

AvMed Miami-Dade County POS Medication Formulary

(07/01/2021)

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INTRODUCTION

The **AvMed Miami-Dade County POS 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 Miami-Dade County POS Medication Formulary** is reflective of current medical practice as of the date of review.

The information contained in this **AvMed Miami-Dade County POS 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 Miami-Dade County POS 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 Miami-Dade County POS 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 Miami-Dade County POS 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/go/mdpht. 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 Miami-Dade County POS 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 Miami-Dade County POS Medication Formulary include all strengths and dosage forms of the cited product.

cefixime

Suprax

Oral capsules, oral chewable tablets, oral suspension and all strengths of Suprax 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 Miami-Dade County POS Medication Formulary. Other strengths/dosage forms of the reference product are not.

acyclovir caps, tabs

The acyclovir capsules and tablets are on the **AvMed Miami-Dade County POS Medication Formulary**. From this entry, the acyclovir ointment 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 Miami-Dade County POS Medication Formulary**.

Dosage forms on the AvMed Miami-Dade County POS 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 Miami-Dade County POS 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. AvMed delegates determination of Generic/Brand status to our Pharmacy Benefits Manager.

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/go/mdpht 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 most self-administered injectable medications. Please note, some self-administered injectable medications such as Insulin do not require prior authorization and are covered under your retail prescription coverage.

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 benefit inclusions, exclusions, copayments, or a lack of coverage, which are not reflected in the **AvMed Miami-Dade County POS Medication Formulary**. You may contact AvMed's Member Services 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 AvMed 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. Your prescription may be refilled via retail or mail service after 75% of your previous fill has been used, and is subject to a maximum of 13 refills per year. You also have the opportunity to obtain a 90-day supply of medications used for chronic conditions including, but not limited to, asthma, cardiovascular disease, and diabetes from the retail pharmacy for the applicable copay per 30-day supply. However, prior authorization may be required for certain covered medications.

Your mail-service prescription medication coverage includes up to a 90-day supply of a routine maintenance medication 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. Therefore, it is important that you only utilize this option for maintenance medications.

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. If applicable to your prescription benefits, specialty products will be covered as Tier 4.

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/20182/653919/Commercial+Medication+Exception+Request+Form/7f63dae5-5531-4354-9671-de967dc961d5>.

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. 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 member services 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 services department. Members may also initiate the prior authorization process (Medication Exception) by logging into AvMed.org and then clicking the link "Prescription Info".

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. 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 above. For a current list of products subject to quantity limits please see our [Quantity Limit](#) web page.

Progressive Medication Program (Step Therapy)

Medications included in this program require a trial of one or more first and/or second-line medications in order for the requested medication to be covered under the pharmacy benefit. If, for medical reasons, the member cannot use the first and/or second-line medication, the prescriber should request a prior authorization as described above. 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 all of the following: statement of medical necessity; specific details of contraindications to ALL other formulary alternatives; AND 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 above.

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 decided 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.

Common Medical Exclusions

Due to employer chosen 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 (or OTC) medications or their equivalents unless otherwise specified in the medication formulary listing
- Investigational or experimental medication products, or any medication product used in an experimental manner (except as required by Florida statute)
- Injectable medication products that are not usually self-administered, as these are covered under your Medical Benefit

- 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
- Dental-specific medications for dental purposes, including fluoride medications
- 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 generic copay plus the Brand Additional Charge.

Health Care Reform - Preventive Medications

The Patient Protection and Affordable Care Act that was recently passed allows members to receive 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) a prescription is required, and (2) 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) | No cost share |
| Non-Oral and OTC | etonogestrel/EE ring, norelgestromin/EE, condoms, diaphragms, etc. | No cost share. OTCs require a prescription for coverage. |
| Other Contraceptive Methods | IUDs, Depo-Provera | No cost share - these are covered under the Medical Benefit because they are administered by a health care professional. |
| Oral Brands with no Generic | Lo Loestrin Fe | No cost share |
| Oral Brands with Generics | Loestrin Fe, Estrostep Fe, Ortho-Novum 7/7/7 | Tier 3 Copay plus brand penalty - 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 | No cost share. Limit of 168 days' supply per year. |
| Non-prescription / OTC | Nicotrol inhalers or nasal spray; generic nicotine patches, gums, lozenges | No cost share. Limit of 168 days' supply per year. Prescription from doctor required. |
| Brands with Generics | Nicorette, Nicoderm CQ | Not covered. Only the generic equivalents are covered. |

TRANSITION OF CARE

The Transition-of-Care Form has been developed for newly enrolled members with AvMed Health Plans 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.

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 the Tier 1 copay or Tier 2 copay. Medications within these tiers have the lowest out-of-pocket cost for you. If you are currently taking a Tier 3 medication, you may want to discuss with your doctor other medication alternatives that are on a lower copay tier.

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 members, especially when filling prescriptions for routine or maintenance type medications. The convenience of mail service may also help members stay compliant with their medications. Simply write the prescription(s) for a 90-day supply and have the member submit it with their mail-service request forms to the address listed on the Mail Service Order Form. Members can print the request forms from our website at www.avmed.org/go/mdpht. Medications ordered and processed through mail service are typically mailed to the member via U.S. regular mail. Please advise members to 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.) Any 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**[®], 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 PACKAGED AS A 90-DAY SUPPLY

Our pharmacy benefit covers some medications that are packaged, dispensed and sold as a 90-day supply. Members' prescribed medications packaged as such will be charged the applicable tier copayment for a 90-day supply whether the prescription is filled at retail or through the mail-service option. Members will still SAVE money when purchasing drugs packaged as 90-day supplies because they are paying less than three retail copayments for a 90-day supply of medication. Examples of medications packaged as 90-day supplies include: Estring, Femring, etonogestrel/EE ring, levonorgestrel/EE 0.15 and EE 10. Please consult our website for an up-to-date list of medications or call Member Services at the number on the back of your ID card for more information on coverage.

CONTACT INFORMATION

The **AvMed Miami-Dade County POS Medication Formulary** is designed to assist prescribers, members, and other health care professionals in the selection of cost-effective agents. 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 Services Department by calling the number listed on the back of your card.

For additional information, please visit our website at: www.avmed.org/go/mdpht.

LEGEND

| | |
|--------------|--|
| MN-PA | Medical Necessity - Prior Authorization |
| OTC | Over the counter |
| PA | Prior Authorization |
| QL | Quantity Limit |
| SP | Specialty drug available through CVS Specialty [™] Pharmacy |
| SP* | Specialty drug available through Accredo |

| | |
|-----------------|---|
| SP** | Specialty drug available through other Specialty/Retail pharmacies |
| SP-NPB | Specialty - Non-preferred brand drug |
| SP-PF | Specialty - Preferred drug |
| ST | Step Therapy |
| boldface | 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 |

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ANALGESICS

Practice guidelines of pain management are available at:

<https://www.asahq.org>

NSAIDs

| | | |
|----|-------------------------------|--------|
| QL | diclofenac potassium | Tier 1 |
| QL | diclofenac sodium delayed-rel | Tier 1 |
| QL | diclofenac sodium ext-rel | Tier 1 |
| QL | diflunisal | Tier 1 |
| QL | etodolac | Tier 1 |
| QL | etodolac ext-rel | Tier 1 |
| QL | fenoprofen | Tier 1 |
| QL | flurbiprofen | Tier 1 |
| QL | ibuprofen | Tier 1 |
| QL | indomethacin | Tier 1 |
| QL | indomethacin ext-rel | Tier 1 |
| | ketoprofen | Tier 1 |
| QL | ketorolac | Tier 1 |
| QL | mefenamic acid | Tier 1 |
| QL | meloxicam | Tier 1 |
| QL | nabumetone | Tier 1 |
| QL | naproxen | Tier 1 |
| QL | naproxen sodium | Tier 1 |
| QL | naproxen sodium ext-rel | Tier 1 |
| QL | oxaprozin | Tier 1 |
| | piroxicam | Tier 1 |
| | sulindac | Tier 1 |
| | tolmetin | Tier 1 |
| QL | ketoprofen ext-rel | Tier 2 |
| | meclofenamate | Tier 3 |

NSAIDs, COMBINATIONS

| | | |
|----|---|--------|
| QL | diclofenac sodium delayed-rel/misoprostol | Tier 1 |
|----|---|--------|

NSAIDs, TOPICAL

| | | |
|----|----------------------------------|--------|
| QL | diclofenac epolamine transdermal | Tier 1 |
| QL | diclofenac sodium gel 1% | Tier 1 |
| QL | diclofenac sodium soln | Tier 1 |

COX-2 INHIBITORS

| | | |
|----|-----------|--------|
| QL | celecoxib | Tier 1 |
|----|-----------|--------|

GOUT

| | | |
|--|-------------|--------|
| | allopurinol | Tier 1 |
| | colchicine | Tier 1 |
| | probenecid | 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>

| | | |
|--------|---------------------------|--------|
| PA, QL | buprenorphine transdermal | Tier 1 |
|--------|---------------------------|--------|

| | | | |
|--------|---|--------|---------|
| PA, QL | butorphanol nasal spray | Tier 1 | |
| QL | codeine/acetaminophen | Tier 1 | |
| QL | dihydrocodeine/acetaminophen/caffeine | Tier 1 | |
| PA, QL | fentanyl citrate buccal | Tier 1 | |
| QL | fentanyl transdermal | Tier 1 | |
| PA, QL | fentanyl transmucosal lozenge | Tier 1 | |
| QL | hydrocodone/acetaminophen, except 300 mg | Tier 1 | |
| QL | hydrocodone/ibuprofen | Tier 1 | |
| QL | hydromorphone | Tier 1 | |
| QL | hydromorphone ext-rel | Tier 1 | |
| QL | meperidine | Tier 1 | |
| QL | methadone | Tier 1 | |
| QL | morphine ext-rel caps 24 hr (except 200 mg) | Tier 1 | |
| QL | morphine ext-rel tabs | Tier 1 | |
| QL | morphine supp | Tier 1 | |
| QL | morphine tabs, soln, conc soln | Tier 1 | |
| QL | oxycodone caps 5 mg | Tier 1 | |
| QL | oxycodone concentrate 20 mg/mL | Tier 1 | |
| QL | oxycodone ext-rel | 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 | Tier 1 | |
| QL | oxycodone/aspirin | Tier 1 | |
| QL | oxycodone/ibuprofen | Tier 1 | |
| QL | oxymorphone | Tier 1 | |
| QL | oxymorphone ext-rel | Tier 1 | |
| QL | tramadol | Tier 1 | |
| QL | tramadol ext-rel | Tier 1 | |
| QL | tramadol/acetaminophen | Tier 1 | |
| QL | codeine sulfate | Tier 3 | |
| PA, QL | fentanyl citrate nasal spray | Tier 3 | LAZANDA |

NON-OPIOID ANALGESICS

| | | | |
|--|---------------------|--------|-----------|
| | aspirin/meprobamate | Tier 2 | EQUAGESIC |
|--|---------------------|--------|-----------|

MISCELLANEOUS

| | | | |
|--|--------------------------------|--------|-----------|
| | acetaminophen/phenyltoloxamine | Tier 2 | DOLOGESIC |
|--|--------------------------------|--------|-----------|

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

Aminoglycosides

| | | |
|----------|--------|--|
| neomycin | Tier 1 | |
|----------|--------|--|

Cephalosporins

First Generation

| | | |
|---------------------------|--------|--|
| cefadroxil | Tier 1 | |
| cephalexin, except 750 mg | Tier 1 | |

Second Generation

| | | |
|-------------------|--------|--|
| cefaclor | Tier 1 | |
| cefprozil | Tier 1 | |
| cefuroxime axetil | Tier 1 | |

Third Generation

| | | |
|--|--------|--------|
| cefdinir | Tier 1 | |
| cefixime caps, susp 100 mg/5 mL, 200 mg/5 mL | Tier 1 | |
| cefopodoxime | Tier 1 | |
| cefixime | Tier 2 | SUPRAX |

Erythromycins/Macrolides

| | | | |
|---------------|------------------------------------|--------|---------|
| QL | azithromycin | Tier 1 | |
| | clarithromycin | Tier 1 | |
| | erythromycin ethylsuccinate | Tier 1 | |
| | erythromycin stearate | Tier 1 | |
| | erythromycin base | Tier 2 | |
| | erythromycin delayed-rel - Ery-tab | Tier 2 | |
| PA, QL | fidaxomicin | Tier 3 | DIFICID |

Fluoroquinolones

| | | | |
|-----------|--------------------|--------|---------|
| | ciprofloxacin tabs | Tier 1 | |
| QL | levofloxacin | Tier 1 | |
| | levofloxacin inj | Tier 1 | |
| QL | moxifloxacin | Tier 1 | |
| QL | delafloxacin | Tier 3 | BAXDELA |

Penicillins

| | | | |
|-----------|--|--------|----------------|
| | amoxicillin | Tier 1 | |
| | amoxicillin/clavulanate | Tier 1 | |
| QL | amoxicillin/clavulanate ext-rel | Tier 1 | |
| | ampicillin | Tier 1 | |
| | dicloxacillin | Tier 1 | |
| | penicillin VK | Tier 1 | |
| | amoxicillin/clavulanate susp 125 mg/5 mL | Tier 2 | AUGMENTIN susp |
| | ampicillin susp | Tier 2 | |

Tetracyclines

| | | | |
|-----------|--|--------|--------|
| | demeclocycline | Tier 1 | |
| | doxycycline hyclate | Tier 1 | |
| | doxycycline monohydrate | Tier 1 | |
| QL | minocycline | Tier 1 | |
| | minocycline ext-rel tabs 45 mg, 90 mg, 135 mg | Tier 1 | |
| | tetracycline | Tier 1 | |
| QL | omadacycline | Tier 3 | NUZYRA |

ANTIFUNGALS

| | | | |
|-----------------|------------------------------------|----------|----------|
| | clotrimazole troches | Tier 1 | |
| | fluconazole susp | Tier 1 | |
| QL | fluconazole tabs | Tier 1 | |
| | griseofulvin microsize | Tier 1 | |
| | griseofulvin ultramicrosize | Tier 1 | |
| PA | itraconazole | Tier 1 | |
| | nystatin | Tier 1 | |
| PA, SP** | posaconazole | Tier 1 # | |
| | terbinafine tabs | Tier 1 | |
| QL | voriconazole | Tier 1 | |
| PA, SP** | isavuconazonium | Tier 3 # | CRESEMBA |

Specialty product covered as Tier 4 for certain prescription benefits.

ANTIMALARIALS

| | | | |
|-----------|-----------------------------|--------|--|
| QL | atovaquone/proguanil | Tier 1 | |
| QL | chloroquine | Tier 1 | |
| QL | mefloquine | Tier 1 | |
| PA | quinine sulfate | Tier 1 | |

ANTIRETROVIRAL AGENTS

Antiretroviral Adjuvants

| | | | |
|---------------|------------|----------|--------|
| QL, SP | cobicistat | Tier 2 # | TYBOST |
|---------------|------------|----------|--------|

Specialty product covered as Tier 4 for certain prescription benefits.

Antiretroviral Combinations

| | | | |
|---------------|---|----------|-----------|
| QL, SP | abacavir/lamivudine | Tier 1 # | |
| QL, SP | abacavir/lamivudine/zidovudine | Tier 1 # | |
| QL, SP | efavirenz/emtricitabine/tenofovir disoproxil fumarate | Tier 1 # | |
| QL, SP | efavirenz/lamivudine/tenofovir disoproxil fumarate | Tier 1 # | |
| QL, SP | emtricitabine/tenofovir disoproxil fumarate | Tier 1 # | |
| SP | lamivudine/zidovudine | Tier 1 # | |
| QL, SP | abacavir/dolutegravir/lamivudine | Tier 2 # | TRIUMEQ |
| QL, SP | atazanavir/cobicistat | Tier 2 # | EVOTAZ |
| QL, SP | bictegravir/emtricitabine/tenofovir alafenamide | Tier 2 # | BIKTARVY |
| QL, SP | darunavir/cobicistat | Tier 2 # | PREZCOBIX |
| QL, SP | darunavir/cobicistat/emtricitabine/tenofovir alafenamide | Tier 2 # | SYM TUZA |
| QL, SP | dolutegravir/lamivudine | Tier 2 # | DOVATO |
| QL, SP | dolutegravir/rilpivirine | Tier 2 # | JULUCA |
| QL, SP | doravirine/lamivudine/tenofovir disoproxil fumarate | Tier 2 # | DELSTRIGO |
| QL, SP | elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide | Tier 2 # | GENVOYA |
| QL, SP | 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 | lamivudine/tenofovir disoproxil fumarate | Tier 2 # | CIMDUO |
| QL, SP | lamivudine/tenofovir disoproxil fumarate | Tier 2 # | TEMIXYS |

Specialty product covered as Tier 4 for certain prescription benefits.

Chemokine Receptor Antagonists

| | | | |
|-----------|-----------|----------|-----------|
| SP | maraviroc | Tier 2 # | SELZENTRY |
|-----------|-----------|----------|-----------|

Specialty product covered as Tier 4 for certain prescription benefits.

Fusion Inhibitors

| | | | |
|-----------|-------------|----------|--------|
| SP | enfuvirtide | Tier 2 # | FUZEON |
|-----------|-------------|----------|--------|

Specialty product covered as Tier 4 for certain prescription benefits.

Integrase Inhibitors

| | | | |
|---------------|--------------|----------|------------|
| QL, SP | dolutegravir | Tier 2 # | TIVICAY |
| QL, SP | dolutegravir | Tier 2 # | TIVICAY PD |
| QL, SP | raltegravir | Tier 2 # | ISENTRESS |

Specialty product covered as Tier 4 for certain prescription benefits.

