

# AvMed Commercial 4-Tier Medication Formulary 2021

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## INTRODUCTION

The **AvMed Commercial 4-Tier Medication Formulary** was developed to serve as a guide for prescribers, pharmacists, health care professionals and members in the selection of cost-effective medication therapy. AvMed recognizes that medication therapy is an integral part of effective health management. Due to the vast availability of medication options, a reasonable program for medication selection and use is warranted.

The drugs represented have been reviewed by a National Pharmacy and Therapeutics (P&T) Committee and are approved for inclusion. The **AvMed Commercial 4-Tier Medication Formulary** is reflective of current medical practice as of the date of review.

The information contained in this **AvMed Commercial 4-Tier Medication Formulary** and its appendices is provided solely for the convenience of medical providers. We do not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. This **AvMed Commercial 4-Tier Medication Formulary** is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his or her choice of prescription drugs. All the information in the **AvMed Commercial 4-Tier Medication Formulary** is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

We assume no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

National guidelines can be found on the National Guideline Clearinghouse site at <https://www.ahrq.gov/gam/>, on the websites listed under each therapeutic class and on the sites listed in the WEBSITES section of this publication.

The **AvMed Commercial 4-Tier Medication Formulary** is a fluid document, which is continually reviewed and modified. This dynamic process does not allow this document to be completely accurate at all times. To accommodate regular changes, an updated electronic version of this formulary is available online at [www.avmed.org](http://www.avmed.org). AvMed welcomes your input and feedback on the information provided in this document.

## PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of an independent National Pharmacy and Therapeutics Committee ("P&T Committee") are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an external advisory body of clinical professionals from across the United States. The P&T Committee's voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Employees with significant clinical expertise are invited to meet with the P&T Committee, but no employee may vote on issues before the P&T Committee. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

## DRUG LIST PRODUCT DESCRIPTIONS

Products are listed by generic name with brand name for reference only. **Boldface** type indicates that the drug is available as a generic. If a brand-name product is listed in the Brand column, the listed Tier applies to the brand-name drug. If no brand-name drug is listed, the Tier applies to the generic product.

To assist in understanding which specific strengths and dosage forms are on the **AvMed Commercial 4-Tier Medication Formulary**, examples are noted below. The general principles shown in the examples can usually be extended to other entries in the formulary. Any exceptions are noted.

**Products on the AvMed Commercial 4-Tier Medication Formulary include all strengths and dosage forms of the cited product.**

*cefixime*

Oral capsules, oral suspension and all strengths of cefixime would be included in this listing.

**When a strength or dosage form is specified, only the specified strength and dosage form is on the AvMed Commercial 4-Tier Medication Formulary. Other strengths/dosage forms of the reference product are not.**

*tizanidine tabs*

*Zanaflex*

The tablets of Zanaflex are on the **AvMed Commercial 4-Tier Medication Formulary**. From this entry, the capsules cannot be assumed to be on the list unless there is a specific entry.

**Extended-release and delayed-release products require their own entry.**

*sitagliptin/metformin*

*Janumet*

The immediate-release product listing of Janumet alone would not include the extended-release product Janumet XR.

*sitagliptin/metformin ext-rel*

*Janumet XR*

A separate entry for Janumet XR confirms that the extended-release product is on the **AvMed Commercial 4-Tier Medication Formulary**.

**Dosage forms on the AvMed Commercial 4-Tier Medication Formulary will be consistent with the category and use where listed.**

*nystatin*

The above nystatin entry listed in the TOPICAL/DERMATOLOGY section is limited to the topical dosage forms. From this entry the oral formulations cannot be assumed to be on the list unless there is an entry for this product in the ANTI-INFECTIVES section of the **AvMed Commercial 4-Tier Medication Formulary**.

## DEFINITIONS

**Brand Medication** - A prescription medication that is usually manufactured and sold under a name or trademark by a pharmaceutical manufacturer, or a medication that is identified as a Brand medication by AvMed's Pharmacy Benefits Manager (PBM).

**Brand Additional Charge** - The additional charge that must be paid if you or your prescriber choose a brand medication when a generic equivalent is available. The charge is the difference between the cost of the brand medication and the generic medication. This charge must be paid in addition to the applicable Non-Preferred brand copay.

**Cost-sharing Medications** - Medications, as designated by AvMed, designed to improve the quality of life by treating relatively minor, non-life threatening conditions. Such medications are subject to coinsurance and coverage is limited.

**Generic Medication** - A prescription medication that has the same active ingredient as a brand medication or is identified as a generic medication by AvMed's Pharmacy Benefits Manager. Generic products approved by the United States Food and Drug Administration (FDA) are just as effective and safe as the brand-name products. Generic medications contain identical active ingredients, have the same indication for use, meet the same manufacturing standards, and are identical in strength and dosage form as brand-name medications.

**Maintenance Medication** - A medication that has been approved by the FDA, for which the duration of therapy can reasonably be expected to exceed one year.

**Participating Pharmacy** - A pharmacy (retail, mail service, or specialty pharmacy) that has entered into an agreement with AvMed to provide prescription drugs to AvMed members and has been designated by AvMed as a participating pharmacy.

**Preferred Medication List** - The listing of preferred medications based on clinical efficacy, relative safety and cost in comparison to similar medications within a therapeutic class. This multi-tiered list establishes different levels of copay for medications within therapeutic classes. As new medications become available, they may be considered excluded until they have been reviewed by the P&T Committee.

**Prescription Medication** - A medication that has been approved by the FDA and that can only be dispensed pursuant to a prescription according to state and federal law.

**Prior Authorization** - The process of obtaining approval for certain prescription drugs (prior to dispensing) according to AvMed's guidelines. The ordering prescriber must obtain approval from AvMed. The list of prescription drugs requiring prior authorization is subject to periodic review and modification by AvMed. To initiate a prior authorization, please visit our website at [www.avmed.org](http://www.avmed.org) to obtain a Medication Exception Request Form (MER).

**Progressive Medication Program (Step Therapy)** - Medications included in this program require trial of a first-line medication in order for a second-line medication to be covered under your pharmacy benefit. (Coverage for a third-line medication requires trial of one or more first-line AND second-line medications.) If for medical reasons you cannot use the first-line medication and require a second-line or third-line medication, your prescriber may request a prior authorization for you to have this medication covered. Certain medications may be grandfathered in for members who are controlled on a second-line or third-line medication.

**Self-Administered Injectable Medication** - A medication that has been approved by the FDA for self-injection and is administered by subcutaneous injection. Prior authorization is required for all self-administered injectable medications, except Insulin.

**Specialty Medication** - A self-injectable or high-cost oral medication approved by the FDA. These medications must be prescribed by a

physician and dispensed by either a retail or participating specialty pharmacy, depending on the medication. The Copayment levels for Specialty Medications apply regardless of provider. This means that you may be responsible for the appropriate Copayment whether you receive your Specialty Medication from the pharmacy, at the physician's office or during home health visits. Specialty Medications are limited to a 30-day supply.

**Quantity Limit** - Medications included in this program allow a maximum quantity per prescription and/or time period for one copay or coinsurance. Quantity limits are developed based upon FDA approved medication labeling and nationally recognized therapeutic clinical guidelines. If your prescription exceeds the quantity limit, a prior authorization will be required.

## **BENEFIT COVERAGE AND LIMITATIONS**

This medication formulary is for reference purposes only and does not guarantee nor define benefit coverage and limitations. Many members have specific benefits, which are not reflected in the **AvMed Commercial 4-Tier Medication Formulary**. You may contact AvMed's Member Engagement Department regarding any coverage questions by calling the number listed on the back of your card. Please note that the formulary process is dynamic and generally changes throughout the year. These changes typically occur due to, but not limited to, the following reasons: approval of new medications, availability of newly approved generics, changes in clinical data, and medication safety concerns. AvMed is not held responsible for payment in the event that either a medication was omitted or included in error, or that a medication was placed at an incorrect tier on this formulary. The following topics may or may not be applicable to individual members depending on member-specific benefit parameters.

### **Coverage**

Your prescription medication coverage includes medications that require a prescription, are filled by an AvMed network pharmacy, and are prescribed by your provider in accordance with AvMed's coverage criteria. AvMed reserves the right to make changes in coverage criteria for covered products and services. Coverage criteria are medical and pharmaceutical protocols used to determine payment of products and services and are based on independent clinical practice guidelines and standards of care established by government agencies and medical/pharmaceutical societies.

Your retail prescription medication coverage includes up to a 30-day supply of a medication for the listed copay. In most cases, your prescription may be refilled after 75% of your previous fill has been used, and is subject to a maximum of 13 refills per year. Many plans have the opportunity to obtain a 90-day supply of a medication at a retail or mail pharmacy for a reduced amount. Please refer to your specific pharmacy benefits.

Your mail-service prescription medication coverage includes up to a 90-day supply of most medications for the listed copay per your prescription benefits. If the amount of medication is less than a 90-day supply, such as a 75-day supply, you will still be charged the listed mail-service copay per your prescription benefits.

Your specialty medication coverage extends to many self-injectable and high-cost oral medications approved by the FDA. These medications must be ordered by a prescriber and dispensed by a retail or specialty pharmacy, depending on the type of medication. The copayment levels for specialty medications apply regardless of provider. This means that you may be responsible for the appropriate copayment whether you receive your Specialty Medication from the pharmacy, at the physician's office or during home health visits. Specialty Medications are limited to a 30-day supply.

Quantity limits are set in accordance with FDA approved prescribing limitations, general practice guidelines supported by medical specialty organizations, and/or evidence-based, statistically valid, clinical studies. This means that a medication-specific quantity limit may apply for medications that have an increased potential for over-utilization or an increased potential for a member to experience an adverse event at higher doses.

### **Prior Authorization Process**

The prior authorization process requires the practitioner to provide information to support a requested exception request. These authorization requests must be submitted to AvMed by fax to 877-535-1391 using the Medication Exception Request Form. The Medication Exception Request Form is available at:

<https://www.avmed.org/documents/20182/1731553/Commercial+MEDICATION+EXCEPTION+REQUEST+FORM+01-2017.pdf/2bb997cd-15e7-4d98-9e57-d5cc4fcd5002>.

Information needed to make coverage determinations of medications requiring prior authorization may include lab values, prescription history, a statement of medical necessity and any other pertinent information to satisfy the established coverage guideline for the

requested medication. In most cases, coverage determinations will be made within 1-2 business days if authorization is deemed urgent and within 3-5 business days if identified as standard or routine.

### **Member Initiated Prior Authorization Process**

Members may request a prior authorization by directly contacting the AvMed Member Engagement Department at the number on their membership card. The member should have the prescriber information (phone number) and any pertinent information related to the request to provide to the Member Engagement Department. Members may also initiate the prior authorization process (Medication Exception) by logging into AvMed.org and then selecting "Benefits", "Physician Referrals & Authorizations" and then selecting the link located under "Prescription Medications".

### **Quantity Limit Exception**

Certain medications allow for a maximum quantity per prescription and/or time period for one copay or coinsurance. Medications with applicable quantity limits are noted on the formulary by "QL". Quantity limits are developed based upon FDA-approved medication labeling and nationally recognized therapeutic clinical guidelines. If a prescription exceeds the quantity limit, the prescriber should provide a statement of medical necessity and request a prior authorization as described on page 6. For a current list of products subject to quantity limits please see our [Quantity Limit](#) web page.

### **Progressive Medication Program (Step Therapy)**

Medications that require Step Therapy are noted on the formulary by "ST". For a current list of products requiring this prior approval please see our [Progressive Medication Program](#) web page.

### **Non-Formulary Medication Requests**

A request for a non-formulary medication requires documentation from the member's medical records and/or prescription claims history verifying the following: statement of medical necessity; contraindications to ALL other formulary alternatives; or therapeutic failure of adequate trials of one to three months of each and ALL other formulary alternatives. Non-formulary requests may be requested by the PRESCRIBER through the prior authorization process as described on page 6.

### **Tier Description**

Each copay tier is assigned an established copayment, which is the amount you pay when you fill a prescription. Consult your benefit documents to determine your specific copayments, coinsurance, and/or deductibles that are part of your plan. You and your doctor decide which medication is most appropriate for you.

- **Tier 1 - (Generics)** - These are preferred generic medications and are in the low to mid-range for out-of-pocket expense. You should always consider Tier 1 medications if you and your doctor decide they are appropriate to treat your condition.
- **Tier 2 - (Preferred Brands)** - These are preferred brand- or high cost generic medications and are in the mid to higher range for out-of-pocket expense. Sometimes there are alternatives available in Tier 1 that may be appropriate to treat your condition. If you are currently taking a Tier 2 medication, ask your doctor whether there are lower copayment alternatives that may be right for your treatment.
- **Tier 3 - (Non-Preferred Brands)** - These are non-preferred brand- or non-preferred generic medications and are in the higher range for out-of-pocket expense. Sometimes there are alternatives available in Tier 1 or Tier 2 that may be appropriate to treat your condition. If you are currently taking a Tier 3 medication, ask your doctor whether there are lower copayment alternatives that may be right for your treatment.
- **Tier 4 - (Specialty Medications)** - These are brand- or generic-name specialty medications or high cost medications and are typically the highest out-of-pocket expense. Distribution of specialty medications is limited to our specialty pharmacy.
- **Tier 5 - (Cost-Sharing Medications)** - If applicable to your specific prescription benefits, the coinsurance for medications on this tier is 50%.

### **Common Medical Exclusions**

Due to benefit design parameters, there could be certain medication classes that are excluded from your pharmacy benefit coverage. Prior authorization is generally not available for medications that are specifically excluded by benefit design. Commonly excluded products may include, but are not limited to:

- Over-the-counter (OTC) medications or their equivalents unless otherwise specified in the medication formulary listing
- Experimental medication products, or any medication product used in an experimental manner
- Foreign medications or medications not approved by the United States Food and Drug Administration (FDA)



- Replacement prescription drug products resulting from a lost, stolen, expired, broken, or destroyed prescription order or refill
- Fertility drugs
- Medications or devices for the diagnosis or treatment of sexual dysfunction
- Dental-specific medications, including fluoride medications for adults
- Prescription and non-prescription vitamins and minerals, except prenatal vitamins
- Nutritional supplements and Medical Foods
- Cosmetic products, including, but not limited to, hair growth, skin bleaching, sun damage and anti-wrinkle medications
- Prescription and non-prescription appetite suppressants and products for the purpose of weight loss
- Compounded prescriptions, except pediatric preparations
- Pharmaceuticals that would be covered under the medical benefit. These may include, but are not limited to, immunizations; allergy serums; medical supplies, including therapeutic devices, dressings, appliances, and support garments; medications administered by the attending physician to treat an acute phase of an illness; and chemotherapy for cancer patients. Such benefits are covered in accordance with the Group Medical and Hospital Service Contract and may be subject to copay or coinsurance and prior authorization requirements, as outlined on the Schedule of Benefits.

