

Priority Partners (690)

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INTRODUCTION

Priority Partners is pleased to provide the 2012 Priority Partners MCO Formulary. The Priority Partners Formulary is a guide for health care providers and plan members. The formulary is updated on a regular basis, including when a new generic or brand-name medication becomes available, and as discontinued drugs are removed from the marketplace. **The Priority Partners Formulary is a closed formulary and only those drugs listed in this formulary are covered.**

The drugs selected for this formulary have been reviewed and approved by the Priority Partners Pharmacy and Therapeutics (P&T) Committee. Formulary drugs are clinically-appropriate and cost-effective for patients who have their drug benefit administered through Priority Partners. There may be occasions when an unlisted drug is desired for medical management of a specific patient. In those instances, the unlisted medication may be requested through the Non-Formulary request process, which is described on page 5 of this document.

Please visit our website at www.jhbc.com for additional information regarding the Priority Partners MCO Formulary.

PREFACE

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

This formulary covers selected over-the-counter (OTC) products upon prescription. A complete list is included in this formulary. You are encouraged to recommend OTC products when clinically-appropriate.

The Priority Partners formulary is now available on line through the Epocrates system. Registration for Epocrates is free and is available at www.epocrates.com.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The Priority Partners P&T Committee is comprised of faculty physicians from the Johns Hopkins School of Medicine and other Priority Partners practicing physicians from a variety of medical specialties. Additional members of the Committee include Clinical Pharmacists and Allied Health Professionals. The actions of the Priority Partners P&T Committee are communicated in the *Provider Newsletter*, which is distributed to all physicians who have received the Priority Partners MCO Formulary.

PRODUCT SELECTION CRITERIA

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

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

When a new drug is considered for formulary inclusion, it will be reviewed relative to similar drugs currently on formulary. In addition, entire therapeutic classes are periodically reviewed in an effort to continually provide the most clinically useful and cost-effective agents.

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

GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than the prescribed brand-name product. Products designated in the formulary drug list by **boldface** type have **generic availability**.

The U.S. Food and Drug Administration's (FDA) generic drug review and approval process assures the following requirements have been met:

1. The generic drug must contain the same active ingredient(s), be the same strength and the same dosage form as the brand-name product.
2. The FDA has given the generic an "A" rating compared to the branded product indicating bioequivalence, and has determined the generic is therapeutically equivalent to the reference brand. The ratings of generic drugs are available by referring to the FDA reference, *Approved Drug Products with Therapeutic Equivalence Evaluations* (Orange Book).

When the above two criteria are met, a generic can be substituted with the full expectation that the substituted product will produce the same clinical effect and safety profile as the prescribed product. Drug products that have a narrow therapeutic index (NTI) can also be guided by these principles. It is not necessary for the health care provider to approach any one therapeutic class of drug products (e.g., NTI drugs) differently from any other class, when there has been a determination of therapeutic equivalence by the FDA for the drug products under consideration. Also, additional clinical tests or examinations by the physician are not needed when a therapeutically equivalent generic drug product is substituted for the brand-name product.

It is recommended that generic substitution not be exercised by the pharmacist with multisource products that appear in the Orange Book and carry a "B" rating, indicating that these products cannot be considered therapeutically equivalent to other products in the group. Also, state laws or regulations may dictate the ability to practice generic substitution for selected products or categories of drugs.

It is also recommended that generic substitution not be undertaken for any unrated multisource products that might be considered narrow therapeutic index, or maintenance drugs where it is known that unrated products from different labelers are not bioequivalent.

DRUG EFFICACY STUDY IMPLEMENTATION (DESI) DRUGS

Drugs first marketed between 1938 and 1962 were approved as safe but required no showing of effectiveness for FDA approval. Beginning in 1962, all new drugs were required to be both safe and effective before they could be marketed. This legislation also applied retroactively to all drugs approved as safe from 1938-1962. The DESI program was established to review the effectiveness of these pre-1962 drugs, and a determination of fully effective was made for most of these products and they remain in the marketplace. A few DESI products remain classified as less than fully effective while awaiting final administrative disposition. Also, classified as DESI are many products listed as identical, similar, or related to actual DESI products. Some plans will not pay for DESI less-than-effective drug products.

NON-FORMULARY EXCEPTION REQUESTS

A medical exception must be requested for drug products not listed in the Priority Partners MCO Formulary. To request a Non-Formulary Exception Request form, call 1-888-819-1043, option 4, or download a copy from the Priority Partners website at www.jhbc.com. Fax the completed form to the Priority Partners Pharmacy Department at 1-410-424-4607.

MANAGED DRUG LIMITATIONS (MDL)

Certain prescription medications have specific dispensing limitations for quantity and maximum dose. These dispensing limitations are based on generally accepted guidelines, drug label information approved by the Food and Drug Administration (FDA), current medical literature and input from a committee of physicians and pharmacists. The Priority Partners Pharmacy and Therapeutics Committee may place a limit on the quantity of drug a plan participant may receive based upon cost and/or clinical reasons. The list of medications subject to quantity limits may change. The most up-to-date listing of quantity limits is available on the website www.jhbc.com.

Accu-Chek diabetic test strips	153/month
Aranesp (darbepoetin alfa)	4 vials or syringes/month
Depo-Provera (medroxyprogesterone acetate 150 mg/mL)	1 mL injection/90 days
Diflucan (fluconazole) 150 mg	2 tabs/month
Duragesic (fentanyl transdermal) 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, and 100 mcg/hr	10 patches/month
Epogen (epoetin alfa)	4 vials or syringes/month
Flovent Diskus (fluticasone)	60/25 days
Humalog	3 vials combined/month
Humulin	3 vials combined/month
Imitrex (sumatriptan) tabs	16 tabs/month
Imitrex (sumatriptan) spray	12 nasal sprays/month
Imitrex (sumatriptan) injections	8 injections/month
Insulin syringes/needles	100 units/month
Kytril (granisetron) 1 mg	6 tabs/month
Kytril (granisetron) 1 mg/5 mL suspension	30 mL/month
Lantus	3 vials/month
Lovenox (enoxaparin) all strengths	greater than 14 days of therapy requires Prior Authorization
Lysteda (tranexamic acid)	30 tabs/month
Maxalt (rizatriptan) tabs	16 tabs/month
Mobic (meloxicam) 7.5 mg/5 mL suspension	600 mL/month
Mobic (meloxicam) tabs	60 tabs/month
Next Choice (levonorgestrel) 0.75 mg	4 tabs/year
Novolin	3 vials combined/month
Novolog	3 vials combined/month
Oxycodone 20 mg tabs	240 tabs/month
Oxycodone 30 mg tabs	180 tabs/month
Pantoprazole delayed-rel tabs	30 tabs/month
Plan B One-Step (levonorgestrel) 1.5 mg	2 tabs/year
Prevpac (amoxicillin 500 mg, clarithromycin 500 mg, lansoprazole 30 mg)	one pack/14 days
Omeprazole delayed-rel tabs	68 tabs/month
Omeprazole magnesium delayed-rel caps	68 caps/month
Proair HFA (albuterol sulfate, CFC-free aerosol)	2 inhalers/month
Procrit (epoetin alfa)	4 vials or syringes/month
Relenza (zanamivir) 5 mg	5 days therapy maximum
Tamiflu (oseltamivir) caps	10 capsules/180 days
Tamiflu (oseltamivir) oral suspension	180 mL/180 days
Valcyte (valganciclovir) 450 mg	98 tabs/month
Valtrex (valacyclovir) all strengths	60 tabs/25 days
Ventolin HFA (albuterol sulfate, CFC-free aerosol)	2 inhalers/month
Zantac (ranitidine) 75 mg and 150 mg tabs (OTC only)	60 tabs/25 days
Zithromax (azithromycin) 250 mg	6 tabs/month
Zithromax (azithromycin) 500 mg	3 tabs/month
Zofran/Zofran ODT (ondansetron) 4 mg and 8 mg	12 tabs/month
Zofran (ondansetron) 4 mg/5 mL suspension	60 mL/month
Zyvox (linezolid) 600 mg	28 tabs/month

MARYLAND PREFERRED DRUG LIST

Maryland Department of Health and Mental Hygiene is responsible for formulary management of most drugs used for behavioral health purposes, and management of HIV. Please refer to the Maryland Preferred Drug List for a complete listing of covered drugs at <http://www.dhmd.state.md.us/mma/mpap/prefdruglist.html>.

