

Fidelis Care New York Formulary 2017

07/01/2017

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INTRODUCTION

Fidelis Care New York is pleased to provide the Fidelis Care Formulary for Child Health Plus (CHP), HealthierLife (HARP) and Medicaid members as a useful reference and informational tool. The Fidelis Care Formulary can assist practitioners in selecting clinically appropriate and cost-effective products for members.

The drugs on this formulary have been reviewed by the Fidelis Care Pharmacy and Therapeutics (P&T) Committee and found appropriate for formulary inclusion. The clinical information within the formulary is primarily derived from medical literature and is reviewed and approved by the P&T Committee.

This edition incorporates drugs added to the formulary since the last edition as well as numerous revisions to the prescribing information based on changes in pharmacotherapy. Comments and suggestions from practicing physicians have also been incorporated to ensure that the Fidelis Care Formulary is reflective of current medical practice as of the date of review.

*The information contained in the Fidelis Care Formulary and its appendices is provided by Fidelis Care, solely for the convenience of medical providers. Fidelis Care does not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. The Fidelis Care Formulary is not intended to be a substitute for the knowledge, expertise, skill, and judgment of the medical provider in their choice of prescription drugs. Fidelis Care assumes no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable. **The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.***

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Fidelis Care provides the following:

- Free aids and services to people with disabilities to help you communicate with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose first language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call Fidelis Care at 1-888-343-3547. For TTY/TDD services, call 1-800-421-1220.

If you believe that Fidelis Care has not given you these services or treated you differently because of race, color, national origin, age, disability or sex, you can file a grievance with Fidelis Care by:

- Mail: 95-25 Queens Boulevard, Rego Park, NY 11374
- Phone: 1-718-896-6500 (TTY: 1-800-421-1220)
- Fax: 1-718-896-3557
- In person: 95-25 Queens Boulevard, Rego Park, NY 11374
- Email: rfazzolari@fideliscare.org

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by:

- Web: Office for Civil Rights Complaint Portal at:
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- Mail: U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F, HHH Building
Washington, DC 20201
Complaint forms are available at:
<http://www.hhs.gov/ocr/office/file/index.html>
- Phone: 1-800-368-1019 (TTY/TDD 800-537-7697)

LANGUAGE ASSISTANCE

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-888-343-3547 (TTY/TDD: 1-800-421-1220).	English
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-343-3547 (TTY/TDD: 1-800-421-1220)	Spanish
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-343-3547 (TTY/TDD: 1-800-421-1220)	Chinese
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-343-3547 (TTY/TDD: 1-800-421-1220) <رقم هاتف الصم والبكم>	Arabic
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다 1-888-343-3547 (TTY/TDD: 1-800-421-1220) 번으로 전화해 주십시오.	Korean
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-343-3547 (телетайп: TTY/TDD: 1-800-421-1220).	Russian
ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-343-3547 (TTY/TDD: 1-800-421-1220).	Italian
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-343-3547 (TTY/TDD: 1-800-421-1220).	French
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-888-343-3547 (TTY/TDD: 1-800-421-1220).	French Creole
אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-888-343-3547 (TTY/TDD: 1-800-421-1220).	Yiddish
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-343-3547 (TTY/TDD: 1-800-421-1220).	Polish
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-343-3547 (TTY/TDD: 1-800-421-1220).	Tagalog
সকল্য করনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করন ১-৮৮৮-৩৪৩-৩৫৪৭ (TTY/TDD: 1-800-421-1220).	Bengali
KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-888-343-3547 (TTY/TDD: 1-800-421-1220).	Albanian
ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-888-343-3547 (TTY/TDD: 1-800-421-1220).	Greek
خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-888-343-3547 (TTY/TDD: 1-800-421-1220)	Urdu

PREFACE

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

PHARMACY AND THERAPEUTICS COMMITTEE

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

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

When a new drug is considered for formulary inclusion, it will be reviewed relative to similar drugs currently on the formulary. In addition, entire therapeutic classes are periodically evaluated.

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

DRUG LIST PRODUCT DESCRIPTIONS

To assist in understanding which specific strengths and dosage forms are covered, examples are noted below. The general principles shown in the examples can usually be extended to other entries in the book. Any exceptions are noted.

Listed products on the document generally include all strengths and dosage forms of the cited brand-name product.

ondansetron *Zofran*

Oral solution, tablets, disintegrating tablets, and all strengths of Zofran would be included in this listing.

When a strength or dosage form is specified, only the specified strength and dosage form is on the document. Other strengths/dosage forms, including injectable dosage forms of the reference product are not.

acyclovir caps, tabs *Zovirax*

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

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

tolterodine *Detrol*

The immediate-release product listing of Detrol alone would not include the extended-release product Detrol LA.

tolterodine ext-rel *Detrol LA*

A separate entry for Detrol LA confirms that the extended-release product is on the document.

Dosage forms on the document will be consistent with the category and use where listed.

neomycin/polymyxin B/hydrocortisone *Cortisporin*

Since Cortisporin is listed only in the OTIC section, it is limited to the otic solution and suspension. From this entry the topical cream cannot be assumed to be on the list unless there is an entry for this product in the DERMATOLOGY section of the document.

GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand-name product. **Boldface** type indicates generic availability. However not all strengths or dosage forms of the generic name in boldface type may be generically available. In addition, boldface type may indicate that the brand name cited is a generic. Examples of the latter include Levoxyl and Trivora.

Fidelis Care New York has a mandatory generic pharmacy benefit. If a medication is available as generic, then the generic product must be dispensed. Certain specific products are exempt from the mandatory generic requirement and are indicated as such within the formulary. Exempt products include: Clozaril, Coumadin, Dilantin, Lanoxin, Levoxyl, Neoral, Sandimmune, Synthroid, Tegretol, Unithroid and Zarontin. Generic drugs are usually priced lower than their brand-name equivalents. Prescription generic drugs are:

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

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

DRUG EFFICACY STUDY IMPLEMENTATION DRUGS

Drugs first marketed between 1938 and 1962 were approved as safe but required no showing of effectiveness for FDA approval. Beginning in 1962, all new drugs were required to be both safe and effective before they could be marketed. This legislation also applied retroactively to all drugs approved as safe from 1938-1962. The Drug Efficacy Study Implementation (DESI) program was established by the FDA to review the effectiveness of these pre-1962 drugs for their labeled indications, and a determination of fully effective was made for most of these products and they remain in the marketplace. A few DESI products remain classified as "less than fully effective" while awaiting final administrative disposition. Also, classified as DESI are many products listed as identical, similar, or related to actual DESI products.

NON-PREFERRED REQUEST

Acknowledging the medical necessity for certain non-preferred drugs in specific patient populations, Fidelis Care has developed a means of review for authorizing coverage of non-preferred drugs when medical necessity warrants their use. The non-preferred request review policy permits coverage of non-preferred drugs when at least one of the following criteria is met:

1. Documented allergic/adverse reaction to a preferred agent.
2. Documented failure of preferred agents.
3. Documented patient stability/control issues in patients with concomitant drug/disease states where a preferred agent is contraindicated or a change in therapy is not advisable.

In making decisions with regard to non-preferred request and the overall formulary, Fidelis Care applies recommendations of national evidence-based guidelines, professional expertise and judgment. Fidelis Care looks for the appropriate usages of drugs and drug products as established by or in: (1) evidence-based national guidelines, (2) peer-reviewed literature, (3) the American Hospital Formulary Service-Drug Information, (4) the American Medical Association-Drug Evaluations, (5) the United States Pharmacopeia-Drug Information, (6) other such standard compendia, and (7) the professional guidance of pharmacists.

Fidelis Care adheres to Article 49 guidelines for providing responses to non-preferred requests. All requests will be reviewed and decision on these requests made within 3 business days from the day of receipt. Generally, requests are processed in the order received. However, **urgent** requests should be identified as such when submitted, and will be reviewed within the same day, if feasible. A response will be forwarded to the requesting provider as soon as a determination has been made on the request (both verbal and written). Members will be notified of the decision verbally and by a letter as well.

To request a non-preferred medication, prescribers need to fill out and fax over to Fidelis a "Medication Request Form." To obtain the form, providers may contact Fidelis Care at 1-888-343-3547 or download the form from Fidelis' Web site: www.fideliscare.org/en-us/providers/pharmacyservices.aspx

QUANTITY LIMITATIONS

Quantity Limits (QL) provide for a maximum quantity of a drug product that a member may receive per prescription over a specified period of time.

The following brand-name drugs, and generic versions if available, are subject to QL:

Abilify	Detrol LA
acamprosate	Dexedrine Spansule
Accolate	dextroamphetamine tabs 5 mg, 10 mg
Actos	Dilaudid
Actoplus Met	Diovan
Adderall	Diovan HCT
Adderall XR	Dolophine
Advair	Dulera
Advair HFA	Duragesic
Aerospan	Edurant
Albenza	Effexor XR
albuterol inhalation solution	Elmiron
Alinia	Emend
Alphagan P	Emtriva
Anusol-HC	epinephrine auto-injector
Apidra	Epipen
Apidra Solostar	Epipen Jr.
Ambien	Epivir
Amerge	Epzicom
Anzemet	Epivir-HBV
Aptivus	Evotaz
Atripla	Flovent Diskus
Atrovent HFA	Flovent HFA
Avalide	fluticasone nasal spray
Avapro	Focalin
Baraclude	Focalin XR
Basaglar	Fosamax 35 mg, 40 mg, 70 mg
brimonidine 0.2%	Fuzeon
buprenorphine/naloxone sublingual tabs	Genvoya
butalbital/acetaminophen	granisetron
butalbital/acetaminophen/caffeine -	Hepsera
Esgic	Humalog
Chantix	Humalog Mix
Colcrys	Humulin N
Combivent Respimat	Humulin R
Combivir	Humulin 70/30
Complera	hydrocodone/acetaminophen 7.5/325 mg/15 mL
Concerta	Imitrex
Condylox gel	Incruse Ellipta
Crestor	indomethacin
Crixivan	indomethacin ext-rel
cromolyn inhalation solution	Intelence
Cutter Backwoods Insect Repellent	Invirase
Cutter Skinsations Insect Repellent	Invokamet
Cymbalta	ipratropium-albuterol inhalation solution
Demerol	ipratropium inhalation solution
Descovy	ipratropium nasal spray
Detrol	Isentress

