

# United Mine Workers of America Health and Retirement Funds Standard Formulary 2022

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## INTRODUCTION

The UMWA Health and Retirement Funds ("the Funds") is pleased to provide the 2022 **Funds Standard Formulary Prescribing Guide** as a useful reference and informational tool. The **Funds Standard Formulary Prescribing Guide** can assist practitioners in selecting clinically appropriate and cost-effective products for their patients. [Note: Beneficiaries covered under the American Consolidated Natural Resources, Crimson Oak Grove Resources, and the UMWA International plans should refer to the Funds Supplemental Formulary Prescribing Guide.]

The drugs represented have been reviewed by a National Pharmacy and Therapeutics (P&T) Committee and are approved for inclusion by the Funds. The **Funds Standard Formulary Prescribing Guide** is reflective of current medical practice as of the date of review.

The information contained in this **Funds Standard Formulary 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 **Funds Standard Formulary 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 **Funds Standard Formulary 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:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- 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)

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-291-1425 (TTY: 711).

### 한국어 (KOREAN)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-291-1425 (TTY: 711) 번으로 전화해 주십시오.

### Tiếng Việt (VIETNAMESE)

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).

### Deitsch (PENNSYLVANIA DUTCH)

Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzscht, kanschdt 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 yáníłt'i'go Diné Bizaad, saad bee áká'ánida'áwo'déé', t'áá jiiik'eh, éí ná hółó, kojí' hódííłnih 1-800-291-1425 (TTY: 711)

## PREFACE

The **Funds Standard Formulary 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 **Funds Standard Formulary 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 **Funds Standard Formulary 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 **Funds Standard Formulary 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 **Funds Standard Formulary 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 Funds 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.

The services of an independent National Pharmacy and Therapeutics Committee ("P&T Committee") are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an external advisory body of clinical professionals from across the United States. The P&T Committee's voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Employees with significant clinical expertise are invited to meet with the P&T Committee, but no CVS Caremark® employee may vote on issues before the P&T Committee. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

## PRODUCT SELECTION CRITERIA

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

All the information in the **Funds Standard Formulary 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 **Funds Standard Formulary 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 Funds Standard Formulary Prescribing Guide include all strengths and dosage forms of the cited brand-name product.**

*cefixime*

*Suprax*

Oral capsules, oral chewable tablets, oral suspension and all strengths of Suprax would be included in



this listing.

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

*tizanidine tabs*

*Zanaflex*

The tablets of Zanaflex are on the ***Funds Standard Formulary Prescribing Guide***. From this entry, the capsules 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 ***Funds Standard Formulary Prescribing Guide***.

**Dosage forms in the *Funds Standard Formulary Prescribing Guide* will be consistent with the category and use where listed.**

*nystatin*

The above *nystatin* entry listed in the TOPICAL/DERMATOLOGY section is limited to the topical dosage forms. From this entry the oral formulations cannot be assumed to be on the list unless there is an entry for this product in the ANTI-INFECTIVES section of the ***Funds Standard Formulary 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 Levoxyl.

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.

## FUNDS STANDARD FORMULARY PREFERRED PRODUCT PROGRAM

Effective 01/01/2022

The Funds has a Preferred Product Program in five drug classes. These classes are ARB/ARB Combinations, Hypnotics, DPP-4 Inhibitors/Combinations (Diabetes), Urinary Antispasmodics (Overactive Bladder), and Irritable Bowel Syndrome with Constipation/Chronic Idiopathic 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 prescriber will be asked to consider preferred drug(s) to be used before the non-preferred drug will be covered or obtain a medical necessity prior authorization for coverage. 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 Funds Standard Formulary Preferred Product Program Drug List is as follows:

### DRUG CLASS

#### ARB/ARB Combinations

##### PREFERRED

generic candesartan, candesartan/HCTZ  
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 doxepin 3 mg, 6 mg  
generic eszopiclone  
generic ramelteon  
generic zaleplon  
generic zolpidem, zolpidem extended-release  
Belsomra (suvorexant)  
Dayvigo (lemborexant)

##### NON-PREFERRED

Edluar (zolpidem sublingual)  
Intermezzo (zolpidem sublingual)  
Rozerem (ramelteon)  
Silenor (doxepin 3 mg, 6 mg)

### 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

#### Urinary Antispasmodics (Overactive Bladder)

##### PREFERRED

generic darifenacin extended-release  
generic oxybutynin, oxybutynin extended-release  
generic solifenacin

##### NON-PREFERRED

Gelnique (oxybutynin gel)  
Gemtesa (vibegron)  
Oxytrol (oxybutynin transdermal)

generic tolterodine, tolterodine extended-release  
generic trospium, trospium extended-release  
Myrbetriq (mirabegron extended-release)  
Toviaz (fesoterodine extended-release)

## DRUG CLASS

### Irritable Bowel Syndrome with Constipation/Chronic Idiopathic Constipation

#### PREFERRED

generic lubiprostone  
Linzess (linaclotide)  
Trulance (plecanatide)

#### NON-PREFERRED

Motegrity (prucalopride)

*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>*

## ADVANCED CONTROL SPECIALTY FORMULARY

The Funds has a preferred product program called the Advanced Control Specialty Formulary (ACSF). The preferred drugs in ACSF 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 preferred drug(s) to be used before the non-preferred drug will be covered. The ACSF Drug List is updated quarterly. If you have questions, please call CVS Caremark Customer Care at 1-800-294-4741. The ACSF Drug List and more information about The Funds' Drug Benefit are available at <https://www.umwafunds.org>

## SPECIFIC LIMITATIONS AND EXCLUSIONS

### Prior Authorization:

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

- Acne
  - Adapalene Products (Differin – PA required only in adults age 36 and older, Epiduo, Epiduo Forte)
  - Topical Retinoids (such as tretinoin products and all products of the following brands: Altreno, Atralin, Avita, Retin-A, Retin-A Micro, Tretin-X, Veltin, Ziana) – PA required only in adults age 26 and older
  - Tazarotene Products (Tazorac, Fabior, Arazlo)
  - Trifarotene (Aklief)
- Anabolic Steroids (oxandrolone)
- 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)
- 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 (benzphetamine, Contrave, diethylpropion, phendimetrazine, phentermine, Qsymia, Saxenda, Wegovy, Xenical) **[Note: Treatment of obesity is not covered except for pathological, morbid forms of severe obesity]**
- Oral/Intranasal Fentanyl Products (including Actiq, fentanyl buccal tablet, fentanyl sublingual 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)
- Palforzia
- Select Medical Devices (510K Pathway) and Artificial Saliva Products
- Select oral and injectable antibiotics and antifungal agents (voriconazole, daptomycin, gentamicin, streptomycin, vancomycin)
- Hyperinflation Management - Select drugs that are exponentially more expensive than readily available lower-cost alternatives and whose price is not supported by evidence of greater clinical efficacy. For more information about The Fund's Drug Benefit, go to <https://www.umwafunds.org> (Note: Some products listed in this **Funds Standard Formulary Prescribing Guide** may be subject to Hyperinflation Management prior authorization review.)

Specialty medications (including biotech injectables and complex oral therapies) require Prior Authorization review by the Specialty Guideline Management (SGM) program. Prescribers may call 1-866-814-5506 to request SGM review.

The Funds may choose to modify this list prior to the next quarterly publication of the **Funds Standard Formulary 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. OTC products are listed for informational purposes. If covered in the pharmacy benefit, OTC products require a valid prescription.
- 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
- Dietary Management Products (Medical Foods)

### 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. The Funds prefers that 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 **Funds Standard Formulary 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) [Note: 2.5 mg and 5 mg strengths are allowed for once daily dosing]
- Stendra
- vardenafil
- Viagra (sildenafil)

#### **Miscellaneous**

- Lidocaine 5% Ointment - 100 grams per month
- Oral vancomycin (80 capsules/10 days; 450mL/10 days)
- Oxycodone extended-release (Oxycontin) – 120 tablets per month
- Select topical antibiotic and antifungal agents (maximum quantity based on practice guidelines)

### SPECIALTY PHARMACY

CVS Specialty™ is a full-service specialty pharmaceutical provider and the preferred, sole vendor 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. 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.CVSppecialty.com> or call 1-800-237-2767.

