

# AvMed Miami-Dade County HMO Medication Formulary

(04/01/2021)

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## INTRODUCTION

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

The information contained in this **AvMed Miami-Dade County HMO 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 HMO 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 HMO 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 HMO 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](http://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 HMO 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 HMO 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 HMO 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 HMO 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 HMO Medication Formulary**.

**Dosage forms on the AvMed Miami-Dade County HMO 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 HMO 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.

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

**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](http://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, except Insulin.

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

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

## **BENEFIT COVERAGE AND LIMITATIONS**

This medication formulary is for reference purposes only and does not guarantee nor define benefit coverage and limitations. Many members have specific benefit inclusions, exclusions, copayments, or a lack of coverage, which are not reflected in the ***AvMed Miami-Dade County HMO 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 specific 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)
- Foreign medications or medications not approved by the United States Food and Drug Administration (FDA)
- Replacement prescription drug products resulting from a lost, stolen, expired, broken, or destroyed prescription order or refill
- Fertility drugs
- Medications or devices for the diagnosis or treatment of sexual dysfunction
- Dental-specific medications 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)	<b>No cost share</b>
Non-Oral and OTC	etonogestrel/EE ring, norelgestromin/EE, condoms, diaphragms, etc.	<b>No cost share.</b> OTCs require a prescription for coverage.
Other Contraceptive Methods	IUDs, Depo-Provera	<b>No cost share</b> - these are covered under the Medical Benefit because they are administered by a health care professional.
Oral Brands with no Generic	Lo Loestrin Fe	<b>No cost share</b>
Oral Brands with Generics	Loestrin Fe, Estrostep Fe, Ortho-Novum 7/7/7	<b>Tier 3 Copay plus</b> brand penalty - can request no cost share if Prior Authorization submitted and medical necessity is

		established.
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**Tobacco Cessation Coverage and Cost Share Policy:**

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

**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](http://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 0.15/30 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 HMO 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](http://www.avmed.org/go/mdpht).

## LEGEND

<b>MN-PA</b>	Medical Necessity - Prior Authorization
<b>OTC</b>	Over the counter
<b>PA</b>	Prior Authorization
<b>QL</b>	Quantity Limit
<b>SP</b>	Specialty drug available through CVS Specialty™ Pharmacy
<b>SP*</b>	Specialty drug available through Accredo
<b>SP**</b>	Specialty drug available through other Specialty/Retail pharmacies
<b>SP-NPB</b>	Specialty - Non-preferred brand drug
<b>SP-PF</b>	Specialty - Preferred drug
<b>ST</b>	Step Therapy
<b>boldface</b>	Indicates generic availability; boldface may not apply to every strength or dosage form under the listed generic name
delayed-rel	Delayed-release (also known as enteric-coated), refer to the reference brand listed for clarification
ext-rel	Extended-release (also known as sustained-release), refer to the reference brand listed for clarification

## NOTICE

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## 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 400 mg caps	Tier 1
QL	ketoprofen ext-rel	Tier 2
	tolmetin tabs	Tier 2
	meclofenamate	Tier 3

### NSAIDs, COMBINATIONS

QL	diclofenac sodium delayed-rel/misoprostol	Tier 1
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### 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
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### GOUT

	allopurinol	Tier 1
	colchicine	Tier 1
	colchicine/probenecid	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 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
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\* 50 mg/325 mg/40 mg only covered

#### MISCELLANEOUS

	acetaminophen/phenyltoloxamine	Tier 2	DOLOGESIC
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#### ANTI-INFECTIVES

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

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

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

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

**Infective Endocarditis:** American Heart Association recommendations for the prevention of bacterial endocarditis are available at:

<https://professional.heart.org>

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

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

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

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

## ANTIBACTERIALS

### Cephalosporins

#### First Generation

	<b>cefadroxil</b>	Tier 1	
	<b>cephalexin, except 750 mg</b>	Tier 1	

#### Second Generation

	<b>cefaclor</b>	Tier 1	
	<b>cefprozil</b>	Tier 1	
	<b>cefuroxime axetil</b>	Tier 1	
	cefaclor ext-rel	Tier 2	CEFACLOR ER

#### Third Generation

	<b>cefdinir</b>	Tier 1	
	<b>cefixime caps, susp 100 mg/5 mL, 200 mg/5 mL</b>	Tier 1	
	<b>cefpodoxime</b>	Tier 1	
	cefixime	Tier 2	SUPRAX

### Erythromycins/Macrolides

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

### Fluoroquinolones

	<b>ciprofloxacin tabs</b>	Tier 1	
<b>QL</b>	<b>levofloxacin</b>	Tier 1	
	<b>levofloxacin inj</b>	Tier 1	
<b>QL</b>	<b>moxifloxacin</b>	Tier 1	
<b>QL</b>	delafloxacin	Tier 3	BAXDELA

### Penicillins

	<b>amoxicillin</b>	Tier 1	
	<b>amoxicillin/clavulanate</b>	Tier 1	
<b>QL</b>	<b>amoxicillin/clavulanate ext-rel</b>	Tier 1	
	<b>ampicillin</b>	Tier 1	
	<b>dicloxacillin</b>	Tier 1	
	<b>penicillin VK</b>	Tier 1	

	amoxicillin/clavulanate susp 125 mg/5 mL	Tier 2	AUGMENTIN susp
	<b>ampicillin susp</b>	Tier 2	

#### Tetracyclines

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

#### ANTIFUNGALS

	<b>clotrimazole troches</b>	Tier 1	
	<b>fluconazole susp</b>	Tier 1	
<b>QL</b>	<b>fluconazole tabs</b>	Tier 1	
	<b>griseofulvin microsize</b>	Tier 1	
	<b>griseofulvin ultramicronize</b>	Tier 1	
<b>PA</b>	<b>itraconazole</b>	Tier 1	
	<b>nystatin</b>	Tier 1	
<b>PA, SP**</b>	<b>posaconazole</b>	Tier 1 #	
	<b>terbinafine tabs</b>	Tier 1	
<b>QL</b>	<b>voriconazole</b>	Tier 1	
<b>PA, SP**</b>	isavuconazonium	Tier 3 #	CRESEMBA

# Specialty product covered as Tier 4 for certain prescription benefits.

#### ANTIMALARIALS

<b>QL</b>	<b>atovaquone/proguanil</b>	Tier 1	
<b>QL</b>	<b>chloroquine</b>	Tier 1	
<b>QL</b>	<b>mefloquine</b>	Tier 1	
<b>PA</b>	<b>quinine sulfate</b>	Tier 1	

#### ANTIRETROVIRAL AGENTS

##### Antiretroviral Adjuvants

<b>QL, SP</b>	cobicistat	Tier 2 #	TYBOST
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# Specialty product covered as Tier 4 for certain prescription benefits.

##### Antiretroviral Combinations

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

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

# Specialty product covered as Tier 4 for certain prescription benefits.

#### Chemokine Receptor Antagonists

<b>SP</b>	maraviroc	Tier 2 #	SELZENTRY
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# Specialty product covered as Tier 4 for certain prescription benefits.

#### Fusion Inhibitors

<b>SP</b>	enfuvirtide	Tier 2 #	FUZEON
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# Specialty product covered as Tier 4 for certain prescription benefits.

#### Integrase Inhibitors

<b>QL, SP</b>	dolutegravir	Tier 2 #	TIVICAY
<b>QL, SP</b>	dolutegravir	Tier 2 #	TIVICAY PD
<b>QL, SP</b>	raltegravir	Tier 2 #	ISENTRESS

# Specialty product covered as Tier 4 for certain prescription benefits.

#### Non-nucleoside Reverse Transcriptase Inhibitors

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

# Specialty product covered as Tier 4 for certain prescription benefits.

#### Nucleoside Reverse Transcriptase Inhibitors

<b>QL, SP</b>	<b>abacavir</b>	Tier 1 #	
<b>SP</b>	<b>didanosine delayed-rel</b>	Tier 1 #	
<b>QL, SP</b>	<b>emtricitabine caps</b>	Tier 1 #	
<b>QL, SP</b>	<b>lamivudine</b>	Tier 1 #	
<b>QL, SP</b>	<b>stavudine</b>	Tier 1 #	
<b>SP</b>	<b>zidovudine</b>	Tier 1 #	
<b>QL, SP</b>	emtricitabine soln	Tier 2 #	EMTRIVA

# Specialty product covered as Tier 4 for certain prescription benefits.

#### Nucleotide Reverse Transcriptase Inhibitors

<b>QL, SP</b>	<b>tenofovir disoproxil fumarate 300 mg</b>	Tier 1 #	
<b>QL, SP</b>	tenofovir disoproxil fumarate 150 mg, 200 mg, 250 mg	Tier 2 #	VIREAD
<b>QL, SP</b>	tenofovir disoproxil fumarate powder	Tier 2 #	VIREAD

# Specialty product covered as Tier 4 for certain prescription benefits.

#### Protease Inhibitors

<b>QL, SP</b>	<b>atazanavir caps</b>	Tier 1 #	
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<b>QL, SP</b>	<b>fosamprenavir tabs</b>	Tier 1 #	
<b>QL, SP</b>	<b>lopinavir/ritonavir soln</b>	Tier 1 #	
<b>SP</b>	<b>ritonavir tabs</b>	Tier 1 #	
<b>QL, SP</b>	atazanavir powder packets	Tier 2 #	REYATAZ
<b>QL, SP</b>	darunavir	Tier 2 #	PREZISTA
<b>QL, SP</b>	fosamprenavir susp	Tier 2 #	LEXIVA
<b>QL, SP</b>	indinavir	Tier 2 #	CRIXIVAN
<b>PA, QL, SP</b>	lopinavir/ritonavir tabs	Tier 2 #	KALETRA
<b>QL, SP</b>	nelfinavir	Tier 2 #	VIRACEPT
<b>SP</b>	ritonavir powder packets, soln	Tier 2 #	NORVIR
<b>QL, SP</b>	saquinavir mesylate	Tier 2 #	INVIRASE
<b>QL, SP</b>	tipranavir	Tier 2 #	APTIVUS
<b>QL, SP</b>	tipranavir soln	Tier 2 #	APTIVUS soln

# Specialty product covered as Tier 4 for certain prescription benefits.

#### ANTITUBERCULAR AGENTS

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

#### ANTIVIRALS

##### Cytomegalovirus Agents

	<b>ganciclovir</b>	Tier 1	
	<b>valganciclovir</b>	Tier 1	
	letermovir	Tier 3	PREVYMIS

##### Hepatitis Agents

###### Hepatitis B

<b>QL, SP</b>	<b>adefovir dipivoxil</b>	Tier 1 #	
<b>QL, SP</b>	<b>entecavir tabs</b>	Tier 1 #	
<b>QL, SP</b>	<b>lamivudine</b>	Tier 1 #	
<b>QL, SP</b>	entecavir soln	Tier 2 #	BARACLUDE soln
<b>QL, SP</b>	tenofovir alafenamide	Tier 3 #	VEMLIDY

