May 2015 P&T Table of Implementation Status of UF Recommendations/Decisions Summary

Date	DoD PEC Drug Class	Type of Action	BCF/ECF Medications MTFs must have BCF meds on formulary	UF Medications MTFs may have on formulary	Nonformulary Medications MTFs may not have on formulary	Decision Date / Implement Date	PA and QL Issues	Comments
May 2015	**Hepatitis C Virus (HCV) Agents – Direct Acting Agents (DAAs) Subclass**	UF class review Previously reviewed Nov 2012	▪ ECF: No DAA selected ▪ Peginterferon alfa-2a (Pegasys) ▪ Ribavirin 200 mg capsules (generics); excludes Ribapak formulation	▪ Sofosbuvir (Sovaldi) ▪ Simeprevir (Olysio) ▪ Ledipasvir/Sofosbuvir (Harvoni) ▪ Paritaprevir/ritonavir/ombitasvir plus dasabuvir (Viekira Pak) ▪ Note: Victrelis will remain UF until withdrawn from the market in December 2015	▪ None	Pending singing of the minutes	▪ Manual PA required ▪ QLs also apply; 28-day supply	-
May 2015	**Oral Anticoagulants**	UF class review Previously reviewed Feb 2013	▪ Generic warfarin	▪ Apixaban (Eliquis) ▪ Dabigatran (Pradaxa) ▪ Edoxaban (Savaysa) ▪ Rivaroxaban (Xarelto)	▪ None	Pending singing of the minutes	-	-
May 2015	**Newer Sedative Hypnotics (SED-1s)**	New Drug	▪ Zolpidem immediate release (IR)	*Step preferred* ▪ Zaleplon (Sonata) *Non step-preferred* ▪ Zolpidem ER (Ambien CR) ▪ Eszopiclone (Lunesta) ▪ Doxepin (Silenor)	▪ **Suvorexant (Belsomra) May 2015** ▪ Ramelteon (Rozerem) ▪ Zolpidem SL (Edluar) ▪ Zolpidem SL (Intermezzo) ▪ Tasimelteon (Hetlioz) Feb 2015	Pending signing of the minutes / 90 days	▪ Step therapy (automated PA); requires a trial of zolpidem IR or zaleplon for all SED-1 agents except tasimelteon	▪ BCF, UF, and NF drugs are designated for the SED-1s. There are 2 step-preferred agents: zolpidem IR and zaleplon. See DoD P&T Minutes for May 2012 and Feb. 2013. ▪ See Appendix C for Manual PA criteria.

May 2015 P&T Table of Implementation Status of UF Recommendations/Decisions Summary

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May 2015	**Multiple Sclerosis Drugs**	New Drug	▪ Interferon beta-1b SC (Betaseron)	**Injectables** ▪ Interferon beta-1a SC (Rebif and Rebif Rebidose) ▪ Interferon beta-1a IM (Avonex) ▪ Interferon beta-1b SC (Extavia) **Orals** ▪ Dalfampridine (Ampyra) ▪ Teriflunomide (Aubagio) ▪ Glatiramer (Copaxone) ▪ Fingolimod (Gilenya) ▪ Dimethyl fumarate (Tecfidera)	▪ **PEG interferon beta-1a SC (Plegridy) May 2015**	Pending signing of the minutes / 90 days	-	-
May 2015	**Antiemetics/ Antivertigo Agents**	New Drug	Older Antiemetics (May 2006) ▪ Promethazine oral and rectal (generics)	Newer Antiemetics (Nov 2005) ▪ Granisetron tablets (generics) ▪ Ondansetron oral tablets (generics) ▪ Aprepitant (Emend) Older Antiemetics (May 2006) ▪ Dronabinol (Marinol) ▪ Meclizine (Antivert, generics) ▪ Prochloperazine (Compazine, generics) ▪ Thiethylperazine (Torecan) ▪ Trimethobenzamide (Tigan, generics) ▪ Transdermal scopolamine (Transderm Scop)	▪ **Doxylamine succinate/ pyridoxine hydrochloride (Diclegis) May 2015** Newer Antiemetics ▪ Ondansetron soluble film (Zuplenz) ▪ Dolasetron (Anzemet) ▪ Granisetron patch (Sancuso)	Pending signing of the minutes / 90 days	PA criteria recommended at Aug 2013 meeting	-

February 2015 P&T Table of Implementation Status of UF Recommendations/Decisions Summary

Date	DoD PEC Drug Class	Type of Action	BCF/ECF Medications MTFs must have BCF meds on formulary	UF Medications MTFs may have on formulary	Nonformulary Medications MTFs may not have on formulary	Decision Date / Implement Date	PA and QL Issues	Comments
Feb 2015	**Pulmonary Arterial Hypertension (PAH) Agents**	UF class review Not previously reviewed (PDE-5 inhibitors for PAH reviewed Nov 2009)	▪ ECF: Sildenafil 20 mg (generic) and sildenafil brand (Revatio)	*Nitric oxide pathway:* *Step preferred:* ▪ sildenafil 20mg generic ▪ sildenafil brand (Revatio) *Non step-preferred* ▪ tadalafil (Adcirca) ▪ riociguat (Adempas) *Endothelin receptor antagonists:* ▪ bosentan (Tracleer) ▪ ambrisentan (Letairis) ▪ macitentan (Opsumit) *Prostacyclins:* ▪ treprostinil nebulized solution (Tyvaso) ▪ treprostinil tabs (Orenitram ER) ▪ iloprost nebulized solution (Ventavis)	▪ None	Pending singing of the minutes / 90 days	▪ Step therapy required for the nitric oxide agents; see comments	▪ For the nitric oxide pathway drugs, a trial of sildenafil 20 mg generic or sildenafil brand (Revatio) is required prior to Adcirca or Adempas. See Appendix C. ▪ Adcirca was previously NF, but now is UF, and non step-preferred.
Feb 2015	**Prostate Cancer Drugs**	UF class review	▪ Bicalutamide (Casodex)	▪ Flutamide (Eulexin) ▪ Nilutamide (Nilandron) ▪ Enzalutamide (Xtandi) ▪ Abiraterone (Zytiga)	▪ None	Pending singing of the minutes / 90 days	▪ PA required for nilutamide (See Appendix C)	▪ Bicalutamide is now BCF. ▪ No change recommended for the current PA for Zytiga and Xtandi

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Feb 2015	**Transmucosal Immediate Release Fentanyl Products (TIRFs)**	UF subclass review Not Previously reviewed	▪ None (see Comments)	▪ Fentanyl transmucosal lozenge (Actiq, generics)	▪ Fentanyl sublingual tablet (Abstral) ▪ Fentanyl buccal tablet (Fentora) ▪ Fentanyl nasal spray (Lazanda) ▪ Fentanyl sublingual spray (Subsys)	Pending singing of the minutes / 90 days	▪ High opioid safety edit in place	▪ No BCF selection for this subclass ▪ This is a subclass of the High Potency narcotic drugs; morphine sulfate IR and controlled release morphine sulfate (MS Contin, generics) are designated BCF
Feb 2015	**Newer Sedative Hypnotics (SED-1s)**	New Drug	▪ Zolpidem immediate-release	*Step preferred* ▪ Zaleplon (Sonata) *Non step-preferred* ▪ Zolpidem ER (Ambien CR) ▪ Eszopiclone (Lunesta) ▪ Doxepin (Silenor)	▪ **Tasimelteon (Hetlioz) February 2015** ▪ Ramelteon (Rozerem) ▪ Zolpidem SL (Edluar) ▪ Zolpidem SL (Intermezzo)	Pending signing of the minutes / 60 days	▪ Step therapy (automated PA); requires a trial of zolpidem IR or zaleplon for all SED-1 agents except tasimelteon	▪ All new users of Hetlioz will undergo a manual PA process ▪ See Appendix C for Manual PA criteria.
Feb 2015	**Non-Insulin Diabetes Drugs: Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors**	New Drug	▪ None (see comments)	▪ None (see comments)	▪ **Empagliflozin (Jardiance) February 2015** ▪ Dapagliflozin (Farxiga) May 2014 ▪ Canagliflozin (Invokana)	Pending signing of the minutes / 90 days	▪ Step therapy (automated PA); requires a trial of metformin, or sulfonylureas (SUs), and a DPP-4 inhibitor in all new and current users of a SGLT2 inhibitor.	▪ BCF, UF, and NF drugs are designated for metformin, SUs, DPP-4 inhibitors, GLP-1RAs, TZDs, meglitinides, and alpha glucosidase inhibitors. See DoD P&T Minutes for Nov 2010, Aug 2012, and Nov 2012.

February 2015 P&T Table of Implementation Status of UF Recommendations/Decisions Summary

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Feb 2015	**Antiplatelet Agents**	New Drug Review	▪ Clopidogrel (Plavix)	▪ Prasugrel (Effient) ▪ Ticagrelor (Brilinta) ▪ Aspirin/dipyridamole ER (Aggrenox) ▪ Ticlopidine (Ticlid, generics) ▪ Cilostazol (Pletal, generics) ▪ Dipyridamole (Persantine, generics) ▪ Pentoxifylline (Trental, generics)	▪ **Vorapaxar (Zontivity) February 2015**	Pending signing of the minutes / 90 days	▪N/A	▪ None
Feb 2015	**PDE-5 Inhibitors for Erectile Dysfunctions**	New Drug Review	▪ Sildenafil (Viagra)	▪ None for Erectile Dysfunction	▪ **Avanafil (Stendra) February 2015** ▪ Tadalafil (Cialis) ▪ Vardenafil (Levitra, Staxyn)	Pending singing of the minutes / 90 days	▪PA required for Stendra (See Appendix C) ▪QL apply – see Appendix E	▪ Viagra is the BCF and step-preferred PDE-5 inhibitor for erectile dysfunction.

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Feb 2015	**Proton Pump Inhibitors**	New Drug Review	▪ Omeprazole (Prilosec, generic) excludes 40mg Prilosec capsule ▪ Esomeprazole (Nexium)	▪ Prilosec 40mg (brand) ▪ Pantoprazole (Protonix, generic) tablets	▪ **Esomeprazole strontium (February 2015)** ▪ Lansoprazole (Prevacid) ▪ Omeprazole NaHCO3 (Zegerid) ▪ Rabeprazole (Aciphex) ▪ Dexlansoprazole (Dexilant)	Pending signing of the minutes / 90 days	▪ PA applies (See Appendix C)	▪ See DoD P&T Minutes for Nov 2012, May 2009, Feb 2008, & May 2007

November 2014 P&T Table of Implementation Status of UF Recommendations/Decisions Summary

Date	DoD PEC Drug Class	Type of Action	BCF/ECF Medications MTFs must have BCF meds on formulary	UF Medications MTFs may have on formulary	Nonformulary Medications MTFs may not have on formulary	Decision Date / Implement Date	PA and QL Issues	Comments
Nov 2014	**Multiple Sclerosis Drugs**	UF class review Previously reviewed	▪ Interferon beta-1b SC (Betaseron)	▪ Interferon beta-1a SC (Rebif and Rebif Rebidose) ▪ Interferon beta-1a IM (Avonex) ▪ Interferon beta 1b SC (Extavia) ▪ Dalfampridine (Ampyra) ▪ Teriflunomide (Aubagio) ▪ Glatiramer (Copaxone) ▪ Fingolimod (Gilenya) ▪ Dimethyl fumarate (Tecfidera)	▪ None	Pending singing of the minutes / 30 days	▪PA required for Gilenya and Tecfidera (See Appendix C)	▪ MS drugs s are no longer an ECF class; Betaseron is now BCF and Avonex is removed from the ECF.
Nov 2014	**Pulmonary II: Chronic Obstructive Pulmonary Disease**	New Drug Review	▪ Ipratropium bromide (Atrovent HFA) ▪ Ipratropium bromide/albuterol nebulized solution (Duoneb) ▪ Salmeterol (Serevent) ▪ Tiotropium (Spiriva)	**May 2013** ▪ Aclidinium (Tudorza) ▪ Arformoterol (Brovana) ▪ Formoterol (Foradil) ▪ Ipratropium bromide/albuterol (Combivent Respimat) ▪ Roflumilast (Daliresp) **Nov 2014** ▪ **Umeclidinium/ vilanterol (Anoro Ellipta) Nov 2014**	▪ Formoterol (Perforomist) ▪ Indacaterol (Arcapta)	Pending signing of the minutes	▪QL apply	▪ BCF, UF, and NF choices are designated for COPD drugs for LABAs, LAMAs, SABA/SAMA, SAMAs, and oral PDE-4 inhibitors. See DoD P&T Minutes for Feb 2009, May 2013, and May 2014.
Nov 2014	**Ophthalmic NSAIDs**	New Drug Review	▪ None	**Aug 2010** ▪ Bromfenac 0.9%, generic ▪ Diclofenac (Voltaren) ▪ Flurbiprofen (Ocufen) ▪ Ketorolac 0.4% (Acular LS) ▪ Ketorolac 0.45% (Acuvail) ▪ Ketorolac 0.5% (Acular) ▪ Nepafenac (Nevanac)	**Nov 2014** ▪ **Bromfenac 0.07% (Prolensa)**	Pending singing of the minutes / 90 days	▪None	▪ Medical Necessity Criteria apply. See Appendix B

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Nov 2014	**Ophthalmic Glaucoma Agents**	New Drug Review	▪ Latanoprost, generic ▪ Timolol, generic ▪ Brimonidine 0.15%, 0.2%, generic	**Nov 2014** ▪ **brinzolamide 1% /brimonidine 0.2% (Simbrinza)** **Feb 2007** ▪ Bimatoprost (Lumigan) ▪ Betaxolol (Betoptic, Betoptic-S) ▪ Carteolol (Ocupress) ▪ Levobunolol (Betagan) ▪ Metipranolol (Optipranolol) ▪ Timolol maleate (Timoptic) ▪ Timolol maleate gel forming solution (Timoptic XE) ▪ Dorzolamide (Trusopt) ▪ Dorzolamide / timolol (Cosopt) ▪ Brimonidine purite 0.1% (Alphagan P) ▪ Apraclonidine (Iopidine) ▪ Dipivefrin (Propine) ▪ Acetylcholine (Miochol-E) ▪ Carbachol (Isopto Carbachol) ▪ Pilocarpine (Pilocar, Pilopine HS) ▪ Echothiophate (Phospholine iodide)	▪ travoprost (Travatan and Travatan Z) ▪ tafluprost (Zioptan) ▪ timolol (Betimol) ▪ timolol (Istalol) ▪ brinzolamide (Azopt)	Pending singing of the minutes / 90 days	▪None	▪ None

November 2014 P&T Table of Implementation Status of UF Recommendations/Decisions Summary

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Nov 2014	**Self-Monitoring Blood Glucose System (SMBS) test strips**	UF Class Review	▪ FreeStyle Lite (Abbott) ▪ Precision Xtra (Abbott)	Uniform Formulary and Step-Preferred ▪ FreeStyle Lite (Abbott) ▪ Precision Xtra (Abbott)	Nonformulary and non-step preferred ▪ACCU-CHEK Aviva Plus (Roche) ▪GLUCOCARD 01-SENSOR (Arkray) ▪GLUCOCARD Vital (Arkray) ▪CONTOUR NEXT (Bayer) ▪ FreeStyle InsuLinx (Abbott) ▪NovaMax (Nova) ▪TRUEtest (Nipro) ▪Prodigy No Coding (Prodigy) ▪One Touch Ultra Blue (Lifescan) ▪One Touch Verio (Lifescan) ▪For a V2 (For a) ▪Solus V12 (Biosense) ▪All other test strips listed in Appendix D, with the exception of Freestyle Lite, and Precision Xtra	Pending signing of the minutes / 120 days	Step therapy requires a trial of an FreeStyle Lite, or Precision Xtra in all new and current users of the nonformulary strips	▪ FreeStyle Lite added to the BCF; Precision Xtra remains on the BCF

August 2014 P&T Table of Implementation Status of UF Recommendations/Decisions Summary

Date	DoD PEC Drug Class	Type of Action	BCF/ECF Medications MTFs must have BCF meds on formulary	UF Medications MTFs may have on formulary	Nonformulary Medications MTFs may not have on formulary	Decision Date / Implement Date	PA and QL Issues	Comments
Aug 2014	**Targeted Immunologic Biologics**	UF class review Previously reviewed	▪ Adalimumab (Humira)	▪ Apremilast (Otezla) ▪ Golimumab (Simponi) ▪ Tofacitinib (Xeljanz) ▪ Ustekinumab (Stelara)	▪ Abatacept (Orencia ▪ Anakinra (Kineret) ▪ Certolizumab (Cimzia) ▪ Etanercept (Enbrel) ▪ Tocilizumab (Actemra)	Pending singing of the minutes / 90 days	▪Step therapy required; see comments ▪Quantity Limits apply; see Formulary Search Tool	▪ Must try Humira first in all new users before the other TIBs. (See Appendix C) ▪ TIBs are no longer an ECF class; Humira now BCF

May 2014 P&T Table of Implementation Status of UF Recommendations/Decisions Summary

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May 2014	**Nasal Allergy Drugs**	UF class review Previously reviewed	▪ Fluticasone propionate (Flonase generic)	▪ Azelastine 137 mcg (Astelin, generic) ▪ Flunisolide (Nasalide, generic) ▪ Ipratropium (Atrovent, generic)	▪ Azelastine 205 mcg (Astepro) ▪ Beclomethasone (Beconase AQ & QNASL) ▪ Budesonide (Rhinocort Aqua) ▪ Ciclesonide (Zetonna and Omnaris) ▪ Fluticasone furoate (Veramyst) ▪ Fluticasone/azelastine (Dymista) ▪ Mometasone (Nasonex) ▪ Olopatadine (Patanase)	Pending singing of the minutes / 90 days	▪Step therapy required; see comments ▪Quantity Limits apply; see Minutes	▪ Must try the generics first before the branded products in all current and new users older than 4 years. (See Appendix C)
May 2014	**Inhaled Corticosteroids** **Metered Dose Inhalers and Dry Powder Inhalers**	UF Class review Previously reviewed	▪ Flovent HFA ▪ Flovent Diskus	▪ N/A (Flovent is on the BCF)	▪ Beclomethasone (QVAR) ▪ Budesonide (Pulmicort Flexhaler) ▪ Ciclesonide (Alvesco) ▪ Flunisolide (Aerospan) ▪ Mometasone (Asmanex Twisthaler)	Pending signing of the minutes / 90 days	▪Step therapy required; see comments ▪Quantity Limits apply; see Minutes	▪ Must try Flovent Diskus or Flovent HFA before the non-preferred products in all new users older than age 12. (See Appendix C)
May 2014	**Oral Bisphosphonates (Osteoporosis Drugs)**	UF Class review Previously reviewed	▪ alendronate	▪ ibandronate	▪ risedronate (Actonel) ▪ risedronate delayed release (Atelvia) ▪ risedronate effervescent tablet (Binosto) ▪ alendronate with vitamin D ▪ (Fosamax Plus D)	Pending signing of the minutes / 90 days	▪Step therapy required; see comments ▪Quantity Limits apply; see Minutes	▪ Must try alendronate before the non-preferred products (See Appendix C)