Janumet	Pulmicort Respules
Janumet XR	Repel Sportsmen Insect Repellent
Januvia	Repel Sportsmen Max Insect Repellent
Kaletra	Rescriptor
Kazano	Retrovir
levalbuterol inhalation solution	Reyataz
Levaquin	Rhinocort Allergy
Lexapro	Risperdal
Lexiva	Ritalin
Lidoderm	Ritalin LA
Lipitor	Santyl
Marinol	Sawyer Insect Repellent
Maxalt/Maxalt-MLT	Selzentry
Metadate CD	Serevent
Methylin	Seroquel 100 mg
methylphenidate ext-rel 10 mg	Singulair
Mevacor	Sonata
Migranal	Spiriva Respimat
morphine	Strattera
MS Contin	Stribild
naloxone injection	Suboxone film
Narcan	Sustiva
Nasacort Allergy 24HR	Symbicort
Natrapel Insect Repellent	Symbyax
Nesina	Tamiflu capsule
Nexium 24HR	Tanzeum
Nicoderm CQ	Travatan Z
Nicorette	Tivicay
Nicotrol Inhaler	tramadol ext-rel tabs
Nicotrol NS	triamcinolone nasal spray
Norco	Triumeq
Norvir	Trizivir
Novolin N	Truvada
Novolin R	Tybost
Novolin 70/30	Tylenol w/Codeine
Novolog	Ultracet
Novolog Mix 70/30	Ultram
Nutritional Supplements	Ventolin HFA
Odefsey	Vicoprofen
Off Active Insect Repellent	Victoza
Off Deep Woods Insect Repellent	Videx
Off Family Care Insect Repellent	Videx EC
omeprazole delayed-rel caps, tabs	Viracept
omeprazole magnesium delayed-rel caps	Viramune
Oseni	Viramune XR
oxycodone caps, tabs	Viread
Paxil CR	Xalatan
Percocet	Xopenex HFA
Percodan	Zerit
Pravachol	Ziagen
Prevacid 24HR	Zocor
Prezcobix	Zofran
Prezista	Zomig nasal spray
Protonix	Zomig/Zomig-ZMT
Protopic	Zyban
Pulmicort Flexhaler	Zyprexa/Zyprexa Zydis

SPECIALTY DRUGS

Specialty pharmaceuticals are used in the management of complex chronic or genetic conditions and certain catastrophic diseases. They are often injectable medications, but they may also include oral agents. Specialty drugs identified in the document by (SP) are available through CVS Specialty™ Pharmacy.

Fidelis Care New York requires prior authorization (PA) for many drugs before they will be approved for coverage. Prior authorization for specialty drugs should be obtained by the physician's office prior to CVS Specialty Pharmacy being contacted. The physician's office must call Fidelis Care at 1-888-343-3547 to obtain a prior authorization.

Once the prior authorization is obtained, getting started with CVS Specialty Pharmacy is easy. Members will need to register by calling 1-800-237-2767. Providers may contact CVS Specialty Pharmacy by calling 1-866-295-2779. Additional information can also be found online at CVSSpecialty.com.

CVS Specialty Pharmacy provides side-effect counseling, condition-specific materials, refill reminder calls, and access to health care professionals for emergency consultation 24 hours a day, seven days a week.

PRIOR AUTHORIZATION

The advantages of Prior Authorization (PA) are: 1) enforcement of treatment protocols/guidelines, 2) prevention of drug use for unlabeled indications, 3) the ability to "risk manage" drugs with serious side effects, 4) decreased utilization of certain drugs, and 5) cost control.

Prior authorized drugs cannot be obtained through Fidelis' pharmacy benefit unless the prior authorization process has been completed. The procedure for prior authorization of a non-specialty drug is as follows:

When the patient takes the prescription for a drug requiring prior authorization to a community pharmacist with an on-line system, the community pharmacist will enter the Fidelis Care member eligibility number and drug. The community pharmacist will receive the message "prior authorization required" on their computer screen and they will not be able to put the prescription through the system. The pharmacist must contact the physician's office and instruct them to call Fidelis Care at 1-888-343-3547 and indicate that they need a prior authorization for a Fidelis Care patient. The physician should be prepared to supply the following information: 1) patient name, ID number, and date of birth, 2) physician name, address and phone number, 3) drug name, strength and directions, 4) diagnosis and clinical information as indicated on the "Medication Request Form." Once Fidelis receives the completed "Medication Request Form," the request will be reviewed to determine if it meets medical necessity criteria for the drug in question.

If the patient does meet the criteria, a prior authorization will be entered into the on-line system, and the community pharmacist will be able to bill the prescription. If the patient does not meet the established criteria, prior authorization will not be granted. Fidelis Care staff will be responsible for notifying the physician regarding the approval/denial.

The criteria of use for each drug follows the FDA-approved labeled indications and standards of physicians' practice. These criteria can change based on newly approved indications and/or at least two well-designed peer-reviewed studies showing effectiveness and safety.

Fidelis Care adheres to Article 49 guidelines for providing responses to prior authorization requests. **Urgent** requests should be identified as such when submitted. A response will be forwarded to the physician as soon as determination has been made on the request. Requests are processed in the order received.

Fidelis Care currently requires prior authorization for the following drugs, and generic versions, if available:

Abilify	Afstyla	Bebulin
Actiq	Aldara	Benefix
Adagen	Alphanate	Bosulif
Adcirca	Alphanine SD	Cayston
Adderall	Alprolix	Chantix
Adderall XR	Amerge	Claravis
Advate	Androgel	Coagadex
Adynovate	Aranesp	Combivir
Afinitor	Aristada	Concerta

Copaxone	Lysteda	Sovaldi
Corifact Kit	Marinol	Sporanox caps
Creon	Matulane	Sporanox solution
Cubicin	Metadate CD	Sprycel
Cyramza	Methylin	Strattera
Cystagon	methylphenidate	Sutent
DDAVP tabs	ext-rel 10 mg	Sylvant
Depo-Testosterone	Miacalcin	Symbyax
Dexedrine Spansule	Migranal	Synagis
dextroamphetamine	Monoclate-P	Tafinlar
tabs 5 mg, 10 mg	Mononine	Tarceva
Dovonex	Myorisan	Targretin caps
Edurant	Namenda	Tasigna
Eloctate	Neupogen	Temodar
Emend	Nexavar	Testim
Enbrel	Nicoderm CQ	Testred
Epivir	Nicorette	Thalomid
Epogen	Nicotrol Inhaler	Tikosyn
Epzicom	Nicotrol NS	Tivicay
Erivedge	Norditropin	Tobi
Exjade	Novoeight	Tobi Podhaler
Extavia	Novoseven RT	Tracleer
Feiba NF	Nuwiq	tramadol ext-rel tabs
Ferlecit	Opsumit	tretinoin caps
Flolan	Orfadin	Trizivir
Focalin	Pegasys	Tygacil
Focalin XR	Pomalyst	Tykerb
Fuzeon	Primsol	Tyvaso
Gazyva	Procrit	Valchlor
Gilotrif	Profilnine	Vancocin
Gleevec	Promacta	Venofer
H.P. Acthar Gel	Protopic	Ventavis
Helixate FS	Provigil	Vfend
Hemofil M	Pulmicort Respules	Videx
Humate-P	Pulmozyme	Videx EC
Humira	Ranexa	Vonvendi
Idelvion	Rebetol	Votrient
Imbruvica	Rebif	Wilate
Imitrex	Recombinate	Xeloda
Increlex	Regranex	Xenazine
InFeD	Remodulin	Xifaxan
Intron A	Repatha	Xylocaine
Invega Sustenna	Restasis	Xyntha
isotretinoin	Retin-A	Xyrem
Ixinity	Retrovir	Zenatane
Koate	Revatio	Zepatier
Koate-DVI	Revlimid	Ziagen
Kogenate FS	ribavirin	Zocor 80 mg
Kovaltry	Risperdal Consta	Zolinza
Kuvan	Ritalin	Zometa
Letairis	Ritalin LA	Zomig/Zomig-ZMT
Leukine	Rixubis	Zyban
leuprolide acetate	Sandostatin	Zykadia
levolbuterol inhalation	Sandostatin LAR	Zyprexa
solution	Selzentry	Zyprexa Relprev
lidocaine/prilocaine	Sensipar	Zyprexa Zydis
Lidoderm	Serostim	Zyvox
Linzess	Somavert	
Lupron Depot	Soriatane	

STEP THERAPY

Step Therapy (ST) requires the use of one or more prerequisite drugs that meet specific conditions prior to the use of another drug or drugs. Fidelis Care requires step therapy for the following drugs, and generic versions if available:

Amerge	Ovide
balsalazide	oxymorphone ext-rel
Crestor	Renagel
Invokamet	Renvela
Invokana	Retin-A
Inspira	SymlinPen
Januvia	Tanzeum
Janumet	Ulesfia
Janumet XR	Victoza
Kazano	Voltaren Gel
Maxalt	Zetia
Maxalt-MLT	Zomig
Metrogel 1%	Zomig nasal spray
Nesina	Zomig-ZMT
Oseni	

APPEALS INFORMATION/PROCESS

For appeals information/process call Fidelis Care at 1-888-FIDELIS (343-3547) or visit the Fidelis Care Web site at: www.fideliscare.org/en-us/providers/pharmacyservices.aspx

EDITOR

Your comments and suggestions regarding the Fidelis Care Formulary are encouraged. Your input is vital to the continued success of the Fidelis Care Formulary. All responses will be reviewed and considered. Please send your comments to:

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Fidelis Care New York
97-77 Queens Blvd
Rego Park, NY 11374

