

MetroPlusHealth Quick Reference Guide

The **MetroPlusHealth Quick Reference Guide** is not an all-inclusive list but represents a summary of prescribed medications within select therapeutic categories. This useful reference tool can assist medical providers in selecting therapeutically appropriate and cost-effective products for their patients.

This list represents brand products in CAPS, branded generics in upper- and lowercase *Italics*, and generic products in lowercase *italics*. This 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.

This list is not all-inclusive and does not guarantee coverage.

Please visit <https://www.metroplus.org/member-services/formularies> for a complete list.

For prior authorization, please call 1-877-433-7643.

Specialty Guideline Management, please call 1-866-814-5506.

ANALGESICS	tramadol-acetaminophen QL butalbital-acetaminophen-caffeine QL butalbital-aspirin-caffeine QL	penicillin VK BICILLIN L-A	efavirenz-emtricitabine-tenofovir disoproxil fumarate QL efavirenz-lamivudine-tenofovir disoproxil fumarate QL emtricitabine-tenofovir disoproxil fumarate QL, *, **	§ NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS efavirenz QL etravirine QL nevirapine QL nevirapine ext-rel QL EDURANT QL
§ NSAIDs	diclofenac sodium delayed-rel diclofenac sodium ext-rel diflunisal etodolac etodolac ext-rel flurbiprofen ibuprofen ketorolac QL meloxicam nabumetone naproxen sodium naproxen tabs oxaprozin sulindac	§ NON-OPIOID ANALGESICS butalbital-acetaminophen-caffeine QL butalbital-aspirin-caffeine QL	§ SULFONAMIDES sulfadiazine sulfamethoxazole-trimethoprim sulfamethoxazole-trimethoprim DS	§ NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS abacavir QL emtricitabine QL lamivudine QL stavudine QL zidovudine QL
§ COX-2 INHIBITORS	celecoxib PA	ANTI-INFECTIVES	§ TETRACYCLINES doxycycline monohydrate caps 50 mg, 100 mg doxycycline monohydrate suspension doxycycline monohydrate tabs 50 mg, 75 mg, 100 mg minocycline tetracycline	§ NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS lamivudine-zidovudine QL BIKTARVY QL CIMDUO QL COMPLERA QL DESCOVY QL, * DOVATO QL EVOTAZ QL GENVOYA QL JULUCA QL ODEFSEY QL PREZCOBIX QL STRIBUILD QL SYMTUZA QL TRIUMEQ QL TRUVADA QL, *, **
§ OPIOID ANALGESICS ¹	codeine-acetaminophen QL fentanyl transdermal PA, QL hydrocodone-acetaminophen soln 7.5 mg/325 mg, tabs 5 mg/325 mg, 7.5 mg/325 mg, 10 mg/325 mg QL hydromorphone ext-rel PA, QL hydromorphone tabs QL methadone tabs 5 mg, 10 mg PA, QL morphine QL morphine ext-rel PA, QL oxycodone QL oxycodone-acetaminophen QL tramadol 50 mg QL tramadol ext-rel tabs PA, QL	§ ERYTHROMYCINS / MACROLIDES azithromycin clarithromycin clarithromycin ext-rel erythromycin base erythromycin delayed-rel erythromycin ethylsuccinate erythromycin stearate	§ ANTIFUNGALS clotrimazole troches fluconazole griseofulvin microsize suspension griseofulvin ultramicrosize itraconazole caps PA, QL nystatin terbinafine tabs QL voriconazole PA	§ PROTEASE INHIBITORS atazanavir QL fosamprenavir QL lopinavir-ritonavir QL ritonavir QL APTVUS QL PREZISTA QL RUKOBIA QL VIRACEPT QL
		§ FLUOROQUINOLONES ciprofloxacin tabs levofloxacin	ANTIRETROVIRAL AGENTS ANTIRETROVIRAL ADJUVANTS TYBOST QL	ANTIVIRALS § HERPES AGENTS acyclovir caps, suspension, tabs famciclovir valacyclovir
		§ PENICILLINS amoxicillin amoxicillin-clavulanate except 125 mg/5 mL ampicillin dicloxacillin	§ ANTIRETROVIRAL COMBINATIONS abacavir-lamivudine QL abacavir-lamivudine-zidovudine QL	