# Specialty product covered as Tier 4 for certain prescription benefits.

###### Hepatitis C

<b>PA, SP</b>	<b>ribavirin</b>	Tier 1 #	
<b>PA, SP, *</b>	ledipasvir/sofosbuvir	Tier 3 #	HARVONI
<b>PA, SP</b>	sofosbuvir	Tier 3 #	SOVALDI
<b>PA, SP, *</b>	sofosbuvir/velpatasvir	Tier 3 #	EPCLUSA
<b>PA, SP, *</b>	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

	<b>acyclovir caps, tabs</b>	Tier 1	
<b>QL</b>	<b>famciclovir</b>	Tier 1	
<b>QL</b>	<b>valacyclovir</b>	Tier 1	

#### Influenza Agents

<b>QL</b>	<b>oseltamivir</b>	Tier 1	
<b>QL</b>	<b>rimantadine</b>	Tier 1	
<b>QL</b>	<b>zanamivir</b>	Tier 3	RELENZA

#### Miscellaneous

	<b>ribavirin for inhalation</b>	Tier 3	
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#### MISCELLANEOUS

	<b>albendazole</b>	Tier 1	
	<b>atovaquone</b>	Tier 1	
	<b>clindamycin</b>	Tier 1	
	<b>ivermectin</b>	Tier 1	
<b>PA, QL</b>	<b>linezolid</b>	Tier 1	
	<b>metronidazole</b>	Tier 1	
<b>QL</b>	<b>nitazoxanide</b>	Tier 1	
	<b>nitrofurantoin ext-rel</b>	Tier 1	
	<b>nitrofurantoin macrocrystals</b>	Tier 1	
	<b>nitrofurantoin susp</b>	Tier 1	
	<b>paromomycin</b>	Tier 1	
	<b>pentamidine aerosol</b>	Tier 1	
	<b>praziquantel</b>	Tier 1	
<b>PA</b>	<b>pyrimethamine</b>	Tier 1	
	<b>sulfamethoxazole/trimethoprim</b>	Tier 1	
	<b>sulfamethoxazole/trimethoprim DS</b>	Tier 1	
	<b>tinidazole</b>	Tier 1	
	<b>trimethoprim</b>	Tier 1	
	<b>vancomycin caps</b>	Tier 1	
	<b>dapsone</b>	Tier 2	
	<b>sulfadiazine</b>	Tier 2	
<b>PA, QL</b>	<b>tedizolid</b>	Tier 2	SIVEXTRO
	<b>trimethoprim soln</b>	Tier 2	PRIMSOL
	<b>benznidazole</b>	Tier 3	BENZNIDAZOLE
<b>PA</b>	<b>lefamulin</b>	Tier 3	XENLETA
	<b>metronidazole ext-rel</b>	Tier 3	FLAGYL ER
<b>PA, SP**</b>	<b>miltefosine</b>	Tier 3 #	IMPAVIDO
	<b>rifaximin</b>	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

	<b>cyclophosphamide caps</b>	Tier 1	
	<b>melphalan</b>	Tier 1	

<b>SP</b>	<b>temozolomide</b>	Tier 1 #	
	busulfan	Tier 2	MYLERAN
	chlorambucil	Tier 2	LEUKERAN
	estramustine	Tier 2	EMCYT
<b>QL</b>	lomustine	Tier 2	GLEOSTINE
<b>PA, QL, SP**</b>	mechlorethamine gel	Tier 3 #	VALCHLOR

# Specialty product covered as Tier 4 for certain prescription benefits.

#### ANTIMETABOLITES

<b>SP</b>	<b>capecitabine</b>	Tier 1 #	
	<b>mercaptopurine</b>	Tier 1	
	methotrexate	Tier 2	TREXALL
	thioguanine	Tier 2	TABLOID

# Specialty product covered as Tier 4 for certain prescription benefits.

#### HORMONAL ANTINEOPLASTIC AGENTS

##### Antiandrogens

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

# Specialty product covered as Tier 4 for certain prescription benefits.

##### Antiestrogens

	<b>tamoxifen</b>	Tier 1	
<b>QL</b>	<b>toremifene</b>	Tier 1	
<b>QL</b>	tamoxifen soln	Tier 2	SOLTAMOX

##### Aromatase Inhibitors

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

##### Luteinizing Hormone-Releasing Hormone (LHRH) Agonists

<b>PA, SP</b>	leuprolide acetate	Tier 3 #	LUPRON DEPOT
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# Specialty product covered as Tier 4 for certain prescription benefits.

##### Progestins

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

# Specialty product covered as Tier 4 for certain prescription benefits.

# Specialty product covered as Tier 4 for certain prescription benefits.

#### KINASE INHIBITORS

<b>PA, QL, SP</b>	<b>erlotinib</b>	Tier 1 #	
<b>PA, QL, SP</b>	<b>everolimus</b>	Tier 1 #	
<b>PA, QL, SP</b>	<b>imatinib mesylate</b>	Tier 1 #	

<b>PA, QL, SP</b>	<b>lapatinib</b>	Tier 1 #	
<b>PA, QL, SP</b>	dasatinib	Tier 2 #	SPRYCEL
<b>PA, QL, SP</b>	nilotinib	Tier 2 #	TASIGNA
<b>PA, QL, SP</b>	pazopanib	Tier 2 #	VOTRIENT
<b>PA, QL, SP</b>	sorafenib	Tier 2 #	NEXAVAR
<b>PA, QL, SP</b>	sunitinib	Tier 2 #	SUTENT
<b>PA, SP</b>	vandetanib	Tier 2 #	CAPRELSA
<b>PA, SP</b>	abemaciclib	Tier 3 #	VERZENIO
<b>PA, SP</b>	acalabrutinib	Tier 3 #	CALQUENCE
<b>PA, QL, SP*</b>	afatinib	Tier 3 #	GILOTRIF
<b>PA, SP</b>	alectinib	Tier 3 #	ALECENSA
<b>PA, SP</b>	alpelisib	Tier 3 #	PIQRAY
<b>PA, SP</b>	axitinib	Tier 3 #	INLYTA
<b>PA, SP</b>	bosutinib	Tier 3 #	BOSULIF
<b>PA, SP</b>	cabozantinib	Tier 3 #	CABOMETYX
<b>PA, QL, SP**</b>	cabozantinib	Tier 3 #	COMETRIQ
<b>PA, QL, SP</b>	ceritinib	Tier 3 #	ZYKADIA
<b>PA, SP</b>	cobimetinib	Tier 3 #	COTELLIC
<b>PA, QL, SP</b>	crizotinib	Tier 3 #	XALKORI
<b>PA, QL, SP</b>	dabrafenib	Tier 3 #	TAFINLAR
<b>PA, SP</b>	entrectinib	Tier 3 #	ROZLYTREK
<b>PA, SP</b>	erdafitinib	Tier 3 #	BALVERSA
<b>PA, QL, SP</b>	everolimus	Tier 3 #	AFINITOR DISPERZ
<b>PA, QL, SP**</b>	ibrutinib	Tier 3 #	IMBRUVICA
<b>PA, QL, SP**</b>	idelalisib	Tier 3 #	ZYDELIG
<b>PA, QL, SP**</b>	lenvatinib	Tier 3 #	LENVIMA
<b>PA, SP</b>	midostaurin	Tier 3 #	RYDAPT
<b>PA, SP</b>	osimertinib	Tier 3 #	TAGRISSO
<b>PA, QL, SP</b>	palbociclib	Tier 3 #	IBRANCE
<b>PA, SP</b>	pemigatinib	Tier 3 #	PEMAZYRE
<b>PA, QL, SP**</b>	ponatinib	Tier 3 #	ICLUSIG
<b>PA, QL, SP</b>	regorafenib	Tier 3 #	STIVARGA
<b>PA, QL, SP</b>	ruxolitinib	Tier 3 #	JAKAFI
<b>PA, SP</b>	selumetinib	Tier 3 #	KOSELUGO
<b>PA, SP**</b>	tazemetostat	Tier 3 #	TAZVERIK
<b>PA, QL, SP</b>	trametinib	Tier 3 #	MEKINIST
<b>PA, QL, SP</b>	tucatinib	Tier 3 #	TUKYSA
<b>PA, QL, SP</b>	vemurafenib	Tier 3 #	ZELBORAF
<b>PA, SP</b>	zanubrutinib	Tier 3 #	BRUKINSA

# Specialty product covered as Tier 4 for certain prescription benefits.

#### MULTIPLE MYELOMA

##### Immunomodulators

<b>PA, SP</b>	lenalidomide	Tier 3	REVLIMID
<b>PA, SP</b>	pomalidomide	Tier 3	POMALYST
<b>PA, SP</b>	thalidomide	Tier 3	THALOMID

##### Proteasome Inhibitors

<b>PA, SP</b>	ixazomib	Tier 3 #	NINLARO
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#### MISCELLANEOUS

<b>SP</b>	<b>bexarotene caps</b>	Tier 1 #	
	<b>hydroxyurea</b>	Tier 1	
	<b>leucovorin calcium</b>	Tier 1	
	<b>tretinoin caps</b>	Tier 1	

	hydroxyurea	Tier 2	DROXIA
	<b>leucovorin calcium 10 mg, 15 mg</b>	Tier 2	
	mitotane	Tier 2	LYSODREN
	procarbazine	Tier 2	MATULANE
<b>QL, SP</b>	vorinostat	Tier 2 #	ZOLINZA
<b>PA, SP</b>	decitabine-cedazuridine	Tier 3 #	INQOVI
<b>PA, QL, SP</b>	enasidenib	Tier 3 #	IDHIFA
	<b>etoposide</b>	Tier 3	
	mesna	Tier 3	MESNEX
<b>PA, QL, SP**</b>	niraparib	Tier 3 #	ZEJULA
<b>PA, QL, SP**</b>	olaparib	Tier 3 #	LYNPARZA
<b>PA, QL, SP</b>	panobinostat	Tier 3 #	FARYDAK
<b>PA, SP</b>	rucaparib	Tier 3 #	RUBRACA
<b>PA, SP</b>	selinexor	Tier 3 #	XPOVIO
<b>PA, SP</b>	sonidegib	Tier 3 #	ODOMZO
<b>PA, SP</b>	trifluridine/tipiracil	Tier 3 #	LONSURF
<b>PA, SP**</b>	uridine triacetate	Tier 3 #	VISTOGARD
<b>PA, SP**</b>	venetoclax	Tier 3 #	VENCLEXTA
<b>PA, SP</b>	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>

	<b>benazepril</b>	Tier 1	
	<b>captopril</b>	Tier 1	
	<b>enalapril</b>	Tier 1	
	<b>fosinopril</b>	Tier 1	
<b>QL</b>	<b>lisinopril</b>	Tier 1	
	<b>moexipril</b>	Tier 1	
<b>QL</b>	<b>perindopril</b>	Tier 1	
	<b>quinapril</b>	Tier 1	
<b>QL</b>	<b>ramipril</b>	Tier 1	
	<b>trandolapril</b>	Tier 1	
<b>QL</b>	enalapril oral soln	Tier 2	EPANED

### ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATIONS

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

### ACE INHIBITOR/DIURETIC COMBINATIONS

	<b>benazepril/hydrochlorothiazide</b>	Tier 1	
	<b>captopril/hydrochlorothiazide</b>	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
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	disopyramide	Tier 1	
<b>QL, SP</b>	dofetilide	Tier 1 #	
	flecainide	Tier 1	
	propafenone	Tier 1	
	propafenone ext-rel	Tier 1	
	sotalol	Tier 1	
	disopyramide ext-rel	Tier 2	NORPACE CR
<b>QL</b>	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

<b>PA</b>	bempedoic acid	Tier 3	NEXLETOL
<b>PA</b>	bempedoic acid/ezetimibe	Tier 3	NEXLIZET

#### Adenosine Triphosphate-Citrate Lyase Inhibitor/Combinations

<b>PA</b>	bempedoic acid	Tier 3	NEXLETOL
<b>PA</b>	bempedoic acid/ezetimibe	Tier 3	NEXLIZET

#### Bile Acid Resins

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

#### Cholesterol Absorption Inhibitors

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

<b>QL</b>	fenofibrate	Tier 1	
<b>QL</b>	fenofibric acid delayed-rel	Tier 1	
<b>QL</b>	gemfibrozil	Tier 1	

#### HMG-CoA Reductase Inhibitors/Combinations

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

#### Microsomal Triglyceride Transfer Protein Inhibitors

<b>PA, QL, SP**</b>	lomitapide	Tier 3 #	JUXTAPID
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#### Niacins

<b>QL</b>	niacin ext-rel	Tier 1	
<b>OTC</b>	niacin ext-rel	Tier 1	SLO-NIACIN

### Omega-3 Fatty Acids

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

### PCSK9 Inhibitors

<b>PA</b>	evolocumab	Tier 2	REPATHA
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### BETA-BLOCKERS

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

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

<https://www.acc.org>

	<b>acebutolol</b>	Tier 1	
	<b>atenolol</b>	Tier 1	
<b>QL</b>	<b>betaxolol</b>	Tier 1	
<b>QL</b>	<b>bisoprolol</b>	Tier 1	
<b>QL</b>	<b>carvedilol</b>	Tier 1	
<b>QL</b>	<b>carvedilol phosphate ext-rel</b>	Tier 1	
	<b>labetalol</b>	Tier 1	
<b>QL</b>	<b>metoprolol succinate ext-rel</b>	Tier 1	
	<b>metoprolol tartrate 25 mg, 50 mg, 100 mg</b>	Tier 1	
<b>QL</b>	<b>nadolol</b>	Tier 1	
	<b>propranolol</b>	Tier 1	
<b>QL</b>	<b>propranolol ext-rel</b>	Tier 1	
<b>QL</b>	nebivolol	Tier 2	BYSTOLIC
	<b>pindolol</b>	Tier 2	
	<b>timolol</b>	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>

	<b>atenolol/chlorthalidone</b>	Tier 1	
	<b>bisoprolol/hydrochlorothiazide</b>	Tier 1	
	<b>metoprolol/hydrochlorothiazide</b>	Tier 1	
<b>QL</b>	metoprolol succinate ext-rel/hydrochlorothiazide	Tier 2	DUTOPROL
	<b>propranolol soln</b>	Tier 2	
	<b>propranolol/hydrochlorothiazide</b>	Tier 2	

### CALCIUM CHANNEL BLOCKERS

#### Dihydropyridines

<b>QL</b>	<b>amlodipine</b>	Tier 1	
<b>QL</b>	<b>felodipine ext-rel</b>	Tier 1	
<b>QL</b>	<b>isradipine</b>	Tier 1	
	<b>nicardipine</b>	Tier 1	
	<b>nifedipine</b>	Tier 1	
<b>QL</b>	<b>nifedipine ext-rel</b>	Tier 1	
<b>QL</b>	<b>nisoldipine ext-rel</b>	Tier 1	
<b>QL</b>	nicardipine ext-rel	Tier 3	CARDENE SR
<b>QL</b>	nimodipine oral soln	Tier 3	NYMALIZE

#### Nondihydropyridines

	<b>diltiazem</b>	Tier 1	
<b>QL</b>	<b>diltiazem ext-rel</b>	Tier 1	



	verapamil	Tier 1	
	verapamil ext-rel	Tier 1	
QL	diltiazem ext-rel 360 mg	Tier 2	CARDIZEM CD 360 mg

#### CALCIUM CHANNEL BLOCKER/ANTIPEMIC COMBINATIONS

QL	amlodipine/atorvastatin	Tier 1	
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#### DIGITALIS GLYCOSIDES

	digoxin	Tier 1	
	digoxin ped elixir	Tier 1	
	digoxin soln	Tier 2	

#### 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	
	toremide	Tier 1	
	furosemide soln	Tier 2	
	ethacrynic acid	Tier 3	EDECIN

##### 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	
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	<b>isosorbide mononitrate</b>	Tier 1	
	<b>isosorbide mononitrate ext-rel</b>	Tier 1	
	<b>nitroglycerin ext-rel caps</b>	Tier 1	
	isosorbide dinitrate ext-rel caps	Tier 2	DILATRATE-SR

#### Sublingual

	<b>nitroglycerin sublingual spray</b>	Tier 1	
	<b>nitroglycerin sublingual tabs</b>	Tier 1	

#### Transdermal

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

### PULMONARY ARTERIAL HYPERTENSION

#### Endothelin Receptor Antagonists

<b>PA, QL, SP</b>	<b>ambrisentan</b>	Tier 1 #	
<b>PA, QL, SP</b>	<b>bosentan</b>	Tier 1 #	

# Specialty product covered as Tier 4 for certain prescription benefits.

#### Phosphodiesterase Inhibitors

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

# Specialty product covered as Tier 4 for certain prescription benefits.

#### Prostacyclin Receptor Agonists

<b>PA, SP</b>	selexipag	Tier 3 #	UPTRAVI
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# Specialty product covered as Tier 4 for certain prescription benefits.

#### Prostaglandin Vasodilators

<b>PA, SP</b>	iloprost	Tier 3 #	VENTAVIS
<b>PA, QL, SP</b>	treprostinil	Tier 3 #	TYVASO
<b>PA, QL, SP</b>	treprostinil ext-rel	Tier 3 #	ORENITRAM

# Specialty product covered as Tier 4 for certain prescription benefits.

#### Soluble Guanylate Cyclase Stimulators

<b>PA, QL, SP</b>	riociguat	Tier 3 #	ADEMPAS
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# Specialty product covered as Tier 4 for certain prescription benefits.

### MISCELLANEOUS

	<b>hydralazine</b>	Tier 1	
	<b>methyldopa</b>	Tier 1	
<b>QL</b>	<b>midodrine</b>	Tier 1	
	<b>minoxidil</b>	Tier 1	
<b>QL</b>	<b>ranolazine ext-rel</b>	Tier 1	
	<b>methyldopa/hydrochlorothiazide</b>	Tier 2	

### CENTRAL NERVOUS SYSTEM

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

## ANTIANKIETY

### Benzodiazepines

	alprazolam	Tier 1
<b>QL</b>	alprazolam ext-rel	Tier 1
	chlordiazepoxide	Tier 1
	clonazepam	Tier 1
	clorazepate	Tier 1
	diazepam	Tier 1
	lorazepam	Tier 1
	oxazepam	Tier 1
<b>QL</b>	lorazepam oral concentrate	Tier 3

### Miscellaneous

	buspirone	Tier 1
	clomipramine	Tier 1
<b>QL</b>	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 sprinkle caps	Tier 1	
	ethosuximide	Tier 1	
<b>QL</b>	felbamate	Tier 1	
	gabapentin	Tier 1	
<b>QL</b>	gabapentin oral soln	Tier 1	
	lamotrigine	Tier 1	
	lamotrigine ext-rel	Tier 1	
<b>QL</b>	levetiracetam	Tier 1	
<b>QL</b>	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	
<b>QL</b>	topiramate	Tier 1	
	topiramate sprinkle caps	Tier 1	
	valproic acid	Tier 1	
<b>PA, QL, SP</b>	vigabatrin	Tier 1 #	
	zonisamide	Tier 1	
<b>QL</b>	diazepam rectal gel	Tier 2	
	methsuximide	Tier 2	CELONTIN
	phenytoin sodium extended 30 mg	Tier 2	DILANTIN 30 MG CAPS
<b>PA</b>	cenobamate	Tier 3	XCOPRI
<b>PA, QL</b>	diazepam nasal spray	Tier 3	VALTOCO
<b>PA, QL</b>	eslicarbazepine	Tier 3	APTIOM
<b>QL</b>	lacosamide	Tier 3	VIMPAT
<b>PA, QL</b>	midazolam nasal spray	Tier 3	NAYZILAM
<b>PA, QL</b>	perampanel	Tier 3	FYCOMPA

<b>QL</b>	<b>rufinamide</b>	Tier 3	BANZEL
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# 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>

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

	<b>phenelzine</b>	Tier 1	
	<b>tranylcypromine</b>	Tier 1	
	isocarboxazid	Tier 3	MARPLAN
<b>PA, QL</b>	selegiline transdermal	Tier 3	EMSAM

#### Selective Serotonin Reuptake Inhibitors (SSRIs)

<b>QL, *</b>	<b>citalopram</b>	Tier 1	
<b>QL</b>	<b>escitalopram</b>	Tier 1	
<b>QL, **</b>	<b>fluoxetine</b>	Tier 1	
<b>QL</b>	<b>fluoxetine delayed-rel</b>	Tier 1	
<b>QL</b>	<b>paroxetine HCl</b>	Tier 1	
<b>QL</b>	<b>paroxetine HCl ext-rel</b>	Tier 1	
<b>QL</b>	<b>sertraline</b>	Tier 1	
<b>QL</b>	vilazodone	Tier 2	VIIBRYD
<b>QL</b>	vortioxetine	Tier 2	TRINTELLIX
<b>QL</b>	paroxetine HCl susp	Tier 3	PAXIL SUSPENSION

\* Maximum dose of 40 mg daily.

\*\* Listing does not include fluoxetine tablet 60 mg.

#### Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)

<b>QL</b>	<b>desvenlafaxine ext-rel</b>	Tier 1	
<b>QL</b>	<b>duloxetine delayed-rel</b>	Tier 1	
<b>QL</b>	<b>venlafaxine</b>	Tier 1	
<b>QL</b>	<b>venlafaxine ext-rel</b>	Tier 1	
<b>QL</b>	<b>venlafaxine ext-rel tabs</b>	Tier 1	
<b>QL</b>	<b>venlafaxine ext-rel tabs 225 mg</b>	Tier 2	
<b>QL</b>	levomilnacipran ext-rel	Tier 3	FETZIMA

#### Tricyclic Antidepressants (TCAs)

	<b>amitriptyline</b>	Tier 1	
	<b>amitriptyline/chlordiazepoxide</b>	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	
	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	carbidopa/levodopa orally disintegrating tabs	Tier 2	
QL	rotigotine transdermal	Tier 2	NEUPRO
QL, SP	apomorphine	Tier 3 #	APOKYN
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	

<b>QL</b>	<b>risperidone</b>	Tier 1	
<b>QL</b>	<b>ziprasidone</b>	Tier 1	
	risperidone long-acting injection	Tier 2	RISPERDAL CONSTA
<b>PA</b>	aripiprazole ext-rel inj	Tier 3	ABILIFY MAINTENA
<b>PA, QL</b>	aripiprazole lauroxil ext-rel inj	Tier 3	ARISTADA
<b>PA</b>	aripiprazole lauroxil ext-rel inj	Tier 3	ARISTADA INITIO
<b>QL</b>	clozapine oral suspension	Tier 3	VERSACLOZ
<b>QL</b>	lurasidone	Tier 3	LATUDA
	olanzapine pamoate ext-rel inj	Tier 3	ZYPREXA RELPREVV
<b>QL</b>	paliperidone palmitate ext-rel inj	Tier 3	INVEGA SUSTENNA
<b>QL</b>	paliperidone palmitate ext-rel inj	Tier 3	INVEGA TRINZA

#### Miscellaneous

	<b>chlorpromazine</b>	Tier 1	
	<b>fluphenazine</b>	Tier 1	
	<b>haloperidol</b>	Tier 1	
	<b>loxapine</b>	Tier 1	
	<b>perphenazine</b>	Tier 1	
	<b>pimozide</b>	Tier 1	
	<b>thioridazine</b>	Tier 1	
	<b>thiothixene</b>	Tier 1	
	<b>trifluoperazine</b>	Tier 1	
<b>PA, SP</b>	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>

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

#### FIBROMYALGIA

	<b>pregabalin</b>	Tier 1	
<b>QL</b>	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**

<b>QL</b>	<b>estazolam</b>	Tier 1	
	<b>temazepam</b>	Tier 1	
	<b>triazolam</b>	Tier 1	

**Nonbenzodiazepines**

	<b>eszopiclone</b>	Tier 1	
<b>QL</b>	<b>ramelteon</b>	Tier 1	
<b>QL</b>	<b>zaleplon</b>	Tier 1	
	<b>zolpidem</b>	Tier 1	
	<b>zolpidem ext-rel</b>	Tier 1	

**LAMBERT-EATON MYASTHENIC SYNDROME**

<b>PA, SP</b>	amifampridine	Tier 3 #	FIRDAPSE
<b>PA, SP</b>	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*

<b>PA</b>	<b>dihydroergotamine inj</b>	Tier 1	
<b>QL</b>	<b>ergotamine/caffeine supp</b>	Tier 1	
	<b>ergotamine/caffeine tabs</b>	Tier 1	
	ergotamine tartrate sublingual	Tier 2	ERGOMAR

*Triptans*

<b>QL</b>	<b>almotriptan</b>	Tier 1	
<b>QL</b>	<b>eletriptan</b>	Tier 1	
<b>QL</b>	<b>frovatriptan</b>	Tier 1	
<b>QL</b>	<b>naratriptan</b>	Tier 1	
<b>QL</b>	<b>rizatriptan</b>	Tier 1	
<b>QL</b>	<b>sumatriptan</b>	Tier 1	
<b>PA, QL</b>	<b>sumatriptan inj</b>	Tier 1	
<b>QL</b>	<b>zolmitriptan tabs</b>	Tier 1	
<b>QL</b>	<b>sumatriptan nasal spray</b>	Tier 2	

*Miscellaneous*

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

**Preventive Migraine Agents***Monoclonal Antibodies*

<b>PA, SP</b>	fremanezumab-vfrm	Tier 3 #	AJOVY
<b>PA, SP</b>	galcanezumab-gnlm	Tier 3 #	EMGALITY

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**Miscellaneous**

<b>QL</b>	diclofenac potassium packets	Tier 3	CAMBIA
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**MOOD STABILIZERS**

	<b>lithium carbonate</b>	Tier 1	
	<b>lithium carbonate ext-rel tabs 300 mg</b>	Tier 1	
	<b>lithium carbonate ext-rel tabs 450 mg</b>	Tier 1	
	<b>lithium citrate</b>	Tier 1	
	<b>carbamazepine</b>	Tier 2	EQUETRO

**MOVEMENT DISORDERS**

<b>PA, QL, SP</b>	<b>tetrabenazine</b>	Tier 1 #	
<b>PA, SP</b>	<b>deutetrabenazine</b>	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>

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

# Specialty product covered as Tier 4 for certain prescription benefits.

**MUSCULOSKELETAL THERAPY AGENTS**

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

**MYASTHENIA GRAVIS**

	<b>pyridostigmine</b>	Tier 1	
	<b>pyridostigmine ext-rel</b>	Tier 1	
	<b>pyridostigmine syrup</b>	Tier 1	

**NARCOLEPSY/CATAPLEXY**

<b>QL</b>	<b>armodafinil</b>	Tier 1	
<b>QL</b>	<b>modafinil</b>	Tier 1	
<b>PA, SP*</b>	<b>sodium oxybate</b>	Tier 2 #	XYREM



# Specialty product covered as Tier 4 for certain prescription benefits.

## PSYCHOTHERAPEUTIC-MISCELLANEOUS

### Alcohol Deterrents

	<b>acamprosate calcium</b>	Tier 1	
	<b>disulfiram</b>	Tier 1	
<b>SP</b>	naltrexone microspheres	Tier 3 #	VIVITROL

# Specialty product covered as Tier 4 for certain prescription benefits.

### Opioid Antagonists

	<b>naloxone inj 0.4 mg/mL</b>	Tier 1	
	<b>naltrexone</b>	Tier 1	
<b>QL</b>	naloxone nasal spray	Tier 2	NARCAN

### Partial Opioid Agonist/Opioid Antagonist Combinations

<b>QL</b>	<b>buprenorphine/naloxone sublingual</b>	Tier 1	
<b>QL</b>	buprenorphine/naloxone sublingual tabs	Tier 3	ZUBSOLV

### Pseudobulbar Affect

<b>PA</b>	dextromethorphan/quinidine	Tier 3	NUDEXTA
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## MISCELLANEOUS

<b>QL, SP**</b>	<b>riluzole</b>	Tier 1 #	
	guanidine	Tier 2	
<b>PA, SP</b>	risdiplam	Tier 3 #	EVRYSDI

# Specialty product covered as Tier 4 for certain prescription benefits.

## ENDOCRINE AND METABOLIC

### ACROMEGALY

<b>PA, QL, SP</b>	lanreotide acetate	Tier 3 #	SOMATULINE DEPOT
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# Specialty product covered as Tier 4 for certain prescription benefits.

## ANDROGENS

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

<https://www.aace.com>

<b>QL</b>	<b>oxandrolone</b>	Tier 1	
<b>QL</b>	<b>testosterone cypionate inj</b>	Tier 1	
<b>QL</b>	<b>testosterone gel</b>	Tier 1	
<b>QL</b>	<b>testosterone soln</b>	Tier 1	
<b>QL</b>	testosterone transdermal	Tier 2	ANDRODERM

## ANTIDIABETICS

Guidelines of treatment and management of diabetes are available at:

<https://professional.diabetes.org>

### Alpha-glucosidase Inhibitors

<b>QL</b>	<b>acarbose</b>	Tier 1	
<b>QL</b>	<b>miglitol</b>	Tier 1	

### Amylin Analogs

<b>QL</b>	pramlintide	Tier 2	SYMLINPEN
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<b>Biguanides</b>			
<b>QL</b>	<b>metformin</b>	Tier 1	
<b>QL, *</b>	<b>metformin ext-rel</b>	Tier 1	
<b>QL</b>	<b>metformin soln</b>	Tier 1	

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

<b>Biguanide/Sulfonylurea Combinations</b>			
	<b>glipizide/metformin</b>	Tier 1	

<b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</b>			
<b>QL</b>	sitagliptin phosphate	Tier 2	JANUVIA
<b>MN-PA, QL</b>	alogliptin	Tier 3	NESINA
<b>MN-PA, QL</b>	linagliptin	Tier 3	TRADJENTA

<b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitor/Biguanide Combinations</b>			
<b>QL</b>	sitagliptin/metformin	Tier 2	JANUMET
<b>QL</b>	sitagliptin/metformin ext-rel	Tier 2	JANUMET XR
<b>MN-PA, QL</b>	alogliptin/metformin	Tier 3	KAZANO
<b>MN-PA, QL</b>	linagliptin/metformin	Tier 3	JENTADUETO
<b>MN-PA, QL</b>	linagliptin/metformin ext-rel	Tier 3	JENTADUETO XR

<b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitor/Insulin Sensitizer Combinations</b>			
<b>MN-PA, QL</b>	alogliptin/pioglitazone	Tier 3	OSENI

<b>Incretin Mimetic Agents</b>			
<b>QL</b>	dulaglutide	Tier 2	TRULICITY
<b>QL</b>	liraglutide	Tier 2	VICTOZA
<b>QL</b>	semaglutide	Tier 2	OZEMPIC
<b>QL</b>	semaglutide	Tier 2	RYBELSUS
<b>MN-PA, QL</b>	exenatide	Tier 3	BYETTA
<b>MN-PA, QL</b>	exenatide ext-rel	Tier 3	BYDUREON

<b>Incretin Mimetic Agent/Insulin Combinations</b>			
	liraglutide/insulin degludec	Tier 2	XULTOPHY
	lixisenatide/insulin glargine	Tier 2	SOLIQUA

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

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

<b>QL, SP</b>	<b>cinacalcet</b>	Tier 1 #	
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# Specialty product covered as Tier 4 for certain prescription benefits.