## NOTICE

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## LEGEND

<b>OTC</b>	Over the counter
<b>P</b>	Indicates preferred brand drugs or representative generic drugs for consideration
<b>#</b>	Indicates brand product remains preferred.
<b>boldface</b>	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>

<b>OTC</b>	<b>acetaminophen</b>	<b>TYLENOL</b>
<b>COX-2 INHIBITORS</b>		
<b>P</b>	<b>celecoxib</b>	
<b>GOUT</b>		
<b>P</b>	<b>allopurinol</b>	
<b>P</b>	<b>colchicine</b>	
<b>P</b>	<b>probenecid</b>	
<b>NSAIDs</b>		
<b>OTC</b>	<b>ibuprofen</b>	<b>ADVIL</b>
<b>OTC</b>	<b>naproxen sodium</b>	<b>ALEVE</b>
<b>P</b>	<b>diclofenac sodium delayed-rel</b>	
	<b>diflunisal</b>	
	<b>etodolac</b>	
<b>P</b>	<b>ibuprofen</b>	
<b>P</b>	<b>meloxicam</b>	
	<b>nabumetone</b>	
<b>P</b>	<b>naproxen</b>	
<b>P</b>	<b>naproxen sodium tabs</b>	
	<b>oxaprozin</b>	
	<b>sulindac</b>	
<b>NSAIDs, COMBINATIONS</b>		
<b>P</b>	<b>diclofenac sodium delayed-rel/misoprostol</b>	
<b>NSAIDs, TOPICAL</b>		
<b>P</b>	<b>diclofenac sodium gel 1%</b>	
<b>P</b>	<b>diclofenac sodium soln</b>	

### 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>

<b>P</b>	<b>buprenorphine transdermal</b>	
<b>P</b>	<b>codeine/acetaminophen</b>	
<b>P</b>	<b>fentanyl transdermal</b>	
<b>P</b>	<b>fentanyl transmucosal lozenge</b>	
<b>P</b>	<b>hydrocodone ext-rel</b>	

P	hydrocodone/acetaminophen	
P	hydromorphone	
P	hydromorphone ext-rel	
P	methadone	
P	morphine	
P	morphine ext-rel	
P	morphine supp	
P	oxycodone caps 5 mg	
P	oxycodone concentrate 20 mg/mL	
P	oxycodone soln 5 mg/5 mL	
P	oxycodone tabs 5 mg, 15 mg, 30 mg	
P	oxycodone/acetaminophen 5/325	
P	tramadol	
P	tramadol ext-rel	
P	buprenorphine	BELBUCA
P	fentanyl sublingual spray	SUBSYS
P	oxycodone ext-rel	OXYCONTIN
P	oxycodone ext-rel	XTAMPZA ER
P	tapentadol	NUCYNTA
P	tapentadol ext-rel	NUCYNTA ER
<b>VISCOSUPPLEMENTS</b>		
P	sodium hyaluronate	DUROLANE
P	sodium hyaluronate	EUFLEXXA
P	sodium hyaluronate	GELSYN-3
P	sodium hyaluronate	SUPARTZ FX

## 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

	<b>cefadroxil</b>	
<b>P</b>	<b>cephalexin</b>	KEFLEX

#### Second Generation

<b>P</b>	<b>cefprozil</b>	
<b>P</b>	<b>cefuroxime axetil</b>	

#### Third Generation

<b>P</b>	<b>cefdinir</b>	
<b>P, #</b>	<b>cefixime</b>	SUPRAX

# Brand SUPRAX remains preferred.

### Erythromycins/Macrolides

<b>P</b>	<b>azithromycin</b>	ZITHROMAX
<b>P</b>	<b>clarithromycin</b>	
<b>P</b>	<b>clarithromycin ext-rel</b>	
<b>P</b>	<b>erythromycin delayed-rel</b>	
<b>P</b>	<b>erythromycin ethylsuccinate</b>	
<b>P</b>	<b>erythromycin stearate</b>	
<b>P</b>	fidaxomicin	DIFICID

### Fluoroquinolones

<b>P</b>	<b>ciprofloxacin</b>	CIPRO
<b>P</b>	<b>levofloxacin</b>	
<b>P</b>	<b>moxifloxacin</b>	

### Penicillins

<b>P</b>	<b>amoxicillin</b>	
<b>P</b>	<b>amoxicillin/clavulanate</b>	AUGMENTIN
	<b>amoxicillin/clavulanate ext-rel</b>	
	<b>ampicillin</b>	
<b>P</b>	<b>dicloxacillin</b>	
<b>P</b>	<b>penicillin VK</b>	

### Tetracyclines

<b>P</b>	<b>doxycycline hyclate</b>	VIBRAMYCIN
<b>P</b>	<b>doxycycline hyclate 20 mg</b>	
<b>P</b>	<b>minocycline</b>	
<b>P</b>	<b>tetracycline</b>	

**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
P	efavirenz/emtricitabine/tenofovir disoproxil fumarate	
P	efavirenz/lamivudine/tenofovir disoproxil fumarate	
P	emtricitabine/tenofovir disoproxil fumarate	
P	lamivudine/zidovudine	
P	abacavir/dolutegravir/lamivudine	TRIUMEQ
P	atazanavir/cobicistat	EVOTAZ
P	bictegravir/emtricitabine/tenofovir alafenamide	BIKTARVY
P	darunavir/cobicistat	PREZCOBIX
P	darunavir/cobicistat/emtricitabine/tenofovir alafenamide	SYMTUZA
P	dolutegravir/lamivudine	DOVATO
P	elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide	GENVOYA
P	emtricitabine/rilpivirine/tenofovir alafenamide	ODEFSEY
P	emtricitabine/tenofovir alafenamide	DESCOVY
P	lamivudine/tenofovir disoproxil fumarate	CIMDUO
P	lamivudine/tenofovir disoproxil fumarate	TEMIXYS

**Fusion Inhibitors**

P	enfuvirtide	FUZEON
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**Integrase Inhibitors**

P	dolutegravir	TIVICAY
P	raltegravir	ISENTRESS

**Non-nucleoside Reverse Transcriptase Inhibitors**

P	efavirenz	
P, #	etravirine	INTELENCE
P	nevirapine	
P	nevirapine ext-rel	
P	rilpivirine	EDURANT

# Brand INTELENCE remains preferred.

**Nucleoside Reverse Transcriptase Inhibitors**

P	abacavir	
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<b>P, #</b>	<b>emtricitabine</b>	EMTRIVA
<b>P</b>	<b>lamivudine</b>	
<b>P</b>	<b>stavudine</b>	
<b>P</b>	<b>zidovudine</b>	RETROVIR

# Brand EMTRIVA remains preferred.

#### Nucleotide Reverse Transcriptase Inhibitors

<b>P</b>	<b>tenofovir disoproxil fumarate</b>	
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#### Protease Inhibitors

<b>P</b>	<b>atazanavir</b>	
<b>P</b>	<b>lopinavir/ritonavir</b>	
<b>P, #</b>	<b>ritonavir</b>	NORVIR
<b>P</b>	darunavir	PREZISTA

# Brand NORVIR remains preferred.

#### ANTITUBERCULAR AGENTS

	<b>ethambutol</b>	MYAMBUTOL
	<b>isoniazid</b>	
	<b>pyrazinamide</b>	
	<b>rifampin</b>	

#### ANTIVIRALS

##### Cytomegalovirus Agents

<b>P</b>	<b>valganciclovir</b>	
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##### Hepatitis Agents

###### Hepatitis B

<b>P</b>	<b>entecavir tabs</b>	
<b>P</b>	<b>lamivudine</b>	
<b>P</b>	<b>tenofovir disoproxil fumarate</b>	
<b>P</b>	entecavir soln	BARACLUDE
<b>P</b>	tenofovir alafenamide	VEMLIDY

###### Hepatitis C

<b>P</b>	<b>ribavirin</b>	
<b>P, †</b>	ledipasvir/sofosbuvir	HARVONI
<b>P, †</b>	sofosbuvir/velpatasvir	EPCLUSA
<b>P, †</b>	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)

##### Herpes Agents

<b>P</b>	<b>acyclovir caps, tabs</b>	
	<b>famciclovir</b>	

P	valacyclovir	
<b>Influenza Agents</b>		
P	oseltamivir	
P	zanamivir	RELENZA
<b>MISCELLANEOUS</b>		
P	clindamycin	CLEOCIN
	dapsone	
P	ivermectin	STROMEKTOL
P	linezolid	
P	metronidazole	FLAGYL
P	nitrofurantoin ext-rel	MACROBID
P	nitrofurantoin macrocrystals	
P	nitrofurantoin susp	
P	pyrimethamine	
P	sulfamethoxazole/trimethoprim	
P	sulfamethoxazole/trimethoprim DS	
	tinidazole	
	trimethoprim	
P	vancomycin caps	VANCOCIN
P	mebendazole chewable	EMVERM
P	rifaximin 550 mg	XIFAXAN
<b>ANTINEOPLASTIC AGENTS</b>		
Clinical practice guidelines in oncology are available at:		
<a href="https://www.asco.org">https://www.asco.org</a>		
<a href="https://www.nccn.org">https://www.nccn.org</a>		
<b>ALKYLATING AGENTS</b>		
	cyclophosphamide caps	
	melphalan	ALKERAN
P	temozolomide	TEMODAR
	busulfan	MYLERAN
	chlorambucil	LEUKERAN
<b>ANTIMETABOLITES</b>		
P	capecitabine	XELODA
	mercaptopurine	
	methotrexate	TREXALL
	thioguanine	TABLOID
P	trifluridine/tipiracil	LONSURF
<b>BIOSIMILARS</b>		
P	bevacizumab-bvzr	ZIRABEV
P	rituximab-pvvr	RUXIENCE
P	trastuzumab-anns	KANJINTI
P	trastuzumab-gyyp	TRAZIMERA

