL
OTC	loratadine/pseudoephedrine ext-rel	CLARITIN-D
	fexofenadine/pseudoephedrine ext-rel	ALLEGRA-D 12 HOUR

ANTITUSSIVES

Clinical practice guidelines are available at:

[https://journal.chestnet.org/article/S0012-3692\(15\)52856-0/pdf](https://journal.chestnet.org/article/S0012-3692(15)52856-0/pdf)

	benzonatate	TESSALON
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ANTITUSSIVE COMBINATIONS

Opioid

	codeine/guaifenesin liquid	
	codeine/guaifenesin/pseudoephedrine	
	codeine/promethazine	
	codeine/promethazine/phenylephrine	
	hydrocodone/homatropine	

Non-opioid

OTC	dextromethorphan/guaifenesin	ROBITUSSIN-DM
	dextromethorphan/brompheniramine/pseudoephedrine	
	dextromethorphan/promethazine	

BETA AGONISTS

Inhalants

Short Acting

P	albuterol soln	
P	albuterol sulfate, CFC-free aerosol	
P, #	albuterol sulfate, CFC-free aerosol	PROAIR HFA
P	levalbuterol tartrate, CFC-free aerosol	
P	albuterol sulfate aerosol powder breath-activated	PROAIR RESPICLICK

Brand PROAIR HFA remains preferred.

Long Acting

Hand-held Active Inhalation

P	olodaterol, CFC-free aerosol	STRIVERDI RESPIMAT
P	salmeterol xinafoate	SEREVENT

Nebulized Passive Inhalation

P	formoterol inhalation soln	PERFOROMIST
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Oral Agents

	albuterol	
	albuterol ext-rel	
	terbutaline	

CYSTIC FIBROSIS

P, #	tobramycin inhalation soln	KITABIS PAK
P, *	tobramycin inhalation soln	TOBI
	dornase alfa	PULMOZYME
P	tobramycin inhalation soln	BETHKIS
P	tobramycin inhalation soln	TOBI PODHALER

Brand KITABIS PAK remains preferred.

* Non-Preferred Brand Agents:

TOBI

Use preferred generic products before non-preferred brand products.

LEUKOTRIENE MODULATORS

P	montelukast	SINGULAIR
P	zafirlukast	
P	zileuton ext-rel	

MAST CELL STABILIZERS

	cromolyn soln	
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NASAL ANTIHISTAMINES

P	azelastine spray	
P	azelastine spray	ASTEPRO
P	olopatadine spray	PATANASE

NASAL STEROIDS/COMBINATIONS

P	flunisolide spray	
P	fluticasone spray	
P	triamcinolone acetonide spray	

Non-Preferred Agents:

BECONASE AQ

DYMISTA

OMNARIS

QNASL

QNASL CHILDRENS

ZETONNA

Your Funds patients will pay an additional charge for these brand products.

PHOSPHODIESTERASE-4 INHIBITORS

P	roflumilast	DALIRESP
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PULMONARY ENZYME DEFICIENCY AGENTS

P	alpha-1 proteinase inhibitor	PROLASTIN-C
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PULMONARY FIBROSIS AGENTS

P	nintedanib	OFEV
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P	pirfenidone	ESBRIET
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SEVERE ASTHMA AGENTS

P	dupilumab	DUPIXENT
P	mepolizumab	NUCALA

STEROID/BETA AGONIST COMBINATIONS

P	budesonide/formoterol	SYMBICORT
P	fluticasone/salmeterol	ADVAIR DISKUS
P	fluticasone/salmeterol, CFC-free aerosol	ADVAIR HFA
P	fluticasone/vilanterol	BREO ELLIPTA

STEROID INHALANTS

P	budesonide inhalation susp	PULMICORT RESPULES
P	beclomethasone breath-activated aerosol	QVAR REDHALER
P	beclomethasone, CFC-free aerosol	QVAR
P	budesonide	PULMICORT FLEXHALER
P	fluticasone	ARNUITY ELLIPTA
P	fluticasone	FLOVENT DISKUS
P	fluticasone, CFC-free aerosol	FLOVENT HFA
P	mometasone	ASMANEX