#### CALCIUM REGULATORS

Guidelines of treatment and management of osteoporosis are available at:

<https://www.aace.com>

<https://www.nof.org>

**Bisphosphonates**

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

**Calcitonins**

<b>QL</b>	<b>calcitonin-salmon nasal spray</b>	Tier 1	
<b>SP**</b>	<b>calcitonin-salmon inj</b>	Tier 3 #	MIACALCIN inj

# Specialty product covered as Tier 4 for certain prescription benefits.

**Parathyroid Hormones**

<b>QL, SP</b>	<b>abaloparatide</b>	Tier 3 #	TYMLOS
<b>PA, QL, SP</b>	<b>parathyroid hormone (recombinant)</b>	Tier 3 #	NATPARA
<b>QL, SP</b>	<b>teriparatide</b>	Tier 3 #	FORTEO

# Specialty product covered as Tier 4 for certain prescription benefits.

**CARNITINE DEFICIENCY AGENTS**

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

EE = ethinyl estradiol

**Monophasic**

*20 mcg Estrogen*

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

*25 mcg Estrogen*

	<b>norethindrone/EE 0.8/25 and iron chewable</b>	Tier 1	
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*30 mcg Estrogen*

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

*35 mcg Estrogen*

	<b>ethynodiol diacetate/EE 1/35 - Zovia 1/35</b>	Tier 1	
	<b>norethindrone/EE 0.4/35 - Balziva</b>	Tier 1	
	<b>norethindrone/EE 0.4/35 and iron chewable</b>	Tier 1	
	<b>norethindrone/EE 0.5/35</b>	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	
<b>Biphasic</b>			
	desogestrel/EE	Tier 1	
	norethindrone acetate/EE 1/10 and EE 10 and iron	Tier 2	LO LOESTRIN FE
<b>Triphasic</b>			
	desogestrel/EE	Tier 1	
	levonorgestrel/EE - Trivora	Tier 1	
	norethindrone/EE	Tier 1	
	norethindrone/EE and iron - Tri-Legest Fe	Tier 1	
	norgestimate/EE	Tier 1	
<b>Four Phase</b>			
	estradiol valerate and dienogest/estradiol valerate	Tier 2	NATAZIA
<b>Extended Cycle</b>			
	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	
<b>Progestin Only</b>			
	norethindrone	Tier 1	
<b>Emergency Contraception</b>			
<b>OTC</b>	levonorgestrel 1.5 mg	Tier 1	
	ulipristal	Tier 3	ELLA
<b>Injectable</b>			
<b>QL</b>	medroxyprogesterone acetate 150 mg/mL	Tier 1	
<b>Transdermal</b>			
	norelgestromin/EE	Tier 1	
<b>Vaginal</b>			
<b>QL</b>	etonogestrel/EE ring	Tier 1	
<b>Miscellaneous</b>			
<b>QL</b>	cervical cap		
<b>QL</b>	contraceptive sponge		TODAY SPONGE
<b>QL</b>	diaphragm		
<b>QL</b>	female condom		
<b>ENDOMETRIOSIS</b>			
<b>QL</b>	danazol	Tier 1	
<b>PA</b>	elagolix	Tier 2	ORLISSA
<b>GLUCOCORTICOIDS</b>			
	cortisone acetate	Tier 1	
	dexamethasone	Tier 1	
	fludrocortisone	Tier 1	

	<b>hydrocortisone</b>	Tier 1	
	<b>methylprednisolone</b>	Tier 1	
	<b>prednisolone</b>	Tier 1	
	<b>prednisone</b>	Tier 1	
	<b>dexamethasone elixir</b>	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

	<b>diazoxide</b>	Tier 1	
<b>QL</b>	glucagon, human recombinant	Tier 2	GLUCAGEN HYPOKIT
<b>QL</b>	glucagon, human recombinant	Tier 2	GLUCAGON EMERGENCY KIT
<b>PA, QL</b>	glucagon nasal powder	Tier 3	BAQSIMI

#### HEREDITARY TYROSINEMIA TYPE 1 AGENTS

<b>SP*</b>	<b>nitisinone</b>	Tier 1 #	
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# 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>

<b>PA, SP-PF</b>	somatropin	Tier 3 #	GENOTROPIN
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# Specialty product covered as Tier 4 for certain prescription benefits.

#### HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS

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

#### MENOPAUSAL SYMPTOM AGENTS

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

<https://www.menopause.org>

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

#### Oral

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

#### Transdermal

<b>QL</b>	<b>estradiol</b>	Tier 1	
<b>QL</b>	estradiol/levonorgestrel	Tier 2	CLIMARA PRO
<b>QL</b>	estradiol/norethindrone acetate	Tier 2	COMBIPATCH
<b>QL</b>	estradiol	Tier 3	ALORA

<b>QL</b>	estradiol	Tier 3	DIVIGEL
	estradiol	Tier 3	EVAMIST
<b>QL</b>	estradiol transdermal gel	Tier 3	ELESTRIN
<b>QL</b>	estradiol transdermal gel	Tier 3	ESTROGEL

#### Vaginal

	<b>estradiol vaginal crm</b>	Tier 1	
<b>QL</b>	<b>estradiol vaginal tabs</b>	Tier 1	
<b>QL</b>	estradiol vaginal ring	Tier 2	ESTRING
<b>QL</b>	estrogens, conjugated crm	Tier 2	PREMARIN
<b>QL</b>	estradiol vaginal ring	Tier 3	FEMRING

#### INSULIN-LIKE GROWTH FACTOR-1 AGENTS

<b>SP</b>	mecasermin	Tier 3 #	INCRELEX
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# Specialty product covered as Tier 4 for certain prescription benefits.

#### PHOSPHATE BINDER AGENTS

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

#### POTASSIUM-REMOVING AGENTS

<b>QL</b>	<b>sodium polystyrene sulfonate</b>	Tier 1	
	patiromer sorbitex	Tier 2	VELTASSA
	sodium zirconium cyclosilicate	Tier 2	LOKELMA

#### PROGESTINS

##### Oral

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

##### Vaginal

<b>PA</b>	progesterone gel	Tier 3	CRINONE
<b>PA</b>	progesterone supp	Tier 3	ENDOMETRIN

#### SELECTIVE ESTROGEN RECEPTOR MODULATORS

	<b>raloxifene</b>	Tier 1	
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#### THYROID AGENTS

##### Antithyroid Agents

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

##### Thyroid Supplements

	<b>levothyroxine</b>	Tier 1	
	<b>liothyronine</b>	Tier 1	
	<b>thyroid</b>	Tier 1	
	thyroid	Tier 2	NATURE-THROID

**UTERINE FIBROIDS**

<b>PA</b>	elagolix sodium/estradiol/norethindrone acetate	Tier 2	ORIAHNN
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**UREA CYCLE DISORDERS**

<b>PA, SP</b>	sodium phenylbutyrate	Tier 3 #	
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# Specialty product covered as Tier 4 for certain prescription benefits.

**VASOPRESSIN RECEPTOR ANTAGONISTS**

<b>PA, QL, SP</b>	tolvaptan	Tier 1 #	
<b>PA, QL, SP</b>	tolvaptan	Tier 3 #	JYNARQUE

# Specialty product covered as Tier 4 for certain prescription benefits.

**VASOPRESSINS**

	<b>desmopressin spray, tabs</b>	Tier 1	
<b>PA, SP</b>	desmopressin spray	Tier 3	STIMATE

**MISCELLANEOUS**

	<b>cabergoline</b>	Tier 1	
<b>QL</b>	<b>methylergonovine</b>	Tier 1	
<b>PA, QL, SP*</b>	<b>miglustat</b>	Tier 1 #	
<b>PA, SP**</b>	<b>trientine</b>	Tier 1 #	
<b>SP*</b>	betaine anhydrous	Tier 2 #	CYSTADANE
<b>SP*</b>	carglumic acid	Tier 2 #	CARBAGLU
<b>SP</b>	cysteamine	Tier 2 #	CYSTAGON
<b>PA, SP**</b>	asfotase alfa	Tier 3 #	STRENSIQ
<b>PA, QL, SP*</b>	cysteamine delayed-rel	Tier 3 #	PROCYSBI
<b>PA, QL, SP</b>	glycerol phenylbutyrate	Tier 3 #	RAVICTI
<b>PA, SP</b>	leuprolide acetate	Tier 3 #	LUPRON DEPOT-PED
<b>PA, SP**</b>	mifepristone	Tier 3 #	KORLYM
<b>PA, SP</b>	nitisinone	Tier 3 #	NITYR
<b>PA, QL, SP*</b>	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**

	<b>diphenoxylate/atropine</b>	Tier 1	
	<b>loperamide</b>	Tier 1	

**ANTIEMETICS**

<b>PA, QL</b>	<b>aprepitant caps</b>	Tier 1	
<b>PA, QL</b>	<b>dronabinol</b>	Tier 1	
<b>QL</b>	<b>granisetron</b>	Tier 1	
	<b>metoclopramide</b>	Tier 1	
	<b>ondansetron</b>	Tier 1	
	<b>prochlorperazine</b>	Tier 1	
	<b>promethazine</b>	Tier 1	
<b>QL</b>	<b>promethazine supp</b>	Tier 1	
<b>QL</b>	<b>scopolamine transdermal</b>	Tier 1	



	<b>trimethobenzamide</b>	Tier 1	
<b>PA, QL</b>	aprepitant susp	Tier 2	EMEND
<b>PA, QL</b>	granisetron transdermal	Tier 3	SANCUSO
<b>PA</b>	netupitant/palonosetron	Tier 3	AKYNZEO

#### ANTISPASMODICS

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

#### CHOLELITHOLYTICS

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

	<b>cimetidine</b>	Tier 1	
	<b>famotidine</b>	Tier 1	
<b>QL</b>	<b>famotidine susp</b>	Tier 1	
<b>QL</b>	<b>nizatidine</b>	Tier 1	

#### INFLAMMATORY BOWEL DISEASE

##### Oral Agents

<b>QL</b>	<b>balsalazide</b>	Tier 1	
	<b>budesonide delayed-rel caps</b>	Tier 1	
<b>QL</b>	<b>budesonide ext-rel</b>	Tier 1	
<b>QL</b>	<b>mesalamine delayed-rel</b>	Tier 1	
<b>QL</b>	<b>mesalamine ext-rel caps</b>	Tier 1	
	<b>sulfasalazine</b>	Tier 1	
	<b>sulfasalazine delayed-rel</b>	Tier 1	
<b>QL</b>	mesalamine ext-rel caps	Tier 2	PENTASA
<b>QL</b>	olsalazine	Tier 3	DIPENTUM

##### Rectal Agents

	<b>hydrocortisone enema</b>	Tier 1	
<b>QL</b>	<b>mesalamine supp</b>	Tier 1	
<b>QL</b>	<b>mesalamine susp</b>	Tier 1	
	hydrocortisone acetate foam	Tier 2	CORTIFOAM

#### IRRITABLE BOWEL SYNDROME

##### Irritable Bowel Syndrome with Constipation/Chronic Idiopathic Constipation

	<b>lubiprostone</b>	Tier 1	
<b>QL</b>	linaclotide	Tier 2	LINZESS
<b>QL</b>	plecanatide	Tier 3	TRULANCE
<b>QL</b>	prucalopride	Tier 3	MOTEGRITY

##### Irritable Bowel Syndrome with Diarrhea

<b>PA</b>	<b>alosetron</b>	Tier 1	
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#### LAXATIVES

