

This summary is aligned with the Michigan Department of Health and Human Services (MDHHS) Managed Care Common Formulary.

**Generic agents are preferred and quantity limits may apply.**

### ALLERGY MEDICATIONS

#### Antihistamines

- Azelastine hydrochloride 0.05% solution (Optivar®)
- Ketotifen fumarate 0.025% solution (Zaditor®, Alaway®)

#### Mast Cell Stabilizers

- Cromolyn Sodium 4% solution

#### Alpha-1-Agonists

- Naphazoline hydrochloride 0.1% solution (Clear Eyes®)

#### Combination Products

- Naphazoline hydrochloride 0.025% - Pheniramine maleate 0.3% solution (Visine-A®)

#### Lubricants (numerous agents/dosage forms covered including):

- Glycerin/propylene glycol solution (Artificial Tears®, Soothe Lubricant Eye Drops®)
- Hypromellose solution (Natural Balance®, Nature's Tears®)
- Dextran 70/hypromellose solution (Bion®, Tears Naturale Free®)
- Glycerin/propylene glycol solution (Retaine CMC®, Ultra Fresh®)
- Mineral oil/white petrolatum ointment (Refresh Lacri-Lube Ointment®)
- Carboxymethylcellulose solution (Gentel®)
- Polyvinyl alcohol solution (Refresh Classic®)

*Consideration for non-formulary agents requires a therapeutic trial of formulary alternatives, with good compliance and appropriate duration of use based off claims analysis, prior to consideration.*

### ANESTHETIC AGENTS

#### Alpha-1-Agonists

- Proparacaine 0.5% solution (Alcaine®, Paracaine®)

### ANTI-INFLAMMATORY AGENTS

#### Non-steroidal Anti-inflammatory Agents

- Diclofenac sodium 0.1% solution (Voltaren®)
- Flurbiprofen 0.03% solution (Ocufen®)
- Ketorolac 0.5% solution (Acular®)

#### Corticosteroid Agents

- Dexamethasone 0.1% solution (Maxidex®)
- Fluorometholone 0.1% & 0.25% solution, 0.1% oint. (FML®, FML Forte®, FML S.O.P.®)
- Prednisolone acetate 1% suspension (Pred Forte®, Omnipred®)
- Prednisolone sodium 1% solution

### ANTI-BACTERIALS & ANTI-VIRAL AGENTS

#### Aminoglycosides

- Gentamicin 0.3% solution (Gentak®, Garamycin®)
- Gentamicin 3 mg/gm ointment (Gentak®, Garamycin®)

#### Macrolides

- Erythromycin 0.5% ointment (Ilotycin®)

#### Quinolones

- Ciprofloxacin hydrochloride 0.3% solution (Ciloxan®)
- Levofloxacin 0.5% solution (Quixin®)
- Ofloxacin 0.3% solution (Ocuflox®)

#### Anti-Virals

- Trifluride 1% solution (Viroptic®)

### ANTI-BACTERIALS & ANTI-VIRALS AGENTS (continued)

#### Miscellaneous

- Bacitracin 500 units/gram ointment
- Sulfacetamide 10% solution (Bleph-10®)

#### Combination Products

- Neomycin/Polymyxin B sulfate/Hydrocortisone suspension (Cortisporin®)
- Neomycin/Polymyxin B sulfate/Dexamethasone ointment (Maxitrol®)
- Bacitracin/Polymyxin B 500units/10,000 units/gram ointment (Polycin®)
- Bacitracin/Neomycin/Polymyxin B 400unit/3.5gm/10,000unit/gram ointment (Neo-Polycin®)
- Bacitracin/Neomycin/Polymyxin B/Hydrocortisone 400unit/3.5gm/10,000unit/10mg/gram oint. (Neo-Polycin HC)
- Neomycin/Polymyxin B/Gramicidin 1.75mg/10,000unit/0.025mg/ml solution (Neosporin®)
- Polymyxin B/Trimethoprim 10,000 units/1mg/ml solution (Polytrim®)
- Sulfacetamide/Prednisolone acetate 10%/0.2% suspension & oint. (Blephamide®)
- Sulfacetamide/Prednisolone phosphate 10%/0.25% solution (Blephamide®)
- Tobramycin/dexamethasone 0.3%/0.1% suspension & oint. (TobraDex®)

### GLAUCOMA TREATMENT

#### Alpha-2-Agonists

- Apraclonidine 0.5% solution (Iopidine®)– QL 10 ml/30 days
- Brimonidine tartate 0.15 & 0.2% solution (Alphagan P®)

#### Beta Adrenergics

- Betaxolol hydrochloride 0.5% solution (Betoptic-S®)
- Carteolol hydrochloride 1% solution
- Levobunolol hydrochloride 0.5% (Betagan®)
- Metipranolol solution 0.3%
- Timolol maleate 0.25% & 0.5% solution (Timoptic®)

#### Carbonic Anhydrase Inhibitors

- dorzolamide hydrochloride 2% solution (Trusopt®)

#### Prostaglandin Analogues

- Latanoprost 0.005% solution (Xalatan®)

#### Miotic Agents

- Pilocarpine hydrochloride 1%, 2%, 4% solution (Isopto Carpine®)

#### Anti-cholinergic Agents

- Atropine sulfate 1% solution & ointment (Isopto Atropine®)

#### Combination Products

- Dorzolamide-timolol 2%/0.5% (Cosopt®)

This document is a tool to assist both Medical and Pharmacy providers in prescribing formulary products and to offer formulary alternatives. As the formularies are subject to change, UPHP recommends checking [www.uphp.com](http://www.uphp.com) for current coverage. The UPHP formulary can also be reference via electronic prescribing. Consideration for non-formulary agents requires a therapeutic trial with compliance of formulary alternatives, or a contraindication or intolerance to formulary agents, which has been documented in the medical records and submitted to Magellan Rx.

### MEDICARE FORMULARY INFORMATION

Medicare formularies are aligned with Centers for Medicare Services (CMS) requirements. Not all products are recognized by CMS as payable; therefore, contact Magellan Rx at 1-888-274-2031 for billable NDCs when receiving a "product not covered" error message.

MDHHS Managed Care Pharmacy Benefit information available at  
[www.michigan.gov/mcopharmacy](http://www.michigan.gov/mcopharmacy).

For UPHP specific information, please go to [www.uphp.com](http://www.uphp.com) for the searchable formulary.