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LEGEND

AL	Age Limit
DESI	DESI (Drug Efficacy Study Implementation) drug
OTC	Over-the-counter product. Covered only with valid prescription.
PA	Prior Authorization
QL	Quantity Limit
SP	Specialty Drug
ST	Step Therapy
boldface	Indicates generic availability
delayed-rel	Delayed-release (also known as enteric-coated), refer to the reference brand listed for clarification
ext-rel	Extended-release (also known as sustained-release), refer to the reference brand listed for clarification

ANALGESICS

ANALGESICS, OTHER

OTC	acetaminophen , except 650 mg	TYLENOL
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NSAIDs

OTC	aspirin	BAYER
OTC	aspirin buffered	BUFFERIN
OTC	aspirin delayed-rel	ECOTRIN
OTC	ibuprofen	ADVIL
	diclofenac potassium	
	diclofenac sodium delayed-rel	
	diclofenac sodium ext-rel	
	diflunisal	
	etodolac	
	etodolac ext-rel	
	flurbiprofen	
	ibuprofen	
QL	indomethacin	
QL	indomethacin ext-rel	
	ketoprofen ext-rel	
	ketorolac	
	meloxicam	MOBIC
	nabumetone	
	naproxen	NAPROSYN
	naproxen sodium	ANAPROX
	oxaprozin	DAYPRO
	salsalate	
	sulindac	

NSAIDs, TOPICAL

ST	diclofenac sodium gel	VOLTAREN GEL
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GOUT

	allopurinol	ZYLOPRIM
QL	colchicine	COLCRYS
	colchicine/probenecid	
	probenecid	

OPIOID ANALGESICS

Note: Per State of New York regulation, opioid analgesic prescriptions are limited to 4 per 30 days. Additional prescriptions require a PA. Excluded from this PA criteria are members who have cancer, sickle cell disease or are on hospice care.

	codeine sulfate	
QL	codeine/acetaminophen	TYLENOL w/CODEINE
QL	fentanyl transdermal	DURAGESIC
PA	fentanyl transmucosal	ACTIQ
QL	hydrocodone/acetaminophen	NORCO
QL	hydromorphone tabs	DILAUDID
QL	meperidine	DEMEROL
QL	methadone	DOLOPHINE
QL	morphine	
QL	morphine ext-rel	MS CONTIN
	morphine suppository	
QL	oxycodone caps, tabs	
	oxycodone solution 5 mg/5 mL	
	oxycodone/acetaminophen 5 mg/325 mg/5 mL solution	

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QL	oxycodone/acetaminophen 5/325	PERCOCET
QL	oxycodone/aspirin	PERCODAN
ST	oxymorphone ext-rel	
QL	tramadol	ULTRAM
PA, QL	tramadol ext-rel tabs	
QL	tramadol/acetaminophen	ULTRACET

NON-OPIOID ANALGESICS

QL	butalbital/acetaminophen	
QL	butalbital/acetaminophen/caffeine - Esgic	
	butalbital/aspirin/caffeine	FIORINAL

ANTI-INFECTIVES

ANTIBACTERIALS

Cephalosporins

First Generation

	cefadroxil	
	cephalexin	KEFLEX

Second Generation

	cefaclor	
	cefprozil	
	cefuroxime axetil	CEFTIN

Third Generation

	cefdinir	
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Erythromycins/Macrolides

	azithromycin	ZITHROMAX
	clarithromycin	BIAXIN
	clarithromycin ext-rel	
	erythromycin base	
	erythromycin delayed-rel	
	erythromycin ethylsuccinate	E.E.S.
	erythromycin stearate	
	erythromycin dispertabs	PCE

Fluoroquinolones

	ciprofloxacin	CIPRO
QL	levofloxacin	LEVAQUIN

Penicillins

	amoxicillin	
	amoxicillin/clavulanate	AUGMENTIN
	ampicillin	
	dicloxacillin	
	penicillin VK	

Sulfonamides

	sulfamethoxazole/trimethoprim	
	sulfamethoxazole/trimethoprim DS	
	sulfadiazine	

Tetracyclines

	demeclocycline	
	doxycycline hyclate caps 50 mg, 100 mg	VIBRAMYCIN

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	doxycycline hyclate tabs 20 mg, 100 mg	
	minocycline	MINOCIN
ANTIFUNGALS		
	clotrimazole troches	
	fluconazole	DIFLUCAN
	griseofulvin microsize tabs	
	griseofulvin ultramicrosize	GRIS-PEG
PA	itraconazole caps	SPORANOX
PA	itraconazole solution	SPORANOX
	ketoconazole	
	terbinafine tabs	LAMISIL
PA	voriconazole	VFEND
ANTIMALARIALS		
	atovaquone/proguanil	MALARONE
	chloroquine	
	mefloquine	
	primaquine	
ANTIRETROVIRAL AGENTS		
Limit of four different antiretroviral agents per month. If additional antiretroviral agents are needed, a PA is required.		
Antiretroviral Adjuvants		
QL	cobicistat	TYBOST
Antiretroviral Combinations		
QL	abacavir/lamivudine	EPZICOM
PA*	abacavir/lamivudine	EPZICOM
PA, QL	abacavir/lamivudine/zidovudine	TRIZIVIR
QL	lamivudine/zidovudine	COMBIVIR
PA*	lamivudine/zidovudine	COMBIVIR
QL	abacavir/dolutegravir/lamivudine	TRIUMEQ
QL	atazanavir/cobicistat	EVOTAZ
QL	darunavir/cobicistat	PREZCOBIX
QL	efavirenz/emtricitabine/tenofovir	ATRIPLA
QL	elvitegravir/cobicistat/emtricitabine/tenofovir	STRIBILD
QL	elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide	GENVOYA
QL	emtricitabine/rilpivirine/tenofovir	COMPLERA
QL	emtricitabine/rilpivirine/tenofovir alafenamide	ODEFSEY
QL	emtricitabine/tenofovir	TRUVADA
QL	emtricitabine/tenofovir alafenamide	DESCOVY
PA* Prior authorization is required for the Brand		
Chemokine Receptor Antagonists		
PA, QL	maraviroc	SELZENTRY
Fusion Inhibitors		
PA, QL, SP	enfuvirtide	FUZEON
Integrase Inhibitors		
PA, QL	dolutegravir	TIVICAY
QL	raltegravir	ISENTRESS

Fidelis Care mandates the use of generic drugs, if available (indicated by **boldface**). Brand names listed are for reference only.

Non-nucleoside Reverse Transcriptase Inhibitors

QL	nevirapine	VIRAMUNE
QL	nevirapine ext-rel	VIRAMUNE XR
QL	delavirdine	RESCRIPTOR
QL	efavirenz	SUSTIVA
QL	etravirine	INTELENCE
PA, QL	rilpivirine	EDURANT

Nucleoside Reverse Transcriptase Inhibitors

QL	abacavir tabs	ZIAGEN
PA*	abacavir tabs	ZIAGEN
PA, QL	didanosine delayed-rel	VIDEX EC
QL	lamivudine	EPIVIR
PA*	lamivudine	EPIVIR
QL	stavudine	ZERIT
QL	zidovudine	RETROVIR
PA*	zidovudine	RETROVIR
QL	abacavir solution	ZIAGEN
PA, QL	didanosine solution	VIDEX
QL	emtricitabine	EMTRIVA

PA* Prior authorization is required for the Brand

Nucleotide Reverse Transcriptase Inhibitors

QL	tenofovir	VIREAD
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Protease Inhibitors

QL	lopinavir/ritonavir	KALETRA
QL	atazanavir	REYATAZ
QL	darunavir	PREZISTA
QL	fosamprenavir	LEXIVA
QL	indinavir	CRIXIVAN
QL	nelfinavir	VIRACEPT
QL	ritonavir	NORVIR
QL	saquinavir mesylate	INVIRASE
QL	tipranavir	APTIVUS

ANTITUBERCULAR AGENTS

	ethambutol	MYAMBUTOL
	isoniazid	
	pyrazinamide	
	rifampin	RIFADIN
	rifampin/isoniazid	RIFAMATE

ANTIVIRALS

Cytomegalovirus Agents

	valganciclovir	VALCYTE
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Hepatitis Agents

Hepatitis B

QL	adefovir dipivoxil	HEPSERA
QL	entecavir	BARACLUDE
QL	lamivudine	EPIVIR-HBV

Hepatitis C

PA, SP	ribavirin caps	REBETOL
PA, SP	ribavirin tabs	
PA, SP	elbasvir/grazoprevir	ZEPATIER
PA, SP	sofosbuvir	SOVALDI

Herpes Agents

	acyclovir caps, suspension, tabs	ZOVIRAX
	famciclovir	
	valacyclovir	VALTREX

Influenza Agents

QL	oseltamivir caps	TAMIFLU
	oseltamivir suspension	TAMIFLU
	zanamivir	RELENZA

MISCELLANEOUS

	atovaquone	MEPRON
	clindamycin	CLEOCIN
	dapsone	
PA	daptomycin	CUBICIN
	ivermectin	STROMEKTOL
PA	linezolid	ZYVOX
	methenamine mandelate	
	metronidazole tabs	FLAGYL
	nitrofurantoin ext-rel	MACROBID
	nitrofurantoin macrocrystals	MACRODANTIN
	nitrofurantoin suspension	FURADANTIN
	rifabutin	MYCOBUTIN
	trimethoprim	
PA	vancomycin	VANCOCIN
QL	albendazole	ALBENZA
QL	nitazoxanide	ALINIA
	pentamidine aerosol	NEBUPENT
PA	rifaximin	XIFAXAN
PA	tigecycline	TYGACIL
PA	trimethoprim solution	PRIMSOL

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

PA, SP	temozolomide	TEMODAR
	altretamine	HEXALEN
	busulfan	MYLERAN
	chlorambucil	LEUKERAN
	cyclophosphamide caps	
PA	dabrafenib	VALCHLOR
	lomustine	GLEOSTINE
	melphalan	ALKERAN

