

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 PBM as needed.

<u>AHFS</u>	<u>Drug Products</u>
04:00	Antihistamines- Listed oral products only: Diphenhydramine (M) legend (B) products Hydroxyzine hydrochloride and hydroxyzine pamoate (B)
08:12	Oral antibiotics- Listed therapeutic subclasses only:
08:12.06	All oral cephalosporins* (B)
08:12.07	All oral misc. 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: Sulfamethoxazole/Trimethoprim (B)
08:12.24	All oral tetracyclines* (B)
08:12.28	All oral misc. antibiotics* (B)
08:14.08	Oral antifungal antibiotics- Listed products only: Fluconazole (B) Ketoconazole (B) Itraconazole (B) See also Clotrimazole lozenges listed under 84:04.08
08:14.28	Oral antifungal- Listed products only: nystatin
08:16	Antituberculosis agents- Listed oral products only: Rifampin (B) Isoniazid *** (B)
08:16.92	Sulfones- Listed oral 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- legend (B) products
20:04.04 (M)-	All oral iron containing preparations* (M) (Cont=d): Ferrous sulfate (M) (B) (Cont=d) -220mg/5ml elixir (M) (B)- at least 480ml

- Chewable** tablets of any ferrous salt when combined with vitamin C, multivitamins, multivitamins with minerals, or other minerals (M) (B)- at least 60 tablets
- 20:12.04 Anticoagulants- Listed **oral** products only:
Warfarin (B)
- 20:12:18 Platelet Aggregation Inhibitors- Listed **oral** products only:
Clopidogrel bisulfate (Plavix) (B)
- 20:16 Hematopoietic agents***- Listed **injectables** only, in the specified brand:
Epoetin alfa*** (Procrit (B) brand only)- Epogen (N) **not** covered)
- 24:04.04 (M) Antiarrhythmic agents- Listed **single ingredient oral** products only:
Procainamide Hydrochloride*** (M) (B)
Quinidine sulfate (M) (B)
Quinidine gluconate (M) (B)
- 24:04.08 (M) Cardiotonic agents- Listed **oral** products only:
Cardiac glycosides
Digoxin (M) (B)
- 24:04.92 (M) Misc. Cardiac Drugs- Listed **oral** products only:
All angiotensin converting enzyme inhibitors* listed as misc. cardiac drugs under 24:04.92* (M) (B)
- 24:06.06 Fibric acid derivatives: Listed **oral** products only:
Gemfibrozil (B)
- 24:06.08 All HMG-CoA reductase inhibitors* (B)
- 24:08 (M) Hypotensive agents- Listed **single ingredient oral** products in the following therapeutic or subtherapeutic 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 **not** covered
Centrally acting antiadrenergic agents- Listed **oral** products only:
Methyldopa (M)(B)-
Selective alpha-2 adrenergic agonists- Listed **oral** products only
Clonidine- **oral and transdermal** products (M) (B)
- 24:12.08 (M) Vasodilating agents- Listed products only:
Nitroglycerin, all dosage forms (Sublingual, translingual, transmucosal, transdermal and topical (M) (B) **except parenteral** (N)
Isosorbide dinitrate and mononitrate- **oral** products only (M) (B)
- 24:20 (M) All **oral single ingredient** alpha- adrenergic blocking agents* (M) (B)
(Note: Flomax now reclassified under 92:00-Not 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) (B)
- 24:32.08 (M) All **oral single ingredient** angiotensin II receptor antagonists* (M) (B)

- **except** Benicar (N)
- 28:08.04 Non-steroidal antiinflammatory agents: Listed oral products only:
 - Celecoxib (B)
 - Enteric coated aspirin 81mg (1.25grains) (Y)
 - Enteric coated aspirin 325mg (or 5 grains) (M)(B)
 - Chewable** aspirin 75mg (M)(Y); chewable 81mg (or 1.25grains)(M)(Y)
 - Ibuprofen in strengths greater than 400mg (B)- oral single ingredient
 - Indomethacin (B)
- 28:08.08 Opiate agonists- Listed **oral** products only:
 - Acetaminophen with codeine (B)
 - Hydrocodone with acetaminophen (B)
 - Morphine sulfate (B)
 - Oxycodone (B)
 - Oxycodone with acetaminophen (B)
 - Oxycodone with aspirin (B)
 - Propoxyphene hydrochloride (B)
 - Propoxyphene napsylate (B)
 - Propoxyphene napsylate with acetaminophen (B)
- 28:12.04 Barbiturates- Listed **oral** products only:
 - Phenobarbital (B)
- 28:12.08 Benzodiazepines- Listed **oral** products only:
 - Clonazepam (B)
- 28:12.12 Hydantoin (M)- Listed **oral** products only:
 - Phenytoin (M) (B)
 - Phenytoin sodium, Extended (M) (B)
 - Phenytoin sodium, Prompt (M) (B)
- 28:12.92 Misc. anticonvulsants- Listed **oral** products only:
 - Carbamazepine (B)
 - Divalproex Sodium (B)
- 28:16.04 Antidepressants- Listed **oral** products only:
 - Amitriptyline (B)
 - Fluoxetine (B)
 - Paroxetine (B)
 - Sertraline (B)
 - Venlafaxine (B)
- 28:24.08 Benzodiazepines- Listed **oral** products only:
 - Alprazolam (B)
 - Temazepam (B)
- 28:24.92 Misc. anxiolytics, sedatives and hypnotics- Listed **oral** products only:
 - Promethazine (B)
 - Zolpidem (B)
- 40:08 (M) Alkalinizing agents- Listed **oral** oral products only:
 - Sodium bicarbonate (M) (Y) -may be listed also as an antacid and absorbent under 56:04 (M) (Y)