Non-nucleoside Reverse Transcriptase Inhibitors

| | | | |
|---------------|-----------------------------|----------|-----------|
| QL, SP | efavirenz | Tier 1 # | |
| QL, SP | nevirapine ext-rel | Tier 1 # | |
| SP | nevirapine oral susp | Tier 1 # | |
| QL, SP | nevirapine tabs | Tier 1 # | |
| QL, SP | doravirine | Tier 2 # | PIFELTRO |
| QL, SP | etravirine | Tier 2 # | INTELENCE |
| QL, SP | rilpivirine | Tier 3 # | EDURANT |

Specialty product covered as Tier 4 for certain prescription benefits.

Nucleoside Reverse Transcriptase Inhibitors

| | | | |
|---------------|---------------------------|----------|---------|
| QL, SP | abacavir | Tier 1 # | |
| QL, SP | emtricitabine caps | Tier 1 # | |
| QL, SP | lamivudine | Tier 1 # | |
| QL, SP | stavudine | Tier 1 # | |
| SP | zidovudine | Tier 1 # | |
| QL, SP | emtricitabine soln | Tier 2 # | EMTRIVA |

Specialty product covered as Tier 4 for certain prescription benefits.

Nucleotide Reverse Transcriptase Inhibitors

| | | | |
|---------------|--|----------|--------|
| QL, SP | tenofovir disoproxil fumarate 300 mg | Tier 1 # | |
| QL, SP | tenofovir disoproxil fumarate 150 mg, 200 mg, 250 mg | Tier 2 # | VIREAD |
| QL, SP | tenofovir disoproxil fumarate powder | Tier 2 # | VIREAD |

Specialty product covered as Tier 4 for certain prescription benefits.

Protease Inhibitors

| | | | |
|---------------|---------------------------------|----------|--|
| QL, SP | atazanavir caps | Tier 1 # | |
| QL, SP | fosamprenavir tabs | Tier 1 # | |
| QL, SP | lopinavir/ritonavir soln | Tier 1 # | |
| SP | ritonavir tabs | Tier 1 # | |

| | | | |
|---------------|--------------------------------|----------|--------------|
| QL, SP | atazanavir powder packets | Tier 2 # | REYATAZ |
| QL, SP | darunavir | Tier 2 # | PREZISTA |
| QL, SP | fosamprenavir susp | Tier 2 # | LEXIVA |
| QL, SP | indinavir | Tier 2 # | CRIXIVAN |
| QL, SP | lopinavir/ritonavir tabs | Tier 2 # | KALETRA |
| QL, SP | nelfinavir | Tier 2 # | VIRACEPT |
| SP | ritonavir powder packets, soln | Tier 2 # | NORVIR |
| QL, SP | saquinavir mesylate | Tier 2 # | INVIRASE |
| QL, SP | tipranavir | Tier 2 # | APTIVUS |
| QL, SP | tipranavir soln | Tier 2 # | APTIVUS soln |

Specialty product covered as Tier 4 for certain prescription benefits.

ANTITUBERCULAR AGENTS

| | | | |
|---------------|--------------------------------------|--------|------------|
| | ethambutol | Tier 1 | |
| | isoniazid | Tier 1 | |
| | pyrazinamide | Tier 1 | |
| | rifabutin | Tier 1 | |
| QL | rifampin | Tier 1 | |
| | aminosalicylic acid delayed-rel gran | Tier 2 | PASER |
| PA, QL | bedaquiline | Tier 2 | SIRTURO |
| | ethionamide | Tier 2 | TRECTOR |
| | rifapentine | Tier 2 | PRIFTIN |
| | cycloserine | Tier 3 | |
| PA | pretomanid | Tier 3 | PRETOMANID |

ANTIVIRALS

Cytomegalovirus Agents

| | | | |
|--|-----------------------|--------|----------|
| | ganciclovir | Tier 1 | |
| | valganciclovir | Tier 1 | |
| | letermovir | Tier 3 | PREVYMIS |

Hepatitis Agents

Hepatitis B

| | | | |
|---------------|---------------------------|----------|----------------|
| QL, SP | adefovir dipivoxil | Tier 1 # | |
| QL, SP | entecavir tabs | Tier 1 # | |
| QL, SP | lamivudine | Tier 1 # | |
| QL, SP | entecavir soln | Tier 2 # | BARACLUDE soln |
| QL, SP | tenofovir alafenamide | Tier 3 # | VEMLIDY |

Specialty product covered as Tier 4 for certain prescription benefits.

Hepatitis C

| | | | |
|------------------|-------------------------------------|----------|---------|
| PA, SP | ribavirin | Tier 1 # | |
| PA, SP, * | ledipasvir/sofosbuvir | Tier 3 # | HARVONI |
| PA, SP | sofosbuvir | Tier 3 # | SOVALDI |
| PA, SP, * | sofosbuvir/velpatasvir | Tier 3 # | EPCLUSA |
| PA, SP, * | sofosbuvir/velpatasvir/voxilaprevir | Tier 3 # | VOSEVI |

Specialty product covered as Tier 4 for certain prescription benefits.

* 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 | |
| QL | famciclovir | Tier 1 | |
| QL | valacyclovir | Tier 1 | |
| Influenza Agents | | | |
| QL | oseltamivir | Tier 1 | |
| QL | rimantadine | Tier 1 | |
| QL | zanamivir | Tier 3 | RELENZA |
| Miscellaneous | | | |
| | ribavirin for inhalation | Tier 3 | |
| MISCELLANEOUS | | | |
| | albendazole | Tier 1 | |
| | atovaquone | Tier 1 | |
| | clindamycin | Tier 1 | |
| | ivermectin | Tier 1 | |
| PA, QL | linezolid | Tier 1 | |
| | metronidazole | Tier 1 | |
| QL | nitazoxanide | Tier 1 | |
| | nitrofurantoin ext-rel | Tier 1 | |
| | nitrofurantoin macrocrystals | Tier 1 | |
| | nitrofurantoin susp | Tier 1 | |
| | paromomycin | Tier 1 | |
| | pentamidine aerosol | Tier 1 | |
| | praziquantel | Tier 1 | |
| PA | pyrimethamine | Tier 1 | |
| | sulfadiazine | Tier 1 | |
| | sulfamethoxazole/trimethoprim | Tier 1 | |
| | sulfamethoxazole/trimethoprim DS | Tier 1 | |
| | tinidazole | Tier 1 | |
| | trimethoprim | Tier 1 | |
| | vancomycin caps | Tier 1 | |
| | dapsone | Tier 2 | |
| PA, QL | tedizolid | Tier 2 | SIVEXTRO |
| | trimethoprim soln | Tier 2 | PRIMSOL |
| | benznidazole | Tier 3 | BENZNIDAZOLE |
| PA | lefamulin | Tier 3 | XENLETA |
| | metronidazole ext-rel | Tier 3 | FLAGYL ER |
| PA, SP** | miltefosine | Tier 3 # | IMPAVIDO |
| | rifaximin | Tier 3 | XIFAXAN 550 mg |

Specialty product covered as Tier 4 for certain prescription benefits.

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 | |
| SP | temozolomide | Tier 1 # | |
| | busulfan | Tier 2 | MYLERAN |
| | chlorambucil | Tier 2 | LEUKERAN |

| | | | |
|---------------------|---------------------|----------|-----------|
| | estramustine | Tier 2 | EMCYT |
| QL | lomustine | Tier 2 | GLEOSTINE |
| PA, QL, SP** | mechlorethamine gel | Tier 3 # | VALCHLOR |

Specialty product covered as Tier 4 for certain prescription benefits.

ANTIMETABOLITES

| | | | |
|-----------|-----------------------|----------|---------|
| SP | capecitabine | Tier 1 # | |
| | mercaptopurine | Tier 1 | |
| | methotrexate | Tier 2 | TREXALL |
| | thioguanine | Tier 2 | TABLOID |

Specialty product covered as Tier 4 for certain prescription benefits.

HORMONAL ANTINEOPLASTIC AGENTS

Antiandrogens

| | | | |
|----------------------|---------------------|----------|---------|
| PA, QL, SP-PF | abiraterone | Tier 1 # | |
| QL | bicalutamide | Tier 1 | |
| QL | flutamide | Tier 1 | |
| | nilutamide | Tier 1 | |
| PA, SP-PF | apalutamide | Tier 3 # | ERLEADA |
| PA, SP | darolutamide | Tier 3 # | NUBEQA |
| PA, SP-PF | enzalutamide | Tier 3 # | XTANDI |

Specialty product covered as Tier 4 for certain prescription benefits.

Antiestrogens

| | | | |
|-----------|-------------------|--------|----------|
| | tamoxifen | Tier 1 | |
| QL | toremifene | Tier 1 | |
| QL | tamoxifen soln | Tier 2 | SOLTAMOX |

Aromatase Inhibitors

| | | | |
|-----------|--------------------|--------|--|
| QL | anastrozole | Tier 1 | |
| | exemestane | Tier 1 | |
| QL | letrozole | Tier 1 | |

Specialty product covered as Tier 4 for certain prescription benefits.

Progestins

| | | | |
|-------------|---------------------------------------|----------|------------------------|
| QL | megestrol acetate tabs | Tier 1 | |
| SP** | medroxyprogesterone acetate 400 mg/mL | Tier 3 # | DEPO-PROVERA 400 MG/ML |

Specialty product covered as Tier 4 for certain prescription benefits.

KINASE INHIBITORS

| | | | |
|-------------------|--------------------------|----------|----------|
| PA, QL, SP | erlotinib | Tier 1 # | |
| PA, QL, SP | everolimus | Tier 1 # | |
| PA, QL, SP | imatinib mesylate | Tier 1 # | |
| PA, QL, SP | lapatinib | Tier 1 # | |
| PA, QL, SP | dasatinib | Tier 2 # | SPRYCEL |
| PA, QL, SP | nilotinib | Tier 2 # | TASIGNA |
| PA, QL, SP | pazopanib | Tier 2 # | VOTRIENT |
| PA, QL, SP | sorafenib | Tier 2 # | NEXAVAR |
| PA, QL, SP | sunitinib | Tier 2 # | SUTENT |
| PA, SP | vandetanib | Tier 2 # | CAPRELSA |
| PA, SP | abemaciclib | Tier 3 # | VERZENIO |

| | | | |
|---------------------|---------------|----------|------------------|
| PA, SP | acalabrutinib | Tier 3 # | CALQUENCE |
| PA, QL, SP* | afatinib | Tier 3 # | GILOTRIF |
| PA, SP | alectinib | Tier 3 # | ALECENSA |
| PA, SP | alpelisib | Tier 3 # | PIQRAY |
| PA, SP | axitinib | Tier 3 # | INLYTA |
| PA, SP | bosutinib | Tier 3 # | BOSULIF |
| PA, SP | cabozantinib | Tier 3 # | CABOMETYX |
| PA, QL, SP** | cabozantinib | Tier 3 # | COMETRIQ |
| PA, QL, SP | ceritinib | Tier 3 # | ZYKADIA |
| PA, SP | cobimetinib | Tier 3 # | COTELLIC |
| PA, QL, SP | crizotinib | Tier 3 # | XALKORI |
| PA, QL, SP | dabrafenib | Tier 3 # | TAFINLAR |
| PA, SP | entrectinib | Tier 3 # | ROZLYTREK |
| PA, SP | erdafitinib | Tier 3 # | BALVERSA |
| PA, QL, SP | everolimus | Tier 3 # | AFINITOR DISPERZ |
| PA, QL, SP** | ibrutinib | Tier 3 # | IMBRUVICA |
| PA, QL, SP** | idelalisib | Tier 3 # | ZYDELIG |
| PA, QL, SP** | lenvatinib | Tier 3 # | LENVIMA |
| PA, SP | midostaurin | Tier 3 # | RYDAPT |
| PA, SP | osimertinib | Tier 3 # | TAGRISSE |
| PA, QL, SP | palbociclib | Tier 3 # | IBRANCE |
| PA, SP | pemigatinib | Tier 3 # | PEMAZYRE |
| PA, QL, SP** | ponatinib | Tier 3 # | ICLUSIG |
| PA, QL, SP | regorafenib | Tier 3 # | STIVARGA |
| PA, QL, SP | ruxolitinib | Tier 3 # | JAKAFI |
| PA, SP | selumetinib | Tier 3 # | KOSELUGO |
| PA, SP** | tazemetostat | Tier 3 # | TAZVERIK |
| PA, QL, SP | trametinib | Tier 3 # | MEKINIST |
| PA, QL, SP | tucatinib | Tier 3 # | TUKYSA |
| PA, QL, SP | vemurafenib | Tier 3 # | ZELBORAF |
| PA, SP | zanubrutinib | Tier 3 # | BRUKINSA |

Specialty product covered as Tier 4 for certain prescription benefits.

MULTIPLE MYELOMA

Immunomodulators

| | | | |
|---------------|--------------|--------|----------|
| PA, SP | lenalidomide | Tier 3 | REVLIMID |
| PA, SP | pomalidomide | Tier 3 | POMALYST |
| PA, SP | thalidomide | Tier 3 | THALOMID |

Proteasome Inhibitors

| | | | |
|---------------|----------|----------|---------|
| PA, SP | ixazomib | Tier 3 # | NINLARO |
|---------------|----------|----------|---------|

Specialty product covered as Tier 4 for certain prescription benefits.

PROSTATE CANCER

Luteinizing Hormone-Releasing Hormone (LHRH) Agonists

| | | | |
|---------------|--------------------|----------|--------------|
| PA, SP | leuprolide acetate | Tier 3 # | LUPRON DEPOT |
|---------------|--------------------|----------|--------------|

Specialty product covered as Tier 4 for certain prescription benefits.

MISCELLANEOUS

| | | | |
|-----------|---------------------------|----------|--|
| SP | bexarotene caps | Tier 1 # | |
| | hydroxyurea | Tier 1 | |
| | leucovorin calcium | Tier 1 | |
| | tretinoin caps | Tier 1 | |

| | | | |
|---------------------|-------------------------|----------|-----------|
| | hydroxyurea | Tier 2 | DROXIA |
| | mitotane | Tier 2 | LYSODREN |
| | procarbazine | Tier 2 | MATULANE |
| QL, SP | vorinostat | Tier 2 # | ZOLINZA |
| PA, SP | decitabine-cedazuridine | Tier 3 # | INQOVI |
| PA, QL, SP | enasidenib | Tier 3 # | IDHIFA |
| | etoposide | Tier 3 | |
| | mesna | Tier 3 | MESNEX |
| PA, QL, SP** | niraparib | Tier 3 # | ZEJULA |
| PA, QL, SP** | olaparib | Tier 3 # | LYNPARZA |
| PA, QL, SP | panobinostat | Tier 3 # | FARYDAK |
| PA, SP | rucaparib | Tier 3 # | RUBRACA |
| PA, SP | selinexor | Tier 3 # | XPOVIO |
| PA, SP | sonidegib | Tier 3 # | ODOMZO |
| PA, SP | trifluridine/tipiracil | Tier 3 # | LONSURF |
| PA, SP** | uridine triacetate | Tier 3 # | VISTOGARD |
| PA, SP** | venetoclax | Tier 3 # | VENCLEXTA |
| PA, SP | vismodegib | Tier 3 # | ERIVEDGE |

Specialty product covered as Tier 4 for certain prescription benefits.

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>

| | | | |
|-----------|---------------------|--------|--------|
| | benazepril | Tier 1 | |
| | captopril | Tier 1 | |
| | enalapril | Tier 1 | |
| | fosinopril | Tier 1 | |
| QL | lisinopril | Tier 1 | |
| | moexipril | Tier 1 | |
| QL | perindopril | Tier 1 | |
| | quinapril | Tier 1 | |
| QL | ramipril | Tier 1 | |
| | trandolapril | Tier 1 | |
| QL | enalapril oral soln | Tier 2 | EPANED |

ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATIONS

| | | | |
|-----------|---------------------------------------|--------|--|
| QL | amlodipine/benazepril | Tier 1 | |
| QL | trandolapril/verapamil ext-rel | Tier 1 | |

ACE INHIBITOR/DIURETIC COMBINATIONS

| | | | |
|--|---------------------------------------|--------|--|
| | benazepril/hydrochlorothiazide | Tier 1 | |
| | captopril/hydrochlorothiazide | Tier 1 | |
| | enalapril/hydrochlorothiazide | Tier 1 | |

| | | |
|----|--------------------------------|--------|
| | fosinopril/hydrochlorothiazide | Tier 1 |
| QL | lisinopril/hydrochlorothiazide | Tier 1 |
| | quinapril/hydrochlorothiazide | Tier 1 |

ADRENOLYTICS, CENTRAL

| | | |
|----|-----------------------|--------|
| | clonidine | Tier 1 |
| QL | clonidine transdermal | Tier 1 |
| | guanfacine | Tier 1 |

ALDOSTERONE RECEPTOR ANTAGONISTS

| | | |
|----|----------------|--------|
| QL | 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>

| | | |
|----|-----------|--------|
| QL | doxazosin | Tier 1 |
| | prazosin | 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>

| | | | |
|----|---------------------------------|--------|------------|
| QL | candesartan | Tier 1 | |
| QL | candesartan/hydrochlorothiazide | Tier 1 | |
| QL | irbesartan | Tier 1 | |
| QL | irbesartan/hydrochlorothiazide | Tier 1 | |
| QL | losartan | Tier 1 | |
| QL | losartan/hydrochlorothiazide | Tier 1 | |
| QL | olmesartan | Tier 1 | |
| QL | olmesartan/hydrochlorothiazide | Tier 1 | |
| QL | telmisartan | Tier 1 | |
| QL | telmisartan/hydrochlorothiazide | Tier 1 | |
| QL | valsartan | Tier 1 | |
| QL | valsartan/hydrochlorothiazide | Tier 1 | |
| QL | azilsartan | Tier 3 | EDARBI |
| QL | azilsartan/chlorthalidone | Tier 3 | EDARBYCLOR |

ANGIOTENSIN II RECEPTOR ANTAGONIST/CALCIUM CHANNEL BLOCKER COMBINATIONS

| | | |
|----|------------------------|--------|
| QL | amlodipine/olmesartan | Tier 1 |
| QL | amlodipine/telmisartan | Tier 1 |
| QL | amlodipine/valsartan | Tier 1 |

ANGIOTENSIN II RECEPTOR ANTAGONIST/CALCIUM CHANNEL BLOCKER/DIURETIC COMBINATIONS

| | | |
|----|---|--------|
| QL | amlodipine/valsartan/hydrochlorothiazide | Tier 1 |
| QL | 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>

| | | |
|----|--------------|--------|
| QL | amiodarone | Tier 1 |
| | disopyramide | Tier 1 |

| | | | |
|---------------|----------------------|----------|------------|
| QL, SP | dofetilide | Tier 1 # | |
| | flecainide | Tier 1 | |
| | propafenone | Tier 1 | |
| | propafenone ext-rel | Tier 1 | |
| | sotalol | Tier 1 | |
| | disopyramide ext-rel | Tier 2 | NORPACE CR |
| QL | dronedarone | Tier 2 | MULTAQ |

Specialty product covered as Tier 4 for certain prescription benefits.