XANTHINES

	theophylline ext-rel tabs	
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MISCELLANEOUS

	ipratropium spray	
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TOPICAL

DERMATOLOGY

Acne

Guidelines for the care and treatment of acne vulgaris are available at:

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

Oral

	isotretinoin	
P	isotretinoin	ABSORICA

Topical

OTC	benzoyl peroxide	
P	adapalene	
P, #	adapalene/benzoyl peroxide	EPIDUO
P	benzoyl peroxide	BENZAC AC
P	clindamycin gel, lotion, soln	CLEOCIN T
P	clindamycin/benzoyl peroxide	
P, #	clindamycin/benzoyl peroxide	ACANYA
P	clindamycin/benzoyl peroxide	DUAC
P, #	clindamycin/tretinoin	ZIANA
	erythromycin gel 2%	
P	erythromycin soln	
P	erythromycin/benzoyl peroxide	BENZAMYCIN
	sulfacetamide lotion 10%	KLARON

P, #	tazarotene	TAZORAC
P	tretinoin	
P	tretinoin	RETIN-A
P	tretinoin - Avita	
P, #	tretinoin gel microsphere	RETIN-A MICRO
	adapalene/benzoyl peroxide	EPIDUO FORTE
P	clindamycin/benzoyl peroxide	ONEXTON

Brands ACANYA, EPIDUO, RETIN-A MICRO, TAZORAC and ZIANA remain preferred.

Actinic Keratosis

P	fluorouracil crm 5%, soln 5%, soln 2%	
P	fluorouracil crm 4%	TOLAK
P, #	imiquimod	ZYCLARA
P	ingenol mebutate	PICATO

Brand ZYCLARA remains preferred.

Antibiotics

OTC	bacitracin	
OTC	neomycin/polymyxin B/bacitracin	NEOSPORIN
OTC	polymyxin B/bacitracin	POLYSPORIN
	gentamicin	
	mupirocin	
	silver sulfadiazine	SILVADENE

Antifungals

OTC	clotrimazole	LOTRIMIN AF
OTC	miconazole	MICATIN
OTC	tolnaftate	TINACTIN
OTC	terbinafine	LAMISIL AT
P	ciclopirox	LOPROX
P	clotrimazole	
P	econazole	
P	ketoconazole	
P	luliconazole	
P, #	naftifine	NAFTIN
P	nystatin	
P	efinaconazole	JUBLIA

Brand NAFTIN remains preferred.

Antipsoriatics

Guidelines of care for the management and treatment of psoriasis with topical therapies are available at:
<https://www.aad.org>

Oral

P	acitretin	SORIATANE
P	methoxsalen oral	OXSORALEN-ULTRA

Topical

P	calcipotriene	DOVONEX
P	calcipotriene/betamethasone	ENSTILAR

P	calcipotriene/betamethasone	TACLONEX SUSPENSION
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Antiseborrheics

	ketoconazole shampoo 2%	NIZORAL
	selenium sulfide shampoo 2.5%	

Atopic Dermatitis

Guidelines for the treatment of atopic dermatitis are available at:
<https://www.aad.org/practicecenter/quality/clinical-guidelines>

Injectable

P	dupilumab	DUPIXENT
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Topical

P, #	pimecrolimus	ELIDEL
P	tacrolimus	
P	crisaborole	EUCRISA

Brand ELIDEL remains preferred.

Corticosteroids

Low Potency

OTC	hydrocortisone crm, oint 0.5%, 1%	CORTIZONE
	alclometasone crm, oint 0.05%	
P	desonide crm, lotion, oint 0.05%	DESOWEN
	fluocinolone acetonide soln 0.01%	
P	hydrocortisone crm 2.5%	
P	hydrocortisone lotion 1%	

Medium Potency

	betamethasone valerate crm, lotion, oint 0.1%	
P	clocortolone crm 0.1%	
	desoximetasone crm, oint 0.05%	
	fluocinolone acetonide crm, oint 0.025%	
	fluticasone propionate crm, lotion 0.05%, oint 0.005%	CUTIVATE
P	hydrocortisone butyrate crm, oint, soln 0.1%	
	hydrocortisone valerate crm, oint 0.2%	
P	mometasone crm, lotion, oint 0.1%	ELOCON
P	triamcinolone acetonide crm, lotion 0.025%	
P	triamcinolone acetonide crm, lotion, oint 0.1%	

