



FORMULARY

(OPEN/CLOSED)

2019

Capital **BLUE** 

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Capital BlueCross Formulary 2019

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THE FORMULARY

Capital BlueCross (Capital) has created the Formulary to give members access to quality, affordable medications and to provide physicians with a reference list of preferred medications for cost-effective prescribing. The Formulary represents the cornerstone of drug therapy quality assurance and cost containment efforts.

The Capital Formulary was developed and is maintained by the Capital BlueCross Pharmacy and Therapeutics (P&T) Committee. This committee, composed of practicing physicians from various medical specialties, practicing pharmacists, and other health care providers, reviews medications in all therapeutic categories based on safety and effectiveness and designates the most effective agent(s) in each class. Formulary development and maintenance is a dynamic process. The P&T Committee will regularly review new and existing medications to ensure the Formulary remains responsive to the needs of our members and providers.

A provider may request a reconsideration of tier status for a medication on the Capital Formulary by completing a Formulary Status Reconsiderations Form or by writing a letter indicating the significant advantages of the specific drug product and mailing it to the address below:

**Pharmacy Services
Capital BlueCross P&T Committee
P.O. Box 773735
Harrisburg, PA 17177-3735**

The P&T Committee will review drug-specific requests and communicate the results of the review to the requesting provider. Patient-specific requests need to follow the Professional Provider dispute and appeal process.

HOW TO USE THE FORMULARY

The Formulary lists the most commonly prescribed medications by therapeutic class. Medications listed in **bold lower case print** are generic medications, and medications listed in all UPPER CASE PRINT are brand-name medications. For each drug listed, it is indicated whether that drug falls in the Generic Preferred category, Generic Non-Preferred category, Brand Preferred category or Brand Non-Preferred category. These categories are defined as follows:

- **Generic Preferred (GP) and Generic Non-Preferred (GNP):** Drugs that contain the same active ingredient(s) as their corresponding brand-name drug and have been approved by the U.S. Food and Drug Administration (FDA) for therapeutic equivalency to their brand-name product. Please note that not all strengths and formulations of generic drugs have the same tier status.
- **Brand Preferred (BP):** Drugs that have been reviewed by the Capital BlueCross Pharmacy & Therapeutics Committee and found to have therapeutic advantage or overall value over non-preferred brands, factoring safety, efficacy, and cost.
- **Brand Non-Preferred (BNP):** Drugs that have been reviewed by the Capital BlueCross Pharmacy & Therapeutics Committee and found not to have significant therapeutic advantage or overall value over alternative generics, preferred brands or over-the-counter medications.

To help maximize the pharmacy benefit, preferred formulary alternatives, where applicable, are provided. Please note that the information provided is not intended to substitute for the physician's independent medical judgment based on the member's specific needs. The information contained in this document is current at the time of printing, is not all encompassing and is subject to change.

The Formulary serves as a reference guide suitable for various formulary systems, ranging from an open incentive four-tier formulary to a closed formulary.

- The open formulary provides access to all covered products, whether they are designated generic preferred (tier 1), generic non-preferred (tier 2), brand preferred (tier 3), or brand non-preferred (tier 4). Under this formulary system, members are encouraged to use generic or preferred brand drugs which typically carry a lower copayment/coinsurance than non-preferred brand drugs. *(Please note that all plans do not include a two-tier generic benefit with a different copayment/coinsurance for each generic tier. For plans that do not have a two-tier generic benefit, the generic copayment/coinsurance will be applied to both generic preferred and generic non-preferred drugs. Please also note that for specialty medications, the specialty generic cost share, when applicable, will apply to both generic preferred and generic non-preferred specialty medications.)*
- The closed formulary provides access to only products that are on the formulary (generic preferred, generic non-preferred and brand preferred drugs)*. Under this formulary, non-formulary drugs (brand non-preferred drugs) are not covered unless approved via a Non-Formulary Consideration Process. The provider or member may initiate a request that coverage be granted when medically necessary. The Non-Formulary Consideration Process may require the trial and failure of two (2) formulary alternatives (if two are available) prior to approval of the non-formulary medication. Approvals will be member- and drug-specific. Each unique non-formulary drug exception must be reviewed and approved separately.

*Select brand non-preferred drugs may be covered due to Affordable Care Act mandates under Health Care Reform.

As determined by the member's benefit plan, the member may share more of the cost for brand-name drugs, especially those designated as non-preferred brands. Despite being listed in the formulary, please note that some drugs are excluded by benefit design and therefore are not covered (see Benefit Exclusions/Limitations below). Newly-released brand-name drugs are not covered until the P&T Committee reviews the medication's safety and efficacy profile. Brand-name drugs that have an available generic equivalent, deemed suitable for substitution by the P&T Committee, are placed in the non-preferred brand category.

The Formulary applies only to prescription medications dispensed in outpatient pharmacies. The Formulary does not apply to inpatient medications or to medications obtained from and/or administered by a physician or a home health agency.

While Capital BlueCross strives to provide prompt notice of changes and updates, the Formulary, as well as the pharmacy clinical programs (such as prior authorization, quantity level limits, etc.), are subject to change. Please visit our website at www.capbluecross.com for current information. If preferred, contact our pharmacy benefit manager via phone at the number listed below.

CVS Caremark®
1-800-585-5794 (for provider and member inquires)

On behalf of Capital BlueCross, CVS Caremark assists in the administration of our prescription drug program. CVS Caremark is an independent pharmacy benefit manager.

GENERIC DRUG SUBSTITUTION

Generic drug substitution is encouraged if the FDA has determined the generic drug is bioequivalent to the brand-name product. Depending on the member's prescription drug benefit plan, one of the following generic substitution policies will be applied. The member's financial responsibility for a brand-name medication when a generic equivalent is available will vary depending on the member's generic substitution program.

- For members with *mandatory generic substitution*, if the physician indicates "Dispense As Written" (DAW) or if a member requests a brand-name product when a generic is available, the member is responsible for the cost difference between the brand-name medication and its generic cost (ancillary charge) in addition to the member's applicable brand copayment/coinsurance, up to the original cost of the brand-name medication.
- For members with *restricted generic substitution*, if a member requests a brand-name product when a generic is available, the member is responsible for the cost difference between the brand-

name medication and its generic cost (ancillary charge) in addition to the member's applicable brand copayment/coinsurance, up to the original cost of the brand-name medication. If the physician indicates DAW, then the member pays the applicable copayment/coinsurance for the brand product and is not required to pay the ancillary charge.

- For members with *voluntary generic substitution*, the member will pay only the applicable copayment/coinsurance for the brand product.

Capital encourages generic substitution, when possible and appropriate, to help reduce the member's out-of-pocket expense, plus help contain the overall cost of the prescription drug benefit.

NON-PRESCRIPTION MEDICATION (OTC) POLICY*

Select Over-The-Counter (OTC) products may be covered as determined by Capital BlueCross or if mandated by the Patient Protection and Affordable Care Act (PPACA).

If a prescription drug has an available OTC equivalent, the prescription drug will not be covered. Physicians and pharmacists should guide and refer members to the OTC equivalent product, when appropriate.

*As mandated by PPACA, select Over-The-Counter medications may be covered at \$0 cost share for members with individual coverage or members of a non-grandfathered group health plan. Please consult your employer for questions relating to grandfathered status.

COMPOUND DRUG POLICY

Prescribed compound drug products are considered Brand Non-Preferred (BNP) and require prior authorization.

BENEFIT EXCLUSIONS / LIMITATIONS*

Depending on the member's pharmacy benefit plan, some medications listed may not be covered for individual members based on benefit design purchased by the member or employer group. Examples of contractual exclusions include, but are not limited to:

- Appetite suppressants (weight loss)
- Infertility medications
- Drugs used for cosmetic purposes (wrinkles, hair loss, etc.)
- Erectile dysfunction medications
- Smoking cessation products
- Contraceptives
- Non self-administered injectable drugs
- Allergy serums
- Experimental and investigational (including off-label use) use
- Some types of vitamins (non-prenatal)
- Products with OTC equivalents

Some members' employer groups may choose to purchase additional coverage for these drug classes, while other employer groups may choose to exclude these drug classes from their Capital BlueCross health benefit plan.

*As mandated by PPACA, select medications in these drug classes may be covered at \$0 cost share for members with individual coverage or members of a non-grandfathered group health plan. Please consult your employer for questions relating to grandfathered status.

PRIOR AUTHORIZATION PROGRAM

Most pharmacy benefit plans include the prior authorization program. Prior authorization helps encourage appropriate and cost-effective use of certain drugs by allowing coverage only after clinical criteria are met. All clinical criteria are regularly reviewed and approved by the P&T Committee.

Drugs requiring prior authorization are subject to change. Please always visit our website (www.capbluecross.com) for the most up-to-date information on drugs requiring prior authorization.

Drugs requiring prior authorization are designated in the Formulary by "PAR" (Prior Authorization Required) after the drug name. These drugs require prior authorization before members can obtain them as a covered benefit. For some drugs, part of the criteria may be automated (Enhanced Prior Authorization or EPA) to encourage first-line agents before second-line agents are utilized. If automated criteria are not met, then prior authorization is required by the physician (or representative) or pharmacist by calling / faxing the request with supporting clinical information to the pharmacy benefit manager at:

CVS Caremark Prior Authorization Department
Telephone: 1-800-294-5979
Fax: 1-888-836-0730

QUANTITY LIMITATIONS

Some drug products may be subject to quantity limitations based on FDA-recommended doses or adopted clinical guidelines. These drugs are designated in the Formulary by "QLL" (Quantity Level Limits) after the drug name. The purpose of these maximum quantity limits is to ensure the proper billing of products and encourage the use of therapeutically indicated drug regimens. Quantity limitations are subject to change. Please check your provider manual or the on-line formulary at our website (www.capbluecross.com) for the most up-to-date information on drugs that are part of this program. If a quantity of medication exceeding the limit is required, the physician (or representative) or pharmacist should call / fax the request with supporting clinical information to the pharmacy benefit manager at:

CVS Caremark Prior Authorization Department
Telephone: 1-800-294-5979
Fax: 1-888-836-0730

MAINTENANCE DRUGS

Maintenance drugs are prescriptions commonly used to treat conditions that are considered chronic or long-term. These conditions usually require regular, daily use of medicines. Examples of maintenance drugs are those used to treat high blood pressure, heart disease and diabetes.

INJECTABLE MEDICATION POLICY

Self-administered pharmacy injectable medications are usually covered under the Capital BlueCross prescription drug benefit. Injectable medications that are not routinely self-administered are not covered under the prescription drug benefit, but may be covered under the member's medical benefit. Procurement of select medical injectable medications may be available from AllianceRx Walgreens Prime (by calling **1.800.533.7606** (TTY 866.830.4366) or faxing 1.844.834.2550), Capital BlueCross' specialty medical injectable provider, which will assist with distribution and billing of these medications.

On behalf of Capital BlueCross, AllianceRx Walgreens Prime, an independent company by Walgreens Specialty Pharmacy Holdings, LLC, assists in the delivery of specialty medications for our members.

SPECIALTY MEDICATION PROVIDER: OUTPATIENT PRESCRIPTION DRUG BENEFIT

Specialty oral medications and self-administered injectable medications are available through AllianceRx Walgreens Prime under the Capital BlueCross outpatient prescription drug benefit. Members or providers can call **1.800.533.7606** (TTY 866.830.4366) or fax 1.844.834.2550 to receive more information on starting service. The following medications are available through AllianceRx Walgreens Prime. (This list is current as of the printing of this formulary but is subject to change.)

Note: **Bolded** products on the Specialty Drugs list below are available exclusively from AllianceRx Walgreens Prime. Products denoted with an asterisk (*) on the Specialty Drugs list below may also be obtained at network pharmacies.

Specialty Drugs

ACTEMRA subcutaneous* PAR	COMETRIQ* PAR
ACTHAR HP* PAR	COPAXONE PAR
ACTIMMUNE*	CORIFACT* PAR
ADCIRCA* PAR	COSENTYX* PAR
ADEMPAS* PAR	COTELLIC* PAR
ADVATE* PAR	CUVITRU* PAR
ADYNOVATE* PAR	CYSTADANE* PAR
AFINITOR*	CYSTAGON* PAR
AFSTYLA* PAR	CYSTARAN* PAR
AIMOVIG* PAR, QLL	DAKLINZA* PAR
ALECENSA* PAR	DALFAMPRIDINE* PAR
ALPHANATE* PAR	DOFETILIDE*
ALPHANINE SD* PAR	DOPTELET* PAR
ALPROLIX* PAR	DUPIXENT* PAR
ALUNBRIG* PAR	EGRIFTA* PAR
AMPYRA* PAR	ELOCTATE* PAR
APOKYN*	EMFLAZA* PAR
ARANESP PAR	ENBREL PAR
ARCALYST*	ENDARI* PAR
AUBAGIO* PAR	ENTECAVIR*
AUSTEDO* PAR	EPCLUSA* PAR
AVONEX PAR	EPOGEN PAR
BARACLUDE*	ERIVEDGE* PAR
BEBULIN* PAR	ERLEADA* PAR
BENEFIX* PAR	ESBRIET* PAR
BENLYSTA subcutaneous* PAR	EXJADE* PAR
BERINERT* PAR	EXTAVIA* PAR
BETASERON PAR	FARYDAK* PAR
BETHKIS*	FEIBA* PAR
BEXAROTENE	FEIBA NF* PAR
BOSULIF* PAR	FERRIPROX* PAR
BRAVELLE	FIRAZYR* PAR
CABOMETYX* PAR	FIRMAGON*
CALQUENCE* PAR	FOLLISTIM AQ
CAPECITABINE	FORTEO PAR
CAPRELSA*	FUZEON
CARBAGLU* PAR	GANIRELIX
CAYSTON* PAR	GATTEX* PAR
CERDELGA* PAR	GENOTROPIN PAR
CETROTIDE	GILENYA* PAR
CHOLBAM* PAR	GILOTRIF* PAR
CHORIONIC GONADOTROPIN* PAR	GLATIRAMER PAR
CIMZIA* PAR	GLEEVEC*
CINRYZE* PAR	GONAL-F
COAGADEX* PAR	GONAL-RFF

GRANIX* **PAR**
HAEGARDA* **PAR**
HARVONI **PAR**
HELIXATE FS* **PAR**
HEMLIBRA* **PAR**
HEMOPIL M* **PAR**
HETLIOZ **PAR**
HIZENTRA* **PAR**
HUMATE-P **PAR**
HUMATROPE **PAR**
HUMIRA **PAR**
HYCAMTIN*
HYQVIA* **PAR**
IBRANCE* **PAR**
ICLUSIG* **PAR**
IDELVION* **PAR**
IDHIFA* **PAR**
IMATINIB MESYLATE*
IMBRUVICA* **PAR**
INCRELEX **PAR**
INGREZZA* **PAR**
INLYTA* **PAR**
INTRON A **PAR**
IRESSA*
IXINITY* **PAR**
JADENU* **PAR**
JAKAFI* **PAR**
JUXTAPID* **PAR**
JYNARQUE*
KALYDECO* **PAR**
KEVZARA* **PAR**
KINERET **PAR**
KISQALI* **PAR**
KISQALI FEMARA CO-PACK* **PAR**
KOATE-DVI* **PAR**
KOGENATE FS* **PAR**
KORLYM* **PAR**
KOVALTRY* **PAR**
KUVAN*
KYNAMRO **PAR**
LENVIMA* **PAR**
LETAIRIS* **PAR**
LEUKINE **PAR**
LEUPROLIDE ACETATE
LONSURF* **PAR**
LUPANETA*
LYNPARZA* **PAR**
MATULANE*
MAVYRET* **PAR**
MEKINIST* **PAR**
MENOPUR*
MIGLUSTAT* **PAR**
MIRCERA* **PAR**
MODERIBA*
MONOCLATE-P* **PAR**
MONONINE* **PAR**
MYALEPT* **PAR**
NATPARA* **PAR**
NERLYNX* **PAR**

NEULASTA **PAR**
NEUPOGEN **PAR**
NEXAVAR
NINLARO* **PAR**
NITYR* **PAR**
NORDITROPIN **PAR**
NORTHERA* **PAR**
NOVAREL **PAR**
NOVOEIGHT* **PAR**
NOVOSEVEN RT* **PAR**
NUPLAZID* **PAR**
NUTROPIN AQ **PAR**
NUWIQ* **PAR**
OBIZUR* **PAR**
OCALIVA* **PAR**
OCTREOTIDE*
ODOMZO* **PAR**
OFEV **PAR**
OLUMIANT* **PAR**
OMNITROPE* **PAR**
OPSUMIT* **PAR**
ORENCIA* **PAR**
ORENITRAM **PAR**
ORFADIN* **PAR**
ORKAMBI* **PAR**
OTEZLA **PAR**
OTREXUP*
OVIDREL
PALYNZIQ* **PAR**
PEGASYS
PEGINTRON **EPA**
PLEGRIDY* **PAR**
POMALYST* **PAR**
PRALUENT* **PAR**
PREGNYL **PAR**
PROCRIT **PAR**
PROCYSBI* **PAR**
PROFILNINE SD* **PAR**
PROMACTA*
PULMOZYME*
RASUVO* **PAR**
RAVICTI*
REBETOL
REBIF **PAR**
REBINYN* **PAR**
RECOMBINATE* **PAR**
REPATHA* **PAR**
RETACRIT* **PAR**
REVATIO* **PAR**
REVLIMID **PAR**
RIBAPAK*
RIBASPHERE*
RIBAVIRIN
RIXUBIS* **PAR**
RUBRACA* **PAR**
RUCONEST* **PAR**
RYDAPT* **PAR**
SABRIL* **PAR**
SAIZEN **PAR**

SAMSCA*
SANDOSTATIN*
SENSIPAR* **PAR**
SEROSTIM PAR
SIGNIFOR* **PAR**
SIKLOS* **PAR**
SILDENAFIL 20 mg* **PAR**
SILIQ* **PAR**
SIMPONI* **PAR**
SOMAVERT*
SOVALDI* **PAR**
SPRYCEL
STELARA subcutaneous* **PAR**
STIMATE* **PAR**
STIVARGA* **PAR**
STRENSIQ* **PAR**
SUTENT
SYLATRON* **PAR**
SYMDEKO* **PAR**
SYNAREL* **PAR**
TADALAFIL 20 mg* **PAR**
TAFINLAR* **PAR**
TAGRISSO* **PAR**
TALTZ* **PAR**
TARCEVA PAR
TARGRETIN
TASIGNA
TAVALISSE* **PAR**
TECFIDERA **PAR**
TECHNIVIE* **PAR**
TEMODAR
TEMOZOLOMIDE
TETRABENAZINE* **PAR**
THALOMID
TIKOSYN*
TOBI*
TOBRAMYCIN INHALATION SOLN*
TRACLEER* **PAR**
TREMIFYA* **PAR**
TRETEN* **PAR**

TYKERB
TYMLOS* **PAR**
TYVASO* **PAR**
UPTRAVI* **PAR**
VALCHLOR*
VELTASSA* **PAR**
VEMLIDY*
VENCLEXTA* **PAR**
VENTAVIS* **PAR**
VERZENIO* **PAR**
VIEKIRA PAK* **PAR**
VIGABATRIN*
VONVENDI* **PAR**
VOSEVI* **PAR**
VOTRIENT*
WILATE* **PAR**
XADAGO* **PAR**
XALKORI*
XELJANZ* **PAR**
XELJANZ XR* **PAR**
XELODA
XENAZINE* **PAR**
XERMELO* **PAR**
XTANDI* **PAR**
XURIDEN* **PAR**
XYNTHA* **PAR**
XYREM* **PAR**
YONSA* **PAR**
ZARXIO* **PAR**
ZAVESCA* **PAR**
ZELBORAF*
ZEJULA* **PAR**
ZEPATIER PAR
ZOLINZA
ZOMACTON* **PAR**
ZORBITIVE PAR
ZYDELIG* **PAR**
ZYKADIA PAR
ZYTIGA* **PAR**

LEGEND

AL	Age Limitations apply.
BNP	Brand Non-Preferred: Drugs that have been reviewed by the Capital BlueCross Pharmacy & Therapeutics Committee and found not to have significant therapeutic advantage or overall value over alternative generics, preferred brands or over-the-counter medications.
BP	Brand Preferred: Drugs that have been reviewed by the Capital BlueCross Pharmacy & Therapeutics Committee and found to have therapeutic advantage or overall value over non-preferred brands, factoring safety, efficacy, and cost.
EPA	Enhanced Prior Authorization applies.
GP and GNP	Generic Preferred and Generic Non-Preferred: Drugs that contain the same active ingredient(s) as their corresponding brand-name drug and have been approved by the Food and Drug Administration (FDA) for therapeutic equivalency to their brand-name product.
M	Maintenance Drugs: "M" located after the drug class name indicates the drugs in the class are generally considered maintenance drugs.
OTC	Over-The-Counter medication.
PAR	Prior Authorization Required.
PHC	Preventive Health Care: Drugs that have been reviewed by the Capital BlueCross Pharmacy & Therapeutics Committee and are mandated by the Patient Protection and Affordable Care Act (PPACA) to have \$0 cost share for members with individual coverage or members of a group health plan that is not "grandfathered" under PPACA. Please consult your employer for questions relating to grandfathered status.
QLL	Quantity Level Limits apply.
SRx	Specialty Drug available from AllianceRx Walgreens Prime.
boldface	Indicates generic; 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.