PRIOR AUTHORIZATION (PA)

Certain medications require prior authorization before coverage is approved, to assure medical necessity, clinical appropriateness and/or cost effectiveness. Coverage of these drugs is subject to specific criteria approved by the Priority Partners P&T Committee. Established criteria are based upon medical literature, physician expert opinion, and FDA-approved labeling information.

To request a Non-Formulary Exception Request form, call 1-888-819-1043, option 4, or download a copy from the Priority Partners website at www.jhbc.com. Fax the completed form to the Priority Partners Pharmacy Department at 1-410-424-4607.

The following drugs require PA:

Brand Name	Generic Name
Adcirca	tadalafil
Aldurazyme	laronidase
Amitiza	lubiprostone
Ampyra	dalfampridine ext-rel
Avelox	moxifloxacin
Avonex	interferon beta-1a
Betaseron	interferon beta-1b
Celebrex	celecoxib
Cimzia	certolizumab pegol
Claravis	isotretinoin
Copaxone	glatiramer
Copegus	ribavirin
Eligard	leuprolide acetate
Enbrel	etanercept
Euflexxa	sodium hyaluronate
Exjade	deferasirox
Fabrazyme	agalsidase beta
Flolan	epoprostenol
Forteo	teriparatide
Humira	adalimumab
Hyalgan	sodium hyaluronate
Infergen	interferon alfacon-1
Intron A	interferon alfa-2b
Krystexxa	pegloticase
Letairis	ambrisentan
Lupron/Lupron Depot	leuprolide acetate
Makena	hydroxyprogesterone caproate
Norditropin Nordiflex	somatropin
Noxafil	posaconazole
Nplate	romiplostim
Orthovisc	high molecular weight hyaluronan
Pegasys	peginterferon alfa-2a
Pegintron	peginterferon alfa-2b
Promacta	eltrombopag
Rebetol	ribavirin
Rebif	interferon beta-1a
Remodulin	treprostinil
Retin-A	tretinoin
Revatio	sildenafil
Sensipar	cinacalcet
Suboxone tabs	buprenorphine/naloxone tabs (1 fill, then PA)
Subutex	buprenorphine (1 fill, then PA)
Synagis	palivizumab
Synvisc	hylan G-F 20
Synvisc-One	hylan G-F 20
Tev-Tropin	somatropin

Brand Name	Generic Name
Tikosyn	dofetilide
Tracleer	bosentan
Tykerb	lapatinib
Tyvaso	treprostinil
Victoza	liraglutide
Victrelis	boceprevir
Vivitrol	naltrexone microspheres
Xenazine	tetrabenazine
Xolair	omalizumab
Zolinza	vorinostat

CVS CAREMARK SPECIALTY PHARMACY SERVICES

Most of the injectable products listed in this formulary for Priority Partners plan participants are available through CVS Caremark Specialty Pharmacy Services. Prior Authorization is required for most injectables and may be requested by calling Priority Partners at 1-888-819-1043, option 4.

In addition, CVS Caremark Specialty Pharmacy Services includes delivery services to the location of the plan participant's or the physician's choice. Other services include electronic claims processing and claims assistance designed to alleviate the administrative duties of physicians' offices.

EDITOR

Your comments and suggestions regarding the Priority Partners Formulary are encouraged. Your input is vital to this formulary's continued success. Network providers may request Formulary changes by completing a Formulary Change Request Form. All responses will be reviewed and considered. Please send your comments or completed form to:

Chairperson
Pharmacy and Therapeutics Committee
Priority Partners MCO
6704 Curtis Court
Glen Burnie, MD 21060

Phone: 1-410-424-4400
Fax: 1-410-424-4607

NOTICE

The information contained in this Priority Partners Formulary and its appendices is provided by Priority Partners solely for the convenience of medical providers. Priority Partners does not warrant or assure accuracy of such information, nor is it intended to be comprehensive in nature. The Priority Partners Formulary 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. Priority Partners assumes no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

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This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with Priority Partners.

OVER-THE-COUNTER DRUG COVERAGE

In addition to prescription benefits, all over-the-counter medications on this list are covered by Priority Partners with a written or verbal prescription from a Network provider.

Drug Name	Brand Name Examples
Acetaminophen tabs*, caps*, chew tabs*, susp*, elixir*, drops*	Tylenol
Aluminum Hydroxide 600 mg/5 mL susp*	
Ammonium Lactate 12% crm, lotion	Amlactin
Aspirin tabs*, chew tabs*, buffered tabs*, delayed-release tabs*	
Bacitracin oint*	
Calcium Acetate/Aluminum Sulfate packet*	Domeboro
Cetirizine*	Zyrtec
Cetirizine/Pseudoephedrine*	Zyrtec-D
Chlorpheniramine 4 mg tabs*, syrup*	Chlor-Trimeton
Clotrimazole crm*	Lotrimin AF
Clotrimazole vaginal crm*, tabs*	Gyne-Lotrimin
Condoms	Trojan
Diabetic supplies (MDL)	Accu-Chek
Diphenhydramine 25 mg caps*, tabs*, elixir*	Benadryl
Docusate Sodium 100 mg caps*, 150 mg/15 mL liquid*	Colace
Electrolyte rehydrating soln*	Pedialyte
Ferrous Gluconate 325 mg tabs*	
Ferrous Sulfate 325 mg tabs*, elixir*, drops*	
Fexofenadine*	Allegra
Fexofenadine/Pseudoephedrine*	Allegra-D
Guaifenesin syrup* (120 mL)	Robitussin
Guaifenesin/Dextromethorphan syrup* (120 mL)	Robitussin-DM
Hydrocortisone crm*, oint*	Cortizone
Ibuprofen 200 mg tabs*, 100 mg/5 mL susp*	Advil, Motrin IB
Iron/Vitamin B Complex liquid*, Geriatric	Geritol
Ketotifen ophthalmic soln	Zaditor
Levonorgestrel (MDL)	Next Choice, Plan B One-Step
Loperamide tabs*, liquid*	Imodium A-D
Loratadine*	Claritin
Loratadine/Pseudoephedrine*	Claritin-D
Magnesium Hydroxide/Aluminum Hydroxide 200 mg-225 mg/5 mL susp*	
Magnesium Hydroxide/Aluminum Hydroxide/Simethicone 200 mg-200 mg-20 mg/5 mL susp* 400 mg-400 mg-40 mg/5 mL susp*	Maalox
Miconazole Nitrate crm*, powder*, spray*	Desenex, Micatin
Miconazole Nitrate vaginal crm*, supp*	Monistat 7
Multivitamins*	
Multivitamins/minerals tabs*, Geriatric	Centrum Silver
Multivitamins chew tabs*, drops*	Poly-Vi-Sol
Multivitamins with Iron drops*	Poly-Vi-Sol/Iron
Neomycin/Polymyxin B/Bacitracin oint*	Neosporin
Niacin tabs*	
Nicotine patches*	Nicoderm CQ
Omeprazole Magnesium delayed-release caps* (MDL)	Prilosec OTC
Omeprazole delayed-release tabs* (MDL)	
Permethrin liquid* (60 mL)	NIX Creme Rinse
Phenylephrine/Brompheniramine*	Dimetapp
Polyethylene Glycol 3350 powder	Miralax
Polysaccharide Iron Complex*	Nu-Iron 150 (Renal patients only)
Pramoxine/Zinc Oxide rectal crm	Tronolane
Pseudoephedrine 7.5 mg/0.8 mL drops*	
Pseudoephedrine tabs*, 30 mg/5 mL syrup* (120 mL)	Sudafed

Drug Name

Ranitidine 75 mg and 150 mg tabs* (MDL)
Vitamin E drops* and caps*

Brand Name Examples

Zantac

Maximum up to 30 day supply

* Only the generic version(s) are covered

LEGEND

d	DESI drug
MDL	Managed Drug Limitation
OTC	Over the counter
PA	Prior Authorization
ST	Step Therapy
boldface	Indicates generic availability
delayed-rel	Delayed-release (also known as enteric-coated), refer to the reference brand listed for clarification
ext-rel	Extended-release (also known as sustained-release), refer to the reference brand listed for clarification

ANALGESICS

Practice guidelines of pain management are available at:

<http://www.asahq.org>

NSAIDs

diclofenac sodium delayed-rel	
etodolac	
ibuprofen	MOTRIN
indomethacin	
indomethacin susp	INDOCIN susp
meloxicam MDL	MOBIC
nabumetone	
naproxen	NAPROSYN
naproxen sodium	ANAPROX
sulindac	CLINORIL

COX-2 INHIBITORS

celecoxib PA	CELEBREX
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GOUT

allopurinol	ZYLOPRIM
colchicine	COLCRYS
febuxostat ST	ULORIC
pegloticase PA	KRYSTEXXA
probenecid	

ST = allopurinol required before Uloric.

