

# Arkansas Kidney Disease Commission

## Formulary

COMMON NAME OF DRUG	BRAND NAME
CALCIUM ACETATE	667 mg tablets/capsules not to exceed 360 tablets/capsules each month.
SEVELAMER	800 mg tablets or 0.8 gram packets not to exceed 360 tablets or packets each month.

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**THE FOLLOWING PHOSPHATE BINDING AGENTS ARE COVERED WITH PRIOR APPROVAL ONLY**

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FOSRENOL	LANTHANUM- <u>Generic</u> 1000 mg tablets or 1000 mg packets not to exceed 360 tablets or packets each month.
VELPHORO	SUCROFERRIC OXYHYDROXIDE 500 mg tablets not to exceed 360 tablets each month.
AURYXIA	FERRIC CITRATE 210 mg tablets not to exceed 360 tablets each month

For initiation of therapy with phosphate binders, patients shall be prescribed calcium acetate or sevelamer prior to initiation of therapy with other listed phosphate binder medications. Medications other than calcium acetate and sevelamer can be requested only:

- After the patient fails to achieve targeted phosphate levels, based on clinical guidelines, on at least 3 dosage formulations (capsules, tablets, etc.) of calcium acetate or sevelamer with each meal along with dietary restrictions, or
- If patient has adverse side effects to sevelamer or calcium acetate, or
- If patient is unable to swallow calcium acetate or sevelamer or
- If calcium acetate or sevelamer is not available due to shortage, recall or discontinuation.

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**ADDITIONAL MEDICATIONS COVERED WITH PRIOR APPROVAL ONLY**

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AKDC payment for the following medications cannot exceed the [National Average Drug Acquisition Cost \(NADAC\)](#), plus a dispensing fee for each prescription that matches the dispensing fee paid by the Arkansas Medicaid program. AKDC will revise coverage restrictions annually, using the most up-to-date NADAC costs prior to the start of the new state fiscal year. If no NADAC is listed for a particular drug, AKDC will pay the insurance allowable cost of the drug, less the client co-pay and insurance payment.

SENSIPAR	CINACALCET- <u>Generic</u>
NULOJIX	
VELTASSA	
LOKELMA	

**IMMUNOSUPPRESSANT DRUGS**

COMMON NAME OF DRUG	BRAND NAME
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AKDC payment for the following medications cannot exceed the [National Average Drug Acquisition Cost \(NADAC\)](#), plus a dispensing fee for each prescription that matches the dispensing fee paid by the Arkansas Medicaid program. AKDC will revise coverage restrictions annually, using the most up-to-date NADAC costs prior to the start of the new state fiscal year. If no NADAC is listed for a particular drug, AKDC will pay the insurance allowable cost of the drug, less the client co-pay and insurance payment.

AZATHIOPRINE	IMURAN
CYCLOSPORINE	NEORAL, GENGRAF
EVEROLIMUS	ZORTRESS
MYCOPHENOLATE MOFETIL	CELLCEPT
MYFORTIC	MYCOPHENOLIC ACID
PREDNISONE	
SIROLIMUS	RAPAMUNE
TACROLIMUS	PROGRAF

**OTC DRUGS**

COMMON NAME OF DRUG	BRAND NAME
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FAMOTIDINE	PEPCID
LORATADINE	CLARITIN
OMEPRAZOLE	PRILOSEC
RANITIDINE	ZANTAC

COMMON NAME OF DRUG	DISPENSED FORM	BRAND NAME
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**A**

ACYCLOVIR		ZOVIRAX
AMLODIPINE BESYLATE		NORVASC
AMOXICILLIN	CAPS, SUSP	AMOXIL
AMOXICILLIN W/CLAVULANIC ACID	TABS, SUSP	AUGMENTIN, CLAVULIN
AMPICILLIN	CAPS, SUSP	
ATENOLOL		TENORMIN
AZITHROMYCIN		ZITHROMAX, Z PACK

**B**

BACITRACIN W/POLYMYXIN B AND NEOMYCIN	OINT	NEOSPORIN
BECLOMETHASONE DIPROPIONATE	CR, OINT, GEL	PROPADERM, Q-VAR
BENZAEPRIIL		LOTENSIN
BUMETANIDE		BUMEX

**C**

CALCITRIOL		ROCALTROL
CALCIUM ACETATE		PHOSLO
CAPTOPRIL		CAPOTEN
CARVEDILOL		COREG
CEFACLOR		CECLOR
CEPHALEXIN MONOHYDRATE		KEFLEX
CHLORPROMAZINE		THORAZINE
CIPROFLOXACIN	IR TAB	CIPRO
CLONIDINE		CATAPRES
CLOPIDOGREL BISULFATE		PLAVIX
CYCLOPHOSPHAMIDE		CYTOXAN