NOTICE

The information provided is intended to establish a guideline to help promote Formulary compliance, but it is in no way to be considered all encompassing. The Formulary is also in no way meant to interfere with the physician's independent medical judgment based on specific needs of the patient. The information contained herein is current at the time of printing and may be subject to change. Members should refer to their Certificate of Coverage for specific terms, conditions, exclusions and limitations relating to coverage.

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This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers.

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ANALGESICS

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

NSAIDs-M

	diclofenac sodium delayed-rel tabs	GP
	ibuprofen	GP
	indomethacin	GP
	meloxicam tabs	GP
	naproxen EC tabs	GP
	naproxen sodium tabs 275 mg	GP
	naproxen tabs	GP
	diclofenac potassium	GNP
	diclofenac sodium ext-rel	GNP
	diflunisal	GNP
	etodolac	GNP
	ketoprofen	GNP
	ketorolac	GNP
	meloxicam susp	GNP
	nabumetone	GNP
PAR	naproxen sodium ext-rel	GNP
	naproxen sodium tabs 550 mg	GNP
	naproxen susp	GNP
	oxaprozin	GNP
	piroxicam	GNP
	sulindac tabs	GNP
	ZORVOLEX	BP
PAR	INDOCIN	BNP
	MOBIC	BNP
PAR	NAPRELAN	BNP
PAR	SPRIX	BNP
PAR	ZIPSOR	BNP

PREFERRED ALTERNATIVES

INDOCIN: **indomethacin**

MOBIC: **meloxicam**

NAPRELAN: **naproxen sodium ext-rel**

SPRIX: **ketorolac**

ZIPSOR: **diclofenac potassium, diclofenac sodium, ibuprofen, naproxen, naproxen EC, naproxen sodium**

NSAIDs, COMBINATIONS-M

PAR, QLL	DUEXIS	BNP
PAR, QLL	VIMOVO	BNP

PREFERRED ALTERNATIVES

DUEXIS: **diclofenac potassium, diclofenac sodium, ibuprofen, naproxen, naproxen EC, naproxen sodium**

VIMOVO: **diclofenac potassium, diclofenac sodium, ibuprofen, naproxen, naproxen EC, naproxen sodium**

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NSAIDs, TOPICAL-M

	diclofenac sodium gel 1%	GNP
	diclofenac sodium soln	GNP
PAR	FLECTOR	BNP
PAR	PENNSAID	BNP
PAR	REXAPHENAC	BNP
PAR	VOLTAREN gel	BNP

PREFERRED ALTERNATIVESFLECTOR: **diclofenac, meloxicam, naproxen, naproxen ext-rel**PENNSAID: **diclofenac sodium soln**REXAPHENAC: **diclofenac sodium soln**VOLTAREN gel: **diclofenac sodium gel 1%****COX-2 INHIBITORS-M**

PAR	celecoxib	GNP
PAR	CELEBREX	BNP

PREFERRED ALTERNATIVEScelecoxib: **diclofenac, ibuprofen, meloxicam, naproxen, naproxen ext-rel**CELEBREX: **diclofenac, ibuprofen, meloxicam, naproxen, naproxen ext-rel****GOUT-M**

	allopurinol	GP
	colchicine	GNP
	probenecid	GNP
	COLCRYS	BNP
PAR	DUZALLO	BNP
EPA	ULORIC	BNP
PAR	ZURAMPIC	BNP

PREFERRED ALTERNATIVESCOLCRYS: **colchicine**DUZALLO: **allopurinol**ULORIC: **allopurinol**ZURAMPIC: **allopurinol, colchicine, probenecid****OPIOID 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>

QLL	acetaminophen/caffeine/dihydrocodeine	GNP
PAR, QLL	buprenorphine patches	GNP
QLL	butorphanol nasal spray	GNP
QLL	codeine sulfate tabs	GNP
QLL	codeine/acetaminophen	GNP
PAR, QLL	fentanyl patches	GNP

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PAR, QLL	fentanyl transmucosal lozenges	GNP
QLL	hydrocodone/acetaminophen	GNP
QLL	hydrocodone/ibuprofen	GNP
QLL	hydromorphone	GNP
PAR, QLL	hydromorphone ext-rel	GNP
QLL	hydromorphone supp	GNP
QLL	levorphanol	GNP
QLL	meperidine	GNP
PAR, QLL	methadone soln	GNP
PAR, QLL	methadone tabs 5 mg, 10 mg	GNP
QLL	morphine sulfate	GNP
PAR, QLL	morphine sulfate ext-rel	GNP
QLL	morphine sulfate supp	GNP
QLL	oxycodone	GNP
PAR, QLL	oxycodone ext-rel	GNP
QLL	oxycodone/acetaminophen tabs	GNP
QLL	oxycodone/aspirin	GNP
QLL	oxycodone/ibuprofen	GNP
QLL	oxymorphone	GNP
QLL	tramadol	GNP
PAR, QLL	tramadol ext-rel	GNP
QLL	tramadol/acetaminophen	GNP
PAR, QLL	ABSTRAL	BNP
PAR, QLL	ACTIQ	BNP
PAR, QLL	ARYMO ER	BNP
PAR, QLL	AVINZA	BNP
PAR, QLL	BELBUCA	BNP
PAR, QLL	BUTRANS	BNP
PAR, QLL	CONZIP	BNP
PAR, QLL	DOLOPHINE	BNP
PAR, QLL	DURAGESIC	BNP
PAR, QLL	EMBEDA	BNP
PAR, QLL	EXALGO	BNP
PAR, QLL	FENTORA	BNP
PAR, QLL	HYSINGLA ER	BNP
PAR, QLL	KADIAN	BNP
PAR, QLL	LAZANDA	BNP
PAR, QLL	MORPHABOND	BNP
PAR, QLL	MS CONTIN	BNP
QLL	NUCYNTA	BNP
PAR, QLL	NUCYNTA ER	BNP
QLL	OPANA	BNP
QLL	OXAYDO	BNP
PAR, QLL	OXYCONTIN	BNP
QLL	ROXYBOND	BNP

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PAR, QLL	SUBSYS	BNP
QLL	ULTRACET	BNP
QLL	ULTRAM	BNP
PAR, QLL	ULTRAM ER	BNP
PAR, QLL	XTAMPZA ER	BNP
PAR, QLL	ZOHYDRO ER	BNP

PREFERRED ALTERNATIVES

ABSTRAL: **fantanyl transmucosal lozenges**
 ACTIQ: **fantanyl transmucosal lozenges**
 ARYMO ER: **hydromorphone ext-rel, oxycodone ext-rel**
 AVINZA: **morphine sulfate ext-rel, oxycodone ext-rel, oxymorphone ext-rel**
 BELBUCA: **morphine sulfate ext-rel, oxycodone ext-rel, oxymorphone ext-rel**
 BUTRANS: **buprenorphine patches, fantanyl patches**
 CONZIP: **tramadol ext-rel**
 DOLOPHINE: **methadone**
 DURAGESIC: **buprenorphine patches, fantanyl patches**
 EMBEDA: **hydromorphone ext-rel, oxycodone ext-rel**
 EXALGO: **hydromorphone ext-rel, oxycodone ext-rel**
 FENTORA: **fantanyl transmucosal lozenges**
 HYSINGLA ER: **hydromorphone ext-rel, oxycodone ext-rel**
 KADIAN: **morphine sulfate ext-rel, oxycodone ext-rel, oxymorphone ext-rel**
 LAZANDA: **fantanyl transmucosal lozenges**
 MORPHABOND: **morphine sulfate ext-rel, oxycodone ext-rel, oxymorphone ext-rel**
 MS CONTIN: **morphine sulfate ext-rel, oxycodone ext-rel, oxymorphone ext-rel**
 NUCYNTA: **oxycodone**
 NUCYNTA ER: **morphine sulfate ext-rel, oxycodone ext-rel, oxymorphone ext-rel**
 OPANA: **oxymorphone**
 OXAYDO: **oxycodone**
 OXYCONTIN: **hydromorphone ext-rel, oxycodone ext-rel**
 ROXYBOND: **oxycodone**
 SUBSYS: **fantanyl transmucosal lozenges**
 ULTRACET: **tramadol/acetaminophen**
 ULTRAM: **tramadol**
 ULTRAM ER: **tramadol ext-rel**
 XTAMPZA ER: **hydromorphone ext-rel, oxycodone ext-rel**
 ZOHYDRO ER: **hydromorphone ext-rel, oxycodone ext-rel**

NON-OPIOID ANALGESICS

	butalbital/acetaminophen/caffeine caps, tabs	GNP
	butalbital/aspirin/caffeine caps, tabs	GNP

ANTI-INFECTIVES

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

Hepatitis: CDC recommendations on the treatment of hepatitis are available at:
<http://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:
<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>

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

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/flu/>

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

ANTIBACTERIALS

Aminoglycosides

neomycin sulfate tabs	GP
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Cephalosporins

First Generation

cefadroxil caps	GP
cephalexin caps 250 mg, 500 mg	GP
cefadroxil tabs	GNP
cephalexin susp	GNP
cephalexin tabs 250 mg	GNP

Second Generation

cefaclor	GNP
cefprozil	GNP
cefuroxime axetil tabs	GNP

Third Generation

cefdinir	GNP
cefditoren	GNP
cefixime susp 100 mg/5 mL, 200 mg/5 mL	GNP
cefpodoxime	GNP
SUPRAX	BNP

PREFERRED ALTERNATIVES

SUPRAX susp 100 mg/5 mL, 200 mg/5 mL: **cefixime susp 100 mg/5 mL, 200 mg/5 mL**

Erythromycins/Macrolides

azithromycin tabs 250 mg, 500 mg	GP
azithromycin susp	GNP
azithromycin tabs 600 mg	GNP
clarithromycin	GNP
clarithromycin ext-rel	GNP

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	erythromycin	GNP
	erythromycin ethylsuccinate	GNP
PAR	DIFICID	BNP
PAR	E.E.S. GRANULES	BNP
PAR	ERYPED	BNP
	ZITHROMAX	BNP

PREFERRED ALTERNATIVES

DIFICID: **vancomycin**
E.E.S.: **erythromycin ethylsuccinate**
ERYPED: **erythromycin ethylsuccinate**
ZITHROMAX: **azithromycin**

Fluoroquinolones

	ciprofloxacin	GP
	levofloxacin	GP
	ciprofloxacin ext-rel	GNP
	moxifloxacin	GNP
	ofloxacin	GNP
	BAXDELA	BP
	AVELOX	BNP
	CIPRO susp 250 mg/5 mL	BNP
	LEVAQUIN	BNP

PREFERRED ALTERNATIVES

AVELOX: **moxifloxacin**
LEVAQUIN: **levofloxacin**

Penicillins

	amoxicillin caps, susp, tabs	GP
	amoxicillin chewable tabs	GP
	ampicillin caps	GP
	ampicillin susp	GP
	dicloxacillin caps	GP
	penicillin VK	GP
	amoxicillin/clavulanate	GNP
	amoxicillin/clavulanate ext-rel	GNP

Sulfonamides

	sulfamethoxazole/trimethoprim tabs	GP
	sulfamethoxazole/trimethoprim susp	GNP

Tetracyclines

	tetracycline caps 250 mg	GP
	doxycycline hyclate caps 50 mg, 100 mg	GNP
	doxycycline hyclate tabs 20 mg, 100 mg	GNP
	doxycycline monohydrate	GNP
	minocycline	GNP

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	minocycline ext-rel	GNP
	tetracycline caps 500 mg	GNP
	AVIDOXY	BNP
	DORYX	BNP
PAR	MINOCIN	BNP
	SOLODYN	BNP

PREFERRED ALTERNATIVES

AVIDOXY: **doxycycline monohydrate**

DORYX: **doxycycline hyclate**

MINOCIN: **minocycline**

SOLODYN: **minocycline ext-rel**

ANTIFUNGALS

	nystatin susp	GP
	terbinafine	GP
	clotrimazole troches	GNP
	fluconazole	GNP
	griseofulvin ultramicrosize	GNP
	itraconazole	GNP
	nystatin tabs	GNP
	voriconazole	GNP
PAR	CRESEMBA	BNP
	DIFLUCAN	BNP
PAR	ORAVIG	BNP
	SPORANOX	BNP
	VFEND	BNP

PREFERRED ALTERNATIVES

CRESEMBA: **voriconazole**

DIFLUCAN: **fluconazole**

ORAVIG: **clotrimazole troches, nystatin**

SPORANOX: **itraconazole**

VFEND: **voriconazole**

ANTIMALARIALS

	atovaquone/proguanil	GNP
	mefloquine	GNP
	COARTEM	BNP

ANTIRETROVIRAL AGENTS-M

Brand-name products with FDA-approved generic equivalents are Non-Preferred.

Antiretroviral Combinations-M

	abacavir/lamivudine	GNP
	abacavir/lamivudine/zidovudine	GNP
	lamivudine/zidovudine	GNP
	ATRIPLA	BP
	COMPLERA	BP

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	DESCOVY	BP
	ODEFSEY	BP
	STRIBILD	BP
	TRUVADA	BP
PAR	BIKTARVY	BNP
	EPZICOM	BNP
	EVOTAZ	BNP
	JULUCA	BNP
	PREZCOBIX	BNP
	TRIUMEQ	BNP
	TRIZIVIR	BNP
Chemokine Receptor Antagonists-M		
	SELZENTRY	BP
Fusion Inhibitors-M		
SRx	FUZEON	BP
Integrase Inhibitors-M		
	ISENTRESS	BP
	TIVICAY	BNP
Non-nucleoside Reverse Transcriptase Inhibitors-M		
	efavirenz	GNP
	nevirapine	GNP
	nevirapine ext-rel	GNP
	EDURANT	BP
	INTELENCE	BP
	RESCRIPTOR	BP
	SUSTIVA	BNP
	VIRAMUNE susp	BNP
	VIRAMUNE XR	BNP
Nucleoside Reverse Transcriptase Inhibitors-M		
	abacavir	GNP
	didanosine delayed-rel	GNP
	lamivudine	GNP
	stavudine	GNP
	zidovudine	GNP
	EMTRIVA	BP
	VIDEX soln	BP
	VIDEX EC 125 mg	BNP
	ZERIT soln	BNP
	ZIAGEN soln	BNP

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Nucleotide Reverse Transcriptase Inhibitors-M

tenofovir disoproxil fumarate	GNP
VIREAD powder	BP
VIREAD tabs 150 mg, 200 mg, 250 mg	BP
VIREAD tabs 300 mg	BNP

Protease Inhibitors-M

atazanavir caps	GNP
fosamprenavir tabs	GNP
lopinavir/ritonavir soln	GNP
ritonavir tabs	GNP
APTIVUS	BP
CRIXIVAN	BP
INVIRASE	BP
KALETRA tabs	BP
LEXIVA susp	BP
NORVIR caps, soln	BP
PREZISTA	BP
REYATAZ powder	BP
VIRACEPT	BP
KALETRA soln	BNP
LEXIVA tabs	BNP
NORVIR tabs	BNP
REYATAZ caps	BNP

ANTITUBERCULAR AGENTS

isoniazid tabs	GP
ethambutol	GNP
isoniazid syrup	GNP
rifampin	GNP
PAR SIRTURO	BNP

ANTIVIRALS**Cytomegalovirus Agents**

valganciclovir	GNP
PREVYMIS	BP
VALCYTE	BNP

PREFERRED ALTERNATIVESVALCYTE: **valganciclovir****Hepatitis Agents***Hepatitis B*

SRx entecavir	GNP
lamivudine	GNP
SRx BARACLUDE	BNP

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	EPIVIR-HBV	BNP
SRx	VEMLIDY	BNP

PREFERRED ALTERNATIVES

BARACLUDE: **entecavir**
EPIVIR-HBV: **lamivudine**
VEMLIDY: **entecavir, lamivudine**

Hepatitis C

SRx	Moderiba tabs	GNP
SRx	Ribapak	GNP
SRx	Ribasphere	GNP
SRx	ribavirin	GNP
PAR, SRx, *	EPCLUSA	BP
PAR, SRx, *	HARVONI	BP
PAR, SRx, *	VOSEVI	BP
SRx	REBETOL	BNP

* EPCLUSA is preferred for genotypes 1, 2, 3, 4, 5, 6
HARVONI is preferred for genotypes 1, 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

	acyclovir caps, tabs	GP
	famciclovir	GNP
	valacyclovir	GNP
PAR	DENAVIR	BNP
	VALTREX	BNP

PREFERRED ALTERNATIVES

VALTREX: **valacyclovir**

Influenza Agents

QLL	oseltamivir	GNP
QLL	RELENZA	BNP
QLL	TAMIFLU	BNP

PREFERRED ALTERNATIVES

RELENZA: **oseltamivir**
TAMIFLU: **oseltamivir**

MISCELLANEOUS

	clindamycin caps	GP
	metronidazole tabs 250 mg, 500 mg	GP
	trimethoprim	GP
	ivermectin	GNP
	linezolid	GNP
	nitrofurantoin ext-rel	GNP
	nitrofurantoin macrocrystals	GNP

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	vancomycin	GNP
PAR	DARAPRIM	BP
	SIVEXTRO	BP
PAR	ALINIA	BNP
	MACROBID	BNP
PAR	MACRODANTIN	BNP
PAR	SOLOSEC	BNP
	VANCOCIN	BNP
PAR	XIFAXAN 550 mg	BNP
	ZYVOX	BNP

PREFERRED ALTERNATIVES

ALINIA: **metronidazole**
MACROBID: **nitrofurantoin ext-rel**
MACRODANTIN: **nitrofurantoin macrocrystals**
SOLOSEC: **clindamycin, metronidazole**
VANCOCIN: **vancomycin**
ZYVOX: **linezolid**

ANTINEOPLASTIC AGENTS

Clinical practice guidelines in oncology are available at:

<http://www.asco.org>

<http://www.nccn.org>

ALKYLATING AGENTS

SRx	temozolomide	GNP
SRx	VALCHLOR	BP
SRx	TEMODAR	BNP

ANTIMETABOLITES

SRx	capecitabine	GNP
	mercaptopurine	GNP
SRx	XELODA	BNP

CYTOPROTECTIVE AGENTS

	leucovorin	GNP
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HORMONAL ANTINEOPLASTIC AGENTS

Antiandrogens

	bicalutamide	GNP
	nilutamide	GNP
PAR, SRx	ERLEADA	BP
PAR, SRx	XTANDI	BP
PAR, SRx	ZYTIGA	BP
	CASODEX	BNP
PAR	NILANDRON	BNP
PAR, SRx	YONSA	BNP

PREFERRED ALTERNATIVES

NILANDRON: **nilutamide**

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Antiestrogens

PAR*, PHC	tamoxifen	GNP
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***PAR** is needed for coverage under **PHC**. Limited to women age 35 years and older with no previous history of breast cancer, ductal carcinoma in situ (CIS) or lobular carcinoma in situ.