<b>QL</b>	<b>lactulose soln</b>	Tier 1	
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	<b>peg 3350/electrolytes</b>	Tier 1	
<b>QL</b>	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
<b>OPIOID-INDUCED CONSTIPATION</b>			
<b>QL</b>	naloxegol	Tier 2	MOVANTIK
<b>QL</b>	methylnaltrexone	Tier 3	RELISTOR
<b>PANCREATIC ENZYMES</b>			
	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
<b>PROSTAGLANDINS</b>			
<b>QL</b>	<b>misoprostol</b>	Tier 1	
<b>PROTON PUMP INHIBITORS</b>			
	<b>esomeprazole delayed-rel</b>	Tier 1	
<b>OTC</b>	esomeprazole magnesium delayed-rel	Tier 1	
	<b>lansoprazole delayed-rel</b>	Tier 1	
<b>OTC</b>	<b>lansoprazole delayed-rel</b>	Tier 1	
<b>PA</b>	<b>lansoprazole delayed-rel orally-disintegrating tabs</b>	Tier 1	
	<b>omeprazole delayed-rel</b>	Tier 1	
<b>OTC</b>	<b>omeprazole magnesium delayed-rel</b>	Tier 1	
<b>OTC, QL</b>	<b>omeprazole/sodium bicarbonate caps</b>	Tier 1	
	<b>pantoprazole delayed-rel</b>	Tier 1	
<b>ST, QL</b>	<b>pantoprazole delayed-rel packets for suspension</b>	Tier 1	
<b>QL</b>	<b>rabeprazole delayed-rel</b>	Tier 1	
<b>QL</b>	dexlansoprazole delayed-rel	Tier 2	DEXILANT
<b>ST, QL</b>	omeprazole delayed-rel packets for suspension	Tier 3	PRIOSEC susp
<b>SALIVA STIMULANTS</b>			
<b>QL</b>	<b>cevimeline</b>	Tier 1	
	<b>pilocarpine tabs</b>	Tier 1	
<b>STEROIDS, RECTAL</b>			
<b>QL</b>	<b>hydrocortisone acetate supp</b>	Tier 1	
<b>QL</b>	<b>hydrocortisone crm</b>	Tier 1	
<b>QL</b>	<b>hydrocortisone/lidocaine</b>	Tier 1	
	hydrocortisone acetate/pramoxine foam	Tier 2	EPIFOAM
	hydrocortisone acetate/pramoxine foam	Tier 2	PROCTOFOAM-HC
	hydrocortisone/pramoxine	Tier 3	PROCORT
<b>ULCER THERAPY COMBINATIONS</b>			
<b>QL</b>	<b>lansoprazole + amoxicillin + clarithromycin</b>	Tier 1	
<b>QL</b>	bismuth/metronidazole/tetracycline	Tier 3	PYLERA
<b>MISCELLANEOUS</b>			
	<b>cromolyn sodium</b>	Tier 1	
<b>QL</b>	<b>sucralfate</b>	Tier 1	

<b>QL</b>	<b>sucralfate susp</b>	Tier 1	
<b>SP*</b>	sacrosidase	Tier 2 #	SUCRAID
<b>PA, SP**</b>	cholic acid	Tier 3 #	CHOLBAM
	glycopyrrolate	Tier 3	CUVPOSA
<b>PA, SP</b>	obeticholic acid	Tier 3 #	OCALIVA
<b>PA, QL, SP</b>	teduglutide	Tier 3 #	GATTEX
<b>PA, SP</b>	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>

<b>QL</b>	<b>alfuzosin ext-rel</b>	Tier 1	
<b>QL</b>	<b>dutasteride</b>	Tier 1	
<b>QL</b>	<b>dutasteride/tamsulosin</b>	Tier 1	
<b>QL</b>	<b>finasteride</b>	Tier 1	
<b>QL</b>	<b>tadalafil 2.5 mg, 5 mg</b>	Tier 1	
<b>QL</b>	<b>tamsulosin</b>	Tier 1	
<b>QL</b>	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

<b>PA, QL</b>	alprostadil inj	Tier 3	CAVERJECT
<b>PA, QL</b>	alprostadil inj	Tier 3	EDEX
<b>PA, QL</b>	alprostadil supp	Tier 3	MUSE

#### Phosphodiesterase Inhibitors

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

### URINARY ANTISPASMODICS

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

### VAGINAL ANTI-INFECTIVES

	<b>clindamycin crm</b>	Tier 1	
	<b>metronidazole</b>	Tier 1	
<b>QL</b>	<b>terconazole</b>	Tier 1	

	butoconazole	Tier 2	GYNAZOLE-1
<b>QL</b>	clindamycin supp	Tier 2	CLEOCIN
<b>QL</b>	metronidazole vaginal gel	Tier 2	NUVESSA

#### MISCELLANEOUS

	<b>bethanechol</b>	Tier 1	
	<b>citric acid/sodium citrate</b>	Tier 1	
	<b>methenamine hippurate</b>	Tier 1	
	<b>methenamine/hyoscyamine/methylene blue/benzoic acid/phenyl salicylate</b>	Tier 1	
	<b>methenamine/hyoscyamine/methylene blue/phenyl salicylate/sodium phosphate</b>	Tier 1	
	<b>phenazopyridine</b>	Tier 1	
	<b>potassium citrate ext-rel</b>	Tier 1	
	<b>potassium/sodium phosphates</b>	Tier 1	
	<b>acetic acid/oxyquinoline</b>	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
	potassium phosphate	Tier 2	K-PHOS
	potassium/sodium acid phosphates	Tier 2	K-PHOS NO. 2
	pentosan polysulfate sodium	Tier 3	ELMIRON

#### 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

<b>QL</b>	<b>enoxaparin</b>	Tier 1	
	<b>heparin</b>	Tier 1	
<b>QL</b>	dalteparin	Tier 3	FRAGMIN

#### Oral

	<b>warfarin</b>	Tier 1	
<b>QL</b>	apixaban	Tier 2	ELIQUIS
<b>QL</b>	rivaroxaban	Tier 2	XARELTO
<b>MN-PA, QL</b>	dabigatran etexilate	Tier 3	PRADAXA
<b>MN-PA, QL</b>	edoxaban	Tier 3	SAVAYSA

#### Synthetic Heparinoid-like Agents

<b>QL</b>	<b>fondaparinux</b>	Tier 1	
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#### HEMATOPOIETIC GROWTH FACTORS

Guidelines for the management of neutropenia are available at:

<https://www.asco.org>

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

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

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

# Specialty product covered as Tier 4 for certain prescription benefits.

#### IDIOPATHIC THROMBOCYTOPENIC PURPURA AGENTS

<b>PA, SP</b>	eltrombopag	Tier 3 #	PROMACTA
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# Specialty product covered as Tier 4 for certain prescription benefits.

#### PLATELET AGGREGATION INHIBITORS

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

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

<b>SP</b>	plerixafor	Tier 3 #	MOZOBIL
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# Specialty product covered as Tier 4 for certain prescription benefits.

#### THROMBOCYTOPENIA AGENTS

<b>PA, SP</b>	lusutrombopag	Tier 3 #	MULPLETA
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# Specialty product covered as Tier 4 for certain prescription benefits.

#### MISCELLANEOUS

	<b>aminocaproic acid</b>	Tier 1	
	<b>cilostazol</b>	Tier 1	
<b>SP</b>	<b>deferasirox</b>	Tier 1 #	
<b>QL, SP</b>	<b>deferasirox tabs 90 mg, 360 mg</b>	Tier 1 #	
	<b>pentoxifylline ext-rel</b>	Tier 1	
<b>QL</b>	<b>tranexamic acid</b>	Tier 1	
	succimer	Tier 2	CHEMET
<b>PA</b>	deferiprone oral soln	Tier 3	FERRIPROX soln
<b>PA</b>	<b>deferiprone tabs</b>	Tier 3	FERRIPROX
<b>PA, SP</b>	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) ‡

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

	<b>hydroxychloroquine</b>	Tier 1	
<b>QL</b>	<b>leflunomide</b>	Tier 1	
	<b>methotrexate</b>	Tier 1	

### HEREDITARY ANGIOEDEMA AGENTS

<b>PA, QL, SP</b>	<b>icatibant</b>	Tier 1 #	
<b>PA, SP</b>	C1 esterase inhibitor	Tier 3 #	HAEGARDA

# Specialty product covered as Tier 4 for certain prescription benefits.

### IMMUNE GLOBULINS

<b>PA, SP</b>	immune globulin gamma	Tier 3 #	GAMUNEX-C
<b>PA, SP</b>	immune globulin, intravenous	Tier 3 #	GAMMAGARD LIQUID
<b>PA, SP</b>	immune globulin, subcutaneous	Tier 3 #	HIZENTRA
<b>PA, SP</b>	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

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

# Specialty product covered as Tier 4 for certain prescription benefits.

## IMMUNOSUPPRESSANTS

### Antimetabolites

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

# Specialty product covered as Tier 4 for certain prescription benefits.

### Calcineurin Inhibitors

<b>SP</b>	<b>cyclosporine</b>	Tier 1 #	
<b>SP</b>	<b>cyclosporine, modified</b>	Tier 1 #	
<b>SP</b>	<b>tacrolimus</b>	Tier 1 #	
<b>QL, SP</b>	tacrolimus ext-rel	Tier 3 #	ASTAGRAF XL
<b>QL, SP</b>	tacrolimus ext-rel	Tier 3 #	ENVARSUS XR

# Specialty product covered as Tier 4 for certain prescription benefits.

### Rapamycin Derivatives

<b>QL, SP</b>	<b>everolimus 0.25 mg, 0.5 mg, 0.75 mg</b>	Tier 1 #	
<b>SP</b>	<b>sirolimus</b>	Tier 1 #	
<b>QL, SP</b>	everolimus 1 mg	Tier 2 #	ZORTRESS

# Specialty product covered as Tier 4 for certain prescription benefits.

## NUTRITIONAL/SUPPLEMENTS

### ELECTROLYTES

#### Potassium

	<b>potassium bicarbonate/citric acid</b>	Tier 1	
	<b>potassium chloride caps, powder packets, soln, tabs</b>	Tier 1	
	<b>potassium chloride ext-rel caps</b>	Tier 1	
	<b>potassium chloride ext-rel tabs 20 mEq</b>	Tier 3	

### VITAMINS AND MINERALS

#### Folic Acid/Combinations

	<b>cyanocobalamin/folic acid/pyridoxine</b>	Tier 1	
<b>QL</b>	<b>folic acid</b>	Tier 1	

#### Prenatal Vitamins

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

#### Miscellaneous

<b>OTC, *</b>	<b>vitamin D</b>		
<b>#</b>	<b>ferrous sulfate</b>	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	
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### ANTICHOLINERGICS

QL	ipratropium soln	Tier 1	
QL	ipratropium, CFC-free aerosol	Tier 2	ATROVENT HFA
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	aclidinium bromide	Tier 3	TUDORZA

### 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
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### 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**

<b>OTC, QL</b>	<b>cetirizine/pseudoephedrine ext-rel</b>	Tier 1	
	<b>chlorpheniramine/phenylephrine</b>	Tier 1	
<b>OTC, QL</b>	<b>loratadine/pseudoephedrine ext-rel</b>	Tier 1	
	<b>promethazine/phenylephrine</b>	Tier 1	
	<b>dexchlorpheniramine/pseudoephedrine</b>	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)

<b>QL</b>	<b>benzonatate</b>	Tier 1	
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**ANTITUSSIVE COMBINATIONS****Opioid**