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May 2014	**Hepatitis C Drugs Direct Acting Antiviral Subclass**	New Drug	Extended Core Formulary (ECF): ▪ PEG-interferon alfa-2a (Pegasys) ▪ ribavirin 200 mg capsules (generics); excludes Ribapak formulation	▪ **sofosbuvir (Sovaldi) designated UF at May 2014 meeting** ▪ boceprevir (Victrelis) ▪ **telaprevir (Incivek) – no longer ECF** ▪ interferon alfa-2b (Intron A) ▪ PEG-interferon alfa-2b (PEG-Intron) ▪ ribavirin (Copegus, Rebetol, Ribasphere)	▪ interferon alfacon-1 (Infergen) ▪ ribavirin Ribapak formulation	Pending signing of the minutes / no later than 30 days	▪ PA recommended for sofosbuvir and simeprevir; revised PA for boceprevir and telaprevir (See Appendix D) ▪ QL recommended for simeprevir (Olysio)	▪ May 2014: telaprevir (Incivek) removed from the ECF ▪ QL recommendation for simeprevir: 28-day supply in MTFs, Mail Order, and Retail; no multiple fills for multiple co-pays
May 2014	**Overactive Bladder Drugs (OABs)**	New Drug	▪ Tolterodine ER (Detrol LA)* ▪ Oxybutynin ER (Ditropan XL, generics)* *step-preferred	▪ **mirabegron (Myrbetriq)** ▪ oxybutynin IR (Ditropan, generics)* ▪ solifenacin (Vesicare) ▪ trospium IR (Sanctura, generics) ▪ trospium ER (Sanctura ER, generics) ▪ tolterodine IR (Detrol IR, generics) *step-preferred	▪ fesoterodine (Toviaz) ▪ darifenacin (Enablex) ▪ oxybutynin transdermal delivery system (Oxytrol) ▪ oxybutynin 10% gel (Gelnique)	N/A	▪ Step therapy (Automated PA); requires trial of Detrol LA, trospium IR (Sanctura), oxybutynin IR, or oxybutynin ER (step-preferred drugs) prior to another OAB drug.	▪ Mirabegron (Myrbetriq) designated UF and non step-preferred. ▪ See Feb 2014 DoD P&T Committee meeting minutes for step therapy criteria.
May 2014	**Oral Anticoagulants**	New Drug Review	▪ warfarin	▪ **apixaban (Eliquis) May 2014** ▪ dabigatran (Pradaxa) ▪ rivaroxaban (Xarelto)	▪ None	N/A	N/A	N/A

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May 2014	**Non-Insulin Diabetes Drugs: Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors**	New Drug	▪ None	▪ None	▪ **Dapagliflozin (Farxiga) May 2014** ▪ Canagliflozin (Invokana)	Pending signing of the minutes / 90 days	▪ Step therapy (automated PA); requires a trial of metformin, or a SU, and a DPP-4 inhibitor in all new and current users of a SGLT2 inhibitor.	▪ BCF, UF, and NF drugs are designated for the non-insulin diabetes drugs for metformin, SUs, DPP-4 inhibitors, glucagon-like peptide-1 receptor agonists, thiazolidinediones, meglitinides, and alpha glucosidase inhibitors. See DoD P&T Minutes for Nov 2010, Aug 2012, and Nov 2012.
May 2014	**Long-Acting Beta Agonists**	New Drug	▪ Salmeterol (Serevent)	▪ Formoterol (Foradil) ▪ Arformoterol (Brovana)	▪ **Indacaterol (Arcapta) May 2014** ▪ Formoterol (Perforomist)	Pending signing of the minutes / 90 days	▪ QL apply	▪ Arcapta designated NF
May 2014	**GI-Steroid Subclass** **GI-1 Drug Class**	New Drug	▪ None (sulfasalazine and Lialda are BCF)	▪ Orals: Entocort EC and generics ▪ Rectals: Cortenema and generics ▪ Cortifoam and generics	▪ **Budesonide extended release (Uceris) May 2014**	Pending signing of the minutes / 90 days	N/A	▪ Uceris designated NF

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May 2014	**NSAIDs**	New Drugs	▪ ibuprofen 400 mg, 600 mg & 800 mg ▪ indomethacin 25 mg & 50 mg (generic) ▪ meloxicam 7.5 mg & 15 mg (generic) ▪ naproxen 250 mg & 500 mg (generic) & 125 mg/5 mL susp (generic)	▪ celecoxib (Celebrex) ▪ diclofenac/misoprostol (Arthrotec) ▪ diclofenac potassium tablets (Cataflam generic) ▪ diclofenac sodium tablets (Voltaren generic) ▪ diflunisal ▪ etodolac ▪ fenoprofen ▪ flurbiprofen ▪ ketoprofen ▪ ketorolac ▪ meclofenamate ▪ nabumetone ▪ naproxen sodium 275 mg & 550 mg (Anaprox, generic) ▪ oxaprozin ▪ piroxicam ▪ sulindac ▪ tolmetin ▪ naproxen/esomeprazole (Vimovo)	▪ **Diclofenac low dose 18 and 35 mg capsules (Zorvolvex) May 2014** ▪ diclofenac potassium liquid filled capsules (Zipsor) 25 mg ▪ diclofenac potassium powder packets 50 mg (Cambia) ▪ naproxen sodium ER (Naprelan CR, generic) 375 mg, 500 mg, & 750 mg ER tabs, dosing card ▪ mefenamic acid (Ponstel, generic) 250 mg	Pending signing of the minutes / 90 days	N/A	▪ Zorvolex designated NF

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Feb 2014	**Inhaled Corticosteroids/ Long-Acting Beta Agonists (ICS/LABAs) Combinations**	UF class review Previously reviewed	▪ Fluticasone/ salmeterol (Advair Diskus) ▪ Fluticasone/ salmeterol (Advair HFA)	▪ None (Advair Diskus and Advair HFA BCF)	▪ Budesonide/formoterol (Symbicort) ▪ Mometasone/formoterol (Dulera) ▪ Fluticasone/vilanterol (Breo Ellipta)	Pending singing of the minutes / 60 days	▪ Step therapy required; see comments ▪ Quantity Limits apply; see Minutes	▪ Must try Advair before Symbicort, Dulera, or Breo Ellipta in all current and new users older than 12 years. (See Appendix C)
Feb 2014	**GI-1s** **5-Amino Salicylate Subclass**	UF Class review Previously reviewed	▪ Sulfasalazine ▪ Meslamine multimatrix (Lialda)	▪ Balsalazide 750 mg (Colazal, generic) ▪ Olsalasine (Dipentum) ▪ Mesalamine DR (Delzicol) ▪ Meslamin (Apriso)	▪ Balsalazide 1100 mg (Giazo) ▪ Mesalamine high dose (Asacol HD) ▪ Mesalamine (Pentasa)	Pending signing of the minutes / 90 days	▪ None	▪ None
Feb 2014	**Pancreatic Enzyme Products (PEPs)**	UF class review	▪ Creon	▪ Pancreaze ▪ Viokace ▪ Zenpep	▪ Pertze ▪ Ultresa	Pending signing of the minutes / 90 days	▪ None	▪ Note Pancreaze removed from the ECF.

February 2014 P&T Table of Implementation Status of UF Recommendations/Decisions Summary

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Feb 2014	**Depression and Non-Opioid Pain Syndrome Agents** **Antidepressant-1s Subclass** Previous review: Aug 2011	New Drug in Already Reviewed Class Bupropion 450 mg (Forfivo XL) Desvenlafax-ine ER (Khedezla) Levomilnaci-pran (Fetzima) Vortioxetine (Brintellix)	No change from previous review **SSRIs:** citalopram fluoxetine sertraline **SNRIs:** venlafaxine IR venlafaxine ER **SARIs:** trazodone **NDRIs:** bupropion HCl IR bupropion HCl SR bupropion HCl ER **GABA analogs:** gabapentin **TCAs:** amitriptyline doxepin imipramine HCl nortriptyline	**SSRIs:** citalopram fluoxetine escitalopram fluvoxamine paroxetine HCl IR paroxetine HCl CR paroxetine mesylate sertraline **SNRIs:** venlafaxine IR venlafaxine ER venlafaxine ER tablets **SARIs:** nefazodone trazodone **NDRIs:** bupropion HCl IR bupropion HCl SR bupropion HCl ER **TCAs:** amitriptyline desipramine doxepin imipramine HCl imipramine pamoate nortriptyline protriptyline **A2RAs:** mirtazapine tablets mirtazapine ODT **GABA analogs:** gabapentin	***Feb 2014*** ▪ **bupropion 450 mg (Forfivo XL)** ▪ **desvenlafaxine ER (Khedezla)** ▪ **levomilnacipran (Fetzima)** ▪ **vortioxetine (Brintellix)** *Nov 2011* **SSRIs:** fluoexetine (Sarafem) fluoxetine weekly (Prozac Weekly) **SNRIs:** desvenlafaxine (Pristiq) duloxetine (Cymbalta) milnacipran (Savella) **SARIs:** trazodone ER (Oleptro) **SPARIs:** vilazodone (Viibryd) **NDRIs:** bupropion HBr (Aplenzin) **GABA analogs:** pregabalin (Lyrica)	Pending signing of minutes/ 90 days	Step therapy required; see comments	▪ Khedezla: Must try venlafaxine IR or ER first ▪ Fetzima and Brintellix: Must try a formulary AD-1 first. (See Appendix C)

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Nov 2013	**Short-Acting Beta Agonists** **Metered Dose Inhalers**	UF Class review Previously reviewed	▪ ProAir HFA	▪ None (ProAir HFA BCF)	▪ Proventil HFA ▪ Ventolin HFA ▪ levalbuterol (Xopenex HFA)	Pending signing of the minutes / 90 days	Quantity Limits apply see Formulary Search Tool	▪ None
May 2013	**Benign Prostatic Hypertrophy Drugs** **5-Alpha Reductase Inhibitor Subclass**	UF class review	▪ finasteride	▪ None (finasteride BCF)	▪ dutasteride (Avodart) ▪ dutasteride/tamsulosin (Jalyn)	Pending signing of the minutes / 60 days	Step therapy required – see comments	▪ Must try finasteride before Avodart in all new and current users; and, ▪ Must try finasteride before Jalyn in all new users. (See Appendix C)
Nov 2013	**Non-Insulin Diabetes Drugs** **DPP-4 Inhibitors Subclass** Previous reviews: Feb 2012, Aug 2012,and Aug 2013	New Drug in Already Reviewed Class alogliptin (Nesina) alogliptin/ metformin (Kazano) alogliptin/ pioglitazone (Oseni)	No change from previous review ▪ sitagliptin (Januvia) ▪ sitagliptin/metformin (Janumet) ▪ sitagliptin/ metformin ER (Janumet XR)	No change from previous review ▪ linagliptin (Tradjenta) ▪ linagliptin/metformin IR (Jentadueto) ▪ sitagliptin/simvastatin (Juvisync)	***Nov 2013*** ▪ **alogliptin (Nesina)** ▪ **alogliptin/metformin (Kazano)** ▪ **alogliptin/pioglitazone (Oseni)** *Aug 2013* ▪ saxagliptin (Onglyza) ▪ saxagliptin/metformin ER (Kombiglyze XR)	Pending signing of minutes/ 60 days	Step therapy required – see comments	▪ Must try metformin and sulfonylurea first before any DPP-4 drug ▪ Must try sitagliptin-containing product first before Nesina, Kazano, Oseni, Tradjenta, Jentadueto, Onglyza, or Kombiglyze XR (See Appendix C)

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Nov 2013	**Osteoporosis Drugs** **Bisphosphonates Subclass** Previous review: June 2008, Nov 2011	New Drug in Already Reviewed Class	No change from previous review June 2008 ▪ alendronate ▪ alendronate with vitamin D ▪ ibandronate	No change from previous review June 2008 ▪ alendronate ▪ alendronate with vitamin D ▪ ibandronate ▪ risedronate IR (Actonel) ▪ risedronate IR with calcium (Actonel with Calcium)	***Nov 2013*** ▪ **effervescent alendronate (Binosto)** Nov 2011 ▪ risedronate delayed release (Atelvia)	Pending signing of minutes/ 60 days	-	▪ None ▪ Section 703 drug-see Appendix E

August 2013 P&T Table of Implementation Status of UF Recommendations/Decisions Summary

Date	DoD PEC Drug Class	Type of Action*	BCF/ECF Medications MTFs must have BCF meds on formulary	UF Medications MTFs may have on formulary	Nonformulary Medications MTFs may not have on formulary	Decision Date / Implement Date	PA and QL Issues	Comments
Aug 2013	**Topical Steroids**	UF Class Review	▪ clobetasol 0.05% cream and ointment ▪ fluocinonide 0.05% cream and ointment ▪ triamcinolone acetate 0.1% cream and ointment	▪ aclometasone 0.05% cream, ointment (Aclovate, generics) ▪ augmented betamethasone dipropionate 0.05% cream, ointment, gel & lotion (Diprolene, Diprolene AF, generics) ▪ betamethasone dipropionate 0.05% cream & lotion (Diprosone, generics) ▪ betamethasone valerate 0.1% cream, ointment & lotion (Valisone, generics) ▪ clobetasol 0.05% solution, foam, gel, shampoo, lotion & spray (Clobex, Olux, Temovate, generics) ▪ desonide 0.05% cream & ointment (Desowen, generics) ▪ desoximetasone 0.05% & 0.25% cream, ointment, gel, & spray (Topicort, generics) ▪ fluocinonide 0.05%, gel, and solution (Lidex, generics) ▪ fluocinolone acetonide 0.01% oil, solution (Derma-Smoothe/FS, generics) ▪ fluocinolone 0.025% cream & ointment (Synalar, generics) ▪ flurandrenolide 4mcg/sq cm tape (Cordran) ▪ flurandrenolide 0.05% cream, lotion (Cordran, generics) ▪ fluticasone 0.005% ointment, & 0.05% cream & lotion (Cutivate, generics) ▪ halobetasol 0.05% cream, ointment, lotion foam, &	**High potency** ▪ amcinonide 0.1% ointment (Cyclocort, generics) ▪ diflorasone 0.05% cream & ointment (Apexicon, generics) ▪ fluocinonide 0.1% cream (Vanos) ▪ halcinonide 0.1% cream & ointment (Halog) **Medium potency** ▪ amcinonide 0.1% cream & lotion (Cyclocort, generics) ▪ betamethasone valerate 0.12% foam (Luxiq, generics) ▪ clocortolone 0.1% cream (Cloderm) ▪ desonide 0.05% lotion (Desowen, generics) ▪ hydrocortisone probutate 0.1% cream (Pandel) ▪ hydrocortisone butyrate 0.1% cream & lotion (Locoid) ▪ triamcinolone acetonide with emollient #45, 0.1% cream kit (Pediaderm TA) **Low potency** ▪ desonide 0.05% foam (Verdeso) & 0.05% gel (Desonate) ▪ fluocinolone 0.01% shampoo (Capex) **Low potency (continued)**	Pending signing of the minutes/ 60 days	N/A	-

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				combinations (Halonate, Ultravate, generics) ▪ hydrocortisone 1%, 2% &2.5% cream, solution & lotion (excludes Pediaderm HC) ▪ hydrocortisone acetate 2% & 2.5% cream (Microcort-HC) generics ▪ hydrocortisone butyrate 0.1% ointment & solution (Locoid) ▪ hydrocortisone valerate 0.2% cream and ointment (Westcort, generics) ▪ mometasone 0.1% cream, ointment & solution (Elocon, generics) ▪ prednicarbate 0.1% cream & ointment (Dermatop, generics) ▪ triamcinolone acetate 0.025%, 0.05%, 0.1%, & 0.5% cream, ointment & lotion (excludes Pediaderm TA) ▪ triamcinolone acetate 0.015% spray (Kenalog) ▪ triamcinolone acetonide 0.5% cream (Artistocort A, generics)	▪ hydrocortisone with emollient #45, 2% lotion kit (Pediaderm HC)			

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Aug 2013	**Self-Monitoring Blood Glucose System (SMBS) test strips**	UF Class Review	▪ FreeStyle Lite (Abbott)	Uniform Formulary and Step-Preferred ▪ FreeStyle Lite (Abbott) ▪ FreeStyle InsuLinx (Abbott) ▪ Precision Xtra (Abbott)	Nonformulary and non-step preferred ▪ACCU-CHEK Aviva Plus (Roche) ▪GLUCOCARD 01-SENSOR (Arkray) ▪GLUCOCARD (Arkray) ▪CONTOUR NEXT (Bayer) ▪NovaMax (Nova) ▪TRUEtest (Nipro) ▪Prodigy No Coding (Prodigy) ▪One Touch Ultra (Lifescan) ▪One Touch Verio (Lifescan) ▪All other test strips listed in Appendix C, with the exception of Freestyle Lite, Freestyle InsuLinx, and Precision Xtra	Pending signing of the minutes / 120 days	Step therapy requires a trial of an Abbott test strip (FreeStyle Lite, FreeStyle InsunLinx, or Precision Xtra) in all new and current users of the nonformulary strips	▪ FreeStyle Lite added to the BCF ▪ PrecisionXtra removed from the BCF, but still UF and step-preferred

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May 2013	**Pulmonary II Drugs**	UF Class Review	▪ Ipratropium HFA MDI (Atrovent HFA) ▪ Ipratropium/ albuterol nebulized solution (DuoNeb) ▪ Tiotropium inhaler (Spiriva)	▪ Aclidinium inhaler (Tudorza) ▪ Ipratropium nebulized solution (Atrovent) ▪ Ipratropium / albuterol soft mist inhaler (Combivent Respimat) ▪ Roflumilast (Daliresp)	▪ None	Pending signing of the minutes	None	▪ Combivent Respimat added to the BCF
May 2013	**Anti-Gout Drugs**	UF class review	▪ Allopurinol	▪ colchicine (Colcrys) ▪ probenecid ▪ colchicine/probenecid	▪ Febuxostat (Uloric)	Pending signing of the minutes / 90 days	Step therapy (automated PA); requires a trial of allopurinol prior to use of Uloric in all new and current users of Uloric.	▪ Step therapy does not apply to colchicine, probenecid, or colchicine/ probenecid
May 2013	**Non-Insulin Diabetes Drugs: Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors**	New Drug review	▪ None	▪ None	▪ **Canagliflozin (Invokana) recommended for NF May 2013**	Pending signing of the minutes / 30 days	Step therapy (automated PA); requires a trial of metformin, an SU, or a DPP-4 inhibitor in all new and current users of a SGLT2 inhibitor	BCF, UF, and NF drugs are designated for the non-insulin diabetes drugs for metformin, sulfonylureas, DPP-4 inhibitors, GLP1RA agonists, TZDs, meglitinides, and alpha glucosidase inhibitors (see Minutes November 2010, August 2012, and November 2012).