NARCOTIC ANALGESICS

Practice Guidelines for Cancer Pain Management (includes WHO analgesic ladder) are available at:

<http://www.asahq.org>

<http://www.nccn.org>

Opioid guidelines in the management of chronic non-malignant pain are available at:

<http://www.asipp.org/Guidelines.htm>

codeine/acetaminophen	TYLENOL w/CODEINE
hydrocodone-acetaminophen	LORTAB, VICODIN

NARCOTIC ANALGESICS, CII

codeine sulfate	
fentanyl transdermal MDL	DURAGESIC
hydromorphone	DILAUDID
methadone	DOLOPHINE
morphine	
morphine ext-rel	MS CONTIN
morphine supp	
oxycodone immediate release	
oxycodone tabs 20 mg, 30 mg MDL	
oxycodone/acetaminophen	PERCOCET
oxycodone/aspirin	PERCODAN

NON-NARCOTIC ANALGESICS

butalbital/acetaminophen/caffeine	FIORICET
butalbital/aspirin/caffeine	FIORINAL
tramadol	ULTRAM

VISCOSUPPLEMENTS

high molecular weight hyaluronan PA, *	ORTHOVISC
hylan G-F 20 PA, *	SYNVISC
hylan G-F 20 PA, *	SYNVISC-ONE
sodium hyaluronate PA, *	EUFLEXXA
sodium hyaluronate PA, *	HYALGAN

* Obtain through CVS Caremark Specialty Pharmacy Services.

ANTI-INFECTIVES

Refer to State D.H.M.H. Preferred Drug List for a complete listing at:
<http://www.dhmd.state.md.us/mma/mpap/prefdruglist.html>

Hepatitis: CDC recommendations on the treatment of hepatitis are available at:
<http://www.cdc.gov/hepatitis/index.htm>

Guidelines for the management of chronic hepatitis by the American Association for the Study of Liver Disease are available at:
<http://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:
<http://www.aidsinfo.nih.gov>

Infective Endocarditis: American Heart Association recommendations for the prevention of bacterial endocarditis are available at:
<http://www.americanheart.org>

Influenza: Recommendations of the Advisory Committee on Immunization Practices are available at:
<http://www.cdc.gov/ncidod/diseases/flu/fluvirus.htm>

International Travel: CDC recommendations for international travel are available at:
<http://www.cdc.gov/travel>

Sexually Transmitted Diseases: CDC Sexually Transmitted Diseases Guidelines are available at:
<http://www.cdc.gov/std/treatment/default.htm>

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:
http://www.cdc.gov/ncidod/guidelines/guidelines_topic_ar.htm

Practice guidelines and statements developed and endorsed by the Infectious Diseases Society of America are available at:
<http://www.idsociety.org>

ANTIBACTERIALS

Cephalosporins

First Generation

cephalexin	KEFLEX
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Second Generation

cefactor	
cefprozil	
cefuroxime axetil tabs, susp	CEFTIN

Third Generation

cefdinir	
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Erythromycins/Macrolides

azithromycin MDL	ZITHROMAX
clarithromycin	BIAXIN
erythromycin delayed-rel	
erythromycin delayed-rel	ERY-TAB
erythromycin ethylsuccinate	E.E.S.
erythromycin stearate	
erythromycin/sulfisoxazole	

Fluoroquinolones

ciprofloxacin	CIPRO
ciprofloxacin susp	CIPRO susp
levofloxacin	LEVAQUIN
moxifloxacin PA	AVELOX

Penicillins

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

Sulfonamides

sulfadiazine	
sulfamethoxazole/trimethoprim DS	SEPTRA DS

Tetracyclines

doxycycline hyclate	VIBRAMYCIN
minocycline caps	MINOCIN
tetracycline	

ANTIFUNGALS

clotrimazole troches	
fluconazole MDL	DIFLUCAN
griseofulvin microsize susp 125 mg/5 mL	
griseofulvin microsize tabs 250 mg, 500 mg	GRIFULVIN V
griseofulvin ultramicrosize 125 mg, 250 mg	GRIS-PEG
itraconazole caps	SPORANOX
ketoconazole tabs	
nystatin	
posaconazole PA	NOXAFIL
terbinafine tabs	LAMISIL

ANTIMALARIALS

atovaquone	MEPRON
atovaquone/proguanil	MALARONE
chloroquine	ARALEN
mefloquine	
primaquine	
pyrimethamine	DARAPRIM

ANTIRETROVIRAL AGENTS

Refer to State D.H.M.H. Preferred Drug List for a complete listing at
<http://www.dhmd.state.md.us/mma/mpap/prefdruglist.html>

ANTITUBERCULAR AGENTS

ethambutol	MYAMBUTOL
isoniazid	
pyrazinamide	
rifabutin	MYCOBUTIN
rifampin	RIFADIN

ANTIVIRALS

Cytomegalovirus Agents

foscarnet	
ganciclovir	
valganciclovir MDL	VALCYTE
valganciclovir oral solution	VALCYTE oral solution

Hepatitis Agents

adefovir dipivoxil	HEPSERA
boceprevir PA, *	VICTRELIS
entecavir	BARACLUDE
lamivudine	EPIVIR-HBV
ribavirin caps PA, *	REBETOL
ribavirin tabs PA, *	COPEGUS

* Obtain through CVS Caremark Specialty Pharmacy Services.

Herpes Agents

acyclovir	ZOVIRAX
valacyclovir MDL	VALTREX

Influenza Agents

amantadine, except tabs	
oseltamivir MDL	TAMIFLU
zanamivir MDL, *	RELENZA

* For Patients 7 years of age or older.

MISCELLANEOUS

clindamycin	CLEOCIN
dapsone	
linezolid MDL	ZYVOX
mebendazole	
metronidazole	FLAGYL
neomycin sulfate tabs	
nitrofurantoin ext-rel	MACROBID
nitrofurantoin macrocrystals	MACRODANTIN
paromomycin	
pentamidine aerosol	NEBUPENT
tinidazole ST	TINDAMAX
trimethoprim tabs	
vancomycin	VANCOCIN

ANTINEOPLASTIC AGENTS

Clinical practice guidelines in oncology are available at:

<http://www.asco.org>

<http://www.nccn.org>

ALKYLATING AGENTS

altretamine	HEXALEN
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busulfan	MYLERAN
chlorambucil	LEUKERAN
cyclophosphamide	
lomustine	CEENU
melphalan	ALKERAN
temozolomide *	TEMODAR

* Obtain through CVS Caremark Specialty Pharmacy Services.

ANTIMETABOLITES

capecitabine *	XELODA
mercaptopurine	PURINETHOL
thioguanine	

* Obtain through CVS Caremark Specialty Pharmacy Services.

HORMONAL ANTINEOPLASTIC AGENTS

Antiandrogens

bicalutamide	CASODEX
flutamide	

Antiestrogens

tamoxifen	
toremifene	FARESTON

Aromatase Inhibitors

anastrozole	ARIMIDEX
exemestane	AROMASIN
letrozole	FEMARA

Luteinizing Hormone-releasing Hormone (LHRH) Agonists

leuprolide acetate PA, *	
leuprolide acetate PA, *	ELIGARD
leuprolide acetate PA, *	LUPRON DEPOT

* Obtain through CVS Caremark Specialty Pharmacy Services.

Progestins

megestrol acetate	MEGACE
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IMMUNOMODULATORS

lenalidomide *	REVLIMID
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* Obtain through CVS Caremark Specialty Pharmacy Services.