Aromatase Inhibitors

	anastrozole	GNP
	letrozole	GNP
	ARIMIDEX	BNP
	FEMARA	BNP

PREFERRED ALTERNATIVES

FEMARA: **letrozole**

Gonadotropin Releasing Hormone (GnRH) Antagonists

SRx	FIRMAGON	BNP
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Luteinizing Hormone-Releasing Hormone (LHRH) Agonists

SRx	leuprolide acetate	GNP
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Progestins

	megestrol acetate tabs	GP
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IMMUNOMODULATORS

PAR, SRx	REVLIMID	BP
SRx	THALOMID	BP
PAR, SRx	POMALYST	BNP

KINASE INHIBITORS

SRx	imatinib mesylate	GNP
SRx	AFINITOR	BP
PAR, SRx	ALECENSA	BP
PAR, SRx	ALUNBRIG	BP
SRx	CAPRELSA	BP
PAR, SRx	COMETRIQ	BP
PAR, SRx	COTELLIC	BP
PAR, SRx	GILOTRIF	BP
PAR, SRx	IBRANCE	BP
PAR, SRx	ICLUSIG	BP
PAR, SRx	IMBRUVICA	BP
PAR, SRx	INLYTA	BP
SRx	IRESSA	BP
PAR, SRx	JAKAFI	BP
PAR, SRx	KISQALI	BP
PAR, SRx	KISQALI FEMARA CO-PACK	BP
PAR, SRx	LENVIMA	BP
PAR, SRx	MEKINIST	BP
SRx	NEXAVAR	BP

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SRx	SPRYCEL	BP
PAR, SRx	STIVARGA	BP
SRx	SUTENT	BP
PAR, SRx	TAFINLAR	BP
PAR, SRx	TAGRISSO	BP
PAR, SRx	TARCEVA	BP
SRx	TASIGNA	BP
SRx	TYKERB	BP
SRx	VOTRIENT	BP
SRx	XALKORI	BP
SRx	ZELBORAF	BP
PAR, SRx	ZYKADIA	BP
PAR, SRx	BOSULIF	BNP
PAR, SRx	CABOMETYX	BNP
PAR, SRx	CALQUENCE	BNP
SRx	GLEEVEC	BNP
PAR, SRx	NERLYNX	BNP
PAR, SRx	RYDAPT	BNP
PAR, SRx	VERZENIO	BNP
PAR, SRx	ZYDELIG	BNP

TOPOISOMERASE INHIBITORS

SRx	HYCAMTIN caps	BP
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MISCELLANEOUS

SRx	bexarotene	GNP
PAR, SRx	ERIVEDGE	BP
PAR, SRx	IDHIFA	BP
PAR, SRx	LONSURF	BP
PAR, SRx	LYNPARZA	BP
SRx	MATULANE	BP
PAR, SRx	NINLARO	BP
PAR, SRx	ODOMZO	BP
SRx	TARGRETIN gel	BP
PAR, SRx	VENCLEXTA	BP
PAR, SRx	ZEJULA	BP
SRx	ZOLINZA	BP
PAR, SRx	FARYDAK	BNP
PAR	PANRETIN	BNP
PAR, SRx	RUBRACA	BNP
PAR, SRx	SIKLOS	BNP
SRx	TARGRETIN caps	BNP

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CARDIOVASCULAR

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

<http://jama.jamanetwork.com/article.aspx?articleid=1791497>

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

<http://www.acc.org>

<http://www.heartfailureguideline.org>

<http://www.myamericanheart.org>

ACE INHIBITORS-M

Guidelines for the use of ACE inhibitors are available at:

<http://jama.jamanetwork.com/article.aspx?articleid=1791497>

<http://professional.diabetes.org>

<http://www.acc.org>

<http://www.myamericanheart.org>

	benazepril	GP
	enalapril 2.5 mg	GP
	fosinopril	GP
	lisinopril	GP
	quinapril	GP
	ramipril	GP
	captopril	GNP
	enalapril 5 mg, 10 mg, 20 mg	GNP
	moexipril	GNP
	perindopril	GNP
	trandolapril	GNP
PAR	ACCUPRIL	BNP
PAR	ALTACE	BNP

PREFERRED ALTERNATIVES

ACCUPRIL: quinapril

ALTACE: ramipril

ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATIONS-M

	amlodipine/benazepril	GNP
	trandolapril/verapamil ext-rel	GNP
PAR	LOTREL	BNP
PAR	PRESTALIA	BNP
PAR	TARKA	BNP

PREFERRED ALTERNATIVES

LOTREL: amlodipine/benazepril

PRESTALIA: amlodipine/benazepril, trandolapril/verapamil ext-rel

TARKA: trandolapril/verapamil ext-rel

ACE INHIBITOR/DIURETIC COMBINATIONS-M *

	enalapril/hydrochlorothiazide	GP
	lisinopril/hydrochlorothiazide	GP

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benazepril/hydrochlorothiazide	GNP
captopril/hydrochlorothiazide	GNP
fosinopril/hydrochlorothiazide	GNP
moexipril/hydrochlorothiazide	GNP
quinapril/hydrochlorothiazide	GNP

* Brand Non-preferred ACE Inhibitor/Diuretic Combinations will require prior authorization.

ADRENOLYTICS, CENTRAL-M

clonidine	GP
guanfacine tabs	GP
clonidine transdermal	GNP
CATAPRES-TTS	BNP

ALDOSTERONE RECEPTOR ANTAGONISTS-M

spironolactone tabs	GP
eplerenone	GNP
INSPIRA	BNP

PREFERRED ALTERNATIVES

INSPIRA: eplerenone

ALPHA BLOCKERS-M

Guidelines for the use of alpha blockers in various patient populations are available at:
<http://jama.jamanetwork.com/article.aspx?articleid=1791497>

terazosin	GP
doxazosin	GNP
prazosin	GNP

ANGIOTENSIN II RECEPTOR ANTAGONISTS/DIURETIC COMBINATIONS-M

Guidelines for the use of angiotensin II receptor antagonists in various patient populations are available at:
<http://jama.jamanetwork.com/article.aspx?articleid=1791497>
<http://professional.diabetes.org>

losartan	GP	
losartan/hydrochlorothiazide	GP	
candesartan	GNP	
candesartan/hydrochlorothiazide	GNP	
eprosartan	GNP	
irbesartan	GNP	
irbesartan/hydrochlorothiazide	GNP	
olmesartan	GNP	
olmesartan/hydrochlorothiazide	GNP	
telmisartan	GNP	
telmisartan/hydrochlorothiazide	GNP	
valsartan	GNP	
valsartan/hydrochlorothiazide	GNP	
PAR	ATACAND	BNP

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PAR	ATACAND HCT	BNP
PAR	AVALIDE	BNP
PAR	AVAPRO	BNP
PAR	BENICAR	BNP
PAR	BENICAR HCT	BNP
PAR	COZAAR	BNP
PAR	DIOVAN	BNP
PAR	DIOVAN HCT	BNP
PAR	EDARBI	BNP
PAR	HYZAAR	BNP
PAR	MICARDIS	BNP
PAR	MICARDIS HCT	BNP

PREFERRED ALTERNATIVES

ATACAND: **candesartan**
 ATACAND HCT: **candesartan/hydrochlorothiazide**
 AVALIDE: **irbesartan/hydrochlorothiazide**
 AVAPRO: **irbesartan**
 BENICAR: **olmesartan**
 BENICAR HCT: **olmesartan/hydrochlorothiazide**
 COZAAR: **losartan**
 DIOVAN: **valsartan**
 DIOVAN HCT: **valsartan/hydrochlorothiazide**
 HYZAAR: **losartan/hydrochlorothiazide**
 MICARDIS: **telmisartan**
 MICARDIS HCT: **telmisartan/hydrochlorothiazide**

ANGIOTENSIN II RECEPTOR ANTAGONIST/CALCIUM CHANNEL BLOCKER COMBINATIONS-M

	olmesartan/amlodipine	GNP
	telmisartan/amlodipine	GNP
	valsartan/amlodipine	GNP
PAR	AZOR	BNP
PAR	EXFORGE	BNP

PREFERRED ALTERNATIVES

AZOR: **olmesartan/amlodipine**
 EXFORGE: **valsartan/amlodipine**

ANGIOTENSIN II RECEPTOR ANTAGONIST/CALCIUM CHANNEL BLOCKER/DIURETIC COMBINATIONS-M

	olmesartan/amlodipine/hydrochlorothiazide	GNP
	valsartan/amlodipine/hydrochlorothiazide	GNP
PAR	EXFORGE HCT	BNP
PAR	TRIBENZOR	BNP

PREFERRED ALTERNATIVES

EXFORGE HCT: **valsartan/amlodipine/hydrochlorothiazide**
 TRIBENZOR: **olmesartan/amlodipine/hydrochlorothiazide**

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ANTIARRHYTHMICS-M

Guidelines for the use of antiarrhythmics and cardiac glycosides in various patient populations are available at:
<http://www.acc.org>

	sotalol tabs	GP
	amiodarone tabs	GNP
SRx	dofetilide	GNP
	flecainide	GNP
	propafenone	GNP
	quinidine gluconate	GNP
	quinidine sulfate tabs	GNP
PAR	BETAPACE	BNP
PAR	BETAPACE AF	BNP
PAR	MULTAQ	BNP
SRx	TIKOSYN	BNP

PREFERRED ALTERNATIVES

BETAPACE: **sotalol tabs**

BETAPACE AF: **sotalol tabs**

MULTAQ: **amiodarone tabs, dofetilide, sotalol tabs**

TIKOSYN: **dofetilide**

ANTILIPEMICS-M

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

<http://circ.ahajournals.org/content/early/2013/11/11/01.cir.0000437738.63853.7a>

Bile Acid Resins-M

	cholestyramine	GNP
	colesevelam	GNP
	colestipol	GNP
	WELCHOL	BNP

PREFERRED ALTERNATIVES

WELCHOL: **colesevelam**

Cholesterol Absorption Inhibitors-M

	ezetimibe	GNP
	ZETIA	BNP

PREFERRED ALTERNATIVES

ZETIA: **ezetimibe**

Fibrates-M

	fenofibrate	GNP
	fenofibric acid delayed-rel	GNP
	gemfibrozil	GNP
	ANTARA	BNP

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	TRICOR	BNP
	TRILIPIX	BNP

PREFERRED ALTERNATIVES

ANTARA: **fenofibrate**
 TRICOR: **fenofibrate**
 TRILIPIX: **fenofibric acid delayed-rel**

HMG-CoA Reductase Inhibitors/Combinations-M

AL, PHC***, QLL	lovastatin	GP
AL, EPA*, PHC***, QLL	simvastatin	GP
AL, PHC***, QLL	atorvastatin	GNP
EPA**, QLL	ezetimibe/simvastatin	GNP
AL, PHC***, QLL	fluvastatin	GNP
AL, PHC***, QLL	fluvastatin ext-rel	GNP
AL, PHC***, QLL	pravastatin	GNP
AL, PHC***, QLL	rosuvastatin	GNP
PAR, QLL	ALTOPREV	BNP
PAR, QLL	CRESTOR	BNP
PAR	FLOLIPID	BNP
PAR, QLL	LESCOL XL	BNP
PAR, QLL	LIPITOR	BNP
AL, PAR, PHC***, QLL	LIVALO	BNP
PAR, QLL	PRAVACHOL	BNP
EPA**, QLL	VYTORIN	BNP
PAR, QLL	ZOCOR	BNP
PAR, QLL	ZYPITAMAG	BNP

*EPA only applies to simvastatin 80 mg
 EPA only applies to **ezetimibe/simvastatin and VYTORIN 10 mg-80 mg
 ***Limited to low to moderate dose statins in adults age 40 to 75 years

PREFERRED ALTERNATIVES

ALTOPREV: **atorvastatin, fluvastatin, fluvastatin ext-rel, lovastatin, rosuvastatin, simvastatin**
 CRESTOR: **rosuvastatin**
 LESCOL XL: **fluvastatin ext-rel**
 LIPITOR: **atorvastatin**
 LIVALO: **atorvastatin, fluvastatin, fluvastatin ext-rel, lovastatin, rosuvastatin, simvastatin**
 PRAVACHOL: **pravastatin**
 VYTORIN: **ezetimibe/simvastatin**
 ZOCOR: **simvastatin**
 ZYPITAMAG: **atorvastatin, fluvastatin, fluvastatin ext-rel, lovastatin, rosuvastatin, simvastatin**

Microsomal Triglyceride Transfer Protein Inhibitors

PAR, SRx	JUXTAPID	BP
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Niacins-M

	niacin ext-rel	GNP
	NIASPAN	BNP

PREFERRED ALTERNATIVES

NIASPAN: niacin ext-rel

Omega-3 Fatty Acids-M

	omega-3 acid ethyl esters	GNP
	LOVAZA	BNP
	VASCEPA	BNP

PREFERRED ALTERNATIVES

LOVAZA: omega-3 acid ethyl esters

VASCEPA: omega-3 acid ethyl esters

PCSK9 Inhibitors-M

PAR, SRx	REPATHA	BP
PAR, SRx	PRALUENT	BNP

PREFERRED ALTERNATIVES

PRALUENT: REPATHA

Miscellaneous-M

PAR, SRx	KYNAMRO	BNP
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BETA-BLOCKERS-M

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

<http://jama.jamanetwork.com/article.aspx?articleid=1791497><http://www.acc.org>

	atenolol	GP
	carvedilol	GP
	metoprolol tartrate 25 mg, 50 mg, 100 mg	GP
	bisoprolol	GNP
	carvedilol ext-rel	GNP
	labetalol	GNP
	metoprolol succinate ext-rel	GNP
	metoprolol tartrate 37.5 mg, 75 mg	GNP
	nadolol	GNP
	propranolol ext-rel	GNP
	propranolol soln	GNP
	propranolol tabs	GNP
	BYSTOLIC	BP
	COREG	BNP
	COREG CR	BNP

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	INDERAL LA	BNP
	TOPROL-XL	BNP

PREFERRED ALTERNATIVES

COREG: **carvedilol**
 COREG CR: **carvedilol ext-rel**
 INDERAL LA: **propranolol ext-rel**
 TOPROL-XL: **metoprolol succinate ext-rel**

BETA-BLOCKER/DIURETIC COMBINATIONS-M

Guidelines for the use of beta-blockers and diuretic combinations in various patient populations are available at:
<http://jama.jamanetwork.com/article.aspx?articleid=1791497>
<http://www.acc.org>

	bisoprolol/hydrochlorothiazide	GP
	atenolol/chlorthalidone	GNP
PAR	DUTOPROL	BNP

CALCIUM CHANNEL BLOCKERS-M

Dihydropyridines-M

	amlodipine	GP
	felodipine ext-rel	GNP
	isradipine	GNP
	nicardipine	GNP
	nifedipine	GNP
	nifedipine ext-rel	GNP
	nisoldipine ext-rel	GNP
	NORVASC	BNP
	SULAR	BNP

PREFERRED ALTERNATIVES

NORVASC: **amlodipine**
 SULAR: **nisoldipine ext-rel**

Nondihydropyridines-M

	verapamil	GP
	diltiazem	GNP
	diltiazem ext-rel	GNP
PAR	Matzim LA	GNP
	verapamil ext-rel	GNP
PAR	CARDIZEM	BNP
PAR	CARDIZEM CD	BNP
PAR	CARDIZEM LA	BNP
	VERELAN PM	BNP

PREFERRED ALTERNATIVES

CARDIZEM: **diltiazem ext-rel**
 CARDIZEM CD: **diltiazem ext-rel**
 CARDIZEM LA: **diltiazem ext-rel**
 VERELAN PM: **verapamil ext-rel**

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CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS-M

	amlodipine/atorvastatin	GNP
	CADUET	BNP

PREFERRED ALTERNATIVES

CADUET: amlodipine/atorvastatin

DIGITALIS GLYCOSIDES-M

	digoxin	GNP
PAR	LANOXIN	BNP

DIRECT RENIN INHIBITORS/DIURETIC COMBINATIONS-M

	TEKTURNA	BP
	TEKTURNA HCT	BP

DIURETICS-M**Loop Diuretics-M**

	furosemide	GP
	bumetanide	GNP
PAR	ethacrynic acid	GNP
	torsemide tabs	GNP
	DEMADEX	BNP
PAR	EDECIN	BNP
	LASIX	BNP

PREFERRED ALTERNATIVES

ethacrynic acid: bumetanide, furosemide, torsemide

DEMADEX: torsemide

EDECIN: bumetanide, furosemide, torsemide

LASIX: furosemide

Potassium-sparing Diuretics-M

	amiloride	GNP
PAR	DYRENIUM	BNP

PREFERRED ALTERNATIVES

DYRENIUM: amiloride

Thiazides and Thiazide-like Diuretics-M

	hydrochlorothiazide caps	GP
	hydrochlorothiazide tabs	GP
	indapamide	GP
	chlorthalidone	GNP
	metolazone tabs	GNP

Diuretic Combinations-M

	triamterene/hydrochlorothiazide	GP
	amiloride/hydrochlorothiazide	GNP
	spironolactone/hydrochlorothiazide	GNP

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HEART FAILURE-M

PAR	ENTRESTO	BP
	BIDIL	BNP
PAR	CORLANOR	BNP

PREFERRED ALTERNATIVESBIDIL: **isosorbide dinitrate + hydralazine****NITRATES-M****Oral-M**

	isosorbide dinitrate	GNP
	isosorbide mononitrate	GNP
	isosorbide mononitrate ext-rel tabs	GNP
	nitroglycerin tabs	GNP

Sublingual/Translingual-M

	nitroglycerin lingual spray	GNP
	nitroglycerin sublingual tabs	GNP
	NITROSTAT	BNP

PREFERRED ALTERNATIVESNITROSTAT: **nitroglycerin sublingual tabs****PULMONARY ARTERIAL HYPERTENSION-M****Endothelin Receptor Antagonists-M**

PAR, SRx	LETAIRIS	BNP
PAR, SRx	OPSUMIT	BNP
PAR, SRx	TRACLEER	BNP

PREFERRED ALTERNATIVESLETAIRIS: **sildenafil tabs 20 mg, tadalafil 20 mg**OPSUMIT: **sildenafil tabs 20 mg, tadalafil 20 mg**TRACLEER: **sildenafil tabs 20 mg, tadalafil 20 mg****Phosphodiesterase Inhibitors-M**

PAR, SRx	sildenafil tabs 20 mg	GNP
PAR, SRx	tadalafil 20 mg	GNP
PAR, SRx	REVATIO susp	BP
PAR, SRx	ADCIRCA	BNP
PAR, SRx	REVATIO tabs	BNP

PREFERRED ALTERNATIVESADCIRCA: **tadalafil 20 mg**REVATIO tabs: **sildenafil tabs 20 mg****Prostacyclin Receptor Agonists-M**

PAR, SRx	UPTRAVI	BNP
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Prostaglandin Vasodilators-M

PAR, SRx	ORENITRAM	BNP
PAR, SRx	TYVASO	BNP

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PAR, SRx	VENTAVIS	BNP
Soluble Guanylate Cyclase Stimulators-M		
PAR, SRx	ADEMPAS	BP
MISCELLANEOUS-M		
	hydralazine tabs	GP
	methyldopa tabs	GP
PAR	RANEXA	BP
PAR, SRx	NORTHERA	BNP

CENTRAL NERVOUS SYSTEM

Practice guidelines for psychiatric disorders are available at:
<http://www.psych.org>

ANTIANSXIETY

Benzodiazepines

	alprazolam	GNP
	alprazolam ext-rel	GNP
	alprazolam orally disintegrating tabs	GNP
	clonazepam orally disintegrating tabs	GNP
	clonazepam tabs	GNP
	diazepam	GNP
	lorazepam oral concentrate	GNP
	lorazepam tabs	GNP