## HORMONAL ANTINEOPLASTIC AGENTS

### Antiandrogens

P	<b>abiraterone</b>	
P	<b>bicalutamide</b>	CASODEX
	<b>flutamide</b>	
P	abiraterone	YONSA
P	apalutamide	ERLEADA
P	darolutamide	NUBEQA
P	enzalutamide	XTANDI

### Antiestrogens

	<b>tamoxifen</b>	
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### Aromatase Inhibitors

	<b>anastrozole</b>	ARIMIDEX
	<b>exemestane</b>	AROMASIN
	<b>letrozole</b>	FEMARA

### Progestins

	<b>megestrol acetate tabs</b>	
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## KINASE INHIBITORS

P	<b>erlotinib</b>	
P	<b>everolimus</b>	
P	<b>imatinib mesylate</b>	GLEEVEC
P	<b>lapatinib</b>	
P, #	<b>sunitinib</b>	SUTENT
P	acalabrutinib	CALQUENCE
P	alectinib	ALECENSA
P	bosutinib	BOSULIF
P	brigatinib	ALUNBRIG
P	cabozantinib	CABOMETYX
P	ceritinib	ZYKADIA
P	dasatinib	SPRYCEL
P	duvelisib	COPIKTRA
P	entrectinib	ROZLYTREK
P	everolimus	AFINITOR DISPERZ
P	gefitinib	IRESSA
P	gilteritinib	XOSPATA
P	ibrutinib	IMBRUVICA
P	larotrectinib	VITRAKVI
P	midostaurin	RYDAPT
P	osimertinib	TAGRISSE
P	palbociclib	IBRANCE
P	pazopanib	VOTRIENT
P	regorafenib	STIVARGA
P	ribociclib	KISQALI
P	ribociclib + letrozole	KISQALI FEMARA CO-PACK
P	selumetinib	KOSELUGO
P	zanubrutinib	BRUKINSA

# Brand SUTENT remains preferred.

## MONOCLONAL ANTIBODIES

P	pertuzumab	PERJETA
P	pertuzumab/trastuzumab/hyaluronidase-zzxf	PHESGO

## MULTIPLE MYELOMA

### Immunomodulators

P	lenalidomide	REVLIMID
P	thalidomide	THALOMID

### Proteasome Inhibitors

P	bortezomib	VELCADE
P	ixazomib	NINLARO

## PROSTATE CANCER

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

P	<b>leuprolide acetate</b>	
P	leuprolide acetate	ELIGARD

### Luteinizing Hormone-Releasing Hormone (LHRH) Antagonists

P	degarelix acetate	FIRMAGON
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## MISCELLANEOUS

P	<b>bexarotene caps</b>	TARGRETIN
	<b>etoposide</b>	
	<b>hydroxyurea</b>	HYDREA
	<b>retinoin caps</b>	
	mitotane	LYSODREN
P	niraparib	ZEJULA
P	olaparib	LYNPARZA
P	procarbazine	MATULANE
P	rucaparib	RUBRACA
P	sonidegib	ODOMZO
P	uridine triacetate	VISTOGARD
P	vismodegib	ERIVEDGE
P	vorinostat	ZOLINZA

## 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>

	<b>benazepril</b>	LOTENSIN
	<b>captopril</b>	
	<b>enalapril</b>	VASOTEC
<b>P</b>	<b>fosinopril</b>	
<b>P</b>	<b>lisinopril</b>	ZESTRIL
	<b>perindopril</b>	
<b>P</b>	<b>quinapril</b>	ACCUPRIL
<b>P</b>	<b>ramipril</b>	ALTACE
	<b>trandolapril</b>	

#### ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATIONS

	<b>amlodipine/benazepril</b>	LOTREL
	<b>trandolapril/verapamil ext-rel</b>	TARKA

#### ACE INHIBITOR/DIURETIC COMBINATIONS

	<b>benazepril/hydrochlorothiazide</b>	LOTENSIN HCT
	<b>enalapril/hydrochlorothiazide</b>	VASERETIC
<b>P</b>	<b>fosinopril/hydrochlorothiazide</b>	
<b>P</b>	<b>lisinopril/hydrochlorothiazide</b>	ZESTORETIC
<b>P</b>	<b>quinapril/hydrochlorothiazide</b>	ACCURETIC

#### ADRENOLYTICS, CENTRAL

	<b>clonidine</b>	
	<b>clonidine transdermal</b>	CATAPRES-TTS
	<b>guanfacine</b>	

#### ALDOSTERONE RECEPTOR ANTAGONISTS

	<b>eplerenone</b>	INSPIRA
	<b>spironolactone</b>	ALDACTONE

#### ALPHA BLOCKERS

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

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

<b>P</b>	<b>doxazosin</b>	CARDURA
<b>P</b>	<b>terazosin</b>	

#### 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>

<b>P</b>	<b>candesartan</b>	
<b>P</b>	<b>candesartan/hydrochlorothiazide</b>	
<b>P</b>	<b>irbesartan</b>	
<b>P</b>	<b>irbesartan/hydrochlorothiazide</b>	
<b>P</b>	<b>losartan</b>	COZAAR
<b>P</b>	<b>losartan/hydrochlorothiazide</b>	HYZAAR

P	olmesartan	
P	olmesartan/hydrochlorothiazide	
P	telmisartan	MICARDIS
P	telmisartan/hydrochlorothiazide	MICARDIS HCT
P	valsartan	
P	valsartan/hydrochlorothiazide	

**Non-Preferred Agents:**

EDARBI

EDARBYCLOR

Use preferred product(s) or obtain medical necessity prior authorization for coverage.

**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	
P	disopyramide	
	flecainide	
	propafenone	
	propafenone ext-rel	RYTHMOL SR
P	sotalol	
	disopyramide ext-rel	NORPACE CR
P	dronedaron	MULTAQ

**ANTILIPEMICS**

The 2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Blood Cholesterol is available at:

<https://www.ahajournals.org/doi/10.1161/CIR.0000000000000625>

**ACL Inhibitors/Combinations**

P	bempedoic acid	NEXLETOL
P	bempedoic acid/ezetimibe	NEXLIZET

**Bile Acid Resins**

P	cholestyramine	QUESTRAN/QUESTRAN LIGHT
P	colesevelam	
	colestipol	COLESTID

**Cholesterol Absorption Inhibitors**

P	ezetimibe	ZETIA
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### Fibrates

P	<b>fenofibrate</b>	
P	<b>fenofibric acid delayed-rel</b>	TRILIPIX
	<b>gemfibrozil</b>	LOPID
	fenofibrate	ANTARA

### HMG-CoA Reductase Inhibitors/Combinations

P	<b>atorvastatin</b>	
P	<b>ezetimibe/simvastatin</b>	VYTORIN
P	<b>fluvastatin</b>	
P	<b>lovastatin</b>	
P	<b>pravastatin</b>	
P	<b>rosuvastatin</b>	
P	<b>simvastatin</b>	ZOCOR

### Niacins

P	<b>niacin ext-rel</b>	NIASPAN
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### Omega-3 Fatty Acids

P	<b>omega-3 acid ethyl esters</b>	LOVAZA
P	icosapent ethyl	VASCEPA

### PCSK9 Inhibitors

P	<b>alirocumab</b>	PRALUENT
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### 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	<b>atenolol</b>	
	<b>bisoprolol</b>	
P	<b>carvedilol</b>	COREG
P	<b>carvedilol phosphate ext-rel</b>	
	<b>labetalol</b>	
P	<b>metoprolol succinate ext-rel</b>	TOPROL-XL
P	<b>metoprolol tartrate</b>	
P	<b>nadolol</b>	CORGARD
P	<b>pindolol</b>	
P	<b>propranolol</b>	
P	<b>propranolol ext-rel</b>	INDERAL LA
P	<b>nebivolol</b>	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>

	<b>atenolol/chlorthalidone</b>	
	<b>bisoprolol/hydrochlorothiazide</b>	ZIAC
	<b>metoprolol/hydrochlorothiazide</b>	

## CALCIUM CHANNEL BLOCKERS

### Dihydropyridines

P	amlodipine	
	felodipine ext-rel	
P	nifedipine ext-rel	
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	
P	aliskiren/hydrochlorothiazide	TEKTURNA HCT

## DIURETICS

### Carbonic Anhydrase Inhibitors

	acetazolamide	
	acetazolamide ext-rel	
	methazolamide	

### Diuretic Combinations

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

### Loop Diuretics

	bumetanide	
P	furosemide	LASIX
P	toremide	

### Potassium-sparing Diuretics

P	amiloride	
P	triamterene	

### Thiazides and Thiazide-like Diuretics

	chlorthalidone	
P	hydrochlorothiazide	
	indapamide	
P	metolazone	

## HEART FAILURE

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

## NITRATES

### Oral

P	<b>isosorbide dinitrate</b>	
P	<b>isosorbide mononitrate</b>	
	<b>isosorbide mononitrate ext-rel</b>	