### Mandated Generic Substitution

AvMed advocates the use of cost-effective generic medications where FDA-labeled brand-equivalent medications are available. A generic medication is approved by the FDA once the manufacturer has proven that it has the same active ingredient(s) as the brand-name medication. Generally, generic medications cost less than brand-name medications. If a member or a prescriber requests a brand-name product in lieu of an approved generic, the member, based upon his/her coverage, will typically be required to pay the Non-Preferred Brand Copay plus the Brand Additional Charge.

### Health Care Reform - Preventive Medications

The Patient Protection and Affordable Care Act of 2010 allows members to receive some preventive, evidence-based items and services at no cost to the member with certain stipulations. These items and services include, but are not limited to, certain medications including: fluoride products for members 5 years of age and under, aspirin for men 50 years of age and older, aspirin for females 12 years of age and older, folic acid for women of childbearing age, iron products for infants age 6 months to 11 months, vitamin D (over-the-counter) products for members 65 years of age or older, certain contraceptives and contraceptive devices for women (see chart below), and tobacco cessation medications (see chart below).

Some of the limitations for receiving these medications at no cost to the member require that: (1) the medication is covered as part of the prescription benefits, (2) a prescription is required, and (3) this coverage will only apply in a retail pharmacy. As new guidance continues to be released for coverage of preventive medications, the list and/or restrictions will be updated accordingly.

Contraceptive Type	Examples	Cost Share
Oral Generics	(multiple)	<b>No cost share</b>
Non-Oral and OTC	etonogestrel/EE ring, norelgestromin/EE, condoms, diaphragms, etc.	<b>No cost share.</b> OTCs require a prescription for coverage.
Other Contraceptive Methods	IUDs, Depo-Provera	<b>No cost share</b> - these are covered under the Medical Benefit because they are administered by a health care professional.
Oral Brands with Generics	Loestrin Fe, Estrostep Fe, Ortho-Novum 7/7/7	<b>Tier 3 Copay plus</b> brand additional charge - can request no cost share if Prior Authorization submitted and medical necessity is established.

### Tobacco Cessation Coverage and Cost Share Policy:

Medication Type	Examples	Cost Share
Oral, prescription only	Bupropion SR, Chantix	<b>No cost share.</b> Limit of 168 days' supply per year.
Non-prescription / OTC	Nicotrol inhalers or nasal spray; generic nicotine patches, gums, lozenges	<b>No cost share.</b> Limit of 168 days' supply per year. Prescription from doctor required.
Brands with Generics	Nicorette, Nicoderm CQ	<b>Not covered.</b> Only the generic equivalents are covered.

## Opioid Medication Management

To combat the national opioid crisis, the Centers for Disease Control and Prevention's (CDC) *Guideline for Prescribing Opioids for Chronic Pain* updated how health care providers can better manage pain, including safer ways to use opioids. AvMed is taking action based on the CDC guideline to help prevent opioid abuse with our members' utmost safety in mind.

### *How we help members safely use opioid medication*

- Set a coverage limit for up to seven days if you are new to therapy
- Limit opioid medication amounts for new or ongoing therapy covered by your plan
- Ensuring the use of short-acting opioids before using long-acting ones

### *Balancing risks and benefits*

Prescription opioids can manage short-term pain like after a surgery or injury. But, they may not work as well long-term to manage chronic pain. Plus, you're more likely to overdose or become addicted from using opioids for a long time. And overdose can cause serious health problems or even death. Other treatments like exercise or non-opioid pain relievers with less serious risks may be an option. Members should work with their doctor to find the safest ways to best manage their condition.

## TRANSITION OF CARE

The Transition-of-Care Form has been developed for newly enrolled members with AvMed who require assistance with transition of care from their previous insurance carrier and their providers. The information provided on this form will help allow for a smooth transition of your medical care to AvMed providers. If any of the medications listed on the Transition-of-Care Form are within our Progressive Medication Program or Prior Authorization Program, AvMed will reach out to your provider/pharmacy to obtain the necessary information. If you have fulfilled the requirements of these programs, an authorization will be placed in the system to allow you to continue to get these medications. If established criteria has not been met, an authorization will be required.

## HOW CAN I SAVE MONEY ON PRESCRIPTIONS?

Always ask your doctor to consider choosing an appropriate medication from the formulary that is on the lower tier selections, such as Tier 1 or Tier 2. Medications within these tiers have the lowest out-of-pocket cost for you. If you are currently taking a Tier 3 medication, you should consult with your physician to see if there are other medication alternatives that are on a lower tier.

## HOW CAN I ORDER A FREE DIABETIC METER SYSTEM?

AvMed members with Diabetes can call CVS Caremark® at 1-877-418-4746 to order a new diabetic meter for free. Meters will be sent directly to the Member. Members may also visit the website [Caremark.com/ManagingDiabetes](http://Caremark.com/ManagingDiabetes) to submit a request electronically or you may review the diabetic meter information located on the AvMed website at [www.avmed.org/web/guest/preferred-medication-lists](http://www.avmed.org/web/guest/preferred-medication-lists).

AvMed covers the following meters and accompanying test strips:

OneTouch Verio Reflect® and OneTouch Verio Flex®

Members are limited to one meter system per 365 days. A prescription is REQUIRED to receive a new meter. If you do not have a prescription, you may ask CVS Caremark to obtain one for you when you submit your request.

## MAIL-SERVICE PRESCRIPTIONS

Some members can order their prescriptions from a mail-service pharmacy. These members can receive up to a 90-day supply of certain medications through the mail for a specified copayment as outlined in their group benefits plan. Receiving a 90-day supply of medication by mail may prove to be more economical for you. The convenience of mail service may also help you stay compliant with your medications. Simply ask your prescriber to write the prescription(s) for a 90-day supply and submit it with your mail-service request forms to the address listed on the form. You can print the request forms from our website at [www.avmed.org](http://www.avmed.org). Medications ordered and processed through mail service are typically mailed to the member via U.S. regular mail. You should allow up to 14 days for delivery from the time mail service receives the request. (Note: Per federal and/or state law, some controlled substance medications are not available through mail service, with the exception of some Schedule III, IV and V medications.) Prescriptions submitted to mail service for less than a 90-day supply may be returned to the member.

We also offer a program called **FastStart**<sup>®</sup>, a streamlined process that encourages members to set up mail service delivery. At the member's request, a CVS Caremark pharmacist will fax or call your office to get a prescription for your patient. It's that easy. The member can call 888-963-7290 to initiate mail service through FastStart.

## MEDICATIONS PRE-PACKAGED AS A 3-MONTH SUPPLY

Our pharmacy benefit covers some medications that are pre-packaged, dispensed and sold as a 3-Month supply. Members who are prescribed these medications will be charged the applicable tier copayment for a 3-Month supply whether the prescription is filled at retail or through the mail-service option. Examples of medications packaged as 3-Month supplies include: Estrin, Femring, and Seasonique. Please consult our website for an up-to-date list of medications or call Member Engagement at the number on the back of your ID card for more information on coverage.

## CONTACT INFORMATION

The **AvMed Commercial 4-Tier Medication Formulary** is designed to assist prescribers, members, and other health care professionals in the selection of cost-effective medications. AvMed encourages your input and feedback on how we can assist in improving this document and the formulary management process. You may contact AvMed's Member Engagement Department by calling the number listed on the back of your card.

For additional information, please visit our website at: [www.avmed.org](http://www.avmed.org).

## LEGEND

<b>OTC</b>	Over the counter
<b>PA</b>	Prior Authorization
<b>QL</b>	Quantity Limit
<b>SP</b>	Specialty drug
<b>ST</b>	Step Therapy (Progressive Medication Program)
<b>boldface</b>	Indicates generic availability; boldface may not apply to every strength or dosage form under the listed generic name
delayed-rel	Delayed-release (also known as enteric-coated), refer to the reference brand listed for clarification
ext-rel	Extended-release (also known as sustained-release), refer to the reference brand listed for clarification

## NOTICE

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This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers.

AvMed and CVS Caremark do not operate the websites/organizations listed here, nor are they responsible for the availability or reliability of the websites' content. These listings do not imply or constitute an endorsement, sponsorship or recommendation by AvMed or CVS Caremark.

## ANALGESICS

Practice guidelines of pain management are available at:  
<https://www.asahq.org>

### NSAIDs

	<b>diclofenac sodium delayed-rel</b>	Tier 1
	<b>diflunisal</b>	Tier 1
	<b>etodolac</b>	Tier 1
	<b>ibuprofen</b>	Tier 1
<b>QL</b>	<b>meloxicam</b>	Tier 1
	<b>nabumetone</b>	Tier 1
	<b>naproxen sodium tabs</b>	Tier 1
	<b>naproxen tabs</b>	Tier 1
	<b>oxaprozin</b>	Tier 1
	<b>sulindac</b>	Tier 1

### NSAIDs, COMBINATIONS

	<b>diclofenac sodium delayed-rel/misoprostol</b>	Tier 1
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### NSAIDs, TOPICAL

<b>QL</b>	<b>diclofenac sodium gel 1%</b>	Tier 1
<b>QL</b>	<b>diclofenac sodium soln</b>	Tier 1

### COX-2 INHIBITORS

	<b>celecoxib</b>	Tier 1
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### GOUT

	<b>allopurinol</b>	Tier 1
	<b>colchicine tabs</b>	Tier 1
	<b>probenecid</b>	Tier 1

## OPIOID ANALGESICS

Practice Guidelines for Cancer Pain Management (includes WHO analgesic ladder) are available at:  
<https://www.asahq.org>  
<https://www.nccn.org>

Opioid guidelines in the management of chronic non-malignant pain are available at:  
<https://www.asipp.org/ASIPP-Guidelines.html>

\* Listing does not include NDC 52817019610. Drug products are identified by unique numerical product identifiers, called National Drug Codes (NDC), which identify the manufacturer, strength, dosage form, formulation and package size.

<b>ST, QL</b>	<b>buprenorphine transdermal</b>	Tier 1
<b>QL</b>	<b>codeine/acetaminophen</b>	Tier 1
<b>ST, QL</b>	<b>fentanyl transdermal</b>	Tier 1
<b>PA, QL</b>	<b>fentanyl transmucosal lozenge</b>	Tier 1
<b>ST, QL</b>	<b>hydrocodone ext-rel</b>	Tier 1
<b>QL</b>	<b>hydrocodone/acetaminophen</b>	Tier 1
<b>QL</b>	<b>hydromorphone</b>	Tier 1
<b>ST, QL</b>	<b>hydromorphone ext-rel</b>	Tier 1
<b>ST, QL</b>	<b>methadone</b>	Tier 1
<b>QL</b>	<b>morphine</b>	Tier 1
<b>ST, QL</b>	<b>morphine ext-rel</b>	Tier 1
<b>QL</b>	<b>morphine supp</b>	Tier 1
<b>QL</b>	<b>oxycodone caps 5 mg</b>	Tier 1
<b>QL</b>	<b>oxycodone concentrate 20 mg/mL</b>	Tier 1

QL	oxycodone soln 5 mg/5 mL	Tier 1	
QL	oxycodone tabs 5 mg, 15 mg, 30 mg	Tier 1	
QL	oxycodone/acetaminophen 5/325	Tier 1	
QL, *	tramadol	Tier 1	
ST, QL	tramadol ext-rel tablet	Tier 1	
ST, QL	buprenorphine	Tier 2	BELBUCA
PA, QL	fentanyl sublingual spray	Tier 2	SUBSYS
QL	oxycodone ext-rel	Tier 2	XTAMPZA ER
QL	tapentadol	Tier 2	NUCYNTA
ST, QL	tapentadol ext-rel	Tier 2	NUCYNTA ER

## ANTI-INFECTIVES

Practice guidelines and statements developed and endorsed by the Infectious Diseases Society of America are available at:  
<https://www.idsociety.org>

**Hepatitis:** CDC recommendations on the treatment of hepatitis are available at:  
<https://www.cdc.gov/hepatitis/Resources/>

Guidelines for the management of chronic hepatitis by the American Association for the Study of Liver Disease are available at:  
<https://www.aasld.org>

**HIV/AIDS:** Guidelines for the treatment of HIV patients by the U.S. Department of Health and Human Services are available at:  
<https://www.aidsinfo.nih.gov>

**Infective Endocarditis:** American Heart Association recommendations for the prevention of bacterial endocarditis are available at:  
<https://professional.heart.org>

**Influenza:** Recommendations of the Advisory Committee on Immunization Practices are available at:  
<https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html>

**International Travel:** CDC recommendations for international travel are available at:  
<https://wwwnc.cdc.gov/travel>

**Respiratory Tract Infection/Antibiotic Use/Community Acquired Pneumonia/Other:** Principles of appropriate antibiotic use for treatment of nonspecific upper respiratory tract infection in adults are available at:  
<https://www.cdc.gov/pneumonia/management-prevention-guidelines.html>

**Sexually Transmitted Diseases:** CDC Sexually Transmitted Diseases Guidelines are available at:  
<https://www.cdc.gov/std/treatment/default.htm>

## ANTIBACTERIALS

### Cephalosporins

#### First Generation

	cefadroxil	Tier 1
	cephalexin	Tier 1

#### Second Generation

	cefprozil	Tier 1
	cefuroxime axetil	Tier 1

#### Third Generation

	cefdinir	Tier 1
	cefixime	Tier 1

### Erythromycins/Macrolides

	azithromycin	Tier 1
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	clarithromycin	Tier 1	
	clarithromycin ext-rel	Tier 1	
	erythromycin delayed-rel	Tier 1	
	erythromycin ethylsuccinate	Tier 1	
	erythromycin stearate	Tier 1	
	fidaxomicin	Tier 2	DIFICID

#### Fluoroquinolones

<b>QL</b>	ciprofloxacin	Tier 1	
	levofloxacin	Tier 1	
	moxifloxacin	Tier 1	

#### Penicillins

	amoxicillin	Tier 1	
	amoxicillin/clavulanate	Tier 1	
	amoxicillin/clavulanate ext-rel	Tier 1	
	ampicillin	Tier 1	
	dicloxacillin	Tier 1	
	penicillin VK	Tier 1	