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Feb 2013	**Topical Pain Medications**	UF Class Review	None	▪ Lidocaine 5% patch (Lidoderm) ▪ Diclofenac 1% gel (Voltaren)	▪ Diclofenac 1.3% patch (Flector) ▪ Diclofenac 1.5% solution (Pennsaid)	Pending signing of the minutes/ 90 days	PA applies	PA for Lidoderm applies to new and current users (see Appendix C)
Feb 2013	**Oral Anticoagulants**	UF Class review	Warfarin	▪ Dabigatran (Pradaxa) ▪ Rivaroxaban (Xarelto)	▪ N/A (no drugs designated nonformulary	Pending signing of the minutes	-	-
Feb 2013	**Newer Sedative Hypnotics-1 (SED-1s)**	New Drug	Zolpidem IR	▪ Zolpidem ER ▪ Eszopiclone (Lunesta) ▪ Doxepin (Silenor) ▪ Zaleplon	▪ **Zolpidem sublingual low dose (Intermezzo) recommended for NF placement Feb 2013** ▪ Rozerem (Ramelteon) ▪ Zolpidem sublingual (Edluar)	Pending signing of the minutes/ 60 days	PA applies	Step therapy (Automated PA); requires trial of zolpidem IR or zaleplon before any other SED-1

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Nov 2012	**Glucagon-Like Peptide-1 Receptor Agonists (GLP1RAs)**	UF Class Review	None	▪ exenatide BID injection (Byetta) ▪ exenatide once weekly injection (Bydureon) ▪ liraglutide once daily injection (Victoza)	N/A	Pending signing of the minutes/ 30 days	PA apply	▪ Current requirement for trial of metformin or a sulfonylurea prior to a GLP1RA still applies. ▪ Byetta is no longer the preferred GLP1RA (the previous step therapy requiring use of Byetta prior to another GLP1RA has been removed).
Nov 2012	**Overactive Bladder Drugs (OABs)**	UF Class Review	▪ Tolterodine ER (Detrol LA)* ▪ Oxybutynin ER (Ditropan XL, generics)* *step-preferred	▪ oxybutynin IR (Ditropan, generics)* ▪ solifenacin (Vesicare) ▪ trospium IR (Sanctura, generics) ▪ trospium ER (Sanctura ER, generics) ▪ tolterodine IR (Detrol IR, generics) *step-preferred	▪ fesoterodine (Toviaz) ▪ darifenacin (Enablex) ▪ oxybutynin transdermal delivery system (Oxytrol) ▪ oxybutynin 10% gel (Gelnique)	Pending signing of the minutes/ 90 days	Step therapy (Automated PA); requires trial of Detrol LA, oxybutynin IR, or oxybutynin ER (step-preferred drugs) prior to another OAB drug.	▪ When generic formulations of trospium IR (Sanctura), trospium ER (Sanctura ER), and tolterodine IR (Detrol) become cost-effective relative to the step-preferred drugs, they will become step-preferred.

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Nov 2012	**Gastrointestinal-2 Oral Antibiotics (GI-2s)**	UF Class Review	▪ metronidazole 250 mg & 500 mg tabs (Flagyl, generics)	▪ fidaxomicin (Dificid)* ▪ metronidazole 375 mg, 750 mg ER tabs (Flagyl, Flagyl ER, generics) ▪ neomycin (Neo-Fradin, generics) ▪ nitazoxanide (Alinia) ▪ rifaximin (Xifaxan) ▪ vancomycin 125 mg, 250 mg oral tabs (Vancocin, generics) *Dificid not available at Mail or MTFs	N/A	Pending signing of the minutes/ 90 days	▪ PA recommendation for rifaximin, limiting use to hepatic encephalopathy (365 days) & traveler's diarrhea (3 days) (See Appendix C) ▪ QLs recommendation for fidaxomicin and rifaximin	▪ QLs for fidaxomicin #20 tabs with no refill ▪ QLs for rifaximin 200 mg #9 tabs with no refills ▪ fidaxomicin (Dificid) not available at Mail Order or MTFs
Nov 2012	**Hepatitis C Drugs**	UF Class Review	Extended Core Formulary (ECF)*: ▪ telaprevir (Incivek) ▪ PEG-interferon alfa-2a (Pegasys) ▪ ribavirin 200 mg capsules (generics); excludes Ribapak formulation	▪ boceprevir (Victrelis) ▪ interferon alfa-2b (Intron A) ▪ PEG-interferon alfa-2b (PEG-Intron) ▪ ribavirin (Copegus, Rebetol, Ribasphere)	▪ interferon alfacon-1 (Infergen) ▪ ribavirin Ribapak formulation	Pending signing of the minutes/60 days	▪ PA recommendation for boceprevir and telaprevir (See Appendix C) ▪ QL recommendation for boceprevir, telaprevir, interferon products, and ribavirin	▪ QLs for boceprevir & telaprevir: 28-day supply at all 3 POS; no multiple fills for multiple co-pays ▪ QL recommendation for interferon products and ribavirin: 90-day supply in MTFs and Mail Order; 30-day supply at retail

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Nov 2012	**Narcotic Analgesics** **Subclass:** **High potency Single Analgesic Agents**	New Drugs in Already Reviewed Class	High potency single analgesic agents ▪ Morphine sulfate 12 hours ER (MS Contin, generics) ▪ Morphine sulfate IR	Previous Decisions ▪ Hydromorphone ER (Exalgo) ▪ Fentanyl buccal soluble film (Onsolis) ▪ Fentanyl transdermal system, transmucosal tablet (Fentora); and, transmucosal lozenge ▪ Hydromorphone (Dilaudid) ▪ Levorphanol ▪ Meperidine ▪ Methadone ▪ Morphine products (other than BCF), Kadian and Avinza (ER products) ▪ Morphine sulfate ER / naltrexone (Embeda) ▪ Opium tincture ▪ Opium/belladonna alkaloids(suppositories) ▪ Oxycodone IR ▪ Oxycodone ER (Oxycontin) ▪ Oxymorphone (Opana) ▪ Oxymorphone ER (Opana ER) ▪ Tapentadol extended release (Nucynta ER) (Feb 2012)	**oxycodone IR (Oxecta)** Tapentadol immediate release (Nucynta) (Nov 2009)	Pending signing of the minutes/ 60 days	-	-

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Aug 2012	**Testosterone Replacement Therapies** **Topical and Buccal products subclass**	UF Review	▪ testosterone transdermal 2% gel pump; 10 mg/actuation (Fortesta)	▪ testosterone 50 mg/5 gm transdermal gel tubes (Testim) ▪ testosterone 2 mg/24 hr, 4 mg/24 hr transdermal patches (Androderm) ▪ testosterone 30 mg buccal tablets (Striant)	▪ testosterone transdermal solution pump; 30 mg/actuation; (Axiron) ▪ testosterone 1%; 25 mg/2.5 gm, 50 mg/ 5 gm transdermal gel packets, and 12.5 mg/ actuation gel pump (Androgel 1%) ▪ testosterone 1.62% transdermal gel pump; 20.25 mg/actuation (Androgel 1.62%)	Pending signing of minutes/ 90 days	PA required; see Comments	▪ All current and new users of topical and buccal testosterone replacement products must go through the PA process to ensure diagnosis of hypogonadism ▪ Fortesta 2% gel pump is the preferred product; all users of topical and buccal testosterone replacement products must have trial of Fortesta 2% gel prior to other products
Aug 2012	**Anticoagulants** **Heparin and related products subclass**	UF Review	▪ enoxaparin (generic)	▪ dalteparin (Fragmin) ▪ fondaparinux (generic)	▪ Not applicable (no products designated as nonformulary)	Pending signing of minutes	-	▪ enoxaparin generic designated BCF

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Aug 2012	**Non-Steroidal Anti-inflammatory Drugs** Previous review: Aug 2011	New Drugs in Already Reviewed Classes Ibuprofen/ famotidine (Duexis) Ketorolac nasal spray (Sprix)	▪ ibuprofen 400 mg, 600 mg & 800 mg (generic) ▪ indomethacin 25 mg & 50 mg (generic) ▪ meloxicam 7.5 mg & 15 mg (generic) ▪ naproxen 250 mg & 500 mg & 125 mg/5 mL susp (generic)	▪ celecoxib (Celebrex) ▪ diclofenac/misoprostol (Arthrotec) ▪ diclofenac potassium tablets (Cataflam generic) ▪ diclofenac sodium tablets (Voltaren generic) ▪ diflunisal ▪ etodolac ▪ fenoprofen ▪ flurbiprofen ▪ ketoprofen ▪ ketorolac ▪ meclofenamate ▪ nabumetone ▪ naproxen sodium 275 mg & 550 mg (Anaprox, generic) ▪ oxaprozin ▪ piroxicam ▪ sulindac ▪ tolmetin ▪ naproxen/esomeprazole (Vimovo)	*August 2012* ▪ **ibuprofen/famotidine (Duexis)** ▪ **ketorolac nasal spray (Sprix)** *August 2011* ▪ diclofenac potassium liquid-filled capsules (Zipsor) 25 mg ▪ diclofenac potassium powder packets 50 mg (Cambia) ▪ naproxen sodium ER (Naprelan CR, generic) 375 mg, 500 mg, & 750 mg ER tabs, dosing card ▪ mefenamic acid (Ponstel, generic) 250 mg	Pending signing of minutes/ 60 days	Quantity Limits for ketorolac nasal spray (Sprix): 5 bottles for 30-day supply in both the Retail Network and Mail Order Pharmacy	▪ ibuprofen/ famotidine (Duexis) designated nonformulary ▪ ketoralac nasal spray (Sprix) designated nonformulary
Aug 2012	**Glaucoma Agents** **Ophthalmic Prostaglandin Subclass** Previous review: Aug 2011	New Drug in Already Reviewed Class Tafluprost (Zioptan)	▪ latanoprost (generic)	▪ bimatoprost (Lumigan)	*August 2012* ▪ **tafluprost (Zioptan)** *February 2007* ▪ travoprost (Travatan Z)	Pending signing of minutes/ 60 days	-	▪ tafluprost (Zioptan) designated nonformulary

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Aug 2012	**Non-Insulin Diabetes Drugs** **DPP-4 Inhibitors Subclass** Previous reviews: Feb 2012 and Nov 2012	New Drug in Already Reviewed Class sitagliptin/ metformin ER (Janumet XR) linagliptin/ metformin IR (Jentadueto)	*August 2012* ▪ **sitagliptin/ metformin ER (Janumet XR)** *Feb 2012* ▪ sitagliptin (Januvia) ▪ sitagliptin/metformin (Janumet)	*August 2012* ▪ **linagliptin/metformin IR (Jentadueto)** *February 2012* ▪ sitagliptin/Simvastatin (Juvisync) ▪ linagliptin (Tradjenta)	*February 2012* ▪ saxagliptin (Onglyza) ▪ saxagliptin/metformin ER (Kombiglyze XR)	Pending signing of minutes/ 60 days	Step therapy required – see comments	▪ Must try metformin and sulfonylurea 1st before any DPP-4 drug ▪ Must try sitagliptin-containing product 1st before Tradjenta, Jentadueto, Onglyza, or Kombiglyze XR
Aug 2012	**Targeted Immuno-modulatory Biologics** Previous review: Nov 2007	New Drug in Already Reviewed Class abatacept SQ (Orencia SC)	▪ adalimumab SQ (Humira)	▪ alefacept (Amevive)	*August 2012* ▪ **abatacept SQ (Orencia)** *Nov 2007 and Aug 2009* ▪ etanercept (Enbrel) (etanercept) ▪ anakinra (Kineret) ▪ certolizumab (Cimzia) ▪ golimumab (Simponi)	60 days	▪ PA limiting use to FDA-approved indications was approved in Nov 2011 ▪ QLs approved in Nov 2011 ▪ Retail: 4 syringes/28 days ▪ Mail Order: 8 syringes/56 days	▪ abatacept SQ (Orencia) designated nonformulary ▪ adalimumab (Humira) is the formulary alternative for treating rheumatoid arthritis

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May 2012	**Smoking Cessation Program**	Program Review	**Nicotine Products** OTC Nicotine Transdermal System 7-, 14-, 21mg OTC Nicotine gum 2-, 4 mg **Other FDA-approved Products** Bupropion SR 150 mg	**Covered in the Program (not BCF)** Nicotine Nasal Spray (Nicotrol NS) Nicotine Inhalation (Nicotrol) OTC Nicotine Lozenge Varenicline (Chantix)	None	Pending publication of Final Rule Rule	Quantity limits apply to Nicotine gum and lozenge – 300 pieces/60 days	• OTC nicotine replacement products can be covered and included on the BCF, but require a prescription • 2 quit attempts/120 days allowed; 3rd quit attempt requires PA
May 2012	**Newer Sedative Hypnotics (SED-1s)**	UF Class Review	Zolpidem IR Zaleplon	Zolpidem ER Eszopiclone (Lunesta) Doxepin (Silenor)	Rozerem (Ramelteon) Zolpidem sublingual (Edluar)	Pending signing of the minutes/ 60 days	Step therapy (Automated PA); requires trial of zolpidem IR or zaleplon before any other SED-1	Zolpimist not covered

May 2012 P&T Table of Implementation Status of UF Recommendations/Decisions Summary

Date	DoD PEC Drug Class	Type of Action*	BCF/ECF Medications MTFs must have BCF meds on formulary	UF Medications MTFs may have on formulary	Nonformulary Medications MTFs may not have on formulary	Decision Date / Implement Date	PA and QL Issues	Comments
May 2012	**Depression and Non-opioid Pain Syndrome Agents/ GABA analog subclass**	New Drugs in Already Reviewed Class	*SSRIs:* citalopram fluoxetine sertraline *SNRIs:* venlafaxine IR venlafaxine ER *SPARIs:* trazodone *NDRIs:* bupropion HCl IR bupropion HCl SR bupropion HCl ER *GABA analogs:* gabapentin *TCAs:* amitriptyline doxepin imipramine HCl nortriptyline	*SSRIs:* fluvoxamine paroxetine HCl IR paroxetine HCl CR paroxetine mesylate *SNRIs:* venlafaxine ER tablets *SARIs:* nefazodone *TCAs:* desipramine imipramine pamoate protriptyline *A2RAs:* mirtazapine tablets mirtazapine ODT	*SSRIs:* escitalopram (Lexapro) fluoxetine (Sarafem) fluoxetine weekly (Prozac Weekly) *SNRIs:* desvenlafaxine (Pristiq) duloxetine (Cymbalta) milnacipran (Savella) *SARIs:* trazodone ER (Oleptro) vilazodone (Viibryd) *NDRIs:* bupropion HBr (Aplenzin) *GABA analogs:* pregabalin (Lyrica) **gabapentin enacarbil (Horizant)** **gabapentin ER (Gralise)**	Pending signing of the minutes/ 60 days	Step therapy (Automated PA)	For step therapy: Horizant and Gralise are NF and non-step-preferred. All new users of are required to try gabapentin first.