ANTIMETABOLITES

PA, SP	capecitabine	XELODA
	mercaptopurine	
	thioguanine	TABLOID

HORMONAL ANTINEOPLASTIC AGENTS

Antiandrogens

	bicalutamide	CASODEX
	flutamide	

Antiestrogens

	tamoxifen	
	fulvestrant	FASLODEX
	toremifene	FARESTON

Aromatase Inhibitors

	anastrozole	ARIMIDEX
	exemestane	AROMASIN
	letrozole	FEMARA

Luteinizing Hormone-releasing Hormone (LHRH) Agonists

PA, SP	leuprolide acetate	
PA, SP	leuprolide acetate	LUPRON DEPOT

Progestins

	megestrol acetate	MEGACE
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IMMUNOMODULATORS

PA, SP	lenalidomide	REVLIMID
PA, SP	pomalidomide	POMALYST
PA, SP	thalidomide	THALOMID

KINASE INHIBITORS

PA, SP	afatinib	GILOTRIF
PA, SP	bosutinib	BOSULIF
PA, SP	ceritinib	ZYKADIA
PA, SP	dabrafenib	TAFINLAR
PA, SP	dasatinib	SPRYCEL
PA, SP	erlotinib	TARCEVA
PA, SP	everolimus	AFINITOR
PA	ibrutinib	IMBRUVICA
PA, SP	lapatinib	TYKERB
PA, SP	nilotinib	TASIGNA
PA, SP	pazopanib	VOTRIENT
PA, SP	sorafenib	NEXAVAR
PA, SP	sunitinib	SUTENT

KINASE INHIBITORS FOR CML

PA, SP	imatinib mesylate	GLEEVEC
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MISCELLANEOUS

PA, SP	bexarotene caps	TARGRETIN
	dexrazoxane	ZINECARD
	etoposide	
	hydroxyurea	HYDREA
PA	tretinoin caps	
	mitotane	LYSODREN
PA, SP	obinutuzumab	GAZYVA
PA	procarbazine	MATULANE
PA	ramucirumab	CYRAMZA
PA	siltuximab	SYLVANT

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PA, SP	vismodegib	ERIVEDGE
PA, SP	vorinostat	ZOLINZA
CARDIOVASCULAR		
ACE INHIBITORS		
	benazepril	LOTENSIN
	captopril	
	enalapril	VASOTEC
	fosinopril	
	lisinopril	ZESTRIL
	quinapril	ACCUPRIL
	ramipril	ALTACE
	trandolapril	MAVIK
ACE INHIBITOR/DIURETIC COMBINATIONS		
	benazepril/hydrochlorothiazide	LOTENSIN HCT
	captopril/hydrochlorothiazide	
	enalapril/hydrochlorothiazide	VASERETIC
	fosinopril/hydrochlorothiazide	
	lisinopril/hydrochlorothiazide	ZESTORETIC
	quinapril/hydrochlorothiazide	ACCURETIC
ADRENOLYTICS, CENTRAL		
	clonidine	CATAPRES
	clonidine transdermal	CATAPRES-TTS
	guanfacine	
ADRENOLYTICS, CENTRAL/DIURETIC COMBINATION		
	clonidine/chlorthalidone	
ALDOSTERONE RECEPTOR ANTAGONISTS		
ST	eplerenone	INSPRA
	spironolactone	ALDACTONE
ALPHA BLOCKERS		
	doxazosin	CARDURA
	prazosin	MINIPRESS
	terazosin	
ANGIOTENSIN II RECEPTOR ANTAGONISTS/DIURETIC COMBINATIONS		
QL	irbesartan	AVAPRO
QL	irbesartan/hydrochlorothiazide	AVALIDE
	losartan	COZAAR
	losartan/hydrochlorothiazide	HYZAAR
QL	valsartan	DIOVAN
QL	valsartan/hydrochlorothiazide	DIOVAN HCT
ANTIARRHYTHMICS		
	amiodarone	
	disopyramide	NORPACE
PA, SP	dofetilide	TIKOSYN
	flecainide	
	mexiletine	
	propafenone	
	propafenone ext-rel	RYTHMOL SR
	quinidine sulfate	

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	sotalol	BETAPACE
	sotalol	BETAPACE AF
	disopyramide ext-rel	NORPACE CR
ANTILIPEMICS		
Bile Acid Resins		
	cholestyramine	QUESTRAN/QUESTRAN LIGHT
	colestipol	COLESTID
Cholesterol Absorption Inhibitors		
ST	ezetimibe	ZETIA
Fibrates		
	fenofibrate	LOFIBRA
	fenofibric acid	FIBRICOR
	gemfibrozil	LOPID
HMG-CoA Reductase Inhibitors		
QL	atorvastatin	LIPITOR
QL	lovastatin	MEVACOR
QL	pravastatin	PRAVACHOL
QL, ST	rosuvastatin	CRESTOR
PA, QL	simvastatin	ZOCOR
PA Required only for products containing 80 mg of simvastatin		
Niacins		
OTC	niacin ext-rel	SLO-NIACIN
	niacin ext-rel	NIASPAN
PCSK9 Inhibitors		
PA, SP	evolocumab	REPATHA
BETA-BLOCKERS		
	atenolol	TENORMIN
	bisoprolol	ZEBETA
	carvedilol	COREG
	labetalol	TRANDATE
	metoprolol succinate ext-rel	TOPROL-XL
	metoprolol tartrate 25 mg, 50 mg, 100 mg	LOPRESSOR
	nadolol	CORGARD
	pindolol	
	propranolol	
	propranolol ext-rel	INDERAL LA
	timolol	
BETA-BLOCKER/DIURETIC COMBINATIONS		
	atenolol/chlorthalidone	TENORETIC
	bisoprolol/hydrochlorothiazide	ZIAC
CALCIUM CHANNEL BLOCKERS		
Dihydropyridines		
	amlodipine	NORVASC
	felodipine ext-rel	
	nifedipine ext-rel	ADALAT CC
	nifedipine ext-rel	PROCARDIA XL

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nimodipine	NIMOTOP
Nondihydropyridines	
diltiazem	CARDIZEM
diltiazem ext-rel	CARDIZEM CD
diltiazem ext-rel	TIAZAC
diltiazem ext-rel, except 120 mg	CARDIZEM LA
verapamil	CALAN
verapamil ext-rel	CALAN SR
verapamil ext-rel	VERELAN
DIGITALIS GLYCOSIDES	
* digoxin	LANOXIN
digoxin pediatric elixir	
* Mandatory generic requirement does not apply	
DIURETICS	
Carbonic Anhydrase Inhibitors	
acetazolamide	
acetazolamide ext-rel	DIAMOX SEQUELS
methazolamide	
Loop Diuretics	
bumetanide	
furosemide	LASIX
torsemide	DEMADEX
Potassium-sparing Diuretics	
amiloride	
spironolactone	ALDACTONE
Thiazides and Thiazide-like Diuretics	
chlorothiazide	
chlorthalidone	
hydrochlorothiazide	
indapamide	
metolazone	
Diuretic Combinations	
amiloride/hydrochlorothiazide	
spironolactone/hydrochlorothiazide	ALDACTAZIDE
triamterene/hydrochlorothiazide	DYAZIDE
triamterene/hydrochlorothiazide	MAXZIDE
triamterene/hydrochlorothiazide	MAXZIDE-25
NITRATES	
Oral	
isosorbide dinitrate ext-rel tabs	
isosorbide dinitrate oral	ISORDIL
isosorbide mononitrate	
isosorbide mononitrate ext-rel	
Sublingual	
nitroglycerin sublingual	NITROSTAT

Transdermal		
	nitroglycerin transdermal	
	nitroglycerin transdermal	NITRO-DUR
	nitroglycerin ointment	NITRO-BID
PULMONARY ARTERIAL HYPERTENSION		
Endothelin Receptor Antagonists		
PA, SP	ambrisentan	LETAIRIS
PA, SP	bosentan	TRACLEER
PA, SP	macitentan	OPSUMIT
Phosphodiesterase Inhibitors		
PA, SP	sildenafil	REVATIO
PA, SP	tadalafil	ADCIRCA
Prostaglandin Vasodilators		
PA, SP	epoprostenol sodium	FLOLAN
PA, SP	iloprost	VENTAVIS
PA, SP	treprostinil	REMODULIN
PA, SP	treprostinil	TYVASO
MISCELLANEOUS		
	hydralazine	
	methyldopa	
	methyldopa/hydrochlorothiazide	
	midodrine	
PA	ranolazine ext-rel	RANEXA
CENTRAL NERVOUS SYSTEM		
ANTI-ANXIETY		
Benzodiazepines		
	alprazolam	XANAX
	chlordiazepoxide	
	clonazepam tabs	KLONOPIN
	diazepam	VALIUM
	lorazepam	ATIVAN
	oxazepam	
Miscellaneous		
	buspirone	
	clomipramine	ANAFRANIL
	fluvoxamine	
ANTICONVULSANTS		
*	carbamazepine	TEGRETOL
	carbamazepine ext-rel	CARBATROL
	carbamazepine ext-rel	TEGRETOL-XR
	diazepam rectal gel	DIASTAT
	divalproex sodium delayed-rel	DEPAKOTE
	divalproex sodium ext-rel	DEPAKOTE ER
*	ethosuximide	ZARONTIN
	gabapentin	NEURONTIN
	lamotrigine	LAMICTAL
	lamotrigine ext-rel	LAMICTAL XR
	levetiracetam	KEPPRA
	levetiracetam ext-rel	KEPPRA XR

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	oxcarbazepine	TRILEPTAL
	phenobarbital	
	phenytoin	DILANTIN INFATABS
*	phenytoin sodium extended	DILANTIN
	phenytoin sodium extended	PHENYTEK
	primidone	MYSOLINE
	tiagabine	GABITRIL
	topiramate sprinkle caps, tabs	TOPAMAX
	valproic acid	DEPAKENE
	zonisamide	ZONEGRAN

