KIDNEY DISEASE PROGRAM OF MARYLAND (KDP)

List of Covered Drugs Classified by American Hospital Formulary Service

(AHFS) Therapeutic Class

NOTE: Proper drug classification into correct AHFS classes to be done by PC+BM as needed.

AHFS	Drug Products
04:00	Antihistamines – Listed oral products only
	Diphenhydramine (M) (B) Rx products only
	Hydroxyzine hydrochloride and hydroxyzine parnoate (B)
08:12	<u>Oral</u> antibiotics – Listed therapeutic subclasses only
08:12.06	All <u>oral</u> cephalosporins [*] (B)
08:12.07	All oral miscellaneous beta-lactam antibiotics*
08:12.12	All oral macrolides* (B)
08:12.16	All oral penicillins* (B)
08:12.18	All oral quinolones* (B)
08:12.20	Miscellaneous anti-infectives – Listed oral products only:
	Sullamethoxazole/Trimethoprim
08:12.24	All <u>oral</u> tetracyclines* (B)
08:12.28	All oral miscellaneous antibiotics* (B)
08:14.08	Oral antifungal antibiotics – Listed products only
	Fluconazole (B) Ketoconazole (B)
	Itraconazole (B)
	See also Clotrimazole lozenges listed under 84:0408
08:14.28	Oral antifungal – Listed products only:
	Nystatin
08:16	Anti-tuberculosis agents – Listed oral products only:
	Rifampin (B)
	Isoniazid *** (B)
08:16.92	Sulfones - Listed <u>oral</u> products only:
	Dapsone *** (B)
08:18	Antivirals *** - Listed oral products only:
	Acyclovir *** (B)
	Ganciclovir ***(B) and Valganciclovir (Valcyte) *** (B)
08:30.08	Antimalarials – Listed oral products only:
	Quinine sulfate (B)
08:36	All oral urinary anti-infectives (B)
12:12	Sympathomimetic agents – Listed oral products only:
	Midodrine (B)
20:04.04 (M)	All oral iron containing preparations* (M) in u/d packaging whenever
	required - (B) Rx products only

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20:12.04	Anticoagulants – Listed <u>oral</u> products only: Warfarin (13)
20:12:.18	Platelet Aggregation Inhibitors – Listed <u>oral</u> products only: Clopidogrel bisulfate (Plavix) (13)
20:16	Hematopoietic agents *** - Listed injectables only in the specified brand: Epoetin alfa***(Procrit (B) brand only) – Epogen (N) <u>not</u> covered)
24:04.04 (M)	Antiarrythmic agents – Listed single ingredient <u>oral</u> products only: Procainamide Hydrochloride *** (M) (B) Quinidine sulfate (M) (B) Quinidine gluconate (M) (B)
24:04.08 (M)	Cardiotonic agents – Listed <u>oral</u> products only: Cardiac glycosides Digoxin (M) (B)
24:04.92 (M)	Miscellaneous Cardiac Drugs – Listed <u>oral</u> products only: All angiotensin converting enzyme inhibitors* listed as miscellaneous cardiac drugs under 24:04.92* (M) (B)
24:06.06	Fibric acid derivatives: Listed <u>oral</u> products only: Gemlibrozil (B)
24:0608	All HMG-CoA reductase inhibitors* (13)
24:08 (M)	Hypotensive agents – Listed single ingredient <u>oral</u> products only in the
	following therapeutic or sub-therapeutic classes only:
	All alpha-1 adrenergic blockers* (M) (B)
	Except Flomax (N) (not indicated for hypertension)
	Vasodilators – Listed oral products only:
	Hydralazine (M) (B)
	Minoxidil (M) (B) – Topical form <u>not</u> covered
	Centrally acting antiadrenergic agents – Listed <u>oral</u> products only: Methyldopa (M) (B)
	Selective alpha-2 adrenergic agonists – Listed <u>oral</u> products only:
	Clonidine – <u>oral and transdermal</u> products (M) (B)
24:12.08 (M)	Vasodilating agents – Listed products only:
()	Nitroglycerin-all dosage forms (sub-lingual, translingual,
	transmoucosal
	Isosorbide dinitrate and mononitrate $-$ oral products only(M) (1-3)
24:20 (M)	All <u>oral single ingredient</u> alpha-adrenergic blocking agents* *(M) (B)
()	(Note: Flomax now reclassified under 92:00 – <u>Not</u> covered)
24:24 (M)	All oral single ingredient beta-adrenergic blocking agents * (M) (B)
24:28 (M)	All oral single ingredient calcium channel blocking agents * (M) (B)
24:32 (M)	All oral single ingredient renin-angiotensin system inhibitors * (M) (B)
24:32.04 (M)	All oral single ingredient angiotensin-converting enzyme inhibitors*(M)
. /	(11)
24:32.08 (M)	All <u>oral single ingredient</u> angiotensin II receptor antagonists* (M) (B) except Benicar (N)