High Potency

	betamethasone dipropionate augmented crm 0.05%	DIPROLENE AF
	betamethasone dipropionate augmented lotion 0.05%	DIPROLENE
	betamethasone dipropionate crm, lotion, oint 0.05%	
P	desoximetasone crm, oint 0.25%, gel 0.05%	
	diflorasone diacetate crm 0.05%	
P	fluocinonide crm, gel, oint, soln 0.05%	
	triamcinolone acetonide crm 0.5%	

Very High Potency

	betamethasone dipropionate augmented gel, oint 0.05%	DIPROLENE
P	clobetasol propionate crm, gel, oint, soln 0.05%	TEMOVATE

P	clobetasol propionate foam 0.05%	
P	clobetasol propionate lotion, shampoo 0.05%	CLOBEX
	diflorasone diacetate oint 0.05%	
	halobetasol propionate crm, oint 0.05%	ULTRAVATE

Emollients

	ammonium lactate 12%	LAC-HYDRIN
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Local Analgesics

	lidocaine patch	LIDODERM
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Local Anesthetics

OTC	lidocaine	LMX-4
	lidocaine/prilocaine	

Rosacea

P, #	azelaic acid gel	FINACEA
P	doxycycline monohydrate delayed-rel caps	
P	metronidazole crm 0.75%	METROCREAM
P	metronidazole gel 0.75%	
P	metronidazole gel 1%	METROGEL
P	metronidazole lotion 0.75%	METROLOTION
P	ivermectin	SOOLANTRA

Brand FINACEA remains preferred.

Scabicides and Pediculicides

OTC	permethrin creme rinse 1%	NIX
OTC	pyrethrins/piperonyl butoxide shampoo 4%	A-200
OTC	pyrethrins/piperonyl butoxide shampoo 4%	RID
	malathion	OVIDE
	permethrin 5%	

Miscellaneous Skin and Mucous Membrane

OTC	salicylic acid 17%/collodion	DUOFILM
P	imiquimod	ALDARA
	podofilox	CONDYLOX

MOUTH/THROAT/DENTAL AGENTS

Anesthetics - Topical Oral

	lidocaine viscous	
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Protectants - Mouth/Throat

P	benzyl alcohol/carbomer 941/glycerin	MUGARD
P	soy phospholipid/glycerol dioleate	EPISIL

Steroids - Mouth/Throat

	triamcinolone paste	
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OPHTHALMIC

Preferred Practice Pattern Guidelines for the treatment of various ophthalmic conditions are available at:
<https://one.aaopt.org>

Antiallergics

OTC	ketotifen	ZADITOR
P	azelastine	
P	cromolyn sodium	
P	olopatadine	PATADAY
P	olopatadine	PATANOL
P	alcaftadine	LASTACAFT
P	olopatadine	PAZEO

Anti-infectives

	bacitracin	
P	ciprofloxacin soln	CILOXAN
P	erythromycin	
P	gentamicin	
P	levofloxacin	
P	moxifloxacin	VIGAMOX
	neomycin/polymyxin B/gramicidin	
P	ofloxacin	OCUFLOX
	polymyxin B/bacitracin	
	polymyxin B/trimethoprim	POLYTRIM
P	sulfacetamide oint 10%	
P	sulfacetamide soln 10%	BLEPH-10
P	tobramycin	TOBEX
P	besifloxacin	BESIVANCE
P	ciprofloxacin oint	CILOXAN
P	moxifloxacin	MOXEZA

Anti-infective/Anti-inflammatory Combinations

P	neomycin/polymyxin B/bacitracin/hydrocortisone oint	
P	neomycin/polymyxin B/dexamethasone	MAXITROL
	neomycin/polymyxin B/hydrocortisone susp	
	sulfacetamide/prednisolone phosphate 10%/0.25%	
P	tobramycin/dexamethasone susp 0.3%/0.1%	TOBRADEX
P	tobramycin/dexamethasone oint 0.3%/0.1%	TOBRADEX
P	tobramycin/dexamethasone susp 0.3%/0.05%	TOBRADEX ST
P	tobramycin/loteprednol	ZYLET