Miscellaneous

	bupirone tabs	GNP
	fluvoxamine	GNP

ANTICONVULSANTS-M

Practice guidelines for the treatment of epilepsy are available at:
<http://www.aan.com>

	gabapentin caps	GP
	lamotrigine tabs 25 mg, 100 mg, 150 mg, 200 mg	GP
	carbamazepine chews, tabs	GNP
	carbamazepine ext-rel	GNP
	carbamazepine susp	GNP
	diazepam rectal gel	GNP
	divalproex sodium delayed-rel tabs	GNP
	divalproex sodium ext-rel	GNP
	gabapentin tabs, soln	GNP
	lamotrigine ext-rel	GNP
	lamotrigine orally disintegrating tabs	GNP
	lamotrigine tabs 50 mg	GNP
	levetiracetam	GNP
	levetiracetam ext-rel	GNP

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	oxcarbazepine	GNP
	phenobarbital elixir	GNP
	phenobarbital tabs	GNP
	phenytoin	GNP
	phenytoin sodium	GNP
	phenytoin sodium extended	GNP
	primidone	GNP
	tiagabine	GNP
	topiramate ext-rel	GNP
	topiramate sprinkle caps	GNP
	topiramate tabs	GNP
	valproic acid	GNP
SRx	vigabatrin	GNP
	zonisamide	GNP
PAR	APTIOM	BNP
PAR	BANZEL	BNP
PAR	BRIVIACT	BNP
	CARBATROL	BNP
	DEPAKOTE	BNP
	DEPAKOTE ER	BNP
	DILANTIN	BNP
	DILANTIN INFATABS	BNP
PAR	FYCOMPA	BNP
	KEPPRA	BNP
	KEPPRA XR	BNP
	LAMICTAL	BNP
	LAMICTAL ODT	BNP
	LAMICTAL XR	BNP
	NEURONTIN	BNP
PAR	PEGANONE	BNP
	PHENYTEK	BNP
PAR	QUDEXY XR	BNP
PAR, SRx	SABRIL	BNP
	TEGRETOL-XR	BNP
	TOPAMAX	BNP
	TRILEPTAL	BNP
PAR	TROKENDI XR	BNP
PAR	VIMPAT	BNP
PAR	ZONEGRAN	BNP

PREFERRED ALTERNATIVES

BANZEL: **gabapentin, lamotrigine, levetiracetam**

BRIVIACT: **gabapentin, lamotrigine, levetiracetam, oxcarbazepine, topiramate, topiramate ext-rel**

CARBATROL: **carbamazepine ext-rel**

DEPAKOTE: **divalproex sodium delayed-rel**

DEPAKOTE ER: **divalproex sodium ext-rel**

KEPPRA: **levetiracetam**

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KEPPRA XR: **levetiracetam ext-rel**
 LAMICTAL: **lamotrigine**
 LAMICTAL ODT: **lamotrigine orally disintegrating tabs**
 LAMICTAL XR: **lamotrigine ext-rel**
 NEURONTIN: **gabapentin**
 PEGANONE: **phenytoin**
 QUDEXY XR: **topiramate ext-rel**
 SABRIL: **vigabatrin**
 TEGRETOL-XR: **carbamazepine ext-rel**
 TOPAMAX: **topiramate**
 TRILEPTAL: **oxcarbazepine**
 TROKENDI XR: **topiramate ext-rel**
 VIMPAT: **gabapentin, lamotrigine, levetiracetam**
 ZONEGRAN: **zonisamide**

ANTIDEMENTIA-M

Practice guidelines for the management of dementia are available at:
<http://www.aan.com>

	donepezil orally disintegrating tabs	GP
	donepezil	GNP
PAR	ergoloid mesylates	GNP
	galantamine	GNP
	galantamine ext-rel	GNP
	memantine	GNP
	memantine ext-rel	GNP
	rivastigmine	GNP
	rivastigmine transdermal	GNP
EPA	ARICEPT	BNP
EPA	EXELON patch	BNP
	NAMENDA	BNP
	NAMENDA XR	BNP
EPA	RAZADYNE	BNP
EPA	RAZADYNE ER	BNP

PREFERRED ALTERNATIVES

ergoloid mesylates: donepezil, galantamine, rivastigmine
 ARICEPT: **donepezil**
 EXELON patch: **rivastigmine transdermal**
 NAMENDA: **memantine**
 NAMENDA XR: **memantine ext-rel**
 RAZADYNE: **galantamine**
 RAZADYNE ER: **galantamine ext-rel**

ANTIDEPRESSANTS-M

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>

Selective Serotonin Reuptake Inhibitors (SSRIs)-M

QLL	citalopram tabs	GP
QLL	escitalopram tabs	GP
QLL	fluoxetine caps	GP
QLL	fluoxetine soln	GP
QLL	paroxetine HCl	GP
QLL	sertraline tabs	GP
QLL	citalopram soln	GNP
QLL	escitalopram soln	GNP
QLL	fluoxetine delayed-rel	GNP
*	fluoxetine tabs	GNP
QLL	fluoxetine tabs	GNP
QLL	paroxetine HCl ext-rel	GNP
QLL	sertraline oral concentrate	GNP
PAR, QLL	CELEXA	BNP
PAR, QLL	LEXAPRO	BNP
PAR, QLL	PAXIL	BNP
PAR, QLL	PAXIL CR	BNP
PAR, QLL	PEXEVA	BNP
PAR, QLL	PROZAC	BNP
PAR	SARAFEM	BNP
PAR, QLL	TRINTELLIX	BNP
PAR	VIIBRYD	BNP
PAR, QLL	ZOLOFT	BNP

* refers to generic for SARAFEM

PREFERRED ALTERNATIVES

CELEXA: citalopram

LEXAPRO: escitalopram

PAXIL: paroxetine HCl

PAXIL CR: paroxetine HCl ext-rel

PEXEVA: paroxetine HCl

PROZAC: fluoxetine

SARAFEM: fluoxetine

VIIBRYD: citalopram, escitalopram, fluoxetine, paroxetine HCl

ZOLOFT: sertraline

Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)-M

QLL	desvenlafaxine ext-rel	GNP
QLL	desvenlafaxine succinate ext-rel	GNP
	duloxetine delayed-rel	GNP
	venlafaxine	GNP
QLL	venlafaxine ext-rel	GNP
PAR	CYMBALTA	BNP
PAR, QLL	EFFEXOR XR	BNP
PAR, QLL	FETZIMA	BNP
PAR, QLL	KHEDEZLA	BNP

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PAR, QLL	PRISTIQ	BNP
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PREFERRED ALTERNATIVES

CYMBALTA: duloxetine delayed-rel
 EFFEXOR XR: venlafaxine ext-rel
 FETZIMA: desvenlafaxine ext-rel, desvenlafaxine succinate ext-rel, duloxetine delayed-rel, venlafaxine, venlafaxine ext-rel
 KHEDEZLA: desvenlafaxine ext-rel
 PRISTIQ: desvenlafaxine succinate ext-rel

Tricyclic Antidepressants (TCAs)-M

	doxepin oral concentrate	GP
	imipramine HCl tabs	GP
	nortriptyline caps	GP
	amitriptyline	GNP
PAR	clomipramine	GNP
	desipramine	GNP
	doxepin caps	GNP
	imipramine pamoate	GNP
	nortriptyline soln	GNP
	protriptyline	GNP
PAR	ANAFRANIL	BNP

PREFERRED ALTERNATIVES

clomipramine: citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline
 ANAFRANIL: citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline

Miscellaneous Agents-M

	bupropion	GNP
	bupropion ext-rel	GNP
	mirtazapine orally disintegrating tabs	GNP
	mirtazapine tabs	GNP
	nefazodone	GNP
	phenelzine	GNP
	tranylcypromine	GNP
	trazodone tabs	GNP
PAR	MARPLAN	BP
PAR	ALENZIN	BNP
PAR	EMSAM	BNP
PAR	OLEPTRO	BNP
PAR	WELLBUTRIN SR	BNP
PAR	WELLBUTRIN XL	BNP

PREFERRED ALTERNATIVES

ALENZIN: bupropion ext-rel
 EMSAM: citalopram, paroxetine
 OLEPTRO: trazodone
 WELLBUTRIN SR: bupropion ext-rel
 WELLBUTRIN XL: bupropion ext-rel

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ANTIPARKINSONIAN AGENTS-M

Practice guidelines for the diagnosis and treatment of Parkinson's disease are available at:
<http://www.aan.com>

	amantadine syrup	GP
	benztropine	GP
	ropinirole	GP
	amantadine caps, tabs	GNP
	bromocriptine	GNP
	carbidopa/levodopa	GNP
	carbidopa/levodopa orally disintegrating tabs	GNP
	carbidopa/levodopa/entacapone	GNP
	entacapone	GNP
	pramipexole	GNP
	pramipexole ext-rel	GNP
	rasagiline	GNP
	ropinirole ext-rel	GNP
PAR	tolcapone	GNP
SRx	APOKYN	BP
PAR	NEUPRO	BP
	COMTAN	BNP
	MIRAPEX	BNP
	MIRAPEX ER	BNP
PAR	OSMOLEX ER	BNP
	REQUIP	BNP
	REQUIP XL	BNP
	STALEVO	BNP
PAR	TASMAR	BNP
PAR, SRx	XADAGO	BNP

PREFERRED ALTERNATIVES

tolcapone: entacapone
COMTAN: entacapone
MIRAPEX: pramipexole
MIRAPEX ER: pramipexole ext-rel
OSMOLEX ER: amantadine
REQUIP: ropinirole
REQUIP XL: ropinirole ext-rel
STALEVO: carbidopa/levodopa/entacapone
TASMAR: entacapone
XADAGO: rasagiline, selegiline

ANTIPSYCHOTICS-M

Atypicals-M

	risperidone tabs	GP
	aripiprazole	GNP
	clozapine	GNP
QLL	olanzapine	GNP
QLL	olanzapine orally disintegrating tabs	GNP

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QLL	olanzapine/fluoxetine	GNP
QLL	paliperidone ext-rel	GNP
	quetiapine	GNP
PAR, QLL	quetiapine ext-rel	GNP
	risperidone orally disintegrating tabs	GNP
	ziprasidone	GNP
PAR	ABILIFY	BNP
PAR	FANAPT	BNP
PAR	GEODON	BNP
PAR, QLL	INVEGA	BNP
PAR	LATUDA	BNP
PAR	REXULTI	BNP
PAR	RISPERDAL	BNP
PAR	RISPERDAL M-TABS	BNP
PAR	SAPHRIS	BNP
PAR	SEROQUEL	BNP
PAR, QLL	SEROQUEL XR	BNP
PAR	SYMBYAX	BNP
PAR	VRAYLAR	BNP
PAR, QLL	ZYPREXA	BNP
PAR, QLL	ZYPREXA ZYDIS	BNP

PREFERRED ALTERNATIVES

quetiapine ext-rel: aripiprazole, olanzapine, paliperidone ext-rel, quetiapine, risperidone, ziprasidone

ABILIFY: aripiprazole

FANAPT: aripiprazole, olanzapine, paliperidone ext-rel, quetiapine, risperidone, ziprasidone

GEODON: ziprasidone

INVEGA: paliperidone ext-rel

LATUDA: aripiprazole, olanzapine, paliperidone ext-rel, quetiapine, risperidone, ziprasidone

REXULTI: aripiprazole, olanzapine, paliperidone ext-rel, quetiapine, risperidone, ziprasidone

RISPERDAL: risperidone

RISPERDAL M-TABS: risperidone orally disintegrating tabs

SAPHRIS: aripiprazole, olanzapine, paliperidone ext-rel, quetiapine, risperidone, ziprasidone

SEROQUEL: quetiapine

SEROQUEL XR: aripiprazole, olanzapine, paliperidone ext-rel, quetiapine, risperidone, ziprasidone

SYMBYAX: olanzapine/fluoxetine

VRAYLAR: aripiprazole, olanzapine, paliperidone ext-rel, quetiapine, risperidone, ziprasidone

ZYPREXA: olanzapine

ZYPREXA ZYDIS: olanzapine orally disintegrating tabs

Miscellaneous-M

	haloperidol oral concentrate	GNP
	haloperidol tabs	GNP
	thioridazine tabs	GNP
PAR, SRx	NUPLAZID	BP

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ATTENTION DEFICIT HYPERACTIVITY DISORDER

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

<http://www.aacap.org>

<http://www.aap.org>

	amphetamine/dextroamphetamine mixed salts	GNP
	amphetamine/dextroamphetamine mixed salts ext-rel	GNP
	atomoxetine	GNP
	clonidine ext-rel	GNP
	dexmethylphenidate	GNP
	dexmethylphenidate ext-rel	GNP
	dextroamphetamine	GNP
	guanfacine ext-rel	GNP
	methylphenidate	GNP
	methylphenidate ext-rel	GNP
	VYVANSE	BP
PAR	ADDERALL	BNP
PAR	ADDERALL XR	BNP
PAR	ADZENYS ER	BNP
PAR	ADZENYS XR-ODT	BNP
PAR	CONCERTA	BNP
PAR	COTEMPLA XR-ODT	BNP
PAR	DAYTRANA	BNP
PAR	DYANAVEL XR	BNP
PAR	FOCALIN	BNP
PAR	FOCALIN XR	BNP
PAR	INTUNIV	BNP
PAR	KAPVAY	BNP
PAR	METHYLIN	BNP
PAR	MYDAYIS	BNP
PAR	PROCENTRA	BNP
PAR	RITALIN LA	BNP
PAR	STRATTERA	BNP

PREFERRED ALTERNATIVES

ADDERALL: **amphetamine/dextroamphetamine mixed salts**

ADDERALL XR: **amphetamine/dextroamphetamine mixed salts ext-rel**

ADZENYS ER: **amphetamine/dextroamphetamine mixed salts ext-rel**

ADZENYS XR-ODT: **amphetamine/dextroamphetamine mixed salts ext-rel**

CONCERTA: **methylphenidate ext-rel**

COTEMPLA XR-ODT: **methylphenidate ext-rel**

DAYTRANA: **methylphenidate ext-rel**

DYANAVEL XR: **amphetamine/dextroamphetamine mixed salts ext-rel**

FOCALIN: **dexmethylphenidate**

FOCALIN XR: **dexmethylphenidate ext-rel**

INTUNIV: **guanfacine ext-rel**

KAPVAY: **clonidine ext-rel**

METHYLIN: **methylphenidate**

MYDAYIS: **amphetamine/dextroamphetamine mixed salts ext-rel**

PROCENTRA: **dextroamphetamine**

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RITALIN LA: methylphenidate ext-rel
 STRATTERA: atomoxetine

DUCHENNE MUSCULAR DYSTROPHY

PAR, SRx	EMFLAZA	BNP
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FIBROMYALGIA-M

PAR	LYRICA	BP
PAR	SAVELLA	BP

HUNTINGTON'S DISEASE AGENTS-M

PAR, SRx	tetrabenazine	GNP
PAR, SRx	AUSTEDO	BNP
PAR, SRx	XENAZINE	BNP

PREFERRED ALTERNATIVES

AUSTEDO: tetrabenazine
 XENAZINE: tetrabenazine

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:

<http://www.aasmnet.org>

Benzodiazepines

QLL	estazolam	GNP
QLL	flurazepam caps	GNP
QLL	quazepam	GNP
QLL	temazepam caps	GNP
QLL	triazolam	GNP
PAR, QLL	DORAL	BNP
PAR, QLL	HALCION	BNP
PAR, QLL	RESTORIL	BNP

PREFERRED ALTERNATIVES

DORAL: quazepam
 HALCION: triazolam
 RESTORIL: temazepam caps

Nonbenzodiazepines

QLL	eszopiclone	GNP
QLL	zaleplon	GNP
QLL	zolpidem	GNP
QLL	zolpidem ext-rel	GNP
QLL	zolpidem sublingual	GNP
PAR, QLL	ROZEREM	BP
PAR, QLL	AMBIEN	BNP
PAR, QLL	AMBIEN CR	BNP
PAR, QLL	BELSOMRA	BNP
PAR, QLL	EDLUAR	BNP

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PAR, SRx	HETLIOZ	BNP
PAR, QLL	INTERMEZZO	BNP
PAR, QLL	LUNESTA	BNP
PAR, QLL	SONATA	BNP
PAR, QLL	ZOLPIMIST	BNP

PREFERRED ALTERNATIVES

AMBIEN: **zolpidem**

AMBIEN CR: **zolpidem ext-rel**

BELSOMRA: **eszopiclone, zaleplon, zolpidem, zolpidem ext-rel, zolpidem sublingual, ROZEREM**

EDLUAR: **zolpidem, zolpidem sublingual**

INTERMEZZO: **zolpidem sublingual**

LUNESTA: **eszopiclone**

SONATA: **zaleplon**

ZOLPIMIST: **zolpidem, zolpidem sublingual**

Tricyclics

PAR, QLL	SILENOR	BNP
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MIGRAINE

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

<http://www.aan.com>

Selective Serotonin Agonists

QLL	rizatriptan	GP
QLL	rizatriptan orally disintegrating tabs	GP
QLL	sumatriptan	GP
QLL	almotriptan	GNP
QLL	eletriptan	GNP
QLL	frovatriptan	GNP
QLL	naratriptan	GNP
QLL	sumatriptan inj	GNP
QLL	sumatriptan nasal spray	GNP
QLL	zolmitriptan	GNP
QLL	zolmitriptan orally disintegrating tabs	GNP
PAR, QLL	AMERGE	BNP
PAR, QLL	FROVA	BNP
PAR, QLL	IMITREX	BNP
PAR, QLL	MAXALT	BNP
PAR, QLL	MAXALT-MLT	BNP
PAR, QLL	ONZETRA XSAIL	BNP
PAR, QLL	RELPAX	BNP
PAR, QLL	ZEMBRACE SYMTOUCH	BNP
PAR, QLL	ZOMIG	BNP
PAR, QLL	ZOMIG-ZMT	BNP

PREFERRED ALTERNATIVES

AMERGE: **naratriptan**

FROVA: **frovatriptan**

IMITREX: **sumatriptan**

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MAXALT: **rizatriptan**
 MAXALT-MLT: **rizatriptan orally disintegrating tabs**
 ONZETRA XSAIL: **sumatriptan, sumatriptan inj, sumatriptan nasal spray**
 RELPAX: **eletriptan**
 ZEMBRACE SYMTOUCH: **sumatriptan, sumatriptan inj, sumatriptan nasal spray**
 ZOMIG: **zolmitriptan**
 ZOMIG-ZMT: **zolmitriptan orally disintegrating tabs**

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

PAR, QLL	sumatriptan/naproxen sodium	GNP
PAR, QLL	TREXIMET	BNP

PREFERRED ALTERNATIVES

TREXIMET: **sumatriptan + naproxen**

Miscellaneous

PAR, QLL, SRx	AIMOVIG	BNP
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MOOD STABILIZERS-M

	lithium carbonate caps, tabs	GP
	lithium carbonate ext-rel caps 300 mg	GNP
	LITHIUM SOLN	BP

MULTIPLE SCLEROSIS AGENTS-M

Practice guidelines for multiple sclerosis are available at:
<http://www.aan.com>

PAR, SRx	dalfampridine	GNP
PAR, SRx	glatiramer	GNP
PAR, SRx	AUBAGIO	BP
PAR, SRx	BETASERON	BP
PAR, SRx	GILENYA	BP
PAR, SRx	REBIF	BP
PAR, SRx	TECFIDERA	BP
PAR, SRx	AMPYRA	BNP
PAR, SRx	AVONEX	BNP
PAR, SRx	COPAXONE	BNP
PAR, SRx	EXTAVIA	BNP
PAR, SRx	PLEGRIDY	BNP

PREFERRED ALTERNATIVES

AMPYRA: **dalfampridine**
 AVONEX: **glatiramer**, AUBAGIO, BETASERON, GILENYA, REBIF, TECFIDERA
 COPAXONE: **glatiramer**
 EXTAVIA: BETASERON
 PLEGRIDY: **glatiramer**, AUBAGIO, BETASERON, GILENYA, REBIF, TECFIDERA

MUSCULOSKELETAL THERAPY AGENTS

QLL	methocarbamol	GP
QLL	baclofen tabs	GNP

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QLL	carisoprodol tabs	GNP
QLL	carisoprodol/aspirin	GNP
QLL	chlorzoxazone	GNP
QLL	cyclobenzaprine tabs	GNP
QLL	dantrolene	GNP
PAR, QLL	metaxalone	GNP
QLL	orphenadrine ext-rel	GNP
QLL	tizanidine	GNP
PAR, QLL	AMRIX	BNP
PAR, QLL	DANTRIUM	BNP
PAR, QLL	FEXMID	BNP
PAR, QLL	LORZONE	BNP
PAR, QLL	ROBAXIN, ROBAXIN-750	BNP
PAR, QLL	SKELAXIN	BNP
PAR, QLL	SOMA	BNP
PAR, QLL	ZANAFLEX	BNP

PREFERRED ALTERNATIVES

metaxalone: carisoprodol, cyclobenzaprine

DANTRIUM: **dantrolene**

FEXMID: **cyclobenzaprine**

LORZONE: **chlorzoxazone**

ROBAXIN, ROBAXIN-750: **methocarbamol**

SKELAXIN: **carisoprodol, cyclobenzaprine**

SOMA: **carisoprodol**

ZANAFLEX: **tizanidine**

NARCOLEPSY/CATAPLEXY

PAR	armodafinil	GNP
PAR	modafinil	GNP
PAR	NUVIGIL	BNP
PAR	PROVIGIL	BNP
PAR, SRx	XYREM	BNP

PREFERRED ALTERNATIVES

NUVIGIL: **armodafinil**

PROVIGIL: **modafinil**

XYREM: **armodafinil, modafinil**

POSTHERPETIC NEURALGIA (PHN)

	HORIZANT	BNP
PAR	LYRICA CR	BNP

PSYCHOTHERAPEUTIC-MISCELLANEOUS

Alpha-2 Adrenergic Agonists

PAR	LUCEMYRA	BNP
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Opioid Antagonists

	naloxone inj 1 mg/mL	GNP
	naltrexone	GNP

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	NARCAN NASAL SPRAY	BP
PAR	EVZIO	BNP

PREFERRED ALTERNATIVES

EVZIO: **naloxone inj**, NARCAN NASAL SPRAY

Partial Opioid Agonists

	buprenorphine sublingual	GNP
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Partial Opioid Agonist/Opioid Antagonist Combinations

	buprenorphine/naloxone sublingual tabs	GNP
	SUBOXONE film	BP
	BUNAVAIL	BNP
	ZUBSOLV	BNP

PREFERRED ALTERNATIVES

BUNAVAIL: **buprenorphine/naloxone sublingual tabs**, SUBOXONE film

ZUBSOLV: **buprenorphine/naloxone sublingual tabs**, SUBOXONE film

Smoking Deterrents

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

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

PHC, QLL*	bupropion ext-rel	GNP
PHC, QLL*	nicotine polacrilex gum	GNP
PHC, QLL*	nicotine polacrilex lozenge	GNP
PHC, QLL*	nicotine transdermal	GNP
PHC, QLL*	CHANTIX	BP
PHC, QLL*	NICOTROL INHALER	BP
PHC, QLL*	NICOTROL NS	BP

*QLL Limited to a 180 day treatment regimen.