### Sublingual/Translingual

P	<b>nitroglycerin lingual spray</b>	NITROLINGUAL
P	<b>nitroglycerin sublingual</b>	NITROSTAT

### Transdermal

	<b>nitroglycerin transdermal</b>	
	<b>nitroglycerin transdermal</b>	NITRO-DUR

## PULMONARY ARTERIAL HYPERTENSION

### Endothelin Receptor Antagonists

P	<b>ambrisentan</b>	
P	<b>bosentan</b>	
P	macitentan	OPSUMIT

### Phosphodiesterase Inhibitors

P	<b>sildenafil</b>	
P	<b>tadalafil</b>	

### Prostacyclin Receptor Agonists

P	selexipag	UPTRAVI
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### Prostaglandin Vasodilators

P	<b>treprostinil</b>	
P	treprostinil ext-rel	ORENITRAM

### Soluble Guanylate Cyclase Stimulators

P	riociguat	ADEMPAS
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## MISCELLANEOUS

	<b>hydralazine</b>	
	<b>methyldopa</b>	
	<b>midodrine</b>	
P	<b>ranolazine ext-rel</b>	

## 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	
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	rufinamide	
P	tiagabine	
P	topiramate	TOPAMAX
	topiramate ext-rel	
P	valproic acid	
P	vigabatrin	
P	zonisamide	
P	lacosamide	VIMPAT
P	oxcarbazepine ext-rel	OXTELLAR XR
P	perampanel	FYCOMPA
P	topiramate ext-rel	TROKENDI XR

## ANTIDEMENTIA

Practice guidelines for the management of dementia are available at:

<https://www.aan.com>

P	donepezil	ARICEPT
P	galantamine	
P	galantamine ext-rel	
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	
	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>

<b>P</b>	<b>amantadine</b>	
	<b>benztropine</b>	
	<b>bromocriptine</b>	PARLODEL
<b>P</b>	<b>carbidopa/levodopa</b>	SINEMET
<b>P</b>	<b>carbidopa/levodopa ext-rel</b>	
<b>P</b>	<b>carbidopa/levodopa orally disintegrating tabs</b>	
<b>P</b>	<b>carbidopa/levodopa/entacapone</b>	STALEVO
<b>P</b>	<b>entacapone</b>	COMTAN
<b>P</b>	<b>pramipexole</b>	MIRAPEX
<b>P</b>	<b>pramipexole ext-rel</b>	
<b>P</b>	<b>rasagiline</b>	
<b>P</b>	<b>ropinirole</b>	
<b>P</b>	<b>ropinirole ext-rel</b>	
<b>P</b>	<b>selegiline</b>	
	<b>trihexyphenidyl</b>	
<b>P</b>	<b>apomorphine</b>	KYNMOBI
<b>P</b>	<b>levodopa inhalation powder</b>	INBRIJA
<b>P</b>	<b>rotigotine transdermal</b>	NEUPRO

## ANTIPSYCHOTICS

### Atypicals

<b>P</b>	<b>aripiprazole</b>	
<b>P</b>	<b>clozapine</b>	CLOZARIL
<b>P</b>	<b>olanzapine</b>	ZYPREXA
<b>P</b>	<b>quetiapine</b>	SEROQUEL
<b>P</b>	<b>quetiapine ext-rel</b>	
<b>P</b>	<b>risperidone</b>	RISPERDAL
<b>P</b>	<b>ziprasidone</b>	
<b>P</b>	<b>aripiprazole ext-rel inj</b>	ABILIFY MAINTENA
<b>P</b>	<b>aripiprazole lauroxil ext-rel inj</b>	ARISTADA
<b>P</b>	<b>aripiprazole lauroxil ext-rel inj</b>	ARISTADA INITIO
<b>P</b>	<b>cariprazine</b>	VRAYLAR
<b>P</b>	<b>lurasidone</b>	LATUDA

### Miscellaneous

	<b>chlorpromazine</b>	
	<b>fluphenazine</b>	
	<b>haloperidol</b>	
	<b>perphenazine</b>	
	<b>thiothixene</b>	
	<b>trifluoperazine</b>	

## 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>

<b>P</b>	<b>amphetamine/dextroamphetamine mixed salts</b>	
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P	amphetamine/dextroamphetamine mixed salts ext-rel	
P	atomoxetine	STRATTERA
	dexmethylphenidate	FOCALIN
P	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	amphetamine/dextroamphetamine mixed salts ext-rel	MYDAYIS
P	lisdexamfetamine	VYVANSE
P	viloxazine ext-rel	QELBREE

#### FIBROMYALGIA

P	pregabalin	
P	milnacipran	SAVELLA

#### 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	
P	ramelteon	
P	zaleplon	
P	zolpidem	AMBIEN
P	zolpidem ext-rel	AMBIEN CR
	zolpidem sublingual	
P	lemborexant	DAYVIGO
P	suvorexant	BELSOMRA

#### Non-Preferred Agents:

EDLUAR  
INTERMEZZO  
ROZEREM  
SILENOR

*Use preferred product(s) or obtain medical necessity prior authorization for coverage.*

#### Tricyclics

P	doxepin	
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#### Non-Preferred Agents:

EDLUAR  
INTERMEZZO  
ROZEREM  
SILENOR

*Use preferred product(s) or obtain medical necessity prior authorization for coverage.*

## MIGRAINE

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

<https://www.aan.com>

### Acute Migraine Agents

#### *Ergotamine Derivatives*

	<b>dihydroergotamine inj</b>	D.H.E. 45
	<b>dihydroergotamine spray</b>	
<b>P</b>	<b>ergotamine/caffeine</b>	

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

	<b>sumatriptan/naproxen sodium</b>	
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#### *Triptans*

<b>P</b>	<b>eletriptan</b>	RELPAK
<b>P</b>	<b>naratriptan</b>	
<b>P</b>	<b>rizatriptan</b>	MAXALT
<b>P</b>	<b>sumatriptan</b>	IMITREX
<b>P</b>	<b>sumatriptan inj</b>	IMITREX
<b>P</b>	<b>sumatriptan nasal spray</b>	IMITREX
<b>P</b>	<b>zolmitriptan</b>	ZOMIG
<b>P, #</b>	<b>zolmitriptan nasal spray</b>	ZOMIG
<b>P</b>	sumatriptan inj	ZEMBRACE SYMTOUCH
<b>P</b>	sumatriptan nasal powder	ONZETRA XSAIL

# Brand ZOMIG NASAL SPRAY remains preferred.

#### *Miscellaneous*

<b>OTC</b>	<b>acetaminophen/aspirin/caffeine</b>	EXCEDRIN MIGRAINE
<b>P</b>	rimegepant	NURTEC ODT
<b>P</b>	ubrogepant	UBRELVY

### Preventative Migraine Agents

#### *Monoclonal Antibodies*

<b>P</b>	erenumab-aooe	AIMOVIG
<b>P</b>	fremanezumab-vfrm	AJOVY
<b>P</b>	galcanezumab-gnlm	EMGALITY

## MOOD STABILIZERS

	<b>lithium carbonate</b>	
	<b>lithium carbonate ext-rel tabs 300 mg</b>	LITHOBID
	<b>lithium carbonate ext-rel tabs 450 mg</b>	

## MOVEMENT DISORDERS

<b>P</b>	<b>tetrabenazine</b>	
<b>P</b>	deutetrabenazine	AUSTEDO
<b>P</b>	valbenazine	INGREZZA

## MULTIPLE SCLEROSIS AGENTS

Practice guidelines for multiple sclerosis are available at:

<https://www.aan.com>



P	<b>dimethyl fumarate delayed-rel</b>	
P, #	<b>glatiramer</b>	COPAXONE
P	diroximel fumarate delayed-rel	VUMERITY
P	fingolimod	GILENYA
P	interferon beta-1a	AVONEX
P	interferon beta-1a	REBIF
P	interferon beta-1b	BETASERON
P	natalizumab	TYSABRI
P	ocrelizumab	OCREVUS
P	ofatumumab	KESIMPTA
P	ozanimod	ZEPOSIA
P	siponimod	MAYZENT
P	teriflunomide	AUBAGIO

# Brand COPAXONE remains preferred.

#### MUSCULOSKELETAL THERAPY AGENTS

	<b>baclofen</b>	
	<b>carisoprodol</b>	
	<b>chlorzoxazone</b>	
P	<b>cyclobenzaprine</b>	
	<b>dantrolene</b>	DANTRUM
	<b>metaxalone</b>	SKELAXIN
	<b>methocarbamol</b>	
	<b>orphenadrine/aspirin/caffeine</b>	
	<b>tizanidine tabs</b>	ZANAFLEX