Anti-inflammatories

Nonsteroidal

P	bromfenac sodium	
P	diclofenac sodium	
P	ketorolac	ACULAR
P	ketorolac	ACUVAIL
P	nepafenac	ILEVRO
P	nepafenac	NEVANAC

<i>Steroidal</i>		
P	dexamethasone sodium phosphate	
	fluorometholone	
P	prednisolone acetate 1%	
P	dexamethasone	MAXIDEX
P	difluprednate	DUREZOL
P	fluorometholone	FLAREX
P	fluorometholone	FML FORTE
P	fluorometholone	FML S.O.P.
P	prednisolone acetate	PRED MILD
	prednisolone phosphate 1%	
<i>Antivirals</i>		
	trifluridine	VIROPTIC
<i>Beta-blockers</i>		
<i>Nonselective</i>		
	levobunolol	
P	timolol maleate	TIMOPTIC
	timolol maleate gel	
P	timolol hemihydrate	BETIMOL
<i>Selective</i>		
P	betaxolol	BETOPTIC S
<i>Carbonic Anhydrase Inhibitors</i>		
<i>Topical</i>		
P	dorzolamide	TRUSOPT
P	brinzolamide	AZOPT
<i>Carbonic Anhydrase Inhibitor/Beta-blocker Combinations</i>		
P	dorzolamide/timolol maleate	COSOPT
<i>Carbonic Anhydrase Inhibitor/Sympathomimetic Combinations</i>		
P	brinzolamide/brimonidine	SIMBRINZA
<i>Dry Eye Disease</i>		
P	cyclosporine, emulsion	RESTASIS
P	lifitegrast	XIIDRA
<i>Prostaglandins</i>		
P	latanoprost	XALATAN
P	bimatoprost	LUMIGAN
P	travoprost	TRAVATAN Z
<i>Retinal Disorders</i>		
P	aflibercept	EYLEA
P	ranibizumab	LUCENTIS
<i>Rho Kinase Inhibitors</i>		
P	netarsudil	RHOPRESSA

Sympathomimetics

P, #	brimonidine	ALPHAGAN P
P	brimonidine 0.2%	

Brand ALPHAGAN P remains preferred.

Sympathomimetic/Beta-blocker Combinations

P	brimonidine/timolol	COMBIGAN
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OTIC

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

<https://www.aap.org>

Anti-infectives

	acetic acid	
	ofloxacin otic	

Anti-infective/Anti-inflammatory Combinations

	neomycin/polymyxin B/hydrocortisone	CORTISPORIN OTIC
P	ciprofloxacin/dexamethasone	CIPRODEX

Miscellaneous

OTC	carbamide peroxide 6.5%	DEBROX
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FUNDS' WEBSITE

For more information about the Funds' drug benefit, please access our website at:

<https://www.umwafunds.org>

Frequently Used Telephone Numbers:

CVS Caremark Customer Care

Phone

1-800-294-4741

CVS Caremark Prior Authorization

Phone

1-800-294-5979

Fax

1-888-836-0730

CVS Specialty

Phone

1-800-237-2767

Fax

1-866-295-2778

The Funds Call Center (Beckley, WV)

Phone

1-800-291-1425

SPECIALTY DRUGS

CVS Specialty is a leading provider of specialty pharmaceuticals to individuals with chronic or genetic conditions throughout the United States.

CVS Specialty is dedicated to helping individuals by providing services for the following:

ACROMEGALY

octreotide acetate (SANDOSTATIN) ¹

Sandostatin LAR

Somatuline Depot **P**

Somavert **P**

ALCOHOL/OPIOID DEPENDENCY

Vivitrol

ALLERGEN IMMUNOTHERAPY

Oralair

ALPHA-1 ANTITRYPSIN DEFICIENCY

Aralast NP

Glassia

Zemaira

AMYLOIDOSIS

Vyndaqel

ANEMIA

Aranesp **P**

Epogen

Procrit **P**

Retacrit **P**

ASTHMA

Cinqair

Dupixent **P**

Fasenra

Nucala **P**

Xolair

ATOPIC DERMATITIS

Dupixent **P**

BOTULINUM TOXINS

Botox

Dysport

Myobloc

Xeomin

CARDIAC DISORDERS

dofetilide **P** (TIKOSYN) ¹

COAGULATION DISORDERS

Ceproin

CONTRACEPTIVES

Kyleena P
Liletta
Mirena P
Nexplanon
Skyla P

CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES

Arcalyst
Ilaris

CYSTIC FIBROSIS

Bethkis P
Kitabis Pak P
Pulmozyme
TOBI Podhaler P
tobramycin nebulizer P (TOBI) ¹

ELECTROLYTE DISORDERS

Samsca

GASTROINTESTINAL DISORDERS - OTHER

Gattex
Ocaliva
Solesta

GOUT

Krystexxa

GROWTH HORMONE & RELATED DISORDERS

Growth Hormone Disorders

Genotropin
Humatrope P
Norditropin
Nutropin AQ
Omnitrope
Saizen
Serostim
Zomacton
Zorbtive

IGF-1 Deficiency

Increlex

HEMATOPOIETICS

Mozobil

HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS

Advate
Adynovate P
Afstyla
Alphanate
AlphaNine SD

Alprolix
Bebulin
BeneFIX
Coagadex
Corifact
Eloctate
Feiba
Fibryga
Helixate FS
Hemlibra
Hemofil M
Humate-P
Idelvion
Ixinity
Jivi P
Koate
Koate-DVI
Kogenate FS P
Kovaltry P
Mononine
Novoeight P
NovoSeven RT
Nuwiq P
Obizur
Profilnine
Profilnine SD
Rebinyn P
Recombinate
RiaSTAP
Rixubis
Stimate
Tretten
Vonvendi
Wilate
Xyntha

HEPATITIS

adefovir dipivoxil (HEPSERA) ¹
Daklinza
entecavir P (BARACLUDE) ¹
Epclusa P [genotypes 1, 2, 3, 4, 5, 6]
Harvoni P [genotypes 1, 4, 5, 6]
Intron A
lamivudine P (EPIVIR, EPIVIR HBV) ¹
Ledipasvir/Sofosbuvir [genotypes 1, 4, 5, 6]
Mavyret
Pegasys
ribasphere ¹
Ribasphere Ribapak
ribavirin caps P (ribasphere, REBETOL) ¹
ribavirin tabs P (ribasphere, MODERIBA) ¹
Sofosbuvir/Velpatasvir [genotypes 1, 2, 3, 4, 5, 6]
Sovaldi
tenofovir disoproxil fumarate (VIREAD) ¹

Vemlidy P
Viekira Pak
Vosevi ³ P
Zepatier

HEREDITARY ANGIOEDEMA

Berinert
Cinryze
Firazyr
Haegarda
Kalbitor
Ruconest P
Takhzyro

HIV MEDICATIONS

abacavir tabs P (ZIAGEN) ¹
abacavir/lamivudine P (EPZICOM) ¹
abacavir/lamivudine/zidovudine (TRIZIVIR) ¹
Aptivus
atazanavir sulfate (REYATAZ P) ¹
Atripla P
Biktary P
Cimduo P
Complera P
Crixivan
Delstrigo
Descovy P
didanosine (VIDEX, VIDEX EC) ¹
Dovato
Edurant
efavirenz (SUSTIVA) ¹
Egrifta
Emtriva
Evotaz P
fosamprenavir tabs (LEXIVA) ¹
Fuzeon
Genvoya P
Intelence
Invirase
Isentress P
Juluca
lopinavir/ritonavir soln (KALETRA) ¹
lamivudine P (EPIVIR) ¹
lamivudine/zidovudine (COMBIVIR) ¹
nevirapine (VIRAMUNE, VIRAMUNE XR) ¹
Odefsey P
Pifeltro
Prezcobix P
Prezista P
Rescriptor
Retrovir Injectable
ritonavir (NORVIR P) ¹
Selzentry
stavudine (ZERIT) ¹