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28:08.04	Non-steroidal and inflammatory agents: Listed <u>oral</u> products only: Celecoxib (B)
	Ibuprofen in strengths greater than 400 mg (B) – oral single ingredient indomethacin (B)
28.08.08	
28.08.08	Opiate agonists – Listed <u>oral</u> products only:
	Acetaminophen with codeine (B)
	Hydrocodone with acetaminophen (B)
	Morphine sulfate (B)
	Oxycodone (B) Oxycodone with acateminophen (P)
	Oxycodone with acetaminophen (B) Oxycodone with aspirin (B)
	Propoxyphene hydrochloride (B)
	Propoxyphene napsylate (B) Propoxyphene napsylate with acctamingphen (P)
29.12.04	Propoxyphene napsylate with acetaminophen (B)
28:12.04	Barbiturates – Listed <u>oral</u> products only: Phenobarbital (B)
28:12.08	Benzodiazepines – Listed <u>oral</u> products only:
20.12.00	Clonazeparn (B)
28:12.12	
20.12.12	Hydantoins (M) – Listed <u>oral</u> products only: Phenytoin (M) (B)
	Phenytoin sodium Extended (M) (B)
28:12.92	Phenytoin sodium. Prompt (M) (B) Miscellaneous anticonvulsants – Listed <u>oral</u> products only:
20.12.92	Cardarnazepine (B)
	Divalproex Sodium (B)
28:16.04	Antidepressants – Listed <u>oral</u> products only:
20.10.04	Amitriptyline (B)
	Fluoxetine (B)
	Paroxetine (B)
	Venlafaxine (B)
28:24.08	Benzodiazepines – Listed <u>oral</u> products only:
20.24.00	Alprazolam (B)
	Ternazepam (B)
28:24.92	Miscellaneous anxiolytics, sedatives and hypnotics – Listed oral products
	only:
	Promethazine (B)
	Zolpidem (B)
40:08 (M)	Alkalinizing agents – Listed <u>oral</u> products only:
40.08 (M)	Sodium citrate and citric acid (Bactra, sugar free) <u>oral solution</u>
	*** (B) Rx
	Citrates (citric acid monohydrate, potassium citrate monohydrate,
	and sodium citrate dehydrate) (Polycitra syrup, Polycitra LC sugar-
	free syrup***) *B) Rx
	Potassium citrate monohydrate and citric acid monohydrate oral
	solution *** (Polycitra-K sugar-free) (B) Rx

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40:10	Ammonia detoxicants – Listed <u>oral</u> products only: Lactulose (B)
40:12	Replacement preparations – Listed <u>oral</u> products only Phosphorous replacement products *** All oral products. i.e. Uro-KP Neutral tablets (B) Rx*** K-Phos Neutral tablets (B) Rx ***
	Potassium chloride – Rx products (M) (B)
	Zinc sulfate $- Rx$ (M) (B) products
40:18.18	Potassium removing resins – Listed <u>oral</u> products only:
	Sodium polystyrene sulfonate (B)
	Patiromer calcium sorbitex (Veltassa)
40:18.19	Phosphate-removing oral agents
	Sevelamer 11CL (Renagel) (B)
	Sevelamer carbonate (Renvela) (B)
	Lanthanum carbonate (Fosrenol)) (B)
	Sucroferric Oxyhydroxide (Velphoro)
	Ferric Citrate (Auryxia)
	Calcium Acetate
40:28 (M)	Diuretics *** Listed oral products, single ingredient only:
	Bumetanide *** (M) (B)
	Chlorothiazide *** (M) (B)
	Furosemide *** (M) (B)
	Hychlorthizade *** (M) (B)
	Metolazone *** (M) (B)
52:40	Anti-glaucoma Agents – Listed opthalmic products only:
	Timolol ophthalmic (13) *** (HSN 011560)
	Latanoprost (Xalatan) opthalmic (B) ***
52.92.00	EENT Drugs. Miscellaneous – Listed opthalmic products only:
	Brimonidine tartrate (Alphagan) opthalmic (B) ***
	Timolol (HSN 01009)
56:08	Anti-diarrhea agents – Listed oral Rx products only:
	Diphenoxylate/Atropine (B)
	Loperamide – legend drugs (M) (B)
56:22	Anti-emetics – Listed oral products only:
	Prochlorperazine (B)
56:92	Miscellaneous Gi drugs – Listed <u>oral</u> products only:
	Metoclopramide (B)
	1-12 blockers (B) Rx products only
	Proton group inhibitors (B) Rx products only
68:04	Adrenals – Listed <u>oral</u> products only:
	Methylprednisolone (B)
	Prednisolone (B)
	Prednisone (B)