#### MYASTHENIA GRAVIS

	<b>pyridostigmine</b>	
	<b>pyridostigmine ext-rel</b>	

#### NARCOLEPSY

P	<b>armodafinil</b>	NUVIGIL
P	<b>modafinil</b>	
P	calcium, magnesium, potassium, and sodium oxybates	XYWAV
P	pitolisant	WAKIX
P	solriamfetol	SUNOSI

#### POSTHERPETIC NEURALGIA (PHN)

P	<b>pregabalin ext-rel</b>	
P	gabapentin ext-rel	GRALISE

#### PSYCHOTHERAPEUTIC-MISCELLANEOUS

##### Alcohol Deterrents

	<b>acamprosate calcium</b>	
	<b>disulfiram</b>	

##### Opioid Antagonists

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

### Partial Opioid Agonists

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

<b>P</b>	<b>buprenorphine/naloxone sublingual</b>	
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<b>P</b>	buprenorphine/naloxone	BUNAVAIL
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<b>P</b>	buprenorphine/naloxone	ZUBSOLV
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### Pseudobulbar Affect Agents

<b>P</b>	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>

<b>OTC</b>	<b>nicotine polacrilex gum</b>	NICORETTE
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<b>OTC</b>	<b>nicotine transdermal</b>	NICODERM CQ
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<b>OTC</b>	nicotine polacrilex lozenge	NICORETTE
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	<b>bupropion ext-rel</b>	
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	varenicline	CHANTIX
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### Vasomotor Symptom Agents

<b>P</b>	<b>paroxetine mesylate</b>	
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## ENDOCRINE AND METABOLIC

### ACROMEGALY

<b>P</b>	lanreotide acetate	SOMATULINE DEPOT
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### ANDROGENS

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

<https://www.ace.com>

	<b>testosterone cypionate</b>	
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	<b>testosterone enanthate</b>	
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<b>P</b>	<b>testosterone gel</b>	
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<b>P</b>	<b>testosterone soln</b>	
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<b>P</b>	testosterone nasal gel	NATESTO
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<b>P</b>	testosterone transdermal	ANDRODERM
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### ANTIDIABETICS

Guidelines of treatment and management of diabetes are available at:

<https://professional.diabetes.org>

### Alpha-glucosidase Inhibitors

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

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

<b>P</b>	<b>metformin</b>	
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P	metformin ext-rel	
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#### Biguanide/Sulfonylurea Combinations

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

P	saxagliptin	ONGLYZA
P	sitagliptin phosphate	JANUVIA

#### Non-Preferred Agents:

TRADJENTA

Use preferred product(s) or obtain medical necessity prior authorization for coverage.

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

P	saxagliptin/metformin ext-rel	KOMBIGLYZE XR
P	sitagliptin/metformin	JANUMET
P	sitagliptin/metformin ext-rel	JANUMET XR

#### Non-Preferred Agents:

JENTADUETO

JENTADUETO XR

KAZANO

NESINA

OSENI

Use preferred product(s) or obtain medical necessity prior authorization for coverage.

#### Incretin Mimetic Agents

P	dulaglutide	TRULICITY
P	liraglutide	VICTOZA
P	semaglutide	OZEMPIC
P	semaglutide	RYBELSUS

#### Incretin Mimetic Agent/Insulin Combinations

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

#### Insulins

OTC, P	insulin human	NOVOLIN R
OTC, P	insulin isophane human	NOVOLIN N
OTC, P	insulin isophane human 70%/regular 30%	NOVOLIN 70/30
P	insulin human	HUMULIN R
P	insulin isophane human	HUMULIN N
P	insulin isophane human 70%/regular 30%	HUMULIN 70/30
P	insulin aspart	FIASP
P	insulin aspart	INSULIN ASPART
P	insulin aspart	NOVOLOG
P	insulin aspart protamine 70%/insulin aspart 30%	INSULIN ASPART 70/30
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	INSULIN LISPRO
P	insulin lispro protamine/insulin lispro	HUMALOG MIX
P	insulin lispro-aabc	LYUMJEV
<b>Insulin Sensitizers</b>		
P	<b>pioglitazone</b>	
<b>Insulin Sensitizer/Biguanide Combinations</b>		
P	<b>pioglitazone/metformin</b>	ACTOPLUS MET
<b>Insulin Sensitizer/Sulfonylurea Combinations</b>		
P	<b>pioglitazone/glimepiride</b>	DUETACT
<b>Meglitinides</b>		
P	<b>nateglinide</b>	
P	<b>repaglinide</b>	
<b>Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors</b>		
P	canagliflozin	INVOKANA
P	dapagliflozin	FARXIGA
P	empagliflozin	JARDIANCE
<b>Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitor/Biguanide Combinations</b>		
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
<b>Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitor/Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations</b>		
P	dapagliflozin/saxagliptin	QTERN
P	empagliflozin/linagliptin	GLYXAMBI
<b>Sodium Glucose Co-Transporter 2 (SGLT2) Inhibitor/Dipeptidyl Peptidase-4 (DPP-4) Inhibitor/Biguanide Combinations</b>		
P	empagliflozin/linagliptin/metformin ext-rel	TRIJARDY XR
<b>Sulfonylureas</b>		
P	<b>glimepiride</b>	AMARYL
P	<b>glipizide</b>	
P	<b>glipizide ext-rel</b>	
<b>Supplies</b>		
OTC, P	insulin syringes, needles	BD ULTRAFINE insulin syringes and needles
OTC	lancets	
P	blood glucose continuous monitoring receivers, sensors	FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM

P	blood glucose continuous monitoring receivers, sensors, transmitters	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
P	blood glucose monitoring kits, test strips	ACCU-CHEK AVIVA PLUS kits and test strips
P	blood glucose monitoring kits, test strips	ACCU-CHEK COMPACT PLUS kits and test strips
P	blood glucose monitoring kits, test strips	ACCU-CHEK GUIDE kits and test strips
P	blood glucose monitoring kits, test strips	ACCU-CHEK SMARTVIEW kits and test strips
P	blood glucose monitoring kits, test strips	ONETOUCH ULTRA kits and test strips
P	blood glucose monitoring kits, test strips	ONETOUCH VERIO kits and test strips
P	insulin infusion disposable pump	OMNIPOD DASH INSULIN INFUSION PUMP
P	insulin infusion disposable pump	OMNIPOD INSULIN INFUSION PUMP
P	insulin infusion disposable pump	V-GO INSULIN INFUSION PUMP

#### ANTIOBESITY

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
P	semaglutide	WEGOVY

#### Oral

P	phentermine/topiramate ext-rel	QSYMIA
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#### CALCIUM RECEPTOR ANTAGONISTS

P	<b>cinacalcet</b>	
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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	<b>alendronate</b>	FOSAMAX
P	<b>ibandronate</b>	BONIVA
P	<b>risedronate</b>	ACTONEL
	<b>risedronate delayed-rel</b>	ADELVIA

#### Calcitonins

P	<b>calcitonin-salmon</b>	
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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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**CENTRAL PRECOCIOUS PUBERTY**

P	histrelin acetate	SUPPRELIN LA
P	leuprolide acetate	LUPRON DEPOT-PED
P	triptorelin pamoate	TRIPTODUR

**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	
P	norethindrone acetate/EE 1/20 and iron	
P	norethindrone acetate/EE 1/20 and iron chewable	

*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	
P	norethindrone acetate/EE 1.5/30	
P	norethindrone acetate/EE 1.5/30 and iron norgestrel/EE 0.3/30 - Low-Ogestrel	

*35 mcg Estrogen*

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

**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	
P	norgestimate/EE	

<b>Four Phase</b>		
<b>P</b>	estradiol valerate and dienogest/estradiol valerate	NATAZIA
<b>Extended Cycle</b>		
<b>P</b>	levonorgestrel/EE 0.1/20 and EE 10	LOSEASONIQUE
<b>P</b>	levonorgestrel/EE 0.15/30	
<b>P</b>	levonorgestrel/EE 0.15/30 and EE 10	SEASONIQUE
<b>Progestin Only</b>		
	norethindrone	
	norethindrone	ORTHO MICRONOR
<b>Injectable</b>		
	medroxyprogesterone acetate 150 mg/mL	DEPO-PROVERA
<b>Progestin Intrauterine Devices</b>		
<b>P</b>	levonorgestrel releasing IUD	KYLEENA
<b>P</b>	levonorgestrel releasing IUD	MIRENA
<b>P</b>	levonorgestrel releasing IUD	SKYLA
<b>Transdermal</b>		
<b>P</b>	norelgestromin/EE	
<b>Vaginal</b>		
<b>P</b>	etonogestrel/EE ring	
<b>P</b>	segesterone acetate/EE ring	ANNOVERA
<b>DIABETIC KIDNEY DISEASE</b>		
<b>P</b>	finerenone	KERENDIA
<b>ENDOMETRIOSIS</b>		
	danazol	
<b>P</b>	elagolix	ORILISSA
<b>FERTILITY REGULATORS</b>		
<b>GNRH/LHRH Antagonists</b>		
<b>P</b>	cetrorelix	CETROTIDE
<b>Ovulation Stimulants, Gonadotropins</b>		
<b>P</b>	choriogonadotropin alfa	OVIDREL
<b>P</b>	follitropin alfa	GONAL-F
<b>Ovulation Stimulants, Synthetic</b>		
	clomiphene	
<b>GAUCHER DISEASE</b>		
<b>P</b>	eliglustat	CERDELGA
<b>P</b>	imiglucerase	CEREZYME
<b>GLUCOCORTICOIDS</b>		
<b>P</b>	dexamethasone	
<b>P</b>	fludrocortisone	