February 2012 P&T Table of Implementation Status of UF Recommendations/Decisions Summary

Date	DoD PEC Drug Class	Type of Action*	BCF/ECF Medications MTFs must have BCF meds on formulary	UF Medications MTFs may have on formulary	Nonformulary Medications MTFs may not have on formulary	Decision Date / Implement Date	PA and QL Issues	Comments
Feb 2012	**Antiplatelet Agents**	UF Class Review	▪ Clopidogrel (Plavix)	▪ Prasugrel (Effient) ▪ Ticagrelor (Brilinta) ▪ Aspirin/dipyridamole ER (Aggrenox) ▪ Ticlopidine (Ticlid, generics) ▪ Cilostazol (Pletal), generics) ▪ Dipyridamole (Persantine, generics) ▪ Pentoxifylline (Trental, generics)	▪ - Not applicable (no drug designated nonformulary)	Pending signing of minutes/ 60 days	Not applicable	▪ Clopidogrel remains BCF
Feb 2012	**Non-Insulin Diabetes Drugs** **DPP-4 Inhibitors**	UF Class Review	▪ Sitagliptin (Januvia) ▪ Sitagliptin/Metformin (Janumet)	▪ Sitagliptin/Simvastatin (Juvisync) ▪ Linagliptin (Tradjenta)	▪ Saxagliptin (Onglyza) ▪ Saxagliptin/Metformin ER (Kombiglyze XR)	Pending 60 days	Step therapy required – see comments	▪ Must try metformin and sulfonylurea 1st before any DPP-4 drug ▪ Must try sitagliptin-containing product 1st before Onglyza, Kombiglyze XR, and Tradjenta
Feb 2012	**ADHD / Wakefulness-Promoting Drugs** **Wakefulness-Promoting Drugs**	UF Class Review	▪ Not applicable	▪ Modafinil (Provigil) ▪ Sodium oxybate (Xyrem) – restricted distribution	▪ Armodafinil (Nuvigil)	Pending 60 days	PA required – see comments	▪ All current and new users of Nuvigil must go through PA process

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Feb 2012	**ADHD / Wakefulness-Promoting Drugs** **ADHD Stimulants**	UF Class Review	**Long-acting stimulants** ▪ Mixed amphetamine salts ER (Adderall XR generics) ▪ Methylphenidate LA (Ritalin LA, generic) ▪ Methylphenidate OROS (Concerta **Short-acting stimulants** ▪ Methylphenidate IR (Ritalin, generic)	**Short-acting stimulants** ▪ Mixed amphetamine salts IR (Adderall, generic) ▪ Dexmethylphenidate IR (Focalin, generic) ▪ Dextroamphetamine (Dexedrine, Dextrostat, Procentra solution) ▪ Methylphenidate CD (Metadate CD) ▪ Methylphenidate ER (Metadate ER, Methylin ER, generic) ▪ Methylphenidate chewable tablets, solution (Methylin, generic) ▪ Methylphenidate SR (Ritalin SR, generic) ▪ Methamphetamine HCl (Desoxyn)	**Long-acting stimulants** ▪ Dexmethylphenidate ER (Focalin XR) ▪ Lisdexamphetamine (Vyvanse) ▪ Methylphenidate transdermal system (Daytrana)	Pending 60 days	Not applicable	▪ Ritalin LA now BCF
Feb 2012	**ADHD / Wakefulness-Promoting Drugs** **ADHD Non-Stimulants**	UF Class Review	▪ Not applicable	▪ Atomoxetine (Strattera) ▪ Clonidine ER (Kapvay) ▪ Guanfacine ER (Intuniv)	▪ Not applicable (no nonformulary drugs)	Pending 60 days	Not applicable	▪ Clonidine IR tabs are BCF ▪ Clonidine Patches and guanfacine IR (Tenex, generic are UF) in Misc Anti-hypertensive Drug Class

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Feb 2012	**Ophthalmic-1**	New Drug Review	Antihistamine/Mast Cell Stabilizers ▪ Olopatadine 0.1% (Patanol) (Aug 2010)	▪ **Alcafatinde 0.25% (Lastacaft) (Feb 2012)** August 2010 Dual Action Antihistamine/ Mast Cell Stabilizers ▪ Bepotastine (Bepreve) ▪ Olopatadine 0.2% (Pataday) ▪ Azelastine (Optivar, generics) ▪ Epinastine (Elestat) Antihistamines ▪ Emedastine (Emadine) Mast Cell Stabilizers ▪ Pemirolast (Alamast) ▪ Nedocromil (Alocril) ▪ Cromolyn (Crolom/Opticrom, generic) ▪ Lodoxamide (Alomide) NSAIDs ▪ Ketorolac 0.4% (Acular LS, generic) ▪ Ketorolac 0.45% (Acuvail) ▪ Ketorolac 0.5% (Acular, generic) ▪ Bromfenac (Xibrom) ▪ Bromfenac 0.9% (Bromday) ▪ Diclofenac (Voltaren, generic) ▪ Flurbiprofen (Ocufen, generics ▪ Nepafenac (Nevanac)	August 2010 ▪ Not applicable (no drug designated nonformulary)	Pending signing of minutes/ 60 days	Not applicable	▪ Ketotifen (Zaditor, generics) is available OTC

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Feb 2012	**Narcotic Analgesics** **Subclass: High potency single analgesic agents**	New Drug Review	High potency single analgesic agents ▪ Morphine sulfate 12 hours ER (MS Contin, generics) ▪ Morphine sulfate IR	▪ **Tapentadol extended release (Nucynta ER) (Feb 2012)** Previous Decisions ▪ Hydromorphone ER (Exalgo) ▪ Fentanyl buccal soluble film (Onsolis) ▪ Fentanyl transdermal system, transmucosal tablet (Fentora); & transmucosal lozenge ▪ Hydromorphone (Dilaudid) ▪ Levorphanol ▪ Meperidine ▪ Methadone ▪ Morphine products (other than BCF), Kadian and Avinza (ER products) ▪ Morphine sulfate ER / naltrexone (Embeda) ▪ Opium tincture ▪ Opium/belladonna alkaloids(suppositories) ▪ Oxycodone IR ▪ Oxycodone ER (Oxycontin) ▪ Oxymorphone (Opana) ▪ Oxymorphone ER (Opana ER)	▪ Tapentadol immediate release (Nucynta) (Nov 2009)	Pending signing of minutes/ 60 days	Not applicable	–

November 2011 P&T Table of Implementation Status of UF Recommendations/Decisions Summary

Date	DoD PEC Drug Class	Type of Action*	BCF/ECF Medications MTFs must have BCF meds on formulary	UF Medications MTFs may have on formulary	Nonformulary Medications MTFs may not have on formulary	Decision Date / Implement Date	PA and QL Issues	Comments
Nov 2011	**Depression and Non-Opioid Pain Syndrome Agents**	UF Class Review	**SSRIs:** citalopram fluoxetine sertraline **SNRIs:** venlafaxine IR venlafaxine ER **SPARIs:** trazodone **NDRIs:** bupropion HCl IR bupropion HCl SR bupropion HCl ER **GABA analogs:** gabapentin **TCAs:** amitriptyline doxepin imipramine HCl nortriptyline	**SSRIs:** citalopram fluoxetine fluvoxamine paroxetine HCl IR paroxetine HCl CR paroxetine mesylate sertraline **SNRIs:** venlafaxine IR venlafaxine ER venlafaxine ER tablets **SARIs:** nefazodone trazodone **NDRIs:** bupropion HCl IR bupropion HCl SR bupropion HCl ER **TCAs:** amitriptyline desipramine doxepin imipramine HCl imipramine pamoate nortriptyline protriptyline **A2RAs:** mirtazapine tablets mirtazapine ODT **GABA analogs:** gabapentin	**SSRIs:** escitalopram (Lexapro) fluoexetine (Sarafem) fluoxetine weekly (Prozac Weekly) **SNRIs:** desvenlafaxine (Pristiq) duloxetine (Cymbalta) milnacipran (Savella) **SARIs:** trazodone ER (Oleptro) **SPARIs:** vilazodone (Viibryd) **NDRIs:** bupropion HBr (Aplenzin) **GABA analogs:** pregabalin (Lyrica)	Pending signing of minutes/ 60 days	Step therapy (Automated PA)	Step therapy will apply for four agents in this class: Pristiq is NF and non step-preferred. All new users of Pristiq are required to try venlafaxine first. Cymbalta is NF and non step-preferred. All new users of Cymbalta are required to try an antidepressant (Group B drug) or non-opioid pain syndrome agent (Group C) first. Savella is NF and non step-preferred. All new users of Savella are required to try a non-opioid pain syndrome agent (Group C) first. Lyrica is NF and non step-preferred. All new users of Lyrica are required to try gabapentin first.

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Date	DoD PEC Drug Class	Type of Action*	BCF/ECF Medications MTFs must have BCF meds on formulary	UF Medications MTFs may have on formulary	Nonformulary Medications MTFs may not have on formulary	Decision Date / Implement Date	PA and QL Issues	Comments
Nov 2011	**Short Acting Beta Agonists (SABAs)**	UF Class Review	No change from previous review November 2008 ▪ albuterol nebulizing solution (0.083% [2.5 mg/3 mL]) ▪ Ventolin HFA MDI	▪ albuterol nebulizing solution (0.5% [2.5 mg/0.5 mL] ▪ albuterol nebulizing solution (Accuneb) ▪ Proair HFA ▪ Proventil HFA ▪ Levalbuterol HFA (Xopenex HFA) ▪ Levalbuterol nebulzing solution (Xopenex) ▪ Ventolin HFA MDI	▪ pirbuterol CFC (Maxair)	Not Applicable	Existing QLs apply	-
Nov 2011	**Phosphodiesterase -5 (PDE-5) Inhibitors for Erectile Dysfunction (ED)**	UF Class Review	▪ sildenafil (Viagra)	▪ sildenafil (Viagra)	▪ tadalafil (Cialis) ▪ vardenafil (Levitra, Staxyn)	Pending signing of minutes/ 60 days	Step therap y (Automated PA) and QLs apply	Viagra is BCF and step-preferred. Cialis and Levitra are NF and non step-preferred
Nov 2011	**Osteoporosis Agents** **Subclass: bisphosphonates**	New Drug in Already Reviewed Class	No change from previous review June 2008 ▪ alendronate ▪ alendronate with Vitamin D ▪ ibandronate	▪ alendronate ▪ alendronate with Vitamin D ▪ ibandronate ▪ risedronate IR (Actonel) ▪ risedronate IR with calcium (Actonel with Calcium)	▪ risedronate DR (Atelvia)	Pending signing of minutes/ 60 days	-	-

August 2011 P&T Table of Implementation Status of UF Recommendations/Decisions Summary

Date	DoD PEC Drug Class	Type of Action*	BCF/ECF Medications MTFs must have BCF meds on formulary	UF Medications MTFs may have on formulary	Nonformulary Medications MTFs may not have on formulary	Decision Date / Implement Date	PA and QL Issues	Comments
Aug 2011	**Contraceptive Agents** **Oral Contraceptives Subclass**	UF Review	▪ EE 20 mcg; 3 mg drospirenone (Yaz) ▪ EE 20 mcg; 0.1 mg levonorgestrel (Lutera, Sronyx or equiv) ▪ EE 30 mcg; 3 mg drospirenone (Yasmin) ▪ EE 30 mcg; 0.15 mg levonorgestrel (Levora, Nordette or equiv) ▪ EE 30 mcg; 0.15 mg levonorgestrel extended cycle (**Jolessa only**) ▪ EE 35 mcg; 1.0 mg norethindrone (Norinyl 1+35, Ortho Novum 1/35 or equiv) ▪ EE 35 mcg; 0.25 mg norgestimate (Mononessa, Ortho Cyclen or equiv) ▪ EE 25 mcg; 0.18/0.215/0.25 mg norgestimate (Ortho Tri-Cyclen Lo) ▪ EE 35 mcg; 0.18/0.215/0.25 mg norgestimate (Trinessa, Ortho Tri-Cyclen or equiv) ▪ 0.35 mg norethindrone (Nor-QD, Micronor or equiv)	▪ EE 20 mcg; 1.0 mg norethindrone ▪ EE 20 mcg; 1.0 mg norethindrone; ferrous fumarate ▪ EE 30 mcg; 0.3 mg norgestrel ▪ EE 30 mcg; 0.15 mg desogestrel ▪ EE 30 mcg; 1.5 mg norethindrone ▪ EE 30 mcg; 1.5 mg norethindrone; ferrous fumarate ▪ EE 35 mcg; 0.5 mg norethindrone ▪ EE 35 mcg; 1.0 mg ethynodiol diacetate ▪ Mestranol 50 mcg; 1 mg norethindrone ▪ EE 50 mcg; 1 mg ethynodiol diacetate ▪ EE 50 mcg; 0.5 mg norgestrel ▪ EE 35 mcg; 0.5/1.0 mg norethindrone ▪ EE 20/10 mcg; 0.15 mg desogestrel ▪ EE 30/40/30 mcg; 0.05/0.075/0.125 mg levonorgestrel ▪ EE 35 mcg; 0.5/1/0.5 mg norethindrone ▪ EE 35 mcg; 0.5/0.75/1 mg norethindrone ▪ EE 25 mcg; 0.1/0.125/0.15 mg desogestrel	▪ EE 10 mcg; 1.0 mg norethindrone; ferrous fumarate (Lo Loestrin Fe) ▪ EE 20 mcg/norethindrone acetate 1 mg – 24 day regimen (Loestrin 24 Fe) ▪ EE 20 mcg; 3 mg drospirenone; levomefolate calcium 0.451mg (Beyaz) ▪ EE 20 mcg/levonorgestrel 0.9 mg – 28 day continuous regimen (Lybrel or equiv) ▪ EE 20/10 mcg; 0.10 mg levonorgestrel (LoSeasonique or equiv) ▪ EE 30 mcg; 3 mg drospirenone; levomefolate calcium 0.451mg (Safyral) ▪ EE 30 mcg; levonorgestrel 0.15 mg generics (Seasonale or equiv – excludes Jolessa) ▪ EE 35 mcg; 0.4 mg norethindrone (Femcon Fe chew tab, Ovcon 35 or equiv) ▪ EE 50 mcg; 1 mg norethindrone (Ovcon 50) ▪ EE 30/10 mcg; 0.15 mg levonorgestrel (Seasonique or equiv) ▪ EE 20/30/35 mcg; norethindrone 1 mg (Estrostep Fe or equiv) ▪ Estradiol valerate 3/2/2/1 mg; dienogest 2/3 mg (Natazia)	Pending signing of minutes/ 60 days	-	-

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Aug 2011	**Contraceptive Agents** **Miscellaneous Contraceptives and Emergency Contraceptives Subclass**	UF Review	*Miscellaneous Contraceptives* (None) *Emergency Contraceptives* ▪ 0.75 mg levonorgestrel (Next Choice; generic Plan B)	*Miscellaneous Contraceptives* ▪ norelgestromin 0.2 mg transdermal (Ortho-Evra) ▪ etonorgestrel 0.12 mg vaginal ring (Nuvaring) ▪ 104 mg/0.65mL depot medroxyprogesterone acetate injection (Depo-subq Provera 104) ▪ 150 mg/mL depot medroxyprogesterone acetate injection *Emergency Contraceptives* ▪ 1.5 mg levonorgestrel (Plan B One Step) ▪ 30 mg Ulipristal acetate (Ella)	▪ No miscellaneous or emergency contraceptives designated NF	Pending signing of minutes/ 60 days	Emergency Contraceptives: 1 fill per prescription/no refills	-
Aug 2011	**Non-Steroidal Anti-inflammatory Drugs**	UF Review	▪ ibuprofen 400 mg, 600 mg & 800 mg, & 125 mg/5 mL susp (generic) ▪ indomethacin 25 mg & 50 mg (generic) ▪ meloxicam 7.5 mg & 15 mg (generic) ▪ naproxen 250 mg & 500 mg (generic)	▪ celecoxib (Celebrex) ▪ diclofenac/misoprostol (Arthrotec) ▪ diclofenac potassium tablets (Cataflam generic) ▪ diclofenac sodium tablets (Voltaren generic) ▪ diflunisal ▪ etodolac ▪ fenoprofen ▪ flurbiprofen ▪ ketoprofen ▪ ketorolac ▪ meclofenamate ▪ nabumetone ▪ naproxen sodium 275 mg & 550 mg (Anaprox, generic) ▪ oxaprozin ▪ piroxicam ▪ sulindac ▪ tolmetin ▪ naproxen/esomeprazole (Vimovo)	▪ diclofenac potassium liquid filled capsules (Zipsor) 25 mg ▪ diclofenac potassium powder packets 50 mg (Cambia) ▪ naproxen sodium ER (Naprelan CR, generic) 375 mg, 500 mg, & 750 mg ER tabs, dosing card ▪ mefenamic acid (Ponstel, generic) 250 mg	Pending signing of minutes/ 60 days	None	-

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Aug 2011	**Renin-Angiotensin Antihypertensive class** **Subclass: ARBs**	New Drugs in Already Reviewed Class Azilsartan (Edarbi) Aliskiren /amlodipine /HCTZ (Amturnide)	No change from previous decision Aug 2010 **ACE Inhibitors** ▪ Lisinopril (Prinvil, Zestril, generic) ▪ lisinopril HCT (Prinzide, Zestoretic generic) ▪ Captopril (Capoten, generic) ▪ Ramipril (Altace, generic) **ACE-Inhibitor/CCB** ▪ Benazepril/amlodipine (Lotrel, generic) **ARBs** ▪ Losartan (Cozaar, generic) ▪ Losartan/HCTZ (Hyzaar, generic) ▪ Telmisartan (Micardis) ▪ Telmisartan/HCTZ (Micardis HCT) ▪ Valsartan (Diovan) Valsartan/HCTZ (Diovan HCT)	*August 2011* • Azilsartan (Edarbi) • Aliskerin/amlodipine/HCTZ (Amturnide) See August 2010 minutes for previous decision	▪ No change from previous decision Aug 2010. Not applicable (no drug designated non-formulary)	Pending signing of minutes/ 60 days	Step therapy (automated PA)	Step therapy (automated PA) with the following as the step-preferred drugs: ▪ losartan ±HCTZ ▪ telmisartan ±HCTZ ▪ telmisartan/ amlodipine ▪ valsartan ±HCTZ ▪ valsartan/ amlodipine ▪ valsartan/ amlodipine/HCTZ Note: Azilsartan (Edarbi) and Aliskiren/ /amlodipine/HCTZ (Amturnide) are UF but behind the step
Aug 2011	**Non-Insulin Diabetes Drugs** **Subclass: Dopamine agonists**	New Drug in Already Reviewed Class Bromocriptine mesylate (Cycloset)	No change from previous decision Nov 2010 **Biguanides** ▪ Metformin IR 500, 850, 1000 mg (generics) ▪ Metformin ER 500, 750 mg (generics) **Sulfonylureas** ▪ Glipizide (generics) ▪ Glyburide (generics) ▪ Glyburide micronized (generic)	See November 2010 minutes for other subclasses	*August 2011* ▪ Bromocriptine mesylate (Cycloset) ▪ See November 2010 minutes for other subclasses (no change to previous decision)	Pending signing of minutes/ 60 days	Step therapy (Automated PA)	Step Therapy (automated PA) with metformin and sulfonylureas as step-preferred drugs

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Aug 2011	**Narcotic Analgesics** **Subclass: Low potency single analgesic agents**	New Drug in Already Reviewed Class Buprenorphine (Butrans)	**Low potency single analgesic agents (Nov 2009)** ▪ Tramadol IR	**Low potency single analgesic agents:** *August 2011* • Buprenorphine Transdermal (Butrans) *Feb 2007 & Nov 2009* • Buprenorphine sublingual • Butorphanol intranasal • Pentazocine/naloxone • Nalbuphine • Tramadol (Rybix)	▪ Tramadol ER (Ultram ER, Ryzolt – Nov 2009)	Pending signing of minutes/ 60 days	PA: Manual QL – 4 per month	Manual PA for buprenorphine transdermal system (Butrans) to ensure safe and appropriate use