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

**Non-opioid**

	<b>dextromethorphan/brompheniramine/phenylephrine</b>	Tier 1	
	<b>dextromethorphan/brompheniramine/pseudoephedrine</b>	Tier 1	
	<b>dextromethorphan/promethazine</b>	Tier 1	

**BETA AGONISTS****Inhalants***Short Acting*

<b>QL</b>	<b>albuterol inhalation soln</b>	Tier 1	
<b>QL</b>	<b>albuterol sulfate, CFC-free aerosol</b>	Tier 1	
<b>QL</b>	<b>levalbuterol soln</b>	Tier 1	
<b>QL</b>	<b>levalbuterol tartrate, CFC-free aerosol</b>	Tier 1	
<b>QL</b>	<b>albuterol sulfate inhalation powder</b>	Tier 2	PROAIR RESPICLICK

*Long Acting***Hand-held Active Inhalation**

<b>QL</b>	<b>salmeterol xinafoate</b>	Tier 2	SEREVENT
<b>QL</b>	<b>indacaterol</b>	Tier 3	ARCAPTA NEOHALER
<b>QL</b>	<b>olodaterol, CFC-free aerosol</b>	Tier 3	STRIVERDI RESPIMAT

**Nebulized Passive Inhalation**

<b>PA, QL</b>	<b>arformoterol soln</b>	Tier 3	BROVANA
<b>PA</b>	<b>formoterol inhalation soln</b>	Tier 3	PERFORMIST

**Oral Agents**

<b>QL</b>	<b>albuterol</b>	Tier 1	
	<b>albuterol ext-rel</b>	Tier 1	
<b>QL</b>	<b>metaproterenol syrup</b>	Tier 1	
	<b>terbutaline</b>	Tier 1	

**CYSTIC FIBROSIS**

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

# Specialty product covered as Tier 4 for certain prescription benefits.

**LEUKOTRIENE MODULATORS**

<b>QL</b>	<b>montelukast</b>	Tier 1	
<b>QL</b>	<b>zafirlukast</b>	Tier 1	

**MAST CELL STABILIZERS**

<b>QL</b>	<b>cromolyn soln</b>	Tier 1	
<b>QL</b>	<b>cromolyn spray</b>	Tier 1	

**NASAL ANTIHISTAMINES**

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

**NASAL STEROIDS/COMBINATIONS**

<b>QL</b>	<b>azelastine/fluticasone nasal spray</b>	Tier 1	
<b>QL</b>	<b>flunisolide spray</b>	Tier 1	
<b>QL</b>	<b>fluticasone spray</b>	Tier 1	
<b>QL</b>	<b>mometasone spray</b>	Tier 1	
<b>QL</b>	beclomethasone dipropionate nasal spray	Tier 3	QNASL
<b>QL</b>	beclomethasone dipropionate nasal spray	Tier 3	QNASL CHILDRENS
<b>QL</b>	beclomethasone spray	Tier 3	BECONASE AQ
<b>QL</b>	ciclesonide spray	Tier 3	OMNARIS
<b>QL</b>	ciclesonide spray	Tier 3	ZETONNA

**PHOSPHODIESTERASE-4 INHIBITORS**

<b>PA, QL</b>	roflumilast	Tier 3	DALIRESP
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**PULMONARY FIBROSIS AGENTS**

<b>PA, SP</b>	nintedanib	Tier 3 #	OFEV
<b>PA, SP</b>	pirfenidone	Tier 3 #	ESBRIET

# Specialty product covered as Tier 4 for certain prescription benefits.

**SEVERE ASTHMA AGENTS**

<b>PA, SP</b>	dupilumab	Tier 3 #	DUPIXENT
<b>PA, SP</b>	mepolizumab	Tier 3 #	NUCALA

# Specialty product covered as Tier 4 for certain prescription benefits.

**STEROID/BETA AGONIST COMBINATIONS**

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

<b>MN-PA, QL</b>	mometasone/formoterol	Tier 3	DULERA
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#### STEROID INHALANTS

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

#### XANTHINES

	<b>theophylline ext-rel tabs</b>	Tier 1	
	theophylline ext-rel caps	Tier 2	THEO-24
<b>QL</b>	theophylline liquid	Tier 3	ELIXOPHYLLIN

#### MISCELLANEOUS

	<b>acetylcysteine inhalation solution</b>	Tier 1	
<b>QL</b>	<b>ipratropium spray</b>	Tier 1	
<b>QL</b>	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

<b>QL</b>	<b>isotretinoin, except 30 mg</b>	Tier 1	
<b>QL</b>	isotretinoin	Tier 3	ABSORICA
<b>QL</b>	<b>isotretinoin 30 mg</b>	Tier 3	

###### Topical

<b>QL, *</b>	<b>adapalene crm, gel</b>	Tier 1	
	<b>clindamycin gel, lotion, soln</b>	Tier 1	
<b>QL</b>	<b>clindamycin phosphate foam 1%</b>	Tier 1	
<b>QL</b>	<b>clindamycin/benzoyl peroxide</b>	Tier 1	
	<b>erythromycin gel 2%</b>	Tier 1	
	<b>erythromycin soln</b>	Tier 1	
<b>QL</b>	<b>erythromycin/benzoyl peroxide</b>	Tier 1	
<b>QL</b>	<b>sulfacetamide lotion, wash 10%</b>	Tier 1	
<b>QL</b>	<b>tazarotene crm</b>	Tier 1	
<b>QL, *</b>	<b>tretinoin</b>	Tier 1	
<b>*</b>	<b>tretinoin - Avita</b>	Tier 1	
<b>QL, *</b>	<b>tretinoin gel microsphere</b>	Tier 1	
	azelaic acid	Tier 2	AZELEX
<b>QL</b>	tazarotene foam 0.1%	Tier 2	FABIOR
<b>QL</b>	tazarotene gel	Tier 2	TAZORAC
<b>QL</b>	benzoyl peroxide/tocopherols	Tier 3	INOVA
	erythromycin base	Tier 3	AKNE-MYCIN
<b>QL</b>	erythromycin/benzoyl peroxide	Tier 3	BENZAMYCIN PAK

\* PA required for >35 years of age

### Actinic Keratosis

<b>PA</b>	<b>diclofenac sodium gel 3%</b>	Tier 1	
<b>QL</b>	<b>fluorouracil 0.5%</b>	Tier 1	
<b>QL</b>	<b>fluorouracil crm, soln 5%, soln 2%</b>	Tier 1	
<b>QL</b>	fluorouracil	Tier 2	FLUOROPLEX
	ingenol mebutate	Tier 3	PICATO

### Antibiotics

	<b>gentamicin</b>	Tier 1	
	<b>mupirocin</b>	Tier 1	
	<b>silver sulfadiazine</b>	Tier 1	
	mafenide crm	Tier 2	SULFAMYLON
<b>QL</b>	retapamulin	Tier 3	ALTABAX

### Antifungals

<b>QL</b>	<b>ciclopirox</b>	Tier 1	
	<b>ciclopirox topical soln 8%</b>	Tier 1	
	<b>clotrimazole/betamethasone</b>	Tier 1	
	<b>econazole</b>	Tier 1	
<b>QL</b>	<b>ketoconazole crm 2%</b>	Tier 1	
	<b>naftifine crm, gel 1%</b>	Tier 1	
	<b>nystatin</b>	Tier 1	
	<b>nystatin/triamcinolone</b>	Tier 1	
<b>QL</b>	<b>oxiconazole</b>	Tier 1	
	<b>sulconazole crm 1%</b>	Tier 1	
	naftifine gel 2%	Tier 2	NAFTIN
	sulconazole soln 1%	Tier 2	EXELDERM
<b>QL</b>	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

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

#### Topical

<b>QL</b>	<b>betamethasone dipropionate/calcipotriene</b>	Tier 1	
<b>QL</b>	<b>calcipotriene</b>	Tier 1	
<b>QL</b>	anthralin	Tier 2	
<b>QL</b>	anthralin micronized	Tier 3	ZITHRANOL

### Antiseborrheics

<b>QL</b>	<b>ketoconazole shampoo 2%</b>	Tier 1	
	<b>selenium sulfide lotion 2.5%</b>	Tier 1	
	<b>selenium sulfide shampoo 2.25%</b>	Tier 1	
<b>QL</b>	<b>sulfacetamide lotion 10%</b>	Tier 1	

### Atopic Dermatitis

Guidelines for the treatment of atopic dermatitis are available at:

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

#### Injectable

<b>PA, SP</b>	dupilumab	Tier 3 #	DUPIXENT
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# Specialty product covered as Tier 4 for certain prescription benefits.

*Topical*

<b>QL</b>	<b>pimecrolimus</b>	Tier 1	
<b>QL</b>	<b>tacrolimus</b>	Tier 1	

**Corticosteroids**

*Low Potency*

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

*Medium Potency*

	<b>betamethasone valerate crm, lotion, oint 0.1%</b>	Tier 1	
<b>QL</b>	<b>betamethasone valerate foam 0.12%</b>	Tier 1	
	<b>clocortolone</b>	Tier 1	
	<b>desoximetasone crm, oint 0.05%</b>	Tier 1	
	<b>fluocinolone acetonide crm, oint 0.025%</b>	Tier 1	
	<b>flurandrenolide crm, lotion 0.05%</b>	Tier 1	
	<b>fluticasone propionate crm, lotion 0.05%, oint 0.005%</b>	Tier 1	
	<b>hydrocortisone butyrate crm, lotion, oint, soln 0.1%</b>	Tier 1	
	<b>hydrocortisone butyrate lipid crm 0.1%</b>	Tier 1	
	<b>hydrocortisone valerate crm, oint 0.2%</b>	Tier 1	
	<b>mometasone crm, lotion, oint 0.1%</b>	Tier 1	
	<b>prednicarbate</b>	Tier 1	
	<b>triamcinolone acetonide crm, lotion 0.025%</b>	Tier 1	
	<b>triamcinolone acetonide crm, lotion, oint 0.1%</b>	Tier 1	
	<b>triamcinolone acetonide spray</b>	Tier 1	
	<b>triamcinolone oint 0.05%</b>	Tier 1	
	flurandrenolide tape	Tier 2	CORDRAN TAPE
<b>QL</b>	hydrocortisone probutate crm 0.1%	Tier 3	PANDEL

*High Potency*

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

*Very High Potency*

	<b>betamethasone dipropionate augmented gel, oint 0.05%</b>	Tier 1	
	<b>clobetasol propionate crm, gel, oint, soln 0.05%</b>	Tier 1	
<b>QL</b>	<b>clobetasol propionate foam 0.05%</b>	Tier 1	
<b>QL</b>	<b>clobetasol propionate lotion, shampoo 0.05%</b>	Tier 1	
<b>QL</b>	<b>clobetasol propionate spray 0.05%</b>	Tier 1	