KINASE INHIBITORS

dasatinib *, ST	SPRYCEL
erlotinib *	TARCEVA
everolimus *, ST	AFINITOR
gefitinib	IRESSA
imatinib mesylate *	GLEEVEC
lapatinib PA, *	TYKERB
nilotinib *, ST	TASIGNA
pazopanib	VOTRIENT
sorafenib *	NEXAVAR
sunitinib *	SUTENT

* Obtain through CVS Caremark Specialty Pharmacy Services.

MISCELLANEOUS

bexarotene caps	TARGRETIN caps
doxorubicin liposomal	DOXIL
etoposide	
hydroxyurea	HYDREA
mitotane	LYSODREN
procarbazine	MATULANE
tretinoin caps	
vorinostat PA, *	ZOLINZA

* Obtain through CVS Caremark Specialty Pharmacy Services.

CARDIOVASCULAR

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

<http://www.nhlbi.nih.gov/guidelines/hypertension>

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

<http://www.acc.org>

<http://www.americanheart.org>

<http://www.heartfailureguideline.org>

ACE INHIBITORS

Guidelines for the use of ACE inhibitors are available at:

<http://professional.diabetes.org>

<http://www.acc.org>

<http://www.americanheart.org>

<http://www.nhlbi.nih.gov/guidelines/hypertension>

captopril	
enalapril	VASOTEC
fosinopril	
lisinopril	ZESTRIL
quinapril	ACCUPRIL
ramipril	ALTACE

ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATIONS

amlodipine/benazepril	LOTREL
trandolapril/verapamil ext-rel	TARKA

ACE INHIBITOR/DIURETIC COMBINATIONS

captopril/hydrochlorothiazide	
fosinopril/hydrochlorothiazide	
lisinopril/hydrochlorothiazide	ZESTORETIC
quinapril/hydrochlorothiazide	ACCURETIC

ADRENOLYTICS, CENTRAL

clonidine	CATAPRES
clonidine transdermal	CATAPRES-TTS
guanfacine	TENEX

ALPHA BLOCKERS

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

<http://www.nhlbi.nih.gov/guidelines/hypertension>

doxazosin	CARDURA
prazosin	MINIPRESS

terazosin

ANGIOTENSIN II RECEPTOR ANTAGONISTS/DIURETIC COMBINATIONS

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

<http://professional.diabetes.org>

<http://www.nhlbi.nih.gov/guidelines/hypertension>

irbesartan	AVAPRO
irbesartan/hydrochlorothiazide	AVALIDE
losartan	COZAAR
losartan/hydrochlorothiazide	HYZAAR
valsartan	DIOVAN
valsartan/hydrochlorothiazide	DIOVAN HCT

ANGIOTENSIN II RECEPTOR ANTAGONIST/CALCIUM CHANNEL BLOCKER COMBINATIONS

amlodipine/valsartan ST	EXFORGE
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ST = Lotrel or Norvasc/Angiotensin II Receptor Antagonist required before Exforge.

ANGIOTENSIN II RECEPTOR ANTAGONIST/CALCIUM CHANNEL BLOCKER/DIURETIC COMBINATIONS

amlodipine/valsartan/hydrochlorothiazide ST	EXFORGE HCT
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ST = Lotrel or Norvasc/Angiotensin II Receptor Antagonist required before Exforge.

ANTIARRHYTHMICS

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

<http://www.acc.org>

amiodarone	CORDARONE
disopyramide	NORPACE
disopyramide ext-rel 100 mg	NORPACE CR
dofetilide PA	TIKOSYN
dronedarone	MULTAQ
flecainide	TAMBOCOR
propafenone	RYTHMOL

ANTILIPEMICS

The Third Report of the Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III) is available at:

<http://www.nhlbi.nih.gov/guidelines/cholesterol/index.htm>

Antilipemic Combinations

ezetimibe/simvastatin	VYTORIN
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Bile Acid Resins

cholestyramine	QUESTRAN/QUESTRAN LIGHT
colestipol	COLESTID

Cholesterol Absorption Inhibitors

ezetimibe ST	ZETIA
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ST = Statins required before Zetia.

Fibrates

fenofibrate, micronized	
gemfibrozil	LOPID

HMG-CoA Reductase Inhibitors

atorvastatin 40 mg, 80 mg *	LIPITOR
lovastatin	MEVACOR
pravastatin	PRAVACHOL
simvastatin	ZOCOR

* Lipitor 10 mg, 20 mg are non-formulary.

Niacins

niacin OTC	
niacin ext-rel	NIASPAN

BETA-BLOCKERS

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

<http://www.acc.org>

<http://www.nhlbi.nih.gov/guidelines/hypertension>

atenolol	TENORMIN
carvedilol	COREG
labetalol	
metoprolol	LOPRESSOR
metoprolol ext-rel	TOPROL-XL
nadolol	CORGARD
pindolol	
propranolol	
propranolol ext-rel	INDERAL LA
sotalol	BETAPACE, BETAPACE AF

BETA-BLOCKER/DIURETIC COMBINATIONS

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

<http://www.acc.org>

<http://www.nhlbi.nih.gov/guidelines/hypertension>

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

CALCIUM CHANNEL BLOCKERS

Dihydropyridines

amlodipine	NORVASC
felodipine ext-rel	
nifedipine ext-rel	ADALAT CC
nisoldipine ext-rel	SULAR

Nondihydropyridines

diltiazem ext-rel	CARDIZEM CD
diltiazem ext-rel	DILACOR XR
diltiazem ext-rel	TIAZAC
verapamil ext-rel	CALAN SR
verapamil ext-rel	VERELAN

DIGITALIS GLYCOSIDES

digoxin	LANOXIN
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DIRECT RENIN INHIBITORS

aliskiren ST	TEKTURNA
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ST = Two antihypertensives required before Tekturna.

DIRECT RENIN INHIBITOR/CALCIUM CHANNEL BLOCKER/DIURETIC COMBINATIONSaliskiren/amlodipine/hydrochlorothiazide **ST** AMTURNIDE**ST** = Two antihypertensives required before Amturnide.**DIURETICS****Carbonic Anhydrase Inhibitors****acetazolamide****acetazolamide ext-rel**

DIAMOX SEQUELS

methazolamide**Loop Diuretics****bumetanide****furosemide**

LASIX

torsemide

DEMADEX

Potassium-sparing Diuretics**spironolactone**

ALDACTONE

triamterene

DYRENIUM

Thiazides and Thiazide-like Diuretics

chlorothiazide susp

DIURIL

chlorthalidone**hydrochlorothiazide****indapamide****metolazone**

ZAROXOLYN

Diuretic Combinations**amiloride/hydrochlorothiazide****spironolactone/hydrochlorothiazide**

ALDACTAZIDE

triamterene/hydrochlorothiazide 37.5/25

DYAZIDE

triamterene/hydrochlorothiazide 37.5/25

MAXZIDE-25

triamterene/hydrochlorothiazide 75/50

MAXZIDE

NITRATES**Oral****isosorbide dinitrate ext-rel tabs****isosorbide dinitrate oral**

ISORDIL

isosorbide mononitrate**isosorbide mononitrate ext-rel**

IMDUR

Sublingual**isosorbide dinitrate sublingual**

nitroglycerin sublingual

NITROSTAT

nitroglycerin sublingual spray

NITROLINGUAL

Transdermal

nitroglycerin oint

NITRO-BID

nitroglycerin transdermal

NITRO-DUR

NITRATE/VASODILATOR COMBINATIONS

isosorbide dinitrate/hydralazine

BIDIL

PULMONARY ARTERIAL HYPERTENSION

Endothelin Receptor Antagonists

ambrisentan PA , *	LETAIRIS
bosentan PA , *	TRACLEER

* Obtain through CVS Caremark Specialty Pharmacy Services.

Phosphodiesterase Inhibitors

sildenafil PA , *	REVATIO
sildenafil inj PA , *	REVATIO injection
tadalafil PA	ADCIRCA

* Obtain through CVS Caremark Specialty Pharmacy Services.

Prostaglandin Vasodilators

epoprostenol sodium PA , *	FLOLAN
treprostinil PA , *	REMODULIN
treprostinil PA , *	TYVASO

* Obtain through CVS Caremark Specialty Pharmacy Services.