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May 2011	**Atypical Antipsychotics**	UF Review	▪ Risperidone (Risperdal, Risperdal ODT, generics) ▪ Quetiapine (Seroquel, Seroquel XR)	▪ Aripiprazole (Abilify), Abilify discmelt ▪ Clozapine (Clozaril, Fazaclo, generics) ▪ Olanzapine (Zyprexa, Zydis) ▪ Paliperidone ER (Invega) ▪ Olanzapine/fluoxetine (Symbyax) ▪ Ziprasidone (Geodon)	▪ Asenapine (Saphris) ▪ Iloperidone (Fanapt) ▪ Lurasidone (Latuda)	Pending signing of minutes/ 60 days	None	Risperidone (all oral formulations including ODT) remains on the BCF along with quetiapine IR and ER
May 2011	**Nasal Allergy Drugs**	UF Review	▪ Fluticasone propionate (Flonase, generics)	*Nasal Corticosteroids* ▪ Flunisolide (generics) ▪ Mometasone (Nasonex) *Nasal Antihistamines* ▪ Azelastine 0.1% (Astelin, generic) ▪ Olopatadine (Patanase) *Anticholinergic* ▪ Ipratropium (Atrovent, generics)	*Nasal Corticosteroids* ▪ Beclomethasone dipropionate (Beconase AQ) ▪ Budesonide (Rhinocort Aqua), ▪ Ciclesonide (Omnaris) ▪ Fluticasone furoate (Veramyst) ▪ Triamcinolone acetonide (Nasacort AQ) *Anticholinergic* ▪ Azelastine 0.15% (Astepro)	Pending signing of minutes	No change to previous QLs	▪ Azelastine 0.1% (Astelin, generics) no longer BCF ▪ Olopatadine (Patanase) now UF
May 2011	**Benign Prostatic Hypertrophy (BPH) Alpha 1-Blockers (A1Bs)**	New Drug in Already Reviewed Class	*May 2010* ▪ Alfuzosin (Uroxatral) ▪ Tamsulosin (Flomax, generics) ▪ Terazosin (Hytrin; generics)	*May 2011* ▪ Tamsulosin/dutasteride (Jalyn) *May 2010* ▪ Doxazosin IR (Cardura; generics)	▪ Silodosin (Rapaflo) ▪ Doxazosin ER (Cardura XL)	Pending signing of minutes/ 60 days	See comments	Step Therapy (automated PA) with tamsulosin or alfuzosin as the preferred agents ▪ (Note: Step Therapy does not apply to terazosin, doxazosin, or doxazosin ER.)

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May 2011	**Ophthalmic-1 Agents**	New Drug in Already Reviewed Class	*August 2010* ▪ Olopatadine 0.1% (Patanol) ▪ Ketorolac 0.5% (Acular, generics)	***May 2011*** ▪ **Bromfenac QD (Bromday)** ***August 2010*** ▪ **Emedastine (**Emadine) ▪ Pemirolast (Alamast) ▪ Nedocromil (Alocril) ▪ Cromolyn (Crolom/Opticrom, generics) ▪ Lodoxamide (Alomide) ▪ Ketotifen (Zaditor, OTC) ▪ Bepotstine (Bepreve) ▪ Olopatadine 0.2% (Pataday) ▪ Azelastine (Optivar, generics) ▪ Epinastine (Elestat) ▪ Bromfenac BID (Xibrom) ▪ Ketorolac 0.4% (Acular LS, generics) ▪ Ketorolac 0.45% (Acuvail) ▪ Diclofenac (Voltaren, generics) ▪ Flurbiprofen (Ocufen, generics) ▪ Nepafenac (Nevanac)	▪ Not applicable (Bromday recommended for UF)	Pending signing of minutes	Not applicable	▪ Bromday QD formulation of bromefenac designated UF
Nov 2010	**Non-Insulin Diabetes Drugs** DPP-4 Inhibitors	New Drug in Already Reviewed Class	*Nov 2010* ▪ Sitagliptin (Januvia) ▪ Sitagliptin/Metformin IR (Janumet)	***May 2011*** ▪ **Saxagliptin/metformin ER (Kombiglyze XR)** *Nov 2010* ▪ Saxagliptin (Onglyza)	▪ Not applicable (Kombiglyze XR recommended for UF)	Pending signing of minutes/ 60 days	See comments	Step Therapy (automated PA) with metformin and sulfonylureas as step-preferred drugs

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Feb 2011	**Gastrointestinal-1s**	UF Review	**Aminosalicylates** ▪ Mesalamine (Asacol)	**Aminosalicylates** ▪ Sulfasalazine/EC (Azulfidine, Azulfidine EN generic) ▪ Balsalazide (Colazal, generic) ▪ Olsalazine (Dipentum) ▪ Mesalamine (Asacol, Asacol HD, Pentasa, Lialda, Apriso, Canasa, Rowasa, sfRowasa enema) **GI-Steroids** ▪ Budesonide (Entocort EC) ▪ Hydrocortisone enema and foam (Cortenema, generic; Cortifoam, generic) **Miscellaneous Agents** ▪ Alosetron (Lotronex)	▪ None	Pending signing of minutes	None	Asacol is the BCF agent for the class, all others remain formulary on the UF Note: Tegaserod (Zelnorm) is no longer commercially available; only available under treatment investigation new drug application to the FDA. If approved by FDA, sent directly to the patient by the manufacturer
Feb 2011	**Pancreatic Enzyme Products**	UF Review	▪ Pancreaze	▪ Creon ▪ Zenpep	▪ None	Pending signing of minutes	None	Pancreaze is the ECF selection for the class, all others remain formulary on the UF
Feb 2011	**Antilipidemic-2s** Previous UF review May 2006	UF Review	**Fibric Acid Derivatives** ▪ Gemfibrozil (Lopid, generics) ▪ Fenofibrate micronized/nonmicronized (Lofibra, generics) ▪ Fenofibrate nanocyrstallized (Tricor)	**Fibric Acid Derivatives** ▪ IDD-P (Triglide) ▪ micronized (Antara) ▪ lidose (Lipofen) ▪ Fenofibric acid (Fibricor) ▪ Choline fenofibric acid (Trilipix) **Prescription Omega-3 Fatty Acids** ▪ Lovaza **Bile Acid Sequestrants** ▪ Cholestyramine/ sucrose/aspartame (Questran, Questran Light, generics) ▪ Colestipol (Colestid, generics)	**Bile Acid Sequestrants** ▪ colesevelam (Welchol) remain NF (originally designated NF in May 2006)	Pending signing of minutes 60 days for PA	**Fibric Acids** Automated PA rec for Lovaza **Omega-3 Fatty Acids** PA rec for Lovaza	**Fibric Acids** Trial of generic fenofibrates, gemfibrozil, or Tricor mandated prior to use of a non step-preferred Triglide, Antara, Lipofen, Fibricor, and Trilipix **Omega-3 Fatty Acids** PA restricting Lovaza usage to the FDA-approved indication for all patients, new and existing users

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Feb 2011	**Renin-Angiotensin Antihypertensive Agents (RAAs)** (previously reviewed Aug 2010)	• New Drug **RAAs/CCB** Olmesartan/amlodipine/HCTZ (Tribenzor) **DRIs** Aliskiren/ amlodipine (Tekamlo)	From August 2010 meeting: **ACE Inhibitors** ▪ Lisinopril (Prinvil, Zestril, generic) ▪ lisinopril HCT (Prinzide, Zestoretic generic) ▪ Captopril (Capoten, generic) ▪ Ramipril (Altace, generic) **ACE Inhibitor/CCB** ▪ Benazepril/amlodipine (Lotrel, generic) **ARBs** ▪ Losartan (Cozaar, generic) ▪ Losartan/HCTZ (Hyzaar, generic) ▪ Telmisartan (Micardis) ▪ Telmisartan/ HCTZ (Micardis HCT) ▪ Valsartan (Diovan) ▪ Valsartan/HCTZ (Diovan HCT)	**ACE Inhibitors** ▪ Benazepril +/- HCTZ (Lotensin, Lotensin HCT generic) ▪ Captopril/HCTZ (Capozide, generic) ▪ Enalapril, Enalapril/HCTZ (Vasotec, Vasoretic, generic) ▪ Fosinopril, fosinopril HCTZ (Monopril, Monopril HCT generic) ▪ Moexipril +/- HCTZ (Univasc, Uniretic generic) ▪ Perindopril (Aceon, generic) ▪ Quinapril+/- HCTZ (generic) ▪ Trandolapril (Mavik, generic) **ACE Inhibitor/CCB** ▪ Verapamil SR/trandolapril (Tarka, generic) **ARBs** ▪ Candesartan, Candesartan/HCTZ (Atacand, Atacand HCT) ▪ Eprosartan, Eprosartan/ HCTZ (Teveten, Teveten HCT) ▪ Irbesartan, Irbesartan/HCTZ (Avapro, Avalide) ▪ Olmesartan, Olmesartan/HCTZ (Benicar, Benicar HCT) **RAAs/CCB** ▪ Telmisartan/amlodipine (Twynsta) ▪ Olmesartan/amlodipine (Azor) ▪ Valsartan/amlodipine +/- HCTZ ▪ Valsartan/amlodipine/HCTZ (Exforge HCT) **DRIs** ▪ Aliskiren (Tekturna) ▪ Aliskiren/HCTZ (Tekturna HCT) ▪ Valsartan/aliskiren (Valturna)	**RAAs/CCB** ▪ Olmesartan/amlodipine/ HCTZ (Tribenzor) recommended Feb 2011 **DRIs** ▪ Aliskiren/amlodipine (Tekamlo) recommended Feb 2011	Pending (60 days)	Step therapy (Auto PA)	Note: Tekamlo and Tribenzor are nonformulary and non-step preferred; PA criteria and MN criteria apply **Step-therapy (automated PA)** with the following as the step-preferred drugs: ▪ losartan ±HCTZ ▪ telmisartan ±HCTZ ▪ telmisartan/ amlodipine ▪ valsartan ±HCTZ ▪ valsartan/ amlodipine ▪ valsartan/ amlodipine/HCTZ Note: telmisartan/amlodipine valsartan/amlodipine & valsartan/amlodipine/ HCTZ are step-preferred but not on the BCF

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Feb 2011	**Alzheimer's Drugs** Previous review: Nov 2005	• New Drug **Donepezil 23 mg (Aricept 23 mg)**	▪ Donepezil 5 and 10 mg tablets (Aricept, generics)	▪ Galantamine (Razadyne) ▪ Rivastigmine (Exelon) ▪ Memantine (Namenda)	▪ Donepezil 23 mg (Aricept 23 mg) recommended Feb 2011 ▪ Tacrine (Cognex)	Pending 60 days	-	-
Feb 2011	**Newer Antiemetics** Previous review: Nov 2005	• New Drug **Ondansetron soluble film (Zuplenz)**	▪ Promethazine (generics)	▪ Granisetron (generics) ▪ Ondansetron oral tablets (generics)	▪ Ondansetron soluble film (Zuplenz) recommended Feb 2011 ▪ Dolasetron (Anzemet) (Nov 2005) ▪ Granisetron (Sancuso) (May 2009)	Pending 60 days	-	-

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Feb 2011	**Self-Monitoring Blood Glucose Test Strips** Previous review Aug 2008	• New test strips **Glucocard 01** **Glucocard Vital** **Embrace** **NovaMax**	▪ Precision Xtra strips (for Precision Xtra meter)	Recommended Feb 2011 ▪ Glucocard 01test strips (for the Glucocard 01 and Glucocard 01 Mini meters) ▪ Glucocard Vital test strips (for the Glucocard Vital meter) ▪ Embrace test strips (for the Embrace meter) Recommended August 2008 ▪ Accu-chek Aviva (for Accu-chek Aviva meter) ▪ Ascensia Contour (for Ascensia Contour meter) ▪ Freestyle Lite (for Freestyle Freedom Lite and Freestyle Lite meters) Recommended Feb 2009 ▪ TRUEtest (for TRUEresult and TRUE2go meters)	Recommended Feb 2011 ▪ NovaMax strips (for Nova Max Plus and Nova Max Link meters) Rec Aug 2008 ▪ OneTouch Ultra 2 strips ▪ TrueTrack strips ▪ Accu-chek Comfort Curve strips ▪ Accu-chek Compact Plus drum ▪ Accu-chek Simplicity, Ascensia Autodisk, Ascensia Breeze 2, Ascensia Elite, Assure, Assure 3, Assure II, Assure Pro, Bd Test Strips, Chemstrip Bg, Control AST, Dextrostix Reagent, Easygluco, Easypro, Fast Take, Freestyle test strips (other than Freestyle Lite), Glucofilm, Glucolab, Glucometer Dex, Glucometer Elite, Glucose Test Strip, Glucostix, Optium, Precision Pcx, Precision Pcx Plus, Precision Q-I-D, Precision Sof-Tact, Prestige Smart System, Prodigy, Quicktek, Sidekick, Sof-Tact, Surestep, Surestep Pro, Test Strip, Relion Ultima, Uni-Check. Plus all other store/private label brand strips not included on the UF	Pending 60 days	QL Mail Order: 600 strips/90 days; Retail 200 strips/30 days	-

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Nov 2010	**Non-Insulin Diabetes Drugs** Biguanides	UF Review	▪ Metformin IR 500, 850, 1000 mg (generics) ▪ Metformin ER 500, 750 mg (generics)	▪ Metformin 500 mg/5mL liquid (Riomet)	▪ Metformin ER 500, 1000 mg (Fortamet) ▪ Metformin ER 500, 1000 mg (Glumetza) (Nov 2010)	Pending 60 days	Not applicable	Trial of metformin and/or sulfonylurea is mandated before TZDs, DPP-4 inhibitors or GLP-1 agonists can be used
Nov 2010	**Non-Insulin Diabetes Drugs** Sulfonylureas	UF Review	▪ Glipizide (generics) ▪ Glyburide (generics) ▪ Glyburide micronized tabs (generics)	▪ Chlorpropamide (generics) ▪ Glimepiride (generics) ▪ Glipizide ER (generics) ▪ Glipizide/metformin (generics) ▪ Glyburide/metformin (generics)	Not applicable (no drug designated nonformulary)	Pending 60 days	Not applicable	Trial of metformin and/or sulfonylurea is mandated before TZDs, DPP-4 inhibitors or GLP-1 agonists can be used
Nov 2010	**Non-Insulin Diabetes Drugs** Alpha Glucosidase Inhibitors	UF Review	Not applicable (no drug designated BCF)	▪ Acarbose (generics) ▪ Miglitol	Not applicable (no drug designated nonformulary)	Not applicable	Not applicable	-
Nov 2010	**Non-Insulin Diabetes Drugs** Meglitinides	UF Review	Not applicable (no drug designated BCF)	▪ Nateglinide (generics) ▪ Repaglinide (Prandin) ▪ Repaglinide/metformin (Prandimet)	Not applicable (no drug designated nonformulary)	Not applicable	Not applicable	-
Nov 2010	**Non-Insulin Diabetes Drugs** Thiazolidinediones	UF Review	Not applicable (no drug designated BCF)	▪ Pioglitazone (Actos) ▪ Pioglitazone/metformin (Actoplus Met) ▪ Pioglitazone/metformin XL (Actoplus Met XR) ▪ Pioglitazone/glimepiride (Duetact)	▪ Rosiglitazone (Avandia) ▪ Rosiglitazone/ metformin (Avandamet) ▪ Rosiglitazone/ glimepiride (Avandaryl) (Nov 2010)	Pending 60 days	Step Therapy (Automated PA)	Step Therapy (automated PA) with metformin and sulfonylureas as step preferred agents
Nov 2010	**Non-Insulin Diabetes Drugs** DPP-4 Inhibitors	UF Review	▪ Sitagliptin (Januvia) ▪ Sitagliptin/Metformin (Janumet)	▪ Saxagliptin (Onglyza)	Not applicable (no drug designated nonformulary)	Pending 60 days	Not applicable	Step Therapy (automated PA) with metformin and sulfonylureas as step preferred drugs

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Nov 2010	**Non-Insulin Diabetes Drugs** GLP-1 Receptor Agonists	UF Review	Not applicable (no drug designated BCF)	▪ Exenatide (Byetta) ▪ Liraglutide (Victoza)	Not applicable (no drug designated nonformulary)	Pending 60 days	Step Therapy (Automated PA) Manual PA precluding use of GLP-1s for obesity	-Step Therapy (automated PA) with metformin and sulfonylureas as step preferred drugs -Exenatide (Byetta) is step preferred for the GLP-1 subclass
Nov 2010	**Non-Insulin Diabetes Drugs** Amylin Agonist	UF Review	Not applicable (no drug designated BCF)	▪ Pramlintide (Symlin)	Not applicable (no drug designated nonformulary)	Pending 60 days	Manual PA expanded to preclude the use of Symlin for obesity	
Nov 2010	Newer Insomnia	New Drug Doxepin (Silenor)	▪ Zolpidem IR	▪ **Doxepin (Silenor) (Nov 2010)** ▪ Eszopiclone (Lunesta)	▪ Zolpidem CR (Ambien CR) ▪ Zaleplon (Sonata) ▪ Ramelteon (Rozerem) ▪ Zolpidem sublingual (Edluar)	Not applicable	Step Therapy (Automated PA)	Doxepin (Silenor) remains UF Step Therapy applies with zolpidem IR preferred
Nov 2010	Pulmonary-1 ICS/LABA	New Drug Formoterol/ mometasone (Dulera)	▪ Fluticasone/salmeterol (Advair Diskus and HFA)	▪ **Formoterol/ mometasone (Dulera) (Nov 2010)** ▪ Budesonide/formoterol (Symbicort)	Not applicable (no drug designated nonformulary)	Not applicable	QLs apply Retail: 1 MDI/30 d Mail order: 3 MDIs/90 d	
Nov 2010	Antilipidemic Agents I	• *New Drug* Pitavastatin (Livalo)	▪ Atorvastatin (Lipitor) ▪ Pravastatin (Pravachol, generics) ▪ Simvastatin (Zocor, generics)	▪ Atorvastatin / amlodipine (Caduet) ▪ Ezetimibe (Zetia) ▪ Ezetimibe / simvastatin (Vytorin) ▪ Fluvastatin IR/ER (Lescol) ▪ Lovastatin IR ▪ Lovastatin ER (Altoprev) ▪ Lovastatin / niacin ER (Advicor) ▪ Niacin ER (Niaspan) ▪ Rosuvastatin (Crestor) ▪ Simvastatin/ niacin ER (Simcor)	▪ **Pitavastatin (Livalo) (Nov 2010)**	Pending 60 days	Step Therapy (Automated PA)	▪ Pitavastatin (Livalo) designated non-formulary ▪ Step therapy (automated PA) with generics or atorvastatin as the preferred drugs (note: step therapy doe apply to ezetimibe or ni