* Mandatory generic requirement does not apply

ANTIDEMENTIA

	donepezil	ARICEPT
	galantamine	RAZADYNE
	galantamine ext-rel	RAZADYNE ER
PA	memantine	NAMENDA

ANTIDEPRESSANTS

Monoamine Oxidase Inhibitors (MAOIs)

	phenelzine	NARDIL
	tranylcypromine	PARNATE
	isocarboxazid	MARPLAN

Selective Serotonin Reuptake Inhibitors (SSRIs)

	citalopram	CELEXA
QL	escitalopram	LEXAPRO
	fluoxetine	PROZAC
	fluoxetine delayed-rel	PROZAC WEEKLY
	fluvoxamine	
	paroxetine HCl	PAXIL
QL	paroxetine HCl ext-rel	PAXIL CR
	sertraline	ZOLOFT

Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)

QL	duloxetine delayed-rel	CYMBALTA
	venlafaxine	
QL	venlafaxine ext-rel	EFFEXOR XR

Tricyclic Antidepressants (TCAs)

PA*	amitriptyline	
PA*	clomipramine	ANAFRANIL
PA*	desipramine	NORPRAMIN
PA*	doxepin	
PA*	imipramine HCl	TOFRANIL
PA*	nortriptyline	PAMELOR

PA* Prior authorization only required for members of age 65 and older

Miscellaneous Agents

	bupropion	
	bupropion ext-rel	WELLBUTRIN SR
	bupropion ext-rel	WELLBUTRIN XL
	mirtazapine	REMERON
	mirtazapine orally disintegrating tabs	REMERON SOLTAB

Fidelis Care mandates the use of generic drugs, if available (indicated by **boldface**). Brand names listed are for reference only.

	trazodone	
ANTIPARKINSONIAN AGENTS		
	amantadine	
	benztropine	
	bromocriptine	PARLODEL
	carbidopa/levodopa	SINEMET
	carbidopa/levodopa ext-rel	SINEMET CR
	carbidopa/levodopa/entacapone	STALEVO
	entacapone	COMTAN
	pramipexole	MIRAPEX
	ropinirole	REQUIP
	selegiline	ELDEPRYL
	trihexyphenidyl	
ANTIPSYCHOTICS		
Atypicals		
PA, QL	aripiprazole	ABILIFY
*	clozapine	CLOZARIL
PA*, QL	olanzapine	ZYPREXA
PA*, QL	olanzapine orally disintegrating tabs	ZYPREXA ZYDIS
PA*, QL	olanzapine/fluoxetine	SYMBYAX
	quetiapine	SEROQUEL
QL	quetiapine 100 mg	SEROQUEL
QL	risperidone	RISPERDAL
	ziprasidone	GEODON
PA	aripiprazole lauroxil ext-rel inj	ARISTADA
PA	olanzapine pamoate ext-rel inj	ZYPREXA RELPREVV
PA	paliperidone palmitate ext-rel inj	INVEGA SUSTENNA
PA	risperidone long-acting inj	RISPERDAL CONSTA
* Mandatory generic requirement does not apply		
PA* Prior authorization only required for members under 18 years of age		
Miscellaneous		
	chlorpromazine	
	fluphenazine	
	haloperidol	
	haloperidol decanoate inj	HALDOL DECANOATE
	loxapine	
	perphenazine	
	pimozide	ORAP
	thioridazine	
	thiothixene	
	trifluoperazine	
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
PA, QL	amphetamine/dextroamphetamine mixed salts	ADDERALL
PA, QL	amphetamine/dextroamphetamine mixed salts ext-rel	ADDERALL XR
PA*, QL	atomoxetine	STRATTERA
PA, QL	dexmethylphenidate	FOCALIN
PA, QL	dexmethylphenidate ext-rel	FOCALIN XR
PA, QL	dextroamphetamine ext-rel	DEXEDRINE SPANSULE
PA, QL	dextroamphetamine tabs 5 mg, 10 mg	
PA, QL	methylphenidate	METHYLIN
PA, QL	methylphenidate	RITALIN

PA, QL	methylphenidate ext-rel	CONCERTA
PA, QL	methylphenidate ext-rel	METADATE CD
PA, QL	methylphenidate ext-rel	RITALIN LA
PA, QL	methylphenidate ext-rel 10 mg	

PA Required for members over 18 years of age

PA* Required for members of all ages

HUNTINGTON'S DISEASE AGENTS

PA, SP	tetrabenazine	XENAZINE
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HYPNOTICS

Benzodiazepines

	temazepam	RESTORIL
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Nonbenzodiazepines

OTC	diphenhydramine	NYTOL
OTC	doxylamine	UNISOM
QL	zaleplon	SONATA
*, QL	zolpidem	AMBIEN

* Gender restriction - In accordance with product labeling, females must begin therapy with 5 mg dose.

MIGRAINE

Ergotamine Derivatives

	dihydroergotamine injection	D.H.E. 45
PA, QL	dihydroergotamine spray	MIGRANAL
	ergotamine/caffeine	CAFERGOT
	ergotamine tartrate sublingual	ERGOMAR

PA Required for members under 18 years of age

Selective Serotonin Agonists

Note: Limit of 1 prescription in class per 25 days.

ST, PA, QL	naratriptan	AMERGE
ST, QL	rizatriptan	MAXALT
ST, QL	rizatriptan orally disintegrating tabs	MAXALT-MLT
PA, QL	sumatriptan	IMITREX
PA, QL	sumatriptan injection	IMITREX
PA, QL	sumatriptan nasal spray	IMITREX
ST, PA, QL	zolmitriptan	ZOMIG
ST, PA, QL	zolmitriptan orally disintegrating tabs	ZOMIG-ZMT
ST, PA*, QL	zolmitriptan nasal spray	ZOMIG

PA Required for members under 18 years of age

PA* Required for members under 12 years of age

Miscellaneous

DESI	acetaminophen/dichloralphenazone/isometheptene	
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MOOD STABILIZERS

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

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MULTIPLE SCLEROSIS AGENTS

PA, SP	glatiramer 20 mg/mL	COPAXONE
PA, SP	interferon beta-1a	REBIF
PA, SP	interferon beta-1b	EXTAVIA

MUSCULOSKELETAL THERAPY AGENTS

	baclofen	
	chlorzoxazone	PARAFON FORTE DSC
	cyclobenzaprine 5 mg, 10 mg	
	dantrolene	DANTRIUM
	methocarbamol	ROBAXIN
	orphenadrine/aspirin/caffeine	
	tizanidine tabs	ZANAFLEX

MYASTHENIA GRAVIS

	pyridostigmine	MESTINON
	pyridostigmine ext-rel	MESTINON TIMESPAN

NARCOLEPSY/CATAPLEXY

PA	modafinil	PROVIGIL
PA	sodium oxybate	XYREM

PSYCHOTHERAPEUTIC-MISCELLANEOUS

Alcohol Deterrents

QL	acamprosate calcium	
	disulfiram	ANTABUSE
	naltrexone microspheres	VIVITROL

Opioid Antagonists

QL	naloxone inj	
	naltrexone	
QL	naloxone nasal spray	NARCAN

Partial Opioid Agonists

	buprenorphine sublingual	
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Partial Opioid Agonist/Opioid Antagonist Combinations

QL	buprenorphine/naloxone sublingual tabs	
QL	buprenorphine/naloxone sublingual film	SUBOXONE FILM

Smoking Deterrents

OTC, PA, QL	nicotine polacrilex gum, lozenge	NICORETTE
OTC, PA, QL	nicotine transdermal	NICODERM CQ
PA, QL	bupropion ext-rel	ZYBAN
PA, QL	nicotine inhaler	NICOTROL INHALER
PA, QL	nicotine nasal spray	NICOTROL NS
PA, QL	varenicline	CHANTIX

PA Required for members under 13 years of age

ENDOCRINE AND METABOLIC

ANDROGENS

PA	methyltestosterone	TESTRED
PA	testosterone cypionate inj	DEPO-TESTOSTERONE
PA	testosterone gel 25 mg/2.5 g	ANDROGEL
PA	testosterone gel 50 mg/5 g	TESTIM

Fidelis Care mandates the use of generic drugs, if available (indicated by **boldface**). Brand names listed are for reference only.

ANTIDIABETICS

Alpha-glucosidase Inhibitors

	acarbose	PRECOSE
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Amylin Analogs

ST	pramlintide	SYMLINPEN
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Biguanides

	metformin	GLUCOPHAGE
	metformin ext-rel 500 mg, 750 mg	GLUCOPHAGE XR

Biguanide/Sulfonylurea Combinations

	glipizide/metformin	
	glyburide/metformin	GLUCOVANCE

Dipeptidyl Peptidase-4 (DPP-4) Inhibitors

ST, QL	alogliptin	NESINA
ST, QL	sitagliptin	JANUVIA

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

ST, QL	alogliptin/metformin	KAZANO
ST, QL	sitagliptin/metformin	JANUMET
ST, QL	sitagliptin/metformin ext-rel	JANUMET XR

Dipeptidyl Peptidase-4 (DPP-4) Inhibitor/Insulin Sensitizer Combinations

ST, QL	alogliptin/pioglitazone	OSENI
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Incretin Mimetic Agents

ST, QL	albiglutide	TANZEUM
ST, QL	liraglutide	VICTOZA

Insulins

QL	insulin aspart	NOVOLOG
QL	insulin aspart protamine 70%/insulin aspart 30%	NOVOLOG MIX 70/30
QL	insulin glargine	BASAGLAR
QL	insulin glulisine pen	APIDRA SOLOSTAR
QL	insulin glulisine vial	APIDRA
QL	insulin human	HUMULIN R
QL	insulin human	NOVOLIN R
QL	insulin isophane human	HUMULIN N
QL	insulin isophane human	NOVOLIN N
QL	insulin isophane human 70%/regular 30%	HUMULIN 70/30
QL	insulin isophane human 70%/regular 30%	NOVOLIN 70/30
QL	insulin lispro	HUMALOG
QL	insulin lispro protamine/insulin lispro	HUMALOG MIX