<b>QL</b>	<b>clobetasol propionate/emollient foam</b>	Tier 1	
	<b>diflorasone diacetate oint 0.05%</b>	Tier 1	
<b>QL</b>	<b>fluocinonide crm 0.1%</b>	Tier 1	
	<b>halobetasol propionate crm, oint 0.05%</b>	Tier 1	

#### Emollients

<b>QL</b>	hyaluronic acid, shea butter, Vitis Vinifera, telmesteine, vitamins C & E	Tier 2	ATOPICLAIR
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#### Local Analgesics

<b>QL</b>	<b>lidocaine patch</b>	Tier 1	
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#### Local Anesthetics

<b>QL</b>	<b>lidocaine</b>	Tier 1	
<b>QL</b>	<b>lidocaine soln</b>	Tier 1	
	<b>lidocaine/prilocaine</b>	Tier 1	
	benzocaine	Tier 2	ANACAINE
<b>QL</b>	lidocaine/tetracaine patch	Tier 2	SYNERA
	lidocaine/tetracaine	Tier 3	PLIAGLIS

#### Rosacea

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

#### Scabicides and Pediculicides

	<b>crotamiton lotion</b>	Tier 1	
	<b>malathion</b>	Tier 1	
	<b>permethrin 5%</b>	Tier 1	

#### Miscellaneous Skin and Mucous Membrane

	<b>acetic acid 0.25%</b>	Tier 1	
<b>QL</b>	<b>acyclovir crm, oint</b>	Tier 1	
<b>PA, QL</b>	<b>doxepin crm 5%</b>	Tier 1	
<b>QL</b>	<b>imiquimod</b>	Tier 1	
<b>QL</b>	<b>podofilox</b>	Tier 1	
<b>QL</b>	alitretinoin	Tier 2	PANRETIN
	collagenase	Tier 2	SANTYL
<b>QL</b>	acyclovir/hydrocortisone	Tier 3	XERESE
<b>PA</b>	becaplermin	Tier 3	REGRANEX
<b>PA, SP**</b>	interferon alfa-n3	Tier 3 #	ALFERON N
<b>QL</b>	penciclovir	Tier 3	DENAVIR
<b>QL</b>	podofilox	Tier 3	CONDYLOX gel

# Specialty product covered as Tier 4 for certain prescription benefits.

#### MOUTH/THROAT/DENTAL AGENTS

##### Anesthetics - Topical Oral

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

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

# Specialty product covered as Tier 4 for certain prescription benefits.

#### Steroids - Mouth/Throat

	<b>triamcinolone paste</b>	Tier 1	
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#### Miscellaneous

	<b>chlorhexidine gluconate</b>	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

<b>QL</b>	<b>azelastine</b>	Tier 1	
<b>QL</b>	<b>cromolyn sodium</b>	Tier 1	
<b>QL</b>	<b>epinastine</b>	Tier 1	
<b>OTC, QL</b>	<b>ketotifen</b>	Tier 1	ZADITOR
<b>QL</b>	<b>olopatadine</b>	Tier 1	
	<b>phenylephrine</b>	Tier 1	
<b>QL</b>	bepotastine	Tier 2	BEPREVE
<b>QL</b>	lodoxamide	Tier 2	ALOMIDE
<b>QL</b>	nedocromil	Tier 2	ALOCRIAL
<b>QL</b>	alcaftadine	Tier 3	LASTACAFT

#### Antifungals

<b>QL</b>	natamycin	Tier 3	NATACYN
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#### Anti-infectives

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

#### Anti-infective/Anti-inflammatory Combinations

<b>QL</b>	<b>neomycin/polymyxin B/bacitracin/hydrocortisone oint</b>	Tier 1	
	<b>neomycin/polymyxin B/dexamethasone</b>	Tier 1	
<b>QL</b>	<b>sulfacetamide/prednisolone phosphate 10%/0.25%</b>	Tier 1	
<b>QL</b>	<b>tobramycin/dexamethasone susp 0.3%/0.1%</b>	Tier 1	
<b>QL</b>	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
QL	gentamicin/prednisolone acetate	Tier 3	PRED-G
	<b>neomycin/polymyxin B/hydrocortisone susp</b>	Tier 3	
QL	tobramycin/loteprednol	Tier 3	ZYLET

#### Anti-inflammatories

##### Nonsteroidal

QL	<b>bromfenac sodium</b>	Tier 1	
QL	<b>diclofenac sodium</b>	Tier 1	
QL	<b>flurbiprofen</b>	Tier 1	
QL	<b>ketorolac</b>	Tier 1	
	nepafenac	Tier 2	NEVANAC
QL	bromfenac	Tier 3	PROLENSA
QL	nepafenac	Tier 3	ILEVRO

##### Steroidal

	<b>dexamethasone sodium phosphate</b>	Tier 1	
QL	<b>fluorometholone</b>	Tier 1	
QL	<b>loteprednol 0.5%</b>	Tier 1	
QL	fluorometholone	Tier 2	FML S.O.P.
QL	prednisolone acetate 0.12%	Tier 2	PRED MILD
QL	prednisolone phosphate 1%	Tier 2	
	dexamethasone	Tier 3	MAXIDEX
QL	difluprednate	Tier 3	DUREZOL
QL	fluorometholone	Tier 3	FML FORTE
QL	fluorometholone acetate	Tier 3	FLAREX
QL	loteprednol 0.2%	Tier 3	ALREX

#### Antivirals

QL	<b>trifluridine</b>	Tier 1	
QL	ganciclovir	Tier 3	ZIRGAN

#### Beta-blockers

##### Nonselective

QL	<b>carteolol</b>	Tier 1	
QL	<b>levobunolol</b>	Tier 1	
QL	<b>timolol maleate</b>	Tier 1	
QL	<b>timolol maleate gel</b>	Tier 1	
QL	timolol hemihydrate	Tier 2	BETIMOL

##### Selective

QL	<b>betaxolol 0.5%</b>	Tier 1	
QL	betaxolol	Tier 2	BETOPTIC S

#### Carbonic Anhydrase Inhibitors

##### Topical

QL	<b>dorzolamide</b>	Tier 1	
QL	brinzolamide	Tier 2	AZOPT

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

QL	<b>dorzolamide/timolol maleate</b>	Tier 1	
QL	<b>dorzolamide/timolol maleate/preservative-free</b>	Tier 1	

#### Carbonic Anhydrase Inhibitor/Sympathomimetic Combinations

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

<b>QL</b>	cyclosporine, emulsion	Tier 2	RESTASIS
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### Mydriatics

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

### Neurotrophic Keratitis

<b>PA, SP</b>	cenegermin-bkbj	Tier 3 #	OXERVATE
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# Specialty product covered as Tier 4 for certain prescription benefits.

### Parasympathomimetics

<b>QL</b>	<b>pilocarpine</b>	Tier 1	
<b>QL</b>	pilocarpine	Tier 2	PILOPINE HS

### Prostaglandins

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

### Sympathomimetics

<b>QL</b>	<b>brimonidine 0.15%</b>	Tier 1	
<b>QL</b>	<b>brimonidine 0.2%</b>	Tier 1	
<b>QL</b>	brimonidine 0.1%	Tier 2	ALPHAGAN P

### Sympathomimetic/Beta-blocker Combinations

<b>QL</b>	brimonidine/timolol	Tier 3	COMBIGAN
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### Miscellaneous

	<b>naphazoline</b>	Tier 1	
<b>QL</b>	<b>proparacaine</b>	Tier 1	
<b>QL</b>	<b>tetracaine ophth 0.5%</b>	Tier 1	
<b>PA, QL, SP**</b>	cysteamine	Tier 2 #	CYSTARAN
<b>QL</b>	echothiophate iodide	Tier 2	PHOSPHOLINE IODIDE
	hydroxypropyl cellulose	Tier 2	LACRISERT
<b>QL</b>	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

	<b>acetic acid</b>	Tier 1	
<b>QL</b>	<b>ciprofloxacin otic</b>	Tier 1	
<b>QL</b>	<b>ofloxacin otic</b>	Tier 1	

### Anti-infective/Anti-inflammatory Combinations

	<b>acetic acid/hydrocortisone</b>	Tier 1	
<b>QL</b>	<b>ciprofloxacin/dexamethasone</b>	Tier 1	

<b>QL</b>	<b>ciprofloxacin/fluocinolone acetonide</b>	Tier 1	
	<b>neomycin/polymyxin B/hydrocortisone</b>	Tier 1	
<b>QL</b>	ciprofloxacin/hydrocortisone	Tier 3	CIPRO HC OTIC
<b>Miscellaneous</b>			
<b>QL</b>	<b>chloroxylonol/pramoxine</b>	Tier 1	
	<b>fluocinolone acetonide oil</b>	Tier 1	

## WEBSITES

Agency for Healthcare Research and Quality

<https://www.ahrq.gov>

Alzheimer's Association

<https://www.alz.org>

American Academy of Allergy, Asthma and Immunology

<https://www.aaaai.org>

American Academy of Child & Adolescent Psychiatry

<https://www.aacap.org>

American Academy of Dermatology

<https://www.aad.org>

American Academy of Neurology

<https://www.aan.com>

American Academy of Ophthalmology

<https://www.aao.org>

American Academy of Pediatrics

<https://www.aap.org>

American Association for the Study of Liver Disease

<https://www.aasld.org>

American Association of Clinical Endocrinologists

<https://www.aace.com>

American Association of Diabetes Educators

<https://www.diabeteseducator.org>

American Cancer Society

<https://www.cancer.org>

American College of Allergy, Asthma and Immunology

<https://www.acaai.org>

American College of Cardiology

<https://www.acc.org>

American College of Chest Physicians

<https://www.chestnet.org>

American College of Gastroenterology

<https://gi.org>

American College of Physicians

<https://www.acponline.org>

American College of Rheumatology

<https://www.rheumatology.org>

American Congress of Obstetricians and Gynecologists

<https://www.acog.org>

American Diabetes Association

<http://www.diabetes.org>

American Gastroenterological Association

<https://www.gastro.org>

American Headache Society Committee for Headache Education

<https://americanheadachesociety.org>

American Heart Association

<https://professional.heart.org>

American Lung Association

<https://www.lung.org>

American Medical Association

<https://www.ama-assn.org>

American Psychiatric Association

<https://www.psychiatry.org>

American Society of Anesthesiologists

<https://www.asahq.org>

American Society of Clinical Oncology

<https://www.asco.org>

American Society of Interventional Pain Physicians

<https://www.asipp.org>

American Urological Association

<https://www.auanet.org>

Centers for Disease Control and Prevention

<https://www.cdc.gov>

Centers for Disease Control and Prevention  
Guideline topics: AIDS

<https://www.cdc.gov/hiv/default.html>

Centers for Disease Control and Prevention  
Guideline topics: Sexually Transmitted Diseases

<https://www.cdc.gov/std/treatment/default.htm>

CVS Caremark

<https://www.caremark.com>

The Food and Drug Administration

<https://www.fda.gov>

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

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

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

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

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

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

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

**National Cancer Institute**  
<http://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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