

United Mine Workers of America Health and Retirement Funds Standard Formulary 2023

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INTRODUCTION	5
NONDISCRIMINATION STATEMENT	5
PREFACE	8
PHARMACY AND THERAPEUTICS (P&T) COMMITTEE	8
PRODUCT SELECTION CRITERIA	8
DRUG LIST PRODUCT DESCRIPTIONS	8
GENERIC SUBSTITUTION	9
FUNDS STANDARD FORMULARY PREFERRED PRODUCT PROGRAM	10
ADVANCED CONTROL SPECIALTY FORMULARY	12
SPECIFIC LIMITATIONS AND EXCLUSIONS	12
PRESCRIPTION QUANTITY LIMITS	14
SPECIALTY PHARMACY	15
NOTICE	15
LEGEND	15
FUNDS' WEBSITE	16
ANALGESICS	17
ANALGESICS, OTHER.....	17
COX-2 INHIBITORS.....	17
GOUT	17
NSAIDs.....	17
NSAIDs, COMBINATIONS.....	17
NSAIDs, TOPICAL	17
OPIOID ANALGESICS.....	17
VISCOSUPPLEMENTS.....	18
ANTI-INFECTIVES	18
ANTIBACTERIALS	19
ANTIFUNGALS	19
ANTIMALARIALS	20
ANTIRETROVIRAL AGENTS.....	20
ANTITUBERCULAR AGENTS	21
ANTIVIRALS	21
MISCELLANEOUS	22
ANTINEOPLASTIC AGENTS	22
ALKYLATING AGENTS	22
ANTIMETABOLITES	22
BIOSIMILARS	22
HORMONAL ANTINEOPLASTIC AGENTS.....	22
KINASE INHIBITORS.....	23
MONOCLONAL ANTIBODIES	24
MULTIPLE MYELOMA.....	24
PROSTATE CANCER.....	24
MISCELLANEOUS	24
CARDIOVASCULAR	24
ACE INHIBITORS	24
ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATIONS.....	25
ACE INHIBITOR/DIURETIC COMBINATIONS	25
ADRENOLYTICS, CENTRAL.....	25
ALDOSTERONE RECEPTOR ANTAGONISTS.....	25

ALPHA BLOCKERS	25
ANGIOTENSIN II RECEPTOR ANTAGONISTS/DIURETIC COMBINATIONS	25
ANGIOTENSIN II RECEPTOR ANTAGONIST/CALCIUM CHANNEL BLOCKER COMBINATIONS	26
ANGIOTENSIN II RECEPTOR ANTAGONIST/CALCIUM CHANNEL BLOCKER/DIURETIC COMBINATIONS	26
ANTIARRHYTHMICS	26
ANTILIPEMICS	26
BETA-BLOCKERS	27
BETA-BLOCKER/DIURETIC COMBINATIONS	27
CALCIUM CHANNEL BLOCKERS	27
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS	28
DIGITALIS GLYCOSIDES	28
DIRECT RENIN INHIBITORS/DIURETIC COMBINATIONS	28
DIURETICS	28
HEART FAILURE	28
NITRATES	29
PULMONARY ARTERIAL HYPERTENSION	29
MISCELLANEOUS	29
CENTRAL NERVOUS SYSTEM	29
ANTIANXIETY	29
ANTIDEMENTIA	30
ANTIDEPRESSANTS	30
ANTIPARKINSONIAN AGENTS	31
ANTIPSYCHOTICS	31
ANTISEIZURE AGENTS	32
ATTENTION DEFICIT HYPERACTIVITY DISORDER	32
FIBROMYALGIA	33
HYPNOTICS	33
MIGRAINE	33
MOOD STABILIZERS	34
MOVEMENT DISORDERS	34
MULTIPLE SCLEROSIS AGENTS	34
MUSCULOSKELETAL THERAPY AGENTS	35
MYASTHENIA GRAVIS	35
NARCOLEPSY	35
POSTHERPETIC NEURALGIA (PHN)	35
PSYCHOTHERAPEUTIC-MISCELLANEOUS	35
ENDOCRINE AND METABOLIC	36
ACROMEGALY	36
ANDROGENS	36
ANTIDIABETICS	36
ANTIOBESITY	39
CALCIUM RECEPTOR AGONISTS	39
CALCIUM REGULATORS	39
CARNITINE DEFICIENCY AGENTS	40
CENTRAL PRECOCIOUS PUBERTY	40
CONTRACEPTIVES	40
DIABETIC KIDNEY DISEASE	41
ENDOMETRIOSIS	41
FERTILITY REGULATORS	41
GAUCHER DISEASE	41
GLUCOCORTICOIDS	42
GLUCOSE ELEVATING AGENTS	42
HEREDITARY TYROSINEMIA TYPE 1 AGENTS	42
HUMAN GROWTH HORMONES	42
HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS	42
MENOPAUSAL SYMPTOM AGENTS	42
PHENYLKETONURIA TREATMENT AGENTS	43
PHOSPHATE BINDER AGENTS	43
POLYNEUROPATHY	43

POTASSIUM-REMOVING AGENTS.....	43
PROGESTINS.....	43
SELECTIVE ESTROGEN RECEPTOR MODULATORS	43
THYROID AGENTS.....	43
UREA CYCLE DISORDERS	44
UTERINE FIBROIDS.....	44
VASOPRESSINS	44
MISCELLANEOUS.....	44
GASTROINTESTINAL	44
ANTIDIARRHEALS	44
ANTIEMETICS	44
ANTISPASMODICS	44
CHOLELITHOLYTICS.....	44
H ₂ RECEPTOR ANTAGONISTS	45
INFLAMMATORY BOWEL DISEASE	45
IRRITABLE BOWEL SYNDROME	45
LAXATIVES.....	45
OPIOID-INDUCED CONSTIPATION	45
PANCREATIC ENZYMES.....	46
PROSTAGLANDINS	46
PROTON PUMP INHIBITORS	46
SALIVA STIMULANTS	46
STEROIDS, RECTAL.....	46
ULCER THERAPY COMBINATIONS.....	46
MISCELLANEOUS.....	46
GENITOURINARY	46
BENIGN PROSTATIC HYPERPLASIA	46
ERECTILE DYSFUNCTION	46
URINARY ANTISPASMODICS	47
VAGINAL ANTI-INFECTIVES	47
MISCELLANEOUS.....	47
HEMATOLOGIC	47
ANTICOAGULANTS.....	47
CHELATING AGENTS	48
HEMATOPOIETIC GROWTH FACTORS	48
HEMOPHILIA A AGENTS	48
HEMOPHILIA B AGENTS	48
MISCELLANEOUS BLEEDING DISORDERS AGENTS.....	48
PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS.....	48
PLATELET AGGREGATION INHIBITORS	48
PLATELET SYNTHESIS INHIBITORS.....	49
SICKLE CELL DISEASE	49
THROMBOCYTOPENIA AGENTS	49
MISCELLANEOUS.....	49
IMMUNOLOGIC AGENTS.....	49
ALLERGENIC EXTRACTS.....	49
AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED).....	49
AUTOIMMUNE AGENTS (SELF-ADMINISTERED)	49
DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDs)	50
HEREDITARY ANGIOEDEMA.....	50
IMMUNOMODULATORS	50
IMMUNOSUPPRESSANTS	51
NUTRITIONAL/SUPPLEMENTS.....	51
ELECTROLYTES.....	51
VITAMINS AND MINERALS.....	51
RESPIRATORY	51
ANAPHYLAXIS TREATMENT AGENTS.....	52
ANTICHOLINERGICS	52

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS	52
ANTICHOLINERGIC/BETA AGONIST/STEROID INHALANT COMBINATIONS	52
ANTIHISTAMINES, LOW SEDATING	52
ANTIHISTAMINES, NONSEDATING	52
ANTIHISTAMINES, SEDATING	52
ANTIHISTAMINE/DECONGESTANT COMBINATIONS	53
ANTITUSSIVES	53
ANTITUSSIVE COMBINATIONS	53
BETA AGONISTS	53
CYSTIC FIBROSIS	53
LEUKOTRIENE MODULATORS	53
MAST CELL STABILIZERS	54
NASAL ANTIHISTAMINES	54
NASAL STEROIDS/COMBINATIONS	54
PHOSPHODIESTERASE-4 INHIBITORS	54
PULMONARY ENZYME DEFICIENCY AGENTS	54
PULMONARY FIBROSIS AGENTS	54
SEVERE ASTHMA AGENTS	54
STEROID/BETA AGONIST COMBINATIONS	54
STEROID INHALANTS	54
XANTHINES	55
MISCELLANEOUS	55
TOPICAL	55
DERMATOLOGY	55
MOUTH/THROAT/DENTAL AGENTS	58
OPHTHALMIC	58
OTIC	60
FUNDS' WEBSITE	61
WEBSITES	62
INDEX	64

INTRODUCTION

The UMWA Health and Retirement Funds ("the Funds") is pleased to provide the 2023 **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)] schwetzsch, kanschd 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'ánída'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 Levoxyil.

One way to reduce out-of-pocket cost is by requesting a generic drug. Generic drugs are usually priced lower than their brand-name equivalents. Prescription generic drugs are:

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

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

FUNDS STANDARD FORMULARY PREFERRED PRODUCT PROGRAM

Effective 04/01/2023

The Funds has a Preferred Product Program in eight drug classes. These classes are Diabetes-DPP-4 Inhibitors/Combinations, Diabetes-SGLT-2 Inhibitors/Combinations, Diabetes-GLP-1 Receptor Agonists, Hypnotics (Sleep Aids), Irritable Bowel Syndrome with Constipation/Chronic Idiopathic Constipation, Urinary Antispasmodics (Overactive Bladder), Respiratory-Long-Acting Anticholinergic Inhalers, and Respiratory-Steroid/Beta Agonist Combination Inhalers. 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

Diabetes - DPP-4 Inhibitors/Combinations

PREFERRED

Janumet (sitagliptin/metformin)
Janumet XR (sitagliptin/metformin ext-rel)
Januvia (sitagliptin)
Jentadueto (linagliptin/metformin)
Jentadueto XR (linagliptin/metformin ext-rel)
Tradjenta (linagliptin)

NON-PREFERRED

Kazano (alogliptin/metformin)
Kombiglyze XR (saxagliptin/metformin ext-rel)
Onglyza (saxagliptin)
Oseni (alogliptin/pioglitazone)
Nesina (alogliptin)

DRUG CLASS

Diabetes - SGLT-2 Inhibitors/Combinations

PREFERRED

Farxiga (dapagliflozin)
Glyxambi (empagliflozin/linagliptin)
Jardiance (empagliflozin)
Qtern (dapagliflozin/saxagliptin)
Synjardy (empagliflozin/metformin)
Synjardy XR (empagliflozin/metformin ext-rel)
Trijardy XR (empagliflozin/linagliptin/metformin ext-rel)
Xigduo XR (dapagliflozin/metformin ext-rel)

NON-PREFERRED

Invokamet (canagliflozin/metformin)
Invokamet XR (canagliflozin/metformin ext-rel)
Invokana (canagliflozin)
Segluromet (ertugliflozin/metformin)
Steglatro (ertugliflozin)
Steglujan (ertugliflozin/sitagliptin)

DRUG CLASS

Diabetes - GLP-1 Receptor Agonists

PREFERRED

Ozempic (semaglutide)
Rybelsus (semaglutide)
Trulicity (dulaglutide)
Victoza (liraglutide)

NON-PREFERRED

Adlyxin (lixisenatide)
Bydureon BCise (exenatide ext-rel)
Byetta (exenatide)

DRUG CLASS**Hypnotics (Sleep Aids)****PREFERRED**

generic doxepin 3 mg, 6 mg
 generic eszopiclone
 generic ramelteon
 generic zaleplon
 generic zolpidem, zolpidem ext-rel
 Belsomra (suvorexant)
 Dayvigo (lemborexant)
 Quviviq (daridorexant)

NON-PREFERRED

Edluar (zolpidem sublingual)

DRUG CLASS**Irritable Bowel Syndrome with Constipation/Chronic Idiopathic Constipation****PREFERRED**

generic lubiprostone
 Linzess (linaclotide)
 Trulance (plecanatide)

NON-PREFERRED

Motegrity (prucalopride)

DRUG CLASS**Urinary Antispasmodics (Overactive Bladder)****PREFERRED**

generic darifenacin ext-rel
 generic fesoterodine ext-rel
 generic oxybutynin, oxybutynin ext-rel
 generic solifenacin
 generic tolterodine, tolterodine ext-rel
 generic trospium, trospium ext-rel
 Gemtesa (vibegron)
 Myrbetriq (mirabegron ext-rel)

NON-PREFERRED

Gelnique (oxybutynin gel)
 Oxytrol (oxybutynin transdermal)

DRUG CLASS**Respiratory - Long-Acting Anticholinergic Inhalers ¹****PREFERRED**

Incruse Ellipta (umeclidinium)
 Spiriva HandiHaler (tiotropium)
 Spiriva Respimat (tiotropium)

NON-PREFERRED

Tudorza Pressair (aclidinium)

Continued on next page

DRUG CLASS

Respiratory - Steroid/Beta Agonist Combination Inhalers ¹

PREFERRED

generic budesonide/formoterol
generic fluticasone/salmeterol
generic fluticasone/vilanterol
Advair HFA (fluticasone/salmeterol)
Breo Ellipta (fluticasone/vilanterol)
Symbicort (budesonide/formoterol)

NON-PREFERRED

AirDuo Digihaler (fluticasone/salmeterol)
AirDuo RespiClick (fluticasone/salmeterol)
Dulera (mometasone/formoterol)

¹ Some products on this list may be covered under the Federal Black Lung Program. Products on the Black Lung List are not subject to the terms of the Funds Preferred Product Program. Please contact the Funds Call Center for more information if you have any questions about the Federal Black Lung Program Benefits.