Insulin Sensitizers

QL	pioglitazone	ACTOS
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Insulin Sensitizer/Biguanide Combinations

QL	pioglitazone/metformin	ACTOPLUS MET
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Meglitinides

	nateglinide	STARLIX
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Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors		
ST	canagliflozin	INVOKANA
Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor/Biguanide Combinations		
ST, QL	canagliflozin/metformin	INVOKAMET
Sulfonylureas		
	chlorpropamide	DIABINESE
	glimepiride	AMARYL
	glipizide	GLUCOTROL
	glipizide ext-rel	GLUCOTROL XL
	glyburide	
	glyburide, micronized	GLYNASE
	tolbutamide	
Supplies		
OTC	blood glucose monitoring kits, test strips	FREESTYLE FREEDOM LITE kits and test strips
OTC	blood glucose monitoring kits, test strips	FREESTYLE INSULINX kits and test strips
OTC	blood glucose monitoring kits, test strips	FREESTYLE LITE kits and test strips
OTC	blood glucose monitoring kits, test strips	PRECISION XTRA kits and test strips
OTC	insulin syringes, needles	BD ULTRAFINE insulin syringes and needles
OTC	lancets	
CALCIUM RECEPTOR ANTAGONISTS		
PA, SP	cinacalcet	SENSIPAR
CALCIUM REGULATORS		
Bisphosphonates		
	alendronate tabs 5 mg, 10 mg	FOSAMAX
QL	alendronate tabs 35 mg, 40 mg, 70 mg	FOSAMAX
PA, SP	zoledronic acid	ZOMETA
Calcitonins		
PA	calcitonin-salmon	MIACALCIN
ENDOMETRIOSIS		
	danazol	
	nafarelin	SYNAREL
ESTROGENS		
Oral		
	estradiol	ESTRACE
	estropipate	
	estrogens, conjugated	PREMARIN
	estrogens, esterified	MENEST
Transdermal		
	estradiol	CLIMARA
	estradiol	VIVELLE-DOT

Vaginal

estradiol vaginal tabs - Yuvaferm	
estradiol vaginal cream	ESTRACE
estradiol vaginal ring	FEMRING
estrogens, conjugated cream	PREMARIN

ESTROGEN/PROGESTINS

Oral

EE/norethindrone acetate	FEMHRT
EE/norethindrone acetate - Jinteli	
estradiol/norethindrone acetate	ACTIVELLA
estradiol/norgestimate	PREFEST
estrogens, conjugated/medroxyprogesterone	PREMPHASE
estrogens, conjugated/medroxyprogesterone	PREMPRO

Transdermal

estradiol/norethindrone acetate	COMBIPATCH
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GLUCOCORTICOIDS

cortisone acetate	
dexamethasone	
fludrocortisone	
hydrocortisone	CORTEF
methylprednisolone	MEDROL
prednisolone sodium phosphate solution 5 mg/5 mL	
prednisolone syrup	
prednisone	

GLUCOSE ELEVATING AGENTS

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

HUMAN GROWTH HORMONES AND RELATED DISORDERS

PA, SP mecasermin	INCRELEX
PA, SP somatropin	NORDITROPIN
PA, SP somatropin	SEROSTIM

HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS

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

PHENYLKETONURIA TREATMENT AGENTS

PA, SP sapropterin	KUVAN
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PHOSPHATE BINDER AGENTS

calcium acetate	PHOSLO
ST sevelamer carbonate	REVELA
ST sevelamer HCl	RENAGEL

PROGESTINS

medroxyprogesterone acetate	PROVERA
progesterone, micronized	PROMETRIUM

THYROID AGENTS

Antithyroid Agents

	methimazole	TAPAZOLE
	propylthiouracil	

Thyroid Supplements

	levothyroxine	
*	levothyroxine	SYNTHROID
*	levothyroxine	UNITHROID
*	levothyroxine - Levoxyl	
	liothyronine	CYTOMEL
	thyroid	ARMOUR THYROID
	liotrix	THYROLAR

* Mandatory generic requirement does not apply

VASOPRESSINS

	desmopressin spray	DDAVP
PA	desmopressin tabs	DDAVP
	desmopressin spray	STIMATE

MISCELLANEOUS

	cabergoline	
	levocarnitine	CARNITOR
PA, SP	octreotide acetate	SANDOSTATIN
PA, SP	corticotropin	H.P. ACTHAR GEL
PA, SP	cysteamine bitartrate	CYSTAGON
PA, SP	nitisinone	ORFADIN
PA, SP	octreotide acetate	SANDOSTATIN LAR
PA	pegademase, bovine	ADAGEN
PA, SP	pegvisomant	SOMAVERT

GASTROINTESTINAL

ANTACIDS

OTC	alumina/magnesia	MAALOX
OTC	alumina/magnesia/simethicone	MYLANTA
OTC	aluminum hydroxide	
OTC	calcium carbonate	TUMS

ANTIDIARRHEALS

OTC	bismuth subsalicylate	PEPTO-BISMOL
OTC	loperamide	IMODIUM A-D
	diphenoxylate/atropine	LOMOTIL

ANTIEMETICS

OTC	dimenhydrinate	DRAMAMINE
PA, QL	aprepitant	EMEND
PA, QL	dronabinol	MARINOL
QL	granisetron	
	meclizine	
	metoclopramide	REGLAN
QL	ondansetron	ZOFRAN
	prochlorperazine	
	promethazine	
	trimethobenzamide	TIGAN
QL	dolasetron	ANZEMET

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ANTISPASMODICS

	dicyclomine	BENTYL
	glycopyrrolate	ROBINUL
	glycopyrrolate	ROBINUL FORTE
	hyoscyamine sulfate	LEVSIN
	hyoscyamine sulfate ext-rel	LEVBID
	hyoscyamine sulfate ext-rel caps	
	hyoscyamine sulfate orally disintegrating tabs	
	propantheline	
	scopolamine methylbromide	PAMINE

CHOLELITHOLYTICS

	ursodiol	ACTIGALL
	ursodiol	URSO

H₂ RECEPTOR ANTAGONISTS

OTC	cimetidine	TAGAMET HB
OTC	famotidine	PEPCID AC
OTC	ranitidine	ZANTAC 75, ZANTAC 150
	cimetidine	
	famotidine	PEPCID
	ranitidine	ZANTAC

INFLAMMATORY BOWEL DISEASE

Oral Agents

ST	balsalazide	
	budesonide delayed-rel caps	ENTOCORT EC
	mesalamine delayed-rel tabs	ASACOL HD
	sulfasalazine	AZULFIDINE
	sulfasalazine delayed-rel	AZULFIDINE EN-TABS
	mesalamine ext-rel caps	APRISO
	mesalamine ext-rel caps	PENTASA
	olsalazine	DIPENTUM

Rectal Agents

	hydrocortisone enema	
	mesalamine rectal suspension	ROWASA
	hydrocortisone acetate foam	CORTIFOAM
	mesalamine rectal suspension	SFROWASA

IRRITABLE BOWEL SYNDROME

Irritable Bowel Syndrome with Constipation

PA	linaclotide	LINZESS
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LAXATIVES/STOOL SOFTENERS

OTC	docusate sodium	COLACE
OTC	psyllium	METAMUCIL
	lactulose	
	peg 3350/electrolytes	
	peg 3350/electrolytes	GOLYTELY
	polyethylene glycol 3350	
	lactulose	KRISTALOSE

PANCREATIC ENZYMES

PA	pancrelipase delayed-rel	CREON
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PROSTAGLANDINS		
	misoprostol	CYTOTEC
PROTON PUMP INHIBITORS		
OTC, QL	lansoprazole delayed-rel 15 mg	PREVACID 24HR
OTC, QL	omeprazole magnesium delayed-rel caps	
OTC	omeprazole/sodium bicarbonate caps	ZEGERID OTC
OTC, QL	esomeprazole magnesium delayed-rel	NEXIUM 24HR
OTC, QL	omeprazole delayed-rel tabs	
OTC	omeprazole magnesium delayed-rel	PRILOSEC OTC
QL	omeprazole delayed-rel caps	
QL	pantoprazole delayed-rel tabs	PROTONIX
SALIVA STIMULANTS		
	cevimeline	EVOXAC
	pilocarpine tabs	SALAGEN
STEROIDS, RECTAL		
QL	hydrocortisone cream	ANUSOL-HC
	hydrocortisone acetate/pramoxine foam	PROCTOFOAM-HC
MISCELLANEOUS		
	cromolyn sodium	GASTROCROM
	sucalfate	CARAFATE
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
*	finasteride	PROSCAR
*	tamsulosin	FLOMAX
* Gender restriction - Coverage for males only		
URINARY ANTISPASMODICS		
	oxybutynin	
	oxybutynin ext-rel	DITROPAN XL
QL	tolterodine	DETROL
QL	tolterodine ext-rel	DETROL LA
	trospium	
VAGINAL ANTI-INFECTIVES		
OTC	clotrimazole	GYNE-LOTTRIMIN
OTC	miconazole	MONISTAT
	clindamycin cream	CLEOCIN
	metronidazole	METROGEL-VAGINAL
	terconazole	TERAZOL 7
	terconazole crm 0.8%, supp 80 mg	
	butoconazole	GYNAZOLE-1
	clindamycin suppository	CLEOCIN
MISCELLANEOUS		
	bethanechol	URECHOLINE
	phenazopyridine	PYRIDIUM
	potassium citrate ext-rel	UROCIT-K
	sodium citrate/citric acid	
QL	pentosan polysulfate sodium	ELMIRON

HEMATOLOGIC

ANTICOAGULANTS

Injectable

	enoxaparin	LOVENOX
	heparin	

Oral

*	warfarin	COUMADIN
	rivaroxaban	XARELTO

* Mandatory generic requirement does not apply

Synthetic Heparinoid-like Agents

	fondaparinux	ARIXTRA
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HEMATOPOIETIC GROWTH FACTORS

PA, SP	darbepoetin alfa	ARANESP
PA, SP	epoetin alfa	EPOGEN
PA, SP	epoetin alfa	PROCRIT
PA, SP	filgrastim	NEUPOGEN
PA, SP	sargramostim	LEUKINE