P	<b>hydrocortisone</b>	CORTEF
P	<b>methylprednisolone</b>	MEDROL
P	<b>prednisolone</b>	
P	<b>prednisone</b>	

#### GLUCOSE ELEVATING AGENTS

P, #	<b>glucagon, human recombinant</b>	GLUCAGON EMERGENCY KIT
P	glucagon nasal powder	BAQSIMI
P	glucagon subcutaneous soln	GVOKE
P	glucagon, human recombinant	GLUCAGEN HYPOKIT

# Brand GLUCAGON EMERGENCY KIT remains preferred.

#### HEREDITARY TYROSINEMIA TYPE 1 AGENTS

P	<b>nitisinone</b>	ORFADIN
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#### HUMAN GROWTH HORMONES

Guidelines for use of growth hormone are available at:

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

P	somatropin	NORDITROPIN
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#### HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS

	<b>calcitriol (1,25-D3)</b>	ROCALTROL
	<b>doxercalciferol</b>	
	<b>paricalcitol</b>	ZEMPLAR

#### MENOPAUSAL SYMPTOM AGENTS

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

	<b>EE/norethindrone acetate - Jinteli</b>	
P	<b>estradiol</b>	ESTRACE
P	<b>estradiol/norethindrone</b>	
P	estrogens, conjugated	PREMARIN
P	estrogens, conjugated/bazedoxifene	DUAVEE
P	estrogens, conjugated/medroxyprogesterone	PREMPHASE
P	estrogens, conjugated/medroxyprogesterone	PREMPRO

#### Transdermal

P	<b>estradiol</b>	
P	<b>estradiol</b>	CLIMARA
P	<b>estradiol</b>	VIVELLE-DOT
P	estradiol	DIVIGEL
P	estradiol	EVAMIST
P	estradiol/levonorgestrel	CLIMARA PRO
P	estradiol/norethindrone acetate	COMBIPATCH

#### Vaginal

P	<b>estradiol vaginal crm</b>	
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P	<b>estradiol vaginal tabs</b>	VAGIFEM
P	estradiol vaginal ring	ESTRING
P	estrogens, conjugated crm	PREMARIN

#### PHENYLKETONURIA TREATMENT AGENTS

P	<b>sapropterin</b>	
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#### PHOSPHATE BINDER AGENTS

P	<b>calcium acetate</b>	
P	<b>lanthanum carbonate</b>	
P	<b>sevelamer carbonate</b>	
P	calcium acetate	PHOSLYRA
P	sucroferric oxyhydroxide	VELPHORO

#### POLYNEUROPATHY

P	inotersen	TEGSEDI
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#### POTASSIUM-REMOVING AGENTS

P	patiromer sorbitex	VELTASSA
P	sodium zirconium cyclosilicate	LOKELMA

#### PROGESTINS

##### Oral

P	<b>medroxyprogesterone acetate</b>	PROVERA
P	<b>megestrol acetate susp</b>	
	<b>norethindrone acetate</b>	AYGESTIN
P	<b>progesterone, micronized</b>	PROMETRIUM

##### Vaginal

P	progesterone gel	CRINONE
P	progesterone vaginal inserts	ENDOMETRIN

#### SELECTIVE ESTROGEN RECEPTOR MODULATORS

P	<b>raloxifene</b>	EVISTA
P	ospemifene	OSPHENA

#### THYROID AGENTS

##### Antithyroid Agents

	<b>methimazole</b>	TAPAZOLE
	<b>propylthiouracil</b>	

##### Thyroid Supplements

P	<b>levothyroxine</b>	
P, #	<b>levothyroxine</b>	SYNTHROID
	<b>levothyroxine - Levoxyl</b>	
P	<b>liothyronine</b>	CYTOMEL

# Brand SYNTHROID remains preferred.

#### UREA CYCLE DISORDERS

P	<b>sodium phenylbutyrate</b>	
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## UTERINE FIBROIDS

P	elagolix sodium/estradiol/norethindrone acetate	ORIAHNN
P	relugolix/estradiol/norethindrone acetate	MYFEMBREE

## VASOPRESSINS

**desmopressin spray, tabs**

## MISCELLANEOUS

**cabergoline**

P	cysteamine bitartrate	CYSTAGON
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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
P	diphenoxylate/atropine	LOMOTIL
P	loperamide	

## ANTIEMETICS

P	aprepitant	
P	doxylamine/pyridoxine delayed-rel	
P	dronabinol	MARINOL
P	granisetron	
P	meclizine	
P	metoclopramide	REGLAN
P	ondansetron	ZOFRAN
P	prochlorperazine	
P	promethazine	
P	scopolamine transdermal	
P	trimethobenzamide	
P	granisetron transdermal	SANCUSO
P	rolapitant	VARUBI

## ANTISPASMODICS

P	dicyclomine	
	hyoscyamine sulfate	LEVSIN
	hyoscyamine sulfate ext-rel	
	hyoscyamine sulfate orally disintegrating tabs	

## CHOLELITHOLYTICS

	ursodiol	
	ursodiol	URSO

## H<sub>2</sub> RECEPTOR ANTAGONISTS

OTC	cimetidine	TAGAMET HB 200
OTC	famotidine	PEPCID AC
	cimetidine	
P	famotidine	PEPCID

## INFLAMMATORY BOWEL DISEASE

### Oral Agents

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

### 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	lubiprostone	
P	linaclotide	LINZESS
P	plecanatide	TRULANCE

### Non-Preferred Agents:

MOTEGRITY

Use preferred product(s) or obtain medical necessity prior authorization for coverage.

### Irritable Bowel Syndrome with Diarrhea

P	alosetron	
P	eluxadolone	VIBERZI

## LAXATIVES

OTC	polyethylene glycol 3350	MIRALAX
P	lactulose soln	
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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## 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
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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

P	sucralfate	
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### GENITOURINARY

#### BENIGN PROSTATIC HYPERPLASIA

Guidelines for the management of BPH are available at:

<https://www.auanet.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.auanet.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	

<b>P</b>	<b>trospium ext-rel</b>	
<b>P</b>	fesoterodine ext-rel	TOVIAZ
<b>P</b>	mirabegron ext-rel	MYRBETRIQ

**Non-Preferred Agents:**

GELNIQUE  
GEMTESA  
OXYTROL

*Use preferred product(s) or obtain medical necessity prior authorization for coverage.*

**VAGINAL ANTI-INFECTIVES**

<b>OTC</b>	<b>clotrimazole</b>	GYNE-LOTRIMIN
<b>OTC</b>	<b>miconazole</b>	MONISTAT
<b>OTC</b>	<b>tioconazole</b>	VAGISTAT-1
	<b>clindamycin crm</b>	CLEOCIN
	<b>metronidazole</b>	
	<b>terconazole</b>	

**MISCELLANEOUS**

<b>OTC</b>	<b>phenazopyridine</b>	
	<b>bethanechol</b>	
	<b>potassium citrate ext-rel</b>	UROCIT-K
<b>P</b>	<b>tiopronin</b>	

**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**

<b>P</b>	<b>enoxaparin</b>	
	dalteparin	FRAGMIN

**Oral**

<b>P</b>	<b>warfarin</b>	
<b>P</b>	apixaban	ELIQUIS
<b>P</b>	rivaroxaban	XARELTO

**Synthetic Heparinoid-like Agents**

<b>P</b>	<b>fondaparinux</b>	ARIXTRA
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**CHELATING AGENTS**

<b>P</b>	<b>deferasirox</b>	
<b>P</b>	<b>deferiprone</b>	
<b>P</b>	<b>deferoxamine</b>	
<b>P</b>	<b>penicillamine</b>	
<b>P</b>	<b>trientine</b>	

## 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	epoetin alfa-epbx	RETACRIT
P	filgrastim-aafi	NIVESTYM
P	pegfilgrastim-bmez	ZIEXTENZO

## HEMOPHILIA A AGENTS

P	antihemophilic factor (recombinant)	ADVATE
P	antihemophilic factor (recombinant)	KOGENATE FS
P	antihemophilic factor (recombinant)	KOVALTRY
P	antihemophilic factor (recombinant)	NOVOEIGHT
P	antihemophilic factor (recombinant) Fc fusion protein	ELOCTATE
P	antihemophilic factor (recombinant) pegylated	ADYNOVATE
P	antihemophilic factor (recombinant) pegylated-aucl	JIVI
P	antihemophilic factor (recombinant) single chain	AFSTYLA
P	antihemophilic factor (recombinant), glycopegylated-exei	ESPEROCT
P	human coagulation factor VIII (rDNA) simoctocog alfa	NUWIQ