Vasomotor Symptom Agents

	paroxetine mesylate	GNP
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TARDIVE DYSKINESIA

PAR, SRx	INGREZZA	BP
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ENDOCRINE AND METABOLIC

ACROMEGALY

SRx	octreotide	GNP
SRx	SOMAVERT	BP
SRx	SANDOSTATIN	BNP

ANDROGENS

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

<http://www.aace.com>

	testosterone cypionate	GNP
	testosterone enanthate	GNP

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testosterone gel	GNP
testosterone gel pump 1%	GNP
testosterone transdermal soln	GNP
ANDRODERM	BP
ANDROGEL 1.62%	BP
ANDROGEL 1%	BNP
FORTESTA	BNP
TESTIM	BNP
VOGELXO	BNP

PREFERRED ALTERNATIVES

ANDROGEL 1%: **testosterone gel**

FORTESTA: **testosterone gel**

TESTIM: **testosterone gel**

VOGELXO: **testosterone gel**

ANTIDIABETICS-M

Guidelines of treatment and management of diabetes are available at:

<http://professional.diabetes.org>

Alpha-glucosidase Inhibitors-M

acarbose	GNP
miglitol	GNP
GLYSET	BNP
PRECOSE	BNP

PREFERRED ALTERNATIVES

GLYSET: **miglitol**

PRECOSE: **acarbose**

Amylin Analogs-M

SYMLINPEN	BP
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Biguanides-M

metformin	GP
metformin ext-rel tabs	GP
PAR, * metformin ext-rel tabs	GNP
PAR FORTAMET	BNP
PAR GLUCOPHAGE XR	BNP
PAR GLUMETZA	BNP
PAR RIOMET	BNP

* refers to generic for GLUMETZA

PREFERRED ALTERNATIVES

FORTAMET: **metformin ext-rel**

GLUCOPHAGE XR: **metformin ext-rel**

GLUMETZA: **metformin ext-rel**

RIOMET: **metformin**

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Biguanide/Sulfonylurea Combinations-M

	glyburide/metformin tabs	GP
	glipizide/metformin	GNP

Dipeptidyl Peptidase-4 (DPP-4) Inhibitors/Combinations-M

	alogliptin	GNP
	alogliptin/metformin	GNP
	alogliptin/pioglitazone	GNP
	JANUMET	BP
	JANUMET XR	BP
	JANUVIA	BP
PAR	JENTADUETO	BNP
PAR	JENTADUETO XR	BNP
PAR	KAZANO	BNP
PAR	KOMBIGLYZE XR	BNP
PAR	NESINA	BNP
PAR	ONGLYZA	BNP
PAR	OSENI	BNP
PAR	TRADJENTA	BNP

PREFERRED ALTERNATIVESJENTADUETO: **alogliptin/metformin**, JANUMET, JANUMET XRJENTADUETO XR: **alogliptin/metformin**, JANUMET, JANUMET XRKAZANO: **alogliptin/metformin**KOMBIGLYZE XR: **alogliptin**, **alogliptin/metformin**, **alogliptin/pioglitazone**, JANUMET, JANUMET XR, JANUVIANESINA: **alogliptin**ONGLYZA: **alogliptin**, **alogliptin/metformin**, **alogliptin/pioglitazone** JANUMET, JANUMET XR, JANUVIAOSENI: **alogliptin/pioglitazone**TRADJENTA: **alogliptin**, JANUVIA**Incretin Mimetic Agents-M**

	OZEMPIC	BP
	TRULICITY	BP
	VICTOZA	BP
PAR	ADLYXIN	BNP
PAR	BYDUREON	BNP
PAR	BYETTA	BNP

PREFERRED ALTERNATIVES

ADLYXIN: OZEMPIC, TRULICITY, VICTOZA

BYDUREON: OZEMPIC, TRULICITY, VICTOZA

BYETTA: OZEMPIC, TRULICITY, VICTOZA

Incretin Mimetic Agent/Insulin Combinations-M

	SOLIQUA	BP
PAR	XULTOPHY	BNP

PREFERRED ALTERNATIVES

XULTOPHY: SOLIQUA

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Insulins-M

	HUMULIN R U-500	BP
	LANTUS	BP
	LEVEMIR	BP
	NOVOLIN 70/30	BP
	NOVOLIN N	BP
	NOVOLIN R	BP
	NOVOLOG	BP
	NOVOLOG MIX 70/30	BP
	TOUJEO	BP
	TRESIBA	BP
PAR	AFREZZA	BNP
PAR	APIDRA	BNP
PAR	BASAGLAR	BNP
PAR	HUMALOG	BNP
PAR	HUMALOG MIX	BNP
PAR	HUMULIN 70/30	BNP
PAR	HUMULIN N	BNP
PAR	HUMULIN R U-100	BNP
PAR	RELION products	BNP

PREFERRED ALTERNATIVES

AFREZZA: NOVOLOG
 APIDRA: NOVOLOG
 HUMALOG: NOVOLOG
 HUMULIN: NOVOLIN
 RELION products: NOVOLIN

Insulin Sensitizers-M

	pioglitazone	GNP
	ACTOS	BNP

PREFERRED ALTERNATIVES

ACTOS: **pioglitazone**

Insulin Sensitizer/Biguanide Combinations-M

	pioglitazone/metformin	GNP
	ACTOPLUS MET XR	BP
	ACTOPLUS MET	BNP

PREFERRED ALTERNATIVES

ACTOPLUS MET: **pioglitazone/metformin**

Insulin Sensitizer/Sulfonylurea Combinations-M

	pioglitazone/glimepiride	GNP
	DUETACT	BNP

PREFERRED ALTERNATIVES

DUETACT: **pioglitazone/glimepiride**

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Meglitinides-M

	nateglinide	GNP
	repaglinide	GNP
	PRANDIN	BNP
	STARLIX	BNP

PREFERRED ALTERNATIVES

PRANDIN: repaglinide
STARLIX: nateglinide

Meglitinide/Biguanide Combinations-M

	repaglinide/metformin	GNP
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Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors-M

	FARXIGA	BP
	JARDIANCE	BP
PAR	INVOKANA	BNP
PAR	STEGLATRO	BNP

PREFERRED ALTERNATIVES

INVOKANA: FARXIGA, JARDIANCE
STEGLATRO: FARXIGA, JARDIANCE

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

	SYNJARDY	BP
	SYNJARDY XR	BP
	XIGDUO XR	BP
PAR	INVOKAMET	BNP
PAR	INVOKAMET XR	BNP
PAR	SEGLUOMET	BNP

PREFERRED ALTERNATIVES

INVOKAMET: SYNJARDY, SYNJARDY XR, XIGDUO XR
INVOKAMET XR: SYNJARDY, SYNJARDY XR, XIGDUO XR
SEGLUOMET: SYNJARDY, SYNJARDY XR, XIGDUO XR

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

	GLYXAMBI	BP
	QTERN	BP
PAR	STEGLUJAN	BNP

PREFERRED ALTERNATIVES

STEGLUJAN: GLYXAMBI, QTERN

Sulfonylureas-M

	glimepiride	GP
	glipizide	GP
	glipizide ext-rel tabs	GP
	glyburide micronized	GP

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	glyburide tabs	GP
	AMARYL	BNP

PREFERRED ALTERNATIVES

AMARYL: glimepiride

Supplies-M

	BD ULTRAFINE syringes and needles	BP
	NOVOFINE pen needles	BP
	ONETOUCH	BP
	SOFT TOUCH	BP
	SOFTCLIX	BP
PAR	ACCU-CHEK	BNP
PAR	ASCENSIA	BNP
PAR	BREEZE	BNP
PAR	CONTOUR	BNP
PAR	FAST TAKE	BNP
PAR	FREESTYLE	BNP
PAR	PRECISION PCX	BNP
PAR	PRECISION PCX PLUS	BNP
PAR	PRECISION Q-I-D	BNP
PAR	PRECISION SOF-TACT	BNP
PAR	PRECISION XTRA	BNP
PAR	SURESTEP	BNP

PREFERRED ALTERNATIVES

ACCU-CHEK: ONETOUCH
 ASCENSIA: ONETOUCH
 BREEZE: ONETOUCH
 CONTOUR: ONETOUCH
 FAST TAKE: ONETOUCH
 FREESTYLE: ONETOUCH
 PRECISION: ONETOUCH
 SURESTEP: ONETOUCH

ANTI-OBESITY

Guidelines of treatment and management of obesity are available at:

<http://www.aace.com>

<http://www.nhlbi.nih.gov/health-pro/guidelines/in-develop/obesity-evidence-review>

Injectable

PAR	SAXENDA	BNP
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Oral

PAR	benzphetamine	GNP
PAR	diethylpropion	GNP
PAR	diethylpropion ext-rel	GNP
PAR	phendimetrazine	GNP
PAR	phendimetrazine ext-rel	GNP
PAR	phentermine	GNP

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PAR	BELVIQ	BNP
PAR	CONTRACE	BNP
PAR	QSYMIA	BNP
PAR	XENICAL	BNP

PREFERRED ALTERNATIVES

XENICAL: OTC ALLI*

* OTC ALLI is not covered under the prescription drug benefit.

CALCIUM RECEPTOR ANTAGONISTS-M

PAR, SRx	SENSIPAR	BP
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CALCIUM REGULATORS-M

Guidelines of treatment and management of osteoporosis are available at:

<http://www.aace.com>

<http://www.nof.org>

Bisphosphonates-M

QLL	alendronate tabs	GP
	alendronate soln	GNP
QLL	ibandronate tabs	GNP
QLL	risedronate	GNP
QLL	risedronate delayed-rel	GNP
EPA, QLL	FOSAMAX PLUS D	BP
EPA, QLL	ACTONEL	BNP
EPA, QLL	ATELVIA	BNP
EPA, QLL	BONIVA tabs	BNP
EPA, QLL	FOSAMAX	BNP

PREFERRED ALTERNATIVES

ACTONEL: **risedronate**

ATELVIA: **risedronate delayed-rel**

BONIVA: **ibandronate**

FOSAMAX: **alendronate**

Calcitonins-M

	calcitonin-salmon spray	GNP
PAR	MIACALCIN spray	BNP

PREFERRED ALTERNATIVES

MIACALCIN spray: **calcitonin-salmon spray**

Parathyroid Hormones-M

PAR, SRx	FORTEO	BP
PAR, SRx	TYMLOS	BP
PAR, SRx	NATPARA	BNP

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CARNITINE DEFICIENCY AGENTS-M

	levocarnitine	GNP
PAR	CARNITOR, CARNITOR SF	BNP

PREFERRED ALTERNATIVESCARNITOR, CARNITOR SF: **levocarnitine****CONTRACEPTIVES**

EE = ethinyl estradiol

Monophasic-M*20 mcg Estrogen-M*

PHC	Aviane	GNP
PHC	Blisovi 24 Fe	GNP
PHC	Gianvi	GNP
PHC	Junel 24 Fe	GNP
PHC	Junel Fe	GNP
PHC	Larin 24 Fe	GNP
PHC	Lessina	GNP
PHC	Lutera	GNP
PHC	Mibelas 24 Fe	GNP
PHC	Microgestin 1/20	GNP
PHC	Microgestin Fe 1/20	GNP
PHC	Rajani	GNP
PHC	BALCOLTRA	BNP
	LOESTRIN 1/20	BNP
	LOESTRIN FE 1/20	BNP
	YAZ	BNP

PREFERRED ALTERNATIVESBALCOLTRA: **Junel Fe, Lessina, Lutera**LOESTRIN: **Microgestin**LOESTRIN FE: **Junel Fe, Microgestin Fe**YAZ: **Gianvi***30 mcg Estrogen-M*

PHC	Apri	GNP
PHC	Cryselle	GNP
PHC	Junel Fe	GNP
PHC	Levora	GNP
PHC	Low-Ogestrel	GNP
PHC	Microgestin 1.5/30	GNP
PHC	Microgestin Fe 1.5/30	GNP
PHC	Ocella	GNP
PHC	Tydemy	GNP
	LOESTRIN 1.5/30	BNP

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	LOESTRIN FE 1.5/30	BNP
	YASMIN	BNP

PREFERRED ALTERNATIVES

LOESTRIN: **Microgestin**
 LOESTRIN FE: **Junel Fe, Microgestin Fe**
 YASMIN: **Ocella**

35 mcg Estrogen-M

PHC	Alyacen 1/35	GNP
PHC	Cyclafem 1/35	GNP
PHC	Dasetta 1/35	GNP
PHC	Kelnor 1/35	GNP
PHC	Mili	GNP
PHC	Mononessa	GNP
PHC	Necon 0.5/35	GNP
PHC	Nortrel 0.5/35	GNP
PHC	Nortrel 1/35	GNP
PHC	Pirmella 1/35	GNP
PHC	Previfem	GNP
PHC	Sprintec	GNP
PHC	Zovia 1/35e	GNP
	ORTHO-CYCLEN	BNP
	ORTHO-NOVUM 1/35	BNP

PREFERRED ALTERNATIVES

ORTHO-CYCLEN: **Mili, Previfem, Sprintec**
 ORTHO-NOVUM 1/35: **Alyacen 1/35, Cyclafem 1/35, Dasetta 1/35, Nortrel 1/35, Pirmella 1/35**

50 mcg Estrogen-M

PHC	Ethinodiol 1/50	GNP
PHC	Kelnor 1/50	GNP
PHC	Ogestrel	GNP

Biphasic-M

PHC	Kariva	GNP
	MIRCETTE	BNP

PREFERRED ALTERNATIVES

MIRCETTE: **Kariva**

Triphasic-M

PHC	Aranelle	GNP
PHC	Enpresse	GNP
PHC	Nortrel 7/7/7	GNP
PHC	Tri Femynor	GNP
PHC	Tri-Estarylla	GNP
PHC	Tri-Linyah	GNP
PHC	Tri-Lo Sprintec	GNP

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PHC	Tri-Mili	GNP
PHC	TriNessa	GNP
PHC	Tri-Sprintec	GNP
PHC	Trivora	GNP
PHC	Tri-Vylibra	GNP
PHC	Velivet	GNP
	ESTROSTEP FE	BP
	ORTHO TRI-CYCLEN	BNP
	ORTHO TRI-CYCLEN LO	BNP
	ORTHO-NOVUM 7/7/7	BNP
	TRI-NORINYL	BNP

PREFERRED ALTERNATIVES

ORTHO TRI-CYCLEN: **Tri Femynor, Tri-Estarylla, Tri-Linyah, Tri-Mili, TriNessa, Tri-Sprintec, Tri-Vylibra**

ORTHO TRI-CYCLEN LO: **Tri-Lo Sprintec**

ORTHO-NOVUM 7/7/7: **Nortrel 7/7/7**

TRI-NORINYL: **Aranelle**

Four Phase-M

PHC	NATAZIA	BNP
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Extended Cycle-M

PHC	Amethia	GNP
PHC	Amethia Lo	GNP
PHC	Camrese	GNP
PHC	Camrese Lo	GNP
PHC	Fayosim	GNP
PHC	Introvale	GNP
PHC	Jolessa	GNP
PHC	levonorgestrel/EE 0.1/20 and EE 10	GNP
PHC	Quasense	GNP
PHC	Rivelsa	GNP
	LOSEASONIQUE	BNP
	SEASONIQUE	BNP

PREFERRED ALTERNATIVES

LOSEASONIQUE: **Amethia Lo, Camrese Lo, levonorgestrel/EE 0.1/20 and EE 10**

SEASONIQUE: **Amethia, Camrese**

Progestin Only-M

PHC	Camila	GNP
PHC	Errin	GNP
PHC	Jolivette	GNP
PHC	Tulana	GNP

Emergency Contraception

OTC, PHC	Aftera	GNP
OTC, PHC	Econtra EZ	GNP
OTC, PHC	Econtra OS	GNP

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OTC, PHC	levonorgestrel	GNP
OTC, PHC	My Choice	GNP
OTC, PHC	My Way	GNP
OTC, PHC	Opcicon	GNP
OTC, PHC	Option 2	GNP
OTC, PHC	React	GNP
OTC, PHC	Take Action	GNP
PHC	ELLA	BNP
Injectable-M		
PHC, *	medroxyprogesterone acetate 150 mg/mL	GNP
*	DEPO-PROVERA	BNP

* Copays at retail pharmacy may vary due to package size.