Note: Brand names listed on the preferred column may be 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)
 - Clascoterone (Winlevi)
 - 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)
- Ivermectin

- 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]**
- Opzelura (Atopic Dermatitis)
- 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)
 - Vision Enhancement Agents

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

- Albuterol oral inhalers (maximum recommended dosing)
- Condoms - Male and Female Condoms - 12 per month (applies only to Non-Grandfathered plans with Affordable Care Act coverage of condoms)
- Lidocaine 5% Ointment - 100 grams per month
- Oral vancomycin (Vancocin 80 capsules/10 days; Firvanq 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.CVSspecialty.com> or call 1-800-237-2767.

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LEGEND

OTC	Over the counter
P	Indicates preferred brand drugs or representative generic drugs for consideration
#	Indicates brand product remains preferred.
boldface	Indicates generic availability; boldface may not apply to every strength or dosage form under the listed generic name
delayed-rel	Delayed-release (also known as enteric-coated), refer to the reference brand listed for clarification
ext-rel	Extended-release (also known as sustained-release), refer to the reference brand listed for clarification

FUNDS' WEBSITE

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

Frequently Used Telephone Numbers:

CVS Caremark Customer Care

Phone

1-800-294-4741

CVS Caremark Prior Authorization

Phone

1-800-294-5979

Fax

1-888-836-0730

CVS Specialty

Phone

1-800-237-2767

Fax

1-866-295-2778

The Funds Call Center (Beckley, WV)

Phone

1-800-291-1425

ANALGESICS

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

ANALGESICS, OTHER

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

OTC	acetaminophen	TYLENOL
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COX-2 INHIBITORS

P	celecoxib	
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GOUT

P	allopurinol	
P	colchicine	
P	probenecid	

NSAIDs

OTC	ibuprofen	ADVIL
OTC	naproxen sodium	ALEVE
P	diclofenac sodium delayed-rel	
	diflunisal	
	etodolac	
P	ibuprofen	
P	meloxicam	
	nabumetone	
P	naproxen	
P	naproxen sodium tabs	
	oxaprozin	
	sulindac	

NSAIDs, COMBINATIONS

P	diclofenac sodium delayed-rel/misoprostol	
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NSAIDs, TOPICAL

P	diclofenac sodium gel 1%	
P	diclofenac sodium soln	

OPIOID ANALGESICS

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

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

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

P	hydrocodone/acetaminophen	
P	hydromorphone	
P	hydromorphone ext-rel	
P	methadone	
P	morphine	
P	morphine ext-rel	
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	oxycodone ext-rel	OXYCONTIN
P	oxycodone ext-rel	XTAMPZA ER
P	tapentadol	NUCYNTA
P	tapentadol ext-rel	NUCYNTA ER

VISCOSUPPLEMENTS

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

	cefadroxil	
P	cephalexin	

Second Generation

P	cefprozil	
P	cefuroxime axetil	

Third Generation

P	cefdinir	
P, #	cefixime	SUPRAX

Brand SUPRAX remains preferred.

Erythromycins/Macrolides

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

Fluoroquinolones

P	ciprofloxacin	CIPRO
P	levofloxacin	
P	moxifloxacin	

Penicillins

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

Tetracyclines

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

ANTIFUNGALS

	clotrimazole troches	
P	fluconazole	DIFLUCAN

	griseofulvin ultramicrosize	
P	itraconazole	
	nystatin	
P	terbinafine tabs	
	voriconazole	VFEND

ANTIMALARIALS

	atovaquone/proguanil	MALARONE
	chloroquine	
	mefloquine	

ANTIRETROVIRAL AGENTS

Antiretroviral Combinations

P	abacavir/lamivudine	EPZICOM
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

Fusion Inhibitors

P	maraviroc	
P	enfuvirtide	FUZEON

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	
P, #	emtricitabine	EMTRIVA
P	lamivudine	
P	stavudine	
P	zidovudine	RETROVIR

Brand EMTRIVA remains preferred.

Nucleotide Reverse Transcriptase Inhibitors

P	tenofovir disoproxil fumarate	
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Protease Inhibitors

P	atazanavir	
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P	lopinavir/ritonavir	
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P, #	ritonavir	NORVIR
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P	darunavir	PREZISTA
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Brand NORVIR remains preferred.

ANTITUBERCULAR AGENTS

	ethambutol	MYAMBUTOL
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	isoniazid	
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	pyrazinamide	
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	rifampin	
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ANTIVIRALS

Cytomegalovirus Agents

P	valganciclovir	
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Hepatitis Agents

Hepatitis B

P	entecavir tabs	
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P	lamivudine	
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P	tenofovir disoproxil fumarate	
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P	entecavir soln	BARACLUDE
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P	tenofovir alafenamide	VEMLIDY
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Hepatitis C

P	ribavirin	
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P, †	ledipasvir/sofosbuvir	HARVONI
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P, †	sofosbuvir/velpatasvir	EPCLUSA
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P, †	sofosbuvir/velpatasvir/voxilaprevir	VOSEVI
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† 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

P	acyclovir caps, tabs	
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	famciclovir	
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P	valacyclovir	
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Influenza Agents

P	oseltamivir	
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P	zanamivir	RELENZA
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MISCELLANEOUS

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	
P	vancomycin caps	VANCOCIN
P	mebendazole chewable	EMVERM
P	rifaximin 550 mg	XIFAXAN

ANTINEOPLASTIC AGENTS

Clinical practice guidelines in oncology are available at:

<https://www.asco.org>

<https://www.nccn.org>

ALKYLATING AGENTS

	cyclophosphamide caps	
	melphalan	ALKERAN
P	temozolomide	TEMODAR
	busulfan	MYLERAN
	chlorambucil	LEUKERAN

ANTIMETABOLITES

P	capecitabine	XELODA
	mercaptopurine	
P	pemetrexed	
	methotrexate	TREXALL
	thioguanine	TABLOID
P	trifluridine/tipiracil	LONSURF

BIOSIMILARS

P	bevacizumab-bvzr	ZIRABEV
P	rituximab-pvvr	RUXIENCE
P	trastuzumab-anns	KANJINTI
P	trastuzumab-qyyp	TRAZIMERA

HORMONAL ANTINEOPLASTIC AGENTS

Antiandrogens

P	abiraterone	
P	bicalutamide	CASODEX
	flutamide	
P	abiraterone	YONSA
P	apalutamide	ERLEADA
P	darolutamide	NUBEQA

P	enzalutamide	XTANDI
Antiestrogens		
	tamoxifen	
Aromatase Inhibitors		
	anastrozole	ARIMIDEX
	exemestane	AROMASIN
	letrozole	FEMARA
Progestins		
	megestrol acetate tabs	
KINASE INHIBITORS		
P	erlotinib	
P	everolimus	
P	imatinib mesylate	GLEEVEC
P	lapatinib	
P	sunitinib	
P	acalabrutinib	CALQUENCE
P	alectinib	ALECENSA
P	axitinib	INLYTA
P	binimetinib	MEKTOVI
P	bosutinib	BOSULIF
P	brigatinib	ALUNBRIG
P	cabozantinib	CABOMETYX
P	ceritinib	ZYKADIA
P	cobimetinib	COTELLIC
P	dasatinib	SPRYCEL
P	duvelisib	COPIKTRA
P	encorafenib	BRAFTOVI
P	entrectinib	ROZLYTREK
P	gefitinib	IRESSA
P	gilteritinib	XOSPATA
P	ibrutinib	IMBRUVICA
P	idelalisib	ZYDELIG
P	larotrectinib	VITRAKVI
P	lenvatinib	LENVIMA
P	midostaurin	RYDAPT
P	osimertinib	TAGRISSE
P	palbociclib	IBRANCE
P	pralsetinib	GAVRETO
P	regorafenib	STIVARGA
P	ribociclib	KISQALI
P	ribociclib + letrozole	KISQALI FEMARA CO-PACK
P	selpercatinib	RETEVMO
P	selumetinib	KOSELUGO
P	sorafenib	NEXAVAR
P	vemurafenib	ZELBORAF
P	zanubrutinib	BRUKINSA

MONOCLONAL ANTIBODIES

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

MULTIPLE MYELOMA

Immunomodulators

P	lenalidomide	REVLIMID
P	thalidomide	THALOMID

Proteasome Inhibitors

P	bortezomib	
P	ixazomib	NINLARO

PROSTATE CANCER

Luteinizing Hormone-Releasing Hormone (LHRH) Agonists

P	leuprolide acetate	
P	leuprolide acetate	ELIGARD

Luteinizing Hormone-Releasing Hormone (LHRH) Antagonists

P	degarelix acetate	FIRMAGON
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MISCELLANEOUS

P	bexarotene	
	etoposide	
	hydroxyurea	HYDREA
	tretinoin caps	
P	mitotane	LYSODREN
P	niraparib	ZEJULA
P	olaparib	LYNPARZA
P	procarbazine	MATULANE
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>

<https://professional.heart.org>

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

ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATIONS

	amlodipine/benazepril	LOTREL
	trandolapril/verapamil ext-rel	

ACE INHIBITOR/DIURETIC COMBINATIONS

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

ADRENOLYTICS, CENTRAL

	clonidine	
	clonidine transdermal	CATAPRES-TTS
	guanfacine	

ALDOSTERONE RECEPTOR ANTAGONISTS

	eplerenone	INSPIRA
P	spironolactone	ALDACTONE

ALPHA BLOCKERS

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

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

P	doxazosin	CARDURA
P	terazosin	

ANGIOTENSIN II RECEPTOR ANTAGONISTS/DIURETIC COMBINATIONS

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

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

<https://professional.diabetes.org>

P	candesartan	
P	candesartan/hydrochlorothiazide	
P	irbesartan	
P	irbesartan/hydrochlorothiazide	
P	losartan	COZAAR
P	losartan/hydrochlorothiazide	HYZAAR
P	olmesartan	
P	olmesartan/hydrochlorothiazide	
P	telmisartan	MICARDIS
P	telmisartan/hydrochlorothiazide	MICARDIS HCT
P	valsartan	

P	valsartan/hydrochlorothiazide	
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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>

P	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	fenofibrate	
P	fenofibric acid delayed-rel	TRILIPIX
	gemfibrozil	LOPID

HMG-CoA Reductase Inhibitors/Combinations

P	atorvastatin	
P	ezetimibe/simvastatin	VYTORIN
P	fluvastatin	
P	lovastatin	
P	pravastatin	
P	rosuvastatin	
P	simvastatin	ZOCOR

Niacins

P	niacin ext-rel	NIASPAN
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Omega-3 Fatty Acids

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

Brand VASCEPA remains preferred.

PCSK9 Inhibitors

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

BETA-BLOCKER/DIURETIC COMBINATIONS

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

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

<https://www.acc.org>

	atenolol/chlorthalidone	
	bisoprolol/hydrochlorothiazide	ZIAC
	metoprolol/hydrochlorothiazide	

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
DIGITALIS GLYCOSIDES		
P	digoxin	
P	digoxin ped elixir	
DIRECT RENIN INHIBITORS/DIURETIC COMBINATIONS		
P	aliskiren	
P	aliskiren/hydrochlorothiazide	TEKTURN 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	ethacrynic acid	
P	furosemide	LASIX
P	toremide	
Potassium-sparing Diuretics		
P	amiloride	
P	triamterene	
Thiazides and Thiazide-like Diuretics		
P	chlorthalidone	
P	hydrochlorothiazide	
	indapamide	
P	metolazone	
HEART FAILURE		
P, #	isosorbide dinitrate/hydralazine	BIDIL
P	ivabradine	CORLANOR
P	sacubitril/valsartan	ENTRESTO
P	vericiguat	VERQUOVO

Brand BIDIL remains preferred.

NITRATES

Oral

P	isosorbide dinitrate	
P	isosorbide mononitrate	
	isosorbide mononitrate ext-rel	

Sublingual/Translingual

P	nitroglycerin lingual spray	NITROLINGUAL
P	nitroglycerin sublingual	NITROSTAT

Transdermal

	nitroglycerin transdermal	
	nitroglycerin transdermal	NITRO-DUR

PULMONARY ARTERIAL HYPERTENSION

Endothelin Receptor Antagonists

P	ambrisentan	
P	bosentan	
P	macitentan	OPSUMIT

Phosphodiesterase Inhibitors

P	sildenafil	
P	tadalafil	

Prostacyclin Receptor Agonists

P	selexipag	UPTRAVI
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Prostaglandin Vasodilators

P	treprostinil	
P	treprostinil ext-rel	ORENITRAM

Soluble Guanylate Cyclase Stimulators

P	riociguat	ADEMPAS
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MISCELLANEOUS

	hydralazine	
	midodrine	
P	ranolazine ext-rel	

CENTRAL NERVOUS SYSTEM

Practice guidelines for psychiatric disorders are available at:

<https://www.psychiatry.org>

ANTI-ANXIETY

Benzodiazepines

P	alprazolam	
P	clonazepam	
P	diazepam	
P	lorazepam	
P	oxazepam	

Miscellaneous

	bupirone	
	clomipramine	ANAFRANIL
	fluvoxamine	

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	
	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	
P	paroxetine HCl ext-rel	
P	sertraline	ZOLOFT
P, #	vilazodone	VIIBRYD
P	vortioxetine	TRINTELLIX

Brand VIIBRYD remains preferred.

