



Formulary Quick Reference Guide

Cardiac - Hypertension/Heart Failure <u>ACE-I / ARB</u> - benazepril, captopril, enalapril, lisinopril, quinapril, ramipril, candesartan, irbesartan, losartan, olmesartan, valsartan, telmisartan <u>Diuretics</u> - HCTZ, chlorthalidone, metolazone, furosemide, bumetanide, torsemide, spironolactone, eplerenone <u>Calcium Channel Blockers</u> - amlodipine, nifedipine, nicardipine (QL), diltiazem, verapamil <u>Beta Blockers</u> - atenolol, carvedilol, labetalol, metoprolol, propranolol, sotalol <u>Alpha Blockers</u> - prazosin, doxazosin, terazosin	Behavioral* <u>Antidepressant/Antianxiety Agents</u> - citalopram, escitalopram, fluoxetine, paroxetine, sertraline, vilazodone, Trintellix®, desvenlafaxine, duloxetine, Fetzima®, venlafaxine, amitriptyline, desipramine, doxepin, nortriptyline, bupropion, bupropion XL, mirtazapine, trazodone, nefazodone, alprazolam, clordiazepoxide, clonazepam, diazepam, lorazepam, oxazepam <u>Antipsychotics</u> - aripiprazole, Abilify Maintena®, Latuda®, Aristada®, Rexulti®, Vraylar®, clozapine, olanzapine, paliperidone, quetiapine, risperidone, ziprasidone, olanzapine-fluoxetine *QL on all agents in Behavioral category	Asthma/COPD <u>SABA</u> - albuterol HFA (QL), albuterol solution (QL) <u>Inhaled Corticosteroids</u> - Arnuity Ellipta® (QL), Flovent Diskus® (QL), Flovent HFA® (QL), <u>LABA</u> - Striverdi Respimat® (QL), Serevent® (QL) <u>LAMA</u> - Spiriva Respimat® (QL), Atrovent HFA® (QL) <u>Combined Inhalers</u> - fluticasone-salmeterol (QL), Dulera HFA® (QL), Combivent Respimat® (QL), Stiolto Respimat® (QL), Trelegy Ellipta® (QL, ST)
Cardiac - Miscellaneous <u>Statins</u> - atorvastatin, pravastatin, simvastatin, rosuvastatin (ST) <u>Statin Alternatives</u> - fenofibrate, gemfibrozil, omega-3, ezetimibe (QL) <u>Oral Anticoagulants</u> - warfarin, Eliquis®, Xarelto® (ST for 2.5mg) <u>Antiplatelets</u> - Brilinta® (ST), clopidogrel, prasugrel <u>Miscellaneous</u> - clonidine (QL, ST), digoxin	Neurological <u>Anticonvulsants</u> - carbamazepine, clobazam (QL), diazepam (QL), divalproex, lacosamide (ST), lamotrigine, levetiracetam (QL), Celontin®, oxcarbazepine, Oxtellar XR®, Fycompa® (ST, QL), phenobarbital, phenytoin, topiramate, Trokendi XR® (QL), valproate, valproic acid, zonisamide (QL), gabapentin (QL) <u>Miscellaneous</u> - donepezil (QL), memantine (QL), galantamine (QL, rivastigmine (QL) Chantix®, varenicline	Acute Care <u>Antibiotics</u> - azithromycin, cephalexin, amox/clav, sulfamethoxazole/TMP, ciprofloxacin, nitrofurantoin <u>Antifungals</u> - terbinafine (QL), itraconazole (QL), ketoconazole, nystatin, fluconazole <u>Antivirals</u> - valacyclovir, acyclovir, oseltamivir (QL), rimantadine <u>Steroids</u> - prednisone, dexamethasone, methylprednisolone

Based on the formulary as of 01/01/2023. Unless otherwise noted, drugs listed on this sheet are preferred agents on CareSource's Indiana HIP or HHW formulary.

As noted above, some drugs (or groups of drugs) may be subject to additional quantity limits, may be available over-the-counter (OTC), or may require trial of another agent(s). For the complete, up-to-date preferred drug list, visit www.caresource.com. Click on <Providers > Indiana > Medicaid > Patient Care > Pharmacy > Formularies



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Diabetes <u>Insulins</u> - Humulin N and R® (QL), Humulin R U-500® (QL), Humulin 70/30® (QL), Novolin N and R® (QL), Novolin 70/30® (QL), Relion Novolin N and R® (QL), Relion Novolin 70/30® (QL), insulin glargine-yfgn, insulin lispro (QL) <u>Oral Antidiabetics</u> - metformin, metformin XR, glipizide, Rybelsus® (ST, QL), glimepiride, glyburide (QL), pioglitazone, Steglatro® (ST) <u>Injectable Antidiabetics</u> - Trulicity® (ST, QL), Soliqua® (ST, QL)	Gastrointestinal <u>Acid Reducers</u> - esomeprazole (QL for 40mg), lansoprazole, (PA, QL), omeprazole (QL), pantoprazole (QL), Prevacid® (PA, QL), Prilosec® (QL), ranitidine, famotidine, cimetidine, sucralfate <u>Antiemetics</u> - meclizine, metoclopramide, ondansetron, promethazine <u>Antidiarrheals</u> - loperamide (QL), diphenoxylate-atropine <u>Laxatives/Stool Softeners</u> - PEG 3350, lactulose <u>Bowel Prep Agents</u> - Golytely®, Gavilyte®, Trilyte®	Pain <u>NSAIDs</u> - meloxicam, ibuprofen, diclofenac, naproxen, indomethacin, sulindac, celecoxib (ST), ketorolac (QL) <u>Opioids</u> (PA for all) - hydrocodone-APAP, tramadol, oxycodone-APAP, oxycodone, morphine sulfate, codeine-APAP, fentanyl (QL), oxymorphone (QL) <u>Migraine</u> (QL for all) - almotriptan, naratriptan, rizatriptan, sumatriptan, Reyvow® (PA) <u>Musculoskeletal</u> - baclofen, carisoprodol (QL), methocarbamol, cyclobenzaprine, tizanidine
Diabetic Supplies <u>Meters</u> - Accu-Chek Guide Retail Care Kit®, Accu-Check Guide Me Retail Care Kit®, True Metrix®, ReliOn Rx TMX® <u>Test Strips</u> (QL for all) - Accu-Chek Guide®, ReliOn Rx TMX®, True Metrix® <u>CGMs</u> - Dexcom G6 <u>Lancets/Needles/Pen Needles</u> - lancets, pen needles (QL, BD brand not covered), alcohol swabs, insulin syringes	Genitourinary <u>BPH</u> - alfuzosin, tamsulosin, doxazosin, terazosin, finasteride <u>Phosphate Binders</u> - calcium acetate, lanthanum <u>Urinary Misc</u> - oxybutynin, oxybutynin ER, bethanechol, hyoscyamine, phenazopyridine <u>Vaginal Anti-Infectives</u> - clotrimazole, metronidazole (QL for gel), terconazole, clindamycin (cream, suppository)	ADHD <u>ADHD Agents</u> (QL for all) - amphetamine, Adzenys XR-ODT®, Dyanavel XR®, Evekeo®, clonidine (ST), atomoxetine, amphetamine/dextroamphetamine*, Jornay PM®, dexamethylphenidate*, Vyvanse®, dextroamphetamine (solution, tabs, patch), QuilliChew ER®, Quillivant XR®, Qelbree®, methylphenidate (chew tabs, solution, tabs)* *Members > 19 years require PA for FDA labeled diagnosis or approved compendia diagnosis.

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