## HEMOPHILIA B AGENTS

P	coagulation factor IX (recombinant), glycopegylated	REBINYN
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## MISCELLANEOUS BLEEDING DISORDERS AGENTS

P	coagulation factor VIIa (recombinant)	NOVOSEVEN RT
P	coagulation factor VIIa (recombinant)-jncw	SEVENFACT

## PLATELET AGGREGATION INHIBITORS

OTC	aspirin	
P	clopidogrel	
	dipyridamole	
P	dipyridamole ext-rel/aspirin	
P	prasugrel	
P	ticagrelor	BRILINTA

## PLATELET SYNTHESIS INHIBITORS

	anagrelide	AGRYLIN
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## THROMBOCYTOPENIA AGENTS

P	eltrombopag	PROMACTA
P	fostamatinib	TAVALISSE

## MISCELLANEOUS

	cilostazol	
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## 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 (PHYSICIAN-ADMINISTERED)**

P	golimumab	SIMPONI ARIA
P	infliximab	REMICADE
P	ustekinumab	STELARA INTRAVENOUS

**AUTOIMMUNE AGENTS (SELF-ADMINISTERED)****Ankylosing Spondylitis**

P	adalimumab	HUMIRA
P	etanercept	ENBREL
P	secukinumab	COSENTYX

**Crohn's Disease**

P	adalimumab	HUMIRA
P, ‡	ustekinumab	STELARA SUBCUTANEOUS

**Non-Radiographic Axial Spondyloarthritis**

P	certolizumab	CIMZIA PREFILLED SYRINGE
P	secukinumab	COSENTYX

‡ After failure of HUMIRA

**Psoriasis**

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

**Psoriatic Arthritis**

P	adalimumab	HUMIRA
P	apremilast	OTEZLA
P	etanercept	ENBREL
P	guselkumab	TREMFYA
P	secukinumab	COSENTYX
P	ustekinumab	STELARA SUBCUTANEOUS

**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
P	upadacitinib	RINVOQ

## Ulcerative Colitis

P	adalimumab	HUMIRA
P, ‡	ozanimod	ZEPOSIA
P, ‡	tofacitinib	XELJANZ
P, ‡	tofacitinib ext-rel	XELJANZ XR
P, ‡	ustekinumab	STELARA SUBCUTANEOUS

‡ After failure of HUMIRA

## All Other Conditions

P	adalimumab	HUMIRA
P	etanercept	ENBREL

## DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDs)

	<b>hydroxychloroquine</b>	PLAQUENIL
	<b>leflunomide</b>	ARAVA
	<b>methotrexate</b>	
P	methotrexate auto-injector	RASUVO

## HEREDITARY ANGIOEDEMA

P	<b>icatibant</b>	
P	berotralstat	ORLADEYO
P	C1 esterase inhibitor, recombinant	RUCONEST
P	lanadelumab-flyo	TAKHZYRO

## IMMUNOMODULATORS

### Immune Globulins

P	immune globulin (human)-hipp	CUTAQUIG
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## IMMUNOSUPPRESSANTS

### Antimetabolites

	<b>azathioprine</b>	IMURAN
P	<b>mycophenolate mofetil</b>	
P	<b>mycophenolate sodium delayed-rel</b>	
	azathioprine	AZASAN

### Calcineurin Inhibitors

P	<b>cyclosporine</b>	
P	<b>cyclosporine, modified</b>	
P	<b>tacrolimus</b>	

### Monoclonal Antibodies

P	satralizumab-mwge	ENSPRYNG
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### Rapamycin Derivatives

P	<b>everolimus</b>	
P	<b>sirolimus</b>	

## NUTRITIONAL/SUPPLEMENTS

### ELECTROLYTES

#### Potassium

	<b>potassium chloride ext-rel</b>	
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<b>P</b>	<b>potassium chloride liquid</b>	
<b>Miscellaneous</b>		
<b>OTC</b>	<b>electrolyte soln, oral</b>	PEDIALYTE
<b>VITAMINS AND MINERALS</b>		
<b>Folic Acid/Combinations</b>		
	<b>folic acid</b>	
	<b>folic acid/vitamin B6/vitamin B12</b>	
<b>Miscellaneous</b>		
<b>OTC</b>	<b>calcium carbonate</b>	
<b>OTC</b>	<b>ferrous sulfate</b>	FEOSOL
<b>OTC</b>	<b>multivitamins/minerals</b>	CENTRUM
	<b>cyanocobalamin inj</b>	
	<b>fluoride drops, tabs</b>	
	<b>multivitamins/fluoride drops, tabs</b>	
	<b>multivitamins/fluoride/iron drops, tabs</b>	
	<b>vitamin ADC/fluoride drops</b>	
	<b>vitamin ADC/fluoride/iron drops</b>	

## 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

<b>P</b>	<b>epinephrine auto-injector</b>	
<b>P, #</b>	<b>epinephrine auto-injector</b>	EPIPEN
<b>P, #</b>	<b>epinephrine auto-injector</b>	EPIPEN JR.
<b>P</b>	<b>epinephrine</b>	AUVI-Q

# Brands EPIPEN and EPIPEN JR remain preferred.

## ANTICHOLINERGICS

<b>P</b>	<b>ipratropium soln</b>	
<b>P</b>	<b>ipratropium, CFC-free aerosol</b>	ATROVENT HFA
<b>P</b>	<b>revedfenacin inhalation soln</b>	YUPELRI
<b>P</b>	<b>tiotropium</b>	SPIRIVA
<b>P</b>	<b>umeclidinium</b>	INCRUSE ELLIPTA

## ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

### Short Acting

<b>P</b>	<b>ipratropium/albuterol soln</b>	
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### Long Acting

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

#### ANTICHOLINERGIC/BETA AGONIST/STEROID INHALANT COMBINATIONS

P	budesonide/glycopyrrolate/formoterol	BREZTRI AEROSPHERE
P	fluticasone/umeclidinium/vilanterol	TRELEGY ELLIPTA

#### 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

#### 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/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	levalbuterol tartrate, CFC-free aerosol	

*Long Acting*

Hand-held Active Inhalation

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

Nebulized Passive Inhalation

P, #	<b>formoterol inhalation soln</b>	PERFOROMIST
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# Brand PERFOROMIST remains preferred.

Oral Agents

	<b>albuterol</b>	
	<b>terbutaline</b>	

**CYSTIC FIBROSIS**

P	<b>tobramycin inhalation soln</b>	
P, #	<b>tobramycin inhalation soln</b>	BETHKIS

# Brand BETHKIS remains preferred.

**LEUKOTRIENE MODULATORS**

P	<b>montelukast</b>	SINGULAIR
P	<b>zafirlukast</b>	
P	<b>zileuton ext-rel</b>	

**MAST CELL STABILIZERS**

	<b>cromolyn soln</b>	
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**NASAL ANTIHISTAMINES**

P	<b>azelastine spray</b>	
P	<b>olopatadine spray</b>	PATANASE

**NASAL STEROIDS/COMBINATIONS**

P	<b>azelastine/fluticasone spray</b>	
P	<b>flunisolide spray</b>	
P	<b>fluticasone spray</b>	
P	<b>mometasone spray</b>	

**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
P	pirfenidone	ESBRIET

**SEVERE ASTHMA AGENTS**

P	benralizumab	FASENRA
P	dupilumab	DUPIXENT
P	mepolizumab	NUCALA

P	omalizumab	XOLAIR
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#### STEROID/BETA AGONIST COMBINATIONS

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

# Brands ADVAIR DISKUS and SYMBICORT remain preferred.

#### STEROID INHALANTS

P	<b>budesonide inhalation susp</b>	PULMICORT RESPULES
P	beclomethasone breath-activated aerosol	QVAR REDHALER
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**

#### MISCELLANEOUS

**ipratropium spray**

#### TOPICAL

##### DERMATOLOGY

Acne

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

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

*Oral*

	<b>isotretinoin</b>	
P, #	<b>isotretinoin</b>	ABSORICA

# Brand ABSORICA remains preferred.

*Topical*

<b>OTC</b>	<b>benzoyl peroxide</b>	
P	<b>adapalene</b>	
P, #	<b>adapalene/benzoyl peroxide</b>	EPIDUO
P	<b>benzoyl peroxide</b>	BENZAC AC
P	<b>clindamycin gel, lotion, soln</b>	
P	<b>clindamycin/benzoyl peroxide</b>	
	<b>clindamycin/tretinoin</b>	
	<b>erythromycin gel 2%</b>	
P	<b>erythromycin soln</b>	
P	<b>erythromycin/benzoyl peroxide</b>	BENZAMYCIN
	<b>sulfacetamide lotion 10%</b>	KLARON
P, #	<b>tazarotene</b>	TAZORAC
P	<b>tretinoin</b>	
P	<b>tretinoin</b>	RETIN-A