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>

P	amantadine	
	benztropine	
	bromocriptine	PARLODEL
P	carbidopa/levodopa	SINEMET
P	carbidopa/levodopa ext-rel	
P	carbidopa/levodopa/entacapone	
P	entacapone	COMTAN
P	pramipexole	
P	pramipexole ext-rel	
P	rasagiline	
P	ropinirole	
P	ropinirole ext-rel	
P	selegiline	
	trihexyphenidyl	
P	apomorphine	KYNMOBI
P	carbidopa/levodopa	RYTARY
P	levodopa inhalation powder	INBRIJA
P	rotigotine transdermal	NEUPRO

ANTIPSYCHOTICS

Atypicals

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

Miscellaneous

	chlorpromazine	
	fluphenazine	
	haloperidol	

	perphenazine	
	thiothixene	
	trifluoperazine	

ANTISEIZURE AGENTS

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

Brands TROKENDI XR and VIMPAT remain preferred.

ATTENTION DEFICIT HYPERACTIVITY DISORDER

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

<https://www.aacap.org>

<https://www.aap.org>

P	amphetamine/dextroamphetamine mixed salts	
P	amphetamine/dextroamphetamine mixed salts ext-rel	
P	atomoxetine	STRATTERA
	dexmethylphenidate	FOCALIN
P	dexmethylphenidate ext-rel	FOCALIN XR
	dextroamphetamine	

	dextroamphetamine ext-rel	DEXEDRINE SPANSULE
P	guanfacine ext-rel	
P	methylphenidate	
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	daridorexant	QUVIVIQ
P	lemborexant	DAYVIGO
P	suvorexant	BELSOMRA

Non-Preferred Agents:

EDLUAR

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

Tricyclics

P	doxepin	
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Non-Preferred Agents:

EDLUAR

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>

Ergotamine Derivatives

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

Monoclonal Antibodies

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

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

Triptans

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

Miscellaneous Oral Agents

OTC	acetaminophen/aspirin/caffeine	EXCEDRIN MIGRAINE
P	atogepant	QULIPTA
P	rimegepant	NURTEC ODT
P	ubrogepant	UBRELVY

MOOD STABILIZERS

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

MOVEMENT DISORDERS

P	tetrabenazine	
P	deutetrabenazine	AUSTEDO
P	valbenazine	INGREZZA

MULTIPLE SCLEROSIS AGENTS

Practice guidelines for multiple sclerosis are available at:

<https://www.aan.com>

P	dimethyl fumarate delayed-rel	
P	fingolimod	
P, #	glatiramer	COPAXONE
P	diroximel fumarate delayed-rel	VUMERITY
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		
	baclofen	
	carisoprodol	
	chlorzoxazone	
P	cyclobenzaprine	
	dantrolene	DANTRUM
	metaxalone	
	methocarbamol	
	orphenadrine/aspirin/caffeine	
	tizanidine tabs	ZANAFLEX
MYASTHENIA GRAVIS		
	pyridostigmine	
	pyridostigmine ext-rel	
NARCOLEPSY		
P	armodafinil	NUVIGIL
P	modafinil	
P	calcium, magnesium, potassium, and sodium oxybates	XYWAV
P	pitolisant	WAKIX
P	solriamfetol	SUNOSI
POSTHERPETIC NEURALGIA (PHN)		
P	pregabalin ext-rel	
P	gabapentin ext-rel	GRALISE
PSYCHOTHERAPEUTIC-MISCELLANEOUS		
Alcohol Deterrents		
	acamprosate calcium	
	disulfiram	
Opioid Antagonists		
P	naloxone	
	naltrexone	
P	naloxone nasal spray	KLOXXADO
Partial Opioid Agonists		
	buprenorphine sublingual	
Partial Opioid Agonist/Opioid Antagonist Combinations		
P	buprenorphine/naloxone sublingual	
P	buprenorphine/naloxone	ZUBSOLV
Pseudobulbar Affect Agents		
P	dextromethorphan/quinidine	NUDEXTA

Smoking Deterrents

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

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

OTC	nicotine polacrilex gum	NICORETTE
OTC	nicotine transdermal	NICODERM CQ
OTC	nicotine polacrilex lozenge	NICORETTE
	bupropion ext-rel	
	varenicline	

Vasomotor Symptom Agents

P	paroxetine mesylate	
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ENDOCRINE AND METABOLIC

ACROMEGALY

P	lanreotide acetate	SOMATULINE DEPOT
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ANDROGENS

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

<https://www.ace.com>

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

ANTIDIABETICS

Guidelines of treatment and management of diabetes are available at:

<https://professional.diabetes.org>

Alpha-glucosidase Inhibitors

	acarbose	PRECOSE
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Amylin Analogs

P	pramlintide	SYMLINPEN
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Biguanides

P	metformin	
P	metformin ext-rel	

Biguanide/Sulfonylurea Combinations

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

P	linagliptin	TRADJENTA
P	sitagliptin phosphate	JANUVIA

Non-Preferred Agents:

ONGLYZA (saxagliptin)

NESINA (alogliptin)

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

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

P	linagliptin/metformin	JENTADUETO
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P	linagliptin/metformin ext-rel	JENTADUETO XR
P	sitagliptin/metformin	JANUMET
P	sitagliptin/metformin ext-rel	JANUMET XR

Non-Preferred Agents:

KAZANO (alogliptin/metformin)

KOMBIGLYZE XR (saxagliptin/metformin ext-rel)

OSENI (alogliptin/pioglitazone)

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

Non-Preferred Agents:

ADLYXIN (lixisenatide)

BYDUREON BCISE (exenatide ext-rel)

BYETTA (exenatide)

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

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

Insulin Sensitizers

P	pioglitazone	
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Insulin Sensitizer/Biguanide Combinations		
P	pioglitazone/metformin	ACTOPLUS MET
Insulin Sensitizer/Sulfonylurea Combinations		
P	pioglitazone/glimepiride	DUETACT
Meglitinides		
P	nateglinide	
P	repaglinide	
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
P	dapagliflozin	FARXIGA
P	empagliflozin	JARDIANCE
Non-Preferred Agents:		
INVOKANA (canagliflozin)		
STEGLATRO (ertugliflozin)		
<i>Use preferred product(s) or obtain medical necessity prior authorization for coverage.</i>		
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitor/Biguanide Combinations		
P	dapagliflozin/metformin ext-rel	XIGDUO XR
P	empagliflozin/metformin	SYNJARDY
P	empagliflozin/metformin ext-rel	SYNJARDY XR
Non-Preferred Agents:		
INVOKAMET (canagliflozin/metformin)		
INVOKAMET XR (canagliflozin/metformin ext-rel)		
SEGLUROMET (ertugliflozin/metformin)		
<i>Use preferred product(s) or obtain medical necessity prior authorization for coverage.</i>		
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitor/Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations		
P	dapagliflozin/saxagliptin	QTERN
P	empagliflozin/linagliptin	GLYXAMBI
Non-Preferred Agents:		
STEGLUJAN (ertugliflozin/sitagliptin)		
<i>Use preferred product(s) or obtain medical necessity prior authorization for coverage.</i>		
Sodium Glucose Co-Transporter 2 (SGLT2) Inhibitor/Dipeptidyl Peptidase-4 (DPP-4) Inhibitor/Biguanide Combinations		
P	empagliflozin/linagliptin/metformin ext-rel	TRIJARDY XR
Sulfonylureas		
P	glimepiride	AMARYL
P	glipizide	
P	glipizide ext-rel	
Supplies		
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 5 INSULIN INFUSION PUMP
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 AGONISTS

P	cinacalcet	
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CALCIUM REGULATORS

Guidelines of treatment and management of osteoporosis are available at:

<https://www.ace.com>

<https://www.nof.org>

Bisphosphonates

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

Calcitonins

P	calcitonin-salmon	
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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	FENSOLVI
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	

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

GLUCOCORTICOIDS

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

GLUCOSE ELEVATING AGENTS

P	glucagon, human recombinant	
P	dasiglucagon	ZEGALOGUE
P	glucagon nasal powder	BAQSIMI
P	glucagon subcutaneous soln	GVOKE
P	glucagon, human recombinant	GLUCAGEN HYPOKIT

HEREDITARY TYROSINEMIA TYPE 1 AGENTS

P	nitisinone	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	GENOTROPIN
P	somatropin	NORDITROPIN

HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS

	calcitriol (1,25-D3)	ROCALTROL
	doxercalciferol	
	paricalcitol	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

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

Transdermal

P	estradiol	
P	estradiol	CLIMARA
P, #	estradiol	DIVIGEL
P	estradiol	VIVELLE-DOT
P	estradiol	EVAMIST
P	estradiol/levonorgestrel	CLIMARA PRO
P	estradiol/norethindrone acetate	COMBIPATCH

Brand DIVIGEL remains preferred.

Vaginal

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

PHENYLKETONURIA TREATMENT AGENTS

P	sapropterin	
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PHOSPHATE BINDER AGENTS

P	calcium acetate	
P	lanthanum carbonate	
P	sevelamer carbonate	
P	calcium acetate	PHOSLYRA
P	ferric citrate	AURYXIA
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	medroxyprogesterone acetate	PROVERA
P	megestrol acetate susp	
	norethindrone acetate	AYGESTIN
P	progesterone, micronized	PROMETRIUM

Vaginal

P	progesterone gel	CRINONE
P	progesterone vaginal inserts	ENDOMETRIN

SELECTIVE ESTROGEN RECEPTOR MODULATORS

P	raloxifene	EVISTA
P	ospemifene	OSPHENA

THYROID AGENTS

Antithyroid Agents

	methimazole	
	propylthiouracil	

Thyroid Supplements

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

Brand SYNTHROID remains preferred.

UREA CYCLE DISORDERS

P	sodium phenylbutyrate	
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UTERINE FIBROIDS

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

	desmopressin spray, tabs	
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MISCELLANEOUS

P	betaine	
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	cabergoline	
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P	carglumic acid	
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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
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P	diphenoxylate/atropine	LOMOTIL
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P	loperamide	
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ANTIEMETICS

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

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

	ursodiol	
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	ursodiol	URSO
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H₂ 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, #	mesalamine ext-rel caps	PENTASA
P	sulfasalazine	AZULFIDINE
P	sulfasalazine delayed-rel	AZULFIDINE EN-TABS

Brand PENTASA remains preferred.

Rectal Agents

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

IRRITABLE BOWEL SYNDROME

Irritable Bowel Syndrome with Constipation

P	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	eluxadoline	VIBERZI

LAXATIVES

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

Brand SUPREP remains preferred.

OPIOID-INDUCED CONSTIPATION

P	naldemedine	SYMPROIC
P	naloxegol	MOVANTIK

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
	dexlansoprazole delayed-rel	
P	esomeprazole delayed-rel	
P	lansoprazole delayed-rel	
P	omeprazole delayed-rel	PRILOSEC
P	pantoprazole delayed-rel	

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	amoxicillin/rifabutin/omeprazole delayed-rel	TALICIA
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	
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P	tadalafil	
URINARY ANTISPASMODICS		
P	darifenacin ext-rel	
P	fesoterodine ext-rel	
P	oxybutynin	
P	oxybutynin ext-rel	DITROPAN XL
P	solifenacin	
P	tolterodine	DETROL
P	tolterodine ext-rel	
P	tropium	
P	tropium ext-rel	
P	mirabegron ext-rel	MYRBETRIQ
P	vibegron	GEMTESA

Non-Preferred Agents:

GELNIQUE

OXYTROL

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

VAGINAL ANTI-INFECTIVES

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

MISCELLANEOUS

OTC	phenazopyridine	
	bethanechol	
	potassium citrate ext-rel	UROCIT-K
P	tiopronin	

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

P	enoxaparin	
	dalteparin	FRAGMIN

Oral

P	warfarin	
P	apixaban	ELIQUIS
P	rivaroxaban	XARELTO

Synthetic Heparinoid-like Agents

P	fondaparinux	ARIXTRA
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CHELATING AGENTS

P	deferasirox	
P	deferiprone	
P	deferoxamine	
P	penicillamine	
P	trientine	

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)	XYNTHA
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), Fc fusion protein	ALPROLIX
P	coagulation factor IX (recombinant), glycopegylated	REBINYN

MISCELLANEOUS BLEEDING DISORDERS AGENTS

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

PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS

P	pegcetacoplan	EMPAVELI
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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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SICKLE CELL DISEASE

P	hydroxyurea	SIKLOS
P	L-glutamine	ENDARI

THROMBOCYTOPENIA AGENTS

P	avatrombopag	DOPTELET
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	risankizumab-rzaa	SKYRIZI INTRAVENOUS
P	tildrakizumab-asmn	ILUMYA
P	ustekinumab	STELARA INTRAVENOUS

AUTOIMMUNE AGENTS (SELF-ADMINISTERED)

Ankylosing Spondylitis

P	adalimumab	HUMIRA
P	etanercept	ENBREL
P	secukinumab	COSENTYX
P	upadacitinib	RINVOQ

Crohn's Disease

P	adalimumab	HUMIRA
P	risankizumab-rzaa	SKYRIZI SUBCUTANEOUS
P	ustekinumab	STELARA SUBCUTANEOUS