LEGEND

AL: Age Limit OTC: Over the counter PA: Prior Authorization PA, QL: Quantity Limit is applied after Prior Authorization approval QL: Quantity Limit SGM: Specialty Guideline Management ST: Step Therapy

§ MISCELLANEOUS	losartan-hydrochlorothiazide valsartan valsartan-hydrochlorothiazide	CALCIUM CHANNEL BLOCKERS § DIHYDROPYRIDINES <i>amlodipine</i> <i>felodipine ext-rel</i> <i>nifedipine ext-rel</i>	PULMONARY ARTERIAL HYPERTENSION § ENDOTHELIN RECEPTOR ANTAGONISTS <i>ambrisentan SGM</i> <i>bosentan SGM</i>	zonisamide
<i>atovaquone ST</i> <i>clindamycin</i> <i>dapsone</i> <i>ivermectin</i> <i>linezolid PA</i> <i>linezolid injection PA</i> <i>metronidazole</i> <i>nitrofurantoin ext-rel</i> <i>nitrofurantoin macrocrystals</i> <i>nitrofurantoin suspension</i> <i>pyrimethamine PA</i> <i>rifabutin</i> <i>trimethoprim</i> <i>vancomycin QL</i> <i>EMVERM QL</i>	§ ANTIARRHYTHMICS <i>amiodarone</i> <i>disopyramide</i> <i>dofetilide SGM</i> <i>flecainide</i> <i>propafenone</i> <i>propafenone ext-rel</i> <i>sotalol</i> NORPACE CR	§ NONDHYDROPYRIDINES <i>diltiazem</i> <i>diltiazem ext-rel</i> <i>verapamil ext-rel</i> § DIGITALIS GLYCOSIDES <i>digoxin</i> <i>digoxin pediatric elixir</i>	§ PHOSPHODIESTERASE INHIBITORS <i>sildenafil SGM</i>	§ ANTIDEMENTIA <i>donepezil</i> <i>galantamine</i> <i>galantamine ext-rel</i> <i>memantine PA*</i> <i>rivastigmine caps, soln PA</i> <i>rivastigmine transdermal PA</i>
CARDIOVASCULAR		DIURETICS § CARBONIC ANHYDRASE INHIBITORS <i>acetazolamide</i> <i>acetazolamide ext-rel</i> <i>methazolamide</i>	§ PROSTAGLANDIN VASODILATORS <i>epoprostenol sodium SGM</i> REMODULIN SGM TYVASO SGM VENTAVIS SGM	PA* Only applies to members < 30 years of age
§ ACE INHIBITORS <i>benazepril</i> <i>captopril</i> <i>enalapril</i> <i>fosinopril</i> <i>lisinopril</i> <i>quinapril</i> <i>ramipril</i> <i>trandolapril</i>	§ CHOLESTEROL ABSORPTION INHIBITORS <i>ezetimibe</i>	§ FIBRATES <i>fenofibrate</i> <i>gemfibrozil</i>	§ LOOP DIURETICS <i>bumetanide</i> <i>furosemide</i> <i>torsemide</i>	ANTIDEPRESSANTS § SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs) <i>citalopram</i> <i>escitalopram</i> <i>fluoxetine caps</i> <i>paroxetine HCl ext-rel</i> <i>paroxetine HCl tabs</i> <i>sertraline</i>
§ ACE INHIBITOR / CALCIUM CHANNEL BLOCKER COMBINATIONS <i>amlodipine-benazepril</i>	§ HMG-CoA REDUCTASE INHIBITORS <i>atorvastatin</i> <i>lovastatin</i> <i>pravastatin</i> <i>rosuvastatin ST</i> <i>simvastatin</i>	§ OMEGA-3 FATTY ACIDS <i>icosapent ethyl PA</i>	§ POTASSIUM-SPARING DIURETICS <i>amiloride</i>	§ SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs) <i>desvenlafaxine ext-rel</i> <i>duloxetine delayed-rel PA</i> <i>venlafaxine</i> <i>venlafaxine ext-rel</i>