Stribild P
Symfi P
Symfi Lo P
Symtuza
tenofovir disoproxil fumarate (VIREAD) ¹
Tivicay P
Triumeq P
Trogarzo
Truvada P
Tybost
Viracept
zidovudine (RETROVIR) ¹

HORMONAL THERAPIES

Aveed
Eligard P
Firmagon
leuprolide acetate (LUPRON) ¹
Lupaneta Pack
Lupron Depot P
Natpara
Supprelin LA
Trelstar
Vantas
Zoladex

IMMUNE DEFICIENCIES & RELATED DISORDERS

Bivigam
Cuvitru
Cytogam
Flebogamma DIF
GamaSTAN
GamaSTAN S/D
Gammagard Liquid
Gammagard S/D
Gammaked
Gammalex
Gamunex C
HepaGam B
Hizentra
HyperHEP B
HyperRHO S/D
HyQvia
MICRhoGAM
Nabi-HB
Octagam
Panzyga
Privigen
RhoGAM
Rhopylac
Varizig
WinRho SDF

INFECTIOUS DISEASE - OTHER

Actimmune
Alferon N
Nuzyra

INFERTILITY

Cetrotide P
Chorionic Gonadotropin
Follistim AQ
Ganirelix acetate
Gonal-F P
Menopur
Novarel
Ovidrel P
Pregnyl

INFLAMMATORY BOWEL DISEASE

Cimzia
Entyvio
Humira P
Inflixtra
Remicade
Renflexis
Simponi P
Stelara Subcutaneous P [after failure of Humira for Crohn's Disease]
Tysabri
Xeljanz

IRON OVERLOAD

deferasirox (EXJADE) ¹
deferoxamine (DESFERAL) ¹
Jadenu

LIPID DISORDERS - PCSK9 INHIBITORS

Praluent P
Repatha P

LYSOSOMAL STORAGE DISORDERS

Aldurazyme
Cerdelga P
Cerezyme P
Cystagon
Elaprase
Eleyso
Fabrazyme
Kanuma
Lumizyme
miglustat ¹
Naglazyme
Vimizim
VPRIV

MENTAL HEALTH CONDITIONS

Zulresso

MOVEMENT DISORDERS

Apokyn
Austedo P
Inbrija
Northera
Nuplazid
Radicava
Soliris
tetrabenazine P (XENAZINE) ¹

MULTIPLE SCLEROSIS

Aubagio P
Avonex
Betaseron P
dalfampridine ER P (AMPYRA) ¹
Extavia
Gilenya P
glatiramer (COPAXONE P) ¹
Lemtrada
Mavenclad
Mayzent
mitoxantrone ¹
Ocrevus
Plegridy
Rebif P
Tecfidera P
Tysabri P

NEUTROPENIA

Fulphila
Granix P
Leukine
Neulasta P
Neupogen P
Nivestym P
Udenyca P
Zarxio P

OCULAR DISORDERS

Eylea P
Iluvien
Lucentis P
Macugen
Ozurdex
Retisert
Visudyne

ONCOLOGY - INJECTABLE ²

Adcetris
Arzerra
Avastin
azacitidine (VIDAZA) ¹
Bavencio

Beleodaq
Belrapzo
Bendamustine Hydrochloride
Bendeka
Blincyto
Bortezomib
Cyramza
Darzalex
decitabine (DACOGEN) ¹
Elzonris
Empliciti
Erbitux
Evomela
Folotyn
Fusilev
Gazyva
Halaven
Herceptin
Herceptin Hylecta
Imfinzi
Intron A
Istodax
Ixempra
Jevtana
Kadcyla
Keytruda
Khapzory
Kyprolis
Levoleucovorin
Lumoxiti
mitoxantrone ¹
Oncaspar
Opdivo
Perjeta
Polivy
Portrazza
Poteligeo
Proleukin
Rituxan
Rituxan Hycela
Romidepsin
Sylatron
Sylvant
Tecentriq
Temodar
temsirrolimus P (TORISEL) ¹
Tepadina
Thyrogen
Treanda
valrubicin (VALSTAR) ¹
Vectibix
Velcade
Xgeva
Yervoy