Non-Radiographic Axial Spondyloarthritis

P	certolizumab	CIMZIA PREFILLED SYRINGE
P	secukinumab	COSENTYX
P	upadacitinib	RINVOQ

Psoriasis

P	adalimumab	HUMIRA
P	apremilast	OTEZLA
P	guselkumab	TREMFYA

P	ixekizumab	TALTZ
P	risankizumab-rzaa	SKYRIZI SUBCUTANEOUS
P	ustekinumab	STELARA SUBCUTANEOUS

Psoriatic Arthritis

P	adalimumab	HUMIRA
P	apremilast	OTEZLA
P	etanercept	ENBREL
P	guselkumab	TREMFYA
P	risankizumab-rzaa	SKYRIZI SUBCUTANEOUS
P	secukinumab	COSENTYX
P	upadacitinib	RINVOQ
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	upadacitinib	RINVOQ
P	ustekinumab	STELARA SUBCUTANEOUS

All Other Conditions

P	adalimumab	HUMIRA
P	etanercept	ENBREL

DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDs)

	hydroxychloroquine	PLAQUENIL
	leflunomide	ARAVA
	methotrexate	
P	methotrexate auto-injector	RASUVO

HEREDITARY ANGIOEDEMA

P	icatibant	
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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Miscellaneous

P	canakinumab	ILARIS
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IMMUNOSUPPRESSANTS

Antimetabolites

	azathioprine	
	azathioprine	IMURAN
P	mycophenolate mofetil	
P	mycophenolate sodium delayed-rel	

Calcineurin Inhibitors

P	cyclosporine	
P	cyclosporine, modified	
P	tacrolimus	

Monoclonal Antibodies

P	satralizumab-mwge	ENSPRYNG
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Rapamycin Derivatives

P	everolimus	
P	sirolimus	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

Potassium

	potassium chloride ext-rel	
P	potassium chloride liquid	

Miscellaneous

OTC	electrolyte soln, oral	PEDIALYTE
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VITAMINS AND MINERALS

Folic Acid/Combinations

	folic acid	
	folic acid/vitamin B6/vitamin B12	

Miscellaneous

OTC	calcium carbonate	
OTC	ferrous sulfate	FEOSOL
OTC	multivitamins/minerals	CENTRUM
	cyanocobalamin inj	
	fluoride drops, tabs	
	multivitamins/fluoride drops, tabs	
	multivitamins/fluoride/iron drops, tabs	
	vitamin ADC/fluoride drops	
	vitamin ADC/fluoride/iron drops	

RESPIRATORY

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

<https://www.aaaai.org>

<https://ginasthma.org>

<https://goldcopd.org>

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

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

<https://www.aaaai.org>

ANAPHYLAXIS TREATMENT AGENTS

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

Brands EPIPEN and EPIPEN JR remain preferred.

ANTICHOLINERGICS

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

Non-Preferred Agents:

TUDORZA PRESSAIR

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

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

Short Acting

P	ipratropium/albuterol soln	
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Long Acting

P	glycopyrrolate/formoterol	BEVESPI AEROSPHERE
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	

ANTI-HISTAMINE/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

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	formoterol inhalation soln	
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Oral Agents

	albuterol	
	terbutaline	

CYSTIC FIBROSIS

P	tobramycin inhalation soln	
P, #	tobramycin inhalation soln	BETHKIS

Brand BETHKIS remains preferred.

LEUKOTRIENE MODULATORS

P	montelukast	SINGULAIR
P	zafirlukast	
P	zileuton ext-rel	

MAST CELL STABILIZERS**cromolyn soln****NASAL ANTIHISTAMINES****P azelastine spray****P olopatadine spray**

PATANASE

NASAL STEROIDS/COMBINATIONS**P azelastine/fluticasone spray****P flunisolide spray****P fluticasone spray****P mometasone spray****PHOSPHODIESTERASE-4 INHIBITORS****P roflumilast****PULMONARY ENZYME DEFICIENCY AGENTS****P alpha-1 proteinase inhibitor**

PROLASTIN-C

PULMONARY FIBROSIS AGENTS**P pirfenidone****P nintedanib**

OFEV

SEVERE ASTHMA AGENTS**P benralizumab**

FASENRA

P dupilumab

DUPIXENT

P, * mepolizumab

NUCALA

P omalizumab

XOLAIR

P tezepelumab-ekko

TEZSPIRE

* Listing does not include lyophilized powder.

STEROID/BETA AGONIST COMBINATIONS**P, # budesonide/formoterol**

SYMBICORT

P fluticasone/salmeterol

ADVAIR DISKUS

P fluticasone/salmeterol, CFC-free aerosol

ADVAIR HFA

P, # fluticasone/vilanterol

BREQ ELLIPTA

Brands BREQ ELLIPTA and SYMBICORT remain preferred.

Non-Preferred Agents:

AIRDUO DIGIHALER

AIRDUO RESPICLICK

DULERA

*Use preferred product(s) or obtain medical necessity prior authorization for coverage.***STEROID INHALANTS****P budesonide inhalation susp**

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

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*

	isotretinoin	
P, #	isotretinoin	ABSORICA

Brand ABSORICA remains preferred.

Topical

OTC	benzoyl peroxide	
P	adapalene	
P, #	adapalene/benzoyl peroxide	EPIDUO
	adapalene/benzoyl peroxide	EPIDUO FORTE
P	benzoyl peroxide	BENZAC AC
P	clindamycin gel, lotion, soln	
P	clindamycin/benzoyl peroxide	
	clindamycin/tretinoin	
	erythromycin gel 2%	
P	erythromycin soln	
P	erythromycin/benzoyl peroxide	BENZAMYCIN
	sulfacetamide lotion 10%	KLARON
P	tazarotene	
P	tretinoin	
P	tretinoin	RETIN-A
P	tretinoin - Avita	
	tretinoin gel microsphere	
P	clascoterone	WINLEVI
P	clindamycin/benzoyl peroxide	ONEXTON
P	tazarotene	ARAZLO
P	tretinoin/benzoyl peroxide	TWYNEO
P	trifarotene	AKLIEF

Brand EPIDUO remains preferred.

Actinic Keratosis

P	fluorouracil crm 5%, soln 5%, soln 2%	
P, #	imiquimod	ZYCLARA

Brand ZYCLARA remains preferred.

Antibiotics

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

Antifungals

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

Antipsoriatics

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

Oral

P	acitretin	
P	methoxsalen oral	

Topical

P	calcipotriene	
P	calcipotriene/betamethasone	
P	calcipotriene/betamethasone	ENSTILAR
P	halobetasol propionate/tazarotene	DUOBRII

Antiseborrheics

P	ketoconazole shampoo 2%	
P	selenium sulfide lotion 2.5%	

Atopic Dermatitis

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

Injectable

P	dupilumab	DUPIXENT
P	tralokinumab-ldrm	ADBRY

Oral

P	abrocitinib	CIBINQO
P	upadacitinib	RINVOQ

Topical

P	pimecrolimus	
P	tacrolimus	
P	crisaborole	EUCRISA

Corticosteroids

Low Potency

OTC	hydrocortisone crm, oint 0.5%, 1%	CORTIZONE
	alclometasone crm, oint 0.05%	
P	desonide crm, lotion, oint 0.05%	
	fluocinolone acetonide soln 0.01%	
P	hydrocortisone crm 2.5%	
P	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%	
P	hydrocortisone butyrate crm, lotion, oint, soln 0.1%	
	hydrocortisone valerate crm, oint 0.2%	
P	mometasone crm, lotion, oint 0.1%	
P	triamcinolone acetonide crm, lotion 0.025%	
P	triamcinolone acetonide crm, lotion, oint 0.1%	

High Potency

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

Very High Potency

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

Emollients

	ammonium lactate 12%	
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Local Analgesics

P	lidocaine patch	LIDODERM
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Local Anesthetics

OTC	lidocaine	LMX-4
	lidocaine/prilocaine	

Rosacea

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

Brand SOOLANTRA remains preferred.

Scabicides and Pediculicides

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

Miscellaneous Skin and Mucous Membrane

OTC	salicylic acid 17%/collodion	DUOFILM
	imiquimod	
	podofilox	CONDYLOX

MOUTH/THROAT/DENTAL AGENTS

Anesthetics - Topical Oral

	lidocaine viscous	
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Protectants - Mouth/Throat

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

Steroids - Mouth/Throat

	triamcinolone paste	
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OPHTHALMIC

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

<https://one.aaopt.org>

Antiallergics

OTC	ketotifen	ZADITOR
OTC	olopatadine	PATADAY
P	azelastine	
P	bepotastine	
P	cromolyn sodium	
P	olopatadine	
P	alcaftadine	LASTACAPT
P	cetirizine	ZERVIAE

Anti-infectives

	bacitracin	
P	ciprofloxacin soln	CILOXAN

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

Anti-infective/Anti-inflammatory Combinations

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

Anti-inflammatories

Nonsteroidal

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

Steroidal

P	dexamethasone sodium phosphate	
P	difluprednate	
	fluorometholone	
P	loteprednol	
P	prednisolone acetate 1%	
P	dexamethasone	MAXIDEX
P	fluorometholone	FML FORTE
P	fluorometholone	FML S.O.P.
P	prednisolone acetate	PRED MILD
	prednisolone phosphate 1%	

Antivirals

P	trifluridine	
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Beta-blockers

Nonselective

	levobunolol	
	timolol maleate gel	
P	timolol maleate soln	

P	timolol hemihydrate	BETIMOL
<i>Selective</i>		
P	betaxolol	BETOPTIC S
Carbonic Anhydrase Inhibitors		
<i>Topical</i>		
P	brinzolamide	
P	dorzolamide	
Carbonic Anhydrase Inhibitor/Beta-blocker Combinations		
P	dorzolamide/timolol maleate	
Carbonic Anhydrase Inhibitor/Sympathomimetic Combinations		
P	brinzolamide/brimonidine	SIMBRINZA
Dry Eye Disease		
P, #	cyclosporine, emulsion	RESTASIS
P	lifitegrast	XIIDRA
# Brand RESTASIS remains preferred.		
Prostaglandins		
P	latanoprost	
P, #	tafluprost	ZIOPTAN
P	travoprost	
P	bimatoprost 0.01%	LUMIGAN
# Brand ZIOPTAN remains preferred.		
Retinal Disorders		
P	afibercept	EYLEA
P	ranibizumab	LUCENTIS
Rho Kinase Inhibitors		
P	netarsudil	RHOPRESSA
Rho Kinase Inhibitor/Prostaglandin Combinations		
P	netarsudil/latanoprost	ROCKLATAN
Sympathomimetics		
P, #	brimonidine	ALPHAGAN P
P	brimonidine 0.2%	
# Brand ALPHAGAN P remains preferred.		
Sympathomimetic/Beta-blocker Combinations		
P	brimonidine/timolol	

OTIC

Clinical practice guidelines for the treatment of otitis media are available at:
<https://www.aap.org>