#### Tetracyclines

	doxycycline hyclate	Tier 1	
	doxycycline hyclate 20 mg	Tier 1	
	minocycline	Tier 1	
	tetracycline	Tier 1	

#### ANTIFUNGALS

	clotrimazole troches	Tier 1	
<b>QL</b>	fluconazole	Tier 1	
	griseofulvin ultramicrosize	Tier 1	
<b>PA, *</b>	itraconazole	Tier 1	
	nystatin	Tier 1	
	terbinafine tabs	Tier 1	
	voriconazole	Tier 1	

\* Tier 5 cost share applies for certain benefits

#### ANTIMALARIALS

	atovaquone/proguanil	Tier 1	
	chloroquine	Tier 1	
	mefloquine	Tier 1	

#### ANTIRETROVIRAL AGENTS

##### Antiretroviral Combinations

<b>QL, SP</b>	abacavir/lamivudine	Tier 1	
<b>QL, SP</b>	efavirenz/emtricitabine/tenofovir disoproxil fumarate	Tier 1	
<b>QL, SP</b>	efavirenz/lamivudine/tenofovir disoproxil fumarate	Tier 1	
<b>QL, SP</b>	lamivudine/zidovudine	Tier 1	
<b>QL, SP</b>	abacavir/dolutegravir/lamivudine	Tier 2	TRIUMEQ
<b>QL, SP</b>	atazanavir/cobicistat	Tier 2	EVOTAZ
<b>QL, SP</b>	bictegravir/emtricitabine/tenofovir alafenamide	Tier 2	BIKTARVY
<b>QL, SP</b>	darunavir/cobicistat	Tier 2	PREZCOBIX
<b>QL, SP</b>	darunavir/cobicistat/emtricitabine/tenofovir alafenamide	Tier 2	SYMTUZA
<b>QL, SP</b>	dolutegravir/lamivudine	Tier 2	DOVATO
<b>QL, SP</b>	elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide	Tier 2	GENVOYA
<b>QL, SP</b>	elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil fumarate	Tier 2	STRIBILD

QL, SP	emtricitabine/rilpivirine/tenofovir alafenamide	Tier 2	ODEFSEY
QL, SP	emtricitabine/rilpivirine/tenofovir disoproxil fumarate	Tier 2	COMPLERA
QL, SP	emtricitabine/tenofovir alafenamide	Tier 2	DESCOVY
QL, SP	<b>emtricitabine/tenofovir disoproxil fumarate</b>	Tier 2	TRUVADA
QL, SP	lamivudine/tenofovir disoproxil fumarate	Tier 2	CIMDUO
QL, SP	lamivudine/tenofovir disoproxil fumarate	Tier 2	TEMIXYS

#### Fusion Inhibitors

QL, SP	enfuvirtide	Tier 2	FUZEON
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#### Integrase Inhibitors

QL, SP	dolutegravir	Tier 2	TIVICAY
QL, SP	raltegravir	Tier 2	ISENTRESS

#### Non-nucleoside Reverse Transcriptase Inhibitors

QL, SP	<b>efavirenz</b>	Tier 1	
QL, SP	<b>nevirapine</b>	Tier 1	
QL, SP	<b>nevirapine ext-rel</b>	Tier 1	
QL, SP	etravirine	Tier 2	INTELENCE
QL, SP	rilpivirine	Tier 2	EDURANT

#### Nucleoside Reverse Transcriptase Inhibitors

QL, SP	<b>abacavir tabs</b>	Tier 1	
QL, SP	<b>didanosine delayed-rel</b>	Tier 1	
QL, SP	<b>emtricitabine</b>	Tier 1	
QL, SP	<b>lamivudine</b>	Tier 1	
QL, SP	<b>stavudine</b>	Tier 1	
QL, SP	<b>zidovudine</b>	Tier 1	

#### Nucleotide Reverse Transcriptase Inhibitors

QL, SP	<b>tenofovir disoproxil fumarate</b>	Tier 1	
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#### Protease Inhibitors

QL, SP	<b>atazanavir</b>	Tier 1	
QL, SP	<b>lopinavir/ritonavir soln</b>	Tier 1	
QL, SP	<b>ritonavir</b>	Tier 1	
QL, SP	darunavir	Tier 2	PREZISTA
QL, SP	lopinavir/ritonavir tabs	Tier 2	KALETRA

#### ANTITUBERCULAR AGENTS

	<b>ethambutol</b>	Tier 1	
	<b>isoniazid</b>	Tier 1	
	<b>pyrazinamide</b>	Tier 1	
QL	<b>rifampin</b>	Tier 1	

#### ANTIVIRALS

##### Cytomegalovirus Agents

	<b>valganciclovir</b>	Tier 1	
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##### Hepatitis Agents

###### Hepatitis B

SP	entecavir soln	Tier 4	BARACLUDE soln
SP	<b>entecavir tabs</b>	Tier 4	
SP	<b>lamivudine</b>	Tier 4	
SP	tenofovir alafenamide	Tier 4	VEMLIDY

### Hepatitis C

†, PA, SP	ledipasvir/sofosbuvir	Tier 4	HARVONI
PA, SP	ribavirin	Tier 4	
†, PA, SP	sofosbuvir/velpatasvir	Tier 4	EPCLUSA
†, PA, SP	sofosbuvir/velpatasvir/voxilaprevir	Tier 4	VOSEVI

† HARVONI only for genotypes 1, 4, 5, and 6

EPCLUSA for genotypes 1, 2, 3, 4, 5, 6

VOSEVI for use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3)

### Herpes Agents

	acyclovir caps, tabs	Tier 1	
	famciclovir	Tier 1	
	valacyclovir	Tier 1	

### Influenza Agents

QL	oseltamivir	Tier 1	
QL	zanamivir	Tier 2	RELENZA

### MISCELLANEOUS

	clindamycin	Tier 1	
	ivermectin	Tier 1	
	linezolid	Tier 1	
	metronidazole	Tier 1	
	nitrofurantoin ext-rel	Tier 1	
	nitrofurantoin macrocrystals	Tier 1	
*	nitrofurantoin susp	Tier 1	
	pyrimethamine	Tier 1	
	sulfamethoxazole/trimethoprim	Tier 1	
	sulfamethoxazole/trimethoprim DS	Tier 1	
	tinidazole	Tier 1	
	trimethoprim	Tier 1	
	vancomycin caps	Tier 1	
	mebendazole chewable	Tier 2	EMVERM
	rifaximin 550 mg	Tier 2	XIFAXAN

\* Listing does not include NDC 70408023932. Drug products are identified by unique numerical product identifiers, called National Drug Codes (NDC), which identify the manufacturer, strength, dosage form, formulation and package size.

### ANTINEOPLASTIC AGENTS

Clinical practice guidelines in oncology are available at:

<https://www.asco.org>

<https://www.nccn.org>

### ALKYLATING AGENTS

	cyclophosphamide caps	Tier 1	
	melphalan	Tier 1	
	busulfan	Tier 2	MYLERAN
	chlorambucil	Tier 2	LEUKERAN
PA, SP	temozolomide	Tier 4	

### ANTIMETABOLITES

	mercaptopurine	Tier 1	
	methotrexate	Tier 2	TREXALL
	thioguanine	Tier 2	TABLOID



<b>PA, SP</b>	<b>capecitabine</b>	Tier 4	
<b>PA, SP</b>	trifluridine/tipiracil	Tier 4	LONSURF

## HORMONAL ANTINEOPLASTIC AGENTS

### Antiandrogens

	<b>bicalutamide</b>	Tier 1	
	<b>flutamide</b>	Tier 1	
<b>PA, SP</b>	<b>abiraterone</b>	Tier 4	
<b>PA, SP</b>	abiraterone	Tier 4	YONSA
<b>PA, SP</b>	apalutamide	Tier 4	ERLEADA
<b>PA, SP</b>	darolutamide	Tier 4	NUBEQA
<b>PA, SP</b>	enzalutamide	Tier 4	XTANDI

### Antiestrogens

	<b>tamoxifen</b>	Tier 1	
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### Aromatase Inhibitors

	<b>anastrozole</b>	Tier 1	
	<b>exemestane</b>	Tier 1	
	<b>letrozole</b>	Tier 1	

### Progestins

	<b>megestrol acetate tabs</b>	Tier 1	
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## KINASE INHIBITORS

<b>PA, SP</b>	alectinib	Tier 4	ALECENSA
<b>PA, SP</b>	bosutinib	Tier 4	BOSULIF
<b>PA, SP</b>	brigatinib	Tier 4	ALUNBRIG
<b>PA, SP</b>	cabozantinib	Tier 4	CABOMETYX
<b>PA, SP</b>	dasatinib	Tier 4	SPRYCEL
<b>PA, SP</b>	duvelisib	Tier 4	COPIKTRA
<b>PA, SP</b>	<b>erlotinib</b>	Tier 4	
<b>PA, SP</b>	<b>everolimus</b>	Tier 4	
<b>PA, SP</b>	gefitinib	Tier 4	IRESSA
<b>PA, SP</b>	gilteritinib	Tier 4	XOSPATA
<b>PA, SP</b>	<b>imatinib mesylate</b>	Tier 4	
<b>PA, SP</b>	<b>lapatinib</b>	Tier 4	
<b>PA, SP</b>	midostaurin	Tier 4	RYDAPT
<b>PA, SP</b>	palbociclib	Tier 4	IBRANCE
<b>PA, SP</b>	pazopanib	Tier 4	VOTRIENT
<b>PA, SP</b>	regorafenib	Tier 4	STIVARGA
<b>PA, SP</b>	ribociclib	Tier 4	KISQALI
<b>PA, SP</b>	ribociclib + letrozole	Tier 4	KISQALI FEMARA CO-PACK
<b>PA, SP</b>	sunitinib	Tier 4	SUTENT

## MULTIPLE MYELOMA

### Immunomodulators

<b>PA, SP</b>	lenalidomide	Tier 4	REVLIMID
<b>PA, SP</b>	pomalidomide	Tier 4	POMALYST
<b>PA, SP</b>	thalidomide	Tier 4	THALOMID

### Proteasome Inhibitors

<b>PA, SP</b>	ixazomib	Tier 4	NINLARO
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## TOPOISOMERASE INHIBITORS

<b>PA, SP</b>	topotecan caps	Tier 4	HYCAMTIN
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## MISCELLANEOUS

	<b>etoposide</b>	Tier 1	
	<b>hydroxyurea</b>	Tier 1	
	<b>tretinoin caps</b>	Tier 1	
	mitotane	Tier 2	LYSODREN
	procarbazine	Tier 2	MATULANE
<b>PA, SP</b>	<b>bexarotene caps</b>	Tier 4	
<b>PA, SP</b>	niraparib	Tier 4	ZEJULA
<b>PA, SP</b>	olaparib	Tier 4	LYNPARZA
<b>PA, SP</b>	rucaparib	Tier 4	RUBRACA
<b>PA, SP</b>	sonidegib	Tier 4	ODOMZO
<b>PA, SP</b>	uridine triacetate	Tier 4	VISTOGARD
<b>PA, SP</b>	vismodegib	Tier 4	ERIVEDGE
<b>PA, SP</b>	vorinostat	Tier 4	ZOLINZA

## CARDIOVASCULAR

The Eighth Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure is available at:  
<https://jamanetwork.com/journals/jama/fullarticle/1791497>

Guidelines for the evaluation and management of cardiovascular diseases in adults are available at:

<https://www.acc.org>

<https://professional.heart.org>

### ACE INHIBITORS

Guidelines for the use of ACE inhibitors are available at:

<https://jamanetwork.com/journals/jama/fullarticle/1791497>

<https://professional.diabetes.org>

<https://www.acc.org>

<https://professional.heart.org>

	<b>benazepril</b>	Tier 1	
	<b>captopril</b>	Tier 1	
	<b>enalapril</b>	Tier 1	
	<b>fosinopril</b>	Tier 1	
<b>QL</b>	<b>lisinopril</b>	Tier 1	
	<b>perindopril</b>	Tier 1	
	<b>quinapril</b>	Tier 1	
	<b>ramipril</b>	Tier 1	
	<b>trandolapril</b>	Tier 1	

### ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATIONS

<b>QL</b>	<b>amlodipine/benazepril</b>	Tier 1	
	<b>trandolapril/verapamil ext-rel</b>	Tier 1	

### ACE INHIBITOR/DIURETIC COMBINATIONS

	<b>benazepril/hydrochlorothiazide</b>	Tier 1	
	<b>captopril/hydrochlorothiazide</b>	Tier 1	
	<b>enalapril/hydrochlorothiazide</b>	Tier 1	
	<b>fosinopril/hydrochlorothiazide</b>	Tier 1	
<b>QL</b>	<b>lisinopril/hydrochlorothiazide</b>	Tier 1	
	<b>quinapril/hydrochlorothiazide</b>	Tier 1	

### ADRENOLYTICS, CENTRAL

	<b>clonidine</b>	Tier 1	
	<b>clonidine transdermal</b>	Tier 1	

	guanfacine	Tier 1
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#### ALDOSTERONE RECEPTOR ANTAGONISTS

	eplerenone	Tier 1
	spironolactone	Tier 1

#### ALPHA BLOCKERS

Guidelines for the use of alpha blockers in various patient populations are available at:

<https://jamanetwork.com/journals/jama/fullarticle/1791497>

<b>QL</b>	doxazosin	Tier 1
	terazosin	Tier 1

#### ANGIOTENSIN II RECEPTOR ANTAGONISTS/DIURETIC COMBINATIONS

Guidelines for the use of angiotensin II receptor antagonists in various patient populations are available at:

<https://jamanetwork.com/journals/jama/fullarticle/1791497>

<https://professional.diabetes.org>

	candesartan	Tier 1
	candesartan/hydrochlorothiazide	Tier 1
<b>QL</b>	irbesartan	Tier 1
	irbesartan/hydrochlorothiazide	Tier 1
	losartan	Tier 1
	losartan/hydrochlorothiazide	Tier 1
	olmesartan	Tier 1
<b>QL</b>	olmesartan/hydrochlorothiazide	Tier 1
<b>QL</b>	telmisartan	Tier 1
<b>QL</b>	telmisartan/hydrochlorothiazide	Tier 1
	valsartan	Tier 1
<b>QL</b>	valsartan/hydrochlorothiazide	Tier 1

#### ANGIOTENSIN II RECEPTOR ANTAGONIST/CALCIUM CHANNEL BLOCKER COMBINATIONS

<b>QL</b>	amlodipine/olmesartan	Tier 1
<b>QL</b>	amlodipine/telmisartan	Tier 1
<b>QL</b>	amlodipine/valsartan	Tier 1

#### ANGIOTENSIN II RECEPTOR ANTAGONIST/CALCIUM CHANNEL BLOCKER/DIURETIC COMBINATIONS

<b>QL</b>	amlodipine/valsartan/hydrochlorothiazide	Tier 1
<b>QL</b>	olmesartan/amlodipine/hydrochlorothiazide	Tier 1

#### ANTIARRHYTHMICS

Guidelines for the use of antiarrhythmics and cardiac glycosides in various patient populations are available at:

<https://www.acc.org>

	amiodarone	Tier 1	
	disopyramide	Tier 1	
	flecainide	Tier 1	
	propafenone	Tier 1	
	propafenone ext-rel	Tier 1	
	sotalol	Tier 1	
	disopyramide ext-rel	Tier 2	NORPACE CR
	dronedarone	Tier 2	MULTAQ
<b>PA, SP</b>	dofetilide	Tier 4	

## ANTILIPEMICS

The 2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Blood Cholesterol is available at:

<https://www.ahajournals.org/doi/10.1161/CIR.0000000000000625>

### ACL Inhibitors/Combinations

<b>PA</b>	bempedoic acid	Tier 2	NEXLETOL
<b>PA</b>	bempedoic acid/ezetimibe	Tier 2	NEXLIZET

### Bile Acid Resins

	<b>cholestyramine</b>	Tier 1	
	<b>colesevelam</b>	Tier 1	
	<b>colestipol</b>	Tier 1	

### Cholesterol Absorption Inhibitors

	<b>ezetimibe</b>	Tier 1	
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### Fibrates

<b>*</b>	<b>fenofibrate</b>	Tier 1	
	<b>fenofibric acid delayed-rel</b>	Tier 1	
	<b>gemfibrozil</b>	Tier 1	
	fenofibrate	Tier 3	ANTARA

\* Listing does not include fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg.