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Nov 2010	Antilipidemic Agents II	• *New Drug* Fenofibric acid (Fibricor) ▪ *BCF removal* Fenofibrate meltdose (Fenoglide)	▪ Gemfibrozil (Lopid)	▪ Fenofibrate meltdose (Fenoglide) ▪ Fenofibrate IDD-P (micronized) (Triglide) ▪ Fenofibrate micronized/nonmicronized (Lofibra) ▪ Cholestyramine / aspartame (Questran Light, Prevalite Locholest Light) ▪ Cholestyramine / sucrose (Questran) ▪ Colestipol (Colestid)	▪ **Fenofibric acid (Fibricor) (Nov 2010)** ▪ Fenofibrate nanocrystallized (Tricor) ▪ Fenofibrate micronized (Antara) ▪ Fenofibric acid (Trilipix) ▪ Omega-3 fatty acids (Lovaza) ▪ Colesevelam (Welchol)	Pending 60 days	Not applicable	▪ Fenofibric acid (Fibricor) recommended for NF (pending) ▪ Fenofibrate meltdose (Fenoglide) removed from BCF and recommended for UF(pending)
Nov 2010	Contraceptive Agents	• *New Drug* Estradiol valerate/ dienogest (Natazia)	▪ See TRICARE formulary search tool*	▪ See TRICARE formulary search tool*	▪ **Estradiol valerate/dienogest (Natazia) (Nov 2010)** ▪ See TRICARE formulary search tool* for remainder of NF drugs	Pending 60 days	Not applicable	▪ Estradiol valerate/dienogest (Natazia) recommended for NF (pending) ▪ Contraceptives update in 2011

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Feb 2010	Narcotic Analgesics	• *New Drug* Hydromorphone ER (Exalgo)	▪ morphine sulfate IR 15, 30 mg ▪ morphine sulfate 12-hour ER (MS Contin or equivalent) 15, 30, 60 mg ▪ oxycodone/APAP 5/325 mg ▪ hydrocodone/APAP 5/500 mg ▪ codeine/APAP 30/300 mg ▪ codeine/APAP elixir 12/120 mg/5 mL ▪ tramadol IR	▪ **Hydromorphone ER (Exalgo) (Nov 2010)** ▪ Fentanyl buccal soluble film (Onsolis) ▪ Fentanyl transdermal system, transmucosal tablet (Fentora); & transmucosal lozenge ▪ Codeine ▪ Hydromorphone (Dilaudid) ▪ Levorphanol ▪ Meperidine ▪ Methadone ▪ Morphine products (other than BCF), Kadian and Avinza (ER products) ▪ Morphine sulfate ER / naltrexone (Embeda) ▪ Opium tincture ▪ Opium/belladonna alkaloids(suppositories) ▪ Oxycodone IR ▪ Oxycodone ER(Oxycontin) ▪ Oxymorphone (Opana) ▪ Oxycodone/ASA ▪ Oxycodone/APAP not BCF ▪ Buprenorphine injection ▪ Butorphanol ▪ Pentazocine/naloxone ▪ Propoxyphene ▪ Nalbuphine ▪ Codeine / APAP(not BCF) ▪ Codeine/ASA+ carisoprodol ▪ Codeine/caffeine butalbital/APAP or ASA ▪ Dihydrocodeine / caffeine / APAP or ASA ▪ Hydrocodone / APAP ▪ Pentazocine / APAP ▪ propoxyphene / APAP ▪ Propoxyphene/ASA/caffeine ▪ Tramadol / APAP	▪ Tramadol ER (Ultram ER) Feb 07 ▪ Tramadol ER (Ryzolt) Nov 09 ▪ Tapendatol (Nucynta) Nov 09	Not applicable	Not applicable	Hydromorphone ER remains UF (pending)

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Date	DoD PEC Drug Class	Type of Action*	BCF/ECF Medications MTFs must have BCF meds on formulary	UF Medications MTFs may have on formulary	Nonformulary Medications MTFs may not have on formulary	Decision Date / Implement Date	PA and QL Issues	Comments
Aug 2010	Renin Angiotensin Anti-Hypertensives (RAAs)	UF Review	**ACE Inhibitors** ▪ Lisinopril (Prinvil, Zestril, generic) ▪ lisinopril HCT (Prinzide, Zestoretic generic) ▪ Captopril (Capoten, generic) ▪ Ramipril (Altace, generic) **ACE-Inhibitor/CCB** ▪ Benazepril/amlodipine (Lotrel, generic) **ARBs** ▪ Losartan (Cozaar, generic) ▪ Losartan/HCTZ (Hyzaar, generic) ▪ Telmisartan (Micardis) ▪ Telmisartan/ HCTZ (Micardis HCT) ▪ Valsartan (Diovan) ▪ Valsartan/HCTZ (Diovan HCT)	**ACE Inhibitors** ▪ Benazepril +/- HCTZ (Lotensin, Lotensin HCT generic) ▪ Captopril/HCTZ (Capozide, generic) ▪ Enalapril, Enalapril/HCTZ (Vasotec, Vasoretic, generic) ▪ Fosinopril, fosinopril HCTZ (Monopril, Monopril HCT generic) ▪ Moexipril +/- HCTZ (Univasc, Uniretic generic) ▪ Perindopril (Aceon, generic) ▪ Quinapril+/- HCTZ (generic) ▪ Trandolapril (Mavik, generic) **ACE Inhibitor/CCB** ▪ Verapamil SR/trandolapril (Tarka, generic) **ARBs** ▪ Candesartan, Candesartan/HCTZ (Atacand, Atacand HCT) ▪ Eprosartan, Eprosartan/ HCTZ (Teveten, Teveten HCT) ▪ Irbesartan, Irbesartan/HCTZ (Avapro, Avalide) ▪ Olmesartan, Olmesartan/HCTZ (Benicar, Benicar HCT) **RAAs/CCB** ▪ Telmisartan/amlodipine (Twynsta) ▪ Olmesartan/amlodipine (Azor) ▪ Valsartan/amlodipine (Exforge) ▪ Valsartan/amlodipine/HCTZ (Exforge HCT) **DRIs** ▪ Aliskiren (Tekturna) ▪ Aliskiren/HCTZ (Tekturna HCT) ▪ Valsartan/aliskiren (Valturna)	▪ Not applicable (no drug designated non-formulary)	Pending 60 days	Step therapy (Automated PA)	**Step-therapy (automated PA)** with the following as the step-preferred drugs: ▪ losartan ±HCTZ ▪ telmisartan ±HCTZ ▪ telmisartan/amlodipine ▪ valsartan ±HCTZ ▪ valsartan/amlodipine ▪ valsartan/amlodipine/ HCTZ Note: telmisartan/amlodipine valsartan/amlodipine & valsartan/amlodipine/HCTZ are step-preferred but not on the BCF

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Aug 2010	Ophthalmic-1	UF Review	**Antihistamine/Mast Cell Stabilizers** ▪ Olopatadine 0.1% (Patanol)	**Antihistamines** ▪ Emedastine (Emadine) **Mast Cell Stabilizers** ▪ Pemirolast (Alamast) ▪ Nedocromil (Alocril) ▪ Cromolyn (Crolom/Opticrom, generic) ▪ Lodoxamide (Alomide) **Dual Action Antihistamine/Mast Cell Stabilizers** ▪ Bepotastine (Bepreve) ▪ Olopatadine 0.2% (Pataday) ▪ Azelastine (Optivar, generics) ▪ Epinastine (Elestat) **NSAIDs** ▪ Ketorolac 0.4% (Acular LS, generic) ▪ Ketorolac 0.45% (Acuvail) ▪ Ketorolac 0.5% (Acular, generic) ▪ Bromfenac (Xibrom) ▪ Diclofenac (Voltaren, generic) ▪ Flurbiprofen (Ocufen, generics ▪ Nepafenac (Nevanac)	▪ Not applicable (no drug designated non-formulary)	Pending signing of minutes	Not applicable	▪ Ketotifen (Zaditor, generics) is available OTC
May 2010	Antilipidemic-1s	UF Review	▪ Atorvastatin (Lipitor) ▪ Pravastatin(Pravachol, generics) ▪ Simvastatin (Zocor, generics)	▪ Atorvastatin / amlodipine (Caduet) ▪ Ezetimibe (Zetia) ▪ Ezetimibe / simvastatin (Vytorin) ▪ Fluvastatin IR (Lescol) ▪ Fluvastatin ER (Lescol XL) ▪ Lovastatin IR (Mevacor; generics) ▪ Lovastatin ER (Altoprev) ▪ Lovastatin / niacin ER (Advicor) ▪ Niacin IR ▪ Niacin ER (Niaspan) ▪ Rosuvastatin (Crestor) ▪ Simvastatin / niacin ER (Simcor)	▪ Not applicable (no drug designated non-formulary)	Pending 60 days	Step therapy (Automated PA)	Step therapy (automated PA) with generics, or atorvastatin as the preferred agents (note: step- therapy does not apply to ezetimibe or niacin)

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May 2010	Alpha Blockers for BPH	UF Review	▪ Alfuzosin (Uroxatral) ▪ Tamsulosin (Flomax, generics) ▪ Terazosin (Hytrin; generics)	▪ Doxazosin IR (Cardura; generics)	▪ Silodosin (Rapaflo) ▪ Doxazosin ER (Cardura XL)	Pending 60 days	Step therapy (Automated PA)	Step therapy (automated PA) with tamsulosin (Flomax, generics) or alfuzosin as the preferred agents (note: step- therapy does not apply to terazosin, doxazosin, or doxazosin ER)

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Date	DoD PEC Drug Class	Type of Action*	BCF/ECF Medications MTFs must have BCF meds on formulary	UF Medications MTFs may have on formulary	Nonformulary Medications MTFs may not have on formulary	Decision Date / Implement Date	PA and QL Issues	Original Review and Updates	Comments
May 2010	Antilipidemic -1s	UF Review	▪ Atorvastatin (Lipitor) ▪ Pravastatin(Pravachol, generics) ▪ Simvastatin (Zocor, generics)	▪ Atorvastatin / amlodipine (Caduet) ▪ Ezetimibe (Zetia) ▪ Ezetimibe / simvastatin (Vytorin) ▪ Fluvastatin IR (Lescol) ▪ Fluvastatin ER (Lescol XL) ▪ Lovastatin IR (Mevacor; generics) ▪ Lovastatin ER (Altoprev) ▪ Lovastatin / niacin ER (Advicor) ▪ Niacin IR ▪ Niacin ER (Niaspan) ▪ Rosuvastatin (Crestor) ▪ Simvastatin / niacin ER (Simcor)	▪ Not applicable (no drug designated non-formulary)	Pending 60 days	Step therapy (Automated PA)	August 2006	Step therapy (automated PA) with generics, or atorvastatin as the preferred agents. (note: step therapy does not apply to ezetimibe or niacin)
May 2010	Alpha Blockers for BPH	UF Review	▪ Alfuzosin (Uroxatral) ▪ Tamsulosin (Flomax, generics) ▪ Terazosin (Hytrin; generics)	▪ Doxazosin IR (Cardura; generics)	▪ Silodosin (Rapaflo) ▪ Doxazosin ER (Cardura XL)	Pending 60 days	Step therapy (Automated PA)	August 2009 (silodosin); Nov 2007; Aug 2005	Step therapy (automated PA) with tamsulosin or alfuzosin as the preferred agents. (note: step therapy does not apply to terazosin, doxazosin, or doxazosin ER)
May 2010	Triptans	New Drug Sumatriptan needle-free injection (Sumavel DosePro)	▪ Rizatriptan (Maxalt; Maxalt MLT) ▪ Sumatriptan- oral and one injectable formulation when multi-source generics are available	▪ Eletriptan (Relpax) ▪ Zolmitriptan (Zomig) ▪ Sumatriptan/naproxen (Treximet)	▪ **Sumatriptan needle-free injection (Sumavel DosePro** ▪ Almotriptan (Axert) ▪ Frovatriptan (Frova) ▪ Naratriptan (Amerge)	Sumavel DosePro: Pending 60 days	-	August 2008	-

May 2010 P&T Table of Implementation Status of UF Recommendations/Decisions Summary

Date	DoD PEC Drug Class	Type of Action*	BCF/ECF Medications MTFs must have BCF meds on formulary	UF Medications MTFs may have on formulary	Nonformulary Medications MTFs may not have on formulary	Decision Date / Implement Date	PA and QL Issues	Original Review and Updates	Comments
Feb 2010	Narcotic Analgesics	New Drug Fentanyl Citrate Buccal Soluble Film (Onsolis)	▪ morphine sulfate IR 15, 30 mg ▪ morphine sulfate 12-hour ER (MS Contin or equivalent) 15, 30, 60 mg ▪ oxycodone/APAP 5/325 mg ▪ hydrocodone/APAP 5/500 mg ▪ codeine/APAP 30/300 mg ▪ codeine/APAP elixir 12/120 mg/5 mL ▪ tramadol IR	▪ **Fentanyl buccal soluble film (Onsolis)** ▪ Fentanyl transdermal system (Duragesic, generics); transmucosal tablet (Fentora); & transmucosal lozenge (Actiq; generics) ▪ Codeine ▪ Hydromorphone (Dilaudid) ▪ Levorphanol ▪ Meperidine ▪ Methadone ▪ Morphine products (other than BCF selections), Kadian and Avinza (ER products) ▪ Morphine sulfate ER / naltrexone (Embeda) Feb 2010 ▪ Opium tincture ▪ Opium/belladonna alkaloids(suppositories) ▪ Oxycodone IR ▪ Oxycodone ER(Oxycontin) ▪ Oxymorphone (Opana) ▪ Oxycodone/ASA ▪ Oxycodone/APAP other than BCF selections ▪ Buprenorphine injection ▪ Butorphanol ▪ Pentazocine/naloxone ▪ Propoxyphene ▪ Nalbuphine ▪ Codeine / APAP (other than BCF selections) ▪ Codeine / ASA ▪ Codeine / ASA / carisoprodol ▪ Codeine / caffeine / butalbital / APAP or ASA ▪ Dihydrocodeine / caffeine / APAP or ASA ▪ Hydrocodone / APAP ▪ Pentazocine / APAP ▪ propoxyphene / APAP ▪ Propoxyphene / ASA / caffeine ▪ Tramadol / APAP ▪ Codeine	▪ Tramadol ER (Ultram ER) Feb 07 ▪ Tramadol ER (Ryzolt) Nov 09 ▪ Tapendatol (Nucynta) Nov 09	Not applicable	-	Feb 2010 Feb 2007 Nov 2009	▪ Fentanyl Buccal Soluble Film (Onsolis) to remain UF

May 2010 P&T Table of Implementation Status of UF Recommendations/Decisions Summary

Date	**DoD PEC Drug Class**	**Type of Action***	**BCF/ECF Medications** **MTFs must have BCF meds on formulary**	**UF Medications** **MTFs may have on formulary**	**Nonformulary Medications** **MTFs may not have on formulary**	**Decision Date / Implement Date**	**PA and QL Issues**	**Original Review and Updates**	**Comments**
Date	DoD PEC Drug Class	Type of Action*	BCF/ECF Medications MTFs must have BCF meds on formulary	**UF Medications** **MTFs may have on formulary (continued)**	Nonformulary Medications MTFs may not have on formulary	Decision Date / Implement Date	PA and QL Issues	Original Review and Updates	Comments
Feb 2010 (cont)				▪ **Fentanyl transdermal system** ▪ **Fentanyl transmucosal tablet** ▪ **Fentanyl transmucosal lozenge** ▪ **Fentanyl buccal soluble film** ▪ **Hydromorphone** ▪ **Levorphanol** ▪ **Meperidine** ▪ **Methadone** ▪ **Morphine sulfate ER 24hr** ▪ **Morphine sulfate / naltrexone hydrochloride ER** ▪ **Opium tincture** ▪ **Opium / belladonna alkaloids (suppositories)** ▪ **Oxycodone ER** ▪ **Oxycodone IR** ▪ **Oxymorphone** ▪ **Oxycodone / ASA** ▪ **Oxycodone / APAP** ▪ **Buprenorphine injection** ▪ **Butorphanol** ▪ **Pentazocine / naloxone** ▪ **Propoxyphene** ▪ **Nalbuphine** ▪ **Codeine / APAP** ▪ **Codeine / ASA** ▪ **Codeine / ASA / Carisoprodol** ▪ **Codeine / caffeine / butalbital / APAP or ASA** ▪ **Dihydrocodeine / Caffeine / ASA or APAP** ▪ **Hydrocodone / APAP** ▪ **Pentazocine / APAP** ▪ **Propoxyphene / APAP** ▪ **Propoxyphene / ASA / caffeine** **Tramadol / APAP**					