PREFERRED ALTERNATIVES

DEPO-PROVERA: **medroxyprogesterone acetate**

Transdermal-M		
PHC	Xulane	GNP
Vaginal-M		
PHC	NUVARING	BP
Miscellaneous		
OTC, PHC	GYNOL II GEL 3%	BP
OTC, PHC	VCF VAGINAL CONTRACEPTIVE FOAM	BNP
ENDOMETRIOSIS		
PAR, SRx	SYNAREL	BP
SRx	LUPANETA	BNP

ESTROGENS-M

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

<http://www.menopause.org>

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

Oral-M		
	estradiol	GP
	PREMARIN	BP
	MENEST	BNP

PREFERRED ALTERNATIVES

MENEST: **estradiol**, PREMARIN

Transdermal-M		
	estradiol	GNP
	ALORA	BNP
	CLIMARA	BNP
	ESTROGEL	BNP

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MENOSTAR	BNP
VIVELLE-DOT	BNP

PREFERRED ALTERNATIVES

ALORA: **estradiol patch**
 CLIMARA: **estradiol patch**
 ESTROGEL: **estradiol patch**
 MENOSTAR: **estradiol**, **PREMARIN**
 VIVELLE-DOT: **estradiol patch**

Vaginal-M

estradiol vaginal crm	GNP
estradiol vaginal tabs	GNP
ESTRING	BP
PREMARIN crm	BP
IMVEXXY	BNP
VAGIFEM	BNP

ESTROGEN/PROGESTINS-M

Oral-M

estradiol/norethindrone	GNP
Jinteli	GNP
norethindrone/ethinyl estradiol 0.5 mg/2.5 mcg	GNP
PREMPHASE	BP
PREMPRO	BP
ACTIVELLA	BNP
FEMHRT 0.5 mg/2.5 mcg	BNP
PREFEST	BNP

PREFERRED ALTERNATIVES

ACTIVELLA: **estradiol/norethindrone**
 FEMHRT 0.5 mg/2.5 mcg: **norethindrone/ethinyl estradiol 0.5 mg/2.5 mcg**
 PREFEST: **PREMPRO**, **PREMPHASE**

Transdermal-M

CLIMARA PRO	BP
COMBIPATCH	BP

ESTROGEN/SELECTIVE ESTROGEN RECEPTOR MODULATOR COMBINATIONS-M

DUAVEE	BNP
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FERTILITY REGULATORS

GNRH/LHRH Antagonists

SRx	CETROTIDE	BP
SRx	GANIRELIX	BP

Ovulation Stimulants, Gonadotropins

SRx	BRAVELLE	BP
SRx	FOLLISTIM AQ	BP
PAR, SRx	CHORIONIC GONADOTROPIN	BNP

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SRx	GONAL-F	BNP
SRx	GONAL-F RFF	BNP
SRx	MENOPUR	BNP
PAR, SRx	NOVAREL	BNP
SRx	OVIDREL	BNP
PAR, SRx	PREGNYL	BNP

PREFERRED ALTERNATIVES

GONAL-F: BRAVELLE, FOLLISTIM AQ
GONAL-F RFF: BRAVELLE, FOLLISTIM AQ

Ovulation Stimulants, Synthetic

	clomiphene	GNP
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GAUCHER DISEASE

PAR, SRx	miglustat	GNP
PAR, SRx	CERDELGA	BP
PAR, SRx	ZAVESCA	BNP

GLUCOCORTICOIDS

	dexamethasone tabs	GP
	methylprednisolone dose pack 4 mg	GP
	prednisolone	GP
	prednisone dose pack	GP
	prednisone tabs	GP
	fludrocortisone	GNP
	hydrocortisone	GNP
	methylprednisolone	GNP
	prednisolone sodium phosphate soln	GNP
	prednisone soln	GNP
PAR	DEXPAK	BNP
PAR	MILLIPRED	BNP
PAR	RAYOS	BNP

PREFERRED ALTERNATIVES

DEXPAK: **dexamethasone**
MILLIPRED: **prednisone**
RAYOS: **prednisone**

GLUCOSE ELEVATING AGENTS

	GLUCAGEN	BP
	GLUCAGON	BP

HEREDITARY TYROSINEMIA TYPE 1 AGENTS

PAR, SRx	ORFADIN	BP
PAR, SRx	NITYR	BNP

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HUMAN GROWTH HORMONES

Guidelines for use of growth hormone are available at:

<http://www.aace.com/publications/guidelines>

PAR, SRx	NORDITROPIN	BP
PAR, SRx	SEROSTIM	BP
PAR, SRx	GENOTROPIN	BNP
PAR, SRx	HUMATROPE	BNP
PAR, SRx	NUTROPIN AQ	BNP
PAR, SRx	OMNITROPE	BNP
PAR, SRx	SAIZEN	BNP
PAR, SRx	ZOMACTON	BNP
PAR, SRx	ZORBTIVE	BNP

PREFERRED ALTERNATIVES

GENOTROPIN: NORDITROPIN
 HUMATROPE: NORDITROPIN
 NUTROPIN AQ: NORDITROPIN
 OMNITROPE: NORDITROPIN
 SAIZEN: NORDITROPIN
 ZOMACTON: NORDITROPIN

HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS-M

	calcitriol	GNP
	doxercalciferol	GNP
	paricalcitol	GNP
	HECTOROL	BNP

PREFERRED ALTERNATIVES

HECTOROL: **doxercalciferol**

INSULIN-LIKE GROWTH FACTOR

PAR, SRx	INCRELEX	BP
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PHENYLKETONURIA TREATMENT AGENTS

SRx	KUVAN	BP
PAR, SRx	PALYNZIQ	BNP

PHOSPHATE BINDER AGENTS-M

	calcium acetate	GNP
	lanthanum carbonate	GNP
	sevelamer carbonate	GNP
	RENAGEL	BP
	FOSRENOL	BNP
	REVELA	BNP

PREFERRED ALTERNATIVES

FOSRENOL: **lanthanum carbonate**
 REVELA: **sevelamer carbonate**

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PROGESTINS-M**Oral-M**

	medroxyprogesterone acetate	GP
	megestrol acetate susp	GNP
	norethindrone acetate	GNP
	progesterone, micronized	GNP
PAR	CRINONE	BNP
	PROMETRIUM	BNP

PREFERRED ALTERNATIVES

PROMETRIUM: progesterone, micronized

SELECTIVE ESTROGEN RECEPTOR MODULATORS-M

PAR*, PHC	raloxifene	GNP
	EVISTA	BNP
	OSPHENA	BNP

***PAR** is needed for coverage under **PHC**. Limited to women age 35 years and older with no previous history of breast cancer, ductal carcinoma in situ (CIS) or lobular carcinoma in situ.

PREFERRED ALTERNATIVES

EVISTA: raloxifene

THYROID AGENTS-M**Antithyroid Agents-M**

	methimazole tabs	GP
	propylthiouracil	GNP

Thyroid Supplements-M

	levothyroxine sodium	GP
	Levoxyl	GNP
	liothyronine	GNP
	thyroid tabs	GNP
	CYTOMEL	BNP
	SYNTHROID	BNP

PREFERRED ALTERNATIVES

CYTOMEL: liothyronine

SYNTHROID: levothyroxine

VASOPRESSIN RECEPTOR ANTAGONISTS

SRx	JYNARQUE	BNP
SRx	SAMSCA	BNP

VASOPRESSINS

	desmopressin	GNP
PAR, SRx	STIMATE	BP

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	DDAVP	BNP
PAR	NOCTIVA	BNP

PREFERRED ALTERNATIVES

DDAVP: **desmopressin**

NOCTIVA: **desmopressin**

MISCELLANEOUS

PAR, SRx	CYSTAGON	BP
PAR, SRx	EGRIFTA	BP
PAR, SRx	KORLYM	BP
PAR, SRx	MYALEPT	BP
PAR, SRx	SIGNIFOR	BP
PAR, SRx	STRENSIQ	BP
PAR, SRx	XURIDEN	BP
PAR, SRx	ACTHAR HP	BNP
PAR, SRx	PROCYSBI	BNP
SRx	RAVICTI	BNP

GASTROINTESTINAL

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

<http://gi.org>

<http://www.gastro.org>

ANTIDIARRHEALS

	diphenoxylate/atropine	GNP
EPA	MYTESI	BNP

ANTIEMETICS

	metoclopramide	GP
QLL	ondansetron orally disintegrating tabs	GP
QLL	ondansetron tabs 4 mg, 8 mg	GP
	prochlorperazine	GP
QLL	aprepitant caps	GNP
PAR	dronabinol	GNP
QLL	granisetron	GNP
QLL	ondansetron soln	GNP
QLL	ondansetron tabs 24 mg	GNP
	trimethobenzamide	GNP
QLL	EMEND susp	BP
PAR	AKYNZEO	BNP
QLL	ANZEMET	BNP
PAR	BONJESTA	BNP
PAR	CESAMET	BNP
QLL	EMEND caps	BNP
PAR	MARINOL	BNP
QLL	SANCUSO	BNP

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PAR	SYNDROS	BNP
EPA, QLL	VARUBI	BNP
QLL	ZOFRAN	BNP
QLL	ZUPLENZ	BNP

PREFERRED ALTERNATIVES

AKYNZEO: **aprepitant, granisetron, ondansetron**
 ANZEMET: **aprepitant, granisetron, ondansetron**
 BONJESTA: **metoclopramide, ondansetron**
 CESAMET: **aprepitant, granisetron, ondansetron**
 MARINOL: **dronabinol**
 SANCUSO: **aprepitant, granisetron, ondansetron**
 SYNDROS: **dronabinol**
 VARUBI: **aprepitant, granisetron, ondansetron**
 ZOFRAN: **ondansetron**

ANTISPASMODICS

	dicyclomine caps, tabs	GP
	dicyclomine soln	GNP
	hyoscyamine sulfate	GNP

CHOLELITHOLYTICS-M

	ursodiol	GNP
	URSO	BNP
	URSO FORTE	BNP

PREFERRED ALTERNATIVES

URSO: **ursodiol**
 URSO FORTE: **ursodiol**

H₂ RECEPTOR ANTAGONISTS-M *

	famotidine 40 mg	GP
	ranitidine syrup	GP
	ranitidine tabs 300 mg	GP
	cimetidine 300 mg, 400 mg, 800 mg	GNP
	nizatidine	GNP
	ranitidine caps	GNP

* If a prescription drug has an available OTC equivalent, the prescription drug will not be covered.

INFLAMMATORY BOWEL DISEASE

Oral Agents-M

	balsalazide	GNP
	budesonide delayed-rel caps	GNP
	budesonide ext-rel tabs	GNP
	mesalamine delayed-rel	GNP
	sulfasalazine	GNP
	DELZICOL	BP
	PENTASA	BP
	APRISO	BNP

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	ASACOL HD	BNP
PAR	COLAZAL	BNP
	DIPENTUM	BNP
	LIALDA	BNP

PREFERRED ALTERNATIVES

APRISO: DELZICOL, PENTASA
ASACOL HD: **mesalamine delayed-rel**
COLAZAL: **balsalazide**
DIPENTUM: **sulfasalazine, DELZICOL, PENTASA**
LIALDA: **mesalamine delayed-rel**

Rectal Agents

	CANASA	BP
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IRRITABLE BOWEL SYNDROME-M

Irritable Bowel Syndrome with Constipation/Chronic Idiopathic Constipation-M

	LINZESS	BP
PAR	AMITIZA	BNP
PAR	TRULANCE	BNP

PREFERRED ALTERNATIVES

AMITIZA: LINZESS

Irritable Bowel Syndrome with Diarrhea-M

PAR	VIBERZI	BNP
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LAXATIVES

	lactulose	GNP
	peg 3350/electrolytes	GNP
	GOLYTELY	BNP
	KRISTALOSE	BNP

PREFERRED ALTERNATIVES

GOLYTELY: **peg 3350/electrolytes**
KRISTALOSE: **lactulose**

OPIOID-INDUCED CONSTIPATION

	MOVANTIK	BP
PAR	RELISTOR	BNP

PREFERRED ALTERNATIVES

RELISTOR: MOVANTIK

PANCREATIC ENZYMES-M

	CREON	BP
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PROSTAGLANDINS-M

	misoprostol	GNP
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PROTON PUMP INHIBITORS-M *

QLL	omeprazole delayed-rel caps	GP
QLL	pantoprazole delayed-rel	GP
QLL	esomeprazole delayed-rel	GNP
QLL	lansoprazole delayed-rel	GNP
QLL	omeprazole/sodium bicarbonate	GNP
QLL	rabeprazole delayed-rel	GNP
QLL	DEXILANT	BP
	PRILOSEC susp	BP
PAR, QLL	ACIPHEX	BNP
PAR, QLL	NEXIUM	BNP
PAR, QLL	PREVACID	BNP
PAR, QLL	PROTONIX	BNP
PAR, QLL	ZEGERID	BNP

* If a prescription drug has an available OTC equivalent, the prescription drug will not be covered.

PREFERRED ALTERNATIVES

ACIPHEX: **rabeprazole**
 NEXIUM: **esomeprazole**
 PREVACID: **lansoprazole**
 PROTONIX: **pantoprazole**
 ZEGERID: **omeprazole/sodium bicarbonate**

STEROIDS, RECTAL

	hydrocortisone rectal crm	GNP
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ULCER THERAPY COMBINATIONS

	lansoprazole + amoxicillin + clarithromycin	GNP
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MISCELLANEOUS-M

	cromolyn sodium oral concentrate	GNP
	sucralfate	GNP
PAR, SRx	CHOLBAM	BP
PAR, SRx	CARBAGLU	BNP
PAR, SRx	GATTEX	BNP
PAR, SRx	OCALIVA	BNP
PAR, SRx	XERMELO	BNP

GENITOURINARY**BENIGN PROSTATIC HYPERPLASIA-M**

Guidelines for the management of BPH are available at:
<http://www.auanet.org/guidelines>

	alfuzosin ext-rel	GNP
	dutasteride	GNP
	dutasteride/tamsulosin	GNP
	finasteride	GNP
	tamsulosin	GNP

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	AVODART	BNP
	FLOMAX	BNP
	JALYN	BNP
	PROSCAR	BNP
	RAPAFLO	BNP
PAR	UROXATRAL	BNP

PREFERRED ALTERNATIVES

AVODART: **dutasteride**
 FLOMAX: **tamsulosin**
 JALYN: **dutasteride/tamsulosin**
 PROSCAR: **finasteride**
 RAPAFLO: **doxazosin, terazosin**
 UROXATRAL: **alfuzosin ext-rel**

ERECTILE DYSFUNCTION

Guidelines for the management of erectile dysfunction are available at:
<http://www.auanet.org/guidelines>

Alprostadil Agents

PAR, QLL	CAVERJECT	BNP
PAR, QLL	EDEX	BNP
PAR, QLL	MUSE	BNP

PREFERRED ALTERNATIVES

CAVERJECT: **sildenafil tabs 25 mg, 50 mg, 100 mg, tadalafil**
 EDEX: **sildenafil tabs 25 mg, 50 mg, 100 mg, tadalafil**
 MUSE: **sildenafil tabs 25 mg, 50 mg, 100 mg, tadalafil**

Phosphodiesterase Inhibitors

QLL	sildenafil tabs 25 mg, 50 mg, 100 mg	GNP
EPA, QLL	tadalafil 2.5 mg, 5 mg	GNP
QLL	tadalafil 10 mg, 20 mg	GNP
EPA, QLL	CIALIS 2.5 mg, 5 mg	BNP
QLL	CIALIS 10 mg, 20 mg	BNP
PAR, QLL	LEVITRA	BNP
PAR, QLL	STAXYN	BNP
PAR, QLL	VIAGRA	BNP

PREFERRED ALTERNATIVES

CIALIS: **tadalafil**
 LEVITRA: **sildenafil tabs 25 mg, 50 mg, 100 mg, tadalafil**
 STAXYN: **sildenafil tabs 25 mg, 50 mg, 100 mg, tadalafil**
 VIAGRA: **sildenafil tabs 25 mg, 50 mg, 100 mg**

URINARY ANTISPASMODICS-M

	oxybutynin syrup	GP
	darifenacin ext-rel	GNP
	oxybutynin ext-rel	GNP
	oxybutynin tabs	GNP
	tolterodine	GNP

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	tolterodine ext-rel	GNP
	tropium	GNP
	tropium ext-rel	GNP
	MYRBETRIQ	BP
	TOVIAZ	BP
	VESICARE	BP
PAR	DETROL	BNP
PAR	DETROL LA	BNP
PAR	DITROPAN XL	BNP
PAR	ENABLEX	BNP
PAR	GELNIQUE	BNP

PREFERRED ALTERNATIVES

DETROL: **tolterodine**

DETROL LA: **tolterodine ext-rel**

DITROPAN XL: **oxybutynin ext-rel**

ENABLEX: **darifenacin ext-rel**

GELNIQUE: **darifenacin ext-rel, oxybutynin ext-rel, tolterodine, tolterodine ext-rel, tropium, tropium ext-rel, MYRBETRIQ, TOVIAZ, VESICARE**

VAGINAL ANTI-INFECTIVES

PAR	GYNAZOLE-1	BNP
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PREFERRED ALTERNATIVES

GYNAZOLE-1: OTC clotrimazole vaginal*, OTC miconazole vaginal*

*OTC clotrimazole vaginal and OTC miconazole vaginal are not covered under the prescription drug benefit.

MISCELLANEOUS

	ELMIRON	BP
PAR	INTRAROSA	BNP

HEMATOLOGIC

Guidelines of treatment and management of hemophilia are available at:

<http://www.hemophilia.org>

ANTICOAGULANTS

CHEST guidelines are available at:

<http://www.chestnet.org/Guidelines-and-Resources/Guidelines-and-Consensus-Statements/Antithrombotic-Guidelines-9th-Ed>

Injectable

	enoxaparin	GNP
	FRAGMIN	BP
	LOVENOX	BNP

Oral-M

	warfarin	GP
	ELIQUIS	BP
	XARELTO	BP
	BEVYXXA	BNP

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	COUMADIN	BNP
PAR	PRADAXA	BNP
PAR	SAVAYSA	BNP

PREFERRED ALTERNATIVES

BEVYXXA: **warfarin**, ELIQUIS, XARELTO

COUMADIN: **warfarin**

PRADAXA: **warfarin**, ELIQUIS, XARELTO

SAVAYSA: **warfarin**, ELIQUIS, XARELTO

Synthetic Heparinoid-like Agents

	fondaparinux	GNP
	ARIXTRA	BNP

PREFERRED ALTERNATIVES

ARIXTRA: **fondaparinux**

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

PAR, SRx	ARANESP	BP
PAR, SRx	GRANIX	BP
PAR, SRx	LEUKINE	BP
PAR, SRx	NEULASTA	BP
PAR, SRx	NEUPOGEN	BP
PAR, SRx	PROCRIT	BP
PAR, SRx	EPOGEN	BNP
PAR, SRx	MIRCERA	BNP
PAR, SRx	RETACRIT	BNP
PAR, SRx	ZARXIO	BNP

PREFERRED ALTERNATIVES

EPOGEN: PROCRIT

MIRCERA: PROCRIT

RETACRIT: PROCRIT

HEMOPHILIA A

PAR, SRx	ADVATE	BP
PAR, SRx	AFSTYLA	BP
PAR, SRx	HELIXATE FS	BP
PAR, SRx	HEMLIBRA	BP
PAR, SRx	HEMOFIL M	BP
PAR, SRx	KOATE-DVI	BP
PAR, SRx	KOGENATE FS	BP
PAR, SRx	MONOCLATE-P	BP
PAR, SRx	RECOMBINATE	BP

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PAR, SRx	ADYNOVATE	BNP
PAR, SRx	ELOCTATE	BNP
PAR, SRx	KOVALTRY	BNP
PAR, SRx	NOVOEIGHT	BNP
PAR, SRx	NUWIQ	BNP
PAR, SRx	OBIZUR	BNP
PAR, SRx	XYNTHA	BNP

HEMOPHILIA B

PAR, SRx	ALPHANINE SD	BP
PAR, SRx	BEBULIN	BP
PAR, SRx	BENEFIX	BP
PAR, SRx	MONONINE	BP
PAR, SRx	PROFILNINE SD	BP
PAR, SRx	ALPROLIX	BNP
PAR, SRx	IDELVION	BNP
PAR, SRx	IXINITY	BNP
PAR, SRx	REBINYN	BNP
PAR, SRx	RIXUBIS	BNP

MISCELLANEOUS BLEEDING DISORDERS AGENTS

PAR, SRx	ALPHANATE	BP
PAR, SRx	FEIBA	BP
PAR, SRx	FEIBA NF	BP
PAR, SRx	HUMATE-P	BP
PAR, SRx	NOVOSEVEN RT	BP
PAR, SRx	WILATE	BP
PAR, SRx	COAGADEX	BNP
PAR, SRx	CORIFACT	BNP
PAR, SRx	TRETTEN	BNP
PAR, SRx	VONVENDI	BNP

HEMOSTATICS

	tranexamic acid	GNP
	LYSTEDA	BNP

PREFERRED ALTERNATIVES

LYSTEDA: tranexamic acid

HEREDITARY ANGIOEDEMA AGENTS

PAR, SRx	BERINERT	BP
PAR, SRx	FIRAZYR	BP
PAR, SRx	CINRYZE	BNP
PAR, SRx	HAEGARDA	BNP
PAR, SRx	RUCONEST	BNP

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IRON CHELATING AGENTS

PAR, SRx	EXJADE	BP
PAR, SRx	FERRIPROX	BNP

PLATELET AGGREGATION INHIBITORS-M

AL, OTC, PHC, QLL, *	aspirin 81 mg	GNP
AL, OTC, PHC, QLL, *	aspirin chew tabs	GNP
AL, OTC, PHC, QLL, *	aspirin delayed-rel 81 mg	GNP
	clopidogrel	GNP
	dipyridamole	GNP
	dipyridamole ext-rel/aspirin	GNP
	prasugrel	GNP
	AGGRENOX	BNP
	EFFIENT	BNP
	PLAVIX	BNP
	ZONTIVITY	BNP

* Limited to one dose per day for men ages 50 to 59 and women ages 12 to 59.