### HMG-CoA Reductase Inhibitors/Combinations

<b>QL</b>	<b>atorvastatin</b>	Tier 1	
	<b>ezetimibe/simvastatin</b>	Tier 1	
	<b>fluvastatin</b>	Tier 1	
<b>QL</b>	<b>lovastatin</b>	Tier 1	
<b>QL</b>	<b>pravastatin</b>	Tier 1	
<b>QL</b>	<b>rosuvastatin</b>	Tier 1	
<b>QL</b>	<b>simvastatin</b>	Tier 1	

### Niacins

<b>QL</b>	<b>niacin ext-rel</b>	Tier 1	
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### Omega-3 Fatty Acids

	<b>omega-3 acid ethyl esters</b>	Tier 1	
	icosapent ethyl	Tier 2	VASCEPA

### PCSK9 Inhibitors

<b>PA</b>	alirocumab	Tier 2	PRALUENT
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## BETA-BLOCKERS

Guidelines for the use of beta-blockers and beta-blocker combinations in various patient populations are available at:

<https://jamanetwork.com/journals/jama/fullarticle/1791497>

<https://www.acc.org>

	<b>atenolol</b>	Tier 1	
<b>QL</b>	<b>bisoprolol</b>	Tier 1	
	<b>carvedilol</b>	Tier 1	
<b>QL</b>	<b>carvedilol phosphate ext-rel</b>	Tier 1	
	<b>labetalol</b>	Tier 1	
<b>QL</b>	<b>metoprolol succinate ext-rel</b>	Tier 1	
	<b>metoprolol tartrate</b>	Tier 1	

<b>QL</b>	nadolol	Tier 1	
	pindolol	Tier 1	
	propranolol	Tier 1	
<b>QL</b>	propranolol ext-rel	Tier 1	
<b>QL</b>	nebivolol	Tier 2	BYSTOLIC

#### BETA-BLOCKER/DIURETIC COMBINATIONS

Guidelines for the use of beta-blockers and diuretic combinations in various patient populations are available at:

<https://jamanetwork.com/journals/jama/fullarticle/1791497>

<https://www.acc.org>

	atenolol/chlorthalidone	Tier 1	
	bisoprolol/hydrochlorothiazide	Tier 1	
	metoprolol/hydrochlorothiazide	Tier 1	

#### CALCIUM CHANNEL BLOCKERS

##### Dihydropyridines

<b>QL</b>	amlodipine	Tier 1	
<b>QL</b>	felodipine ext-rel	Tier 1	
<b>QL</b>	nifedipine ext-rel	Tier 1	

##### Nondihydropyridines

*	diltiazem ext-rel	Tier 1	
	verapamil ext-rel	Tier 1	

\* Listing does not include generics for CARDIZEM LA.

#### CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS

<b>QL</b>	amlodipine/atorvastatin	Tier 1	
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#### DIGITALIS GLYCOSIDES

	digoxin 0.125 mg, 0.25 mg	Tier 1	
	digoxin ped elixir	Tier 1	
	digoxin 0.0625 mg, 0.1875 mg	Tier 2	LANOXIN

#### DIRECT RENIN INHIBITORS/DIURETIC COMBINATIONS

<b>QL</b>	aliskiren	Tier 1	
<b>QL</b>	aliskiren/hydrochlorothiazide	Tier 2	TEKTURNA HCT

#### DIURETICS

##### Carbonic Anhydrase Inhibitors

	acetazolamide	Tier 1	
	acetazolamide ext-rel	Tier 1	
	methazolamide	Tier 1	

##### Loop Diuretics

	bumetanide	Tier 1	
	furosemide	Tier 1	
	toremide	Tier 1	

##### Potassium-sparing Diuretics

	amiloride	Tier 1	
	triamterene	Tier 1	

##### Thiazides and Thiazide-like Diuretics

	chlorthalidone	Tier 1	
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	hydrochlorothiazide	Tier 1	
QL	indapamide	Tier 1	
QL	metolazone	Tier 1	

#### Diuretic Combinations

	amiloride/hydrochlorothiazide	Tier 1	
	spironolactone/hydrochlorothiazide	Tier 1	
	triamterene/hydrochlorothiazide	Tier 1	

#### HEART FAILURE

	isosorbide dinitrate/hydralazine	Tier 2	BIDIL
	ivabradine	Tier 2	CORLANOR
	sacubitril/valsartan	Tier 2	ENTRESTO

#### NITRATES

##### Oral

*	isosorbide dinitrate	Tier 1	
	isosorbide mononitrate	Tier 1	
	isosorbide mononitrate ext-rel	Tier 1	

\* Listing does not include isosorbide dinitrate 40mg.

#### Sublingual/Translingual

	nitroglycerin lingual spray	Tier 1	
	nitroglycerin sublingual	Tier 1	

#### Transdermal

	nitroglycerin transdermal	Tier 1	
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#### PULMONARY ARTERIAL HYPERTENSION

##### Endothelin Receptor Antagonists

PA, SP	ambrisentan	Tier 4	
PA, SP	bosentan	Tier 4	
PA, SP	macitentan	Tier 4	OPSUMIT

##### Phosphodiesterase Inhibitors

PA, SP	sildenafil	Tier 4	
PA, SP	tadalafil	Tier 4	

##### Prostacyclin Receptor Agonists

PA, SP	selexipag	Tier 4	UPTRAVI
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##### Prostaglandin Vasodilators

PA, SP	treprostinil ext-rel	Tier 4	ORENITRAM
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##### Soluble Guanylate Cyclase Stimulators

PA, SP	riociguat	Tier 4	ADEMPAS
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#### MISCELLANEOUS

	hydralazine	Tier 1	
	methyldopa	Tier 1	
	midodrine	Tier 1	
	ranolazine ext-rel	Tier 1	

## CENTRAL NERVOUS SYSTEM

Practice guidelines for psychiatric disorders are available at:  
<https://www.psychiatry.org>

### ANTIANKXIETY

#### Benzodiazepines

	alprazolam	Tier 1
	clonazepam	Tier 1
	diazepam	Tier 1
	lorazepam	Tier 1
	oxazepam	Tier 1

#### Miscellaneous

	buspirone	Tier 1
	clomipramine	Tier 1
<b>QL</b>	fluvoxamine	Tier 1

### ANTICONSULSANTS

Practice guidelines for the treatment of epilepsy are available at:  
<https://www.aan.com>

	carbamazepine	Tier 1	
	carbamazepine ext-rel	Tier 1	
	clobazam	Tier 1	
	diazepam rectal gel	Tier 1	
	divalproex sodium delayed-rel	Tier 1	
<b>QL</b>	divalproex sodium ext-rel	Tier 1	
	ethosuximide	Tier 1	
	gabapentin	Tier 1	
	lamotrigine	Tier 1	
	lamotrigine ext-rel	Tier 1	
	lamotrigine orally disintegrating tabs	Tier 1	
	levetiracetam	Tier 1	
	levetiracetam ext-rel	Tier 1	
	oxcarbazepine	Tier 1	
	phenobarbital	Tier 1	
	phenytoin	Tier 1	
	phenytoin sodium extended	Tier 1	
	primidone	Tier 1	
	rufinamide	Tier 1	
	tiagabine	Tier 1	
	topiramate	Tier 1	
<b>*</b>	topiramate ext-rel	Tier 1	
	valproic acid	Tier 1	
	zonisamide	Tier 1	
<b>PA</b>	cenobamate	Tier 2	XCOPRI
<b>PA, QL</b>	diazepam nasal spray	Tier 2	VALTOCO
	lacosamide	Tier 2	VIMPAT
<b>PA, QL</b>	midazolam nasal spray	Tier 2	NAYZILAM
	oxcarbazepine ext-rel	Tier 2	OXTELLAR XR
	perampanel	Tier 2	FYCOMPA
	topiramate ext-rel	Tier 2	TROKENDI XR
<b>PA, SP</b>	vigabatrin	Tier 4	

\* Listing does not include topiramate ext-rel capsule (generics for QUDEXY XR).

## ANTIDEMENTIA

Practice guidelines for the management of dementia are available at:

<https://www.aan.com>

<b>QL</b>	<b>donepezil</b>	Tier 1	
	<b>galantamine</b>	Tier 1	
<b>QL</b>	<b>galantamine ext-rel</b>	Tier 1	
	<b>memantine</b>	Tier 1	
<b>QL</b>	<b>memantine ext-rel</b>	Tier 1	
	<b>rivastigmine</b>	Tier 1	
	<b>rivastigmine transdermal</b>	Tier 1	
	<b>memantine/donepezil</b>	Tier 2	NAMZARIC

## ANTIDEPRESSANTS

Although these agents are primarily indicated for depression, some of these are also approved for other indications, including bipolar disorder, obsessive-compulsive disorder, panic disorder and premenstrual dysphoric disorder.

Guidelines for the evaluation and management of bipolar and depressive disorders are available at:

<https://www.psychiatry.org>

### Monoamine Oxidase Inhibitors (MAOIs)

	<b>phenelzine</b>	Tier 1	
	<b>tranylcypromine</b>	Tier 1	

### Selective Serotonin Reuptake Inhibitors (SSRIs)

<b>QL</b>	<b>citalopram</b>	Tier 1	
<b>QL</b>	<b>escitalopram</b>	Tier 1	
<b>QL, *</b>	<b>fluoxetine</b>	Tier 1	
<b>QL</b>	<b>paroxetine HCl</b>	Tier 1	
<b>QL</b>	<b>paroxetine HCl ext-rel</b>	Tier 1	
<b>QL</b>	<b>sertraline</b>	Tier 1	
<b>QL</b>	<b>vortioxetine</b>	Tier 2	TRINTELLIX

\* Listing does not include fluoxetine tablet 60 mg, fluoxetine tablet (generics for SARAFEM).

### Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)

<b>QL</b>	<b>desvenlafaxine ext-rel</b>	Tier 1	
	<b>duloxetine delayed-rel</b>	Tier 1	
	<b>venlafaxine</b>	Tier 1	
<b>QL</b>	<b>venlafaxine ext-rel</b>	Tier 1	

### Tricyclic Antidepressants (TCAs)

	<b>amitriptyline</b>	Tier 1	
	<b>desipramine</b>	Tier 1	
	<b>doxepin</b>	Tier 1	
	<b>imipramine HCl</b>	Tier 1	
	<b>nortriptyline</b>	Tier 1	

### Miscellaneous Agents

	<b>bupropion</b>	Tier 1	
	<b>bupropion ext-rel</b>	Tier 1	
<b>QL</b>	<b>mirtazapine</b>	Tier 1	
	<b>trazodone</b>	Tier 1	



## ANTIPARKINSONIAN AGENTS

Practice guidelines for the diagnosis and treatment of Parkinson's disease are available at:

<https://www.aan.com>

	amantadine	Tier 1	
	benztropine	Tier 1	
	bromocriptine	Tier 1	
	carbidopa/levodopa	Tier 1	
	carbidopa/levodopa ext-rel	Tier 1	
	carbidopa/levodopa orally disintegrating tabs	Tier 1	
	carbidopa/levodopa/entacapone	Tier 1	
	entacapone	Tier 1	
	pramipexole	Tier 1	
	pramipexole ext-rel	Tier 1	
QL	rasagiline	Tier 1	
	ropinirole	Tier 1	
QL	ropinirole ext-rel	Tier 1	
	selegiline	Tier 1	
	trihexyphenidyl	Tier 1	
	rotigotine transdermal	Tier 2	NEUPRO
PA, QL, SP	apomorphine	Tier 4	KYNMOBI
PA, SP	levodopa inhalation powder	Tier 4	INBRIJA

## ANTIPSYCHOTICS

### Atypicals

QL	aripiprazole	Tier 1	
	clozapine	Tier 1	
	olanzapine	Tier 1	
	quetiapine	Tier 1	
QL	quetiapine ext-rel	Tier 1	
	risperidone	Tier 1	
	ziprasidone	Tier 1	
	aripiprazole ext-rel inj	Tier 2	ABILIFY MAINTENA
	cariprazine	Tier 2	VRAYLAR
QL	lurasidone	Tier 2	LATUDA
	risperidone ext-rel inj	Tier 2	PERSERIS
	aripiprazole lauroxil ext-rel inj	Tier 3	ARISTADA
	aripiprazole lauroxil ext-rel inj	Tier 3	ARISTADA INITIO
	olanzapine pamoate ext-rel inj	Tier 3	ZYPREXA RELPREVV
	paliperidone palmitate ext-rel inj	Tier 3	INVEGA SUSTENNA
	risperidone long-acting injection	Tier 3	RISPERDAL CONSTA

### Miscellaneous

	chlorpromazine	Tier 1	
	fluphenazine	Tier 1	
	haloperidol	Tier 1	
	perphenazine	Tier 1	
	thiothixene	Tier 1	
	trifluoperazine	Tier 1	

## ATTENTION DEFICIT HYPERACTIVITY DISORDER

Guidelines for the evaluation and management of attention deficit disorder are available at:

<https://www.aacap.org>

<https://www.aap.org>

QL	amphetamine/dextroamphetamine mixed salts	Tier 1	
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QL, ^	amphetamine/dextroamphetamine mixed salts ext-rel	Tier 1	
QL	atomoxetine	Tier 1	
QL	dexmethylphenidate	Tier 1	
QL	dexmethylphenidate ext-rel	Tier 1	
QL	dextroamphetamine	Tier 1	
QL	dextroamphetamine ext-rel	Tier 1	
QL	guanfacine ext-rel	Tier 1	
QL	methylphenidate	Tier 1	
QL, ^	methylphenidate ext-rel	Tier 1	
QL	amphetamine/dextroamphetamine mixed salts ext-rel	Tier 2	MYDAYIS
QL	lisdexamfetamine	Tier 2	VYVANSE

^ Listing does not include certain NDCs. Drug products are identified by unique numerical product identifiers, called National Drug Codes (NDC), which identify the manufacturer, strength, dosage form, formulation and package size.