MISCELLANEOUS

hydralazine

methyldopa

midodrine

minoxidil

reserpine

CENTRAL NERVOUS SYSTEM

Practice guidelines for psychiatric disorders are available at:

<http://www.psych.org>

ANTI-ANXIETY

Refer to State D.H.M.H. Preferred Drug List for a complete listing at:

<http://www.dhmh.state.md.us/mma/mpap/prefdruglist.html>

ANTICONVULSANTS

Refer to State D.H.M.H. Preferred Drug List for a complete listing at:

<http://www.dhmh.state.md.us/mma/mpap/prefdruglist.html>

Practice guidelines for the treatment of epilepsy are available at:

<http://www.aan.com>

ethosuximide	ZARONTIN
phenobarbital	
phenytoin	DILANTIN INFATABS
phenytoin sodium extended	DILANTIN
primidone	MYSOLINE

ANTIDEMENTIA

Practice guidelines for the management of dementia are available at:

<http://www.aan.com>

donepezil	ARICEPT
galantamine	RAZADYNE
memantine	NAMENDA

rivastigmine

EXELON

ANTIDEPRESSANTS

Refer to State D.H.M.H. Preferred Drug List for a complete listing at:

<http://www.dhmd.state.md.us/mma/mpap/prefdruglist.html>

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:

<http://www.psych.org>**ANTIPARKINSONIAN AGENTS**

Refer to State D.H.M.H. Preferred Drug List for a complete listing at:

<http://www.dhmd.state.md.us/mma/mpap/prefdruglist.html>

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

<http://www.aan.com>

amantadine, except tabs

bromocriptine

PARLODEL

carbidopa/levodopa

SINEMET

carbidopa/levodopa ext-rel

SINEMET CR

carbidopa/levodopa/entacapone

STALEVO

entacapone

COMTAN

pramipexole

MIRAPEX

ropinirole

REQUIP

selegiline capsELDEPRYL

ANTIPSYCHOTICS

Refer to State D.H.M.H. Preferred Drug List for a complete listing at:

<http://www.dhmd.state.md.us/mma/mpap/prefdruglist.html>**ATTENTION DEFICIT HYPERACTIVITY DISORDER**

Refer to State D.H.M.H. Preferred Drug List for a complete listing at:

<http://www.dhmd.state.md.us/mma/mpap/prefdruglist.html>

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

<http://www.aacap.org><http://www.aap.org>

Intuniv: For recipients 6-17 years old, Intuniv is part of the mental health formulary and billed fee-for-service. For individuals not in this age range, you may submit a non-formulary request form to Priority Partners.

Kapvay: For recipients 6-17 years old, Kapvay is part of the mental health formulary and billed fee-for-service. For individuals not in this age range, you may submit a non-formulary request form to Priority Partners.

HUNTINGTON'S DISEASE AGENTStetraabenazine **PA**, *XENAZINE

* Obtain through CVS Caremark Specialty Pharmacy Services.

HYPNOTICS

Refer to State D.H.M.H. Preferred Drug List for a complete listing at:

<http://www.dhmh.state.md.us/mma/mpap/prefdruglist.html>

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

<http://www.aasmnet.org>

MIGRAINE

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

<http://www.aan.com>

Ergotamine Derivatives

ergotamine/caffeine	CAFERGOT
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Selective Serotonin Agonists

rizatriptan MDL, ST	MAXALT
sumatriptan MDL	IMITREX
sumatriptan inj MDL	IMITREX
sumatriptan nasal spray MDL	IMITREX

ST = Generic Imitrex required before Maxalt.

Miscellaneous

acetaminophen/dichloralphenazone/isometheptene d	MIDRIN
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MOOD STABILIZERS

Refer to State D.H.M.H. Preferred Drug List for a complete listing at:

<http://www.dhmh.state.md.us/mma/mpap/prefdruglist.html>

MULTIPLE SCLEROSIS AGENTS

Practice guidelines for multiple sclerosis are available at:

<http://www.aan.com>

dalfampridine ext-rel PA, *	AMPYRA
glatiramer PA, *	COPAXONE
interferon beta-1a PA, *	AVONEX
interferon beta-1a PA, *	REBIF
interferon beta-1b PA, *	BETASERON

* Obtain through CVS Caremark Specialty Pharmacy Services.

MUSCULOSKELETAL THERAPY AGENTS

baclofen	
carisoprodol	SOMA
cyclobenzaprine	FLEXERIL
dantrolene	DANTRUM
methocarbamol	ROBAXIN

MYASTHENIA GRAVIS

pyridostigmine	MESTINON
pyridostigmine ext-rel	MESTINON TIMESPAN

PSYCHOTHERAPEUTIC-MISCELLANEOUS

Alcohol Deterrents

acamprosate calcium	CAMPRAL
disulfiram	ANTABUSE
naltrexone microspheres PA	VIVITROL

Narcotic Antagonists

naltrexone	REVIA
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Partial Narcotic Agonists/Combinations

buprenorphine PA	SUBUTEX
buprenorphine/naloxone tabs PA, *	SUBOXONE

* SUBOXONE sublingual film is non-formulary

Pseudobulbar Affect

dextromethorphan/quinidine	NUEDEXTA
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Smoking Deterrents

nicotine transdermal OTC	
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ENDOCRINE AND METABOLIC

ANDROGENS

Clinical practice guidelines for the treatment of hypogonadism are available at:
<http://www.aace.com>

oxandrolone	OXANDRIN
testosterone cypionate	DEPO-TESTOSTERONE
testosterone enanthate inj	DELATESTRYL
testosterone gel	ANDROGEL
testosterone transdermal	ANDRODERM

ANTIDIABETICS

Guidelines of treatment and management of diabetes are available at:
<http://professional.diabetes.org>

Alpha-glucosidase Inhibitors

acarbose	PRECOSE
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Biguanides

metformin	GLUCOPHAGE
metformin ext-rel 500 mg	GLUCOPHAGE XR

Biguanide/Sulfonylurea Combinations

glipizide/metformin	METAGLIP
glyburide/metformin	GLUCOVANCE

Dipeptidyl Peptidase-4 (DPP-4) Inhibitors

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

saxagliptin/metformin ext-rel	KOMBIGLYZE XR
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Incretin Mimetic Agents

liraglutide PA	VICTOZA
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Insulins

insulin aspart MDL	NOVOLOG
insulin aspart protamine 70%/insulin aspart 30% MDL	NOVOLOG MIX 70/30
insulin detemir	LEVEMIR
insulin glargine MDL	LANTUS
insulin human OTC, MDL	HUMULIN R
insulin human OTC, MDL	NOVOLIN R
insulin isophane human OTC, MDL	HUMULIN N
insulin isophane human OTC, MDL	NOVOLIN N

insulin isophane human 70%/regular 30% OTC, MDL	HUMULIN 70/30
insulin lispro MDL	HUMALOG
insulin lispro protamine/insulin lispro MDL	HUMALOG MIX

Insulin Sensitizers

pioglitazone	ACTOS
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Insulin Sensitizer/Biguanide Combinations

pioglitazone/metformin	ACTOPLUS MET
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Insulin Sensitizer/Sulfonylurea Combinations

pioglitazone/glimepiride	DUETACT
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Meglitinides

nateglinide	STARLIX
repaglinide	PRANDIN

Sulfonylureas

glimepiride	AMARYL
glipizide	GLUCOTROL
glipizide ext-rel	GLUCOTROL XL
glyburide	DIABETA
glyburide, micronized	GLYNASE

Supplies

alcohol swabs OTC	
blood glucose monitoring kits, test strips OTC, MDL, *	ACCU-CHEK KITS AND TEST STRIPS
glucose meter control solution OTC	ACCU-CHEK control solution
insulin syringes and needles OTC, MDL	
lancets OTC	
sharps container OTC	
urine test strips OTC	CHEMSTRIP URINE TEST STRIPS

* Obtain a free Accu-Chek meter by calling 1-888-744-3671.

CALCIUM RECEPTOR ANTAGONISTS

cinacalcet PA, *	SENSIPAR
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* Obtain through CVS Caremark Specialty Pharmacy Services.

CALCIUM REGULATORS

Bisphosphonates

Guidelines of treatment and management of osteoporosis are available at:

<http://www.aace.com>

<http://www.nof.org>

alendronate	FOSAMAX
alendronate/vitamin D3	FOSAMAX PLUS D
risedronate	ACTONEL

Calcitonins

calcitonin-salmon spray	MIACALCIN
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Parathyroid Hormones

teriparatide PA, *	FORTEO
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* Obtain through CVS Caremark Specialty Pharmacy Services.