§ ACE INHIBITOR / DIURETIC COMBINATIONS <i>benazepril-</i> hydrochlorothiazide <i>enalapril-hydrochlorothiazide</i> <i>fosinopril-hydrochlorothiazide</i> <i>lisinopril-hydrochlorothiazide</i> <i>quinapril-hydrochlorothiazide</i>	§ NIACINS <i>niacin ext-rel</i>	PCSK9 INHIBITORS REPATHA SGM	§ THIAZIDES AND THIAZIDE-LIKE DIURETICS <i>chlorthalidone</i> <i>hydrochlorothiazide</i> <i>indapamide</i> <i>metolazone</i>	§ TRICYCLIC ANTIDEPRESSANTS (TCAs) <i>amitriptyline QL*</i> <i>desipramine QL*</i> <i>doxepin QL*</i> <i>imipramine HCl QL*</i> <i>nortriptyline QL*</i>
§ ADRENOLYTICS, CENTRAL <i>clonidine</i> <i>clonidine transdermal</i> <i>guanfacine</i>	§ BETA-BLOCKERS <i>atenolol</i> <i>bisoprolol</i> <i>carvedilol</i> <i>labetalol</i>	HEART FAILURE CORLANOR ENTRESTO	§ DIURETIC COMBINATIONS <i>amiloride-hydrochlorothiazide</i> <i>spironolactone-hydrochlorothiazide</i> <i>triaterene-hydrochlorothiazide caps</i>	QL* Only applies to members of age 65 and older
§ ALDOSTERONE RECEPTOR ANTAGONISTS <i>eplerenone</i> <i>spironolactone</i>		NITRATES § ORAL <i>isosorbide dinitrate 5 mg, 10 mg, 20 mg, 30 mg</i> <i>isosorbide mononitrate</i> <i>isosorbide mononitrate ext-rel</i> <i>nitroglycerin ext-rel</i>	§ ANTICONVULSANTS <i>carbamazepine</i> <i>carbamazepine ext-rel</i> <i>diazepam rectal gel</i> <i>divalproex sodium delayed-rel</i> <i>divalproex sodium ext-rel</i> <i>ethosuximide</i> <i>gabapentin QL</i> <i>lamotrigine</i> <i>levetiracetam</i> <i>levetiracetam ext-rel</i> <i>levetiracetam injection</i> <i>oxcarbazepine</i> <i>phenobarbital</i> <i>phenytoin</i> <i>phenytoin sodium extended</i> <i>primidone</i> <i>tiagabine</i> <i>topiramate sprinkle caps, tabs</i> <i>valproic acid</i> <i>vigabatrin SGM</i>	QL* Only applies to members of age 65 and older
§ ALPHA BLOCKERS <i>doxazosin</i> <i>prazosin</i> <i>terazosin</i>	§ BETA-BLOCKER / DIURETIC COMBINATIONS <i>atenolol-chlorthalidone</i> <i>bisoprolol-hydrochlorothiazide</i> <i>metoprolol-hydrochlorothiazide</i>	§ SUBLINGUAL <i>nitroglycerin sublingual</i>		§ MISCELLANEOUS AGENTS <i>bupropion</i> <i>bupropion ext-rel</i> <i>mirtazapine</i> <i>trazodone</i>
§ ANGIOTENSIN II RECEPTOR ANTAGONISTS / DIURETIC COMBINATIONS <i>irbesartan</i> <i>irbesartan-hydrochlorothiazide</i> <i>losartan</i>		§ TRANSDERMAL <i>nitroglycerin transdermal</i> NITRO-BID		§ ANTIPARKINSONIAN AGENTS <i>amantadine</i> <i>benztropine</i> <i>bromocriptine PA</i> <i>carbidopa-levodopa</i> <i>carbidopa-levodopa ext-rel</i> <i>carbidopa-levodopa orally disintegrating tabs</i> <i>carbidopa-levodopa-entacapone</i> <i>entacapone</i> <i>pramipexole</i> <i>ropinirole</i> <i>selegiline</i> <i>trihexyphenidyl</i>