Anti-infectives

P **acetic acid**

P **ofloxacin otic**

Anti-infective/Anti-inflammatory Combinations

P **ciprofloxacin/dexamethasone**

P **neomycin/polymyxin B/hydrocortisone**

Miscellaneous

OTC **carbamide peroxide 6.5%**

DEBROX

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>

INDEX

A

- A-200, 58
- abacavir, 20**
- abacavir/dolutegravir/lamivudine, 20
- abacavir/lamivudine, 20**
- abaloparatide, 40
- abatacept, 50
- ABILIFY MAINTENA, 31
- abiraterone, 22**
- abrocitinib, 56
- ABSORICA, 55
- acalabrutinib, 23
- acamprosate calcium, 35**
- acarbose, 36**
- ACCU-CHEK AVIVA PLUS kits and test strips, 39
- ACCU-CHEK COMPACT PLUS kits and test strips, 39
- ACCU-CHEK GUIDE kits and test strips, 39
- ACCU-CHEK SMARTVIEW kits and test strips, 39
- ACCUPRIL, 25
- ACCURETIC, 25
- acetaminophen, 17**
- acetaminophen/aspirin/caffeine, 34**
- acetazolamide, 28**
- acetazolamide ext-rel, 28**
- acetic acid, 61**
- acitretin, 56**
- ACTONEL, 39
- ACTOPLUS MET, 38
- ACULAR, 59
- ACUVAIL, 59
- acyclovir caps, tabs, 21**
- adalimumab, 49, 50
- adapalene, 55**
- adapalene/benzoyl peroxide, 55**
- ADBRY, 56
- ADEMPAS, 29
- ADVAIR DISKUS, 54
- ADVAIR HFA, 54
- ADVATE, 48
- ADVIL, 17
- ADYNOVATE, 48
- aflibercept, 60
- AFSTYLA, 48
- AGRYLIN, 49
- AIMOVIG, 34
- AJOVY, 34
- AKLIEF, 55
- albuterol, 53**
- albuterol soln, 53**
- albuterol sulfate, CFC-free aerosol, 53**
- alcaftadine, 58
- alclometasone crm, oint 0.05%, 57**
- ALDACTAZIDE, 28
- ALDACTONE, 25
- ALECENSA, 23
- alectinib, 23
- alendronate, 39**
- ALEVE, 17
- alfuzosin ext-rel, 46**
- alirocumab, 27
- aliskiren, 28**
- aliskiren/hydrochlorothiazide, 28
- ALKERAN, 22
- ALLEGRA, 52
- allopurinol, 17**
- alosetron, 45**
- alpha-1 proteinase inhibitor, 54
- ALPHAGAN P, 60
- alprazolam, 29**
- ALPROLIX, 48
- alprostadil supp, 46
- ALTACE, 25
- ALUNBRIG, 23
- amantadine, 31**
- AMARYL, 38
- AMBIEN, 33
- AMBIEN CR, 33
- ambrisentan, 29**
- amiloride, 28**
- amiloride/hydrochlorothiazide, 28**
- amiodarone, 26**
- amitriptyline, 30**
- amlodipine, 27**
- amlodipine/atorvastatin, 28**
- amlodipine/benazepril, 25**
- amlodipine/olmesartan, 26**
- amlodipine/telmisartan, 26**
- amlodipine/valsartan, 26**
- amlodipine/valsartan/hydrochlorothiazide, 26**
- ammonium lactate 12%, 57**
- amoxicillin, 19**
- amoxicillin/clavulanate, 19**
- amoxicillin/clavulanate ext-rel, 19**
- amoxicillin/rifabutin/omeprazole delayed-rel, 46
- amphetamine/dextroamphetamine mixed salts, 32**
- amphetamine/dextroamphetamine mixed salts ext-rel, 32, 33**
- ampicillin, 19**
- ANAFRANIL, 30
- anagrelide, 49**
- anastrozole, 23**
- ANDRODERM, 36
- ANNOVERA, 41
- ANORO ELLIPTA, 52
- antihemophilic factor (recombinant), 48
- antihemophilic factor (recombinant) Fc fusion protein, 48
- antihemophilic factor (recombinant) pegylated, 48
- antihemophilic factor (recombinant) pegylated-aucl, 48
- antihemophilic factor (recombinant) single chain, 48
- antihemophilic factor (recombinant), glycopegylated-exei, 48
- ANUSOL-HC, 46
- apalutamide, 22
- apixaban, 47
- apomorphine, 31
- apremilast, 49, 50
- aprepitant, 44**
- ARAVA, 50
- ARAZLO, 55
- ARICEPT, 30
- ARIMIDEX, 23
- aripiprazole, 31**
- aripiprazole ext-rel inj, 31
- aripiprazole lauroxil ext-rel inj, 31
- ARISTADA, 31

ARISTADA INITIO, 31
ARIXTRA, 48
armodafinil, 35
ARNUITY ELLIPTA, 54
AROMASIN, 23
aspirin, 48
atazanavir, 21
atazanavir/cobicistat, 20
ATELVIA, 39
atenolol, 27
atenolol/chlorthalidone, 27
atogepant, 34
atomoxetine, 32
atorvastatin, 27
atovaquone/proguanil, 20
ATROVENT HFA, 52
AUBAGIO, 35
AUGMENTIN, 19
AURYXIA, 43
AUSTEDO, 34
AUVI-Q, 52
avatrombopag, 49
AVODART, 46
AVONEX, 34
axitinib, 23
AYGESTIN, 43
azathioprine, 51
azelaic acid foam, 58
azelaic acid gel, 58
azelastine, 58
azelastine spray, 54
azelastine/fluticasone spray, 54
azithromycin, 19
AZOR, 26
AZULFIDINE, 45
AZULFIDINE EN-TABS, 45

B

bacitracin, 56, 58
baclufen, 35
balsalazide, 45
BAQSIMI, 42
BARACLUDE, 21
BASAGLAR, 37
BD ULTRAFINE insulin syringes and needles, 38
beclomethasone breath-activated aerosol, 54
BELBUCA, 18
BELSOMRA, 33
bempedoic acid, 26
bempedoic acid/ezetimibe, 26
BENADRYL, 52
benazepril, 24
benazepril/hydrochlorothiazide, 25
benralizumab, 54
BENZAC AC, 55
BENZAMYCIN, 55
benzonatate, 53
benzoyl peroxide, 55
benztropine, 31
benzyl alcohol/carbomer 941/glycerin, 58
bepotastine, 58
berotralstat, 50
besifloxacin, 59
BESIVANCE, 59
betaine, 44

betamethasone dipropionate augmented crm, lotion 0.05%, 57
betamethasone dipropionate augmented gel, oint 0.05%, 57
betamethasone dipropionate crm, lotion, oint 0.05%, 57
betamethasone valerate crm, lotion, oint 0.1%, 57
BETASERON, 34
betaxolol, 60
bethanechol, 47
BETHKIS, 53
BETIMOL, 60
BETOPTIC S, 60
bevacizumab-bvzr, 22
BEVESPI AEROSPHERE, 52
bexarotene, 24
bicalutamide, 22
bictegravir/emtricitabine/tenofovir alafenamide, 20
BIDIL, 28
BIKTARVY, 20
bimatoprost 0.01%, 60
binimetinib, 23
bismuth/metronidazole/tetracycline, 46
bisoprolol, 27
bisoprolol/hydrochlorothiazide, 27
blood glucose continuous monitoring receivers, sensors, 38
blood glucose continuous monitoring receivers, sensors, transmitters, 39
blood glucose monitoring kits, test strips, 39
bortezomib, 24
bosentan, 29
BOSULIF, 23
bosutinib, 23
BRAFTOVI, 23
BREO ELLIPTA, 54
BREZTRI AEROSPHERE, 52
brigatinib, 23
BRILINTA, 48
brimonidine, 60
brimonidine 0.2%, 60
brimonidine/timolol, 60
brinzolamide, 60
brinzolamide/brimonidine, 60
bromfenac sodium, 59
bromocriptine, 31
BRUKINSA, 23
BRYHALI, 57
budesonide, 54
budesonide delayed-rel caps, 45
budesonide ext-rel, 45
budesonide inhalation susp, 54
budesonide/formoterol, 54
budesonide/glycopyrrolate/formoterol, 52
bumetanide, 28
buprenorphine, 18
buprenorphine sublingual, 35
buprenorphine transdermal, 17
buprenorphine/naloxone, 35
buprenorphine/naloxone sublingual, 35
bupropion, 31
bupropion ext-rel, 31, 36
buspironone, 30
busulfan, 22

C

C1 esterase inhibitor, recombinant, 50
cabergoline, 44

CABOMETYX, 23
 cabozantinib, 23
 CADUET, 28
 CALAN SR, 28
calcipotriene, 56
calcipotriene/betamethasone, 56
calcitonin-salmon, 39
calcitriol (1,25-D3), 42
calcium acetate, 43
calcium carbonate, 51
 calcium, magnesium, potassium, and sodium oxybates, 35
 CALQUENCE, 23
 canakinumab, 51
candesartan, 25
candesartan/hydrochlorothiazide, 25
capecitabine, 22
captopril, 25
carbamazepine, 32
carbamazepine ext-rel, 32
carbamide peroxide 6.5%, 61
 CARBATROL, 32
carbidopa/levodopa, 31
carbidopa/levodopa ext-rel, 31
carbidopa/levodopa/entacapone, 31
 CARDURA, 25
carglumic acid, 44
 cariprazine, 31
carisoprodol, 35
carvedilol, 27
carvedilol phosphate ext-rel, 27
 CASODEX, 22
 CATAPRES-TTS, 25
cefadroxil, 19
cefdinir, 19
cefixime, 19
cefprozil, 19
cefuroxime axetil, 19
celecoxib, 17
 CELEXA, 30
 CENTRUM, 51
cephalexin, 19
 CERDELGA, 41
 CEREZYME, 41
 ceritinib, 23
 certolizumab, 49
cetirizine, 52, 58
cetirizine/pseudoephedrine ext-rel, 53
cetrorelix, 41
 CETROTIDE, 41
cevimeline, 46
 chlorambucil, 22
chloroquine, 20
chlorpheniramine 4 mg, 52
chlorpromazine, 31
chlorthalidone, 28
 CHLOR-TRIMETON ALLERGY, 52
chlorzoxazone, 35
cholestyramine, 26
 choriogonadotropin alfa, 41
 CIBINQO, 56
ciclopirox, 56
cilostazol, 49
 CILOXAN, 58, 59
 CIMDUO, 20
cimetidine, 45

CIMZIA PREFILLED SYRINGE, 49
cinacalcet, 39
 CIPRO, 19
ciprofloxacin, 19
 ciprofloxacin oint, 59
ciprofloxacin soln, 58
ciprofloxacin/dexamethasone, 61
citalopram, 30
clarithromycin, 19
clarithromycin ext-rel, 19
 CLARITIN, 52
 CLARITIN-D, 53
 clascoterone, 55
clemastine 1.34 mg, 52
clemastine 2.68 mg, 52
 CLEOCIN, 22, 47
 CLIMARA, 42
 CLIMARA PRO, 42
clindamycin, 22
clindamycin crm, 47
clindamycin gel, lotion, soln, 55
clindamycin/benzoyl peroxide, 55
clindamycin/tretinoin, 55
clobazam, 32
clobetasol propionate crm, foam, gel, oint, soln 0.05%, 57
clobetasol propionate lotion, shampoo 0.05%, 57
 CLOBEX, 57
clomiphene, 41
clomipramine, 30
clonazepam, 29
clonidine, 25
clonidine transdermal, 25
clopidogrel, 48
clotrimazole, 47, 56
clotrimazole troches, 19
clozapine, 31
 CLOZARIL, 31
 coagulation factor IX (recombinant), Fc fusion protein, 48
 coagulation factor IX (recombinant), glycopegylated, 48
 coagulation factor VIIa (recombinant), 48
 coagulation factor VIIa (recombinant)-jncw, 48
 cobimetinib, 23
codeine/acetaminophen, 17
codeine/promethazine, 53
codeine/promethazine/phenylephrine, 53
colchicine, 17
colesevelam, 26
 COLESTID, 26
colestipol, 26
 COMBIPATCH, 42
 COMTAN, 31
 CONDYLOX, 58
 COPAXONE, 34
 COPIKTRA, 23
 COREG, 27
 CORGARD, 27
 CORLANOR, 28
 CORTEF, 42
 CORTIFOAM, 45
 CORTIZONE, 57
 COSENTYX, 49, 50
 COTELLIC, 23
 COZAAR, 25
 CREON, 46
 CRINONE, 43

crisaborole, 57
cromolyn sodium, 58
cromolyn soln, 54
CUTAQUIG, 50
cyanocobalamin inj, 51
cyclobenzaprine, 35
cyclophosphamide caps, 22
cyclosporine, 51
cyclosporine, emulsion, 60
cyclosporine, modified, 51
cyproheptadine, 52
CYSTAGON, 44
cysteamine bitartrate, 44
CYTOMEL, 43
CYTOTEC, 46

D

D.H.E. 45, 33
dalteparin, 47
danazol, 41
DANTRIUM, 35
dantrolene, 35
dapagliflozin, 38
dapagliflozin/metformin ext-rel, 38
dapagliflozin/saxagliptin, 38
dapsone, 22
daridorexant, 33
darifenacin ext-rel, 47
darolutamide, 22
darunavir, 21
darunavir/cobicistat, 20
darunavir/cobicistat/emtricitabine/tenofovir alafenamide, 20
dasatinib, 23
dasiglucagon, 42
DAYVIGO, 33
DEBROX, 61
deferasirox, 48
deferiprone, 48
deferoxamine, 48
degarelix acetate, 24
denosumab, 40
DEPAKOTE, 32
DEPAKOTE ER, 32
DEPO-PROVERA, 41
DESCOVY, 20
desipramine, 30
desmopressin spray, tabs, 44
desogestrel/EE, 40
desogestrel/EE 0.15/30, 40
desonide crm, lotion, oint 0.05%, 57
desoximetasone crm, oint 0.05%, 57
desoximetasone crm, oint 0.25%, gel 0.05%, 57
desvenlafaxine ext-rel, 30
DETROL, 47
deutetrabenazine, 34
dexamethasone, 42, 59
dexamethasone sodium phosphate, 59
dexbrompheniramine/pseudoephedrine ext-rel 6 mg/120 mg, 53
DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM, 39
DEXEDRINE SPANSULE, 33
dexlansoprazole delayed-rel, 46
dexmethylphenidate, 32
dexmethylphenidate ext-rel, 32

dextroamphetamine, 32
dextroamphetamine ext-rel, 33
dextromethorphan/brompheniramine/pseudoephedrine, 53
dextromethorphan/guaifenesin, 53
dextromethorphan/promethazine, 53
dextromethorphan/quinidine, 35
DIASTAT, 32
diazepam, 29
diazepam rectal gel, 32
diclofenac sodium, 59
diclofenac sodium delayed-rel, 17
diclofenac sodium delayed-rel/misoprostol, 17
diclofenac sodium gel 1%, 17
diclofenac sodium soln, 17
dicloxacillin, 19
dicyclomine, 44
DIFICID, 19
diflorasone diacetate crm 0.05%, 57
diflorasone diacetate oint 0.05%, 57
DIFLUCAN, 19
diflunisal, 17
difluprednate, 59
digoxin, 28
digoxin ped elixir, 28
dihydroergotamine inj, 33
dihydroergotamine spray, 33
DILANTIN, 32
DILANTIN INFATABS, 32
diltiazem ext-rel, 28
dimethyl fumarate delayed-rel, 34
diphenhydramine, 52
diphenoxylate/atropine, 44
dipyridamole, 48
dipyridamole ext-rel/aspirin, 48
dioximel fumarate delayed-rel, 34
disopyramide, 26
disopyramide ext-rel, 26
disulfiram, 35
DITROPAN XL, 47
divalproex sodium delayed-rel, 32
divalproex sodium ext-rel, 32
DIVIGEL, 42
dolutegravir, 20
dolutegravir/lamivudine, 20
donepezil, 30
DOPTELET, 49
dorzolamide, 60
dorzolamide/timolol maleate, 60
DOVATO, 20
doxazosin, 25
doxepin, 30, 33
doxercalciferol, 42
doxycycline hyclate, 19
doxycycline hyclate 20 mg, 19
doxycycline monohydrate delayed-rel caps, 58
doxylamine/pyridoxine delayed-rel, 44
DRIXORAL, 53
dronabinol, 44
dronedarone, 26
drospirenone/EE 3/20, 40
drospirenone/EE 3/30, 40
drospirenone/EE/levomefolate 3/20 and levomefolate, 40
drospirenone/EE/levomefolate 3/30 and levomefolate, 40
DUAVEE, 42
DUETACT, 38

dulaglutide, 37
duloxetine delayed-rel, 30
DUOBRII, 56
DUOFILM, 58
dupilumab, 54, 56
DUPIXENT, 54, 56
DUROLANE, 18
dutasteride, 46
dutasteride/tamsulosin, 46
duvelisib, 23