## FIBROMYALGIA

	pregabalin	Tier 1	
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## HYPNOTICS

Practice parameters for the treatment of sleep disorders and clinical guidelines for the evaluation and management of chronic insomnia in adults are available at:

<https://aasm.org>

### Benzodiazepines

	temazepam	Tier 1	
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### Nonbenzodiazepines

	eszopiclone	Tier 1	
QL	ramelteon	Tier 1	
	zolpidem	Tier 1	
	zolpidem ext-rel	Tier 1	
PA	suvorexant	Tier 2	BELSOMRA

### Tricyclics

QL	doxepin	Tier 1	
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## MIGRAINE

Guidelines for prevention and management of migraine headaches are available at:

<https://www.aan.com>

### Acute Migraine Agents

#### Ergotamine Derivatives

	dihydroergotamine inj	Tier 1	
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#### Triptans

QL	eletriptan	Tier 1	
QL	naratriptan	Tier 1	
QL	rizatriptan	Tier 1	
QL	sumatriptan	Tier 1	
QL	sumatriptan inj	Tier 1	
QL	sumatriptan nasal spray	Tier 1	
QL	zolmitriptan	Tier 1	
QL	sumatriptan inj	Tier 2	ZEMBRACE SYMTOUCH
QL	sumatriptan nasal powder	Tier 2	ONZETRA XSAIL
QL	zolmitriptan nasal spray	Tier 2	ZOMIG

### Miscellaneous

<b>ST, QL</b>	lasmiditan	Tier 2	REYVOW
<b>ST, QL</b>	rimegepant	Tier 2	NURTEC ODT
<b>ST, QL</b>	ubrogepant	Tier 2	UBRELVY

### Preventive Migraine Agents

#### Monoclonal Antibodies

<b>PA, SP</b>	erenumab-aooe	Tier 4	AIMOVIG
<b>PA, SP</b>	fremanezumab-vfrm	Tier 4	AJOVY
<b>PA, SP</b>	galcanezumab-gnlm	Tier 4	EMGALITY

### MOOD STABILIZERS

	<b>lithium carbonate</b>	Tier 1	
	<b>lithium carbonate ext-rel tabs 300 mg</b>	Tier 1	
	<b>lithium carbonate ext-rel tabs 450 mg</b>	Tier 1	

### MOVEMENT DISORDERS

<b>PA, SP</b>	deutetrabenazine	Tier 4	AUSTEDO
<b>PA, SP</b>	<b>tetrabenazine</b>	Tier 4	
<b>PA, QL, SP</b>	valbenazine	Tier 4	INGREZZA

### MULTIPLE SCLEROSIS AGENTS

Practice guidelines for multiple sclerosis are available at:

<https://www.aan.com>

<b>PA, SP</b>	<b>dimethyl fumarate delayed-rel</b>	Tier 4	
<b>PA, SP</b>	diroximel fumarate delayed-rel	Tier 4	VUMERITY
<b>PA, SP</b>	fingolimod	Tier 4	GILENYA
<b>PA, SP</b>	<b>glatiramer</b>	Tier 4	COPAXONE
<b>PA, SP</b>	interferon beta-1a	Tier 4	REBIF
<b>PA, SP</b>	interferon beta-1b	Tier 4	BETASERON
<b>PA, SP</b>	ofatumumab	Tier 4	KESIMPTA
<b>PA, SP</b>	ozanimod	Tier 4	ZEPOSIA
<b>PA, SP</b>	siponimod	Tier 4	MAYZENT
<b>PA, SP</b>	teriflunomide	Tier 4	AUBAGIO

### MUSCULOSKELETAL THERAPY AGENTS

	<b>baclofen</b>	Tier 1	
	<b>carisoprodol 350 mg</b>	Tier 1	
*	<b>chlorzoxazone 500 mg</b>	Tier 1	
**	<b>cyclobenzaprine</b>	Tier 1	
	<b>dantrolene</b>	Tier 1	
	<b>metaxalone 800 mg</b>	Tier 1	
***	<b>methocarbamol</b>	Tier 1	
	<b>tizanidine tabs</b>	Tier 1	

\* Listing does not include NDC 73007001303. Drug products are identified by unique numerical product identifiers, called National Drug Codes (NDC), which identify the manufacturer strength, dosage form, formulation and package size.

\*\* Listing does not include cyclobenzaprine tablet 7.5 mg.

\*\*\* Listing does not include NDCs 69036091010, 69036093090 and 70868090190. Drug products are identified by unique numerical product

identifiers, called National Drug Codes (NDC), which identify the manufacturer strength, dosage form, formulation and package size.

#### MYASTHENIA GRAVIS

	pyridostigmine	Tier 1	
	pyridostigmine ext-rel	Tier 1	

#### NARCOLEPSY

	armodafinil	Tier 1	
	modafinil	Tier 1	
<b>PA, SP</b>	solriamfetol	Tier 4	SUNOSI

#### POSTHERPETIC NEURALGIA (PHN)

	gabapentin ext-rel	Tier 2	GRALISE
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#### PSYCHOTHERAPEUTIC-MISCELLANEOUS

##### Alcohol Deterrents

	acamprosate calcium	Tier 1	
	disulfiram	Tier 1	

##### Opioid Antagonists

	naloxone inj	Tier 1	
	naltrexone	Tier 1	
<b>QL</b>	naloxone nasal spray	Tier 2	NARCAN

##### Partial Opioid Agonist/Opioid Antagonist Combinations

<b>QL</b>	buprenorphine/naloxone sublingual	Tier 1	
<b>QL</b>	buprenorphine/naloxone sublingual tabs	Tier 2	ZUBSOLV

##### Pseudobulbar Affect Agents

<b>QL</b>	dextromethorphan/quinidine	Tier 2	NUJEXTA
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##### Smoking Deterrents

Treating Tobacco Use and Dependence: 2008 Update-Clinical Practice Guideline is available at:

<https://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/index.html>

	bupropion ext-rel	Tier 1	
	varenicline	Tier 2	CHANTIX

## ENDOCRINE AND METABOLIC

#### ACROMEGALY

<b>PA, SP</b>	lanreotide acetate	Tier 4	SOMATULINE DEPOT
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#### ANDROGENS

Clinical practice guidelines for the treatment of hypogonadism are available at:

<https://www.aace.com>

\* Listing does not include the authorized generics for TESTIM and VOGELXO.

<b>PA</b>	testosterone cypionate	Tier 1	
<b>PA</b>	testosterone enanthate	Tier 1	
<b>PA, *</b>	testosterone gel	Tier 1	
<b>PA</b>	testosterone gel 1.62%	Tier 1	
<b>PA</b>	testosterone soln	Tier 1	
<b>PA</b>	testosterone nasal gel	Tier 2	NATESTO
<b>PA</b>	testosterone transdermal	Tier 2	ANDRODERM

## ANTIDIABETICS

Guidelines of treatment and management of diabetes are available at:

<https://professional.diabetes.org>

### Alpha-glucosidase Inhibitors

	<b>acarbose</b>	Tier 1	
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### Amylin Analogs

	pramlintide	Tier 2	SYMLINPEN
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### Biguanides

	<b>metformin</b>	Tier 1	
*	<b>metformin ext-rel</b>	Tier 1	

\* Listing does not include generics for FORTAMET and GLUMETZA.

### Biguanide/Sulfonylurea Combinations

	<b>glipizide/metformin</b>	Tier 1	
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### Dipeptidyl Peptidase-4 (DPP-4) Inhibitors

<b>QL</b>	sitagliptin phosphate	Tier 2	JANUVIA
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### Dipeptidyl Peptidase-4 (DPP-4) Inhibitor/Biguanide Combinations

	sitagliptin/metformin	Tier 2	JANUMET
	sitagliptin/metformin ext-rel	Tier 2	JANUMET XR

### Incretin Mimetic Agents

	dulaglutide	Tier 2	TRULICITY
	liraglutide	Tier 2	VICTOZA
	semaglutide	Tier 2	OZEMPIC
<b>QL</b>	semaglutide	Tier 2	RYBELSUS

### Incretin Mimetic Agent/Insulin Combinations

	liraglutide/insulin degludec	Tier 2	XULTOPHY
	lixisenatide/insulin glargine	Tier 2	SOLIQUA

### Insulins

	insulin aspart	Tier 2	FIASP
	insulin aspart	Tier 2	NOVOLOG
	insulin aspart protamine 70%/insulin aspart 30%	Tier 2	NOVOLOG MIX 70/30
	insulin degludec	Tier 2	TRESIBA
	insulin detemir	Tier 2	LEVEMIR
	insulin glargine	Tier 2	BASAGLAR
	insulin glargine	Tier 2	TOUJEO
	insulin human	Tier 2	HUMULIN R U-500
<b>OTC</b>	insulin human	Tier 2	NOVOLIN R
<b>OTC</b>	insulin isophane human	Tier 2	NOVOLIN N
<b>OTC</b>	insulin isophane human 70%/regular 30%	Tier 2	NOVOLIN 70/30

### Insulin Sensitizers

<b>QL</b>	<b>pioglitazone</b>	Tier 1	
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### Insulin Sensitizer/Biguanide Combinations

	<b>pioglitazone/metformin</b>	Tier 1	
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<b>Insulin Sensitizer/Sulfonylurea Combinations</b>			
	<b>pioglitazone/glimepiride</b>	Tier 1	
<b>Meglitinides</b>			
	<b>nateglinide</b>	Tier 1	
	<b>repaglinide</b>	Tier 1	
<b>Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors</b>			
<b>QL</b>	dapagliflozin	Tier 2	FARXIGA
	empagliflozin	Tier 2	JARDIANCE
<b>Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitor/Biguanide Combinations</b>			
<b>QL</b>	dapagliflozin/metformin ext-rel	Tier 2	XIGDUO XR
	empagliflozin/metformin	Tier 2	SYNJARDY
	empagliflozin/metformin ext-rel	Tier 2	SYNJARDY XR
<b>Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitor/Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations</b>			
	empagliflozin/linagliptin	Tier 2	GLYXAMBI
<b>Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitor/Dipeptidyl Peptidase-4 (DPP-4) Inhibitor/Biguanide Combinations</b>			
	empagliflozin/linagliptin/metformin extended-release	Tier 2	TRIJARDY XR
<b>Sulfonylureas</b>			
<b>QL</b>	<b>glimepiride</b>	Tier 1	
	<b>glipizide</b>	Tier 1	
	<b>glipizide ext-rel</b>	Tier 1	
<b>Supplies</b>			
	blood glucose continuous monitoring receivers, sensors, transmitters	Tier 2	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
	blood glucose monitoring kits, test strips	Tier 2	ACCU-CHEK AVIVA PLUS kits and test strips
	blood glucose monitoring kits, test strips	Tier 2	ACCU-CHEK COMPACT PLUS kits and test strips
	blood glucose monitoring kits, test strips	Tier 2	ACCU-CHEK GUIDE kits and test strips
	blood glucose monitoring kits, test strips	Tier 2	ACCU-CHEK SMARTVIEW kits and test strips
	blood glucose monitoring kits, test strips	Tier 2	ONETOUCH ULTRA kits and test strips
	blood glucose monitoring kits, test strips	Tier 2	ONETOUCH VERIO kits and test strips
	insulin infusion disposable pump	Tier 2	OMNIPOD DASH INSULIN INFUSION PUMP
	insulin infusion disposable pump	Tier 2	OMNIPOD INSULIN INFUSION PUMP
	insulin infusion disposable pump	Tier 2	V-GO INSULIN INFUSION PUMP
<b>OTC</b>	insulin syringes, needles	Tier 2	BD ULTRAFINE insulin syringes and needles

\* AvMed Members with Diabetes can call CVS Caremark at 1-877-418-4746 to order a new diabetic meter for free.