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

| | | | |
|-----------|--------------------------|--------|----------|
| PA | bempedoic acid | Tier 3 | NEXLETOL |
| PA | bempedoic acid/ezetimibe | Tier 3 | NEXLIZET |

Bile Acid Resins

| | | | |
|-----------|----------------------|--------|--|
| | cholestyramine | Tier 1 | |
| | cholestyramine light | Tier 1 | |
| QL | colesevelam | Tier 1 | |
| | colestipol | Tier 1 | |

Cholesterol Absorption Inhibitors

| | | | |
|-----------|-----------|--------|--|
| QL | ezetimibe | Tier 1 | |
|-----------|-----------|--------|--|

Fibrates

| | | | |
|-----------|-----------------------------|--------|--|
| QL | fenofibrate | Tier 1 | |
| QL | fenofibric acid delayed-rel | Tier 1 | |
| QL | gemfibrozil | Tier 1 | |

HMG-CoA Reductase Inhibitors/Combinations

| | | | |
|-----------|-----------------------|--------|--|
| QL | atorvastatin | Tier 1 | |
| QL | ezetimibe/simvastatin | Tier 1 | |
| QL | fluvastatin | Tier 1 | |
| QL | fluvastatin ext-rel | Tier 1 | |
| QL | lovastatin | Tier 1 | |
| QL | pravastatin | Tier 1 | |
| QL | rosuvastatin | Tier 1 | |
| QL | simvastatin | Tier 1 | |

Microsomal Triglyceride Transfer Protein Inhibitors

| | | | |
|---------------------|------------|----------|----------|
| PA, QL, SP** | lomitapide | Tier 3 # | JUXTAPID |
|---------------------|------------|----------|----------|

Niacins

| | | | |
|------------|----------------|--------|------------|
| QL | niacin ext-rel | Tier 1 | |
| OTC | niacin ext-rel | Tier 1 | SLO-NIACIN |

Omega-3 Fatty Acids

| | | | |
|-----------|---------------------------|--------|---------|
| QL | omega-3 acid ethyl esters | Tier 1 | |
| QL | icosapent ethyl | Tier 2 | VASCEPA |

PCSK9 Inhibitors

| | | | |
|-----------|------------|--------|---------|
| PA | evolocumab | Tier 2 | REPATHA |
|-----------|------------|--------|---------|

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>

| | | | |
|-----------|--|--------|----------|
| | acebutolol | Tier 1 | |
| | atenolol | Tier 1 | |
| QL | betaxolol | Tier 1 | |
| QL | bisoprolol | Tier 1 | |
| QL | carvedilol | Tier 1 | |
| QL | carvedilol phosphate ext-rel | Tier 1 | |
| | labetalol | Tier 1 | |
| QL | metoprolol succinate ext-rel | Tier 1 | |
| | metoprolol tartrate 25 mg, 50 mg, 100 mg | Tier 1 | |
| QL | nadolol | Tier 1 | |
| | propranolol | Tier 1 | |
| QL | propranolol ext-rel | Tier 1 | |
| QL | nebivolol | Tier 2 | BYSTOLIC |
| | pindolol | Tier 2 | |
| | timolol | Tier 2 | |
| | penbutolol | Tier 3 | LEVATOL |

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 | |
| QL | metoprolol succinate ext-rel/hydrochlorothiazide | Tier 2 | DUTOPROL |
| | propranolol/hydrochlorothiazide | Tier 2 | |

CALCIUM CHANNEL BLOCKERS

Dihydropyridines

| | | | |
|-----------|----------------------|--------|------------|
| QL | amlodipine | Tier 1 | |
| QL | felodipine ext-rel | Tier 1 | |
| QL | isradipine | Tier 1 | |
| | nicardipine | Tier 1 | |
| | nifedipine | Tier 1 | |
| QL | nifedipine ext-rel | Tier 1 | |
| QL | nisoldipine ext-rel | Tier 1 | |
| QL | nicardipine ext-rel | Tier 3 | CARDENE SR |
| QL | nimodipine oral soln | Tier 3 | NYMALIZE |

Nondihydropyridines

| | | | |
|-----------|-------------------|--------|--|
| | diltiazem | Tier 1 | |
| QL | diltiazem ext-rel | Tier 1 | |
| | verapamil | Tier 1 | |
| | verapamil ext-rel | Tier 1 | |

CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS

| | | | |
|-----------|-------------------------|--------|--|
| QL | amlodipine/atorvastatin | Tier 1 | |
|-----------|-------------------------|--------|--|

DIGITALIS GLYCOSIDES

| | | | |
|--|---------------------------|--------|--|
| | digoxin | Tier 1 | |
| | digoxin ped elixir | Tier 1 | |

DIRECT RENIN INHIBITORS/DIURETIC COMBINATIONS

| | | | |
|-----------|--------------------------------------|--------|--------------|
| QL | aliskiren | Tier 1 | |
| QL | aliskiren/hydrochlorothiazide | Tier 2 | TEKTURNA HCT |

DIURETICS**Carbonic Anhydrase Inhibitors**

| | | | |
|--|----------------------|--------|--|
| | acetazolamide | Tier 1 | |
| | methazolamide | Tier 1 | |

Loop Diuretics

| | | | |
|--|------------------------|--------|---------|
| | bumetanide | Tier 1 | |
| | furosemide | Tier 1 | |
| | torseamide | Tier 1 | |
| | ethacrynic acid | Tier 2 | EDECRIN |
| | furosemide soln | Tier 2 | |

Potassium-sparing Diuretics

| | | | |
|--|--------------------|--------|--|
| | amiloride | Tier 1 | |
| | triamterene | Tier 1 | |

Thiazides and Thiazide-like Diuretics

| | | | |
|-----------|----------------------------|--------|--------|
| | chlorthalidone | Tier 1 | |
| | hydrochlorothiazide | Tier 1 | |
| QL | indapamide | Tier 1 | |
| QL | metolazone | Tier 1 | |
| | chlorothiazide susp | Tier 3 | DIURIL |

Diuretic Combinations

| | | | |
|--|---|--------|--|
| | amiloride/hydrochlorothiazide | Tier 1 | |
| | spironolactone/hydrochlorothiazide | Tier 1 | |
| | triamterene/hydrochlorothiazide | Tier 1 | |

HEART FAILURE

| | | | |
|---------------|----------------------------------|----------|----------|
| | ivabradine | Tier 2 | CORLANOR |
| QL | sacubitril/valsartan | Tier 2 | ENTRESTO |
| QL | isosorbide dinitrate/hydralazine | Tier 3 | BIDIL |
| PA, SP | tafamidis | Tier 3 # | VYNDAMAX |
| PA, SP | tafamidis meglumine | Tier 3 # | VYNDAQEL |

Specialty product covered as Tier 4 for certain prescription benefits.

NITRATES**Oral**

| | | | |
|--|---------------------------------------|--------|--------------|
| | isosorbide dinitrate | Tier 1 | |
| | isosorbide mononitrate | Tier 1 | |
| | isosorbide mononitrate ext-rel | Tier 1 | |
| | nitroglycerin ext-rel caps | Tier 1 | |
| | isosorbide dinitrate ext-rel caps | Tier 2 | DILATRATE-SR |

Sublingual

| | | | |
|--|---------------------------------------|--------|--|
| | nitroglycerin sublingual spray | Tier 1 | |
|--|---------------------------------------|--------|--|

| | | | |
|--|--------------------------------------|--------|--|
| | nitroglycerin sublingual tabs | Tier 1 | |
|--|--------------------------------------|--------|--|

Transdermal

| | | | |
|-----------|--|--------|-----------|
| QL | nitroglycerin transdermal (except 0.3 mg/hr, 0.8 mg/hr) | Tier 1 | |
| QL | nitroglycerin oint | Tier 2 | NITRO-BID |
| QL | nitroglycerin transdermal 0.3 mg/hr, 0.8 mg/hr | Tier 3 | NITRO-DUR |

PULMONARY ARTERIAL HYPERTENSION

Endothelin Receptor Antagonists

| | | | |
|-------------------|--------------------|----------|--|
| PA, QL, SP | ambrisentan | Tier 1 # | |
| PA, QL, SP | bosentan | Tier 1 # | |

Specialty product covered as Tier 4 for certain prescription benefits.

Phosphodiesterase Inhibitors

| | | | |
|-------------------|-------------------|----------|--|
| PA, SP | sildenafil | Tier 1 # | |
| PA, QL, SP | tadalafil | Tier 1 # | |

Specialty product covered as Tier 4 for certain prescription benefits.

Prostacyclin Receptor Agonists

| | | | |
|---------------|-----------|----------|---------|
| PA, SP | selexipag | Tier 3 # | UPTRAVI |
|---------------|-----------|----------|---------|

Specialty product covered as Tier 4 for certain prescription benefits.

Prostaglandin Vasodilators

| | | | |
|-------------------|----------------------|----------|-----------|
| PA, SP | iloprost | Tier 3 # | VENTAVIS |
| PA, QL, SP | treprostinil | Tier 3 # | TYVASO |
| PA, QL, SP | treprostinil ext-rel | Tier 3 # | ORENITRAM |

Specialty product covered as Tier 4 for certain prescription benefits.

Soluble Guanylate Cyclase Stimulators

| | | | |
|-------------------|-----------|----------|---------|
| PA, QL, SP | riociguat | Tier 3 # | ADEMPAS |
|-------------------|-----------|----------|---------|

Specialty product covered as Tier 4 for certain prescription benefits.

MISCELLANEOUS

| | | | |
|-----------|--|--------|---------|
| | hydralazine | Tier 1 | |
| | methyl dopa | Tier 1 | |
| QL | midodrine | Tier 1 | |
| | minoxidil | Tier 1 | |
| QL | ranolazine ext-rel | Tier 1 | |
| | methyl dopa/hydrochlorothiazide | Tier 2 | |
| | metyrosine | Tier 2 | DEMSEER |

CENTRAL NERVOUS SYSTEM

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

ANTI-ANXIETY

Benzodiazepines

| | | | |
|-----------|---------------------------|--------|--|
| | alprazolam | Tier 1 | |
| QL | alprazolam ext-rel | Tier 1 | |
| | chlordiazepoxide | Tier 1 | |
| | clonazepam | Tier 1 | |

| | | |
|-----------|----------------------------|--------|
| | clorazepate | Tier 1 |
| | diazepam | Tier 1 |
| | lorazepam | Tier 1 |
| | oxazepam | Tier 1 |
| QL | lorazepam oral concentrate | Tier 3 |

Miscellaneous

| | | |
|-----------|---------------------|--------|
| | bupirone | Tier 1 |
| | clomipramine | Tier 1 |
| QL | fluvoxamine | Tier 1 |
| | hydroxyzine HCl | Tier 1 |
| | hydroxyzine pamoate | Tier 1 |
| | meprobamate | Tier 1 |

ANTICONVULSANTS

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

| | | | |
|-------------------|----------------------------------|----------|---------------------|
| | carbamazepine | Tier 1 | |
| | carbamazepine ext-rel | Tier 1 | |
| | divalproex sodium delayed-rel | Tier 1 | |
| | divalproex sodium ext-rel | Tier 1 | |
| | divalproex sodium sprinkle caps | Tier 1 | |
| | ethosuximide | Tier 1 | |
| QL | felbamate | Tier 1 | |
| | gabapentin | Tier 1 | |
| QL | gabapentin oral soln | Tier 1 | |
| | lamotrigine | Tier 1 | |
| | lamotrigine ext-rel | Tier 1 | |
| QL | levetiracetam | Tier 1 | |
| QL | levetiracetam ext-rel | Tier 1 | |
| | oxcarbazepine | Tier 1 | |
| | phenobarbital | Tier 1 | |
| | phenytoin | Tier 1 | |
| | phenytoin sodium extended 100 mg | Tier 1 | |
| | primidone | Tier 1 | |
| | tiagabine | Tier 1 | |
| QL | topiramate | Tier 1 | |
| | topiramate sprinkle caps | Tier 1 | |
| | valproic acid | Tier 1 | |
| PA, QL, SP | vigabatrin | Tier 1 # | |
| | zonisamide | Tier 1 | |
| QL | diazepam rectal gel | Tier 2 | |
| | methsuximide | Tier 2 | CELONTIN |
| | phenytoin sodium extended 30 mg | Tier 2 | DILANTIN 30 MG CAPS |
| PA | cenobamate | Tier 3 | XCOPRI |
| PA, QL | diazepam nasal spray | Tier 3 | VALTOCO |
| PA, QL | eslicarbazepine | Tier 3 | APTiom |
| QL | lacosamide | Tier 3 | VIMPAT |
| PA, QL | midazolam nasal spray | Tier 3 | NAYZILAM |
| PA, QL | perampanel | Tier 3 | FYCOMPA |
| QL | rufinamide | Tier 3 | BANZEL |

Specialty product covered as Tier 4 for certain prescription benefits.

ANTIDEMENTIA

Practice guidelines for the management of dementia are available at:

<https://www.aan.com>

| | | |
|----|--------------------------|--------|
| QL | donepezil | Tier 1 |
| QL | galantamine | Tier 1 |
| QL | galantamine ext-rel | Tier 1 |
| QL | memantine | Tier 1 |
| QL | memantine ext-rel | Tier 1 |
| QL | rivastigmine | Tier 1 |
| QL | rivastigmine transdermal | Tier 1 |

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)

| | | | |
|--------|------------------------|--------|---------|
| | phenelzine | Tier 1 | |
| | tranylcypromine | Tier 1 | |
| | isocarboxazid | Tier 3 | MARPLAN |
| PA, QL | selegiline transdermal | Tier 3 | EMSAM |

Selective Serotonin Reuptake Inhibitors (SSRIs)

| | | | |
|--------|------------------------|--------|------------------|
| QL, * | citalopram | Tier 1 | |
| QL | escitalopram | Tier 1 | |
| QL, ** | fluoxetine | Tier 1 | |
| QL | fluoxetine delayed-rel | Tier 1 | |
| QL | paroxetine HCl | Tier 1 | |
| QL | paroxetine HCl ext-rel | Tier 1 | |
| QL | sertraline | Tier 1 | |
| QL | vilazodone | Tier 2 | VIIBRYD |
| QL | vortioxetine | Tier 2 | TRINTELLIX |
| QL | paroxetine HCl susp | Tier 3 | PAXIL SUSPENSION |
| QL | paroxetine mesylate | Tier 3 | PEXEVA |

* Maximum dose of 40 mg daily.

** Listing does not include fluoxetine tablet 60 mg.

Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)

| | | | |
|----|---------------------------------|--------|---------|
| QL | desvenlafaxine ext-rel | Tier 1 | |
| QL | duloxetine delayed-rel | Tier 1 | |
| QL | venlafaxine | Tier 1 | |
| QL | venlafaxine ext-rel | Tier 1 | |
| QL | venlafaxine ext-rel tabs | Tier 1 | |
| QL | venlafaxine ext-rel tabs 225 mg | Tier 2 | |
| QL | levomilnacipran ext-rel | Tier 3 | FETZIMA |

Tricyclic Antidepressants (TCAs)

| | | | |
|--|--------------------------------|--------|--|
| | amitriptyline | Tier 1 | |
| | amitriptyline/chlordiazepoxide | Tier 1 | |
| | desipramine | Tier 1 | |
| | doxepin | Tier 1 | |
| | imipramine HCl | Tier 1 | |

| | | | |
|--|--------------------|--------|--|
| | imipramine pamoate | Tier 1 | |
| | nortriptyline | Tier 1 | |
| | protriptyline | Tier 1 | |
| | trimipramine | Tier 1 | |
| | amoxapine | Tier 2 | |

Miscellaneous Agents

| | | | |
|----|----------------------------|--------|---------|
| | bupropion | Tier 1 | |
| QL | bupropion ext-rel | Tier 1 | |
| QL | mirtazapine | Tier 1 | |
| QL | nefazodone | Tier 1 | |
| | trazodone | Tier 1 | |
| | amitriptyline/perphenazine | Tier 2 | |
| | maprotiline | Tier 2 | |
| QL | trazodone ext-rel | Tier 3 | OLEPTRO |

ANTIPARKINSONIAN AGENTS

Practice guidelines for the diagnosis and treatment of Parkinson's disease are available at:
<https://www.aan.com>

| | | | |
|-----------|---|----------|---------|
| | amantadine, except tabs | Tier 1 | |
| | benztropine | Tier 1 | |
| | bromocriptine | Tier 1 | |
| | carbidopa | Tier 1 | |
| QL | carbidopa/levodopa | Tier 1 | |
| QL | carbidopa/levodopa ext-rel | Tier 1 | |
| | carbidopa/levodopa/entacapone | Tier 1 | |
| | entacapone | Tier 1 | |
| | pramipexole | Tier 1 | |
| QL | pramipexole ext-rel | Tier 1 | |
| QL | rasagiline | Tier 1 | |
| | ropinirole | Tier 1 | |
| QL | ropinirole ext-rel | Tier 1 | |
| | selegiline | Tier 1 | |
| | trihexyphenidyl | Tier 1 | |
| | amantadine tabs | Tier 2 | |
| QL, SP | apomorphine | Tier 2 # | APOKYN |
| QL | carbidopa/levodopa orally disintegrating tabs | Tier 2 | |
| QL | rotigotine transdermal | Tier 2 | NEUPRO |
| PA, SP-PF | levodopa inhalation powder | Tier 3 # | INBRIJA |

Specialty product covered as Tier 4 for certain prescription benefits.