E

econazole, 56
EDURANT, 20
EE/norethindrone acetate - Jinteli, 42
efavirenz, 20
efavirenz/emtricitabine/tenofovir disoproxil fumarate, 20
efavirenz/lamivudine/tenofovir disoproxil fumarate, 20
EFFEXOR XR, 30
elagolix, 41
elagolix sodium/estradiol/norethindrone acetate, 44
electrolyte soln, oral, 51
eletriptan, 34
ELIGARD, 24
eliglustat, 41
ELIQUIS, 47
ELOCTATE, 48
eltrombopag, 49
eluxadoline, 45
elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide, 20
EMGALITY, 34
empagliflozin, 38
empagliflozin/linagliptin, 38
empagliflozin/linagliptin/metformin ext-rel, 38
empagliflozin/metformin, 38
empagliflozin/metformin ext-rel, 38
EMPAVELI, 48
emtricitabine, 20
emtricitabine/rilpivirine/tenofovir alafenamide, 20
emtricitabine/tenofovir alafenamide, 20
emtricitabine/tenofovir disoproxil fumarate, 20
EMTRIVA, 20
EMVERM, 22
enalapril, 25
enalapril/hydrochlorothiazide, 25
ENBREL, 49, 50
encorafenib, 23
ENDARI, 49
ENDOMETRIN, 43
enfuvirtide, 20
enoxaparin, 47
ENSPRYNG, 51
ENSTILAR, 56
entacapone, 31
entecavir soln, 21
entecavir tabs, 21
entrectinib, 23
ENTRESTO, 28
enzalutamide, 23
EPCLUSA, 21
EPIDUO, 55
EPIDUO FORTE, 55
epinephrine, 52
epinephrine auto-injector, 52
EPIPEN, 52

EPIPEN JR., 52
EPISIL, 58
eplerenone, 25
epoetin alfa-epbx, 48
EPZICOM, 20
erenumab-aooe, 34
ergotamine/caffeine, 33
ERIVEDGE, 24
ERLEADA, 22
erlotinib, 23
erythromycin, 59
erythromycin delayed-rel, 19
erythromycin ethylsuccinate, 19
erythromycin gel 2%, 55
erythromycin soln, 55
erythromycin stearate, 19
erythromycin/benzoyl peroxide, 55
escitalopram, 30
esomeprazole delayed-rel, 46
ESPEROCT, 48
ESTRACE, 42
estradiol, 42
estradiol vaginal crm, 43
estradiol vaginal ring, 43
estradiol vaginal tabs, 43
estradiol valerate and dienogest/estradiol valerate, 41
estradiol/levonorgestrel, 42
estradiol/norethindrone, 42
estradiol/norethindrone acetate, 42
ESTRING, 43
estrogens, conjugated, 42
estrogens, conjugated crm, 43
estrogens, conjugated/bazedoxifene, 42
estrogens, conjugated/medroxyprogesterone, 42
eszopiclone, 33
etanercept, 49, 50
ethacrynic acid, 28
ethambutol, 21
ethosuximide, 32
ethynodiol diacetate/EE 1/35 - Zovia 1/35, 40
etodolac, 17
etonogestrel/EE ring, 41
etoposide, 24
etravirine, 20
EUCRISA, 57
EUFLEXXA, 18
EVAMIST, 42
everolimus, 23, 51
EVISTA, 43
EVOTAZ, 20
EVOXAC, 46
EXCEDRIN MIGRAINE, 34
EXELON, 30
exemestane, 23
EYLEA, 60
ezetimibe, 26
ezetimibe/simvastatin, 27

F

famciclovir, 21
famotidine, 45
FARXIGA, 38
FASENRA, 54
felodipine ext-rel, 27
FEMARA, 23

fenofibrate, 26
fenofibric acid delayed-rel, 26
FENSOLVI, 40
fantanyl transdermal, 17
fantanyl transmucosal lozenges, 17
FEOSOL, 51
ferric citrate, 43
ferrous sulfate, 51
fesoterodine ext-rel, 47
FETZIMA, 30
fexofenadine, 52
FIASP, 37
fidaxomicin, 19
filgrastim-aafi, 48
FINACEA FOAM, 58
finasteride, 46
finerenone, 41
 fingolimod, 34
FIRMAGON, 24
FLAGYL, 22
flecainide, 26
FLOMAX, 46
FLOVENT DISKUS, 54
FLOVENT HFA, 54
fluconazole, 19
fludrocortisone, 42
flunisolide spray, 54
fluocinolone acetate crm, oint 0.025%, 57
fluocinolone acetate soln 0.01%, 57
fluocinonide crm, gel, oint, soln 0.05%, 57
fluoride drops, tabs, 51
fluorometholone, 59
fluorouracil crm 5%, soln 5%, soln 2%, 55
fluoxetine, 30
fluoxetine 60 mg, 30
fluphenazine, 31
flutamide, 22
fluticasone, 54
fluticasone propionate crm, lotion 0.05%, oint 0.005%, 47
fluticasone spray, 54
fluticasone, CFC-free aerosol, 54
fluticasone/salmeterol, 54
fluticasone/salmeterol, CFC-free aerosol, 54
fluticasone/umeclidinium/vilanterol, 52
fluticasone/vilanterol, 54
fluvastatin, 27
fluvoxamine, 30
FML FORTE, 59
FML S.O.P., 59
FOCALIN, 32
FOCALIN XR, 32
folic acid, 51
folic acid/vitamin B6/vitamin B12, 51
follitropin alfa, 41
fondaparinux, 48
formoterol inhalation soln, 53
FORTEO, 40
FOSAMAX, 39
fosinopril, 25
fosinopril/hydrochlorothiazide, 25
fostamatinib, 49
FRAGMIN, 47
FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM, 39
fremanezumab-vfrm, 34

furosemide, 28
FUZEON, 20
FYCOMPA, 32

G

gabapentin, 32
gabapentin ext-rel, 35
galantamine, 30
galantamine ext-rel, 30
galcanezumab-gnlm, 34
GAVRETO, 23
gefitinib, 23
GELSYN-3, 18
gemfibrozil, 26
GEMTESA, 47
GENOTROPIN, 42
gentamicin, 56, 59
GENVOYA, 20
gilteritinib, 23
glatiramer, 34
GLEEVEC, 23
glimepiride, 38
glipizide, 38
glipizide ext-rel, 38
glipizide/metformin, 36
GLUCAGEN HYPOKIT, 42
glucagon nasal powder, 42
glucagon subcutaneous soln, 42
glucagon, human recombinant, 42
glycopyrrolate/formoterol, 52
GLYXAMBI, 38
golimumab, 49
GOLYTELY, 45
GONAL-F, 41
GRALISE, 35
granisetron, 44
granisetron transdermal, 44
grass mixed pollen allergen extract, 49
GRASTEK, 49
griseofulvin ultramicronized, 20
guanfacine, 25
guanfacine ext-rel, 33
guselkumab, 49, 50
GVOKE, 42
GYNE-LOTTRIMIN, 47

H

halobetasol propionate crm, oint 0.05%, 57
halobetasol propionate lotion 0.01%, 57
halobetasol propionate/tazarotene, 56
haloperidol, 31
HARVONI, 21
histrelin acetate, 40
HUMALOG, 37
HUMALOG MIX, 37
human coagulation factor VIII (rDNA) simoctocog alfa, 48
HUMIRA, 49, 50
HUMULIN 70/30, 37
HUMULIN N, 37
HUMULIN R, 37
HUMULIN R U-500, 37
hydralazine, 29
HYDREA, 24
hydrochlorothiazide, 28
hydrocodone ext-rel, 17

hydrocodone/acetaminophen, 18
hydrocodone/homatropine, 53
hydrocortisone, 42
hydrocortisone acetate foam, 45
hydrocortisone acetate/pramoxine foam, 46
hydrocortisone butyrate crm, lotion, oint, soln 0.1%, 57
hydrocortisone crm, 46
hydrocortisone crm 2.5%, 57
hydrocortisone crm, oint 0.5%, 1%, 57
hydrocortisone enema, 45
hydrocortisone lotion 1%, 57
hydrocortisone valerate crm, oint 0.2%, 57
hydromorphone, 18
hydromorphone ext-rel, 18
hydroxychloroquine, 50
hydroxyurea, 24, 49
hydroxyzine HCl, 52
hyoscyamine sulfate, 44
hyoscyamine sulfate ext-rel, 44
hyoscyamine sulfate orally disintegrating tabs, 44
HYZAAR, 25

I

ibandronate, 39
IBRANCE, 23
ibrutinib, 23
ibuprofen, 17
icatibant, 50
icosapent ethyl, 27
idelalisib, 23
ILARIS, 51
ILEVRO, 59
ILUMYA, 49
imatinib mesylate, 23
IMBRUVICA, 23
imiglucerase, 41
imipramine HCl, 31
imiquimod, 55, 58
IMITREX, 34
immune globulin (human)-hipp, 50
IMODIUM A-D, 44
IMURAN, 51
INBRIJA, 31
INCRUSE ELLIPTA, 52
indapamide, 28
INDERAL LA, 27
infliximab, 49
INGREZZA, 34
INLYTA, 23
inotersen, 43
INSPRA, 25
insulin aspart, 37
INSULIN ASPART, 37
INSULIN ASPART 70/30, 37
insulin aspart protamine 70%/insulin aspart 30%, 37
insulin degludec, 37
insulin detemir, 37
insulin glargine, 37
insulin human, 37
insulin infusion disposable pump, 39
insulin isophane human, 37
insulin isophane human 70%/regular 30%, 37
insulin lispro, 37
INSULIN LISPRO, 37
insulin lispro protamine/insulin lispro, 37

insulin lispro-aabc, 37
insulin syringes, needles, 38
INTELENCE, 20
interferon beta-1a, 34
interferon beta-1b, 34
ipratropium soln, 52
ipratropium spray, 55
ipratropium, CFC-free aerosol, 52
ipratropium/albuterol soln, 52
irbesartan, 25
irbesartan/hydrochlorothiazide, 25
IRESSA, 23
ISENTRESS, 20
isoniazid, 21
isosorbide dinitrate, 29
isosorbide dinitrate/hydralazine, 28
isosorbide mononitrate, 29
isosorbide mononitrate ext-rel, 29
isotretinoin, 55
itraconazole, 20
ivabradine, 28
ivermectin, 22, 58
ixazomib, 24
ixekizumab, 50

J

JANUMET, 37
JANUMET XR, 37
JANUVIA, 36
JARDIANCE, 38
JENTADUETO, 36
JENTADUETO XR, 37
JIVI, 48

K

KANJINTI, 22
KEPPRA, 32
KEPPRA XR, 32
KERENDIA, 41
KESIMPTA, 34
ketoconazole, 56
ketoconazole shampoo 2%, 56
ketorolac, 59
ketotifen, 58
KEVZARA, 50
KISQALI, 23
KISQALI FEMARA CO-PACK, 23
KLARON, 55
KLOXXADO, 35
KOGENATE FS, 48
KOSELUGO, 23
KOVALTRY, 48
KYLEENA, 41
KYNMOBI, 31

