

Therapeutic Class	Brand Name	Formulary alternative	Rationale	PA Criteria	Comments
ARB (ATII Antagonist)	Diovan	enalapril	While both ACE inhibitors and ARBs are recommended for HTN and comorbidities such as heart failure, myocardial infarction (MI), diabetes mellitus, chronic kidney disease, and recurrent stroke, guidelines such as the <i>Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7)</i> , recommend ACE inhibitors as the primary therapy over ARBs.	1. Documentation that an ACE, CCB, and BB have been tried and patient has not reached BP goals OR 2. Intractable and unrelenting cough daily for > 2 weeks while on ACEI -- OR 3. Documentation that the patient has HTN + DM, CKD, or CHF at NYHA Stage 3 or 4 and has tried ACEI.  If patient has CKD, there must be documentation of GFR and stage level of > 2 CKD	ACEI Cough is characteristically nonproductive, is accompanied by a persistent and annoying "tickle" in the back of the throat, usually appears within the first months of therapy, disappears within 1 to 2 weeks of discontinuing treatment, and recurs within days of rechallenge
		benazepril			
		lisinopril			
		captopril			
ARB/HCTZ	Diovan HCT	captopril / hctz			
		benazepril / hctz			
		lisinopril / hctz			
Bisphosphonates	Actonel	alendronate 35mg/70mg			
Bisphosphonates	Fosamax	alendronate 35mg/70mg	Formulary -- Generic substitution for brand name drug is therapeutically equivalent as approved by FDA		
TZD	Actos, Avandia	insulin	American Diabetic Association - Use of Insulin found effective and preferred for treatment of DM Type I/II <b><u>following metformin and sulfonylurea MSI step therapy guidelines</u></b>	1. Pt. was informed of the risk for CHF, MI, and death following TZD use 2. No evidence of CHF or bone fractures 3. A1c must be ≤ 8.5% 4. Both #1 and #2 must be met. 5. If TZDs are denied, then use insulin	
BZD	Klonopin (Clonazepam)	See options 1 through 3 below	In the MSI scope of practice, Clonazepam is only covered for epilepsy and NOT anxiety	1. Type of seizure the patient is experiencing 2. Documented evidence of the seizure 3. Both #1 and #2 criteria must be met for approval. 4. Step therapy guidelines must be followed 5. Nurses can approve PAs for up to 12 months 6. The effectiveness of Clonazepam in long-term use has not been studied extensively. Reevaluation of the drug must be done for pts. that use it for long periods of time	
TCA	Amitriptyline	See options 1 through 3 below	In the MSI scope of practice, Amitriptyline is only covered for neuropathic pain and NOT depression		

**OPTIONS FOR BRANDED PRESCRIBING:**

1. Apply to PAP program -- MSI is NOT an insurance so inform the patients that they are not covered on any insurance program.
2. Apply to Partnership for Prescription Assistance
3. Switch Brand drugs/categories to the Formulary alternatives above.
4. Refer patients to pharmacies that offer generics at a discount, e.g., \$4 for 30 days.  
Pro Pharma Pharmaceutical Consultants, Inc.