<b>P</b>	<b>tretinoin - Avita</b>	
	<b>tretinoin gel microsphere</b>	
	adapalene/benzoyl peroxide	EPIDUO FORTE
<b>P</b>	clindamycin/benzoyl peroxide	ONEXTON

# Brands EPIDUO and TAZORAC remain preferred.

#### Actinic Keratosis

<b>P</b>	<b>fluorouracil crm 5%, soln 5%, soln 2%</b>	
<b>P, #</b>	<b>imiquimod</b>	ZYCLARA

# Brand ZYCLARA remains preferred.

#### Antibiotics

<b>OTC</b>	<b>bacitracin</b>	
<b>OTC</b>	<b>neomycin/polymyxin B/bacitracin</b>	NEOSPORIN
<b>OTC</b>	<b>polymyxin B/bacitracin</b>	POLYSPORIN
<b>P</b>	<b>gentamicin</b>	
<b>P</b>	<b>mupirocin oint</b>	
	<b>silver sulfadiazine</b>	SILVADENE

#### Antifungals

<b>OTC</b>	<b>clotrimazole</b>	LOTRIMIN AF
<b>OTC</b>	<b>miconazole</b>	MICATIN
<b>OTC</b>	<b>tolnaftate</b>	TINACTIN
<b>OTC</b>	<b>terbinafine</b>	LAMISIL AT
<b>P</b>	<b>ciclopirox</b>	LOPROX
<b>P</b>	<b>clotrimazole</b>	
<b>P</b>	<b>econazole</b>	
<b>P</b>	<b>ketoconazole</b>	
<b>P</b>	<b>luliconazole</b>	
<b>P, #</b>	<b>naftifine</b>	NAFTIN
<b>P</b>	<b>nystatin</b>	

# 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

<b>P</b>	<b>acitretin</b>	SORIATANE
<b>P</b>	<b>methoxsalen oral</b>	

#### Topical

<b>P</b>	<b>calcipotriene</b>	
<b>P</b>	<b>calcipotriene/betamethasone</b>	
<b>P</b>	<b>calcipotriene/betamethasone</b>	ENSTILAR

#### Antiseborrheics

<b>P</b>	<b>ketoconazole shampoo 2%</b>	
<b>P</b>	<b>selenium sulfide lotion 2.5%</b>	

## Atopic Dermatitis

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

### *Injectable*

<b>P</b>	dupilumab	DUPIXENT
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### *Topical*

<b>P</b>	<b>pimecrolimus</b>	
<b>P</b>	<b>tacrolimus</b>	
<b>P</b>	crisaborole	EUCRISA

### Corticosteroids

#### *Low Potency*

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

#### *Medium Potency*

	betamethasone valerate crm, lotion, oint 0.1%	
	desoximetasone crm, oint 0.05%	
	fluocinolone acetonide crm, oint 0.025%	
	fluticasone propionate crm, lotion 0.05%, oint 0.005%	
<b>P</b>	hydrocortisone butyrate crm, lotion, oint, soln 0.1%	
	hydrocortisone valerate crm, oint 0.2%	
<b>P</b>	mometasone crm, lotion, oint 0.1%	
<b>P</b>	triamcinolone acetonide crm, lotion 0.025%	
<b>P</b>	triamcinolone acetonide crm, lotion, oint 0.1%	

#### *High Potency*

	betamethasone dipropionate augmented crm, lotion 0.05%	
	betamethasone dipropionate crm, lotion, oint 0.05%	
<b>P</b>	desoximetasone crm, oint 0.25%, gel 0.05%	
	diflorasone diacetate crm 0.05%	
<b>P</b>	fluocinonide crm, gel, oint, soln 0.05%	
	triamcinolone acetonide crm 0.5%	
<b>P</b>	halobetasol propionate lotion 0.01%	BRYHALI

#### *Very High Potency*

	betamethasone dipropionate augmented gel, oint 0.05%	
<b>P</b>	clobetasol propionate crm, gel, oint, soln 0.05%	TEMOVATE
<b>P</b>	clobetasol propionate foam 0.05%	
<b>P</b>	clobetasol propionate lotion, shampoo 0.05%	CLOBEX
	diflorasone diacetate oint 0.05%	
<b>P</b>	halobetasol propionate crm, oint 0.05%	

### Emollients

	ammonium lactate 12%	
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### Local Analgesics

<b>P</b>	<b>lidocaine patch</b>	<b>LIDODERM</b>
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### Local Anesthetics

<b>OTC</b>	<b>lidocaine</b>	<b>LMX-4</b>
	<b>lidocaine/prilocaine</b>	

### Rosacea

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

# Brand SOOLANTRA remains preferred.

### Scabicides and Pediculicides

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

### Miscellaneous Skin and Mucous Membrane

<b>OTC</b>	<b>salicylic acid 17%/collodion</b>	<b>DUOFILM</b>
	<b>imiquimod</b>	
	<b>podofilox</b>	<b>CONDYLOX</b>

### MOUTH/THROAT/DENTAL AGENTS

#### Anesthetics - Topical Oral

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

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

#### Steroids - Mouth/Throat

	<b>triamcinolone paste</b>	
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### OPHTHALMIC

Preferred Practice Pattern Guidelines for the treatment of various ophthalmic conditions are available at:

<https://one.aao.org>

### Antiallergics

<b>OTC</b>	<b>ketotifen</b>	<b>ZADITOR</b>
<b>OTC</b>	<b>olopatadine</b>	<b>PATADAY</b>
<b>P</b>	<b>azelastine</b>	
<b>P</b>	<b>bepotastine</b>	

P	<b>cromolyn sodium</b>	
P	<b>olopatadine</b>	
P	alcaftadine	LASTACAFT
P	cetirizine	ZERVIAE

#### Anti-infectives

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

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

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

#### Anti-inflammatories

##### Nonsteroidal

P	<b>bromfenac sodium</b>	
P	<b>diclofenac sodium</b>	
P	<b>ketorolac</b>	ACULAR
P	ketorolac	ACUVAIL
P	nepafenac	ILEVRO
P	nepafenac	NEVANAC

##### Steroidal

P	<b>dexamethasone sodium phosphate</b>	
	<b>fluorometholone</b>	
P	<b>loteprednol</b>	
P	<b>prednisolone acetate 1%</b>	
P	dexamethasone	MAXIDEX
P	difluprednate	DUREZOL
P	fluorometholone	FML FORTE
P	fluorometholone	FML S.O.P.
P	prednisolone acetate	PRED MILD



	prednisolone phosphate 1%	
<b>Antivirals</b>		
P	trifluridine	
<b>Beta-blockers</b>		
<i>Nonselective</i>		
	levobunolol	
	timolol maleate gel	
P	timolol maleate soln	
P	timolol hemihydrate	BETIMOL
<i>Selective</i>		
P	betaxolol	BETOPTIC S
<b>Carbonic Anhydrase Inhibitors</b>		
<i>Topical</i>		
P	brinzolamide	
P	dorzolamide	
<b>Carbonic Anhydrase Inhibitor/Beta-blocker Combinations</b>		
P	dorzolamide/timolol maleate	COSOPT
<b>Carbonic Anhydrase Inhibitor/Sympathomimetic Combinations</b>		
P	brinzolamide/brimonidine	SIMBRINZA
<b>Dry Eye Disease</b>		
P	cyclosporine, emulsion	RESTASIS
P	lifitegrast	XIIDRA
<b>Prostaglandins</b>		
P	latanoprost	XALATAN
P	travoprost	
P	bimatoprost 0.01%	LUMIGAN
P	tafluprost	ZIOPTAN
<b>Retinal Disorders</b>		
P	aflibercept	EYLEA
P	ranibizumab	LUCENTIS
<b>Rho Kinase Inhibitors</b>		
P	netarsudil	RHOPRESSA
<b>Rho Kinase Inhibitor/Prostaglandin Combinations</b>		
P	netarsudil/latanoprost	ROCKLATAN
<b>Sympathomimetics</b>		
P, #	brimonidine	ALPHAGAN P
P	brimonidine 0.2%	

# Brand ALPHAGAN P remains preferred.

**Sympathomimetic/Beta-blocker Combinations**

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<b>P</b>	<b>brimonidine/timolol</b>	<b>COMBIGAN</b>
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**OTIC**

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

<https://www.aap.org>

**Anti-infectives**

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<b>P</b>	<b>acetic acid</b>	
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<b>P</b>	<b>ofloxacin otic</b>	
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**Anti-infective/Anti-inflammatory Combinations**

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<b>P</b>	<b>ciprofloxacin/dexamethasone</b>	
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<b>P</b>	<b>neomycin/polymyxin B/hydrocortisone</b>	
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**Miscellaneous**

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<b>OTC</b>	<b>carbamide peroxide 6.5%</b>	<b>DEBROX</b>
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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

## 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.aace.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.aaaai.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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