PREFERRED ALTERNATIVES

AGGRENOX: **dipyridamole ext-rel/aspirin**

EFFIENT: **prasugrel**

PLAVIX: **clopidogrel**

PLATELET SYNTHESIS INHIBITORS-M

	anagrelide	GNP
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THROMBOCYTOPENIA AGENTS

PAR, SRx	DOPTELET	BP
SRx	PROMACTA	BP
PAR, SRx	TAVALISSE	BNP

MISCELLANEOUS-M

	cilostazol	GNP
	pentoxifylline ext-rel	GNP
PAR, SRx	ENDARI	BP
PAR, SRx	CYSTADANE	BNP
PAR, SRx	JADENU	BNP

IMMUNOLOGIC AGENTS

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

AUTOIMMUNE AGENTS**Ankylosing Spondylitis**

PAR, SRx	COSENTYX	BP
PAR, SRx	ENBREL	BP
PAR, SRx	HUMIRA	BP
PAR, SRx	CIMZIA	BNP

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PAR, SRx	SIMPONI	BNP
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PREFERRED ALTERNATIVES

CIMZIA: COSENTYX, ENBREL, HUMIRA
 SIMPONI: COSENTYX, ENBREL, HUMIRA

Crohn's Disease

PAR, SRx	HUMIRA	BP
PAR, SRx, *	STELARA subcutaneous	BP
PAR, SRx	CIMZIA	BNP

PREFERRED ALTERNATIVES

CIMZIA: HUMIRA, STELARA subcutaneous*

* After failure of HUMIRA

Psoriasis

PAR, SRx	COSENTYX	BP
PAR, SRx	ENBREL	BP
PAR, SRx	HUMIRA	BP
PAR, SRx	OTEZLA	BP
PAR, SRx	STELARA subcutaneous	BP
PAR, SRx	CIMZIA	BNP
PAR, SRx	SILIQ	BNP
PAR, SRx	TALTZ	BNP
PAR, SRx	TREMFYA	BNP

PREFERRED ALTERNATIVES

CIMZIA: COSENTYX, ENBREL, HUMIRA, OTEZLA, STELARA subcutaneous
 SILIQ: COSENTYX, ENBREL, HUMIRA, OTEZLA, STELARA subcutaneous
 TALTZ: COSENTYX, ENBREL, HUMIRA, OTEZLA, STELARA subcutaneous
 TREMFYA: COSENTYX, ENBREL, HUMIRA, OTEZLA, STELARA subcutaneous

Psoriatic Arthritis

PAR, SRx	COSENTYX	BP
PAR, SRx	ENBREL	BP
PAR, SRx	HUMIRA	BP
PAR, SRx	OTEZLA	BP
PAR, SRx	STELARA subcutaneous	BP
PAR, SRx	CIMZIA	BNP
PAR, SRx	ORENCIA	BNP
PAR, SRx	SIMPONI	BNP
PAR, SRx	TALTZ	BNP
PAR, SRx	XELJANZ	BNP
PAR, SRx	XELJANZ XR	BNP

PREFERRED ALTERNATIVES

CIMZIA: COSENTYX, ENBREL, HUMIRA, OTEZLA, STELARA subcutaneous
 ORENCIA: COSENTYX, ENBREL, HUMIRA, OTEZLA, STELARA subcutaneous
 SIMPONI: COSENTYX, ENBREL, HUMIRA, OTEZLA, STELARA subcutaneous
 TALTZ: COSENTYX, ENBREL, HUMIRA, OTEZLA, STELARA subcutaneous

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XELJANZ: COSENTYX, ENBREL, HUMIRA, OTEZLA, STELARA subcutaneous
 XELJANZ XR: COSENTYX, ENBREL, HUMIRA, OTEZLA, STELARA subcutaneous

Rheumatoid Arthritis

PAR, SRx	ENBREL	BP
PAR, SRx	HUMIRA	BP
PAR, SRx	ACTEMRA subcutaneous	BNP
PAR, SRx	CIMZIA	BNP
PAR, SRx	KEVZARA	BNP
PAR, SRx	KINERET	BNP
PAR, SRx	OLUMIANT	BNP
PAR, SRx	ORENCIA	BNP
PAR, SRx	SIMPONI	BNP
PAR, SRx	XELJANZ	BNP
PAR, SRx	XELJANZ XR	BNP

PREFERRED ALTERNATIVES

ACTEMRA subcutaneous: ENBREL, HUMIRA
 CIMZIA: ENBREL, HUMIRA
 KEVZARA: ENBREL, HUMIRA
 KINERET: ENBREL, HUMIRA
 OLUMIANT: ENBREL, HUMIRA
 ORENCIA: ENBREL, HUMIRA
 SIMPONI: ENBREL, HUMIRA
 XELJANZ: ENBREL, HUMIRA
 XELJANZ XR: ENBREL, HUMIRA

Ulcerative Colitis

PAR, SRx	HUMIRA	BP
PAR, SRx	SIMPONI	BNP
PAR, SRx	XELJANZ	BNP

PREFERRED ALTERNATIVES

SIMPONI: HUMIRA
 XELJANZ: HUMIRA

All Other Conditions

PAR, SRx	ENBREL	BP
PAR, SRx	HUMIRA	BP
PAR, SRx	ACTEMRA subcutaneous	BNP
PAR, SRx	KINERET	BNP
PAR, SRx	ORENCIA	BNP

PREFERRED ALTERNATIVES

ACTEMRA subcutaneous: ENBREL, HUMIRA
 KINERET: ENBREL, HUMIRA
 ORENCIA: ENBREL, HUMIRA

DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDs)-M

	hydroxychloroquine	GNP
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	methotrexate oral	GNP
SRx	OTREXUP	BNP
PAR, SRx	RASUVO	BNP

IMMUNE GLOBULINS

PAR, SRx	CUVITRU	BNP
PAR, SRx	HIZENTRA	BNP
PAR, SRx	HYQVIA	BNP

IMMUNOMODULATORS

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

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

Interferons

SRx	ACTIMMUNE	BP
PAR, SRx	INTRON A	BP
SRx	PEGASYS	BP
EPA, SRx	PEGINTRON	BNP
PAR, SRx	SYLATRON	BNP

PREFERRED ALTERNATIVES

PEGINTRON: PEGASYS

Miscellaneous

SRx	ARCALYST	BP
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IMMUNOSUPPRESSANTS-M

Antimetabolites-M

	azathioprine	GNP
	mycophenolate mofetil	GNP
	mycophenolate sodium delayed-rel	GNP
	CELLCEPT	BNP

PREFERRED ALTERNATIVES

CELLCEPT: mycophenolate

Calcineurin Inhibitors-M

	cyclosporine	GNP
	cyclosporine, modified	GNP
	tacrolimus	GNP

Rapamycin Derivatives-M

	sirolimus	GNP
	ZORTRESS	BP

Miscellaneous

PAR, SRx	BENLYSTA subcutaneous	BNP
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VACCINES

AL, PHC	ACTHIB	BNP
AL, PHC	ADACEL	BNP
AL, PHC	AFLURIA	BNP
AL, PHC	BEXSERO	BNP
AL, PHC	BOOSTRIX	BNP
AL, PHC	ENGERIX-B	BNP
AL, PHC	EZ FLU	BNP
AL, PHC	FLUAD	BNP
AL, PHC	FLUARIX	BNP
AL, PHC	FLUBLOK	BNP
AL, PHC	FLUCELVAX	BNP
AL, PHC	FLUCLVX	BNP
AL, PHC	FLULAVAL	BNP
AL, PHC	FLUMIST QUADRIVALENT	BNP
AL, PHC	FLUZONE	BNP
AL, PHC	FLUZONE HD	BNP
AL, PHC	FLUZONE QUADRIVALENT	BNP
AL, PHC	GARDASIL - 9	BNP
AL, PHC	HAVRIX	BNP
AL, PHC	MENACTRA	BNP
AL, PHC	MENVEO	BNP
AL, PHC	M-M-R II	BNP
AL, PHC	PNEUMOVAX	BNP
AL, PHC	PREVNAR 13	BNP
AL, PHC	RECOMBIVAX HB	BNP
AL, PHC	TENIVAC	BNP
AL, PHC	TETANUS/DIPHThERIA TOXOIDS	BNP
AL, PHC	TRUMENBA	BNP
AL, PHC	TWINRIX	BNP
AL, PHC	VAQTA	BNP
AL, PHC	VARIVAX	BNP
AL, PHC	ZOSTAVAX	BNP

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

Potassium-M

	potassium chloride effervescent tabs 25 mEq	GP
	potassium chloride oral liq 10%, 20%	GNP

Potassium-Removing Agents

PAR, SRx	VELTASSA	BNP
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VITAMINS AND MINERALS

Folic Acid Agents-M

	folic acid tabs 1 mg	GP
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AL, OTC, PHC, QLL, *	folic acid caps 0.8 mg	GNP
AL, OTC, PHC, QLL, *	folic acid tabs 0.4 mg, 0.8 mg	GNP

* Limited to one dose per day (0.4 mg to 0.8 mg) for women through age 55.

Prenatal Vitamins

	Prenatabs FA	GNP
	Prenatal Plus	GNP
	DUET DHA	BNP
	PRENATE ELITE	BNP

PREFERRED ALTERNATIVES

DUET DHA: **generics**

PRENATE ELITE: **generics**

Miscellaneous

	ergocalciferol caps	GP
	cyanocobalamin inj 1000 mcg/mL	GNP
	phytonadione	GNP
	MEPHYTON	BNP

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 auto-injector	GNP
PAR	AUVI-Q	BNP
PAR	EPIPEN	BNP
PAR	EPIPEN JR.	BNP

ANTICHOLINERGICS-M

	ipratropium nasal spray	GNP
	ipratropium soln	GNP
	ATROVENT HFA	BP
	SPIRIVA	BP
PAR	INCRUSE ELLIPTA	BNP
PAR	TUDORZA	BNP

PREFERRED ALTERNATIVES

INCRUSE ELLIPTA: SPIRIVA

TUDORZA: SPIRIVA

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ANTICHOLINERGIC/BETA AGONIST COMBINATIONS-M**Short Acting-M**

ipratropium/albuterol soln	GNP
COMBIVENT RESPIMAT	BP

Long Acting-M

ANORO ELLIPTA	BP
STIOLTO RESPIMAT	BP
BEVESPI AEROSPHERE	BNP
UTIBRON NEOHALER	BNP

PREFERRED ALTERNATIVES

BEVESPI AEROSPHERE: ANORO ELLIPTA, STIOLTO RESPIMAT

UTIBRON NEOHALER: ANORO ELLIPTA, STIOLTO RESPIMAT

ANTIHISTAMINES, LOW SEDATING

levocetirizine	GNP
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ANTIHISTAMINES, NONSEDATING-M

desloratadine	GNP
CLARINEX	BNP

PREFERRED ALTERNATIVESCLARINEX: OTC cetirizine*, OTC fexofenadine*, OTC loratadine*, **desloratadine**

* OTC cetirizine, OTC fexofenadine and OTC loratadine are not covered under the prescription drug benefit.

ANTIHISTAMINES, SEDATING

hydroxyzine HCl tabs	GP
hydroxyzine pamoate caps 25 mg, 50 mg	GP
hydroxyzine HCl syrup	GNP
hydroxyzine pamoate caps 100 mg	GNP

ANTIHISTAMINE/DECONGESTANT COMBINATIONS

promethazine/phenylephrine	GNP
CLARINEX-D	BNP

PREFERRED ALTERNATIVES

CLARINEX-D: OTC cetirizine*+decongestant*, OTC fexofenadine*+decongestant*, OTC loratadine*+decongestant*

* OTC cetirizine, OTC fexofenadine, OTC loratadine and OTC decongestants are not covered under the prescription drug benefit.

ANTITUSSIVES

Clinical practice guidelines are available at:

<http://journal.publications.chestnet.org/article.aspx?articleID=1084267>

benzonatate caps	GNP
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ANTITUSSIVE COMBINATIONS**Opioid**

codeine/promethazine	GP
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	codeine/brompheniramine/pseudoephedrine	GNP
	codeine/guaifenesin liquid, soln	GNP
	codeine/promethazine/phenylephrine	GNP
	hydrocodone/chlorpheniramine ext-rel	GNP
	TUSSIONEX	BNP

Non-opioid

	dextromethorphan/promethazine	GP
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BETA AGONISTS-M

Inhalants-M

Short Acting-M

	albuterol soln	GNP
	levalbuterol HCl inhalation soln	GNP
	levalbuterol tartrate, CFC-free aerosol	GNP
	PROAIR HFA	BP
	PROAIR RESPICLICK	BP
	VENTOLIN HFA	BP
	PROVENTIL HFA	BNP
	XOPENEX	BNP
	XOPENEX HFA	BNP

PREFERRED ALTERNATIVES

PROVENTIL HFA: PROAIR HFA, PROAIR RESPICLICK, VENTOLIN HFA

XOPENEX: levalbuterol HCl inhalation soln

XOPENEX HFA: levalbuterol tartrate, CFC-free aerosol

Long Acting-M

Hand-held Active Inhalation-M

	SEREVENT	BP
	ARCAPTA NEOHALER	BNP

Oral Agents-M

	albuterol sulfate syrup	GP
	albuterol tabs	GNP

CYSTIC FIBROSIS

SRx	tobramycin inhalation soln	GNP
PAR, SRx	KALYDECO	BP
PAR, SRx	ORKAMBI	BP
SRx	PULMOZYME	BP
PAR, SRx	SYMDEKO	BP
SRx	BETHKIS	BNP
PAR, SRx	CAYSTON	BNP
SRx	TOBI	BNP

LEUKOTRIENE MODULATORS-M

	montelukast chewable tabs	GP
	montelukast granules, tabs	GNP

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	zafirlukast	GNP
PAR	zileuton ext-rel	GNP
	ACCOLATE	BNP
	SINGULAIR	BNP
PAR	ZYFLO CR	BNP

PREFERRED ALTERNATIVES

ACCOLATE: **zafirlukast**
SINGULAIR: **montelukast**
ZYFLO CR: **montelukast, zafirlukast**

MAST CELL STABILIZERS-M

	cromolyn soln	GNP
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NASAL ANTIHISTAMINES

	azelastine	GNP
	olopatadine	GNP
	ASTEPRO	BNP
	PATANASE	BNP

PREFERRED ALTERNATIVES

ASTEPRO: **azelastine**
PATANASE: **olopatadine**

NASAL ANTIHISTAMINE/STEROID COMBINATIONS

EPA	DYMISTA	BNP
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PREFERRED ALTERNATIVES

DYMISTA: **azelastine**

NASAL STEROIDS-M

PAR	flunisolide spray	GNP
PAR	mometasone spray	GNP
PAR	BECONASE AQ	BNP
PAR	NASONEX	BNP
PAR	OMNARIS	BNP
PAR	QNASL	BNP
PAR	XHANCE	BNP
PAR	ZETONNA	BNP

PREFERRED ALTERNATIVES

BECONASE AQ: OTC FLONASE ALLERGY RELIEF*, OTC FLONASE SENSIMIST*, OTC NASACORT ALLERGY 24HR*, OTC RHINOCORT ALLERGY*, **flunisolide, mometasone**
NASONEX: OTC FLONASE ALLERGY RELIEF*, OTC FLONASE SENSIMIST*, OTC NASACORT ALLERGY 24HR*, OTC RHINOCORT ALLERGY*, **flunisolide, mometasone**
OMNARIS: OTC FLONASE ALLERGY RELIEF*, OTC FLONASE SENSIMIST*, OTC NASACORT ALLERGY 24HR*, OTC RHINOCORT ALLERGY*, **flunisolide, mometasone**
QNASL: OTC FLONASE ALLERGY RELIEF*, OTC FLONASE SENSIMIST*, OTC NASACORT ALLERGY 24HR*, OTC RHINOCORT ALLERGY*, **flunisolide, mometasone**
VERAMYST: OTC FLONASE ALLERGY RELIEF*, OTC FLONASE SENSIMIST*, OTC NASACORT ALLERGY 24HR*, OTC RHINOCORT ALLERGY*, **flunisolide, mometasone**
XHANCE: **mometasone**

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ZETONNA: OTC FLONASE ALLERGY RELIEF*, OTC FLONASE SENSIMIST*, OTC NASACORT ALLERGY 24HR*, OTC RHINOCORT ALLERGY*, **flunisolide, mometasone**

* OTC FLONASE ALLERGY RELIEF, OTC FLONASE SENSIMIST*, OTC NASACORT ALLERGY 24HR and OTC RHINOCORT ALLERGY are not covered under the prescription drug benefit.