ANTIPSYCHOTICS

Atypicals

| | | | |
|----|--------------------------------------|--------|--|
| QL | aripiprazole | Tier 1 | |
| QL | asenapine | Tier 1 | |
| | clozapine | Tier 1 | |
| QL | clozapine orally disintegrating tabs | Tier 1 | |
| QL | olanzapine | Tier 1 | |
| QL | olanzapine/fluoxetine | Tier 1 | |
| QL | paliperidone ext-rel | Tier 1 | |
| QL | quetiapine | Tier 1 | |
| QL | quetiapine ext-rel | Tier 1 | |
| QL | risperidone | Tier 1 | |
| QL | ziprasidone | Tier 1 | |

| | | | |
|---------------|------------------------------------|--------|------------------|
| PA | aripiprazole ext-rel inj | Tier 2 | ABILIFY MAINTENA |
| | risperidone long-acting injection | Tier 2 | RISPERDAL CONSTA |
| PA, QL | aripiprazole lauroxil ext-rel inj | Tier 3 | ARISTADA |
| PA | aripiprazole lauroxil ext-rel inj | Tier 3 | ARISTADA INITIO |
| QL | clozapine oral suspension | Tier 3 | VERSACLOZ |
| QL | lurasidone | Tier 3 | LATUDA |
| | olanzapine pamoate ext-rel inj | Tier 3 | ZYPREXA RELPREVV |
| QL | paliperidone palmitate ext-rel inj | Tier 3 | INVEGA SUSTENNA |
| QL | paliperidone palmitate ext-rel inj | Tier 3 | INVEGA TRINZA |

Miscellaneous

| | | | |
|---------------|------------------------|----------|----------|
| | chlorpromazine | Tier 1 | |
| | fluphenazine | Tier 1 | |
| | haloperidol | Tier 1 | |
| | loxapine | Tier 1 | |
| | perphenazine | Tier 1 | |
| | pimozide | Tier 1 | |
| | thioridazine | Tier 1 | |
| | thiothixene | Tier 1 | |
| | trifluoperazine | Tier 1 | |
| PA, SP | pimavanserin | Tier 3 # | NUPLAZID |

Specialty product covered as Tier 4 for certain prescription benefits.

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 | |
| QL | amphetamine/dextroamphetamine mixed salts ext-rel | Tier 1 | |
| QL | atomoxetine | Tier 1 | |
| | clonidine ext-rel | Tier 1 | |
| QL | dexmethylphenidate | Tier 1 | |
| QL | dexmethylphenidate ext-rel | Tier 1 | |
| QL | dextroamphetamine | Tier 1 | |
| QL | dextroamphetamine ext-rel | Tier 1 | |
| QL | dextroamphetamine oral soln | Tier 1 | |
| QL | guanfacine ext-rel | Tier 1 | |
| QL | methylphenidate | Tier 1 | |
| QL | methylphenidate ext-rel | Tier 1 | |
| QL | lisdexamfetamine | Tier 3 | VYVANSE |

FIBROMYALGIA

| | | | |
|-----------|-------------------|--------|---------|
| | pregabalin | Tier 1 | |
| QL | milnacipran | Tier 2 | SAVELLA |

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

| | | | |
|-----------|------------------|--------|--|
| QL | estazolam | Tier 1 | |
| | temazepam | Tier 1 | |
| | triazolam | Tier 1 | |

Nonbenzodiazepines

| | | | |
|----|------------------|--------|--|
| | eszopiclone | Tier 1 | |
| QL | ramelteon | Tier 1 | |
| QL | zaleplon | Tier 1 | |
| | zolpidem | Tier 1 | |
| | zolpidem ext-rel | Tier 1 | |

LAMBERT-EATON MYASTHENIC SYNDROME

| | | | |
|--------|---------------|----------|----------|
| PA, SP | amifampridine | Tier 3 # | FIRDAPSE |
| PA, SP | amifampridine | Tier 3 # | RUZURGI |

Specialty product covered as Tier 4 for certain prescription benefits.

MIGRAINE

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

<https://www.aan.com>

Acute Migraine Agents

Ergotamine Derivatives

| | | | |
|----|--------------------------------|--------|---------|
| PA | dihydroergotamine inj | Tier 1 | |
| QL | ergotamine/caffeine supp | Tier 1 | |
| | ergotamine/caffeine tabs | Tier 1 | |
| | ergotamine tartrate sublingual | Tier 2 | ERGOMAR |

Triptans

| | | | |
|--------|-------------------------|--------|--|
| QL | almotriptan | Tier 1 | |
| QL | eletriptan | Tier 1 | |
| QL | frovatriptan | Tier 1 | |
| QL | naratriptan | Tier 1 | |
| QL | rizatriptan | Tier 1 | |
| QL | sumatriptan | Tier 1 | |
| PA, QL | sumatriptan inj | Tier 1 | |
| QL | zolmitriptan tabs | Tier 1 | |
| QL | sumatriptan nasal spray | Tier 2 | |

Miscellaneous

| | | | |
|--------|------------|--------|------------|
| ST, QL | lasmiditan | Tier 2 | REYVOW |
| ST, QL | rimegepant | Tier 2 | NURTEC ODT |
| ST, QL | ubrogepant | Tier 2 | UBRELVY |

Preventive Migraine Agents

Monoclonal Antibodies

| | | | |
|--------|-------------------|----------|----------|
| PA, SP | fremanezumab-vfrm | Tier 3 # | AJOVY |
| PA, SP | galcanezumab-gnlm | Tier 3 # | EMGALITY |

Specialty product covered as Tier 4 for certain prescription benefits.

Miscellaneous

| | | | |
|----|------------------------------|--------|--------|
| QL | diclofenac potassium packets | Tier 3 | CAMBIA |
|----|------------------------------|--------|--------|

MOOD STABILIZERS

| | | | |
|--|---------------------------------------|--------|--|
| | lithium carbonate | Tier 1 | |
| | lithium carbonate ext-rel tabs 300 mg | Tier 1 | |
| | lithium carbonate ext-rel tabs 450 mg | Tier 1 | |
| | lithium citrate | Tier 1 | |

| | | | |
|--|---------------|--------|---------|
| | carbamazepine | Tier 2 | EQUETRO |
|--|---------------|--------|---------|

MOVEMENT DISORDERS

| | | | |
|-------------------|----------------------|----------|---------|
| PA, QL, SP | tetrabenazine | Tier 1 # | |
| PA, SP | deutetrabenazine | Tier 3 # | AUSTEDO |

Specialty product covered as Tier 4 for certain prescription benefits.

MULTIPLE SCLEROSIS AGENTS

Practice guidelines for multiple sclerosis are available at:

<https://www.aan.com>

| | | | |
|-----------------------|--------------------------------------|----------|-----------|
| PA, QL, SP | dalfampridine ext-rel | Tier 1 # | |
| PA, QL, SP-PF | dimethyl fumarate delayed-rel | Tier 1 # | |
| PA, QL, SP-NPB | cladribine | Tier 3 # | MAVENCLAD |
| PA, SP-PF | diroximel fumarate delayed-rel | Tier 3 # | |
| PA, QL, SP-PF | fingolimod | Tier 3 # | GILENYA |
| QL, SP-PF | glatiramer | Tier 3 # | COPAXONE |
| PA, QL, SP-NPB | interferon beta-1a | Tier 3 # | AVONEX |
| QL, SP-PF | interferon beta-1a | Tier 3 # | REBIF |
| PA, QL, SP-PF | interferon beta-1b | Tier 3 # | BETASERON |
| PA, SP-PF | monomethyl fumarate | Tier 3 # | BAFIERTAM |
| PA, SP-PF | ofatumumab | Tier 3 # | KESIMPTA |
| PA, SP-PF | ozanimod | Tier 3 # | ZEPOSIA |
| PA, QL, SP-NPB | peginterferon beta-1a | Tier 3 # | PLEGRIDY |
| PA, QL, SP-PF | siponimod | Tier 3 # | MAYZENT |
| PA, SP-PF | teriflunomide | Tier 3 # | AUBAGIO |

Specialty product covered as Tier 4 for certain prescription benefits.

MUSCULOSKELETAL THERAPY AGENTS

| | | | |
|-----------|-------------------------------------|--------|--|
| | baclofen | Tier 1 | |
| | carisoprodol 350 mg | Tier 1 | |
| QL | carisoprodol/aspirin/codeine | Tier 1 | |
| | chlorzoxazone 500 mg | Tier 1 | |
| QL | cyclobenzaprine | Tier 1 | |
| | dantrolene | Tier 1 | |
| QL | metaxalone | Tier 1 | |
| | methocarbamol | Tier 1 | |
| QL | orphenadrine ext-rel | Tier 1 | |
| | tizanidine | Tier 1 | |

MYASTHENIA GRAVIS

| | | | |
|--|-------------------------------|--------|--|
| | pyridostigmine | Tier 1 | |
| | pyridostigmine ext-rel | Tier 1 | |
| | pyridostigmine syrup | Tier 1 | |

NARCOLEPSY/CATAPLEXY

| | | | |
|----------------|--------------------|----------|-------|
| QL | armodafinil | Tier 1 | |
| QL | modafinil | Tier 1 | |
| PA, SP* | sodium oxybate | Tier 2 # | XYREM |

Specialty product covered as Tier 4 for certain prescription benefits.

PSYCHOTHERAPEUTIC-MISCELLANEOUS

Alcohol Deterrents

| | | | |
|-----------|----------------------------|----------|----------|
| | acamprosate calcium | Tier 1 | |
| | disulfiram | Tier 1 | |
| SP | naltrexone microspheres | Tier 3 # | VIVITROL |

Specialty product covered as Tier 4 for certain prescription benefits.

Opioid Antagonists

| | | | |
|-----------|-------------------------------|--------|--------|
| | naloxone inj 0.4 mg/mL | Tier 1 | |
| | naltrexone | Tier 1 | |
| QL | naloxone nasal spray | Tier 2 | NARCAN |

Partial Opioid Agonist/Opioid Antagonist Combinations

| | | | |
|-----------|--|--------|---------|
| QL | buprenorphine/naloxone sublingual | Tier 1 | |
| QL | buprenorphine/naloxone sublingual tabs | Tier 3 | ZUBSOLV |

Pseudobulbar Affect

| | | | |
|-----------|----------------------------|--------|---------|
| PA | dextromethorphan/quinidine | Tier 3 | NUDEXTA |
|-----------|----------------------------|--------|---------|

MISCELLANEOUS

| | | | |
|-----------------|-----------------|----------|---------|
| QL, SP** | riluzole | Tier 1 # | |
| | guanidine | Tier 2 | |
| PA, SP | risdiplam | Tier 3 # | EVRYSDI |

Specialty product covered as Tier 4 for certain prescription benefits.

ENDOCRINE AND METABOLIC

ACROMEGALY

| | | | |
|-------------------|--------------------|----------|------------------|
| PA, QL, SP | lanreotide acetate | Tier 3 # | SOMATULINE DEPOT |
|-------------------|--------------------|----------|------------------|

Specialty product covered as Tier 4 for certain prescription benefits.

ANDROGENS

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

<https://www.ace.com>

| | | | |
|-----------|-----------------------------------|--------|-----------|
| QL | oxandrolone | Tier 1 | |
| QL | testosterone cypionate inj | Tier 1 | |
| QL | testosterone gel | Tier 1 | |
| QL | testosterone soln | Tier 1 | |
| QL | testosterone transdermal | Tier 2 | ANDRODERM |

ANTIDIABETICS

Guidelines of treatment and management of diabetes are available at:

<https://professional.diabetes.org>

Alpha-glucosidase Inhibitors

| | | | |
|-----------|-----------------|--------|--|
| QL | acarbose | Tier 1 | |
| QL | miglitol | Tier 1 | |

Amylin Analogs

| | | | |
|-----------|-------------|--------|-----------|
| QL | pramlintide | Tier 2 | SYMLINPEN |
|-----------|-------------|--------|-----------|

Biguanides

| | | | |
|-----------|------------------|--------|--|
| QL | metformin | Tier 1 | |
|-----------|------------------|--------|--|

| | | | |
|--------------|--------------------------|--------|--|
| QL, * | metformin ext-rel | Tier 1 | |
| QL | metformin soln | Tier 1 | |

* Listing does not include generics for FORTAMET and GLUMETZA.

Biguanide/Sulfonylurea Combinations

| | | | |
|--|----------------------------|--------|--|
| | glipizide/metformin | Tier 1 | |
|--|----------------------------|--------|--|

Dipeptidyl Peptidase-4 (DPP-4) Inhibitors

| | | | |
|------------------|-----------------------|--------|-----------|
| QL | sitagliptin phosphate | Tier 2 | JANUVIA |
| MN-PA, QL | alogliptin | Tier 3 | NESINA |
| MN-PA, QL | linagliptin | Tier 3 | TRADJENTA |

Dipeptidyl Peptidase-4 (DPP-4) Inhibitor/Biguanide Combinations

| | | | |
|------------------|-------------------------------|--------|---------------|
| QL | sitagliptin/metformin | Tier 2 | JANUMET |
| QL | sitagliptin/metformin ext-rel | Tier 2 | JANUMET XR |
| MN-PA, QL | alogliptin/metformin | Tier 3 | KAZANO |
| MN-PA, QL | linagliptin/metformin | Tier 3 | JENTADUETO |
| MN-PA, QL | linagliptin/metformin ext-rel | Tier 3 | JENTADUETO XR |

Dipeptidyl Peptidase-4 (DPP-4) Inhibitor/Insulin Sensitizer Combinations

| | | | |
|------------------|-------------------------|--------|-------|
| MN-PA, QL | alogliptin/pioglitazone | Tier 3 | OSENI |
|------------------|-------------------------|--------|-------|

Incretin Mimetic Agents

| | | | |
|------------------|-------------|--------|-----------|
| QL | dulaglutide | Tier 2 | TRULICITY |
| QL | liraglutide | Tier 2 | VICTOZA |
| QL | semaglutide | Tier 2 | OZEMPIC |
| QL | semaglutide | Tier 2 | RYBELSUS |
| MN-PA, QL | exenatide | Tier 3 | BYETTA |

Incretin Mimetic Agent/Insulin Combinations

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

Insulins

| | | | |
|----------------|---|--------|-------------------|
| QL | insulin aspart | Tier 2 | FIASP |
| QL | insulin aspart | Tier 2 | INSULIN ASPART |
| QL | insulin aspart | Tier 2 | NOVOLOG |
| QL | insulin aspart protamine 70%/insulin aspart 30% | Tier 2 | NOVOLOG MIX 70/30 |
| QL | insulin degludec | Tier 2 | TRESIBA |
| QL | insulin detemir | Tier 2 | LEVEMIR |
| QL | insulin glargine | Tier 2 | LANTUS |
| QL | insulin glargine | Tier 2 | TOUJEO |
| QL | insulin glulisine | Tier 2 | APIDRA |
| OTC, QL | insulin human | Tier 2 | HUMULIN R |
| OTC, QL | insulin human | Tier 2 | NOVOLIN R |
| OTC, QL | insulin human | Tier 2 | RELION R |
| OTC, QL | insulin isophane human | Tier 2 | HUMULIN N |
| OTC, QL | insulin isophane human | Tier 2 | NOVOLIN N |
| OTC, QL | insulin isophane human | Tier 2 | RELION N |
| OTC, QL | insulin isophane human 70%/regular 30% | Tier 2 | HUMULIN 70/30 |
| OTC, QL | insulin isophane human 70%/regular 30% | Tier 2 | NOVOLIN 70/30 |
| OTC, QL | insulin isophane human 70%/regular 30% | Tier 2 | RELION 70/30 |
| QL | insulin lispro | Tier 2 | HUMALOG |
| QL | insulin lispro protamine/insulin lispro | Tier 2 | HUMALOG MIX |

| Insulin Sensitizers | | | |
|--|--|--------|---|
| QL | pioglitazone | Tier 1 | |
| Insulin Sensitizer/Biguanide Combinations | | | |
| QL | pioglitazone/metformin | Tier 1 | |
| QL | pioglitazone/metformin ext-rel | Tier 2 | ACTOPLUS MET XR |
| Insulin Sensitizer/Sulfonylurea Combinations | | | |
| QL | pioglitazone/glimepiride | Tier 1 | |
| Meglitinides | | | |
| QL | nateglinide | Tier 1 | |
| QL | repaglinide | Tier 1 | |
| Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors | | | |
| QL | dapagliflozin | Tier 2 | FARXIGA |
| QL | empagliflozin | Tier 2 | JARDIANCE |
| Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitor/Biguanide Combinations | | | |
| QL | dapagliflozin/metformin ext-rel | Tier 2 | XIGDUO XR |
| QL | empagliflozin/metformin | Tier 2 | SYNJARDY |
| QL | empagliflozin/metformin ext-rel | Tier 2 | SYNJARDY XR |
| Sodium-Glucose Co-Transporter 2 Inhibitor/Dipeptidyl Peptidase-4 Inhibitor Combinations | | | |
| QL | dapagliflozin/saxagliptin | Tier 2 | QTERN |
| QL | empagliflozin/linagliptin | Tier 3 | GLYXAMBI |
| Sulfonylureas | | | |
| QL | glimepiride | Tier 1 | |
| | glipizide | Tier 1 | |
| | glipizide ext-rel | Tier 1 | |
| Supplies | | | |
| | blood glucose continuous monitoring receivers, sensors, transmitters | Tier 2 | DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM |
| OTC, QL, * | blood glucose monitoring kits, test strips | Tier 2 | ACCU-CHEK AVIVA PLUS kits and test strips |
| OTC, QL, * | blood glucose monitoring kits, test strips | Tier 2 | ACCU-CHEK COMPACT PLUS kits and test strips |
| OTC, QL, * | blood glucose monitoring kits, test strips | Tier 2 | ACCU-CHEK GUIDE kits and test strips |
| OTC, QL, * | blood glucose monitoring kits, test strips | Tier 2 | ACCU-CHEK SMARTVIEW kits and test strips |
| | insulin infusion disposable pump | Tier 2 | OMNIPOD |
| | insulin infusion disposable pump | Tier 2 | OMNIPOD DASH INSULIN INFUSION PUMP |
| OTC, QL | insulin syringes, needles | Tier 2 | BD insulin syringes and needles |
| OTC, QL | lancets | Tier 2 | |
| QL | insulin infusion disposable pump | Tier 3 | V-GO INSULIN INFUSION PUMP |

* Roche Pharma Free Meter Program. Call 1-888-355-4242 to place your order. A prescription is required.