CONTRACEPTIVES

EE = ethinyl estradiol

ME = mestranol

Monophasic

20 mcg Estrogen

drospirenone/EE 3/20	YAZ
norethindrone acetate/EE 1/20	LOESTRIN 1/20
norethindrone acetate/EE 1/20 and iron	LOESTRIN FE 1/20

30 mcg Estrogen

desogestrel/EE 0.15/30	ORTHO-CEPT
drospirenone/EE 3/30	YASMIN
levonorgestrel/EE 0.15/30 - Levora #	
norethindrone acetate/EE 1.5/30	LOESTRIN 1.5/30
norethindrone acetate/EE 1.5/30 and iron	LOESTRIN FE 1.5/30
norgestrel/EE 0.3/30 - Low-Ogestrel #	

Only the reference brand name noted is on formulary.

35 mcg Estrogen

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

Only the reference brand name noted is on formulary.

50 mcg Estrogen

ethynodiol diacetate/EE 1/50 - Zovia 1/50 #	
norethindrone/ME 1/50	

Only the reference brand name noted is on formulary.

Biphasic

desogestrel/EE	MIRCETTE
norethindrone/EE	NECON 10/11

Triphasic

desogestrel/EE	CYCLESSA
levonorgestrel/EE - Trivora #	
norethindrone acetate/EE/iron	ESTROSTEP FE
norethindrone/EE	ORTHO-NOVUM 7/7/7
norethindrone/EE	TRI-NORINYL
norgestimate/EE	ORTHO TRI-CYCLEN
norgestimate/EE	ORTHO TRI-CYCLEN LO

Only the reference brand name noted is on formulary.

Extended Cycle

levonorgestrel/EE 0.15/30	SEASONALE
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Progestin Only

norethindrone	ORTHO MICRONOR
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Emergency Contraception

levonorgestrel MDL, *	NEXT CHOICE
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levonorgestrel MDL , *	PLAN B ONE-STEP
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* OTC for members 17 years of age and older. Prescription required for members under 17 years of age.

Injectable

medroxyprogesterone acetate 150 mg/mL MDL	DEPO-PROVERA
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Transdermal

norelgestromin/EE	ORTHO EVRA
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Vaginal

etonogestrel/EE ring	NUVARING
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ENDOMETRIOSIS

danazol	
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ENZYME REPLACEMENTS

agalsidase beta *, PA	FABRAZYME
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laronidase *, PA	ALDURAZYME
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* Obtain through CVS Caremark Specialty Pharmacy Services.

ESTROGENS

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

<http://www.menopause.org>

Oral

estradiol	ESTRACE
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estrogens, conjugated	PREMARIN
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estropipate	
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Transdermal

estradiol	CLIMARA
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Vaginal

estrogens, conjugated crm	PREMARIN crm
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ESTROGEN/PROGESTINS

Oral

EE/norethindrone acetate	FEMHRT
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estrogens, conjugated/medroxyprogesterone	PREMPHASE
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estrogens, conjugated/medroxyprogesterone	PREMPRO
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Transdermal

estradiol/levonorgestrel	CLIMARA PRO
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GLUCOCORTICOIDS

dexamethasone	
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fludrocortisone	
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hydrocortisone	CORTEF
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methylprednisolone	MEDROL
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prednisolone sodium phosphate	ORAPRED
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prednisolone sodium phosphate	PEDIAPRED
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prednisolone syrup	PRELONE
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prednisone	
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GLUCOSE ELEVATING AGENTS

glucagon, human recombinant

GLUCAGON EMERGENCY KIT

HUMAN GROWTH HORMONES

Guidelines for use of growth hormone are available at:

<http://www.aace.com>

somatropin **PA, #, ***

NORDITROPIN NORDIFLEX

somatropin **PA, #, ***

TEV-TROPIN

* Obtain through CVS Caremark Specialty Pharmacy Services.

Only the branded product noted is on formulary.

HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS

calcitriol (1,25-D3)

ROCALTROL

doxercalciferol

HECTOROL

PHOSPHATE BINDER AGENTS

calcium acetate

PHOSLO

lanthanum

FOSRENOL

sevelamer

RENAGEL

sevelamer carbonate

RENVELA

PROGESTINS

hydroxyprogesterone caproate **PA**

MAKENA

medroxyprogesterone acetate

PROVERA

progesterone, micronized

PROMETRIUM

SELECTIVE ESTROGEN RECEPTOR MODULATORS

raloxifene

EVISTA

THYROID AGENTS

Antithyroid Agents

methimazole

TAPAZOLE

propylthiouracil

Thyroid Supplements

levothyroxine

SYNTHROID

levothyroxine - Levoxyl

liothyronine

CYTOMEL

thyroid

ARMOUR THYROID

VASOPRESSINS

desmopressin spray, tabs

DDAVP

MISCELLANEOUS

cabergoline

levocarnitine

CARNITOR

methylergonovine

METHERGINE

succimer

CHEMET

GASTROINTESTINAL

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

<http://www.acg.gi.org>

<http://www.gastro.org>

ANTIDIARRHEALS	
diphenoxylate/atropine	LOMOTIL
loperamide	
ANTIEMETICS	
granisetron MDL	KYTRIL
meclizine	ANTIVERT
metoclopramide	REGLAN
ondansetron MDL	ZOFRAN
prochlorperazine	
promethazine	
ANTISPASMODICS	
dicyclomine	BENTYL
glycopyrrolate	ROBINUL
hyoscyamine sulfate	LEVSIN
CHOLELITHOLYTICS	
ursodiol	ACTIGALL
ursodiol	URSO
H₂ RECEPTOR ANTAGONISTS	
cimetidine	
ranitidine soln	ZANTAC SOLUTION
ranitidine tabs OTC, MDL	ZANTAC OTC
INFLAMMATORY BOWEL DISEASE	
Oral Agents	
mesalamine delayed-rel tabs	ASACOL
mesalamine delayed-rel tabs	ASACOL HD
mesalamine delayed-rel tabs ST	LIALDA
mesalamine ext-rel caps	PENTASA
sulfasalazine	AZULFIDINE
sulfasalazine delayed-rel	AZULFIDINE EN-TABS
 ST = Asacol or Pentasa required before Lialda.	
Rectal Agents	
hydrocortisone acetate foam	CORTIFOAM
hydrocortisone enema	
mesalamine rectal susp	ROWASA
mesalamine supp	CANASA
IRRITABLE BOWEL SYNDROME	
Irritable Bowel Syndrome with Constipation	
lubiprostone PA	AMITIZA
LAXATIVES	
lactulose	
peg 3350/electrolytes	GOLYTELY
peg 3350/electrolytes	NULYTELY
polyethylene glycol 3350 OTC	MIRALAX
PANCREATIC ENZYMES	
pancrelipase delayed-rel	CREON

PROSTAGLANDINS

misoprostol	CYTOTEC
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PROTON PUMP INHIBITORS

omeprazole delayed-rel tabs MDL, OTC	
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omeprazole magnesium delayed-rel caps MDL, OTC	
---	--

pantoprazole delayed-rel ST, MDL	
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ST = omeprazole caps or tabs OTC required before pantoprazole.