HEMOPHILIA, VON WILLEBRAND DISEASE AND RELATED BLEEDING DISORDERS

PA	antihemophilic factor (human)	HEMOFIL M
PA	antihemophilic factor (human)	KOATE
PA	antihemophilic factor (human)	KOATE-DVI
PA	antihemophilic factor (human)	MONOCLATE-P
PA	antihemophilic factor (recombinant)	ADVATE
PA	antihemophilic factor (recombinant)	AFSTYLA
PA	antihemophilic factor (recombinant)	ELOCTATE
PA	antihemophilic factor (recombinant)	HELIXATE FS
PA	antihemophilic factor (recombinant)	KOGENATE FS
PA	antihemophilic factor (recombinant)	KOVALTRY
PA	antihemophilic factor (recombinant)	NOVOEIGHT
PA	antihemophilic factor (recombinant)	NUWIQ
PA	antihemophilic factor (recombinant)	RECOMBIMATE
PA	antihemophilic factor (recombinant)	XYNTHA
PA	antihemophilic factor (recombinant) pegylated	ADYNOVATE
PA	antihemophilic factor/von Willebrand factor complex (human)	ALPHANATE
PA	antihemophilic factor/von Willebrand factor complex (human)	HUMATE-P
PA	antihemophilic factor/von Willebrand factor complex (human)	WILATE
PA	anti-inhibitor coagulant complex	FEIBA NF
PA	coagulation factor IX	ALPHANINE SD
PA	coagulation factor IX	MONONINE
PA	coagulation factor IX (recombinant)	ALPROLIX
PA	coagulation factor IX (recombinant)	BENEFIX
PA	coagulation factor IX (recombinant)	IDELVION
PA	coagulation factor IX (recombinant)	IXINITY
PA	coagulation factor IX (recombinant)	RIXUBIS
PA	coagulation factor VIIa (recombinant)	NOVOSEVEN RT
PA	coagulation factor X (human)	COAGADEX
PA	factor IX complex	BEBULIN
PA	factor IX complex	PROFILNINE
PA	factor XIII concentrate (human)	CORIFACT KIT
PA	von Willebrand factor (recombinant)	VONVENDI

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IDIOPATHIC THROMBOCYTOPENIC PURPURA AGENTS

PA, SP	eltrombopag	PROMACTA
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PLATELET AGGREGATION INHIBITORS

OTC	aspirin 81 mg	
	clopidogrel	PLAVIX
	dipyridamole	

PLATELET SYNTHESIS INHIBITORS

	anagrelide	AGRYLIN
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MISCELLANEOUS

	cilostazol	
PA	tranexamic acid	LYSTEDA
PA, SP	deferasirox	EXJADE

IMMUNOLOGIC AGENTS

BIOLOGIC DISEASE-MODIFYING AGENTS

PA, SP	adalimumab	HUMIRA
PA, SP	etanercept	ENBREL

DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDs)

	hydroxychloroquine	PLAQUENIL
	leflunomide	ARAVA
	methotrexate 2.5 mg	

IMMUNOMODULATORS

Interferons

PA, SP	interferon alfa-2b	INTRON A
PA, SP	peginterferon alfa-2a	PEGASYS

IMMUNOSUPPRESSANTS

Antimetabolites

	azathioprine	IMURAN
	mycophenolate mofetil	CELLCEPT
	azathioprine	AZASAN

Calcineurin Inhibitors

*	cyclosporine	SANDIMMUNE
*	cyclosporine, modified	NEORAL
	tacrolimus	PROGRAF

* Mandatory generic requirement does not apply

Rapamycin Derivatives

	sirolimus	RAPAMUNE
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NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

Potassium

	potassium chloride ext-rel caps 8 mEq, 10 mEq	
	potassium chloride ext-rel tabs 20 mEq	
	potassium chloride liquid 20 mEq/15 mL, 40 mEq/15 mL	

Miscellaneous		
OTC	electrolyte solution, oral	PEDIALYTE
VITAMINS AND MINERALS		
Folic Acid Agents		
	folic acid	
Prenatal Vitamins		
	prenatal vitamins/carbonyl iron/docusate/folic acid - Prenatal AD	
	prenatal vitamins/ferrous fumarate/docusate/folic acid - Prenatal 19	
	prenatal vitamins/DHA/folic acid	VITAFOL-ONE
	prenatal vitamins/docusate/folic acid	CITRANATAL RX
Miscellaneous		
OTC	ascorbic acid	VITAMIN C
OTC	calcium carbonate	OS-CAL
OTC	cholecalciferol (D3)	VITAMIN D3
OTC	ergocalciferol (D2)	VITAMIN D2
OTC	ferrous gluconate	FERGON
OTC	ferrous sulfate	FEOSOL
OTC	magnesium oxide	MAG-OX
OTC	multivitamins/minerals	CENTRUM
OTC	niacin	
OTC	omega-3 fatty acids	FISH OIL
OTC	omega-3 fatty acids/vitamin E	FISH OIL
OTC	pyridoxine	VITAMIN B-6
OTC	thiamine	VITAMIN B-1
OTC	vitamin A	VITAMIN A
OTC	vitamin E	VITAMIN E
	cyanocobalamin injection	VITAMIN B-12
	ergocalciferol (D2)	
*	fluoride drops	LURIDE
*	fluoride tabs	LURIDE LOZI-TABS
	multivitamins, pediatric	
	multivitamins/fluoride drops, tabs	
	multivitamins/fluoride/iron drops, tabs	
	multivitamins/iron, pediatric	
PA	sodium ferric gluconate injection	FERRLECIT
*	vitamin ADC/fluoride drops	
*	vitamin ADC/fluoride/iron drops	
PA	iron dextran	INFED
PA	iron sucrose injection	VENOFER
	phytonadione	MEPHYTON

* Covered for members through 17 years of age

RESPIRATORY

ANAPHYLAXIS TREATMENT AGENTS

QL	epinephrine auto-injector	
QL	epinephrine auto-injector	EPIPEN
QL	epinephrine auto-injector	EPIPEN JR.

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ANTICHOLINERGICS

QL	ipratropium inhalation solution	
QL	ipratropium, CFC-free aerosol	ATROVENT HFA
AL, QL	tiotropium	SPIRIVA RESPIMAT
QL	umeclidinium	INCRUSE ELLIPTA

AL Covered for members age 12 or older

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

Short Acting

QL	ipratropium/albuterol inhalation solution	
QL	ipratropium/albuterol, CFC-free aerosol	COMBIVENT RESPIMAT

ANTIHISTAMINES, LOW SEDATING

OTC	cetirizine	ZYRTEC
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ANTIHISTAMINES, NONSEDATING

OTC	fexofenadine	ALLEGRA
OTC	loratadine	CLARITIN
OTC	loratadine orally disintegrating tabs, 5 mg	CLARITIN REDITABS

ANTIHISTAMINES, SEDATING

OTC	chlorpheniramine	CHLOR-TRIMETON ALLERGY
OTC	diphenhydramine	BENADRYL
	clemastine	
	cyproheptadine	
	hydroxyzine HCl	

ANTIHISTAMINE/DECONGESTANT COMBINATIONS

OTC	cetirizine/pseudoephedrine ext-rel	ZYRTEC-D 12 Hour
OTC	chlorpheniramine/phenylephrine	ACTIFED COLD & ALLERGY
OTC	dexbrompheniramine/pseudoephedrine ext-rel	DRIXORAL
OTC	fexofenadine/pseudoephedrine ext-rel	ALLEGRA-D
OTC	loratadine/pseudoephedrine ext-rel	CLARITIN-D

ANTITUSSIVE

	benzonatate	TESSALON
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ANTITUSSIVE COMBINATIONS

Opioid

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

Non-opioid

OTC	dextromethorphan/guaifenesin	ROBITUSSIN COUGH + CHEST CONGESTION DM
OTC	dextromethorphan/guaifenesin/pseudoephedrine	ROBITUSSIN MULTI-SYMPATOM COLD
	dextromethorphan/promethazine	

BETA AGONISTS

Inhalants

Short Acting

QL	albuterol inhalation solution	
PA, QL	levalbuterol inhalation solution	
QL	levalbuterol tartrate, CFC-free aerosol	XOPENEX HFA
QL	albuterol sulfate, CFC-free aerosol	VENTOLIN HFA

Long Acting

QL	salmeterol xinafoate	SEREVENT
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Oral Agents

	albuterol	
	albuterol ext-rel	VOSPIRE ER
	terbutaline	

CYSTIC FIBROSIS

PA, SP	tobramycin inhalation solution	TOBI
PA	aztreonam lysine inhalation solution	CAYSTON
PA, SP	dornase alfa	PULMOZYME
PA, SP	tobramycin inhalation powder	TOBI PODHALER

LEUKOTRIENE RECEPTOR ANTAGONISTS

QL, *	montelukast	SINGULAIR
QL, *	zafirlukast	ACCOLATE

* May be dispensed as a 90-day supply

MAST CELL STABILIZERS

QL	cromolyn inhalation solution	
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NASAL ANTIHISTAMINES

	azelastine spray	
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NASAL DECONGESTANTS

OTC	oxymetazoline spray	AFRIN
OTC	phenylephrine spray	NEO-SYNEPHRINE

NASAL STEROIDS

OTC, QL	budesonide spray	RHINOCORT ALLERGY
OTC, QL	triamcinolone acetonide spray	NASACORT ALLERGY 24HR
QL	fluticasone spray	

RESPIRATORY DEVICES

	respiratory devices	AEROTRACH PLUS HOLDING CHAMBER
	respiratory devices	BREATHERITE PRODUCTS
	respiratory devices	EASIVENT PRODUCTS
	respiratory devices	INSPIREASE PRODUCTS
	respiratory devices	MICROCHAMBER PRODUCTS

RESPIRATORY SYNCYTIAL VIRUS

PA, SP	palivizumab	SYNAGIS
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STEROID/BETA AGONIST COMBINATIONS