Yondelis
Zaltrap
zoledronic acid (ZOMETA) ¹

ONCOLOGY - ORAL/TOPICAL

abiraterone acetate P (ZYTIGA) ¹

Afinitor P

Alecensa

Alunbrig

bexarotene P (TARGRETIN) ¹

Bosulif P

Cabometyx P

capecitabine P (XELODA) ¹

Cotellic

Daurismo

Erivedge

Erleada P

erlotinib hydrochloride (TARCEVA P) ¹

Farydak

Hycamtin

Ibrance P

Idhifa

imatinib mesylate P (GLEEVEC) ¹

Inlyta

Iressa P

Jakafi

Kisqali P

Kisqali Femara Co-Pack P

Lenvima

Lonsurf

Lorbrena

Lynparza

Mekinist

Mugard P

Nerlynx

Nexavar P

Ninlaro

Odomzo P

Piqray

Pomalyst

Purixan

Revlimid

Rubraca

Rydapt P

Sprycel P

Stivarga

Sutent P

Tafinlar

Tagrisso

Talzenna

Tasigna

temozolomide P (TEMODAR) ¹

Thalomid

Tykerb

Verzenio
Vitrakvi
Vizimpro
Votrient P
Xalkori
Xtandi P
Yonsa
Zelboraf
Zolinza
Zydelig
Zykadia

OSTEOARTHRITIS

Durolane
Euflexxa
Gel-One
Gelsyn-3
Genvisc 850
Hyalgan
Hymovis
Monovisc
Orthovisc
Supartz
Synvisc
Synvisc-One
Trivisc
Visco-3

OSTEOPOROSIS

Evenity
Forteo P
Prolia P
Tymlos P
zoledronic acid (RECLAST) ¹

PAROXYSMAL NOCTURNAL HEMOGLOBINURIA

Soliris
Ultomiris

PHENYLKETONURIA

Kuvan
Palyzinq

PRE-TERM BIRTH

hydroxyprogesterone capro (MAKENA) ¹

PSORIASIS

Cimzia
Cosentyx
Enbrel
Humira P
Ilumya
Inflectra
Otezla P

Otrexup
Rasuvo P
Remicade
Renflexis
Siliq
Skyrizi P
Stelara Subcutaneous P
Taltz P
Tremfya
Xeljanz

PULMONARY ARTERIAL HYPERTENSION

ambrisentan (LETAIRIS P) ¹
Adempas P
bosentan (TRACLEER P) ¹
epoprostenol sodium (FLOLAN) ¹
Opsumit P
Orenitram P
sildenafil citrate P (REVATIO) ¹
tadalafil P (ADCIRCA, alyq) ¹
treprostinil sodium (REMODULIN) ¹
Tyvaso
Upravi P
Ventavis

PULMONARY DISORDERS - OTHER

Esbriet P
Ofev P

RARE DISORDERS - OTHER

Crysvita
Gamifant

RENAL DISEASE

cinacalcet hydrochloride (SENSIPAR P) ¹
Parsabiv

RESPIRATORY SYNCYTIAL VIRUS

Synagis

RHEUMATOID ARTHRITIS

Actemra
Cimzia
Enbrel P
Humira P
Inflectra
Kevzara P
Olumiant
Orencia Clickject P
Orencia Intravenous
Orencia Subcutaneous P
Otrexup
Rasuvo P
Remicade

Renflexis
Rituxan
Simponi
Simponi ARIA
Xeljanz P
Xeljanz XR P

SEIZURE DISORDERS

Epidiolex
H.P. Acthar Gel
vigabatrin pwd P (SABRIL PWD) ¹
vigabatrin tabs P (SABRIL TABS) ¹

SYSTEMIC LUPUS ERYTHEMATOSUS

Benlysta

THROMBOCYTOPENIA

Doptelet
Mulpleta P
Nplate
Promacta

TRANSPLANT

Astagraf XL
cyclosporine (engraf, NEORAL, SANDIMMUNE) ¹
Envarsus SR
mycophenolate mofetil (CELLCEPT, CELLCEPT INJECTABLE) ¹
mycophenolic acid dr (MYFORTIC) ¹
Nulojix
Prograf Injectable
sirolimus tabs (RAPAMUNE) ¹
tacrolimus (PROGRAF) ¹
Zortress