LEGEND

AL: Age Limit OTC: Over the counter PA: Prior Authorization PA, QL: Quantity Limit is applied after Prior Authorization approval QL: Quantity Limit SGM: Specialty Guideline Management ST: Step Therapy

ANTIPSYCHOTICS	HYPNOTICS	§ BIGUANIDE / SULFONYLUREA COMBINATIONS	BD ULTRAFINE INSULIN SYRINGES AND NEEDLES OTC	§ 50 mcg Estrogen
§ ATYPIICALS	§ BENZODIAZEPINES	glipizide-metformin	FREESTYLE FREEDOM LITE STRIPS AND KITS OTC	ethynodiol diacetate-EE 1/50
<i>ariprazole</i>	<i>temazepam QL</i>		FREESTYLE INSULINX STRIPS AND KITS OTC	§ BIPHASIC †
<i>ariprazole orally</i> <i>disintegrating tabs</i>	§ NONBENZODIAZEPINES	alogliptin ST	FREESTYLE LITE STRIPS AND KITS OTC	† Products in this category may be dispensed as a 12-month supply at one time.
<i>asenapine PA</i>	zolpidem QL	§ DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS	KETO-DIASTIX OTC, QL	desogestrel-EE
<i>clozapine</i>		alogliptin	LANCETS OTC	§ TRIPHASIC †
<i>clozapine orally</i> <i>disintegrating tabs</i>	MIGRAINE	§ DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR / BIGUANIDE COMBINATIONS	MULTISTIX OTC, QL	† Products in this category may be dispensed as a 12-month supply at one time.
<i>olanzapine</i>	ACUTE MIGRAINE AGENTS	alogliptin-metformin ST	PRECISION XTRA STRIPS AND KITS OTC	desogestrel-EE
<i>paliperidone ext-rel PA</i>	§ Triptans	INCRETIN MIMETIC AGENTS	OMNIPOD 5 INSULIN INFUSION PUMP PA	levonorgestrel-EE
<i>quetiapine</i>	<i>naratriptan ST, QL</i>	OZEMPIC ST, QL	OMNIPOD DASH INSULIN INFUSION PUMP PA	norethindrone-EE
<i>quetiapine ext-rel PA</i>	<i>rizatriptan ST, QL</i>	RYBELSUS ST	OMNIPOD INSULIN INFUSION PUMP PA	norgestimate-EE
<i>risperidone</i>	<i>sumatriptan QL</i>	TRULICITY ST, QL		§ PROGESTIN ONLY †
<i>ziprasidone</i>	<i>sumatriptan injection QL</i>	VICTOZA ST, QL		† Products in this category may be dispensed as a 12-month supply at one time.
ABILIFY MAINTENA	<i>sumatriptan nasal spray QL</i>			norethindrone
ARISTADA	<i>zolmitriptan ST, QL</i>	INSULINS		§ EMERGENCY CONTRACEPTION
ARISTADA INITIO		HUMULIN 70/30		ELLA QL
FANAPT PA		HUMULIN N		§ INJECTABLE †
INVEGA SUSTENNA		HUMULIN R		† Products in this category may be dispensed as a 12-month supply at one time.
INVEGA TRINZA		INSULIN GLARGINE-YFGN		medroxyprogesterone acetate 150 mg/mL QL
LATUDA PA		NOVOLIN 70/30		DEPO-SUBQ PROVERA 104 QL