QL, *	budesonide/formoterol	SYMBICORT
QL, *	fluticasone/salmeterol	ADVAIR
QL, *	fluticasone/salmeterol, CFC-free aerosol	ADVAIR HFA
QL, *	mometasone/formoterol	DULERA

* May be dispensed as a 90-day supply

STEROID INHALANTS

PA, QL, *	budesonide inhalation solution	PULMICORT RESPULES
QL, *	budesonide	PULMICORT FLEXHALER
QL, *	flunisolide, CFC-free aerosol	AEROSPAN
QL, *	fluticasone	FLOVENT DISKUS
QL, *	fluticasone, CFC-free aerosol	FLOVENT HFA

PA Required for members over 8 years of age

* May be dispensed as a 90-day supply

XANTHINES

*	theophylline ext-rel tabs	
*	theophylline ext-rel caps	THEO-24
*	theophylline liquid	ELIXOPHYLLIN

* May be dispensed as a 90-day supply

MISCELLANEOUS

OTC	cromolyn nasal spray	NASALCROM
OTC	sodium chloride	OCEAN
QL	ipratropium nasal spray sodium chloride	

TOPICAL

DERMATOLOGY

Acne

Oral

PA	isotretinoin - Claravis	
PA	isotretinoin - Myorisan	
PA	isotretinoin - Zenatane	

Topical

	benzoyl peroxide	BENZAC AC
	clindamycin gel, lotion, solution, swabs	CLEOCIN T
	erythromycin gel 2%	
	erythromycin solution	
	sulfacetamide/sulfur cream, lotion, pads	
ST, PA	tretinoin	RETIN-A
	azelaic acid	AZELEX

PA Required for members over 40 years of age

Actinic Keratosis

	fluorouracil	CARAC
	fluorouracil	EFUDEX
	fluorouracil	FLUOROPLEX

Antibiotics

OTC	bacitracin	
	gentamicin	
	mupirocin oint	BACTROBAN
	silver sulfadiazine	SILVADENE

Antifungals

OTC	clotrimazole	LOTRIMIN AF
OTC	miconazole	MICATIN
OTC	tolnaftate	TINACTIN
OTC	terbinafine	LAMISIL AT
	ketoconazole crm 2%	
	nystatin	

Antipsoriatics

Oral

PA	acitretin	SORIATANE
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Topical

	anthralin	
PA	calcipotriene	DOVONEX

PA Required for quantity of 120 gm and larger

Antiseborrheics

	ketoconazole shampoo 2%	NIZORAL SHAMPOO
	selenium sulfide shampoo 2.5%	

Atopic Dermatitis

Guidelines for the treatment of atopic dermatitis are available at:

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

PA, QL	tacrolimus	PROTOPIC
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Corticosteroids

Low Potency

OTC	hydrocortisone cream, ointment 0.5%, 1%	
	alclometasone cream, ointment 0.05%	ACLOVATE
	fluocinolone acetonide cream, solution 0.01%	
	hydrocortisone cream 2.5%	
	hydrocortisone lotion 1%	

Medium Potency

	betamethasone valerate cream, lotion, ointment 0.1%	
	fluocinolone acetonide cream, ointment 0.025%	
	fluocinolone acetonide oil 0.01%	DERMA-SMOOTH/FS
	fluticasone propionate cream 0.05%, ointment 0.005%	CUTIVATE
	mometasone cream, lotion, ointment 0.1%	ELOCON
	triamcinolone acetonide cream, lotion, ointment 0.025%	
	triamcinolone acetonide cream, lotion, ointment 0.1%	

High Potency

	amcinonide lotion, ointment 0.1%	
	betamethasone dipropionate augmented cream 0.05%	DIPROLENE AF
	betamethasone dipropionate cream, lotion, ointment 0.05%	
	fluocinonide cream, gel, ointment, solution 0.05%	

Fidelis Care mandates the use of generic drugs, if available (indicated by **boldface**). Brand names listed are for reference only.

	fluocinonide emollient cream 0.05%	
	triamcinolone acetonide cream, ointment 0.5%	
<i>Very High Potency</i>		
	betamethasone dipropionate augmented ointment 0.05%	DIPROLENE
	clobetasol propionate emollient cream 0.05%	TEMOVATE EMOLLIENT
	halobetasol propionate cream, ointment 0.05%	ULTRAVATE
Emollients		
	ammonium lactate 12%	LAC-HYDRIN
Local Analgesics		
PA, QL	lidocaine patch	LIDODERM
Local Anesthetics		
OTC	lidocaine crm 4% - Aspercreme	
OTC	lidocaine/menthol crm 4/1% - Icy Hot	
PA	lidocaine gel 2%	XYLOCAINE
PA	lidocaine/prilocaine	
Rosacea		
	metronidazole cream 0.75%	METROCREAM
	metronidazole gel 0.75%	
ST	metronidazole gel 1%	METROGEL
	metronidazole lotion 0.75%	METROLOTION
	sulfacetamide/sulfur cream, gel, lotion, pads	
Scabicides and Pediculicides		
OTC	permethrin 1%	NIX CREME RINSE
OTC	pyrethrins/piperonyl butoxide 4%	A-200 SHAMPOO
OTC	pyrethrins/piperonyl butoxide 4%	LICE KILLING SHAMPOO
OTC	pyrethrins/piperonyl butoxide 4%	RID SHAMPOO
ST	malathion	OVIDE
	permethrin 5%	
ST	benzyl alcohol	ULESFIA
	crotamiton	EURAX
Miscellaneous Skin and Mucous Membrane		
OTC, QL	insect repellent, DEET 7%	CUTTER SKINSATIONS
OTC, QL	insect repellent, DEET 15%	OFF ACTIVE
OTC, QL	insect repellent, DEET 15%	OFF FAMILY CARE
OTC, QL	insect repellent, DEET 25%	CUTTER BACKWOODS
OTC, QL	insect repellent, DEET 25%	OFF DEEP WOODS
OTC, QL	insect repellent, DEET 25%	REPEL SPORTSMEN
OTC, QL	insect repellent, DEET 40%	REPEL SPORTSMEN MAX
OTC, QL	insect repellent, picardin 20%	NATRAPEL
OTC, QL	insect repellent, picardin 20%	SAWYER
PA	imiquimod	ALDARA
	podofilox solution	CONDYLOX
	trypsin/balsam/castor oil	
PA	becaplermin	REGRANEX
QL	collagenase	SANTYL

MOUTH/THROAT/DENTAL AGENTS

Anesthetics - Topical Oral

lidocaine viscous

Steroids - Mouth/Throat

triamcinolone paste

Miscellaneous

chlorhexidine gluconate

PERIDEX

OPHTHALMIC

Antiallergics

OTC

ketotifen

ZADITOR

cromolyn sodium

Anti-infectives

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

bacitracin

ciprofloxacin solution

CILOXAN

erythromycin

gentamicin

levofloxacin

neomycin/polymyxin B/gramicidin

NEOSPORIN

ofloxacin

OCUFLOX

polymyxin B/bacitracin

polymyxin B/trimethoprim

POLYTRIM

sulfacetamide solution 10%

BLEPH-10

tobramycin solution

TOBEX

Anti-infective/Anti-inflammatory Combinations

neomycin/polymyxin B/bacitracin/hydrocortisone ointment

neomycin/polymyxin B/dexamethasone

MAXITROL

neomycin/polymyxin B/hydrocortisone suspension

sulfacetamide/prednisolone phosphate 10%/0.25%

tobramycin/dexamethasone suspension 0.3%/0.1%

TOBRADEX

sulfacetamide/prednisolone acetate 10%/0.2%

BLEPHAMIDE

tobramycin/dexamethasone ointment 0.3%/0.1%

TOBRADEX

Anti-inflammatories

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

Nonsteroidal

diclofenac sodium

flurbiprofen

OCUFEN

ketorolac 0.4%

ACULAR LS

ketorolac 0.5%

ACULAR

Steroidal

dexamethasone sodium phosphate

fluorometholone

FML

prednisolone acetate 1%

PRED FORTE

fluorometholone 0.25%

FML FORTE

fluorometholone ointment 0.1%

FML S.O.P.

prednisolone acetate 0.12%

PRED MILD

prednisolone phosphate 1%

Antivirals		
	trifluridine	VIROPTIC
Beta-blockers		
<i>Nonselective</i>		
	carteolol	
	levobunolol	BETAGAN
	metipranolol	
	timolol maleate	TIMOPTIC
	timolol maleate gel	TIMOPTIC-XE
	timolol hemihydrate	BETIMOL
<i>Selective</i>		
	betaxolol	BETOPTIC S
Carbonic Anhydrase Inhibitors		
<i>Topical</i>		
	dorzolamide	TRUSOPT
Carbonic Anhydrase Inhibitor/Beta-blocker Combinations		
	dorzolamide/timolol maleate	COSOPT
Dry Eye Disease		
*, PA	cyclosporine, emulsion single-use vials	RESTASIS
* Only single-use vials are on formulary. Prior authorization is required before coverage.		
Mydriatics		
	atropine	
	cyclopentolate	CYCLOGYL
	homatropine	ISOPTO HOMATROPINE
	tropicamide	
	cyclopentolate/phenylephrine	CYCLOMYDRIL
	scopolamine hydrobromide	ISOPTO HYOSCINE
Parasympathomimetics		
	pilocarpine	ISOPTO CARPINE
Prostaglandins		
QL	latanoprost	XALATAN
QL	travoprost	TRAVATAN Z
Sympathomimetics		
QL	brimonidine 0.15%	ALPHAGAN P
QL	brimonidine 0.2%	
Miscellaneous		
OTC	artificial tears ointment, solution	
OTC	sodium chloride	MURO-128
OTIC		
Anti-infectives		
	acetic acid	
	acetic acid/aluminum acetate	
	ofloxacin otic	

Anti-infective/Anti-inflammatory Combinations

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

Miscellaneous

antipyrine/benzocaine	
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