CALCIUM RECEPTOR ANTAGONISTS

| | | | |
|---------------|-------------------|----------|--|
| QL, SP | cinacalcet | Tier 1 # | |
|---------------|-------------------|----------|--|

Specialty product covered as Tier 4 for certain prescription benefits.

CALCIUM REGULATORS

Guidelines of treatment and management of osteoporosis are available at:

<https://www.ace.com>

<https://www.nof.org>

Bisphosphonates

| | | | |
|-----------|--------------------------------|--------|----------------|
| QL | alendronate | Tier 1 | |
| QL | ibandronate | Tier 1 | |
| QL | risedronate | Tier 1 | |
| QL | risedronate delayed-rel | Tier 1 | |
| QL | alendronate soln | Tier 2 | |
| QL | alendronate/vitamin D3 | Tier 2 | FOSAMAX PLUS D |

Calcitonins

| | | | |
|-------------|--------------------------------------|----------|---------------|
| QL | calcitonin-salmon nasal spray | Tier 1 | |
| SP** | calcitonin-salmon inj | Tier 3 # | MIACALCIN inj |

Specialty product covered as Tier 4 for certain prescription benefits.

Parathyroid Hormones

| | | | |
|-------------------|--|----------|---------|
| QL, SP | abaloparatide | Tier 3 # | TYMLOS |
| PA, QL, SP | parathyroid hormone (recombinant) | Tier 3 # | NATPARA |
| QL, SP | teriparatide | Tier 3 # | FORTEO |

Specialty product covered as Tier 4 for certain prescription benefits.

CARNITINE DEFICIENCY AGENTS

| | | | |
|--|----------------------|--------|--|
| | levocarnitine | Tier 1 | |
|--|----------------------|--------|--|

CONTRACEPTIVES

EE = ethinyl estradiol

Monophasic

20 mcg Estrogen

| | | | |
|--|---|--------|--|
| | drospirenone/EE 3/20 | Tier 1 | |
| | drospirenone/EE/levomefolate 3/20 and levomefolate | Tier 1 | |
| | levonorgestrel/EE 0.1/20 - Lessina | Tier 1 | |
| | norethindrone acetate/EE 1/20 | Tier 1 | |
| | norethindrone acetate/EE 1/20 and iron | Tier 1 | |
| | norethindrone acetate/EE 1/20 and iron caps | Tier 1 | |
| | norethindrone acetate/EE 1/20 and iron chewable | Tier 1 | |

25 mcg Estrogen

| | | | |
|--|--|--------|--|
| | norethindrone/EE 0.8/25 and iron chewable | Tier 1 | |
|--|--|--------|--|

30 mcg Estrogen

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

35 mcg Estrogen

| | | | |
|--|--|--------|--|
| | ethynodiol diacetate/EE 1/35 - Zovia 1/35 | Tier 1 | |
|--|--|--------|--|

| | | | |
|--------------------------------|---|--------|----------------|
| | norethindrone/EE 0.4/35 - Balziva | Tier 1 | |
| | norethindrone/EE 0.4/35 and iron chewable | Tier 1 | |
| | norethindrone/EE 0.5/35 | Tier 1 | |
| | norethindrone/EE 1/35 | Tier 1 | |
| | norgestimate/EE 0.25/35 | Tier 1 | |
| <i>50 mcg Estrogen</i> | | | |
| | ethynodiol diacetate/EE 1/50 - Kelnor 1/50 | Tier 1 | |
| Biphasic | | | |
| | desogestrel/EE | Tier 1 | |
| | norethindrone acetate/EE 1/10 and EE 10 and iron | Tier 2 | LO LOESTRIN FE |
| Triphasic | | | |
| | desogestrel/EE | Tier 1 | |
| | levonorgestrel/EE - Trivora | Tier 1 | |
| | norethindrone/EE | Tier 1 | |
| | norethindrone/EE and iron - Tri-Legest Fe | Tier 1 | |
| | norgestimate/EE | Tier 1 | |
| Four Phase | | | |
| | estradiol valerate and dienogest/estradiol valerate | Tier 2 | NATAZIA |
| Extended Cycle | | | |
| | levonorgestrel/EE 0.1/20 and EE 10 | Tier 1 | |
| | levonorgestrel/EE 0.15/20, 0.15/25, 0.15/30 and EE 10 | Tier 1 | |
| | levonorgestrel/EE 0.15/30 | Tier 1 | |
| | levonorgestrel/EE 0.15/30 and EE 10 | Tier 1 | |
| Progestin Only | | | |
| | norethindrone | Tier 1 | |
| Emergency Contraception | | | |
| OTC | levonorgestrel 1.5 mg | Tier 1 | |
| | ulipristal | Tier 3 | ELLA |
| Injectable | | | |
| QL | medroxyprogesterone acetate 150 mg/mL | Tier 1 | |
| Transdermal | | | |
| | norelgestromin/EE | Tier 1 | |
| Vaginal | | | |
| QL | etonogestrel/EE ring | Tier 1 | |
| Miscellaneous | | | |
| QL | cervical cap | | |
| QL | contraceptive sponge | | TODAY SPONGE |
| QL | diaphragm | | |
| QL | female condom | | |
| ENDOMETRIOSIS | | | |
| QL | danazol | Tier 1 | |
| PA | elagolix | Tier 2 | ORLISSA |

FERTILITY REGULATORS**GNRH/LHRH Antagonists**

| | | | |
|---------------|--------------------------|----------|-----------|
| PA, SP | ganirelix acetate | Tier 1 # | |
| PA, SP | cetorelix | Tier 3 # | CETROTIDE |

Specialty product covered as Tier 4 for certain prescription benefits.

Ovulation Stimulants, Gonadotropins

| | | | |
|-----------|-------------------------|----------|--------------|
| SP | choriogonadotropin alfa | Tier 3 # | VIDREL |
| SP | follitropin alfa | Tier 3 # | GONAL-F |
| SP | follitropin alfa | Tier 3 # | GONAL-F RFF |
| SP | follitropin beta | Tier 3 # | FOLLISTIM AQ |
| SP | menotropins | Tier 3 # | MENOPUR |

Specialty product covered as Tier 4 for certain prescription benefits.

Ovulation Stimulants, Synthetic

| | | | |
|-----------|-------------------|--------|--|
| PA | clomiphene | Tier 1 | |
|-----------|-------------------|--------|--|

GLUCOCORTICOIDS

| | | | |
|--|--|--------|---------------------|
| | cortisone acetate | Tier 1 | |
| | dexamethasone | Tier 1 | |
| | fludrocortisone | Tier 1 | |
| | hydrocortisone | Tier 1 | |
| | methylprednisolone | Tier 1 | |
| | prednisolone | Tier 1 | |
| | prednisone | Tier 1 | |
| | dexamethasone elixir | Tier 2 | |
| | prednisolone sodium phosphate tabs | Tier 2 | MILLIPRED |
| | prednisone concentrate 5 mg/mL | Tier 2 | PREDNISONE INTENSOL |
| | betamethasone acetate/betamethasone sodium phosphate inj | Tier 3 | CELESTONE |

GLUCOSE ELEVATING AGENTS

| | | | |
|---------------|------------------------------------|--------|------------------|
| | diazoxide | Tier 1 | |
| QL | glucagon, human recombinant | Tier 1 | |
| QL | glucagon, human recombinant | Tier 2 | GLUCAGEN HYPOKIT |
| PA, QL | glucagon nasal powder | Tier 3 | BAQSIMI |

HEREDITARY TYROSINEMIA TYPE 1 AGENTS

| | | | |
|------------|-------------------|----------|--|
| SP* | nitisinone | Tier 1 # | |
|------------|-------------------|----------|--|

Specialty product covered as Tier 4 for certain prescription benefits.

HUMAN GROWTH HORMONES

Guidelines for use of growth hormone are available at:

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

| | | | |
|------------------|------------|----------|------------|
| PA, SP-PF | somatropin | Tier 3 # | GENOTROPIN |
|------------------|------------|----------|------------|

Specialty product covered as Tier 4 for certain prescription benefits.

HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS

| | | | |
|--|-----------------------------|--------|--|
| | calcitriol (1,25-D3) | Tier 1 | |
| | doxercalciferol | Tier 1 | |
| | paricalcitol | Tier 1 | |

MENOPAUSAL SYMPTOM AGENTS

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

<https://www.menopause.org>

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

Oral

| | | | |
|-----------|---|--------|-----------|
| QL | EE/norethindrone acetate | Tier 1 | |
| | EE/norethindrone acetate - Jinteli | Tier 1 | |
| | estradiol | Tier 1 | |
| QL | estradiol/norethindrone | Tier 1 | |
| | estrogens, esterified/methyltestosterone | Tier 1 | |
| | estradiol/norgestimate | Tier 2 | PREFEST |
| | estrogens, conjugated | Tier 2 | PREMARIN |
| | estrogens, conjugated/bazedoxifene | Tier 2 | DUAVEE |
| QL | estrogens, conjugated/medroxyprogesterone | Tier 2 | PREMPHASE |
| QL | estrogens, conjugated/medroxyprogesterone | Tier 2 | PREMPRO |
| | estrogens, esterified | Tier 2 | MENEST |

Transdermal

| | | | |
|-----------|---------------------------------|--------|-------------|
| QL | estradiol | Tier 1 | |
| QL | estradiol/levonorgestrel | Tier 2 | CLIMARA PRO |
| QL | estradiol/norethindrone acetate | Tier 2 | COMBIPATCH |
| QL | estradiol | Tier 3 | ALORA |
| QL | estradiol | Tier 3 | DIVIGEL |
| | estradiol | Tier 3 | EVAMIST |
| QL | estradiol transdermal gel | Tier 3 | ELESTRIN |
| QL | estradiol transdermal gel | Tier 3 | ESTROGEL |

Vaginal

| | | | |
|-----------|-------------------------------|--------|----------|
| | estradiol vaginal crm | Tier 1 | |
| QL | estradiol vaginal tabs | Tier 1 | |
| QL | estradiol vaginal ring | Tier 2 | ESTRING |
| QL | estrogens, conjugated crm | Tier 2 | PREMARIN |
| QL | estradiol vaginal ring | Tier 3 | FEMRING |

INSULIN-LIKE GROWTH FACTOR-1 AGENTS

| | | | |
|-----------|------------|----------|----------|
| SP | mecasermin | Tier 2 # | INCRELEX |
|-----------|------------|----------|----------|

Specialty product covered as Tier 4 for certain prescription benefits.

PHOSPHATE BINDER AGENTS

| | | | |
|---------------|--------------------------------|--------|----------|
| | calcium acetate | Tier 1 | |
| QL | lanthanum chewable tabs | Tier 1 | |
| QL | sevelamer carbonate | Tier 1 | |
| QL | sevelamer HCl | Tier 1 | |
| QL | lanthanum oral powder | Tier 2 | FOSRENOL |
| ST, QL | ferric citrate | Tier 3 | AURYXIA |
| QL | sucroferric oxyhydroxide | Tier 3 | VELPHORO |

POTASSIUM-REMOVING AGENTS

| | | | |
|-----------|-------------------------------------|--------|----------|
| QL | sodium polystyrene sulfonate | Tier 1 | |
| | patiomer sorbitex | Tier 2 | VELTASSA |
| | sodium zirconium cyclosilicate | Tier 2 | LOKELMA |

PROGESTINS

Oral

| | | | |
|-----------|------------------------------------|--------|--|
| | medroxyprogesterone acetate | Tier 1 | |
| QL | megestrol acetate susp | Tier 1 | |
| | norethindrone acetate | Tier 1 | |
| | progesterone, micronized | Tier 1 | |

Vaginal

| | | | |
|-----------|-------------------|--------|------------|
| PA | progesterone gel | Tier 3 | CRINONE |
| PA | progesterone supp | Tier 3 | ENDOMETRIN |

SELECTIVE ESTROGEN RECEPTOR MODULATORS

| | | | |
|--|-------------------|--------|--|
| | raloxifene | Tier 1 | |
|--|-------------------|--------|--|

THYROID AGENTS

Antithyroid Agents

| | | | |
|--|-------------------------|--------|--|
| | methimazole | Tier 1 | |
| | propylthiouracil | Tier 1 | |

Thyroid Supplements

| | | | |
|--|----------------------|--------|---------------|
| | levothyroxine | Tier 1 | |
| | liothyronine | Tier 1 | |
| | thyroid | Tier 1 | |
| | thyroid | Tier 2 | NATURE-THROID |

UTERINE FIBROIDS

| | | | |
|-----------|---|--------|---------|
| PA | elagolix sodium/estradiol/norethindrone acetate | Tier 2 | ORIAHNN |
|-----------|---|--------|---------|

UREA CYCLE DISORDERS

| | | | |
|---------------|------------------------------|----------|--|
| PA, SP | sodium phenylbutyrate | Tier 3 # | |
|---------------|------------------------------|----------|--|

Specialty product covered as Tier 4 for certain prescription benefits.

VASOPRESSIN RECEPTOR ANTAGONISTS

| | | | |
|-------------------|------------------|----------|----------|
| PA, QL, SP | tolvaptan | Tier 1 # | |
| PA, QL, SP | tolvaptan | Tier 3 # | JYNARQUE |

Specialty product covered as Tier 4 for certain prescription benefits.

VASOPRESSINS

| | | | |
|---------------|---------------------------------|--------|---------|
| | desmopressin spray, tabs | Tier 1 | |
| PA, SP | desmopressin spray | Tier 3 | STIMATE |

MISCELLANEOUS

| | | | |
|--------------------|-------------------------|----------|------------------|
| | cabergoline | Tier 1 | |
| QL | methylergonovine | Tier 1 | |
| PA, QL, SP* | miglustat | Tier 1 # | |
| SP* | betaine anhydrous | Tier 2 # | CYSTADANE |
| SP* | carglumic acid | Tier 2 # | CARBAGLU |
| SP | cysteamine | Tier 2 # | CYSTAGON |
| PA | histrelin acetate | Tier 2 | SUPPRELIN LA |
| PA, SP** | asfotase alfa | Tier 3 # | STRENSIQ |
| PA, QL, SP* | cysteamine delayed-rel | Tier 3 # | PROCYSBI |
| PA, QL, SP | glycerol phenylbutyrate | Tier 3 # | RAVICTI |
| PA, SP | leuprolide acetate | Tier 3 # | LUPRON DEPOT-PED |
| PA, SP** | mifepristone | Tier 3 # | KORLYM |

| | | | |
|--------------------|-------------|----------|----------|
| PA, SP | nitisinone | Tier 3 # | NITYR |
| PA, QL, SP* | pasireotide | Tier 3 # | SIGNIFOR |

Specialty product covered as Tier 4 for certain prescription benefits.