PERSERIS PA		NOVOLIN N		§ TRANSDERMAL †
RISPERDAL CONSTA		NOVOLIN R		† Products in this category may be dispensed as a 12-month supply at one time.
ZYPREXA RELPREVV PA		ADMEOLOG		norelgestromin-EE
§ MISCELLANEOUS		BASAGLAR		§ VAGINAL †
<i>chlorpromazine</i>		HUMALOG MIX		† Products in this category may be dispensed as a 12-month supply at one time.
<i>fluphenazine</i>		NOVOLOG MIX 70/30		etonogestrel-EE ring
<i>fluphenazine decanoate</i> <i>injection</i>		SEMGLEE		MISCELLANEOUS
<i>fluphenazine injection</i>				DIAPHRAGM QL
<i>haloperidol</i>	§ MUSCULOSKELETAL THERAPY AGENTS	§ INSULIN SENSITIZERS		ESTROGENS
<i>haloperidol decanoate inj</i>	<i>baclofen 10 mg, 20 mg</i>	<i>pioglitazone</i>		§ ORAL
<i>haloperidol lactate inj</i>	<i>carisoprodol QL</i>	§ INSULIN SENSITIZER / BIGUANIDE COMBINATIONS		<i>estradiol</i>
<i>perphenazine</i>	<i>chlorazoxazone 500 mg</i>	<i>pioglitazone-metformin</i>		§ TRANSDERMAL
<i>thiothixene</i>	<i>cyclobenzaprine 5 mg, 10 mg</i>	§ INSULIN SENSITIZER / SULFONYLUREA COMBINATIONS		<i>estradiol</i>
<i>trifluoperazine</i>	<i>dantrolene</i>	<i>pioglitazone-glimepiride</i>		§ VAGINAL
<i>NUPLAZID SGM</i>	<i>methocarbamol</i>	§ MEGLITINIDES		<i>estradiol vaginal tabs</i>
	<i>orphenadrine ext-rel</i>	<i>nateglinide</i>		<i>PREMARIN CREAM</i>
§ ATTENTION DEFICIT HYPERACTIVITY DISORDER	<i>tizanidine tabs</i>	<i>repaglinide</i>		
<i>amphetamine-</i> <i>dextroamphetamine mixed salts QL</i>		SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
<i>amphetamine-</i> <i>dextroamphetamine mixed salts ext-rel QL</i>	PSYCHOTHERAPEUTIC-MISCELLANEOUS	<i>JARDIANE PA*</i>		
<i>atomoxetine ST, QL</i>	§ SMOKING DETERRENTS	<i>STEGLATRO ST</i>		
<i>dexmethylphenidate QL</i>	<i>bupropion ext-rel</i>			
<i>dextroamphetamine ext-rel QL</i>	<i>varenicline</i>	PA* Covered for cardiovascular indication		
<i>dextroamphetamine tabs 5 mg, 10 mg QL</i>	NICOTROL			
<i>guanfacine ext-rel</i>	NICOTROL NS			
<i>methylphenidate ext-rel/ST, QL</i>				
<i>methylphenidate soln, tabs QL</i>				
§ FIBROMYALGIA	ENDOCRINE AND METABOLIC			
<i>pregabalin PA, QL</i>	ANTIDIABETICS			
<i>SAVELLA PA</i>	§ ALPHA-GLUCOSIDASE INHIBITORS			
	<i>acarbose</i>	§ SULFONYLUREAS		
	§ BIGUANIDES	<i>glimepiride</i>		
	<i>metformin</i>	<i>glipizide</i>		
	<i>metformin ext-rel</i>	<i>glipizide ext-rel</i>		
		SUPPLIES		
		<i>ALCOHOL SWABS OTC, QL</i>		