PHOSPHODIESTERASE-4 INHIBITORS

	DALIRESP	BNP
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PULMONARY FIBROSIS AGENTS

PAR, SRx	ESBRIET	BP
PAR, SRx	OFEV	BP

STEROID/BETA AGONIST COMBINATIONS-M

PAR	fluticasone/salmeterol	GNP
QLL	ADVAIR DISKUS	BP
QLL	ADVAIR HFA	BP
QLL	BREO ELLIPTA	BP
QLL	DULERA	BP
PAR	AIRDUO RESPICLICK	BNP
PAR, QLL	SYMBICORT	BNP

PREFERRED ALTERNATIVES

fluticasone/salmeterol: ADVAIR
 AIRDUO RESPICLICK: ADVAIR
 SYMBICORT: ADVAIR, DULERA

STEROID INHALANTS-M

	budesonide inhalation susp	GNP
QLL	ARNUITY ELLIPTA	BP
QLL	ASMANEX	BP
QLL	FLOVENT	BP
QLL	QVAR REDIHALER	BP
PAR, QLL	ALVESCO	BNP
PAR, QLL	ARMONAIR RESPICLICK	BNP
PAR, QLL	PULMICORT FLEXHALER	BNP
QLL	PULMICORT RESPULES	BNP

PREFERRED ALTERNATIVES

ALVESCO: ARNUITY ELLIPTA, ASMANEX, FLOVENT, QVAR REDIHALER
 ARMONAIR RESPICLICK: ARNUITY ELLIPTA, ASMANEX, FLOVENT, QVAR REDIHALER
 PULMICORT FLEXHALER: ARNUITY ELLIPTA, ASMANEX, FLOVENT, QVAR REDIHALER
 PULMICORT RESPULES: **budesonide inhalation susp**

XANTHINES-M

	theophylline	GNP
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TOPICAL

DERMATOLOGY

Acne

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

<http://www.aad.org/education-and-quality-care/clinical-guidelines>

Topical

PAR	adapalene	GNP
	adapalene/benzoyl peroxide	GNP
PAR*	Avita	GNP
	clindamycin	GNP
	clindamycin/benzoyl peroxide	GNP
EPA	dapsone gel	GNP
	erythromycin	GNP
	erythromycin/benzoyl peroxide	GNP
	sulfacetamide sodium	GNP
PAR*	tazarotene crm 0.1%	GNP
PAR*	tretinoin	GNP
PAR*	tretinoin gel microsphere	GNP
PAR*	TAZORAC crm 0.05%	BP
PAR*	TAZORAC gel	BP
	ACANYA	BNP
EPA	ACZONE	BNP
PAR*	ATRALIN	BNP
	AZELEX	BNP
	BENZACLIN	BNP
PAR	DIFFERIN	BNP
	DUAC	BNP
	EPIDUO	BNP
	KLARON	BNP
PAR*	RETIN-A MICRO	BNP
PAR*	TAZORAC crm 0.1%	BNP

***PAR** required for members age 25 and older.

PREFERRED ALTERNATIVES

ACANYA: **clindamycin/benzoyl peroxide**

ACZONE: **dapsone gel**

ATRALIN: **tretinoin**

AZELEX: **tretinoin, Avita**

BENZACLIN: **clindamycin/benzoyl peroxide**

DIFFERIN: OTC DIFFERIN GEL **, **adapalene**

DUAC: **clindamycin/benzoyl peroxide**

EPIDUO: **adapalene/benzoyl peroxide**

KLARON: **sulfacetamide sodium**

RETIN-A MICRO: **tretinoin gel microsphere**

TAZORAC: **tazarotene**

**OTC DIFFERIN GEL is not covered under the prescription drug benefit.

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Actinic Keratosis

	fluorouracil crm, soln	GNP
	imiquimod	GNP
PAR	CARAC	BNP
PAR	FLUOROPLEX	BNP
PAR	PICATO	BNP
PAR	TOLAK	BNP
PAR	ZYCLARA	BNP

PREFERRED ALTERNATIVES

CARAC: **fluorouracil crm**

FLUOROPLEX: **fluorouracil crm, soln; imiquimod**

PICATO: **fluorouracil crm, soln; imiquimod**

TOLAK: **fluorouracil crm, soln; imiquimod**

ZYCLARA: **imiquimod**

Antibiotics

	mupirocin oint	GP
	gentamicin crm	GNP
	gentamicin oint	GNP
	mupirocin crm	GNP
	silver sulfadiazine	GNP
PAR	ALTABAX	BNP
	BACTROBAN crm	BNP
	CENTANY	BNP

PREFERRED ALTERNATIVES

ALTABAX: **mupirocin**

BACTROBAN crm: **mupirocin**

CENTANY: **mupirocin**

Antifungals

	ketoconazole shampoo	GP
	ciclopirox	GNP
	econazole	GNP
	ketoconazole crm, foam	GNP
PAR	luliconazole	GNP
	naftifine	GNP
	nystatin	GNP
	oxiconazole	GNP
PAR	ERTACZO	BNP
PAR	EXELDERM	BNP
PAR	JUBLIA	BNP
PAR	KERYDIN	BNP
	LOPROX	BNP
PAR	LUZU	BNP
PAR	MENTAX	BNP
	NAFTIN	BNP

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OXISTAT	BNP
PENLAC	BNP

PREFERRED ALTERNATIVES

EXELDERM: OTC clotrimazole*, OTC ketoconazole*, OTC miconazole*, **ketoconazole, econazole, oxiconazole**

ERTACZO: OTC clotrimazole*, OTC ketoconazole*, OTC miconazole*, **ketoconazole, econazole, oxiconazole**

JUBLIA: **ciclopirox, terbinafine, itraconazole**

KERYDIN: **ciclopirox, terbinafine, itraconazole**

LOPROX: **ciclopirox**

LUZU: **luliconazole**

MENTAX: OTC LOTRIMIN ULTRA**, **clotrimazole**

NAFTIN: **naftifine**

OXISTAT: **oxiconazole**

PENLAC: **ciclopirox**

*OTC clotrimazole, OTC ketoconazole and OTC miconazole are not covered under the prescription drug benefit.

** OTC LOTRIMIN ULTRA is not covered under the prescription drug benefit.

Antifungal/Corticosteroid Combinations

clotrimazole/betamethasone	GNP
nystatin/triamcinolone	GNP

Antipsoriatics

Guidelines of care for the management and treatment of psoriasis with topical therapies are available at:

<http://www.aad.org>

Oral

acitretin	GNP
methoxsalen oral	GNP

Topical

calcipotriene	GNP
calcipotriene/betamethasone dipropionate oint	GNP
calcitriol oint	GNP
DOVONEX	BNP
TACLONEX	BNP
VECTICAL	BNP

PREFERRED ALTERNATIVES

DOVONEX: **calcipotriene**

TACLONEX: **calcipotriene/betamethasone dipropionate oint**

VECTICAL: **calcitriol oint**

Antiseborrheics

selenium sulfide lotion, shampoo 2.5%	GP
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Atopic Dermatitis

Guidelines for the treatment of atopic dermatitis are available at:

<http://www.aad.org/education/clinical-guidelines>

Injectable

PAR, SRx	DUPIXENT	BNP
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PREFERRED ALTERNATIVES

DUPIXENT: clobetasol, mometasone, tacrolimus, triamcinolone, ELIDEL

Topical

	tacrolimus	GNP
	ELIDEL	BP
PAR	EUCRISA	BNP
	PROTOPIC	BNP

PREFERRED ALTERNATIVES

EUCRISA: clobetasol, mometasone, tacrolimus, triamcinolone, ELIDEL

PROTOPIC: tacrolimus

Corticosteroids*Low Potency*

	hydrocortisone crm, oint 2.5%	GP
QLL	alclometasone crm, oint 0.05%	GNP
QLL	desonide crm, lotion, oint 0.05%	GNP
QLL	fluocinolone acetonide crm 0.01%	GNP
	fluocinolone acetonide oil 0.01%	GNP
	PRAMOSONE	BP
PAR, QLL	DESONATE	BNP
PAR, QLL	DESOWEN	BNP
PAR, QLL	TEXACORT	BNP
PAR, QLL	VERDESO	BNP

Medium Potency

QLL	betamethasone valerate crm, lotion, oint 0.1%	GNP
QLL	clocortolone crm 0.1%	GNP
QLL	desoximetasone crm, oint 0.05%	GNP
QLL	fluocinolone acetonide crm, oint 0.025%	GNP
QLL	fluocinonide emulsified base crm 0.05%	GNP
QLL	flurandrenolide crm, lotion, oint 0.05%	GNP
QLL	fluticasone propionate crm, lotion 0.05%, oint 0.005%	GNP
QLL	hydrocortisone butyrate crm, lotion, oint 0.1%	GNP
QLL	hydrocortisone butyrate lipid crm 0.1%	GNP
QLL	hydrocortisone valerate crm, oint 0.2%	GNP
QLL	mometasone crm, oint, soln 0.1%	GNP
QLL	prednicarbate crm, oint 0.1%	GNP
	triamcinolone acetonide crm, oint	GNP
	triamcinolone acetonide lotion	GNP
PAR, QLL	CLODERM	BNP
PAR, QLL	CORDRAN	BNP
PAR, QLL	CUTIVATE	BNP
PAR, QLL	ELOCON	BNP

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PAR, QLL	KENALOG spray	BNP
PAR, QLL	LOCOID	BNP
PAR, QLL	LOCOID LIPOCREAM	BNP
PAR, QLL	LUXIQ FOAM	BNP
PAR, QLL	PANDEL	BNP
PAR, QLL	SYNALAR	BNP
PAR, QLL	TOPICORT	BNP
PAR, QLL	TRIANEX	BNP

PREFERRED ALTERNATIVES
LOCOID: hydrocortisone butyrate

High Potency

QLL	amcinonide crm, lotion 0.1%	GNP
QLL	betamethasone dipropionate augmented crm, lotion 0.05%	GNP
QLL	betamethasone dipropionate crm, lotion, oint 0.05%	GNP
QLL	desoximetasone crm, oint 0.25%, gel 0.05%	GNP
QLL	diflorasone diacetate crm 0.05%	GNP
QLL	fluocinonide crm, gel, oint 0.05%	GNP
	fluocinonide soln 0.05%	GNP
	triamcinolone acetonide crm 0.5%	GNP
PAR, QLL	AMCINONIDE oint	BNP
PAR, QLL	APEXICON E	BNP
PAR, QLL	DIPROLENE AF	BNP
PAR, QLL	DIPROLENE lotion	BNP
PAR, QLL	HALOG	BNP
PAR, QLL	PSORCON	BNP
PAR, QLL	TOPICORT	BNP

PREFERRED ALTERNATIVES
HALOG: betamethasone dipropionate, betamethasone valerate, desoximetasone, diflorasone diacetate, fluocinonide, triamcinolone acetonide

Very High Potency

QLL	betamethasone dipropionate augmented gel, oint 0.05%	GNP
QLL	clobetasol propionate crm, gel, lotion, oint 0.05%	GNP
QLL	clobetasol propionate emollient crm 0.05%	GNP
	clobetasol propionate foam, shampoo, soln, spray 0.05%	GNP
QLL	diflorasone diacetate oint 0.05%	GNP
QLL	fluocinonide crm 0.1%	GNP
QLL	halobetasol propionate crm, oint 0.05%	GNP
PAR, QLL	CLOBEX	BNP
PAR, QLL	DIPROLENE oint	BNP
PAR, QLL	IMPOYZ	BNP
PAR, QLL	OLUX	BNP
PAR, QLL	TEMOVATE	BNP
PAR, QLL	ULTRAVATE	BNP

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PAR, QLL	VANOS	BNP
Local Analgesics		
	lidocaine patch	GNP
	LIDODERM	BNP
PREFERRED ALTERNATIVES LIDODERM: lidocaine patch		
Local Anesthetics		
QLL	lidocaine soln	GP
QLL	lidocaine crm, gel, lotion	GNP
QLL	lidocaine/prilocaine	GNP
QLL	lidocaine/tetracaine	GNP
QLL	SYNERA	BNP
PREFERRED ALTERNATIVES SYNERA: lidocaine/prilocaine		
Rosacea		
	doxycycline monohydrate	GNP
	metronidazole crm, gel, lotion	GNP
	FINACEA	BP
	SOOLANTRA	BP
PAR	METROCREAM	BNP
PAR	METROGEL	BNP
PAR	MIRVASO	BNP
PAR	NORITATE	BNP
	ORACEA	BNP
PAR	RHOFADE	BNP
PREFERRED ALTERNATIVES METROCREAM: metronidazole crm, gel, lotion METROGEL: metronidazole crm, gel, lotion MIRVASO: metronidazole crm, gel, lotion ; FINACEA; SOOLANTRA NORITATE: metronidazole crm, gel, lotion ORACEA: doxycycline monohydrate RHOFADE: metronidazole crm, gel, lotion ; FINACEA; SOOLANTRA		
Scabicides and Pediculicides		
	malathion	GNP
	permethrin	GNP
	spinosad	GNP
	NATROBA	BNP
Miscellaneous Skin and Mucous Membrane		
	acyclovir oint	GNP
	aluminum chloride soln 20%	GNP
	imiquimod	GNP

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	podofilox	GNP
	CONDYLOX gel	BP
	ALDARA	BNP
	CONDYLOX soln	BNP
	PRUMYX	BNP
PAR	VEREGEN	BNP
	ZOVIRAX crm	BNP
	ZOVIRAX oint	BNP

PREFERRED ALTERNATIVES

ALDARA: **imiquimod**
 CONDYLOX soln: **podofilox**
 VEREGEN: **imiquimod, podofilox**
 ZOVIRAX oint: **acyclovir oint**

MOUTH/THROAT/DENTAL AGENTS

Anesthetics - Topical Oral

	lidocaine viscous	GP
Miscellaneous		
	chlorhexidine gluconate	GP
	sodium fluoride paste 1.1%	GP
	sodium fluoride/potassium nitrate paste 1.1-5%	GP
AL, PHC, QLL, *	sodium fluoride 0.5 mg (1.1 mg) tabs	GNP
AL, PHC, QLL, *	sodium fluoride 1 mg (2.2 mg) tabs	GNP
AL, PHC, QLL, *	sodium fluoride chew tabs 0.25 mg, 0.5 mg	GNP
	sodium fluoride chew tabs 1 mg	GNP
AL, PHC, QLL, *	sodium fluoride soln 0.125 mg/drop F (from 0.275 mg/drop NaF)	GNP
AL, PHC, QLL, *	sodium fluoride soln 0.25 mg/drop F (from 0.55 mg/drop NaF)	GNP
AL, PHC, QLL, *	sodium fluoride soln 0.5 mg/mL F (from 1.1 mg/mL NaF)	GNP
	PREVIDENT	BNP

* Limited to children through age 18. Over-the-counter products are excluded even with a prescription.

PREFERRED ALTERNATIVES

PREVIDENT: **sodium fluoride**

OPHTHALMIC

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

Antiallergics

	cromolyn sodium	GP
	azelastine	GNP
	epinastine	GNP
PAR	olopatadine	GNP
PAR	EMADINE	BP
PAR	ALOCRIAL	BNP
PAR	ALOMIDE	BNP

GP = Generic Preferred GNP = Generic Non-Preferred BP = Brand Preferred BNP = Brand Non-Preferred
 AL = Age Limitations apply EPA = Enhanced Prior Authorization applies M = Maintenance Drugs OTC = Over-The-Counter medication
 PAR = Prior Authorization Required PHC = Preventive Health Care QLL = Quantity Level Limits apply
 SRx = Specialty Drug available from AllianceRx Walgreens Prime

PAR	BEPREVE	BNP
PAR	ELESTAT	BNP
PAR	LASTACAFT	BNP
PAR	PATADAY	BNP
PAR	PATANOL	BNP
PAR	PAZEO	BNP

PREFERRED ALTERNATIVES

olopatadine: OTC ALWAY*, OTC ZADITOR*, **azelastine, cromolyn, epinastine**
ALOCRILOL: OTC ALWAY*, OTC ZADITOR*, **azelastine, cromolyn, epinastine**
ALOMIDE: OTC ALWAY*, OTC ZADITOR*, **azelastine, cromolyn, epinastine**
BEPREVE: OTC ALWAY*, OTC ZADITOR*, **azelastine, cromolyn, epinastine**
ELESTAT: OTC ALWAY*, OTC ZADITOR*, **azelastine, cromolyn, epinastine**
LASTACAFT: OTC ALWAY*, OTC ZADITOR*, **azelastine, cromolyn, epinastine**
PATADAY: OTC ALWAY*, OTC ZADITOR*, **azelastine, cromolyn, epinastine**
PATANOL: OTC ALWAY*, OTC ZADITOR*, **azelastine, cromolyn, epinastine**
PAZEO: OTC ALWAY*, OTC ZADITOR*, **azelastine, cromolyn, epinastine**

* OTC ALWAY and OTC ZADITOR are not covered under the prescription drug benefit.

Anti-infectives

	ciprofloxacin	GP
	erythromycin	GP
	gentamicin oint	GP
	gentamicin soln	GP
	polymyxin B/trimethoprim	GP
	tobramycin	GP
	levofloxacin	GNP
	moxifloxacin	GNP
	ofloxacin	GNP
	sulfacetamide oint 10%	GNP
	sulfacetamide soln 10%	GNP
	trifluridine	GNP
PAR	BESIVANCE	BNP
	CILOXAN	BNP
	VIGAMOX	BNP
PAR	ZIRGAN	BNP

PREFERRED ALTERNATIVES

BESIVANCE: **ciprofloxacin, levofloxacin, ofloxacin**
CILOXAN: **ciprofloxacin**
VIGAMOX: **moxifloxacin**
ZIRGAN: **trifluridine**

Anti-infective/Anti-inflammatory Combinations

	neomycin/polymyxin B/dexamethasone	GNP
	sulfacetamide/prednisolone phosphate 10%/0.23(0.25)%	GNP
	tobramycin/dexamethasone susp 0.3%/0.1%	GNP
	TOBRADEX oint	BP
	TOBRADEX susp	BNP

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PAR = Prior Authorization Required **PHC** = Preventive Health Care **QLL** = Quantity Level Limits apply
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ZYLET	BNP
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PREFERRED ALTERNATIVES

TOBRADEX susp: **tobramycin/dexamethasone susp**

Anti-inflammatories

Nonsteroidal

	diclofenac sodium	GP
	flurbiprofen sodium soln	GP
	bromfenac sodium	GNP
	fluorometholone 0.1% susp	GNP
	ketorolac	GNP
	ACULAR	BNP
	ACULAR LS	BNP
	ACUVAIL	BNP

PREFERRED ALTERNATIVES

ACUVAIL: **ketorolac**

Steroidal

	dexamethasone	GNP
	fluorometholone	GNP
	prednisolone acetate	GNP
	prednisolone sodium phosphate	GNP
	ALREX	BP
	LOTEMAX	BP
PAR	DUREZOL	BNP
	FML FORTE	BNP
PAR	ILEVRO	BNP
PAR	NEVANAC	BNP
PAR	OMNIPRED	BNP
PAR	PRED FORTE	BNP
PAR	VEXOL	BNP

PREFERRED ALTERNATIVES

DUREZOL: **dexamethasone, fluorometholone, prednisolone acetate, prednisolone sodium phosphate, LOTE MAX**

FML FORTE: **fluorometholone**

ILEVRO: **dexamethasone, fluorometholone, prednisolone acetate, prednisolone sodium phosphate, LOTE MAX**

NEVANAC: **dexamethasone, fluorometholone, prednisolone acetate, prednisolone sodium phosphate, LOTE MAX**

OMNIPRED: **prednisolone acetate**

PRED FORTE: **prednisolone acetate**

VEXOL: **dexamethasone, fluorometholone, prednisolone acetate, prednisolone sodium phosphate, LOTE MAX**

Beta-blockers-M

Nonselective-M

	carteolol soln	GP
	levobunolol soln	GP
	timolol maleate soln	GP

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	timolol maleate gel	GNP
	BETIMOL	BNP

PREFERRED ALTERNATIVES

BETIMOL: **timolol**

Carbonic Anhydrase Inhibitors-M

Topical-M

	dorzolamide	GNP
	AZOPT	BP
	TRUSOPT	BNP

PREFERRED ALTERNATIVES

TRUSOPT: **dorzolamide**

Carbonic Anhydrase Inhibitor/Beta-blocker Combinations-M

	dorzolamide/timolol	GNP
	COSOPT	BNP

PREFERRED ALTERNATIVES

COSOPT: **dorzolamide/timolol**

Dry Eye Disease-M

PAR	RESTASIS	BP
PAR	XIIDRA	BP

Parasympathomimetics-M

	pilocarpine	GNP
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Prostaglandins-M

	bimatoprost	GNP
	latanoprost	GNP
PAR	LUMIGAN	BNP
PAR	TRAVATAN Z	BNP
PAR	VYZULTA	BNP
	XALATAN	BNP
	ZIOPTAN	BNP

PREFERRED ALTERNATIVES

LUMIGAN: **bimatoprost, latanoprost**

TRAVATAN Z: **bimatoprost, latanoprost**

VYZULTA: **bimatoprost, latanoprost**

XALATAN: **latanoprost**

ZIOPTAN: **bimatoprost, latanoprost**

Sympathomimetics-M

	brimonidine 0.2%	GP
	brimonidine 0.15%	GNP
	ALPHAGAN P	BP

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PAR = Prior Authorization Required **PHC** = Preventive Health Care **QLL** = Quantity Level Limits apply
SRx = Specialty Drug available from AllianceRx Walgreens Prime

Miscellaneous-M

PAR, SRx	CYSTARAN	BNP
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OTIC

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

<http://www.aap.org>

Anti-infectives

	ciprofloxacin otic	GNP
	ofloxacin otic	GNP

Anti-infective/Anti-inflammatory Combinations

	acetic acid/hydrocortisone	GNP
	neomycin/polymyxin B/hydrocortisone	GNP
PAR	CIPRODEX	BP
PAR	CIPRO HC OTIC	BNP

PREFERRED ALTERNATIVES

CIPRO HC OTIC: **ciprofloxacin otic, neomycin/polymyxin B/hydrocortisone otic, ofloxacin otic, CIPRODEX**

Miscellaneous

	fluocinolone acetonide oil	GNP
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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://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.myamericanheart.org>

American Lung Association
<http://www.lung.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/default.html>

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

CVS Caremark
<https://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.thebody.com/content/art12096.html>

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

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

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

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

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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