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

| | | | |
|---------------|-------------------------|--------|---------|
| PA, QL | aprepitant caps | Tier 1 | |
| PA, QL | dronabinol | Tier 1 | |
| QL | granisetron | Tier 1 | |
| | meclizine | Tier 1 | |
| | metoclopramide | Tier 1 | |
| | ondansetron | Tier 1 | |
| | prochlorperazine | Tier 1 | |
| | promethazine | Tier 1 | |
| QL | promethazine supp | Tier 1 | |
| QL | scopolamine transdermal | Tier 1 | |
| | trimethobenzamide | Tier 1 | |
| PA, QL | aprepitant susp | Tier 2 | EMEND |
| PA, QL | granisetron transdermal | Tier 3 | SANCUSO |
| PA | netupitant/palonosetron | Tier 3 | AKYNZEO |

ANTISPASMODICS

| | | | |
|--|--|--------|--------------|
| | atropine/hyoscyamine/scopolamine/phenobarbital | Tier 1 | |
| | chlordiazepoxide/clidinium | Tier 1 | |
| | dicyclomine | Tier 1 | |
| | glycopyrrolate | Tier 1 | |
| | hyoscyamine sulfate | Tier 1 | |
| | hyoscyamine sulfate ext-rel | Tier 1 | |
| | hyoscyamine sulfate orally disintegrating tabs | Tier 1 | |
| | methscopolamine | Tier 1 | |
| | hyoscyamine sulfate | Tier 2 | SYMAX DUOTAB |
| | propantheline | Tier 2 | |

CHOLELITHOLYTICS

| | | | |
|--|----------|--------|--|
| | ursodiol | Tier 1 | |
|--|----------|--------|--|

H₂ RECEPTOR ANTAGONISTS

| | | | |
|-----------|-----------------|--------|--|
| | cimetidine | Tier 1 | |
| | famotidine | Tier 1 | |
| QL | famotidine susp | Tier 1 | |
| QL | nizatidine | Tier 1 | |

INFLAMMATORY BOWEL DISEASE

Oral Agents

| | | | |
|-----------|-----------------------------|--------|--|
| QL | balsalazide | Tier 1 | |
| | budesonide delayed-rel caps | Tier 1 | |
| QL | budesonide ext-rel | Tier 1 | |

| | | | |
|-----------|----------------------------------|--------|----------|
| QL | mesalamine delayed-rel | Tier 1 | |
| QL | mesalamine ext-rel caps | Tier 1 | |
| | sulfasalazine | Tier 1 | |
| | sulfasalazine delayed-rel | Tier 1 | |
| QL | mesalamine ext-rel caps | Tier 2 | PENTASA |
| QL | olsalazine | Tier 3 | DIPENTUM |

Rectal Agents

| | | | |
|-----------|-----------------------------|--------|-----------|
| | hydrocortisone enema | Tier 1 | |
| QL | mesalamine supp | Tier 1 | |
| QL | mesalamine susp | Tier 1 | |
| | hydrocortisone acetate foam | Tier 2 | CORTIFOAM |

IRRITABLE BOWEL SYNDROME

Irritable Bowel Syndrome with Constipation/Chronic Idiopathic Constipation

| | | | |
|-----------|---------------------|--------|-----------|
| QL | lubiprostone | Tier 1 | |
| QL | linaclotide | Tier 2 | LINZESS |
| QL | plecanatide | Tier 3 | TRULANCE |
| QL | prucalopride | Tier 3 | MOTEGRITY |

Irritable Bowel Syndrome with Diarrhea

| | | | |
|-----------|------------------|--------|--|
| PA | alosetron | Tier 1 | |
|-----------|------------------|--------|--|

LAXATIVES

| | | | |
|-----------|--|--------|------------|
| QL | lactulose soln | Tier 1 | |
| | peg 3350/electrolytes | Tier 1 | |
| QL | lactulose | Tier 2 | KRISTALOSE |
| | sodium phosphates | Tier 2 | OSMOPREP |
| | sodium picosulfate/magnesium oxide/citric acid | Tier 2 | CLENPIQ |
| | sodium sulfate/potassium sulfate/magnesium sulfate | Tier 2 | SUPREP |

OPIOID-INDUCED CONSTIPATION

| | | | |
|-----------|------------------|--------|----------|
| QL | naloxegol | Tier 2 | MOVANTIK |
| QL | methylnaltrexone | Tier 3 | RELISTOR |

PANCREATIC ENZYMES

| | | | |
|--|--------------------------|--------|--------------|
| | pancreatin | Tier 2 | PANCREATIN |
| | pancrelipase | Tier 2 | VIOKACE |
| | pancrelipase delayed-rel | Tier 2 | CREON |
| | pancrelipase delayed-rel | Tier 2 | PANCREAZE |
| | pancrelipase delayed-rel | Tier 2 | PANCRELIPASE |
| | pancrelipase delayed-rel | Tier 2 | ZENPEP |
| | pancrelipase delayed-rel | Tier 3 | PERTZYE |

PROSTAGLANDINS

| | | | |
|-----------|--------------------|--------|--|
| QL | misoprostol | Tier 1 | |
|-----------|--------------------|--------|--|

PROTON PUMP INHIBITORS

| | | | |
|----------------|--|--------|--|
| | esomeprazole delayed-rel | Tier 1 | |
| OTC | esomeprazole magnesium delayed-rel | Tier 1 | |
| | lansoprazole delayed-rel | Tier 1 | |
| OTC | lansoprazole delayed-rel | Tier 1 | |
| | lansoprazole delayed-rel orally-disintegrating tabs | Tier 1 | |
| | omeprazole delayed-rel | Tier 1 | |
| OTC | omeprazole magnesium delayed-rel | Tier 1 | |
| OTC, QL | omeprazole/sodium bicarbonate caps | Tier 1 | |

| | | | |
|---------------|--|--------|----------------|
| | pantoprazole delayed-rel | Tier 1 | |
| ST, QL | pantoprazole delayed-rel packets for suspension | Tier 1 | |
| QL | rabeprazole delayed-rel | Tier 1 | |
| QL | dexlansoprazole delayed-rel | Tier 2 | DEXILANT |
| ST, QL | omeprazole delayed-rel packets for suspension | Tier 3 | PRIOLOSEC susp |

SALIVA STIMULANTS

| | | | |
|-----------|-------------------------|--------|--|
| QL | cevimeline | Tier 1 | |
| | pilocarpine tabs | Tier 1 | |

STEROIDS, RECTAL

| | | | |
|-----------|---------------------------------------|--------|---------------|
| QL | hydrocortisone acetate supp | Tier 1 | |
| QL | hydrocortisone crm | Tier 1 | |
| QL | hydrocortisone/lidocaine | Tier 1 | |
| | hydrocortisone acetate/pramoxine foam | Tier 2 | EPIFOAM |
| | hydrocortisone acetate/pramoxine foam | Tier 2 | PROCTOFOAM-HC |

ULCER THERAPY COMBINATIONS

| | | | |
|-----------|--|--------|--------|
| QL | lansoprazole + amoxicillin + clarithromycin | Tier 1 | |
| QL | bismuth/metronidazole/tetracycline | Tier 3 | PYLERA |

MISCELLANEOUS

| | | | |
|-------------------|------------------------|----------|---------|
| | cromolyn sodium | Tier 1 | |
| QL | sucralfate | Tier 1 | |
| QL | sucralfate susp | Tier 1 | |
| SP* | sacrosidase | Tier 2 # | SUCRAID |
| PA, SP** | cholic acid | Tier 3 # | CHOLBAM |
| | glycopyrrolate | Tier 3 | CUVPOSA |
| PA, SP | obeticholic acid | Tier 3 # | OCALIVA |
| PA, QL, SP | teduglutide | Tier 3 # | GATTEX |
| PA, SP | telotristat etiprate | Tier 3 # | XERMELO |

Specialty product covered as Tier 4 for certain prescription benefits.

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

Guidelines for the management of BPH are available at:

<https://www.auanet.org/guidelines>

| | | | |
|-----------|-------------------------------|--------|------------|
| QL | alfuzosin ext-rel | Tier 1 | |
| QL | dutasteride | Tier 1 | |
| QL | dutasteride/tamsulosin | Tier 1 | |
| QL | finasteride | Tier 1 | |
| QL | tadalafil 2.5 mg, 5 mg | Tier 1 | |
| QL | tamsulosin | Tier 1 | |
| QL | doxazosin ext-rel | Tier 3 | CARDURA XL |

ERECTILE DYSFUNCTION

Guidelines for the management of erectile dysfunction are available at:

<https://www.auanet.org/guidelines>

Alprostadil Agents

| | | | |
|---------------|------------------|--------|-----------|
| PA, QL | alprostadil inj | Tier 3 | CAVERJECT |
| PA, QL | alprostadil inj | Tier 3 | EDEX |
| PA, QL | alprostadil supp | Tier 3 | MUSE |

Phosphodiesterase Inhibitors

| | | | |
|---------------|-------------------|--------|--|
| PA, QL | sildenafil | Tier 1 | |
| PA, QL | tadalafil | Tier 1 | |
| PA, QL | vardenafil | Tier 1 | |

URINARY ANTISPASMODICS

| | | | |
|------------|----------------------------|--------|-------------------|
| QL | darifenacin ext-rel | Tier 1 | |
| QL | oxybutynin | Tier 1 | |
| QL | oxybutynin ext-rel | Tier 1 | |
| OTC | oxybutynin transdermal | Tier 1 | OXYTROL FOR WOMEN |
| QL | solifenacin | Tier 1 | |
| QL | tolterodine | Tier 1 | |
| QL | tolterodine ext-rel | Tier 1 | |
| QL | tropium | Tier 1 | |
| QL | tropium ext-rel | Tier 1 | |
| QL | mirabegron ext-rel | Tier 2 | MYRBETRIQ |
| QL | fesoterodine ext-rel | Tier 3 | TOVIAZ |
| QL | oxybutynin gel | Tier 3 | GELNIQUE |
| | oxybutynin transdermal | Tier 3 | OXYTROL |

VAGINAL ANTI-INFECTIVES

| | | | |
|-----------|---------------------------|--------|------------|
| | clindamycin crm | Tier 1 | |
| | metronidazole | Tier 1 | |
| QL | terconazole | Tier 1 | |
| | butoconazole | Tier 2 | GYNAZOLE-1 |
| QL | clindamycin supp | Tier 2 | CLEOCIN |
| QL | metronidazole vaginal gel | Tier 2 | NUVESSA |

MISCELLANEOUS

| | | | |
|---------------|--|----------|-------------------|
| | bethanechol | Tier 1 | |
| | citric acid/sodium citrate | Tier 1 | |
| | methenamine hippurate | Tier 1 | |
| | methenamine/hyoscyamine/methylene blue/benzoic acid/phenyl salicylate | Tier 1 | |
| | phenazopyridine | Tier 1 | |
| | potassium citrate ext-rel | Tier 1 | |
| | potassium/sodium phosphates | Tier 1 | |
| PA, SP | tiopronin | Tier 1 # | |
| | acetic acid/oxyquinoline | Tier 2 | |
| | acetohydroxamic acid | Tier 2 | LITHOSTAT |
| | citric acid/sodium citrate | Tier 2 | ORACIT |
| | dimethyl sulfoxide | Tier 2 | RIMSO-50 |
| | methenamine mandelate/sodium phosphate | Tier 2 | UROQID-ACID NO. 2 |
| | pentosan polysulfate sodium | Tier 2 | ELMIRON |
| | potassium phosphate | Tier 2 | K-PHOS |
| | potassium/sodium acid phosphates | Tier 2 | K-PHOS NO. 2 |
| PA, SP | tiopronin delayed-rel | Tier 3 # | THIOLA EC |

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 | | | |
| QL | enoxaparin | Tier 1 | |
| | heparin | Tier 1 | |
| QL | dalteparin | Tier 2 | FRAGMIN |

| | | | |
|------------------|----------------------|--------|---------|
| Oral | | | |
| | warfarin | Tier 1 | |
| QL | apixaban | Tier 2 | ELIQUIS |
| QL | rivaroxaban | Tier 2 | XARELTO |
| MN-PA, QL | dabigatran etexilate | Tier 3 | PRADAXA |
| MN-PA, QL | edoxaban | Tier 3 | SAVAYSA |

| | | | |
|---|---------------------|--------|--|
| Synthetic Heparinoid-like Agents | | | |
| QL | fondaparinux | Tier 1 | |

| | | | |
|-------------------------|---------------------------------------|----------|----------------|
| CHELATING AGENTS | | | |
| SP | deferasirox | Tier 1 # | |
| QL, SP | deferasirox tabs 90 mg, 360 mg | Tier 1 # | |
| PA, SP** | trientine | Tier 1 # | |
| PA | deferiprone oral soln | Tier 3 # | FERRIPROX soln |
| PA | deferiprone tabs | Tier 3 # | FERRIPROX |

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>

| | | | |
|------------------|--------------------|----------|----------|
| PA, SP-PF | darbepoetin alfa | Tier 2 # | ARANESP |
| SP-PF | pegfilgrastim | Tier 2 # | NEULASTA |
| SP | sargramostim | Tier 2 # | LEUKINE |
| PA, SP | tbo-filgrastim | Tier 2 # | GRANIX |
| PA, SP | epoetin alfa-epbx | Tier 3 # | RETACRIT |
| PA, SP-PF | filgrastim-aafi | Tier 3 # | NIVESTYM |
| PA, SP | filgrastim-sndz | Tier 3 # | ZARXIO |
| PA, SP-PF | pegfilgrastim-cbqv | Tier 3 # | UDENYCA |

Specialty product covered as Tier 4 for certain prescription benefits.

IDIOPATHIC THROMBOCYTOPENIC PURPURA AGENTS

| | | | |
|---------------|-------------|----------|----------|
| PA, SP | eltrombopag | Tier 3 # | PROMACTA |
|---------------|-------------|----------|----------|

Specialty product covered as Tier 4 for certain prescription benefits.

PLATELET AGGREGATION INHIBITORS

| | | | |
|-------------------|-------------------------------------|--------|-----------|
| OTC, QL, * | aspirin | | |
| | clopidogrel | Tier 1 | |
| | dipyridamole | Tier 1 | |
| | dipyridamole ext-rel/aspirin | Tier 1 | |
| | prasugrel | Tier 1 | |
| | ticagrelor | Tier 2 | BRILINTA |
| QL | vorapaxar | Tier 3 | ZONTIVITY |

* Preventive medication: \$0 copay
75 mg and 81 mg: Males ages 50-59

75 mg: Females ages 50-59
 81 mg: Females ages 12-59
 Only generic covered with retail prescription

PLATELET SYNTHESIS INHIBITORS

| | | | |
|--|-------------------|--------|--|
| | anagrelide | Tier 1 | |
|--|-------------------|--------|--|

STEM CELL MOBILIZERS

| | | | |
|-----------|------------|----------|---------|
| SP | plerixafor | Tier 3 # | MOZOBIL |
|-----------|------------|----------|---------|

Specialty product covered as Tier 4 for certain prescription benefits.

THROMBOCYTOPENIA AGENTS

| | | | |
|---------------|---------------|----------|----------|
| PA, SP | lusutrombopag | Tier 3 # | MULPLETA |
|---------------|---------------|----------|----------|

Specialty product covered as Tier 4 for certain prescription benefits.

MISCELLANEOUS

| | | | |
|---------------|-------------------------------|----------|----------|
| | aminocaproic acid | Tier 1 | |
| | cilostazol | Tier 1 | |
| | pentoxifylline ext-rel | Tier 1 | |
| QL | tranexamic acid | Tier 1 | |
| | succimer | Tier 2 | CHEMET |
| PA, SP | emicizumab-kxwh | Tier 3 # | HEMLIBRA |

Specialty product covered as Tier 4 for certain prescription benefits.

IMMUNOLOGIC AGENTS

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

AUTOIMMUNE AGENTS (SELF ADMINISTERED) ‡

| | | | |
|-----------------------|---------------------|----------|----------------------|
| PA, SP-PF | adalimumab | Tier 2 # | HUMIRA |
| PA, SP-PF | etanercept | Tier 2 # | ENBREL |
| MN-PA, SP-NPB | abatacept | Tier 3 # | ORENCIA |
| MN-PA, SP**, † | anakinra | Tier 3 # | KINERET |
| PA, QL, SP-PF | apremilast | Tier 3 # | OTEZLA |
| MN-PA, SP-NPB | certolizumab pegol | Tier 3 # | CIMZIA |
| MN-PA, SP-NPB | golimumab | Tier 3 # | SIMPONI |
| PA, SP-PF | risankizumab-rzaa | Tier 3 # | SKYRIZI |
| PA, SP-PF | secukinumab | Tier 3 # | COSENTYX |
| PA, QL, SP-PF | tofacitinib | Tier 3 # | XELJANZ |
| PA, QL, SP-PF | tofacitinib ext-rel | Tier 3 # | XELJANZ XR |
| PA, SP-PF | upadacitinib | Tier 3 # | RINVOQ |
| PA, SP-PF | ustekinumab | Tier 3 # | STELARA SUBCUTANEOUS |

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

Specialty product covered as Tier 4 for certain prescription benefits.

† KINERET is a Non-Preferred Brand Specialty drug that is available through other Specialty/Retail pharmacies

DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDs)

| | | | |
|-----------|---------------------------|--------|--|
| | hydroxychloroquine | Tier 1 | |
| QL | leflunomide | Tier 1 | |
| | methotrexate | Tier 1 | |

HEREDITARY ANGIOEDEMA AGENTS

| | | | |
|-------------------|-----------------------|----------|----------|
| PA, QL, SP | icatibant | Tier 1 # | |
| PA, SP | C1 esterase inhibitor | Tier 3 # | HAEGARDA |

Specialty product covered as Tier 4 for certain prescription benefits.

IMMUNE GLOBULINS

| | | | |
|---------------|-------------------------------|----------|------------------|
| PA, SP | immune globulin gamma | Tier 3 # | GAMUNEX-C |
| PA, SP | immune globulin, intravenous | Tier 3 # | GAMMAGARD LIQUID |
| PA, SP | immune globulin, subcutaneous | Tier 3 # | HIZENTRA |
| PA, SP | immune globulin/hyaluronidase | Tier 3 # | HYQVIA |

Specialty product covered as Tier 4 for certain prescription benefits.

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>

Interferons

| | | | |
|-----------------|----------------------------------|----------|-----------|
| PA, SP** | interferon alfa-2b | Tier 2 # | INTRON A |
| SP | interferon gamma-1b, recombinant | Tier 2 # | ACTIMMUNE |
| PA, SP | peginterferon alfa-2a | Tier 3 # | PEGASYS |

Specialty product covered as Tier 4 for certain prescription benefits.