L

labetalol, 27
lacosamide, 32
lactulose soln, 45
LAMICTAL, 32
LAMICTAL ODT, 32
LAMICTAL XR, 32
LAMISIL AT, 56
lamivudine, 20, 21
lamivudine/tenofovir disoproxil fumarate, 20
lamivudine/zidovudine, 20

lamotrigine, 32
lamotrigine ext-rel, 32
lamotrigine orally disintegrating tablets, 32
 lanadelumab-flyo, 50
 lancets, 38
 lanreotide acetate, 36
lansoprazole + amoxicillin + clarithromycin, 46
lansoprazole delayed-rel, 46
lanthanum carbonate, 43
 LANTUS, 37
lapatinib, 23
 larotrectinib, 23
 LASIX, 28
 LASTACAFT, 58
latanoprost, 60
 LATUDA, 31
 ledipasvir/sofosbuvir, 21
leflunomide, 50
 lemborexant, 33
 lenalidomide, 24
 lenvatinib, 23
 LENVIMA, 23
letrozole, 23
 LEUKERAN, 22
leuprolide acetate, 24, 40
levabuterol tartrate, CFC-free aerosol, 53
 LEVEMIR, 37
levetiracetam, 32
levetiracetam ext-rel, 32
levobunolol, 59
levocarnitine, 40
levocetirizine, 52
 levodopa inhalation powder, 31
levofloxacin, 19, 59
 levomilnacipran ext-rel, 30
 levonorgestrel releasing IUD, 41
levonorgestrel/EE - Trivora, 40
levonorgestrel/EE 0.1/20 - Lessina, 40
levonorgestrel/EE 0.1/20 and EE 10, 41
levonorgestrel/EE 0.15/30, 41
levonorgestrel/EE 0.15/30 - Levora, 40
levonorgestrel/EE 0.15/30 and EE 10, 41
levothyroxine, 43
levothyroxine - Levoxy, 43
 LEVSIN, 44
 LEXAPRO, 30
 L-glutamine, 49
lidocaine, 57
lidocaine patch, 57
lidocaine viscous, 58
lidocaine/prilocaine, 57
 LIDODERM, 57
 lifitegrast, 60
 linaclotide, 45
 linagliptin, 36
 linagliptin/metformin, 36
 linagliptin/metformin ext-rel, 37
linezolid, 22
 LINZESS, 45
liothyronine, 43
 liraglutide, 37, 39
 liraglutide/insulin degludec, 37
 lisdexamfetamine, 33
lisinopril, 25
lisinopril/hydrochlorothiazide, 25

lithium carbonate, 34
lithium carbonate ext-rel tabs 300 mg, 34
lithium carbonate ext-rel tabs 450 mg, 34
 LITHOBID, 34
 lixisenatide/insulin glargine, 37
 LMX-4, 57
 LO LOESTRIN FE, 40
 LOKELMA, 43
 LOMOTIL, 44
 LONSURF, 22
loperamide, 44
 LOPID, 26
lopinavir/ritonavir, 21
 LOPROX, 56
loratadine, 52
loratadine/pseudoephedrine ext-rel, 53
lorazepam, 29
losartan, 25
losartan/hydrochlorothiazide, 25
 LOSEASONIQUE, 41
 LOTENSIN, 24
 LOTENSIN HCT, 25
loteprednol, 59
 LOTREL, 25
 LOTRIMIN AF, 56
lovastatin, 27
 LOVAZA, 27
lubiprostone, 45
 LUCENTIS, 60
luliconazole, 56
 LUMIGAN, 60
 LUPRON DEPOT-PED, 40
 lurasidone, 31
 LYNPARZA, 24
 LYSODREN, 24
 LYUMJEV, 37

M
 macitentan, 29
 MACROBID, 22
 MALARONE, 20
malathion, 58
maraviroc, 20
 MARINOL, 44
 MATULANE, 24
 MAXALT, 34
 MAXIDEX, 59
 MAXITROL, 59
 MAXZIDE, 28
 MAYZENT, 34
 mebendazole chewable, 22
meclizine, 44
 MEDROL, 42
medroxyprogesterone acetate, 43
medroxyprogesterone acetate 150 mg/mL, 41
mefloquine, 20
megestrol acetate susp, 43
megestrol acetate tabs, 23
 MEKTOVI, 23
meloxicam, 17
melphalan, 22
memantine, 30
memantine ext-rel, 30
 memantine/donepezil, 30
 MENOPUR, 41

menotropins, 41
 mepolizumab, 54
mercaptopurine, 22
mesalamine delayed-rel, 45
mesalamine ext-rel caps, 45
mesalamine supp, 45
mesalamine susp, 45
metaxalone, 35
metformin, 36
metformin ext-rel, 36
methadone, 18
methazolamide, 28
methimazole, 43
methocarbamol, 35
 methotrexate, 22, 50
 methotrexate auto-injector, 50
methoxsalen oral, 56
 METHYLIN, 33
methylphenidate, 33
methylphenidate ext-rel, 33
methylprednisolone, 42
metoclopramide, 44
metolazone, 28
metoprolol succinate ext-rel, 27
metoprolol tartrate, 27
metoprolol/hydrochlorothiazide, 27
 METROCREAM, 58
 METROGEL, 58
 METROLOTION, 58
metronidazole, 22, 47
metronidazole crm 0.75%, 58
metronidazole gel 0.75%, 58
metronidazole gel 1%, 58
metronidazole lotion 0.75%, 58
 MICARDIS, 25
 MICARDIS HCT, 25
 MICATIN, 56
miconazole, 47, 56
midodrine, 29
 midostaurin, 23
 milnacipran, 33
minocycline, 19
 mirabegron ext-rel, 47
 MIRALAX, 45
 MIRCETTE, 40
 MIRENA, 41
mirtazapine, 31
misoprostol, 46
 mitotane, 24
modafinil, 35
mometasone crm, lotion, oint 0.1%, 57
mometasone spray, 54
 MONISTAT, 47
montelukast, 53
morphine, 18
morphine ext-rel, 18
 MOVANTIK, 45
moxifloxacin, 19, 59
 MUGARD, 58
 MULTAQ, 26
multivitamins/fluoride drops, tabs, 51
multivitamins/fluoride/iron drops, tabs, 51
multivitamins/minerals, 51
mupirocin oint, 56
 MUSE, 46

MYAMBUTOL, 21
mycophenolate mofetil, 51
mycophenolate sodium delayed-rel, 51
 MYDAYIS, 33
 MYFEMBREE, 41, 44
 MYLERAN, 22
 MYRBETRIQ, 47
 MYSOLINE, 32

N

nabumetone, 17
nadolol, 27
naftifine, 56
 NAFTIN, 56
 naldemedine, 45
 naloxegol, 45
naloxone, 35
 naloxone nasal spray, 35
naltrexone, 35
 NAMZARIC, 30
naproxen, 17
naproxen sodium, 17
naproxen sodium tabs, 17
naratriptan, 34
 NARDIL, 30
 natalizumab, 34
 NATAZIA, 41
nateglinide, 38
 NATESTO, 36
neбиволол, 27
neomycin/polymyxin B/bacitracin, 56
neomycin/polymyxin B/bacitracin/hydrocortisone oint, 59
neomycin/polymyxin B/dexamethasone, 59
neomycin/polymyxin B/gramicidin, 59
neomycin/polymyxin B/hydrocortisone, 61
neomycin/polymyxin B/hydrocortisone susp, 59
 NEOSPORIN, 56
 nepafenac, 59
 netarsudil, 60
 netarsudil/latanoprost, 60
 NEUPRO, 31
 NEURONTIN, 32
 NEVANAC, 59
nevirapine, 20
nevirapine ext-rel, 20
 NEXAVAR, 23
 NEXLETOL, 26
 NEXLIZET, 26
niacin ext-rel, 27
 NIASPAN, 27
 NICODERM CQ, 36
 NICORETTE, 36
nicotine polacrilex gum, 36
 nicotine polacrilex lozenge, 36
nicotine transdermal, 36
nifedipine ext-rel, 28
 NINLARO, 24
 nintedanib, 54
 niraparib, 24
nitisinone, 42
 NITRO-DUR, 29
nitrofurantoin ext-rel, 22
nitrofurantoin macrocrystals, 22
nitrofurantoin susp, 22
nitroglycerin lingual spray, 29

nitroglycerin sublingual, 29
nitroglycerin transdermal, 29
NITROLINGUAL, 29
NITROSTAT, 29
NIVESTYM, 48
NIX, 58
NORDITROPIN, 42
norelgestromin/EE, 41
norethindrone, 41
norethindrone acetate, 43
norethindrone acetate/EE 1.5/30, 40
norethindrone acetate/EE 1.5/30 and iron, 40
norethindrone acetate/EE 1/10 and EE 10 and iron, 40
norethindrone acetate/EE 1/20, 40
norethindrone acetate/EE 1/20 and iron, 40
norethindrone acetate/EE 1/20 and iron chewable, 40
norethindrone/EE, 40
norethindrone/EE 0.5/35, 40
norethindrone/EE 1/35, 40
norgestimate/EE, 40
norgestimate/EE 0.25/35, 40
norgestrel/EE 0.3/30 - Low-Ogestrel, 40
NORPACE CR, 26
NORPRAMIN, 30
nortriptyline, 31
NORVIR, 21
NOVOEIGHT, 48
NOVOLIN 70/30, 37
NOVOLIN N, 37
NOVOLIN R, 37
NOVOLOG, 37
NOVOLOG MIX 70/30, 37
NOVOSEVEN RT, 48
NUBEQA, 22
NUCALA, 54
NUCYNTA, 18
NUCYNTA ER, 18
NUDEXTA, 35
NURTEC ODT, 34
NUVIGIL, 35
NUWIQ, 48
nystatin, 20, 56

O

ocrelizumab, 34
OCREVUS, 34
OCUFLOX, 59
ODEFSEY, 20
ODOMZO, 24
ofatumumab, 34
OFEV, 54
ofloxacin, 59
ofloxacin otic, 61
olanzapine, 31
olaparib, 24
olmesartan, 25
olmesartan/amlodipine/hydrochlorothiazide, 26
olmesartan/hydrochlorothiazide, 25
olodaterol, CFC-free aerosol, 53
olopatadine, 58
olopatadine spray, 54
omalizumab, 54
omega-3 acid ethyl esters, 27
omeprazole delayed-rel, 46
omeprazole magnesium delayed-rel, 46

OMNIPOD 5 INSULIN INFUSION PUMP, 39
OMNIPOD DASH INSULIN INFUSION PUMP, 39
OMNIPOD INSULIN INFUSION PUMP, 39
ondansetron, 44
ONETOUCH ULTRA kits and test strips, 39
ONETOUCH VERIO kits and test strips, 39
ONEXTON, 55
ONZETRA XSAIL, 34
OPSUMIT, 29
ORALAIR, 49
ORENCIA CLICKJECT, 50
ORENCIA SUBCUTANEOUS, 50
ORENITRAM, 29
ORFADIN, 42
ORIAHNN, 44
ORLISSA, 41
ORLADEYO, 50
orphenadrine/aspirin/caffeine, 35
oseltamivir, 21
osimertinib, 23
ospemifene, 43
OSPHENA, 43
OTEZLA, 49, 50
OVIDE, 58
OVIDREL, 41
oxaprozin, 17
oxazepam, 29
oxcarbazepine, 32
oxcarbazepine ext-rel, 32
OXTELLAR XR, 32
oxybutynin, 47
oxybutynin ext-rel, 47
oxycodone caps 5 mg, 18
oxycodone concentrate 20 mg/mL, 18
oxycodone ext-rel, 18
oxycodone soln 5 mg/5 mL, 18
oxycodone tabs 5 mg, 15 mg, 30 mg, 18
oxycodone/acetaminophen 5/325, 18
OXYCONTIN, 18
oxymetazoline, 58
ozanimod, 34, 50
OZEMPIC, 37

P

palbociclib, 23
PAMELOR, 31
pancrelipase, 46
pancrelipase delayed-rel, 46
pantoprazole delayed-rel, 46
paricalcitol, 42
PARLODEL, 31
PARNATE, 30
paroxetine HCl, 30
paroxetine HCl ext-rel, 30
paroxetine mesylate, 36
PATADAY, 58
PATANASE, 54
patiromer sorbitex, 43
PEDIALYTE, 51
peg 3350/electrolytes, 45
pegcetacoplan, 48
pegfilgrastim-bmez, 48
pemetrexed, 22
penicillamine, 48
penicillin VK, 19

PENTASA, 45
PEPCID, 45
PEPCID AC, 45
perampanel, 32
perindopril, 25
PERJETA, 24
permethrin 5%, 58
permethrin creme rinse 1%, 58
perphenazine, 32
pertuzumab, 24
pertuzumab/trastuzumab/hyaluronidase-zzxf, 24
phenazopyridine, 47
phenelzine, 30
phenobarbital, 32
phentermine/topiramate ext-rel, 39
phenytoin, 32
phenytoin sodium extended, 32
PHESGO, 24
PHOSLYRA, 43
pilocarpine tabs, 46
pimecrolimus, 57
pindolol, 27
pioglitazone, 37
pioglitazone/glimepiride, 38
pioglitazone/metformin, 38
pirfenidone, 54
pitolisant, 35
PLAQUENIL, 50
plecanatide, 45
podofilox, 58
polyethylene glycol 3350, 45
polymyxin B/bacitracin, 56, 59
polymyxin B/trimethoprim, 59
POLYSPORIN, 56
POLYTRIM, 59
potassium chloride ext-rel, 51
potassium chloride liquid, 51
potassium citrate ext-rel, 47
pralsetinib, 23
PRALUENT, 27
pramipexole, 31
pramipexole ext-rel, 31
pramlintide, 36
prasugrel, 48
pravastatin, 27
PRECOSE, 36
PRED MILD, 59
prednisolone, 42
prednisolone acetate, 59
prednisolone acetate 1%, 59
prednisolone phosphate 1%, 59
prednisone, 42
pregabalin, 33
pregabalin ext-rel, 35
PREMARIN, 42, 43
PREMPHASE, 42
PREMPRO, 42
PREZCOBIX, 20
PREZISTA, 21
PRILOSEC, 46
PRILOSEC OTC, 46
primidone, 32
PRISTIQ, 30
probenecid, 17
procarbazine, 24