SALIVA STIMULANTS

pilocarpine tabs	SALAGEN
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STEROIDS, RECTAL

hydrocortisone acetate supp	ANUSOL-HC
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hydrocortisone crm	
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ULCER THERAPY COMBINATIONS

bismuth subsalicylate + metronidazole + tetracycline	HELIDAC
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lansoprazole + amoxicillin + clarithromycin MDL	PREVPAC
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MISCELLANEOUS

sucralfate	CARAFATE
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GENITOURINARY**BENIGN PROSTATIC HYPERPLASIA**

Guidelines for the management of BPH are available at:

<http://www.auanet.org/guidelines>

finasteride	PROSCAR
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tamsulosin	FLOMAX
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URINARY ANTISPASMODICS

oxybutynin	
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oxybutynin ext-rel	DITROPAN XL
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tropium	
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VAGINAL ANTI-INFECTIVES

clindamycin crm	CLEOCIN
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fluconazole MDL	DIFLUCAN 150 mg
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metronidazole	METROGEL-VAGINAL
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terconazole crm 0.8%	TERAZOL 3
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terconazole supp 80 mg	TERAZOL 3
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MISCELLANEOUS

bethanechol	URECHOLINE
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phenazopyridine	PYRIDIUM
------------------------	----------

potassium citrate	UROCIT-K
--------------------------	----------

propantheline 15 mg	
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sodium citrate/citric acid	
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HEMATOLOGIC

Guidelines of treatment and management of hemophilia are available at:

<http://www.hemophilia.org>

ANTICOAGULANTS

Injectable

enoxaparin MDL	LOVENOX
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Oral

warfarin	COUMADIN
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HEMATOPOIETIC GROWTH FACTORS

Guidelines for the management of neutropenia are available at:
<http://www.asco.org>

Guidelines for the management of anemia associated with chronic kidney disease are available at:
http://www.kidney.org/professionals/kdoqi/guidelines_commentaries.cfm#guidelines

darbepoetin alfa MDL, *	ARANESP
epoetin alfa MDL, *	EPOGEN
epoetin alfa MDL, *	PROCRIT
filgrastim *	NEUPOGEN
pegfilgrastim *	NEULASTA
romiplostim PA, *	NPLATE
sargramostim inj *	LEUKINE

* Obtain through CVS Caremark Specialty Pharmacy Services.

IDIOPATHIC THROMBOCYTOPENIC PURPURA AGENTS

eltrombopag PA	PROMACTA
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IRON CHELATING AGENTS

deferasirox PA	EXJADE
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PLATELET AGGREGATION INHIBITORS

clopidogrel	PLAVIX
dipyridamole	PERSANTINE
dipyridamole ext-rel/aspirin	AGGRENOX

PLATELET SYNTHESIS INHIBITORS

anagrelide	AGRYLIN
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MISCELLANEOUS

pentoxifylline ext-rel	TRENTAL
tranexamic acid MDL	LYSTEDA

IMMUNOLOGIC AGENTS

Guidelines for the management of rheumatic diseases are available at:
<http://www.rheumatology.org>

BIOLOGIC DISEASE-MODIFYING AGENTS

adalimumab PA, *	HUMIRA
certolizumab pegol PA, *	CIMZIA
etanercept PA, *	ENBREL

* Obtain through CVS Caremark Specialty Pharmacy Services.

DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDs)

hydroxychloroquine	PLAQUENIL
leflunomide	ARAVA
methotrexate	

IMMUNOMODULATORS

CDC recommendations on the treatment of hepatitis are available at: <http://www.cdc.gov/hepatitis/index.htm>

Guidelines for the management of hepatitis are available at:

<http://www.aasld.org>

Interferons

interferon alfa-2b PA	INTRON A
interferon alfacon-1 PA, *	INFERGEN
peginterferon alfa-2a PA, *	PEGASYS
peginterferon alfa-2b PA, *	PEGINTRON

* Obtain through CVS Caremark Specialty Pharmacy Services.

IMMUNOSUPPRESSANTS

Antimetabolites

azathioprine	AZASAN
azathioprine	IMURAN
mycophenolate mofetil	CELLCEPT

Calcineurin Inhibitors

cyclosporine	SANDIMMUNE
cyclosporine, modified	NEORAL
tacrolimus	PROGRAF

Rapamycin Derivatives

sirolimus	RAPAMUNE
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VACCINES

influenza vaccine	FLUMIST
influenza vaccine	FLUZONE

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

Potassium

potassium bicarbonate/potassium citrate effervescent tabs 25 mEq
potassium chloride ext-rel
potassium chloride liquid
potassium chloride powder 20 mEq
potassium chloride/potassium bicarbonate/citric acid effervescent tabs 25 mEq

Potassium-Removing Agents

sodium polystyrene sulfonate

VITAMINS AND MINERALS

Folic Acid Agents

folic acid

Prenatal Vitamins

prenatal vitamins/DHA/folic acid	SELECT-OB + DHA
prenatal vitamins/docusate/folic acid	CITRANATAL RX
prenatal vitamins/folic acid	VITAFOL-OB
prenatal vitamins/folic acid	VITAFOL-PN
prenatal vitamins/folic acid - Prenatal Plus	

Miscellaneous

cyanocobalamin inj	
ergocalciferol (D2) OTC	DRISDOL
fluoride drops	LURIDE
fluoride tabs	LURIDE LOZI-TABS
multivitamins/fluoride drops, tabs	
multivitamins/fluoride/iron drops, tabs	
phytonadione	MEPHYTON
vitamin ADC/fluoride drops OTC	
vitamin ADC/fluoride/iron drops OTC	
vitamin B complex/vitamin C/folic acid	NEPHRO-VITE RX
zinc acetate	GALZIN

RESPIRATORY

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

<http://www.aaaai.org>

<http://www.ginasthma.com>

<http://www.goldcopd.com>

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

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

<http://www.aaaai.org>

ANAPHYLAXIS TREATMENT AGENTS

epinephrine	EPIPEN
epinephrine	EPIPEN JR.

ANTICHOLINERGICS

ipratropium soln	
ipratropium, CFC-free aerosol	ATROVENT HFA
tiotropium *	SPIRIVA

* For patients 18 years of age or older.

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ipratropium/albuterol	COMBIVENT
ipratropium/albuterol soln	DUONEB

ANTIHISTAMINES, LOW SEDATING

cetirizine OTC	ZYRTEC
levocetirizine	XYZAL

ANTIHISTAMINES, NONSEDATING

fexofenadine OTC	ALLEGRA
loratadine OTC	CLARITIN

ANTIHISTAMINES, SEDATING

cyproheptadine	
diphenhydramine OTC	
hydroxyzine HCl	

ANTIHISTAMINE/DECONGESTANT COMBINATIONS

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

ANTITUSSIVES

benzonatate	TESSALON
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ANTITUSSIVE COMBINATIONS**Narcotic**

codeine/chlorpheniramine/pseudoephedrine	
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codeine/guaifenesin	
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codeine/guaifenesin/pseudoephedrine	
--	--

codeine/promethazine	
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codeine/promethazine/phenylephrine	
---	--

hydrocodone/homatropine	
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Non-Narcotic

dextromethorphan/guaifenesin OTC	ROBITUSSIN-DM
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dextromethorphan/promethazine	
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BETA AGONISTS**Inhalants****Short Acting**

albuterol soln	ACCUNEB 0.42 mg/mL
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albuterol sulfate, CFC-free aerosol MDL	PROAIR HFA
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albuterol sulfate, CFC-free aerosol MDL	VENTOLIN HFA
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levalbuterol soln ST	XOPENEX
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levalbuterol tartrate, CFC-free aerosol ST	XOPENEX HFA
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pirbuterol	MAXAIR
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ST = albuterol required before Xopenex.

Long Acting

formoterol inhalation caps ST	FORADIL
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salmeterol xinafoate ST	SEREVENT DISKUS
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ST = Inhaled corticosteroid required before Foradil or Serevent.

Oral Agents

albuterol	
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albuterol ext-rel	VOSPIRE ER
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terbutaline	
--------------------	--

LEUKOTRIENE RECEPTOR ANTAGONISTS

montelukast ST	SINGULAIR
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ST = Requires previous Rx for asthma medication; OR Rx for intranasal steroid AND antihistamine.

MAST CELL STABILIZERS

cromolyn soln	
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MEDICAL SUPPLIES

spacer device OTC	RESPIRATORY SPACER DEVICES
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NASAL ANTIHISTAMINES

azelastine spray	ASTELIN
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NASAL STEROIDS

flunisolide spray	
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fluticasone spray	FLOINASE
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mometasone spray *	NASONEX
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* Covered only for ages 2-4.

RESPIRATORY SYNCYTIAL VIRUS

palivizumab PA , *	SYNAGIS
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* Obtain through CVS Caremark Specialty Pharmacy Services.

STEROID/BETA AGONIST COMBINATIONS

budesonide/formoterol ST	SYMBICORT
fluticasone/salmeterol ST	ADVAIR DISKUS
fluticasone/salmeterol, CFC-free aerosol ST	ADVAIR HFA

ST = inhaled corticosteroid required before Symbicort or Advair.