LEGEND

AL: Age Limit **OTC:** Over the counter **PA:** Prior Authorization **PA, QL:** Quantity Limit is applied after Prior Authorization approval **QL:** Quantity Limit **SGM:** Specialty Guideline Management **ST:** Step Therapy

ESTROGEN / PROGESTINS	nizatidine	HEMATOLOGIC	VITAMINS AND MINERALS	§ ANTIHISTAMINES, LOW SEDATING
§ ORAL EE-norethindrone acetate estradiol-norethindrone acetate	INFLAMMATORY BOWEL DISEASE	ANTICOAGULANTS § INJECTABLE enoxaparin	§ FOLIC ACID / COMBINATIONS folic acid folic acid-vitamin B6-vitamin B12	cetirizine
TRANSDERMAL COMBIPATCH	§ ORAL AGENTS balsalazide budesonide delayed-rel caps mesalamine ext-rel caps sulfasalazine sulfasalazine delayed-rel	§ ORAL warfarin ELIQUIS XARELTO	§ PRENATAL VITAMINS prenatal vitamins-carbonyl iron-docusate-folic acid - Prenatal AD prenatal vitamins-carbonyl iron-folic acid - Prenatabs Rx prenatal vitamins-ferrous fumarate-docusate-folic acid - Prenatal 19	§ ANTIHISTAMINES, SEDATING clemastine cyproheptadine diphenhydramine hydroxyzine HCl hydroxyzine pamoate
§ GLUCOCORTICOIDS dexamethasone fludrocortisone hydrocortisone methylprednisolone methylprednisolone injection prednisolone sodium phosphate prednisolone syrup prednisone MEDROL 2 MG	§ RECTAL AGENTS hydrocortisone enema mesalamine rectal suspension mesalamine suppository	HEMATOPOIETIC GROWTH FACTORS ARANESP SGM ZARXIO SGM ZIEXTENZO SGM	CITRANATAL 90 DHA CITRANATAL ASSURE CITRANATAL B-CALM CITRANATAL DHA CITRANATAL HARMONY	§ ANTIHISTAMINE / DECONGESTANT COMBINATIONS promethazine-phenylephrine
HUMAN GROWTH HORMONES NORDITROPIN SGM SEROSTIM SGM ZORBTIVE SGM	§ LAXATIVES / STOOL SOFTENERS lactulose soln peg 3350-electrolytes	§ PLATELET AGGREGATION INHIBITORS clopidogrel dipyridamole prasugrel BRILINTA	§ MISCELLANEOUS cyanocobalamin injection fluoride drops, tabs multivitamins-fluoride drops, tabs multivitamins-fluoride-iron drops, tabs phytonadione QL vitamin ADC-fluoride drops vitamin ADC-fluoride-iron drops vitamin B complex-vitamin C-folic acid VITAMIN D	ANTITUSSIVE COMBINATIONS § NON-OPIOID dextromethorphan-brompheniramine-pseudoephedrine dextromethorphan-promethazine
PROGESTINS § INJECTABLE hydroxyprogesterone caproate SGM, QL	§ PROTON PUMP INHIBITORS esomeprazole magnesium delayed-rel suspension 2.5 mg, 5 mg, 10 mg AL*, QL omeprazole delayed-rel caps QL pantoprazole delayed-rel tabs QL	AUTOIMMUNE AGENTS COSENTYX SGM, QL ENBREL SGM, QL HUMIRA SGM, QL KEVZARA SGM, QL OTEZLA SGM, QL SILIQ SGM, QL SKYRIZI SGM, QL XELJANZ SGM, QL XELJANZ XR SGM, QL	IMMUNOMODULATORS INTERFERONS INTRON A SGM PEGASYS SGM	BETA AGONISTS INHALANTS § Short Acting albuterol inhalation solution QL albuterol sulfate CFC-free aerosol QL
§ ORAL medroxyprogesterone acetate norethindrone acetate progesterone, micronized	AL*-Covered for < 1 year only	IMMUNOSUPPRESSANTS § ANTIMETABOLITES azathioprine mycophenolate mofetil	IMMUNOMODULATORS INTERFERONS INTRON A SGM PEGASYS SGM	Long Acting Hand-held Active Inhalation STRIVERDI RESPIMAT QL
§ SELECTIVE ESTROGEN RECEPTOR MODULATORS raloxifene	§ MISCELLANEOUS glycopyrrrolate PA* sucralfate tabs	§ CALCINEURIN INHIBITORS cyclosporine cyclosporine, modified tacrolimus	RESPIRATORY	§ ORAL AGENTS albuterol terbutaline
THYROID AGENTS § THYROID SUPPLEMENTS levothyroxine levothyroxine - Levoxyl liothyronine	PA*Covered for 3-16 years of age	§ RAPAMYCIN DERIVATIVES sirolimus	§ ANAPHYLAXIS TREATMENT AGENTS epinephrine auto-injector QL EPIPEN QL EPIPEN JR. QL	§ LEUKOTRIENE MODULATORS montelukast*
GASTROINTESTINAL	GENITOURINARY	ELECTROLYTES § POTASSIUM potassium bicarbonate effervescent tabs 25 mEq potassium chloride ext-rel potassium chloride liquid	§ ANTIHISTAMINE / BETA AGONIST COMBINATIONS § SHORT ACTING ipratropium-albuterol inhalation solution QL COMBIVENT RESPIMAT QL	* May be dispensed as a 90-day supply
§ ANTIEMETICS aprepitant caps PA, QL dronabinol QL granisetron tabs QL medazine metoclopramide ondansetron QL procyclizine promethazine promethazine suppository trimethobenzamide	§ BENIGN PROSTATIC HYPERPLASIA alfuzosin ext-rel doxazosin finasteride tamsulosin terazosin	LONG ACTING ANORO ELLIPTA QL	§ MAST CELL STABILIZERS cromolyn inhalation solution QL	
§ H ₂ RECEPTOR ANTAGONISTS cimetidine famotidine	§ VAGINAL ANTI-INFECTIVES clindamycin cream clotrimazole metronidazole miconazole terconazole	ANTICHOLINERGIC/BETA AGONIST/STEROID INHALANT COMBINATIONS DULERA QL,* TRELEGY ELLIPTA QL	§ NASAL ANTIHISTAMINES azelastine spray QL	
		NUTRITIONAL / SUPPLEMENTS	§ NASAL STEROIDS flunisolide spray QL	
			§ STEROID / BETA AGONIST COMBINATIONS budesonide-formoterol QL,* fluticasone-salmeterol QL,*	
			* May be dispensed as a 90-day supply	