IMMUNOSUPPRESSANTS

Antimetabolites

| | | | |
|-----------|---|----------|--------|
| QL | azathioprine | Tier 1 | |
| SP | mycophenolate mofetil | Tier 1 # | |
| SP | mycophenolate sodium delayed-rel | Tier 1 # | |
| | azathioprine | Tier 2 | AZASAN |

Specialty product covered as Tier 4 for certain prescription benefits.

Calcineurin Inhibitors

| | | | |
|---------------|-------------------------------|----------|--------------|
| SP | cyclosporine | Tier 1 # | |
| SP | cyclosporine, modified | Tier 1 # | |
| SP | tacrolimus | Tier 1 # | |
| QL, SP | tacrolimus ext-rel | Tier 3 # | ASTAGRAF XL |
| QL, SP | tacrolimus ext-rel | Tier 3 # | ENVARUSUS XR |

Specialty product covered as Tier 4 for certain prescription benefits.

Rapamycin Derivatives

| | | | |
|---------------|--|----------|----------|
| QL, SP | everolimus 0.25 mg, 0.5 mg, 0.75 mg | Tier 1 # | |
| SP | sirolimus | Tier 1 # | |
| QL, SP | everolimus 1 mg | Tier 2 # | ZORTRESS |

Specialty product covered as Tier 4 for certain prescription benefits.

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

Potassium

| | | | |
|--|--|--------|--|
| | potassium bicarbonate/citric acid | Tier 1 | |
| | potassium chloride caps, powder packets, soln, tabs | Tier 1 | |
| | potassium chloride ext-rel | Tier 1 | |

VITAMINS AND MINERALS

Folic Acid/Combinations

| | | | |
|-----------|---|--------|--|
| | cyanocobalamin/folic acid/pyridoxine | Tier 1 | |
| QL | folic acid | Tier 1 | |

Prenatal Vitamins

| | | | |
|-----------|---|--------|--------------------|
| QL | prenatal vitamins | Tier 1 | |
| QL | prenatal vitamins/DHA/docusate/folic acid | Tier 3 | CITRANATAL 90 DHA |
| QL | prenatal vitamins/DHA/docusate/folic acid | Tier 3 | CITRANATAL DHA |
| QL | prenatal vitamins/DHA/docusate/folic acid | Tier 3 | CITRANATAL HARMONY |
| QL | prenatal vitamins/docusate/folic acid | Tier 3 | CITRANATAL RX |
| QL | prenatal vitamins/docusate/folic acid + DHA | Tier 3 | CITRANATAL ASSURE |
| QL | prenatal vitamins/folic acid + DHA | Tier 3 | PRENATE PIXIE |
| QL | prenatal vitamins/folic acid + pyridoxine | Tier 3 | CITRANATAL B-CALM |

Miscellaneous

| | | | |
|---------------|-----------------------------|--------|----------|
| OTC, * | vitamin D | | |
| # | ferrous sulfate | Tier 1 | |
| † | fluoride drops, tabs | Tier 1 | |
| QL | phytonadione | Tier 1 | |
| | zinc acetate | Tier 2 | GALZIN |
| QL, PA | cyanocobalamin nasal soln | Tier 3 | NASCOBAL |

* Preventive medication: \$0 copay, members ≥ 65 years old

Age limit = 6 months to 11 months

† Age limit < 6 years

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

| | | | |
|-----------|----------------------------------|--------|--|
| QL | epinephrine auto-injector | Tier 1 | |
|-----------|----------------------------------|--------|--|

ANTICHOLINERGICS

| | | | |
|------------------|---------------------------------|--------|------------------|
| QL | ipratropium soln | Tier 1 | |
| QL | revefenacin inhalation solution | Tier 2 | YUPELRI |
| QL | tiotropium | Tier 2 | SPIRIVA |
| QL | tiotropium | Tier 2 | SPIRIVA RESPIMAT |
| QL | umeclidinium | Tier 2 | INCRUSE ELLIPTA |
| MN-PA, QL | acclidinium bromide | Tier 3 | TUDORZA |
| QL | ipratropium, CFC-free aerosol | Tier 3 | ATROVENT HFA |

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS**Short Acting**

| | | | |
|-----------|---|--------|--------------------|
| QL | ipratropium/albuterol soln | Tier 1 | |
| QL | ipratropium/albuterol, CFC-free aerosol | Tier 2 | COMBIVENT RESPIMAT |

Long Acting

| | | | |
|-----------|-------------------------|--------|------------------|
| QL | tiotropium/olodaterol | Tier 2 | STIOLTO RESPIMAT |
| QL | umeclidinium/vilanterol | Tier 2 | ANORO ELLIPTA |

ANTICHOLINERGIC/BETA AGONIST/STEROID INHALANT COMBINATIONS

| | | | |
|-----------|-------------------------------------|--------|-----------------|
| QL | fluticasone/umeclidinium/vilanterol | Tier 2 | TRELEGY ELLIPTA |
|-----------|-------------------------------------|--------|-----------------|

ANTI-HISTAMINES, LOW SEDATING

| | | | |
|----------------|-----------------------|--------|--|
| OTC, QL | cetirizine | Tier 1 | |
| QL | levocetirizine | Tier 1 | |

ANTI-HISTAMINES, NONSEDATING

| | | | |
|----------------|---------------------|--------|--|
| OTC, QL | fexofenadine | Tier 1 | |
| OTC, QL | loratadine | Tier 1 | |

ANTI-HISTAMINES, SEDATING

| | | | |
|--|----------------------------------|--------|---------|
| | carbinoxamine tabs 4 mg | Tier 1 | |
| | cyproheptadine | Tier 1 | |
| | dexbrompheniramine/acetaminophen | Tier 1 | DOLOGEN |
| | hydroxyzine HCl | Tier 1 | |

ANTI-HISTAMINE/DECONGESTANT COMBINATIONS

| | | | |
|----------------|---|--------|--------|
| OTC, QL | cetirizine/pseudoephedrine ext-rel | Tier 1 | |
| | chlorpheniramine/phenylephrine | Tier 1 | |
| OTC, QL | loratadine/pseudoephedrine ext-rel | Tier 1 | |
| | promethazine/phenylephrine | Tier 1 | |
| | dexchlorpheniramine/pseudoephedrine | Tier 3 | RESCON |

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)

| | | | |
|-----------|--------------------|--------|--|
| QL | benzonatate | Tier 1 | |
|-----------|--------------------|--------|--|

ANTITUSSIVE COMBINATIONS**Opioid**

| | | | |
|-----------|---|--------|------------|
| | codeine/guaifenesin liquid | Tier 1 | |
| | codeine/guaifenesin/pseudoephedrine | Tier 1 | |
| | codeine/promethazine | Tier 1 | |
| | codeine/promethazine/phenylephrine | Tier 1 | |
| QL | hydrocodone/chlorpheniramine ext-rel | Tier 1 | |
| QL | hydrocodone/homatropine | Tier 1 | |
| | codeine/brompheniramine/pseudoephedrine | Tier 3 | RYDEX |
| | codeine/chlorpheniramine | Tier 3 | ZODRYL AC |
| | codeine/dexchlorpheniramine/phenylephrine | Tier 3 | VANACOF CD |

Non-opioid

| | | | |
|--|---|--------|--|
| | dextromethorphan/brompheniramine/phenylephrine | Tier 1 | |
| | dextromethorphan/brompheniramine/pseudoephedrine | Tier 1 | |
| | dextromethorphan/promethazine | Tier 1 | |

BETA AGONISTS

Inhalants

Short Acting

| | | | |
|-----------|--|--------|-------------------|
| QL | albuterol inhalation soln | Tier 1 | |
| QL | albuterol sulfate, CFC-free aerosol | Tier 1 | |
| QL | levalbuterol soln | Tier 1 | |
| QL | levalbuterol tartrate, CFC-free aerosol | Tier 1 | |
| QL | albuterol sulfate inhalation powder | Tier 2 | PROAIR RESPICLICK |

Long Acting

Hand-held Active Inhalation

| | | | |
|-----------|-------------------------------------|--------|--------------------|
| QL | salmeterol xinafoate | Tier 2 | SEREVENT |
| QL | olodaterol, CFC-free aerosol | Tier 3 | STRIVERDI RESPIMAT |

Nebulized Passive Inhalation

| | | | |
|---------------|-----------------------------------|--------|-------------|
| PA, QL | arformoterol soln | Tier 3 | BROVANA |
| PA | formoterol inhalation soln | Tier 3 | PERFOROMIST |

Oral Agents

| | | | |
|-----------|-----------------------------|--------|--|
| QL | albuterol | Tier 1 | |
| | albuterol ext-rel | Tier 1 | |
| QL | metaproterenol syrup | Tier 1 | |
| | terbutaline | Tier 1 | |

CYSTIC FIBROSIS

| | | | |
|---------------------|---|----------|---------------|
| QL, SP | tobramycin inhalation soln | Tier 1 # | |
| QL | aztreonam lysine inhalation soln | Tier 2 | CAYSTON |
| SP | dornase alfa | Tier 2 # | PULMOZYME |
| SP | tobramycin inhalation powder | Tier 2 # | TOBI PODHALER |
| PA, SP** | elexacaftor/tezacaftor/ivacaftor + ivacaftor | Tier 3 # | TRIKAFTA |
| PA, SP** | ivacaftor | Tier 3 # | KALYDECO |
| PA, QL, SP** | lumacaftor/ivacaftor | Tier 3 # | ORKAMBI |
| PA, SP** | tezacaftor/ivacaftor + ivacaftor | Tier 3 # | SYMDEKO |

Specialty product covered as Tier 4 for certain prescription benefits.

LEUKOTRIENE MODULATORS

| | | | |
|-----------|--------------------|--------|--|
| QL | montelukast | Tier 1 | |
| QL | zafirlukast | Tier 1 | |

MAST CELL STABILIZERS

| | | | |
|-----------|-----------------------|--------|--|
| QL | cromolyn soln | Tier 1 | |
| QL | cromolyn spray | Tier 1 | |

NASAL ANTIHISTAMINES

| | | | |
|-----------|--------------------------|--------|--|
| QL | azelastine spray | Tier 1 | |
| QL | olopatadine spray | Tier 1 | |

NASAL STEROIDS/COMBINATIONS

| | | | |
|-----------|--|--------|-----------------|
| QL | azelastine/fluticasone nasal spray | Tier 1 | |
| QL | flunisolide spray | Tier 1 | |
| QL | fluticasone spray | Tier 1 | |
| QL | mometasone spray | Tier 1 | |
| QL | beclomethasone dipropionate nasal spray | Tier 3 | QNASL |
| QL | beclomethasone dipropionate nasal spray | Tier 3 | QNASL CHILDRENS |

| | | | |
|----|----------------------|--------|-------------|
| QL | beclomethasone spray | Tier 3 | BECONASE AQ |
| QL | ciclesonide spray | Tier 3 | OMNARIS |
| QL | ciclesonide spray | Tier 3 | ZETONNA |

PHOSPHODIESTERASE-4 INHIBITORS

| | | | |
|--------|-------------|--------|----------|
| PA, QL | roflumilast | Tier 3 | DALIRESP |
|--------|-------------|--------|----------|

PULMONARY FIBROSIS AGENTS

| | | | |
|--------|-------------|----------|---------|
| PA, SP | nintedanib | Tier 3 # | OFEV |
| PA, SP | pirfenidone | Tier 3 # | ESBRIET |

Specialty product covered as Tier 4 for certain prescription benefits.

SEVERE ASTHMA AGENTS

| | | | |
|--------|-------------|----------|----------|
| PA, SP | dupilumab | Tier 3 # | DUPIXENT |
| PA, SP | mepolizumab | Tier 3 # | NUCALA |

Specialty product covered as Tier 4 for certain prescription benefits.

STEROID/BETA AGONIST COMBINATIONS

| | | | |
|-----------|--|--------|---------------|
| QL | fluticasone/salmeterol | Tier 1 | ADVAIR DISKUS |
| QL | budesonide/formoterol | Tier 2 | SYMBICORT |
| QL | fluticasone/salmeterol, CFC-free aerosol | Tier 2 | ADVAIR HFA |
| QL | fluticasone/vilanterol | Tier 2 | BREO ELLIPTA |
| MN-PA, QL | mometasone/formoterol | Tier 3 | DULERA |

STEROID INHALANTS

| | | | |
|--------|---|--------|---------------------|
| PA, QL | budesonide inhalation susp | Tier 1 | |
| QL | beclomethasone breath-activated aerosol | Tier 2 | QVAR REDIHALER |
| QL | budesonide | Tier 2 | PULMICORT FLEXHALER |
| QL | fluticasone | Tier 2 | ARNUITY ELLIPTA |
| QL | fluticasone | Tier 2 | FLOVENT DISKUS |
| QL | fluticasone, CFC-free aerosol | Tier 2 | FLOVENT HFA |
| QL | mometasone | Tier 2 | ASMANEX |

XANTHINES

| | | | |
|----|----------------------------------|--------|--------------|
| | theophylline ext-rel tabs | Tier 1 | |
| | theophylline ext-rel caps | Tier 2 | THEO-24 |
| QL | theophylline liquid | Tier 3 | ELIXOPHYLLIN |

MISCELLANEOUS

| | | | |
|----|---|--------|--------------------|
| | acetylcysteine inhalation solution | Tier 1 | |
| QL | ipratropium spray | Tier 1 | |
| QL | spacer device | Tier 2 | AEROCHAMBER w/MASK |

TOPICAL

DERMATOLOGY

Acne

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

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

Oral

| | | | |
|----|-----------------------------------|--------|--|
| QL | isotretinoin | Tier 1 | |
| QL | isotretinoin, except 30 mg | Tier 1 | |
| QL | isotretinoin 30 mg | Tier 3 | |

Topical

| | | | |
|-------|---|--------|------------|
| QL, * | adapalene crm, gel | Tier 1 | |
| QL | benzoyl peroxide crm, foam, gel, lotion, wash | Tier 1 | |
| | clindamycin gel, lotion, soln | Tier 1 | |
| QL | clindamycin phosphate foam 1% | Tier 1 | |
| QL | clindamycin/benzoyl peroxide | Tier 1 | |
| QL | clindamycin/tretinoin | Tier 1 | |
| | erythromycin gel 2% | Tier 1 | |
| | erythromycin soln | Tier 1 | |
| QL | erythromycin/benzoyl peroxide | Tier 1 | |
| QL | sulfacetamide crm, wash | Tier 1 | |
| QL | tazarotene crm | Tier 1 | |
| QL, * | tretinoin | Tier 1 | |
| * | tretinoin - Avita | Tier 1 | |
| QL, * | tretinoin gel microsphere | Tier 1 | |
| | azelaic acid | Tier 2 | AZELEX |
| | erythromycin base | Tier 2 | AKNE-MYCIN |
| QL | tazarotene foam 0.1% | Tier 2 | FABIOR |
| QL | tazarotene gel | Tier 2 | TAZORAC |
| QL | benzoyl peroxide/tocopherols | Tier 3 | INOVA |

* PA required for >35 years of age

Actinic Keratosis

| | | | |
|----|------------------------------------|--------|------------|
| PA | diclofenac sodium gel 3% | Tier 1 | |
| QL | fluorouracil 0.5% | Tier 1 | |
| QL | fluorouracil crm, soln 5%, soln 2% | Tier 1 | |
| QL | fluorouracil | Tier 2 | FLUOROPLEX |
| | ingenol mebutate | Tier 3 | PICATO |

Antibiotics

| | | | |
|----|---------------------|--------|------------|
| | gentamicin | Tier 1 | |
| | mupirocin | Tier 1 | |
| | silver sulfadiazine | Tier 1 | |
| | mafenide crm | Tier 2 | SULFAMYLON |
| QL | retapamulin | Tier 3 | ALTABAX |

Antifungals

| | | | |
|----|----------------------------|--------|----------|
| QL | ciclopirox | Tier 1 | |
| PA | ciclopirox topical soln 8% | Tier 1 | |
| | clotrimazole/betamethasone | Tier 1 | |
| | econazole | Tier 1 | |
| QL | ketconazole crm 2% | Tier 1 | |
| | naftifine crm, gel 1% | Tier 1 | |
| | nystatin | Tier 1 | |
| | nystatin/triamcinolone | Tier 1 | |
| QL | oxiconazole | Tier 1 | |
| | sulconazole crm 1% | Tier 1 | |
| QL | butenafine | Tier 2 | MENTAX |
| | naftifine gel 2% | Tier 2 | NAFTIN |
| | sulconazole soln 1% | Tier 2 | EXELDERM |
| QL | sertaconazole | Tier 3 | ERTACZO |

Antipsoriatics

Guidelines of care for the management and treatment of psoriasis with topical therapies are available at:

<https://www.aad.org>

Oral

| | | | |
|-----------|-------------------------|--------|--|
| QL | acitretin | Tier 1 | |
| | methoxsalen oral | Tier 1 | |

Topical

| | | | |
|-----------|---|--------|-----------|
| QL | anthralin | Tier 1 | |
| QL | betamethasone dipropionate/calcipotriene | Tier 1 | |
| QL | calcipotriene | Tier 1 | |
| QL | calcipotriene oint | Tier 2 | |
| QL | anthralin micronized | Tier 3 | ZITHRANOL |

Antiseborrheics

| | | | |
|-----------|---------------------------------------|--------|--|
| QL | ketoconazole shampoo 2% | Tier 1 | |
| | selenium sulfide lotion 2.5% | Tier 1 | |
| | selenium sulfide shampoo 2.25% | Tier 1 | |
| QL | sulfacetamide shampoo | Tier 1 | |

Atopic Dermatitis

Guidelines for the treatment of atopic dermatitis are available at:

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

Injectable

| | | | |
|---------------|------------------|----------|----------|
| PA, SP | dupilumab | Tier 3 # | DUPIXENT |
|---------------|------------------|----------|----------|

Specialty product covered as Tier 4 for certain prescription benefits.