**D**

DIAZEPAM		VALIUM
DILTIAZEM	TABS, XR	CARDIZEM, TIAZAC
DIPHENOXYLATE/ATROP		LOMOTIL
DIPYRIDAMOLE		PERSANTINE
DISOPYRAMIDE PHOSPHATE		RYTHMODAN
DOXAZOSIN MESYLATE		CARDURA
DOXYCYCLINE HYCLATE		VIBRAMYCIN

**E**

ENALAPRIL MALEATE		VASOTEC
ENALAPRIL MALEATE HCTZ		VASERETIC
ESTRADIOL		ESTRACE
ESTROPIPATE		OGEN

**F**

FLUOXETINE		PROZAC
FUROSEMIDE		LASIX

**G**

GABAPENTIN		NEURONTIN
GEMFIBROZIL		LOPID
GLUCOSE TEST STRIPS		
GLYBURIDE		DIABETA, MICRONASE
GUANFACINE HCL		TENEX
GLIPIZIDE		GLUCOTROL
GLIMEPIRIDE		AMARYL

**H**

HYDROCODONE/ APAP		VICODIN, LORCET, NORCO
HYDRALAZINE		APRESOLINE
HYDROXYZINE PAMOATE HCL		ATARAX, VISTARIL

**I**

INSULIN		
INSULIN SYRINGES		
ISOSORBIDE DINIT		ISORDIL
ISOSORBIDE MONONITRATE		IMDUR, ISMO

**K**

KETOCONAZOLE	TABS, CREAM	NIZORAL
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**L**

LABETALOL		TRANDATE
LACTULOSE		CEPHULAC
LEVOFLOXACIN		LEVAQUIN
LEVOTHYROXINE SODIUM		LEVOTHROID, SYNTHROID
LISINAPRIL		PRINIVIL, ZESTRIL
LOSARTAN		COZAAR
LOSARTAN POTASSIUM-HYDROCHLOROTHIAZIDE		HYZAAR

**M**

METHYLPREDNISOLONE		MEDROL
METOCLOPRAMIDE HCL		REGLAN
METOLAZONE		ZAROXOLYN
METOPROLOL SUCINATE		TOPROL-XL
METOPROLOL TARTRATE		LOPRESSOR
METRONIDAZOLE		FLAGYL
MEXILETINE		MEXITIL
MINOXIDIL		LONITEN
MORPHINE	IR/SR TABS, SOL	
MUPIROCIN OINT		BACTROBAN
MIDODRINE		
MEGESTROL ACETATE		MEGACE

**N**

NEOMYCIN-POLYMYXIN-HC	OTIC SOL	CORTISPORIN
NICARDIPINE		CARDENE
NEBIVOLOL		BYSTOLIC
NIFEDIPINE	CAPS, XL TABS	ADALAT, AFEDITABS, PROCARDIA

NYSTATIN	CREAM, OINT, TABS	
NYSTATIN W/TRIAMCINOLONE ACETONIDE		CREAM, OINT
NOVOLOG	INSULIN	FLEXPEN

## O

OLMESARTAN		BENICAR
ONDANSETRON	TABS, ODT	ZOFRAN
OXYCODONE HCL	IR TABS	
OXYCODONE / APAP		

## P

PAROXETINE		PAXIL
PENICILLIN W/ POTASSIUM		
PENTOXIFYLLINE		TRENTAL
PIOGLITAZONE		ACTOS
PRAVASTATIN SODIUM		PRAVACHOL
PROCHLORPERAZINE		COMPAZINE
PROPAFENONE HYDROCHLORIDE		RYTHMOL
PROPRANOLOL		INDERAL
PRORANOLOL AND HYDROCHLOROTHIAZIDE		INDERIDE

## Q

QUINAPRIL HYDROCHLORIDE		ACCUPRIL
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## R

RENAL VITAMINS	VITAMIN	RENAVITE, DIALYVITE, NEPROVITE
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## S

SIMVASTATIN		ZOCOR
SODIUM POLYSTYRENE SULFONATE (SPS)		KAYEXALATE
SUCRALFATE	TABS	CARAFATE

## T

TEMAZEPAM		RESTORIL
TERAZOSIN HYDROCHLORIDE		HYTRIN
THEOPHYLLINE	TABS	
TRIMETHOPRIM/SULFAMETHOXAZOLE - SS, DS		BACTRIM, SEPTRA

## V

VELPHORO		SUCROFERRIC OXYHYDROXIDE
VANCOMYCIN		

VERAPAMIL HYDROCHLORIDE  
VANGANCICLOVIR

COVERA HS, CALAN, VERELAN, ISOPTIN  
VALCYTE-3-13-2017

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**W**

WARFARIN SODIUM

COUMADIN

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**Z**

ZOLPIDEM

AMBIEN

- Generic medications shall be utilized unless prescribed medication does not have a generic equivalent, is required per patient's treating physician, or is unavailable due to shortage/recall.

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**NUTRIONAL SUPPLIMENTS**

NEPRO NUTRITION SHAKE (\*)

(\*) Nutritional supplements listed on formulary may be provided, pending funding availability, to patients enrolled in Arkansas Kidney Disease Program.