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68:20	Oral diabetic agents *** (B) including: injectable Rx products only
68:20.08 (M)	Insulins* (M) (B) – injectable Rx products only
68:20.20 (M)	Sulfonylureas* and *** (M) (B)
68:20.92	All miscellaneous oral anti-diabetic agents* (M) (B)
84:04.04	Skin and mucous membrane antibiotics – Listed topical Rx product only:
	Mupirocin (Bactroban) (B)
84:04.08	Skin and mucous membrane antifungal agents – Listed oral products only:
	Clotrimazole <u>oral</u> lozenges (B)
84:92	Miscellaneous skin and mucous membrane agents – Listed products only:
	Podofilox (Condylox) 0.5% topical gel and topical solution (B)***
88:08	Oral vitamin B complex (M) – Rx products only:
	Vitamin D – Listed <u>oral</u> , Rx products only:
	Calcitriol (B)
	Doxercalciferol (B)
88:28	Oral multivitamins preparations – Rx products only (B)
92:00	Unclassified therapeutic agents – Listed <u>oral</u> products only:
	All oral bisphosphonates * and *** (B)
	Allopurinol (B)
	Azathioprine *** (B)
	Colchicine (B) – single ingredient only
	Cyclosporine *** (B)
	Mycophenolate mofetil (Cellcept) *** (B)
	Mycophenolate sodium (Myfortic) *** (B)
	Sirolimus (Rapamune) *** (B)
	Tacrolimus (Prograf) *** (B)
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COVERAGE CODES

Any newly marketed oral products in these open therapeutic or sub-therapeutic classes will be automatically added to the KDP drug formulary *** Restricted coverage for renal transplant patients only.

- (M) Maintenance medication(s) for certain chronic therapies. May be dispensed in up to a 100-day supply at a time Applies to either the whole therapeutic class or the specific drug legend only.
- Y Covered by KDP Only
- **B** Covered by both KDP and Medical Assistance (MA)
- N <u>Not</u> covered by KDP

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Exclusions from the KDP Formulary

This list will be maintained by the PBM to include all future additions of participating drug manufacturers. All changes to the labeler codes and AI-IFS drug therapeutic classes will be updated automatically by the PBM.

Any existing or future products made by the following drug companies due to non-participation in the KDP Drug Rebate Program.

- Schering Corporation (labeler codes 00085 and 00369)
- Abbot Laboratories (labeler codes 00044 00074)
- Merck & Company (labeler codes 59591 00006)
- Wyeth-Ayerst Laboratories (labeler code 53124)
- Tap Pharmaceuticals (labeler code 00300)
- Warrick Pharmaceuticals (labeler code 59930)
- Sanol'i-Synthelabo Inc. (labeler codes 00024 00563 00955 08024)
- Upsher-Smith Laboratories (labeler codes 00024 00563 00955 08024)
- Monarch Pharmaceuticals (labeler codes 59229 61570)
- Wyeth with (labeler codes 00005 00008 00031 00046 00205 00206 00573 00641 57706 58394 59911)
- Daiichi Pharmaceutical Company, Ltd (labeler code 63395)
- Alcon Laboratories (labeler 00065 00996 61314)
- Salix Pharmaceuticals (labeler code 65649)
- Eisai Inc. (labeler code 58063 62856)