Topical

| | | | |
|-----------|---------------------|--------|--|
| QL | pimecrolimus | Tier 1 | |
| QL | tacrolimus | Tier 1 | |

Corticosteroids

Low Potency

| | | | |
|-----------|--|--------|---------------|
| | alclometasone crm, oint 0.05% | Tier 1 | |
| | desonide crm, lotion, oint 0.05% | Tier 1 | |
| | fluocinolone acetonide crm, oil, soln 0.01% | Tier 1 | |
| | hydrocortisone crm 2.5% | Tier 1 | |
| | hydrocortisone lotion 1% | Tier 1 | |
| | fluocinolone shampoo 0.01% | Tier 2 | CAPEX SHAMPOO |
| | hydrocortisone soln 2.5% | Tier 2 | TEXACORT soln |
| QL | desonide foam 0.05% | Tier 3 | VERDESO |
| | hydrocortisone lotion 2% | Tier 3 | ALA-SCALP |

Medium Potency

| | | | |
|-----------|--|--------|--|
| QL | betamethasone valerate crm, lotion, oint 0.1% | Tier 1 | |
| | betamethasone valerate foam 0.12% | Tier 1 | |
| | clocortolone | Tier 1 | |
| | desoximetasone crm, oint 0.05% | Tier 1 | |
| | fluocinolone acetonide crm, oint 0.025% | Tier 1 | |
| | flurandrenolide crm, lotion 0.05% | Tier 1 | |
| | fluticasone propionate crm, lotion 0.05%, oint 0.005% | Tier 1 | |
| | hydrocortisone butyrate crm, lotion, oint, soln 0.1% | Tier 1 | |
| | hydrocortisone butyrate lipid crm 0.1% | Tier 1 | |

| | | | |
|-----------|--|--------|--------------|
| | hydrocortisone valerate crm, oint 0.2% | Tier 1 | |
| | mometasone crm, lotion, oint 0.1% | Tier 1 | |
| | prednicarbate | Tier 1 | |
| | triamcinolone acetonide crm, lotion 0.025% | Tier 1 | |
| | triamcinolone acetonide crm, lotion, oint 0.1% | Tier 1 | |
| | triamcinolone acetonide spray | Tier 1 | |
| | triamcinolone oint 0.05% | Tier 1 | |
| | flurandrenolide tape | Tier 2 | CORDRAN TAPE |
| QL | hydrocortisone probutate crm 0.1% | Tier 2 | PANDEL |

High Potency

| | | | |
|--|--|--------|-------|
| | amcinonide crm, lotion, oint 0.1% | Tier 1 | |
| | betamethasone dipropionate augmented crm 0.05% | Tier 1 | |
| | betamethasone dipropionate augmented lotion 0.05% | Tier 1 | |
| | betamethasone dipropionate crm, lotion, oint 0.05% | Tier 1 | |
| | desoximetasone crm, oint, spray 0.25%, gel 0.05% | Tier 1 | |
| | diflorasone diacetate crm 0.05% | Tier 1 | |
| | fluocinonide crm, gel, oint, soln 0.05% | Tier 1 | |
| | halcinonide crm | Tier 1 | |
| | triamcinolone acetonide crm 0.5% | Tier 1 | |
| | halcinonide oint | Tier 2 | HALOG |

Very High Potency

| | | | |
|-----------|--|--------|--|
| | betamethasone dipropionate augmented gel, oint 0.05% | Tier 1 | |
| | clobetasol propionate crm, gel, oint, soln 0.05% | Tier 1 | |
| QL | clobetasol propionate foam 0.05% | Tier 1 | |
| QL | clobetasol propionate lotion, shampoo 0.05% | Tier 1 | |
| QL | clobetasol propionate spray 0.05% | Tier 1 | |
| QL | clobetasol propionate/emollient foam | Tier 1 | |
| | diflorasone diacetate oint 0.05% | Tier 1 | |
| QL | fluocinonide crm 0.1% | Tier 1 | |
| | halobetasol propionate crm, oint 0.05% | Tier 1 | |

Emollients

| | | | |
|-----------|---|--------|------------|
| QL | hyaluronic acid, shea butter, Vitis Vinifera, telmesteine, vitamins C & E | Tier 2 | ATOPICLAIR |
|-----------|---|--------|------------|

Local Analgesics

| | | | |
|-----------|-----------------|--------|--|
| QL | lidocaine patch | Tier 1 | |
|-----------|-----------------|--------|--|

Local Anesthetics

| | | | |
|-----------|----------------------------|--------|----------|
| QL | lidocaine | Tier 1 | |
| QL | lidocaine soln | Tier 1 | |
| | lidocaine/prilocaine | Tier 1 | |
| | benzocaine | Tier 2 | ANACAINE |
| QL | lidocaine/tetracaine patch | Tier 2 | SYNERA |
| | lidocaine/tetracaine | Tier 3 | PLIAGLIS |

Rosacea

| | | | |
|---------------|----------------------------|--------|---------|
| QL | azelaic acid gel | Tier 1 | |
| QL | metronidazole crm 0.75% | Tier 1 | |
| QL | metronidazole gel 1% | Tier 1 | |
| QL | metronidazole lotion 0.75% | Tier 1 | |
| QL | sulfacetamide/sulfur | Tier 1 | |
| QL | azelaic acid foam | Tier 2 | FINACEA |
| PA, QL | brimonidine topical gel | Tier 3 | MIRVASO |

Scabicides and Pediculicides

| | | | |
|--|--------------------------|--------|--|
| | crotamiton lotion | Tier 1 | |
| | malathion | Tier 1 | |
| | permethrin 5% | Tier 1 | |

Miscellaneous Skin and Mucous Membrane

| | | | |
|-----------------|--------------------------------------|----------|--------------|
| | acetic acid 0.25% | Tier 1 | |
| QL | acyclovir crm, oint | Tier 1 | |
| PA, QL | doxepin crm 5% | Tier 1 | |
| QL | imiquimod | Tier 1 | |
| QL | podofilox | Tier 1 | |
| | trypsin/balsam/castor oil | Tier 1 | |
| QL | alitretinoin | Tier 2 | PANRETIN |
| | collagenase | Tier 2 | SANTYL |
| QL | penciclovir | Tier 2 | DENAVIR |
| QL | podophyllum resin | Tier 2 | PODOCON-25 |
| OTC | salicylic acid/lactic acid/collodion | Tier 2 | GORDOFILM |
| QL | acyclovir/hydrocortisone | Tier 3 | XERESE |
| QL | aluminum chloride soln | Tier 3 | DRYSOL |
| PA | becaplermin | Tier 3 | REGRANEX |
| QL | ethylene glycol | Tier 3 | BIAFINE |
| PA, SP** | interferon alfa-n3 | Tier 3 # | ALFERON N |
| QL | podofilox | Tier 3 | CONDYLOX gel |

Specialty product covered as Tier 4 for certain prescription benefits.

MOUTH/THROAT/DENTAL AGENTS

Anesthetics - Topical Oral

| | | | |
|--|--------------------------|--------|--|
| | lidocaine viscous | Tier 1 | |
|--|--------------------------|--------|--|

Protectants - Mouth/Throat

| | | | |
|-------------------|--|----------|----------|
| PA, QL, SP | benzyl alcohol/carbomer 941/glycerin | Tier 3 # | MUGARD |
| PA, QL | soy phospholipid/glycerol dioleate | Tier 3 | EPISIL |
| PA, QL | supersaturated calcium phosphate rinse | Tier 3 | CAPHOSOL |

Specialty product covered as Tier 4 for certain prescription benefits.

Steroids - Mouth/Throat

| | | | |
|--|----------------------------|--------|--|
| | triamcinolone paste | Tier 1 | |
|--|----------------------------|--------|--|

Miscellaneous

| | | | |
|--|--------------------------------|--------|---------|
| | chlorhexidine gluconate | Tier 1 | |
| | artificial saliva | Tier 3 | AQUORAL |

OPHTHALMIC

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

<https://one.aao.org>

Antiallergics

| | | | |
|----------------|------------------------|--------|---------|
| QL | azelastine | Tier 1 | |
| QL | cromolyn sodium | Tier 1 | |
| QL | epinastine | Tier 1 | |
| OTC, QL | ketotifen | Tier 1 | ZADITOR |
| QL | olopatadine | Tier 1 | |
| | phenylephrine | Tier 1 | |

| | | | |
|----|-------------|--------|-----------|
| QL | bepotastine | Tier 2 | BEPREVE |
| QL | lodoxamide | Tier 2 | ALOMIDE |
| QL | nedocromil | Tier 2 | ALOCRIAL |
| QL | alcaftadine | Tier 3 | LASTACAFT |

Antifungals

| | | | |
|----|-----------|--------|---------|
| QL | natamycin | Tier 2 | NATACYN |
|----|-----------|--------|---------|

Anti-infectives

| | | | |
|----|--|--------|-------------|
| | bacitracin | Tier 1 | |
| QL | ciprofloxacin | Tier 1 | |
| | erythromycin | Tier 1 | |
| QL | gatifloxacin | Tier 1 | |
| | gentamicin | Tier 1 | |
| QL | levofloxacin | Tier 1 | |
| QL | moxifloxacin | Tier 1 | |
| QL | neomycin/polymyxin B/bacitracin | Tier 1 | |
| | neomycin/polymyxin B/gramicidin | Tier 1 | |
| QL | ofloxacin | Tier 1 | |
| QL | polymyxin B/bacitracin | Tier 1 | |
| QL | polymyxin B/trimethoprim | Tier 1 | |
| | sulfacetamide soln 10% | Tier 1 | |
| QL | tobramycin | Tier 1 | |
| | ciprofloxacin ophth oint | Tier 2 | CILOXAN |
| QL | tobramycin oint | Tier 2 | TOBREX oint |
| QL | azithromycin | Tier 3 | AZASITE |
| QL | besifloxacin | Tier 3 | BESIVANCE |

Anti-infective/Anti-inflammatory Combinations

| | | | |
|----|--|--------|----------------|
| QL | neomycin/polymyxin B/bacitracin/hydrocortisone oint | Tier 1 | |
| | neomycin/polymyxin B/dexamethasone | Tier 1 | |
| QL | sulfacetamide/prednisolone phosphate 10%/0.25% | Tier 1 | |
| QL | tobramycin/dexamethasone susp 0.3%/0.1% | Tier 1 | |
| QL | gentamicin/prednisolone acetate | Tier 2 | PRED-G |
| QL | sulfacetamide/prednisolone acetate oint 10%/0.2% | Tier 2 | BLEPHAMIDE |
| QL | sulfacetamide/prednisolone acetate oint 10%/0.2% | Tier 2 | BLEPHAMIDE SOP |
| QL | tobramycin/dexamethasone oint 0.3%/0.1% | Tier 2 | TOBRADEX |
| | neomycin/polymyxin B/hydrocortisone susp | Tier 3 | |
| QL | tobramycin/loteprednol | Tier 3 | ZYLET |

Anti-inflammatories

Nonsteroidal

| | | | |
|----|--------------------------|--------|----------|
| QL | bromfenac sodium | Tier 1 | |
| QL | diclofenac sodium | Tier 1 | |
| QL | flurbiprofen | Tier 1 | |
| QL | ketorolac | Tier 1 | |
| QL | bromfenac | Tier 3 | PROLENSA |
| QL | nepafenac | Tier 3 | ILEVRO |
| | nepafenac | Tier 3 | NEVANAC |

Steroidal

| | | | |
|----|---------------------------------------|--------|---------|
| | dexamethasone sodium phosphate | Tier 1 | |
| QL | fluorometholone | Tier 1 | |
| QL | loteprednol 0.5% | Tier 1 | |
| | prednisolone acetate 1% | Tier 1 | |
| | dexamethasone | Tier 2 | MAXIDEX |

| | | | |
|----|----------------------------|--------|------------|
| QL | fluorometholone | Tier 2 | FML S.O.P. |
| QL | fluorometholone acetate | Tier 2 | FLAREX |
| QL | prednisolone acetate 0.12% | Tier 2 | PRED MILD |
| QL | prednisolone phosphate 1% | Tier 2 | |
| QL | difluprednate | Tier 3 | DUREZOL |
| QL | fluorometholone | Tier 3 | FML FORTE |
| QL | loteprednol 0.2% | Tier 3 | ALREX |

Antivirals

| | | | |
|----|---------------------|--------|--------|
| QL | trifluridine | Tier 1 | |
| QL | ganciclovir | Tier 3 | ZIRGAN |

Beta-blockers

Nonselective

| | | | |
|----|----------------------------|--------|---------|
| QL | carteolol | Tier 1 | |
| QL | levobunolol | Tier 1 | |
| QL | timolol maleate | Tier 1 | |
| QL | timolol maleate gel | Tier 1 | |
| QL | timolol hemihydrate | Tier 2 | BETIMOL |

Selective

| | | | |
|----|-----------------------|--------|------------|
| QL | betaxolol 0.5% | Tier 1 | |
| QL | betaxolol | Tier 2 | BETOPTIC S |

Carbonic Anhydrase Inhibitors

Topical

| | | | |
|----|---------------------|--------|--|
| QL | brinzolamide | Tier 1 | |
| QL | dorzolamide | Tier 1 | |

Carbonic Anhydrase Inhibitor/Beta-blocker Combinations

| | | | |
|----|--|--------|--|
| QL | dorzolamide/timolol maleate | Tier 1 | |
| QL | dorzolamide/timolol maleate/preservative-free | Tier 1 | |

Carbonic Anhydrase Inhibitor/Sympathomimetic Combinations

| | | | |
|----|--------------------------|--------|-----------|
| QL | brinzolamide/brimonidine | Tier 2 | SIMBRINZA |
|----|--------------------------|--------|-----------|

Dry Eye Disease

| | | | |
|----|------------------------|--------|----------|
| QL | cyclosporine, emulsion | Tier 2 | RESTASIS |
|----|------------------------|--------|----------|

Mydriatics

| | | | |
|----|------------------------------|--------|--------------------|
| | homatropine 5% | Tier 1 | |
| QL | homatropine | Tier 2 | ISOPTO HOMATROPINE |
| QL | scopolamine hydrobromide | Tier 2 | ISOPTO HYOSCINE |
| QL | atropine soln | Tier 3 | ISOPTO ATROPINE |
| QL | cyclopentolate/phenylephrine | Tier 3 | CYCLOMYDRIL |

Neurotrophic Keratitis

| | | | |
|--------|-----------------|----------|----------|
| PA, SP | cenegermin-bkbj | Tier 3 # | OXERVATE |
|--------|-----------------|----------|----------|

Specialty product covered as Tier 4 for certain prescription benefits.

Parasympathomimetics

| | | | |
|----|--------------------|--------|-------------|
| QL | pilocarpine | Tier 1 | |
| | acetylcholine | Tier 2 | MIOCHOL-E |
| QL | pilocarpine | Tier 2 | PILOPINE HS |

| Prostaglandins | | | |
|----------------|-------------------|--------|---------|
| QL | latanoprost | Tier 1 | |
| QL | travoprost | Tier 1 | |
| QL | bimatoprost 0.01% | Tier 3 | LUMIGAN |

| Sympathomimetics | | | |
|------------------|--------------------|--------|------------|
| | apraclonidine 0.5% | Tier 1 | |
| QL | brimonidine 0.15% | Tier 1 | |
| QL | brimonidine 0.2% | Tier 1 | |
| QL | brimonidine 0.1% | Tier 2 | ALPHAGAN P |

| Sympathomimetic/Beta-blocker Combinations | | | |
|---|---------------------|--------|----------|
| QL | brimonidine/timolol | Tier 3 | COMBIGAN |

| Miscellaneous | | | |
|---------------|-------------------------|----------|--------------------|
| | naphazoline | Tier 1 | |
| QL | proparacaine | Tier 1 | |
| QL | tetracaine ophth 0.5% | Tier 1 | |
| PA, QL, SP** | cysteamine | Tier 2 # | CYSTARAN |
| QL | echothiophate iodide | Tier 2 | PHOSPHOLINE IODIDE |
| | hydroxypropyl cellulose | Tier 2 | LACRISERT |
| QL | lidocaine gel | Tier 3 | AKTEN |

Specialty product covered as Tier 4 for certain prescription benefits.

OTIC

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

<https://www.aap.org>

| Anti-infectives | | | |
|-----------------|--------------------|--------|--|
| | acetic acid | Tier 1 | |
| QL | ciprofloxacin otic | Tier 1 | |
| QL | ofloxacin otic | Tier 1 | |

| Anti-infective/Anti-inflammatory Combinations | | | |
|---|--------------------------------------|--------|---------------|
| | acetic acid/hydrocortisone | Tier 1 | |
| QL | ciprofloxacin/dexamethasone | Tier 1 | |
| QL | ciprofloxacin/fluocinolone acetonide | Tier 1 | |
| | neomycin/polymyxin B/hydrocortisone | Tier 1 | |
| QL | ciprofloxacin/hydrocortisone | Tier 3 | CIPRO HC OTIC |

| Miscellaneous | | | |
|---------------|----------------------------|--------|--|
| QL | chloroxylonol/pramoxine | Tier 1 | |
| | fluocinolone acetonide oil | 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 Mine Workers of America Health and Retirement Funds

<http://www.umwafunds.org>

United States Department of Health and Human Services

<https://www.hhs.gov>

World Health Organization

<https://www.who.int>

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