- Sodium citrate and citric acid (Bicitra, sugar free) **oral solution** *** (B)-Rx
- Citrates (citric acid monohydrate, potassium citrate monohydrate, and sodium citrate dihydrate) (Polycitra **syrup**, Polycitra LC sugar free **syrup*****) (B)- Rx
- Potassium citrate monohydrate and citric acid monohydrate **oral solution** *** (Polycitra-K sugar-free) (B)-Rx
- 40:10 Ammonia detoxicants- Listed **oral** products only:
Lactulose (B)
- 40:12 Replacement preparations- Listed **oral** products only:
Calcium acetate (M)- legend products (B)
Phosphorus 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 **oral** products only:
Sodium polystyrene sulfonate (B)
- 40:18.19 Phosphate-removing oral agents
Sevelamer HCL (Renagel) (B)
Sevelamer carbonate (Renvela) (B)
Lanthanum carbonate (Fosrenol) (B)
- 40:20.00 Caloric agents- Listed **oral** products only:
- Boost Plus Vanilla/Chococate/Strawberry Instant (B)
- Procel (B)
- 40:28 (M) Diuretics***- Listed **oral** products, **single ingredient** only:
Bumetanide***(M) (B)
Chlorothiazide*** (M) (B)
Furosemide*** (M) (B)
Hychlorthiazide *** (M) (B)
Metolazone*** (M) (B)
- 52:40 Antiglaucoma Agents- Listed **ophthalmic** products only:
Timolol ophthalmic (B) *** (HSN 011560)
Latanoprost (Xalatan) ophthalmic (B) ***
- 52:92.00 EENT Drugs, Misc.- Listed ophthalmic products only:
Brimonidine tartrate (Alphagan) ophthalmic (B) ***
Timolol (HSN 01009)
- 56:04 (M) All **oral** antacids and adsorbents* (M) (Y) including
Magnesium oxide*** (M) (Y)
Magnesium Chloride hexahydrate (**Slow-Mag**) *** (M) (Y)
- 56:08 Antidiarrhea agents- Listed **oral** products only:
Diphenoxylate/Atropine (B)
Loperamide - legend drugs (M) (B)
- 56:12 Cathartics and laxatives- Listed **oral** products only:
Bisacodyl (M) (Y)

- Docusate sodium (M) (Y)
- Docusate sodium with casanthranol (M) (Y)
- Polyethylene glycol (PEG) **powder for oral solution** (MiraLax) (B)
- Sorbitol 70% solution- {Rx products (B)
- 56:22 Antiemetics- Listed **oral** products only:
 - Prochlorperazine (B)
- 56:92 Misc. GI drugs- Listed **oral** products only:
 - Cisapride (Propulsid) (B)
 - Metoclopramide (B)
 - All H2-blockers (B)
 - All proton pump inhibitors (B)
- 68:04 Adrenals- Listed **oral** products only:
 - Methylprednisolone (B)
 - Prednisolone (B)
 - Prednisone (B)
- 68:20 All **oral** diabetic agents*** (B) including:
 - 68:20.08 (M) All types of insulins* (M) (B)- **injectable** products
 - 68:20.20 (M) Sulfonylureas* and *** (M) (B)
 - 68:20.92 All miscellaneous **oral** antidiabetic agents * (M) (B)
- 84:04.04 Skin and mucous membrane antibiotics- Listed **topical** products only:
 - Bacitracin, topical (M) (Y)
 - Bacitracin with Neomycin/Polymyxin (M) (Y)
 - Mupirocin (Bactroban) (B)
- 84:04.08 Skin and mucous membrane antifungal agents- listed **oral** product only:
 - Clotrimazole **oral** lozenges (B)
- 84:24.04 Basic lotions and liniments- Listed **topical** products only:
 - Ammonium lactate 12% **cream** and **lotion** (Lac-Hydrin) (B)- Rx
- 84:92 Miscellaneous skin and mucous membrane agents- Listed products only:
 - Podofilox (Condylox) 0.5% **topical gel** and **topical solution** (B) ***
- 88:08 All **oral** vitamin B complex (M) -Rx products (B)
- 88:16 Vitamin D- Listed **oral** products only:
 - Calcitriol (B)
 - Doxercalciferol (B)
- 88:28 All **oral** multivitamins preparations-Rx products(B)
- 92:00 Unclassified therapeutic agents- Listed **oral** products only:
 - All oral biphosphonates * 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)

List of Covered Diabetic Supplies under KDP

Chemstrips (M) (Y)- Not coded as B because these are covered under
DME/DMS Services and not under Pharmacy Services

All insulin syringes and needles (M) (B)

Coverage Codes

- * Any newly marketed oral products in these open therapeutic or subtherapeutic 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 MA
- N Not covered by KDP

Exclusions from the KDP formulary

This list will be maintained by the PBM to include any future additions of participating drug manufacturers. All changes to the labeler codes and AHFS 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)
- Abbott Laboratories (labeler codes 00044, 00074)
- Merck&Co (labeler codes 59591, 00006)
- Wyeth-Ayerst Laboratories (labeler code 53124)
- Tap Pharmaceuticals (labeler code 00300)
- Warrick Pharmaceuticals (labeler code 59930)
- Sanofi-Synthelabo Inc (labeler codes 00024, 00563, 00955, 08024)
- Upsher-Smith Laboratories (labeler codes 00245, 00832)
- Monarch Pharmaceuticals (labeler codes 59229, 61570)
- Wyeth with (labeler codes 00005, 00008, 00031, 00046, 00205, 00206, 00573, 00641, 57706, 58394, 59911)
- Daiichi Pharmaceutical Co., Ltd. (Labeler Code 63395)
- Alcon Laboratories (labeler codes 00065, 00998, 61314)
- Salix Pharmaceuticals (labeler code 65649)