STEROID INHALANTS

beclomethasone, CFC-free aerosol	QVAR
budesonide	PULMICORT FLEXHALER
budesonide inh susp *	PULMICORT RESPULES
fluticasone propionate MDL	FLOVENT DISKUS
fluticasone, CFC-free aerosol	FLOVENT HFA

* Covered for individuals 0 through 8 years of age.

XANTHINES

theophylline ext-rel tabs	
theophylline liquid	ELIXOPHYLLIN

MISCELLANEOUS

omalizumab PA , *	XOLAIR
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* Obtain through CVS Caremark Specialty Pharmacy Services.

TOPICAL

DERMATOLOGY

Acne

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

<http://www.aad.org>

Oral

doxycycline hyclate	VIBRAMYCIN
erythromycin delayed-rel	ERY-TAB
isotretinoin PA	CLARAVIS
minocycline caps	MINOCIN
tetracycline	

Topical

benzoyl peroxide gel 2.5%, 5%, 10%	
clindamycin gel, lotion, soln 1%	CLEOCIN T
erythromycin gel 2%	
erythromycin soln 2%	
erythromycin/benzoyl peroxide 3%/5%	BENZAMYCIN
sulfacetamide/sulfur	PLEXION
sulfacetamide/sulfur lotion 10%/5%	
tretinoin crm, gel PA , *	RETIN-A

* PA required for age > 35 years.

Actinic Keratosis

fluorouracil crm 1%	FLUOROPLEX
fluorouracil soln	

Antibiotics

mupirocin oint 2%	BACTROBAN
silver sulfadiazine crm 1%	SILVADENE

Antifungals

ciclopirox crm 0.77%	LOPROX
clotrimazole crm 1% OTC	
ketoconazole crm 2%	
nystatin crm 100,000 units/g	
nystatin/triamcinolone oint 100,000 units/0.1%	

Antipsoriatics

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

Oral

methoxsalen oral	OXSORALEN-ULTRA
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Topical

calcipotriene	DOVONEX
tazarotene crm, gel	TAZORAC

Antiseborrheics

ketoconazole shampoo 2%	NIZORAL SHAMPOO
selenium sulfide shampoo 2.5%	SELSUN

Corticosteroids

Products are grouped based upon relative potency. The formulary generally includes all strengths and usual topical dosage forms for all the products cited.

Low Potency

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

Medium Potency

betamethasone valerate crm, lotion, oint 0.1%	
fluocinolone acetonide crm, oint 0.025%	
hydrocortisone valerate crm, oint 0.2%	WESTCORT
mometasone crm, lotion, oint 0.1%	ELOCON
triamcinolone acetonide crm, lotion 0.025%	
triamcinolone acetonide crm, lotion, oint 0.1%	

High Potency

betamethasone dipropionate augmented crm 0.05%	DIPROLENE AF
betamethasone dipropionate augmented lotion 0.05%	DIPROLENE
betamethasone dipropionate crm, lotion, oint 0.05%	
fluocinonide crm, gel, oint, soln 0.05%	
triamcinolone acetonide crm 0.5%	

Very High Potency

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

Emollients

ammonium lactate crm, lotion 12% OTC	AMLACTIN
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Immunomodulators

Guidelines for the treatment of atopic dermatitis are available at:
<http://www.aad.org>

pimecrolimus crm 1% ST	ELIDEL
tacrolimus oint 0.03%, 0.1% ST	PROTOPIC

ST = topical steroids required before Elidel and Protopic.

Local Anesthetics

lidocaine/prilocaine crm 2.5%/2.5% *	EMLA
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* Covered for children 15 years of age or younger.

Rosacea

metronidazole crm 0.75%	METROCREAM
metronidazole crm 1%	NORITATE
sulfacetamide/sulfur	PLEXION

Scabicides and Pediculicides

benzyl alcohol ST	ULESFIA
permethrin crm 5%	

ST = Permethrin required before ULESFIA for children 6 years of age or younger.

Miscellaneous Skin and Mucous Membrane

acyclovir oint 5%	ZOVIRAX oint
aluminum chloride soln 20%	DRYSOL
imiquimod	ALDARA
podofilox soln 0.5%	CONDYLOX

MOUTH/THROAT/DENTAL AGENTS

Anesthetics - Topical Oral

lidocaine viscous	
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Steroids - Mouth/Throat

triamcinolone paste	
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Miscellaneous

chlorhexidine gluconate	PERIDEX
sodium fluoride dental rinse	

OPHTHALMIC

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

Antiallergics

cromolyn sodium	
ketotifen OTC	ZADITOR

Anti-infectives

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

bacitracin 500 units/g	
ciprofloxacin 0.3%	CILOXAN
erythromycin	
gentamicin 0.3%	
moxifloxacin 0.5%	VIGAMOX
neomycin/polymyxin B/gramicidin	NEOSPORIN
ofloxacin 0.3%	OCUFLOX
polymyxin B/bacitracin	
polymyxin B/trimethoprim	POLYTRIM
sulfacetamide 10%	BLEPH-10
tobramycin 0.3%	TOBEX

Anti-infective/Anti-inflammatory Combinations

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

gentamicin/prednisolone acetate	PRED-G
neomycin/polymyxin B/dexamethasone	MAXITROL
sulfacetamide/prednisolone phosphate 10%/0.25%	

Anti-inflammatories

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

Nonsteroidal

ketorolac 0.4%	ACULAR LS
ketorolac 0.5%	ACULAR
nepafenac	NEVANAC

Steroidal

dexamethasone sodium phosphate	
fluorometholone	FML
fluorometholone 0.25%	FML FORTE
loteprednol 0.5%	LOTEMAX
prednisolone acetate 0.12%	PRED MILD
prednisolone acetate 1%	PRED FORTE
prednisolone phosphate 1%	
rimexolone	VEXOL

Antivirals

trifluridine 1%	VIROPTIC
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Beta-blockers

Nonselective

levobunolol 0.25%, 0.5%	BETAGAN
timolol hemihydrate 0.25%, 0.5%	BETIMOL
timolol maleate 0.25%, 0.5%	TIMOPTIC

Selective

betaxolol 0.25%	BETOPTIC S
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Carbonic Anhydrase Inhibitors

Topical

brinzolamide 1%	AZOPT
dorzolamide 2%	TRUSOPT

Carbonic Anhydrase Inhibitor/Beta-blocker Combinations

dorzolamide/timolol maleate 2%/0.5%	COSOPT
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Mydriatics

atropine 1%	
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homatropine 5%	ISOPTO HOMATROPINE
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Parasympathomimetics

pilocarpine 1%, 2%, 4%	ISOPTO CARPINE
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Prostaglandins

bimatoprost 0.03%	LUMIGAN
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latanoprost 0.005%	XALATAN
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Sympathomimetics

brimonidine 0.1%	ALPHAGAN P
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brimonidine 0.15%	ALPHAGAN P
--------------------------	------------

brimonidine 0.2%	
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Sympathomimetic/Beta-blocker Combinations

brimonidine/timolol	COMBIGAN
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OTIC

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

<http://www.aap.org>

Anti-infectives

acetic acid	
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acetic acid/aluminum acetate OTC	
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ofloxacin otic 0.3%	
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Anti-infective/Anti-inflammatory Combinations

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

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

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

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

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

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

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

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

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

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

American Association of Clinical Endocrinologists
<http://www.aace.com>

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

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

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

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

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

American College of Gastroenterology
<http://www.acg.gi.org>

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

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

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

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

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

American Headache Society Committee for Headache Education
<http://www.achenet.org>

American Heart Association
<http://www.americanheart.org>

American Lung Association
<http://www.lungusa.org>

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

American Psychiatric Association
<http://www.psych.org>

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

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

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

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

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

Centers for Disease Control and Prevention
Guideline topics: AIDS
<http://www.cdc.gov/hiv/resources/guidelines/index.htm>

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

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

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

Global Initiative for Asthma
<http://www.ginasthma.com>

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

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

Johns Hopkins AIDS Service
<http://www.hopkins-aids.edu>

Juvenile Diabetes Research Foundation International
<http://www.jdf.org>

MedWatch
<http://www.fda.gov/medwatch>

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

National Cancer Institute
<http://www.cancer.gov/cancerinformation>

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

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

National Guideline Clearinghouse
<http://www.guideline.gov>

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

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

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

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

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

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

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

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