LEGEND

AL: Age Limit OTC: Over the counter PA: Prior Authorization PA, QL: Quantity Limit is applied after Prior Authorization approval QL: Quantity Limit SGM: Specialty Guideline Management ST: Step Therapy

§ STEROID INHALANTS	<i>clotrimazole QL</i> <i>ketoconazole crm 2% QL</i> <i>nystatin QL</i>	<i>betamethasone dipropionate crm, lotion, oint 0.05% QL</i> <i>desoximetasone crm 0.25%</i> <i>fluocinonide crm, gel, oint 0.05% QL</i> <i>fluocinonide soln 0.05%</i> <i>triamcinolone acetonide crm, oint 0.5% QL</i>	<i>neomycin-polymyxin B-gramicidin</i> <i>ofloxacin</i> <i>polymyxin B-bacitracin</i> <i>polymyxin B-trimethoprim</i> <i>sulfacetamide soln 10%</i> <i>tobramycin soln</i>	CARBONIC ANHYDRASE INHIBITORS § Topical <i>dorzolamide</i>
<i>budesonide inhalation suspension QL,*</i> ARNUTITY ELLIPTA QL,* ASMANEX QL,* ASMANEX HFA QL,* FLOVENT DISKUS QL,* FLOVENT HFA QL,* QVAR REDIHALER QL,*				§ CARBONIC ANHYDRASE INHIBITOR / BETA-BLOCKER COMBINATIONS <i>dorzolamide-timolol maleate</i>
* May be dispensed as a 90-day supply				
§ XANTHINES				CARBONIC ANHYDRASE INHIBITOR / SYMPATHOMIMETIC COMBINATIONS <i>SIMBRINZA</i>
<i>theophylline ext-rel tabs*</i> <i>theophylline liquid*</i> ELIXOPHYLLIN* THEO-24*				§ PROSTAGLANDINS <i>latanoprost</i>
* May be dispensed as a 90-day supply				§ SYMPATHOMIMETICS <i>brimonidine 0.15%, 0.2%</i>
TOPICAL				OTIC
DERMATOLOGY				§ ANTI-INFECTIVES
§ ACTINIC KERATOSIS				<i>acetic acid</i> <i>ofloxacin otic</i>
<i>fluorouracil crm 5%</i>				§ ANTI-INFECTIVE / ANTI-INFLAMMATORY COMBINATIONS
§ ANTIBIOTICS				<i>ciprofloxacin-dexamethasone neomycin-polymyxin B-hydrocortisone</i>
<i>gentamicin</i> <i>mupirocin oint</i> <i>silver sulfadiazine</i>				
§ ANTIFUNGALS				
<i>ciclopirox QL</i>				
	clotrimazole QL	betamethasone dipropionate crm, lotion, oint 0.05% QL	neomycin-polymyxin B-gramicidin	CARBONIC ANHYDRASE INHIBITORS
	ketoconazole crm 2% QL	desoximetasone crm 0.25%	ofloxacin	§ Topical
	nystatin QL	fluocinonide crm, gel, oint 0.05% QL	polymyxin B-bacitracin	<i>dorzolamide</i>
	CORTICOSTEROIDS	fluocinonide soln 0.05%	polymyxin B-trimethoprim	§ CARBONIC ANHYDRASE INHIBITOR / BETA-BLOCKER COMBINATIONS
	§ Low Potency	triamcinolone acetonide crm, oint 0.5% QL	sulfacetamide soln 10%	<i>dorzolamide-timolol maleate</i>
	<i>alclometasone crm, oint 0.05%</i>			
	<i>fluocinolone acetonide soln 0.01%</i>			
	<i>hydrocortisone crm, lotion, oint 2.5% QL</i>			
	§ Medium Potency			
	<i>betamethasone valerate crm, lotion, oint 0.1% QL</i>			
	<i>fluocinolone acetonide crm, oint 0.025%</i>			
	<i>fluticasone propionate crm 0.05%, oint 0.005% QL</i>			
	<i>hydrocortisone butyrate soln 0.1%</i>			
	<i>mometasone crm, lotion, oint 0.1% QL</i>			
	<i>triamcinolone acetonide crm, lotion, oint 0.025% QL</i>			
	<i>triamcinolone acetonide crm, lotion, oint 0.1% QL</i>			
	§ High Potency			
	<i>betamethasone dipropionate augmented crm 0.05% QL</i>			
		OPHTHALMIC		
		§ ANTIALLERGICS		
		<i>cromolyn sodium</i>		
		§ ANTI-INFECTIVES		
		<i>bacitracin</i>		
		<i>ciprofloxacin soln</i>		
		<i>erythromycin</i>		
		<i>gentamicin</i>		
		<i>levofloxacin</i>		
		<i>moxifloxacin</i>		
		BETA-BLOCKERS		
		§ Nonselective		
		<i>levobunolol</i>		
		<i>timolol maleate</i>		
		<i>timolol maleate gel</i>		
		BETIMOL		
		§ Selective		
		<i>betaxolol 0.5%</i>		