UREA CYCLE DISORDERS

Ravicti
sodium phenylbutyrate (BUPHENYL) ¹

- ¹ Bold lowercase type indicates generic name and availability; nonbold lowercase type within parentheses indicates trademark generics. Products in all capital letters within parentheses indicate brand names of generic products.
- ² Call CVS Caremark for specific medications available through CVS Specialty.
- ³ Vosevi is for use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3)

WEBSITES

For more information about the Funds' drug benefit, please access our website at:
<https://www.umwafunds.org>

Agency for Healthcare Research and Quality
<https://www.ahrq.gov>

Alzheimer's Association
<https://www.alz.org>

American Academy of Allergy, Asthma and Immunology
<https://www.aaaai.org>

American Academy of Child & Adolescent Psychiatry
<https://www.aacap.org>

American Academy of Dermatology
<https://www.aad.org>

American Academy of Neurology
<https://www.aan.com>

American Academy of Ophthalmology
<https://www.aao.org>

American Academy of Pediatrics
<https://www.aap.org>

American Association for the Study of Liver Disease
<https://www.aasld.org>

American Association of Clinical Endocrinologists
<https://www.ace.com>

American Association of Diabetes Educators
<https://www.diabeteseducator.org>

American Cancer Society
<https://www.cancer.org>

American College of Allergy, Asthma and Immunology
<https://www.acaai.org>

American College of Cardiology
<https://www.acc.org>

American College of Chest Physicians
<https://www.chestnet.org>

American College of Gastroenterology
<https://gi.org>

American College of Physicians
<https://www.acponline.org>

American College of Rheumatology
<https://www.rheumatology.org>

American Congress of Obstetricians and Gynecologists
<https://www.acog.org>

American Diabetes Association
<http://www.diabetes.org>

American Gastroenterological Association
<https://www.gastro.org>

American Headache Society Committee for Headache Education
<https://americanheadachesociety.org>

American Heart Association
<https://professional.heart.org>

American Lung Association
<https://www.lung.org>

American Medical Association
<https://www.ama-assn.org>

American Psychiatric Association
<https://www.psychiatry.org>

American Society of Anesthesiologists
<https://www.asahq.org>

American Society of Clinical Oncology
<https://www.asco.org>

American Society of Interventional Pain Physicians
<https://www.asipp.org>

American Urological Association
<https://www.auanet.org>

Centers for Disease Control and Prevention
<https://www.cdc.gov>

Centers for Disease Control and Prevention
Guideline topics: AIDS
<https://www.cdc.gov/hiv/default.html>

Centers for Disease Control and Prevention
Guideline topics: Sexually Transmitted Diseases
<https://www.cdc.gov/std/treatment/default.htm>

CVS Caremark
<https://www.caremark.com>

The Food and Drug Administration
<https://www.fda.gov>

Global Initiative for Asthma
<https://ginasthma.org>

Infectious Diseases Society of America
<https://www.idsociety.org>

Institute for Safe Medication Practices
<https://www.ismp.org>

Johns Hopkins AIDS Service
<https://www.thebody.com/content/art12096.html>

Juvenile Diabetes Research Foundation
International
<https://www.jdrf.org>

MedWatch
<https://www.fda.gov/Safety/MedWatch/default.htm>

National Agricultural Library
<https://www.nal.usda.gov>

National Cancer Institute
<https://www.cancer.gov/about-cancer>

National Comprehensive Cancer Network
<https://www.nccn.org>

National Foundation for Infectious Diseases
<http://www.nfid.org>

National Guideline Clearinghouse
<https://www.ahrq.gov>

National Heart, Lung and Blood Institute
<https://www.nhlbi.nih.gov>

National Institutes of Health
<https://www.nih.gov>

National Kidney Foundation
<https://www.kidney.org>

National Osteoporosis Foundation
<https://www.nof.org>

North American Menopause Society
<https://www.menopause.org>

United Mine Workers of America Health and
Retirement Funds
<https://www.umwafunds.org>

United States Department of Health and Human
Services
<https://www.hhs.gov>

World Health Organization
<https://www.who.int>

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