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Date	DoD PEC Drug Class	Type of Action*	BCF/ECF Medications MTFs must have BCF meds on formulary	UF Medications MTFs may have on formulary	Nonformulary Medications MTFs may not have on formulary	Decision Date / Implement Date	PA and QL Issues	Original Review and Updates	Comments
May 2010	Nasal Allergy Drugs	BCF Removal Fluticasone propionate nasal spray (Flonase; generics)	▪ Azelastine (Astelin)	▪ **Fluticasone propionate (generic Flonase)** ▪ **Flunisolide (Nasalide, generics)** ▪ **Ipratropium (Atrovent, generics)** ▪ **Mometasone (Nasonex)**	▪ Azelastine with sucralose (Astepro) ▪ olopatadine (Patanase) ▪ ciclesonide (Omnaris) ▪ fluticasone furoate (Veramyst) ▪ beclomethasone (Beconase AQ) ▪ budesonide (Rhinocort Aqua) ▪ triamcinolone (Nasacort AQ	Pending Upon signing of minutes	-	Nov 05 & Aug 07 for Veramyst) Nov 08 May 08 (Astepro)	-
May 2010	Non-Basal Insulins	BCF Addition	▪ Novolog pens and cartridges ▪ Novolog Mix pens and cartridges	▪ **Not applicable**	▪ Not applicable	Pending upon signing of minutes	-	-	-Joint National Contract with the DoD/VA -Novolog & Novolog Mix vials remain BCF

February 2010 P&T Table of Implementation Status of UF Recommendations/Decisions Summary

Date	DoD PEC Drug Class	Type of Action*	BCF/ECF Medications MTFs must have BCF meds on formulary	UF Medications MTFs may have on formulary	Nonformulary Medications MTFs may not have on formulary	Decision Date / Implement Date	PA and QL Issues	Original Review and Updates	Comments
Feb 2010	Basal Insulins	UF Review	▪ Insulin glargine (Lantus) vials ▪ Insulin glargine (Lantus Solostar) pens	▪ Insulin levemir (Detemir) vials	▪ Insulin Levemir (Detemir) pens	Pending 60 days			
Feb 2010	Anti-hemophilic Agents	UF Review	▪ Factor VIII: Xyntha ▪ Factor IX: Benefix	▪ Factor VIII: Koate-DVI, Kogenate FS, Refacto, Alphanate ▪ Factor IX: AlphaNine, Profilnine ▪ Inhibitor bypassing product: Novoseven RT	▪ Factor VIII: Advate, Helixate, Hemofil M, Humate-P, Monoclate-P, Recombinate ▪ Factor IX: Mononine; Bebulin VH ▪ Inhibitor bypassing product: Feiba VH	Pending 60 days			
Feb 2010	ADHD Drugs	New Drug Guanfacine ER (Intuniv)	▪ methylphenidate OROS (Concerta) ▪ mixed amphetamine salts ER ▪ methylphenidate IR	▪ **Guanfacine ER (Intuniv)** ▪ Atomoxetine (Strattera) ▪ Methylphenidate OROS (Concerta ▪ Methylphenidate 30% IR/70% ER (Metadate CD) ▪ Methylphenidate SODAS, SR (Ritalin LA; Ritalin SR) ▪ Mixed Amphetamine salts IR ▪ Dexamphetamine IR ▪ Methamphetamine IR (Desoxyn, generics)	▪ dexmethylphenidate IR, SODAS (Focalin; Focalin SR) ▪ methylphenidate transdermal system (Daytrana) ▪ Lisdexamfetamine (Vyvanse) (Nov 07)	Not applicable		Nov 07 Nov 06	▪ Guanfacine ER (Intuniv) recommended to remain UF (pending)

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Date	DoD PEC Drug Class	Type of Action*	BCF/ECF Medications MTFs must have BCF meds on formulary	UF Medications MTFs may have on formulary	Nonformulary Medications MTFs may not have on formulary	Decision Date / Implement Date	PA and QL Issues	Original Review and Updates	Comments
Feb 2010	RAAs	New Drug ▪ Telmisartan / amlodipine (Twynsta) ▪ Aliskiren / valsartan (Valturna)	ACE inhibitor ▪ captopril ▪ lisinopril ▪ lisinopril / HCTZ ▪ ramipril ACE/CCB ▪ amlodipine/benazepril (Lotrel, generics)	ACE Inhibitor ▪ benazepril, HCTZ ▪ enlapril, HCTZ ▪ fosinopril, HCTZ ▪ quinapril, HCTZ ▪ trandolapril (Mavik) ARB ▪ telmisartan, HCTZ (Micardis, Micardis HCT) ▪ losartan, HCTZ (Cozaar, Hyzaar) ▪ candesartan, HCTZ (Atacand, Atacand HCT) ARB/CCB/diuretic ▪ valsartan/ amlodipine/HCTZ (Exforge HCT) Nov 09 DRI ▪ aliskiren, HCTZ (Tekturna; Tekturna HCT)	DRI/CCB ▪ **Aliskiren/valsartan (Valturna)** ARB/CCB ▪ **telmisartan / amlodipine (Tywnsta)** ▪ olmesartan / amlodipine (Azor) ▪ valsartan amlodipine (Exforge) ACE inhibitor ▪ moexipril, HCTZ (Univasc; Uniretic) ▪ perindopril (Aceon) ACE/CCB combos ▪ verapamil / trandolapril (Tarka) ARB ▪ eprosartan, HCTZ (Teveten; Teveten HCT) ▪ irbesartan, HCTZ (Avapro, Avalide) ▪ olmesartan, HCTZ (Benicar; Benicar HCT) ▪ valsartan, HCTZ (Diovan, Diovan HCT)	Pending 60 days		Nov 09 Jun 08 Nov 07 Aug 07 May 07 Feb 06 Aug 05	▪ Telmisartan / amlodipine (Twynsta) and Aliskiren / valsartan (Valturna) recommended for NF (pending)
Feb 2010	Newer Insomnia	New Drug Zolpidem sublingual (Edluar)	▪ Zolpidem IR	▪ Eszopiclone (Lunesta)	▪ Zolpidem CR (Ambien CR) ▪ Zaleplon (Sonata) ▪ Ramelteon (Rozerem) ▪ **Zolpidem sublingual (Edluar)**	Pending 60 days		Feb 07	▪ Zolpidem sublingual (Edluar) recommended for NF (pending) ▪ Step therapy requiring trial of zolpidem IR applies to class

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Date	DoD PEC Drug Class	Type of Action*	BCF/ECF Medications MTFs must have BCF meds on formulary	UF Medications MTFs may have on formulary	Nonformulary Medications MTFs may not have on formulary	Decision Date / Implement Date	PA and QL Issues	Original Review and Updates	Comments
Feb 2010	Narcotic Analgesics	New Drug Morphine sulfate ER / naltrexone (Embeda)	▪ morphine sulfate IR 15, 30 mg ▪ morphine sulfate 12-hour ER (MS Contin or equivalent) 15, 30, 60 mg ▪ oxycodone/APAP 5/325 mg ▪ hydrocodone/APAP 5/500 mg ▪ codeine/APAP 30/300 mg ▪ codeine/APAP elixir 12/120 mg/5 mL ▪ tramadol IR	▪ **Morphine sulfate ER / naltrexone (Embeda)** ▪ Codeine ▪ Fentanyl transdermal, transmucosal (Actiq), buccal (Fentora) tablets ▪ Hydromorphone (Dilaudid) ▪ Levorphanol ▪ Meperidine ▪ Methadone ▪ Morphine products (other than BCF selections), Kadian and Avinza (ER products) ▪ Opium tincture ▪ Opium/belladonna alkaloids(suppositories) ▪ Oxycodone (Oxycontin) ▪ Oxymorphone (Opana) ▪ Oxycodone/ASA ▪ Oxycodone/APAP other than BCF selections ▪ Buprenorphine injection ▪ Butorphanol ▪ Pentazocine/naloxone ▪ Propoxyphene ▪ Nalbuphine ▪ Codeine / APAP (other than BCF selections) ▪ Codeine / ASA ▪ Codeine / ASA / carisoprodol ▪ Codeine / caffeine / butalbital / APAP or ASA ▪ Dihydrocodeine / caffeine / APAP or ASA ▪ Hydrocodone / APAP ▪ Pentazocine / APAP ▪ propoxyphene / APAP ▪ Propoxyphene / ASA / caffeine ▪ Tramadol / APAP	▪ Tramadol ER (Ultram ER) Feb 07 ▪ Tramadol ER (Ryzolt) Nov 09 ▪ Tapendatol (Nucynta) Nov 09	Not applicable		Feb 07 Nov 09	▪ Morphine sulfate ER / naltrexone (Embeda) to remain UF (pending)

November 2005 – 2009 P&T Table of Implementation Status of UF Recommendations/Decisions Summary

Meeting	Drug Class	Non-Formulary Medications	BCF/ ECF Class	BCF/ECF Medications	Decision Date (DoD P&T minutes signed, effective date for BCF/ECF medications, NF to UF changes)	Effective Date for Non-Formulary Medications (Implementation period)
Nov 09	Phosphodiesterase Type-5 Inhibitors for Pulmonary Arterial Hypertension subclass	**Recommended for non-formulary status Nov 09** ▪ tadalafil (Adcirca)	Now BCF for ED	**N/A** ▪ vardenafil (Levitra) is BCF for erectile dysfunction (ED)	pending approval	pending approval
Aug 09 (update; original review May 05)	Phosphodiesterase Type-5 Inhibitors	**No change to non-formulary status from May 05** Automated PA requiring trial of vardenafil (Levitra) applies to new users of non-formulary PDE5s (no use of PDE5s in last 180 days)			21 Oct 09	28 Dec 09 (60 days)
Nov 09 (update; original review May 05)	MS-DMDs	**Recommended for non-formulary status Nov 09** ▪ Beta interferon 1-b injection (Extavia)	ECF	**No changes to ECF recommended Nov 09** ▪ interferon beta-1a intramuscular injection (Avonex)	pending approval (original decision 14 Jul 05)	pending approval (60 days)
Nov 09 (update; original review Nov 05; updated Nov 08 & Aug 08)	Antidepressants I	**Recommended for non-formulary status Nov 09** ▪ bupropion HBr (Aplenzin) ▪ milnacipran (Savella) **Recommended to move from non-formulary status to UF Nov 09** ▪ bupropion extended release (Wellbutrin XL)	BCF	**No changes to BCF recommended Nov 09**	pending approval	pending approval
		▪ paroxetine HCl CR (Paxil) ▪ fluoxetine 90 mg weekly admin. (Prozac Weekly) ▪ fluoxetine in special packaging for PMDD (Sarafem) ▪ escitalopram (Lexapro) ▪ duloxetine (Cymbalta) ▪ desvenlafaxine (Pristiq)		Currently BCF ▪ citalopram ▪ fluoxetine (excluding weekly regimen & special packaging for PMDD) ▪ sertraline (Zoloft) ▪ trazodone ▪ bupropion sustained release	10 Feb 09; original signing date 24 Oct 08 (Pristiq) 19 Jan 06 (original review)	7 Jan 09 (Pristiq) 19 Jul 06 (180 days)
Nov 09 (update; original review Feb 07)	Narcotic Analgesics	**Recommended for non-formulary status Nov 09** ▪ tramadol ER (Ryzolt) ▪ tapendatol (Nucynta)	BCF	**No changes to BCF recommended Nov 09**	pending approval	pending approval

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Meeting	Drug Class	Non-Formulary Medications	BCF/ ECF Class	BCF/ECF Medications	Decision Date (DoD P&T minutes signed, effective date for BCF/ECF medications, NF to UF changes)	Effective Date for Non-Formulary Medications (Implementation period)
		▪ tramadol ER (Ultram ER)		▪ morphine sulfate IR 15 mg, 30 mg ▪ morphine sulfate 12-hour ER (MS Contin or equivalent) 15, 30, 60 mg ▪ oxycodone/APAP 5/325 mg ▪ hydrocodone/APAP 5/500 mg ▪ codeine/APAP 30/300 mg ▪ codeine/APAP elixir 12/120 mg/5 mL ▪ tramadol IR	02 May 07	01 Aug 07 (90 days)
May 09 update; reviewed Aug 08; Feb 06 original review)	Overactive Bladder Drugs	**Recommended for non-formulary status Nov 09;** ▪ oxybutynin topical gel Gelnique)	BCF	**No changes to BCF recommended Nov 09**	pending approval	pending approval
		▪ fesoterodine (Toviaz) (recommended for NF status May 09) ▪ tolterodine IR (Detrol) ▪ trospium IR (Sanctura)		▪ tolterodine ER (Detrol LA) ▪ oxybutynin ER (Ditropan XL, generics) (Note: oxybutynin IR [generic Ditropan] removed from BCF, but still UF)	17 Aug 09 (fesoterodine) 24 Oct 08 (original review)	28 Oct 09(fesoterodine) 4 Feb 09 (original review)
Nov 09	ARB – Renin Angiotensin Antihypertensives	**No changes to NF recommended Nov 09**	BCF	**BCF change recommended Nov 09** ▪ **Delete telmisartan +/- HCTZ (Micardis, Micardis HCT) from BCF**	pending approval	pending approval
Nov 09	ARB/CCB/diuretic Renin Angiotensin Antihypertensives	**No changes to NF recommended Nov 09**		**No changes to BCF recommended Nov 09; valsartan/amlodipine/HCTZ (Exforge HCT) recommended for UF**	pending approval	pending approval

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Meeting	Drug Class	Non-Formulary Medications	BCF/ ECF Class	BCF/ECF Medications	Decision Date (DoD P&T minutes signed, effective date for BCF/ECF medications, NF to UF changes)	Effective Date for Non-Formulary Medications (Implementation period)
Jun 08 (update) Original reviews ▪ ACE inhibitors: Aug 05 ▪ Misc. anti-hypertensives, including ACE/CCB combos. Feb 06 ▪ ARBs: May 07 ▪ Renin inhibitors. Aug 07 ▪ CCB/ARB combos Nov 07 update	Renin Angiotensin Antihypertensives	To remain NF ARB/CCB combos ▪ olmesartan/amlodipine (Azor) – rec NF Jun 08 ▪ valsartan amlodipine (Exforge) ACE inhibitors ▪ Moexipril +/- HCTZ (Univasc; Uniretic) ▪ perindopril (Aceon) ACE/CCB combos ▪ felodipine/enalapril (Lexxel) (D/C'd from market) ▪ verapamil/trandolapril (Tarka) ARBs ▪ eprosartan +/- HCTZ (Teveten; Teveten HCT) ▪ irbesartan+/- HCTZ (Avapro, Avalide) ▪ olmesartan +/- HCTZ (Benicar; Benicar HCT) ▪ valsartan +/- (Diovan; Diovan HCT)		Currently on the BCF ACE inhibitors ▪ captopril ▪ lisinopril ▪ lisinopril / HCTZ ACE/CCB combos ▪ amlodipine/benazepril (Lotrel, generics) ARBs ▪ telmisartan (Micardis) ▪ telmisartan HCTZ (Micardis HCT)	ARB/CCB combos ▪27 Aug 08 (Azor) ▪13 Feb 08 (Exforge) ▪ACE inhibitors ▪10 Feb 09 (Ramipril removed from NF and moved to UF at Nov 08 mtg) ▪13 Oct 05 ACE/CCB combos ▪26 Apr 06 ▪ARBs ▪24 July 07	ARB/CCB combos Revised implementation date: 26 Nov 08 Azor (60 days) ACE inhibitors ▪ 15 Feb 06 ACE/CCB combos ▪ 26 Jul 06 ARBs ▪ 21 Nov 07 ▪ 16 Apr 08
Aug 09 (update; original review Nov 2007)	Targeted Immunomodulatory Biologics	Recommended for non-formulary status Aug 09; no change to non-formulary status from Nov 07 ▪ golimumab injection (Simponi) ▪ certolizumab injection (Cimzia)	ECF	No changes to ECF recommendation Nov 07	21 Oct 09	28 Dec 09 (60 days)
		▪ etanercept injection (Enbrel) ▪ anakinra injection (Kineret)	ECF	▪ adalimumab injection (Humira)	13 Feb 08	18 Jun 08 (120 days)
Aug 09 (update; updated Nov 07; original review Aug 05)	Alpha Blockers for BPH	Recommended for non-formulary status Aug 09; no change to non-formulary status from Nov 07 or Aug 05 ▪ silodosin (Rapaflo)	BCF	No changes to BCF recommendation Nov 07	21 Oct 09	28 Dec 09 (60 days)
		▪ tamsulosin (Flomax) Automated PA requiring trial of alfuzosin (Uroxatral) applies to new users of tamsulosin (no use of uroselective alpha blockers in last 180 days)	BCF	▪ terazosin tablets or capsules ▪ alfuzosin tablets (Uroxatral)	13 Feb 08	16 Apr 08 (60 days)

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Meeting	Drug Class	Non-Formulary Medications	BCF/ ECF Class	BCF/ECF Medications	**Decision Date** (DoD P&T minutes signed, effective date for BCF/ECF medications, NF to UF changes)	**Effective Date for Non-Formulary Medications** (Implementation period)
Aug 09 (update; updated Nov 07; original review Nov 06)	ADHD / Narcolepsy Agents	No change to non-formulary status from Aug 05 or Nov 07	BCF	No changes to BCF recommendation from Aug 05	21 Oct 09	28 Dec 09
		Recommended for non-formulary status Nov 07 ▪ lisdexamfetamine (Vyvanse)	BCF	No change to BCF recommended Nov 07	13 Feb 08	16 Apr 08 (60 days)
		To remain NF ▪ dexmethylphenidate IR (Focalin) ▪ dexmethylphenidate SODAS (Focalin XR) ▪ methylphenidate transdermal system (Daytrana)		Currently on the BCF ▪ methylphenidate OROS (Concerta) ▪ mixed amphetamine salts ER (Adderall XR) ▪ methylphenidate IR (Ritalin)	17 Jan 07	18 Apr 07
May 09 (update; reviewed Jun 08; original review May 07)	Antilipidemic Agents-II	Recommended for non-formulary status May 09; no change to non-formulary status in Jun 08 ▪ fenofibrate acid (Trilipix)	BCF	No changes to BCF recommendation May 09	17 Aug 09	28 Oct 09
		No changes to NF recommended Jun 08	BCF	Recommended for addition to BCF Jun 08 ▪ fenofibrate meltdose (Fenoglide), to replace fenofibrate IDD-P (Triglide) (Note: fenofibrate IDD-P (Triglide) removed from BCF but still UF)	27 Aug 08	Revised implementation date: 26 Nov 08 original implementation date: 29 Oct 08 (60 days)
		To remain NF ▪ fenofibrate nanocrystallized (Tricor) ▪ fenofibrate micronized (Antara) ▪ omega-3 fatty acids (Omacor) ▪ colesevelam (Welchol)	BCF	Currently BCF ▪ gemfibrozil	24 July 07	21 Nov 07 (120 days)
May 09 (update; reviewed Nov 08) update to include nasal	Nasal Allergy Drugs	Recommended for non-formulary status May 09; no change to non-formulary status in Nov 08 ▪ azelastine with sucralose (Astepro)	BCF	No changes to BCF recommendation May 09	17 Aug 09	28 Oct 09