LEGEND

AL: Age Limit **OTC:** Over the counter **PA:** Prior Authorization **PA, QL:** Quantity Limit is applied after Prior Authorization approval **QL:** Quantity Limit **SGM:** Specialty Guideline Management **ST:** Step Therapy

FOR YOUR INFORMATION: This drug list represents a summary of prescription coverage. It is not all-inclusive and does not guarantee coverage. In most instances, a brand-name drug for which a generic product becomes available will require prior authorization or will no longer be covered upon release of the generic product to the market. Unless specifically indicated, drug list products will include all dosage forms. This list represents brand products in CAPS, branded generics in upper- and lowercase *Italics*, and generic products in lowercase *italics*. Listed products may be available generically in certain strengths or dosage forms. Dosage forms on this list will be consistent with the category and use where listed. Log in to <https://www.metroplus.org/member-services/formularies> to check coverage.

An exception process may exist for specific clinical or regulatory circumstances that require coverage of a removed medication.

§ Generics are available in this class and should be considered the first line of prescribing.

¹ The quantity of opioid products covered (including those that are combined with acetaminophen, aspirin, or ibuprofen) will be limited to up to 90 morphine milligram equivalents (MMEs) per day based on a 30-day supply. Members may be subject to additional quantity limit restrictions, including a first-fill limit of 7 days (for members who are opioid-naïve) and 90 days of treatment per 365 days.

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber.

The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission.

©2022. All rights reserved. 1-100122

LEGEND

AL: Age Limit **OTC:** Over the counter **PA:** Prior Authorization **PA, QL:** Quantity Limit is applied after Prior Authorization approval **QL:** Quantity Limit **SGM:** Specialty Guideline Management **ST:** Step Therapy