**CALCIUM RECEPTOR ANTAGONISTS**

<b>PA, SP</b>	<b>cinacalcet</b>	Tier 4
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**CALCIUM REGULATORS**

Guidelines of treatment and management of osteoporosis are available at:

<https://www.aace.com><https://www.nof.org>**Bisphosphonates**

<b>QL</b>	<b>alendronate</b>	Tier 1
	<b>ibandronate</b>	Tier 1
	<b>risedronate</b>	Tier 1
	<b>risedronate delayed-rel</b>	Tier 1

**Calcitonins**

	<b>calcitonin-salmon spray</b>	Tier 1
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**Parathyroid Hormones**

<b>PA, SP</b>	abaloparatide	Tier 4	TYMLOS
<b>PA, SP</b>	teriparatide	Tier 4	FORTEO

**CARNITINE DEFICIENCY AGENTS**

	<b>levocarnitine</b>	Tier 1
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**CONTRACEPTIVES**

EE = ethinyl estradiol

**Monophasic***20 mcg Estrogen*

	<b>drospirenone/EE 3/20</b>	Tier 1
	<b>drospirenone/EE/levomefolate 3/20 and levomefolate</b>	Tier 1
	<b>levonorgestrel/EE 0.1/20 - Lessina</b>	Tier 1
	<b>norethindrone acetate/EE 1/20</b>	Tier 1
	<b>norethindrone acetate/EE 1/20 and iron</b>	Tier 1
	<b>norethindrone acetate/EE 1/20 and iron chewable</b>	Tier 1

*30 mcg Estrogen*

	<b>desogestrel/EE 0.15/30</b>	Tier 1
	<b>drospirenone/EE 3/30</b>	Tier 1
	<b>drospirenone/EE/levomefolate 3/30 and levomefolate</b>	Tier 1
	<b>levonorgestrel/EE 0.15/30 - Levora</b>	Tier 1
	<b>norethindrone acetate/EE 1.5/30</b>	Tier 1
	<b>norethindrone acetate/EE 1.5/30 and iron</b>	Tier 1
	<b>norgestrel/EE 0.3/30 - Low-Ogestrel</b>	Tier 1

*35 mcg Estrogen*

	<b>ethynodiol diacetate/EE 1/35 - Zovia 1/35</b>	Tier 1
	<b>norethindrone/EE 0.5/35</b>	Tier 1
	<b>norethindrone/EE 1/35</b>	Tier 1
	<b>norgestimate/EE 0.25/35</b>	Tier 1

*50 mcg Estrogen*

	<b>ethynodiol diacetate/EE 1/50</b>	Tier 1
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**Biphasic**

	<b>desogestrel/EE</b>	Tier 1
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	norethindrone acetate/EE 1/10 and EE 10 and iron	Tier 2	LO LOESTRIN FE
<b>Triphasic</b>			
	desogestrel/EE	Tier 1	
	levonorgestrel/EE - Trivora	Tier 1	
	norethindrone/EE	Tier 1	
	norgestimate/EE	Tier 1	
<b>Extended Cycle</b>			
	levonorgestrel/EE 0.1/20 and EE 10	Tier 1	
	levonorgestrel/EE 0.15/30	Tier 1	
	levonorgestrel/EE 0.15/30 and EE 10	Tier 1	
<b>Progestin Only</b>			
	norethindrone	Tier 1	
<b>Injectable</b>			
	medroxyprogesterone acetate 150 mg/mL	Tier 1	
<b>Transdermal</b>			
	norelgestromin/EE	Tier 1	
<b>Vaginal</b>			
	etonogestrel/EE ring	Tier 1	
	segesterone acetate/EE ring	Tier 2	ANNOVERA
<b>ENDOMETRIOSIS</b>			
	danazol	Tier 1	
<b>PA</b>	elagolix	Tier 2	ORLISSA
<b>FERTILITY REGULATORS*</b>			
<b>* Covered for select benefits</b>			
<b>GNRH/LHRH Antagonists</b>			
<b>PA, SP</b>	cetorelix	Tier 4	CETROTIDE
<b>PA, SP</b>	ganirelix acetate	Tier 4	
<b>Ovulation Stimulants, Gonadotropins</b>			
<b>PA, SP</b>	choriogonadotropin alfa	Tier 4	OVIDREL
<b>PA, SP</b>	follitropin alfa	Tier 4	GONAL-F
<b>Ovulation Stimulants, Synthetic</b>			
	clomiphene	Tier 1	
<b>GAUCHER DISEASE</b>			
<b>PA, SP</b>	eliglustat	Tier 4	CERDELGA
<b>PA, SP</b>	imiglucerase	Tier 4	CEREZYME
<b>GLUCOCORTICOIDS</b>			
	dexamethasone	Tier 1	
	fludrocortisone	Tier 1	
	hydrocortisone	Tier 1	
	methylprednisolone	Tier 1	
	prednisolone	Tier 1	
	prednisone	Tier 1	



**GLUCOSE ELEVATING AGENTS**

	<b>glucagon, human recombinant</b>	Tier 1	
<b>PA, QL</b>	glucagon nasal powder	Tier 2	BAQSIMI
	glucagon subcutaneous soln	Tier 2	GVOKE
	glucagon, human recombinant	Tier 2	GLUCAGEN HYPOKIT

**HEREDITARY TYROSINEMIA TYPE 1 AGENTS**

<b>PA, SP</b>	<b>nitisinone</b>	Tier 4	
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**HUMAN GROWTH HORMONES**

Guidelines for use of growth hormone are available at:

<https://www.ace.com/publications/guidelines>

<b>PA, SP</b>	somatropin	Tier 4	GENOTROPIN
<b>PA, SP</b>	somatropin	Tier 4	NORDITROPIN

**HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS**

	<b>calcitriol (1,25-D3)</b>	Tier 1	
	<b>doxercalciferol</b>	Tier 1	
	<b>paricalcitol</b>	Tier 1	

**MENOPAUSAL SYMPTOM AGENTS**

Guidelines of treatment and management of hormone therapy and menopause are available at:

<https://www.menopause.org>

<https://www.ace.com/files/menopause.pdf>

**Oral**

	<b>EE/norethindrone acetate - Jinteli</b>	Tier 1	
	<b>estradiol</b>	Tier 1	
<b>QL</b>	<b>estradiol/norethindrone</b>	Tier 1	
	estrogens, conjugated/bazedoxifene	Tier 2	DUAVEE
<b>QL</b>	estrogens, conjugated/medroxyprogesterone	Tier 2	PREMPHASE
<b>QL</b>	estrogens, conjugated/medroxyprogesterone	Tier 2	PREMPRO

**Transdermal**

<b>QL</b>	<b>estradiol</b>	Tier 1	
<b>QL</b>	estradiol	Tier 2	DIVIGEL
<b>QL</b>	estradiol	Tier 2	EVAMIST
<b>QL</b>	estradiol/levonorgestrel	Tier 2	CLIMARA PRO
<b>QL</b>	estradiol/norethindrone acetate	Tier 2	COMBIPATCH

**Vaginal**

	<b>estradiol vaginal crm</b>	Tier 1	
	estradiol vaginal tabs	Tier 1	VAGIFEM
	estradiol vaginal insert	Tier 2	IMVEXXY

**PHENYLKETONURIA TREATMENT AGENTS**

<b>PA, SP</b>	<b>sapropterin</b>	Tier 4	
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**PHOSPHATE BINDER AGENTS**

	<b>calcium acetate</b>	Tier 1	
	<b>sevelamer carbonate</b>	Tier 1	
	calcium acetate	Tier 2	PHOSLYRA
<b>QL</b>	sucroferric oxyhydroxide	Tier 2	VELPHORO

**POLYNEUROPATHY**

<b>PA, SP</b>	inotersen	Tier 4	TEGSEDI
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**POTASSIUM-REMOVING AGENTS**

	patiromer sorbitex	Tier 2	VELTASSA
	sodium zirconium cyclosilicate	Tier 2	LOKELMA

**PROGESTINS**

<b>Oral</b>			
	medroxyprogesterone acetate	Tier 1	
	megestrol acetate susp	Tier 1	
	norethindrone acetate	Tier 1	
	progesterone, micronized	Tier 1	

**Vaginal\*****\* Covered for select benefits**

	progesterone gel	Tier 2	CRINONE
	progesterone vaginal inserts	Tier 2	ENDOMETRIN

**SELECTIVE ESTROGEN RECEPTOR MODULATORS**

	raloxifene	Tier 1	
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**THYROID AGENTS**

<b>Antithyroid Agents</b>			
	methimazole	Tier 1	
	propylthiouracil	Tier 1	

**Thyroid Supplements**

	levothyroxine	Tier 1	
	levothyroxine - Levoxyl	Tier 1	
	liothyronine	Tier 1	
	levothyroxine	Tier 2	SYNTHROID

**UTERINE FIBROIDS**

<b>PA</b>	elagolix sodium/estradiol/norethindrone acetate	Tier 2	ORIAHNN
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**VASOPRESSINS**

	desmopressin spray, tabs	Tier 1	
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**MISCELLANEOUS**

	cabergoline	Tier 1	
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**GASTROINTESTINAL**

Guidelines for the treatment and management of various gastrointestinal diseases/conditions are available at:

<https://gi.org>

<https://www.gastro.org>

**ANTIDIARRHEALS**

	diphenoxylate/atropine	Tier 1	
	loperamide	Tier 1	

**ANTIEMETICS**

<b>QL</b>	aprepitant	Tier 1	
<b>QL</b>	dronabinol	Tier 1	
<b>QL</b>	granisetron	Tier 1	
	meclizine	Tier 1	

	metoclopramide	Tier 1	
	ondansetron	Tier 1	
	prochlorperazine	Tier 1	
	promethazine	Tier 1	
	scopolamine transdermal	Tier 1	
	trimethobenzamide	Tier 1	
<b>QL</b>	granisetron transdermal	Tier 2	SANCUSO

#### ANTISPASMODICS

	dicyclomine	Tier 1	
	hyoscyamine sulfate	Tier 1	
	hyoscyamine sulfate orally disintegrating tabs	Tier 1	

#### CHOLELITHOLYTICS

	ursodiol	Tier 1	
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#### H<sub>2</sub> RECEPTOR ANTAGONISTS

	cimetidine	Tier 1	
	famotidine	Tier 1	

#### INFLAMMATORY BOWEL DISEASE

##### Oral Agents

	balsalazide	Tier 1	
	budesonide delayed-rel caps	Tier 1	
	budesonide ext-rel	Tier 1	
	mesalamine delayed-rel caps	Tier 1	
*	mesalamine delayed-rel tabs	Tier 1	
	mesalamine delayed-rel tabs	Tier 1	ASACOL HD
	mesalamine ext-rel caps	Tier 1	
	sulfasalazine	Tier 1	
	sulfasalazine delayed-rel	Tier 1	
	mesalamine ext-rel caps	Tier 2	PENTASA

\* Listing does not include mesalamine delayed-rel tablet 800 mg.

##### Rectal Agents

	hydrocortisone enema	Tier 1	
	mesalamine supp	Tier 1	
	mesalamine susp	Tier 1	
	hydrocortisone acetate foam	Tier 2	CORTIFOAM

#### IRRITABLE BOWEL SYNDROME

##### Irritable Bowel Syndrome with Constipation

<b>QL</b>	linaclotide	Tier 2	LINZESS
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##### Irritable Bowel Syndrome with Diarrhea

<b>PA</b>	alosectron	Tier 1	
<b>PA</b>	eluxadolone	Tier 2	VIBERZI

#### LAXATIVES

	lactulose soln	Tier 1	
	peg 3350/electrolytes	Tier 1	
	sodium picosulfate/magnesium oxide/citric acid	Tier 2	CLENPIQ

#### OPIOID-INDUCED CONSTIPATION

	naldemedine	Tier 2	SYMPROIC
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<b>QL</b>	naloxegol	Tier 2	MOVANTIK
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#### PANCREATIC ENZYMES

	pancrelipase	Tier 2	VIOKACE
	pancrelipase delayed-rel	Tier 2	CREON
	pancrelipase delayed-rel	Tier 2	ZENPEP

#### PROSTAGLANDINS

	<b>misoprostol</b>	Tier 1	
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#### PROTON PUMP INHIBITORS

	<b>esomeprazole delayed-rel</b>	Tier 1	
	<b>lansoprazole delayed-rel</b>	Tier 1	
	<b>omeprazole delayed-rel</b>	Tier 1	
	<b>pantoprazole delayed-rel tabs</b>	Tier 1	
<b>QL</b>	dexlansoprazole delayed-rel	Tier 2	DEXILANT

#### SALIVA STIMULANTS

<b>PA</b>	<b>cevimeline</b>	Tier 1	
	<b>pilocarpine tabs</b>	Tier 1	

#### STEROIDS, RECTAL

	<b>hydrocortisone crm</b>	Tier 1	
	hydrocortisone acetate/pramoxine foam	Tier 2	PROCTOFOAM-HC

#### ULCER THERAPY COMBINATIONS

	<b>lansoprazole + amoxicillin + clarithromycin</b>	Tier 1	
	bismuth/metronidazole/tetracycline	Tier 2	PYLERA

#### MISCELLANEOUS

	<b>sucralfate tablet</b>	Tier 1	
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### GENITOURINARY

#### BENIGN PROSTATIC HYPERPLASIA

Guidelines for the management of BPH are available at:  
<https://www.auanet.org/guidelines>

	<b>alfuzosin ext-rel</b>	Tier 1	
	<b>dutasteride</b>	Tier 1	
	<b>dutasteride/tamsulosin</b>	Tier 1	
	<b>finasteride</b>	Tier 1	
	<b>silodosin</b>	Tier 1	
	<b>tamsulosin</b>	Tier 1	

#### ERECTILE DYSFUNCTION\*

\* Covered for select benefits

Guidelines for the management of erectile dysfunction are available at:  
<https://www.auanet.org/guidelines>

#### Alprostadil Agents

<b>PA, QL</b>	alprostadil supp	Tier 2	MUSE
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#### Phosphodiesterase Inhibitors

<b>PA, QL</b>	<b>sildenafil</b>	Tier 1	
<b>PA, QL</b>	<b>tadalafil</b>	Tier 1	

## URINARY ANTISPASMODICS

<b>QL</b>	darifenacin ext-rel	Tier 1	
	oxybutynin	Tier 1	
<b>QL</b>	oxybutynin ext-rel	Tier 1	
<b>QL</b>	solifenacin	Tier 1	
	tolterodine	Tier 1	
<b>QL</b>	tolterodine ext-rel	Tier 1	
	tropium	Tier 1	
	tropium ext-rel	Tier 1	
<b>QL</b>	fesoterodine ext-rel	Tier 2	TOVIAZ
	mirabegron ext-rel	Tier 2	MYRBETRIQ

## VAGINAL ANTI-INFECTIVES

	clindamycin crm	Tier 1	
	metronidazole	Tier 1	
	terconazole	Tier 1	

## MISCELLANEOUS

	bethanechol	Tier 1	
	potassium citrate ext-rel	Tier 1	

## HEMATOLOGIC

Guidelines of treatment and management of hemophilia are available at:

<https://www.hemophilia.org>

## ANTICOAGULANTS

CHEST guidelines are available at:

<https://www.chestnet.org/Guidelines-and-Resources/CHEST-Guideline-Topic-Areas/Pulmonary-Vascular>

### Injectable

	enoxaparin	Tier 1	
	dalteparin	Tier 2	FRAGMIN

### Oral

	warfarin	Tier 1	
	apixaban	Tier 2	ELIQUIS
<b>QL</b>	rivaroxaban	Tier 2	XARELTO

### Synthetic Heparinoid-like Agents

	fondaparinux	Tier 1	
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## CHELATING AGENTS