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Meeting	Drug Class	Non-Formulary Medications	BCF/ ECF Class	BCF/ECF Medications	**Decision Date** (DoD P&T minutes signed, effective date for BCF/ECF medications, NF to UF changes)	**Effective Date for Non-Formulary Medications** (Implementation period)
antihistamines ; nasal steroids reviewed Nov 05 & Aug 07 for Veramyst)		▪ olopatadine (Patanase) ▪ ciclesonide (Omnaris) ▪ fluticasone furoate (Veramyst) ▪ beclomethasone (Beconase AQ) ▪ budesonide (Rhinocort Aqua) ▪ triamcinolone (Nasacort AQ)	BCF	▪ Fluticasone propionate (generic Flonase) ▪ Azelastine (Astelin)	10 Feb 09	8 Apr 09 (60 days)
May 09 (update; reviewed May 07& Feb 05)	Proton Pump Inhibitors	Recommended for non-formulary status May 09 no change to non-formulary status in May 07 ▪ Dexlansoprazole (Kapidex)	BCF	No changes to BCF recommendation May 09	17 Aug 09	28 Oct 09
		▪ lansoprazole (Prevacid) ▪ omeprazole/sodium bicarbonate (Zegerid) ▪ pantoprazole (Protonix) ▪ rabeprazole (Aciphex) Automated PA requiring trial of omeprazole OR esomeprazole (Nexium) applies to new users of non-formulary PPIs (no use of PPIs in last 180 days)	BCF	▪ generic omeprazole 10 mg and 20 mg (excludes Prilosec 40 mg) ▪ esomeprazole (Nexium)	24 July 07	24 Oct 07 (90 days)
May 09 (update; reviewed May 06)	Antiemetics	Recommended for non-formulary status May 09; no change to non-formulary status ▪ granisetron transdermal system (Sancuso)	BCF	No changes to BCF recommendation May 09	17 Aug 09	28 Oct 09
		▪ dolasetron (Anzemet)	BCF	▪ promethazine (oral and rectal)	26 Jul 06	27 Sep 06 (60 days)
Feb 09	Inhaled Corticosteroids	▪ Beclomethasone HFA MDI (Qvar) ▪ Budesonide MFA MDI (Pulmicort Flexhaler) ▪ Ciclesonide HFA MDI (Alvesco) ▪ Flunisolide CFC MDI (Aerobid, Aerobid M) ▪ Triamcinolone CFC MDI (Azmacort)	BCF	▪ Fluticasone DPI (Flovent Diskus) ▪ Fluticasone HFA MDA (Flovent HFA) ▪ Mometasone DPI (Asmanex Twisthaler)	12 May 2009	16 Sep 09 (120 days)
Feb 09	Long-Acting Beta Agonists	▪ formoterol inhalation solution (Perforomist)	BCF	▪ Salmeterol DPI (Serevent Diskus)	12 May 2009	16 Sep 09 (120 days)

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Feb 09	Inhaled Corticosteroids / Long-Acting Beta Agonist Combinations	(No ICS/LABA combinations recommended for NF placement Feb 09)	BCF	▪ Fluticasone/salmeterol DPI (Advair Diskus) ▪ Fluticasone/salmeterol HFA MDI (Advair HFA)	12 May 2009	16 Sep 09 (120 days)
Nov 08	Short-Acting Beta Agonists	▪ albuterol chlorofluorocarbon (CFC) metered dose inhaler (MDI) (no longer manufactured) ▪ metaproterenol (Alupent) CFC MDI (no longer marketed) ▪ metaproterenol inhalation solution ▪ pirbuterol (Maxair) MDI	BCF	▪ Ventolin HFA (albuterol hydrofluoroalkane (HFA) MDI ▪ Albuterol inhalation solution; Note – does not include the following: Accuneb 0.021% [0.63 mg/mL] Accuneb 0.042% [1.25 mg/3mL] Albuterol 0.5% [2.5 mg/0.5 mL in 0.5 unit dose vial]	10 Feb 09	8 Apr 09 (60 days)
Oct 08 (interim teleconference meeting) & Jun 08	Triptans	▪ almotriptan (Axert) ▪ frovatriptan (Frova) ▪ naratriptan (Amerge)	BCF	▪ rizatriptan (Maxalt), immediate upon signing of the minutes ▪ sumatriptan oral and one injectable formulation, when multi-source generics are available	24 Oct 08;; original signing date: 27 Aug 08	26 Nov 08 (90 days)
Aug 08	Self-Monitoring Blood Glucose Systems (SMBGS) test strips	▪ OneTouch Ultra 2 strips (for OneTouch Ultra 2, Ultra Mini, and Ultra Smart meters) ▪ TrueTrack strips (for TrueTrack meter) ▪ Accu-chek Comfort Curve strips (for Accu-chek Advantage meter) ▪ Accu-chek Compact Plus drum (for Accu-check Compact Plus meter) ▪ Accu-chek Simplicity, Ascensia Autodisk, Ascensia Breeze 2, Ascensia Elite, Assure, Assure 3, Assure II, Assure Pro, Bd Test Strips, Chemstrip Bg, Control AST, Dextrostix Reagent, Easygluco, Easypro, Fast Take, Freestyle test strips (other than Freestyle Lite), Glucofilm, Glucolab, Glucometer Dex, Glucometer Elite, Glucose Test Strip, Glucostix, Optium, Precision Pcx, Precision Pcx Plus, Precision Q-I-D, Precision Sof-Tact, Prestige Smart System, Prodigy, Quicktek, Sidekick, Sof-Tact, Surestep, Surestep Pro, Test Strip, Relion Ultima, Uni-Check ▪ Plus all other store/private label brand strips not included on the UF (see BCF/ECF column)	BCF	**Basic Core Formulary SMBGS test strips** ▪ Precision Xtra strips (for Precision Xtra meter) **Uniform Formulary SMBGS test strips** ▪ Accu-chek Aviva (for Accu-chek Aviva meter) ▪ Ascensia Contour (for Ascensia Contour meter) ▪ Freestyle Lite (for Freestyle Freedom Lite and Freestyle Lite meters)	24 Oct 08	17 Mar 09 (120 days)

November 2005 – 2009 P&T Table of Implementation Status of UF Recommendations/Decisions Summary

Meeting	Drug Class	Non-Formulary Medications	BCF/ ECF Class	BCF/ECF Medications	Decision Date (DoD P&T minutes signed, effective date for BCF/ECF medications, NF to UF changes)	Effective Date for Non-Formulary Medications (Implementation period)
Aug 08 (update; reviewed Aug 05; also updated Nov 07)	Calcium Channel Blockers	Recommended for non-formulary status Aug 08 ▪ nisoldipine geomatrix (Sular geomatrix)	BCF	No changes to BCF recommended Aug 08	24 Oct 08	7 Jan 09 (60 days)
		Previously non-formulary, recommended for UF status Nov 07 ▪ amlodipine besylate (Norvasc generic)		Recommended for addition to BCF Nov 07 ▪ amlodipine besylate tablets	13 Feb 08	13 Feb 08
		To Remain Non-Formulary ▪ isradipine IR, ER (Dynacirc; Dynacirc CR) ▪ nicardipine IR (Cardene, generics) ▪ nicardipine SR (Cardene SR) ▪ verapamil ER (Verelan) ▪ verapamil ER HS dosing (Verelan PM, Covera HS) ▪ diltiazem ER for bedtime dosing (Cardizem LA)		Currently BCF ▪ amlodipine besylate (Norvasc, generics) (Recommended at Nov 07 meeting) ▪ nifedipine ER (Adalat CC, generics) ▪ verapamil SR ▪ diltiazem ER (Tiazac, generics)	13 Oct 05	15 Mar 06 (150 days)
Jun 08	Osteoporosis Agents	▪ calcitonin salmon nasal spray (Miacalcin)	BCF	▪ alendronate (Fosamax) ▪ ibandronate (Boniva) (Note: raloxifene (Evista) removed from BCF, but still UF)	27 Aug 08	26 Nov 08 (90 days)
Jun 08 (update; reviewed Nov 07)	Adrenergic Blocking Agents	Recommended for non-formulary status Jun 08 ▪ nebivolol (Bystolic)	BCF	No change to BCF recommended Jun 08	27 Aug 08	Revised implementation date: 26 Nov 08 original implementation date: 29 Oct 08 (60 days)
		(No ABAs selected for NF placement at Nov 07 meeting)		Currently BCF ▪ atenolol tablets ▪ metoprolol tartrate IR tablets ▪ carvedilol IR tablets ▪ metoprolol succinate ER tablets	13 Feb 08	-
Jun 08 (update; reviewed Aug 07	Newer Antihistamines	Recommended for non-formulary status Jun 08 ▪ levocetirizine (Xyzal)	BCF	No change to BCF recommended Jun 08	27 Aug 08	Revised implementation date: 26 Nov 08 original implementation date: 29 Oct 08 (60 days)

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		To remain NF ▪ desloratadine (Clarinex) ▪ desloratadine/pseudoephedrine (Clarinex D)		▪ MTFs required to carry at least one single ingredient agent from the newer antihistamine class (loratadine, cetirizine, or fexofenadine) on their local formulary, including at least one dosage form suitable for pediatric use	17 Oct 07	16 Jan 08 (90 days)
Jun 08 (update; reviewed Aug 07)	Leukotriene Modifiers	Recommended for non-formulary status Jun 08 ▪ Zileuton ER (Zyflo CR)	BCF	No changes to BCF rec Jun 08	27 Aug 08	Revised implementation date: 26 Nov 08 original implementation date: 29 Oct 08 (60 days)
		To remain NF ▪ zileuton (Zyflo)		Currently BCF ▪ montelukast (Singulair)	17 Oct 07	16 Jan 08 (90 days)
Nov 07 (update, original review May 06)	Contraceptives	Recommended for non-formulary status Nov 07 ▪ EE 20 mcg/levonorgestrel 0.09 mg in special packaging for continuous use (Lybrel)	BCF	No change to BCF recommended Nov 07	13 Feb 08	16 Apr 08 (60 days)
		To remain NF ▪ EE 30 mcg / levonorgestrel 0.15 mg in special packaging for extended use (Seasonale) ▪ EE 25 mcg / norethindrone 0.4 mg (Ovcon 35) ▪ EE 50 mcg / norethindrone 1 mg (Ovcon 50) ▪ EE 20/30/35 mcg / noreth. 1 mg (Estrostep Fe)		Currently on the BCF ▪ EE 20 mcg / 3 mg drospirenone (Yaz) ▪ EE 20 mcg / 0.1 mg levonorgestrel (Lutera, Sronyx, or equivalent) ▪ EE 30 mcg / 3 mg drospirenone (Yasmin) ▪ EE 30 mcg / 0.15 mg levonorgestrel (Nordette or equivalent / excludes Seasonale) ▪ EE 35 mcg / 1 mg norethindrone (Ortho-Novum 1/35 or equivalent) ▪ EE 35 mcg / 0.25 mg norgestimate (Ortho-Cyclen or equivalent) ▪ EE 25 mcg / 0.18/0.215/0.25 mg norgestimate (Ortho Tri-Cyclen Lo) ▪ EE 35 mcg / 0.18/0.215/0.25 mg norgestimate (Ortho Tri-Cyclen or equivalent) ▪ 0.35 mg norethindrone (Nor-QD, Ortho Micronor, or equivalent)	26 Jul 06	24 Jan 07
		▪ EE 30/10 mcg / 0.15 mg levonorgestrel in special packaging for extended use (Seasonique) ▪ EE 20 mcg / 1 mg norethindrone (Loestrin 24 Fe)			17 Jan 07	18 Mar 07
Aug 07	Growth Stimulating Agents	▪ somatropin (Genotropin, Genotropin Miniquick) ▪ somatropin (Humatrope) ▪ somatropin (Omnitrope) ▪ somatropin (Saizen)	ECF	▪ somatropin (Norditropin)	17 Oct 07	19 Dec 07 (60 days)

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May 07	5-Alpha Reductase Inhibitors	▪ dutasteride (Avodart)	BCF	▪ finasteride	24 July 07	24 Oct 07 (90 days)
Feb 07	Newer Sedative Hypnotics	▪ zolpidem ER (Ambien CR) ▪ zaleplon (Sonata) ▪ ramelteon (Rozerem) Automated PA requiring trial of zolpidem IR applies to new users of eszopiclone (Lunesta), ramelteon (Rozerem), zaleplon (Sonata), or zolpidem ER (Ambien CR) (new users = no use of newer sedative hypnotics in last 180 days)	BCF	▪ zolpidem IR (Ambien)	02 May 07	01 Aug 07 (90 days)
Feb 07	Monoamine Oxidase Inhibitors	▪ selegiline transdermal patch (Emsam)	ECF	▪ phenelzine (Nardil)	02 May 07	01 Aug 07 (90 days)
Feb 07	Narcotic Analgesics	▪ tramadol ER (Ultram ER)	BCF	▪ morphine sulfate IR 15 mg, 30 mg ▪ morphine sulfate 12-hour ER (MS Contin or equivalent) 15, 30, 60 mg ▪ oxycodone/APAP 5/325 mg ▪ hydrocodone/APAP 5/500 mg ▪ codeine/APAP 30/300 mg ▪ codeine/APAP elixir 12/120 mg/5 mL ▪ tramadol IR	02 May 07	01 Aug 07 (90 days)
Feb 07	Ophthalmic Glaucoma Agents	▪ travoprost (Travatan, Travatan Z) ▪ timolol maleate for once daily dosing (Istalol) ▪ timolol hemihydrate (Betimol) ▪ brinzolamide (Azopt)	BCF	▪ latanoprost (Xalatan) ▪ brimonidine (Alphagan P); excludes 0.1% ▪ timolol maleate ▪ timolol maleate gel-forming solution ▪ pilocarpine	02 May 07	01 Aug 07 (90 days)
Nov 06	Older Sedative Hypnotics	-	BCF	▪ temazepam 15 and 30 mg	17 Jan 07	-
Nov 06 (update; reviewed Nov 06)	Dermatologic Topical Antifungals*	Recommended for non-formulary status Nov 06: 0.25% miconazole / 15% zinc oxide / 81.35% white petrolatum ointment (Vusion)	BCF	No change to BCF recommended Nov 06	14 Jul 05	17 Aug 05 (30 days)
		▪ econazole ▪ ciclopirox ▪ oxiconazole (Oxistat) ▪ sertaconazole (Ertaczo) ▪ sulconazole (Exelderm)		▪ nystatin ▪ clotrimazole	17 Jan 07	18 Mar 07 (60 days)

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Aug 06	H2 Antagonists / GI protectants	-	BCF	▪ ranitidine (Zantac) – excludes gelcaps and effervescent tablets	23 Oct 06	-
Aug 06	Antilipidemic Agents I	▪ rosuvastatin (Crestor) ▪ atorvastatin / amlodipine (Caduet)	BCF	▪ simvastatin (Zocor) ▪ pravastatin ▪ simvastatin / ezetimibe (Vytorin) ▪ niacin extended release (Niaspan)	23 Oct 06	1 Feb 07 (90 days)
Feb 06	GABA-analogs	▪ pregabalin (Lyrica)	BCF	▪ gabapentin	26 Apr 06	28 Jun 06 (60 days)
Nov 05	Alzheimer's Drugs	▪ tacrine (Cognex)	ECF	▪ donepezil (Aricept)	19 Jan 06	19 Apr 06 (90 days)
Nov 05	Macrolide/ Ketolide Antibiotics	▪ azithromycin 2 gm (Zmax) ▪ telithromycin (Ketek)	BCF	▪ azithromycin (Z-Pak) ▪ erythromycin salts and bases	19 Jan 06	22 Mar 06 (60 days)

BCF = Basic Core Formulary; ECF = Extended Core Formulary; MN = Medical Necessity; TMOP = TRICARE Mail Order Pharmacy; TRRx = TRICARE Retail Pharmacy program; UF = Uniform Formulary
CFC = chlorofluorocarbon; ER = extended release; HFA = hydrofluoroalkane; IR = immediate release; SR = sustained release; IDD-P = insoluble drug delivery-microParticle;
AD-1s: Antidepressant-1 Drugs; ADHD = Attention Deficit Hyperactivity Disorder; ARBs = Angiotensin Receptor Blockers; ACE Inhibitors = Angiotensin Converting Enzyme Inhibitors; BPH = Benign Prostatic Hyperplasia; CCBs = Calcium Channel Blockers; ED = erectile dysfunction; EE = ethinyl estradiol; GI = gastrointestinal; GABA = gamma-aminobutyric acid; H2 = Histamine-2 receptor; HBr = hydrobromide; HCTZ = hydrochlorothiazide; LIP-1 = Antihyperlipidemic-1 Drugs; LIP-2 = Antihyperlipidemic-2 Drugs; MDIs = metered dose inhalers; MOAIs = Monoamine Oxidase Inhibitor Drugs; MS-DMDs = Multiple Sclerosis Disease-Modifying Drugs; NADs = Nasal Allergy Drugs; OABs = Overactive Bladder Medications; PAH = pulmonary arterial hypertension; PDE5 Inhibitors = Phosphodiesterase- type 5 inhibitors; PPIs = Proton Pump Inhibitors; RAAs = Renin Angiotensin Antihypertensives Drugs; SABAs = Short-Acting Beta Agonists; SMBGS: Self-Monitoring Blood Glucose Systems; TIBs = Targeted Immunomodulatory Biologics; TZDs= Thiazolidinediones
*The Dermatologic Topical Antifungal drug class excludes vaginal products and products for onychomycosis (e.g., ciclopirox topical solution [Penlac])