PROCARDIA XL, 28
prochlorperazine, 44
PROCTOFOAM-HC, 46
progesterone gel, 43
progesterone vaginal inserts, 43
progesterone, micronized, 43
PROLASTIN-C, 54
PROLIA, 40
PROMACTA, 49
promethazine, 44
PROMETRIUM, 43
propafenone, 26
propafenone ext-rel, 26
propranolol, 27
propranolol ext-rel, 27
propylthiouracil, 43
PROSCAR, 46
PROVERA, 43
PROZAC, 30
PULMICORT FLEXHALER, 54
PULMICORT RESPULES, 54
PYLERA, 46
pyrazinamide, 21
pyrethrins/piperonyl butoxide shampoo 4%, 58
pyridostigmine, 35
pyridostigmine ext-rel, 35
pyrimethamine, 22

Q

QELBREE, 33
QSYMIA, 39
QTERN, 38
QUESTRAN/QUESTRAN LIGHT, 26
quetiapine, 31
quetiapine ext-rel, 31
quinapril, 25
quinapril/hydrochlorothiazide, 25
QULIPTA, 34
QUVIVIQ, 33
QVAR REDHALER, 54

R

ragweed pollen allergen extract, 49
RAGWITEK, 49
raloxifene, 43
raltegravir, 20
ramelteon, 33
ramipril, 25
ranibizumab, 60
ranolazine ext-rel, 29
rasagiline, 31
RASUVO, 50
REBIF, 34
REBINYN, 48
REGLAN, 44
regorafenib, 23
RELENZA, 21
RELPAX, 34
relugolix/estradiol/norethindrone acetate, 41, 44
REMERON, 31
REMICADE, 49
repaglinide, 38
RESTASIS, 60
RESTORIL, 33
RETACRIT, 48

RETEVMO, 23
RETIN-A, 55
RETROVIR, 20
revefenacin inhalation soln, 52
REVLIMID, 24
RHOFAGE, 58
RHOPRESSA, 60
ribavirin, 21
ribociclib, 23
ribociclib + letrozole, 23
RID, 58
rifampin, 21
rifaximin 550 mg, 22
rilpivirine, 20
rimegepant, 34
RINVOQ, 49, 50, 56
riociguat, 29
risankizumab-rzaa, 49, 50
risedronate, 39
risedronate delayed-rel, 39
RISPERDAL, 31
risperidone, 31
RITALIN, 33
ritonavir, 21
rituximab-pvvr, 22
rivaroxaban, 47
rivastigmine, 30
rivastigmine transdermal, 30
rizatriptan, 34
ROBITUSSIN-DM, 53
ROCALTROL, 42
ROCKLATAN, 60
roflumilast, 54
rolapitant, 44
ropinirole, 31
ropinirole ext-rel, 31
rosuvastatin, 27
rotigotine transdermal, 31
ROWASA, 45
ROZLYTREK, 23
RUCONEST, 50
rufinamide, 32
RUXIENCE, 22
RYBELSUS, 37
RYDAPT, 23
RYTARY, 31
RYTHMOL SR, 26

S

sacubitril/valsartan, 28
SALAGEN, 46
salicylic acid 17%/collodion, 58
salmeterol xinafoate, 53
SANCUSO, 44
sapropterin, 43
sarilumab, 50
satralizumab-mwge, 51
SAVELLA, 33
SAXENDA, 39
scopolamine transdermal, 44
SEASONIQUE, 41
secukinumab, 49, 50
segesterone acetate/EE ring, 41
selegiline, 31
selenium sulfide lotion 2.5%, 56

selexipag, 29
selpercatinib, 23
selumetinib, 23
semaglutide, 37, 39
SEREVENT, 53
SEROQUEL, 31
sertraline, 30
sevelamer carbonate, 43
SEVENFACT, 48
SIKLOS, 49
sildenafil, 29, 46
silodosin, 46
SILVADENE, 56
silver sulfadiazine, 56
SIMBRINZA, 60
SIMPONI ARIA, 49
simvastatin, 27
SINEMET, 31
SINGULAIR, 53
siponimod, 34
sirolimus, 51
sitagliptin phosphate, 36
sitagliptin/metformin, 37
sitagliptin/metformin ext-rel, 37
SKYLA, 41
SKYRIZI INTRAVENOUS, 49
SKYRIZI SUBCUTANEOUS, 49, 50
sodium hyaluronate, 18
sodium phenylbutyrate, 44
sodium sulfate/potassium sulfate/magnesium sulfate, 45
sodium zirconium cyclosilicate, 43
sofosbuvir/velpatasvir, 21
sofosbuvir/velpatasvir/voxilaprevir, 21
solifenacin, 47
SOLIQUEA, 37
solriamfetol, 35
somatropin, 42
SOMATULINE DEPOT, 36
sonidegib, 24
SOOLANTRA, 58
sorafenib, 23
sotalol, 26
soy phospholipid/glycerol dioleate, 58
SPIRIVA, 52
spironolactone, 25
spironolactone/hydrochlorothiazide, 28
SPRYCEL, 23
stavudine, 20
STELARA INTRAVENOUS, 49
STELARA SUBCUTANEOUS, 49, 50
STIOLTO RESPIMAT, 52
STIVARGA, 23
STRATTERA, 32
STRIVERDI RESPIMAT, 53
STROMEKTOL, 22
sucralfate, 46
sucroferric oxyhydroxide, 43
sulfacetamide lotion 10%, 55
sulfacetamide oint, soln 10%, 59
sulfacetamide/prednisolone phosphate 10%/0.25%, 59
sulfamethoxazole/trimethoprim, 22
sulfamethoxazole/trimethoprim DS, 22
sulfasalazine, 45
sulfasalazine delayed-rel, 45
sulindac, 17

sumatriptan, 34
sumatriptan inj, 34
sumatriptan nasal powder, 34
sumatriptan nasal spray, 34
sumatriptan/naproxen sodium, 34
sunitinib, 23
SUNOSI, 35
SUPARTZ FX, 18
SUPPRELIN LA, 40
SUPRAX, 19
SUPREP, 45
suvorexant, 33
SYMBICORT, 54
SYMLINPEN, 36
SYMPROIC, 45
SYMTUZA, 20
SYNJARDY, 38
SYNJARDY XR, 38
SYNTHROID, 43

T

TABLOID, 22
tacrolimus, 51, 57
tadalafil, 29, 47
tafluprost, 60
TAGAMET HB 200, 45
TAGRISSO, 23
TAKHZYRO, 50
TALICIA, 46
TALTZ, 50
tamoxifen, 23
tamsulosin, 46
tapentadol, 18
tapentadol ext-rel, 18
TAVALISSE, 49
tazarotene, 55
TEGRETOL, 32
TEGSEDI, 43
TEKTURN HCT, 28
telmisartan, 25
telmisartan/hydrochlorothiazide, 25
temazepam, 33
TEMODAR, 22
temozolomide, 22
tenofovir alafenamide, 21
tenofovir disoproxil fumarate, 21
terazosin, 25
terbinafine, 56
terbinafine tabs, 20
terbutaline, 53
terconazole, 47
teriflunomide, 35
teriparatide, 40
testosterone cypionate, 36
testosterone enanthate, 36
testosterone gel, 36
testosterone nasal gel, 36
testosterone soln, 36
testosterone transdermal, 36
tetrabenazine, 34
tetracycline, 19
tezepelumab-ekko, 54
TEZSPIRE, 54
thalidomide, 24
THALOMID, 24
theophylline ext-rel tabs, 55
thioguanine, 22
thiothixene, 32
tiagabine, 32
TIAZAC, 28
ticagrelor, 48
tildrakizumab-asmn, 49
timolol hemihydrate, 60
timolol maleate gel, 59
timolol maleate soln, 59
timothy grass pollen allergen extract, 49
TINACTIN, 56
tinidazole, 22
tioconazole, 47
tiopronin, 47
tiotropium, 52
tiotropium/olodaterol, 52
TIVICAY, 20
tizanidine tabs, 35
TOBRADEX, 59
TOBRADEX ST, 59
tobramycin, 59
tobramycin inhalation soln, 53
tobramycin/dexamethasone oint 0.3%/0.1%, 59
tobramycin/dexamethasone susp 0.3%/0.05%, 59
tobramycin/dexamethasone susp 0.3%/0.1%, 59
TOBREX, 59
tofacitinib, 50
tofacitinib ext-rel, 50
tolnaftate, 56
tolterodine, 47
tolterodine ext-rel, 47
TOPAMAX, 32
topiramate, 32
topiramate ext-rel, 32
TOPROL-XL, 27
torsemide, 28
TOUJEO, 37
TRADJENTA, 36
tralokinumab-ldrm, 56
tramadol, 18
tramadol ext-rel, 18
trandolapril, 25
trandolapril/verapamil ext-rel, 25
tranylcypromine, 30
trastuzumab-anns, 22
trastuzumab-qyyp, 22
travoprost, 60
TRAZIMERA, 22
trazodone, 31
TRELEGY ELLIPTA, 52
TREMIFYA, 49, 50
treprostinil, 29
treprostinil ext-rel, 29
TRESIBA, 37
tretinoin, 55
tretinoin - Avita, 55
tretinoin caps, 24
tretinoin gel microsphere, 55
tretinoin/benzoyl peroxide, 55
Trexall, 22
triamcinolone acetonide crm 0.5%, 57
triamcinolone acetonide crm, lotion 0.025%, 57
triamcinolone acetonide crm, lotion, oint 0.1%, 57
triamcinolone paste, 58

triamterene, 28
triamterene/hydrochlorothiazide, 28
TRIBENZOR, 26
trientine, 48
trifarotene, 55
trifluoperazine, 32
trifluridine, 59
trifluridine/tipiracil, 22
trihexyphenidyl, 31
TRIJARDY XR, 38
TRILEPTAL, 32
TRILIPIX, 26
trimethobenzamide, 44
TRINTELLIX, 30
TRIPTODUR, 40
triptorelin pamoate, 40
TRIUMEQ, 20
TROKENDI XR, 32
tropium, 47
tropium ext-rel, 47
TRULANCE, 45
TRULICITY, 37
TWYNEO, 55
TYLENOL, 17
TYMLOS, 40
TYSABRI, 34

U

UBRELVY, 34
ubrogepant, 34
umeclidinium, 52
umeclidinium/vilanterol, 52
upadacitinib, 49, 50, 56
UPTRAVI, 29
uridine triacetate, 24
UROCIT-K, 47
URSO, 44
ursodiol, 44
ustekinumab, 49, 50

V

VAGIFEM, 43
VAGISTAT-1, 47
valacyclovir, 21
valbenazine, 34
valganciclovir, 21
valproic acid, 32
valsartan, 25
valsartan/hydrochlorothiazide, 26
VANCOCIN, 22
vancomycin caps, 22
varenicline, 36
VARUBI, 44
VASCEPA, 27
VASERETIC, 25
VELPHORO, 43
VELTASSA, 43
VEMLIDY, 21
vemurafenib, 23
venlafaxine, 30
venlafaxine ext-rel, 30
verapamil ext-rel, 28
vericiguat, 28
VERQUVO, 28
VFEND, 20

V-GO INSULIN INFUSION PUMP, 39
vibegron, 47
VIBERZI, 45
VIBRAMYCIN, 19
VICTOZA, 37
vigabatrin, 32
VIGAMOX, 59
VIIBRYD, 30
vilazodone, 30
viloxazine ext-rel, 33
VIMPAT, 32
VIOKACE, 46
vismodegib, 24
VISTOGARD, 24
vitamin ADC/fluoride drops, 51
vitamin ADC/fluoride/iron drops, 51
VITRAKVI, 23
VIVELLE-DOT, 42
voriconazole, 20
vorinostat, 24
vortioxetine, 30
VOSEVI, 21
VRAYLAR, 31
VUMERITY, 34
VYTORIN, 27
VYVANSE, 33

W

WAKIX, 35
warfarin, 47
WEGOVY, 39
WELLBUTRIN SR, 31
WELLBUTRIN XL, 31
WINLEVI, 55

X

XARELTO, 47
XELJANZ, 50
XELJANZ XR, 50
XELODA, 22
XIFAXAN, 22
XIGDUO XR, 38
XIIDRA, 60
XOLAIR, 54
XOSPATA, 23
XTAMPZA ER, 18
XTANDI, 23
XULTOPHY, 37
XYNTHA, 48
XYWAV, 35

Y

YASMIN, 40
YAZ, 40
YONSA, 22
YUPELRI, 52

Z

ZADITOR, 58
zafirlukast, 53
zaleplon, 33
ZANAFLEX, 35
zanamivir, 21
zanubrutinib, 23
ZARONTIN, 32
ZEGALOGUE, 42

ZEJULA, 24
ZELBORAF, 23
ZEMBRACE SYMTOUCH, 34
ZEMPLAR, 42
ZENPEP, 46
ZEPOSIA, 34, 50
ZERVIATE, 58
ZESTORETIC, 25
ZESTRIL, 25
ZETIA, 26
ZIAC, 27
zidovudine, 20
ZIENTENZO, 48
zileuton ext-rel, 53
ZIOPTAN, 60
ziprasidone, 31
ZIRABEV, 22

ZOCOR, 27
ZOLINZA, 24
zolmitriptan, 34
zolmitriptan nasal spray, 34
ZOLOFT, 30
zolpidem, 33
zolpidem ext-rel, 33
zolpidem sublingual, 33
ZOMIG, 34
zonisamide, 32
ZUBSOLV, 35
ZYCLARA, 55
ZYDELIG, 23
ZYKADIA, 23
ZYPREXA, 31
ZYRTEC, 52
ZYRTEC-D 12 HOUR, 53