<b>PA, SP</b>	deferasirox	Tier 4	
<b>PA, SP</b>	deferiprone	Tier 4	
<b>PA, SP</b>	penicillamine capsule	Tier 4	
<b>PA, SP</b>	trientine	Tier 4	

## HEMATOPOIETIC GROWTH FACTORS

Guidelines for the management of neutropenia are available at:

<https://www.asco.org>

Guidelines for the management of anemia associated with chronic kidney disease are available at:

<https://www.kidney.org/professionals/guidelines#guidelines>

<b>PA, SP</b>	darbepoetin alfa	Tier 4	ARANESP
<b>PA, SP</b>	epoetin alfa-epbx	Tier 4	RETACRIT

<b>PA, SP</b>	filgrastim-aafi	Tier 4	NIVESTYM
<b>PA, SP</b>	pegfilgrastim-bmez	Tier 4	ZIEXTENZO

#### PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS

<b>PA, SP</b>	eculizumab	Tier 4	SOLIRIS
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#### PLATELET AGGREGATION INHIBITORS

	<b>clopidogrel</b>	Tier 1	
	<b>dipyridamole</b>	Tier 1	
	<b>dipyridamole ext-rel/aspirin</b>	Tier 1	
	<b>prasugrel</b>	Tier 1	
	ticagrelor	Tier 2	BRILINTA

#### PLATELET SYNTHESIS INHIBITORS

	<b>anagrelide</b>	Tier 1	
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#### STEM CELL MOBILIZERS

<b>PA, SP</b>	plerixafor	Tier 4	MOZOBIL
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#### THROMBOCYTOPENIA AGENTS

<b>PA, SP</b>	avatrombopag	Tier 4	DOPTELET
<b>PA, SP</b>	lusutrombopag	Tier 4	MULPLETA

#### MISCELLANEOUS

	<b>cilostazol</b>	Tier 1	
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### IMMUNOLOGIC AGENTS

Guidelines for the management of rheumatic diseases are available at:  
<https://www.rheumatology.org>

#### ALLERGENIC EXTRACTS

<b>QL</b>	grass mixed pollen allergen extract	Tier 2	ORALAIR
<b>QL</b>	ragweed pollen allergen extract	Tier 2	RAGWITEK
<b>QL</b>	timothy grass pollen allergen extract	Tier 2	GRASTEK

#### AUTOIMMUNE AGENTS (SELF-ADMINISTERED) ‡

<b>PA, SP</b>	adalimumab	Tier 4	HUMIRA
<b>PA, QL, SP</b>	apremilast	Tier 4	OTEZLA
<b>PA, SP</b>	etanercept	Tier 4	ENBREL
<b>PA, SP</b>	guselkumab	Tier 4	TREMFYA
<b>PA, SP</b>	risankizumab-rzaa	Tier 4	SKYRIZI
<b>PA, SP</b>	secukinumab	Tier 4	COSENTYX
<b>PA, SP</b>	tofacitinib	Tier 4	XELJANZ
<b>PA, SP</b>	tofacitinib ext-rel	Tier 4	XELJANZ XR
<b>PA, SP</b>	upadacitinib	Tier 4	RINVOQ
<b>PA, SP</b>	ustekinumab	Tier 4	STELARA SUBCUTANEOUS

‡ Coverage may be altered or copay amounts may vary based on the condition being treated (e.g., psoriasis).

#### DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDs)

	<b>hydroxychloroquine</b>	Tier 1	
<b>QL</b>	<b>leflunomide</b>	Tier 1	
	<b>methotrexate</b>	Tier 1	
<b>PA, SP</b>	methotrexate auto-injector	Tier 4	RASUVO

## HEREDITARY ANGIOEDEMA

<b>PA, SP</b>	<b>icatibant</b>	Tier 4	
<b>PA, SP</b>	lanadelumab-flyo	Tier 4	TAKHZYRO

## IMMUNOMODULATORS

CDC recommendations on the treatment of hepatitis are available at:

<https://www.cdc.gov/hepatitis/Resources/>

Guidelines for the management of hepatitis are available at:

<https://www.aasld.org>

### Immune Globulins

<b>PA, SP</b>	immune globulin (human)-hipp	Tier 4	CUTAQUIG
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### Interferons

<b>PA, SP</b>	interferon alfa-2b	Tier 4	INTRON A
<b>PA, SP</b>	peginterferon alfa-2a	Tier 4	PEGASYS

### Miscellaneous

<b>PA, SP</b>	canakinumab	Tier 4	ILARIS
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## IMMUNOSUPPRESSANTS

### Antimetabolites

	<b>azathioprine</b>	Tier 1	
<b>SP</b>	<b>mycophenolate mofetil</b>	Tier 1	
<b>SP</b>	<b>mycophenolate sodium delayed-rel</b>	Tier 1	
	azathioprine	Tier 2	AZASAN

### Calcineurin Inhibitors

<b>SP</b>	<b>cyclosporine</b>	Tier 1	
<b>SP</b>	<b>cyclosporine, modified</b>	Tier 1	
<b>SP</b>	<b>tacrolimus</b>	Tier 1	

### Rapamycin Derivatives

<b>SP</b>	<b>everolimus</b>	Tier 1	
<b>SP</b>	<b>sirolimus</b>	Tier 1	
<b>SP</b>	sirolimus soln	Tier 2	RAPAMUNE SOLUTION

## NUTRITIONAL/SUPPLEMENTS

### ELECTROLYTES

#### Potassium

	<b>potassium chloride ext-rel</b>	Tier 1	
	<b>potassium chloride liquid</b>	Tier 1	

### VITAMINS AND MINERALS

#### Folic Acid/Combinations

	<b>folic acid</b>	Tier 1	
	<b>folic acid/vitamin B6/vitamin B12</b>	Tier 1	

#### Prenatal Vitamins

	<b>prenatal vitamins</b>	Tier 1	
	prenatal vitamins/DHA/docusate/folic acid	Tier 2	CITRANATAL 90 DHA
	prenatal vitamins/DHA/docusate/folic acid	Tier 2	CITRANATAL DHA
	prenatal vitamins/DHA/docusate/folic acid	Tier 2	CITRANATAL HARMONY
	prenatal vitamins/docusate/folic acid	Tier 2	CITRANATAL RX
	prenatal vitamins/docusate/folic acid + DHA	Tier 2	CITRANATAL ASSURE

prenatal vitamins/folic acid + pyridoxine	Tier 2	CITRANATAL B-CALM
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**Miscellaneous**

<b>cyanocobalamin inj</b>	Tier 1	
<b>fluoride drops</b>	Tier 1	
<b>fluoride tabs</b>	Tier 1	
<b>multivitamins/fluoride drops, tabs</b>	Tier 1	
<b>multivitamins/fluoride/iron drops, tabs</b>	Tier 1	
<b>vitamin ADC/fluoride drops</b>	Tier 1	
<b>vitamin ADC/fluoride/iron drops</b>	Tier 1	

**RESPIRATORY**

Guidelines to the management, prevention, or treatment of COPD and asthma are available at:

- <https://www.aaaai.org>
- <https://ginasthma.org>
- <https://goldcopd.org>
- <https://www.nhlbi.nih.gov>

The Allergy Report and guidelines for allergy-related conditions are available at:

- <https://www.aaaai.org>

**ANAPHYLAXIS TREATMENT AGENTS**

<b>QL</b>	<b>epinephrine auto-injector</b>	Tier 1	
<b>QL</b>	epinephrine	Tier 2	SYMJEPI
<b>QL</b>	<b>epinephrine auto-injector</b>	Tier 2	EPIPEN JR.

**ANTICHOLINERGICS**

<b>QL</b>	<b>ipratropium soln</b>	Tier 1	
<b>QL</b>	revefenacin inhalation solution	Tier 2	YUPELRI
<b>QL</b>	tiotropium	Tier 2	SPIRIVA

**ANTICHOLINERGIC/BETA AGONIST COMBINATIONS**

**Short Acting**

<b>QL</b>	<b>ipratropium/albuterol soln</b>	Tier 1	
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**Long Acting**

<b>QL</b>	tiotropium/olodaterol	Tier 2	STIOLTO RESPIMAT
<b>QL</b>	umeclidinium/vilanterol	Tier 2	ANORO ELLIPTA

**ANTICHOLINERGIC/BETA AGONIST/STEROID INHALANT COMBINATIONS**

<b>QL</b>	budesonide/glycopyrrolate/formoterol	Tier 2	BREZTRI AEROSPHERE
<b>QL</b>	fluticasone/umeclidinium/vilanterol	Tier 2	TRELEGY ELLIPTA

**ANTIHISTAMINES, LOW SEDATING**

	<b>levocetirizine</b>	Tier 1	
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**ANTIHISTAMINES, SEDATING**

	<b>clemastine 2.68 mg</b>	Tier 1	
	<b>cyproheptadine</b>	Tier 1	
	<b>hydroxyzine HCl</b>	Tier 1	

**ANTITUSSIVES**

Clinical practice guidelines are available at:

- [https://journal.chestnet.org/article/S0012-3692\(15\)52856-0/pdf](https://journal.chestnet.org/article/S0012-3692(15)52856-0/pdf)

*	<b>benzonatate</b>	Tier 1	
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\* Listing does not include NDCs 69336012615 and 69499032915. Drug products are identified by unique numerical product identifiers, called National Drug Codes (NDC), which identify the manufacturer, strength, dosage form, formulation and package size.

## ANTITUSSIVE COMBINATIONS

### Opioid

	codeine/guaifenesin liquid	Tier 1	
	codeine/guaifenesin/pseudoephedrine	Tier 1	
	codeine/promethazine	Tier 1	
	codeine/promethazine/phenylephrine	Tier 1	
	hydrocodone/homatropine	Tier 1	

### Non-opioid

	dextromethorphan/brompheniramine/pseudoephedrine	Tier 1	
	dextromethorphan/promethazine	Tier 1	

## BETA AGONISTS

### Inhalants

#### Short Acting

<b>QL</b>	albuterol soln	Tier 1	
<b>QL</b>	albuterol sulfate CFC-free aerosol	Tier 1	
<b>QL</b>	levalbuterol tartrate, CFC-free aerosol	Tier 1	

#### Long Acting

##### Hand-held Active Inhalation

<b>QL</b>	olodaterol, CFC-free aerosol	Tier 2	STRIVERDI RESPIMAT
<b>QL</b>	salmeterol xinafoate	Tier 2	SEREVENT

##### Nebulized Passive Inhalation

<b>QL</b>	formoterol inhalation soln	Tier 2	PERFOROMIST
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### Oral Agents

	albuterol	Tier 1	
	albuterol ext-rel	Tier 1	
	terbutaline	Tier 1	

## CYSTIC FIBROSIS

<b>PA, SP</b>	dornase alfa	Tier 4	PULMOZYME
<b>PA, SP</b>	tobramycin inhalation soln	Tier 4	

## LEUKOTRIENE MODULATORS

	montelukast	Tier 1	
	zafirlukast	Tier 1	

## MAST CELL STABILIZERS

<b>QL</b>	cromolyn soln	Tier 1	
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## NASAL ANTIHISTAMINES

<b>QL</b>	azelastine spray	Tier 1	
<b>QL</b>	olopatadine spray	Tier 1	

## NASAL STEROIDS/COMBINATIONS

<b>QL</b>	azelastine/fluticasone spray	Tier 1	
<b>QL</b>	flunisolide spray	Tier 1	
<b>QL</b>	fluticasone spray	Tier 1	
<b>QL</b>	mometasone spray	Tier 1	

**PHOSPHODIESTERASE-4 INHIBITORS**

	roflumilast	Tier 2	DALIRESP
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**PULMONARY FIBROSIS AGENTS**

<b>PA, SP</b>	nintedanib	Tier 4	OFEV
<b>PA, SP</b>	pirfenidone	Tier 4	ESBRIET

**SEVERE ASTHMA AGENTS**

<b>PA, SP</b>	benralizumab	Tier 4	FASENRA
<b>PA, SP</b>	dupilumab	Tier 4	DUPIXENT
<b>PA, SP</b>	mepolizumab	Tier 4	NUCALA

**STEROID/BETA AGONIST COMBINATIONS**

<b>QL</b>	fluticasone/salmeterol	Tier 1	ADVAIR DISKUS
<b>QL</b>	budesonide/formoterol	Tier 2	SYMBICORT
<b>QL, ^</b>	fluticasone/salmeterol, CFC-free aerosol	Tier 2	ADVAIR HFA
<b>QL, ^</b>	fluticasone/vilanterol	Tier 2	BREO ELLIPTA

^ Listing does not include certain NDCs. Drug products are identified by unique numerical product identifiers, called National Drug Codes (NDC), which identify the manufacturer, strength, dosage form, formulation and package size.

**STEROID INHALANTS**

<b>QL</b>	<b>budesonide inhalation susp</b>	Tier 1	
<b>QL</b>	beclomethasone breath-activated aerosol	Tier 2	QVAR REDIHALER
<b>QL</b>	budesonide	Tier 2	PULMICORT FLEXHALER
<b>QL</b>	fluticasone	Tier 2	ARNUITY ELLIPTA
<b>QL</b>	fluticasone	Tier 2	FLOVENT DISKUS
<b>QL</b>	fluticasone, CFC-free aerosol	Tier 2	FLOVENT HFA

**XANTHINES**

	<b>theophylline ext-rel tabs</b>	Tier 1	
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**MISCELLANEOUS**

	<b>ipratropium spray</b>	Tier 1	
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**TOPICAL****DERMATOLOGY**

## Acne

Guidelines for the care and treatment of acne vulgaris are available at:

<https://www.aad.org/practicecenter/quality/clinical-guidelines>

*Oral*

<b>QL</b>	<b>isotretinoin</b>	Tier 1	
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*Topical*

<b>PA</b>	<b>adapalene</b>	Tier 1	
*	<b>clindamycin gel</b>	Tier 1	
	<b>clindamycin lotion, soln</b>	Tier 1	
<b>PA</b>	<b>clindamycin/benzoyl peroxide</b>	Tier 1	
	<b>erythromycin gel 2%</b>	Tier 1	
	<b>erythromycin soln</b>	Tier 1	
	<b>erythromycin/benzoyl peroxide</b>	Tier 1	
	<b>sulfacetamide lotion 10%</b>	Tier 1	
<b>QL</b>	<b>tazarotene</b>	Tier 1	
<b>PA, QL</b>	<b>tretinoin</b>	Tier 1	

<b>PA</b>	<b>tretinoin - Avita</b>	Tier 1	
<b>PA</b>	<b>tretinoin gel microsphere</b>	Tier 1	

\* Listing does not include NDC 68682046275. Drug products are identified by unique numerical product identifiers, called National Drug Codes (NDC), which identify the manufacturer, strength, dosage form, formulation and package size.

#### Actinic Keratosis

	<b>fluorouracil crm 5%, soln 5%, soln 2%</b>	Tier 1	
<b>PA</b>	<b>imiquimod</b>	Tier 1	
	fluorouracil crm 4%	Tier 2	TOLAK
	ingenol mebutate	Tier 2	PICATO

#### Antibiotics

	<b>gentamicin</b>	Tier 1	
	<b>mupirocin oint</b>	Tier 1	
	<b>silver sulfadiazine</b>	Tier 1	

#### Antifungals

	<b>ciclopirox</b>	Tier 1	
<b>QL</b>	<b>econazole</b>	Tier 1	
	<b>ketconazole crm 2%</b>	Tier 1	
	<b>naftifine</b>	Tier 1	
	<b>nystatin</b>	Tier 1	

#### Antipsoriatics

Guidelines of care for the management and treatment of psoriasis with topical therapies are available at:  
<https://www.aad.org>

##### Oral

	<b>acitretin</b>	Tier 1	
	<b>methoxsalen oral</b>	Tier 1	

##### Topical

	<b>calcipotriene oint, soln 0.005%</b>	Tier 1	
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#### Antiseborrheics

	<b>ketconazole shampoo 2%</b>	Tier 1	
	<b>selenium sulfide lotion 2.5%</b>	Tier 1	

#### Atopic Dermatitis

Guidelines for the treatment of atopic dermatitis are available at:  
<https://www.aad.org/practicecenter/quality/clinical-guidelines>

##### Injectable

<b>PA, SP</b>	dupilumab	Tier 4	DUPIXENT
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##### Topical

<b>PA</b>	<b>pimecrolimus</b>	Tier 1	
<b>QL</b>	<b>tacrolimus</b>	Tier 1	
<b>QL</b>	crisaborole	Tier 2	EUCRISA

#### Corticosteroids

##### Low Potency

<b>QL</b>	<b>alclometasone crm, oint 0.05%</b>	Tier 1	
<b>QL</b>	<b>desonide crm, lotion, oint 0.05%</b>	Tier 1	
<b>QL</b>	<b>fluocinolone acetonide soln 0.01%</b>	Tier 1	

<b>QL</b>	hydrocortisone crm 2.5%	Tier 1	
<i>Medium Potency</i>			
<b>QL</b>	betamethasone valerate crm, lotion, oint 0.1%	Tier 1	
<b>QL</b>	desoximetasone crm 0.05%	Tier 1	
<b>QL</b>	fluocinolone acetonide crm, oint 0.025%	Tier 1	
<b>QL</b>	fluticasone propionate crm, lotion 0.05%, oint 0.005%	Tier 1	
<b>QL</b>	hydrocortisone butyrate crm, oint, soln 0.1%	Tier 1	
<b>QL</b>	hydrocortisone butyrate lipid cream 0.1%	Tier 1	
<b>QL</b>	hydrocortisone valerate crm, oint 0.2%	Tier 1	
<b>QL</b>	mometasone crm, lotion, oint 0.1%	Tier 1	
<b>QL</b>	triamcinolone acetonide crm, lotion 0.025%	Tier 1	
<b>QL</b>	triamcinolone acetonide crm, lotion, oint 0.1%	Tier 1	
<i>High Potency</i>			
<b>QL</b>	betamethasone dipropionate augmented crm 0.05%	Tier 1	
<b>QL</b>	betamethasone dipropionate augmented lotion 0.05%	Tier 1	
<b>QL</b>	betamethasone dipropionate crm, lotion, oint 0.05%	Tier 1	
<b>QL</b>	desoximetasone crm, oint 0.25%, gel 0.05%	Tier 1	
<b>QL</b>	fluocinonide crm 0.05%	Tier 1	
<b>QL</b>	fluocinonide gel, oint, soln 0.05%	Tier 1	
<b>QL</b>	triamcinolone acetonide crm 0.5%	Tier 1	
<b>QL</b>	halobetasol propionate lotion 0.01%	Tier 2	BRYHALI
<i>Very High Potency</i>			
<b>QL</b>	betamethasone dipropionate augmented gel, oint 0.05%	Tier 1	
<b>QL</b>	clobetasol propionate crm 0.05%	Tier 1	
<b>QL</b>	clobetasol propionate foam 0.05%	Tier 1	
<b>QL</b>	clobetasol propionate gel, oint, soln 0.05%	Tier 1	
<b>QL</b>	clobetasol propionate lotion, shampoo 0.05%	Tier 1	
<b>QL</b>	halobetasol propionate crm, oint 0.05%	Tier 1	
<i>Local Analgesics</i>			
	lidocaine patch	Tier 1	
<i>Local Anesthetics</i>			
<b>QL</b>	lidocaine/prilocaine	Tier 1	
<i>Rosacea</i>			
	azelaic acid gel	Tier 1	
	metronidazole crm 0.75%	Tier 1	
	metronidazole gel 0.75%	Tier 1	
	metronidazole gel 1%	Tier 1	
	metronidazole lotion 0.75%	Tier 1	
	azelaic acid foam	Tier 2	FINACEA FOAM
<b>QL</b>	ivermectin	Tier 2	SOOLANTRA
<i>Scabicides and Pediculicides</i>			
	malathion	Tier 1	
	permethrin 5%	Tier 1	
<i>Miscellaneous Skin and Mucous Membrane</i>			
	imiquimod	Tier 1	
	podofilox	Tier 1	

**MOUTH/THROAT/DENTAL AGENTS****Anesthetics - Topical Oral**

	<b>lidocaine viscous</b>	Tier 1	
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**Protectants - Mouth/Throat**

	soy phospholipid/glycerol dioleate	Tier 2	EPISIL
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<b>PA, SP</b>	benzyl alcohol/carbomer 941/glycerin	Tier 4	MUGARD
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**Steroids - Mouth/Throat**

	<b>triamcinolone paste</b>	Tier 1	
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**OPHTHALMIC**

Preferred Practice Pattern Guidelines for the treatment of various ophthalmic conditions are available at:

<https://one.aao.org>

**Antiallergics**

	<b>azelastine</b>	Tier 1	
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	<b>cromolyn sodium</b>	Tier 1	
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	<b>olopatadine</b>	Tier 1	
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**Anti-infectives**

	<b>bacitracin</b>	Tier 1	
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	<b>ciprofloxacin soln</b>	Tier 1	
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	<b>erythromycin</b>	Tier 1	
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	<b>gentamicin</b>	Tier 1	
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	<b>levofloxacin</b>	Tier 1	
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	<b>moxifloxacin</b>	Tier 1	
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	<b>neomycin/polymyxin B/gramicidin</b>	Tier 1	
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	<b>ofloxacin</b>	Tier 1	
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	<b>polymyxin B/bacitracin</b>	Tier 1	
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	<b>polymyxin B/trimethoprim</b>	Tier 1	
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	<b>sulfacetamide oint 10%</b>	Tier 1	
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	<b>sulfacetamide soln 10%</b>	Tier 1	
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	<b>tobramycin</b>	Tier 1	
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	besifloxacin	Tier 2	BESIVANCE
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**Anti-infective/Anti-inflammatory Combinations**

	<b>neomycin/polymyxin B/bacitracin/hydrocortisone oint</b>	Tier 1	
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	<b>neomycin/polymyxin B/dexamethasone</b>	Tier 1	
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	<b>neomycin/polymyxin B/hydrocortisone susp</b>	Tier 1	
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	<b>sulfacetamide/prednisolone phosphate 10%/0.25%</b>	Tier 1	
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	<b>tobramycin/dexamethasone susp 0.3%/0.1%</b>	Tier 1	
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	tobramycin/dexamethasone oint 0.3%/0.1%	Tier 2	TOBRADEX
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**Anti-inflammatories***Nonsteroidal*

	<b>bromfenac sodium</b>	Tier 1	
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	<b>diclofenac sodium</b>	Tier 1	
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	<b>ketorolac</b>	Tier 1	
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	bromfenac sodium	Tier 2	PROLENSA
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	nepafenac	Tier 2	ILEVRO
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*Steroidal*

	<b>dexamethasone sodium phosphate</b>	Tier 1	
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	<b>fluorometholone</b>	Tier 1	
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	<b>loteprednol</b>	Tier 1	
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<b>prednisolone acetate 1%</b>	Tier 1	
difluprednate	Tier 2	DUREZOL
prednisolone phosphate 1%	Tier 3	

#### Antivirals

<b>trifluridine</b>	Tier 1	
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#### Beta-blockers

##### Nonselective

<b>levobunolol</b>	Tier 1	
<b>timolol maleate</b>	Tier 1	
<b>timolol maleate gel</b>	Tier 1	

##### Selective

betaxolol	Tier 2	BETOPTIC S
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#### Carbonic Anhydrase Inhibitors

##### Topical

<b>brinzolamide</b>	Tier 1	
<b>dorzolamide</b>	Tier 1	

#### Carbonic Anhydrase Inhibitor/Beta-blocker Combinations

<b>dorzolamide/timolol maleate</b>	Tier 1	
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#### Carbonic Anhydrase Inhibitor/Sympathomimetic Combinations

brinzolamide/brimonidine	Tier 2	SIMBRINZA
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#### Dry Eye Disease

cyclosporine, emulsion	Tier 2	RESTASIS
lifitegrast	Tier 2	XIIDRA

#### Prostaglandins

<b>latanoprost</b>	Tier 1	
<b>travoprost</b>	Tier 1	
bimatoprost 0.01%	Tier 2	LUMIGAN
tafluprost	Tier 2	ZIOPTAN

#### Rho Kinase Inhibitors

netarsudil	Tier 2	RHOPRESSA
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#### Rho Kinase Inhibitor/Prostaglandin Combinations

netarsudil/latanoprost	Tier 2	ROCKLATAN
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#### Sympathomimetics

<b>brimonidine</b>	Tier 1	
<b>brimonidine 0.2%</b>	Tier 1	

#### Sympathomimetic/Beta-blocker Combinations

brimonidine/timolol	Tier 2	COMBIGAN
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#### OTIC

Clinical practice guidelines for the treatment of otitis media are available at:

<https://www.aap.org>

#### Anti-infectives

<b>acetic acid</b>	Tier 1	
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<b>ofloxacin otic</b>	Tier 1
<b>Anti-infective/Anti-inflammatory Combinations</b>	
<b>ciprofloxacin/dexamethasone</b>	Tier 1
<b>neomycin/polymyxin B/hydrocortisone</b>	Tier 1

## WEBSITES

Agency for Healthcare Research and Quality  
<https://www.ahrq.gov>

Alzheimer's Association  
<https://www.alz.org>

American Academy of Allergy, Asthma and Immunology  
<https://www.aaaai.org>

American Academy of Child & Adolescent Psychiatry  
<https://www.aacap.org>

American Academy of Dermatology  
<https://www.aad.org>

American Academy of Neurology  
<https://www.aan.com>

American Academy of Ophthalmology  
<https://www.aao.org>

American Academy of Pediatrics  
<https://www.aap.org>

American Association for the Study of Liver Disease  
<https://www.aasld.org>

American Association of Clinical Endocrinologists  
<https://www.aace.com>

American Association of Diabetes Educators  
<https://www.diabeteseducator.org>

American Cancer Society  
<https://www.cancer.org>

American College of Allergy, Asthma and Immunology  
<https://www.acaai.org>

American College of Cardiology  
<https://www.acc.org>

American College of Chest Physicians  
<https://www.chestnet.org>

American College of Gastroenterology  
<https://gi.org>

American College of Physicians  
<https://www.acponline.org>

American College of Rheumatology  
<https://www.rheumatology.org>

American Congress of Obstetricians and Gynecologists

<https://www.acog.org>

American Diabetes Association  
<http://www.diabetes.org>

American Gastroenterological Association  
<https://www.gastro.org>

American Headache Society Committee for Headache Education  
<https://americanheadachesociety.org>

American Heart Association  
<https://professional.heart.org>

American Lung Association  
<https://www.lung.org>

American Medical Association  
<https://www.ama-assn.org>

American Psychiatric Association  
<https://www.psychiatry.org>

American Society of Anesthesiologists  
<https://www.asahq.org>

American Society of Clinical Oncology  
<https://www.asco.org>

American Society of Interventional Pain Physicians  
<https://www.asipp.org>

American Urological Association  
<https://www.auanet.org>

Centers for Disease Control and Prevention  
<https://www.cdc.gov>

Centers for Disease Control and Prevention  
Guideline topics: AIDS  
<https://www.cdc.gov/hiv/default.html>

Centers for Disease Control and Prevention  
Guideline topics: Sexually Transmitted Diseases  
<https://www.cdc.gov/std/treatment/default.htm>

CVS Caremark  
<https://www.caremark.com>

The Food and Drug Administration  
<https://www.fda.gov>

Global Initiative for Asthma  
<https://ginasthma.org>



Infectious Diseases Society of America  
<https://www.idsociety.org>

Institute for Safe Medication Practices  
<https://www.ismp.org>

Johns Hopkins AIDS Service  
<https://www.thebody.com/content/art12096.html>

Juvenile Diabetes Research Foundation International  
<https://www.jdrf.org>

MedWatch  
<https://www.fda.gov/Safety/MedWatch/default.htm>

National Agricultural Library  
<https://www.nal.usda.gov>

National Cancer Institute  
<https://www.cancer.gov/about-cancer>

National Comprehensive Cancer Network  
<https://www.nccn.org>

National Foundation for Infectious Diseases

<http://www.nfid.org>

National Guideline Clearinghouse  
<https://www.ahrq.gov>

National Heart, Lung and Blood Institute  
<https://www.nhlbi.nih.gov>

National Institutes of Health  
<https://www.nih.gov>

National Kidney Foundation  
<https://www.kidney.org>

National Osteoporosis Foundation  
<https://www.nof.org>

North American Menopause Society  
<https://www.menopause.org>

United States Department of Health and Human Services  
<https://www.hhs.gov>

World Health Organization  
<https://www.who.int>

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