

AvMed Miami-Dade County Advantage Formulary 2021

(04/01/2021)

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INTRODUCTION

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

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

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

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

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

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

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

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

DRUG LIST PRODUCT DESCRIPTIONS

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

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

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

cefixime

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

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

tizanidine tabs

Zanaflex

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

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

sitagliptin/metformin

Janumet

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

sitagliptin/metformin ext-rel

Janumet XR

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

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

nystatin

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

DEFINITIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

BENEFIT COVERAGE AND LIMITATIONS

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

Coverage

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

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

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

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

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

Prior Authorization Process

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

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

Information needed to make coverage determinations of medications requiring prior authorization may include lab values, prescription history, a statement of medical necessity and any other pertinent information to satisfy the established coverage guideline for the requested medication. In most cases, coverage determinations will be made within 1-2 business days if authorization is deemed urgent and within 3-5 business days if identified as standard or routine.

Member Initiated Prior Authorization Process

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

Quantity Limit Exception

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

Progressive Medication Program (Step Therapy)

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

Non-Formulary Medication Requests

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

Tier Description

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

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

Common Medical Exclusions

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

- Over-the-counter (OTC) medications or their equivalents unless otherwise specified in the medication formulary listing

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

Mandated Generic Substitution

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

Health Care Reform - Preventive Medications

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

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

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

Tobacco Cessation Coverage and Cost Share Policy:

Medication Type	Examples	Cost Share
Oral, prescription only	Bupropion SR, Chantix	No cost share. Limit of 168 days' supply per year.
Non-prescription / OTC	Nicotrol inhalers or nasal spray; generic nicotine	No cost share. Limit of 168 days' supply per year. Prescription from doctor required.

	patches, gums, lozenges	
Brands with Generics	Nicorette, Nicoderm CQ	Not covered. Only the generic equivalents are covered.

TRANSITION OF CARE

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

HOW CAN I SAVE MONEY ON PRESCRIPTIONS?

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

HOW CAN I ORDER A FREE DIABETIC METER SYSTEM?

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

AvMed covers the following meters and accompanying test strips:

OneTouch Verio Reflect® and OneTouch Verio Flex®

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

MAIL-SERVICE PRESCRIPTIONS

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

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

MEDICATIONS PRE-PACKAGED AS A 3-MONTH SUPPLY

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

CONTACT INFORMATION

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

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

LEGEND

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

NOTICE

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ANALGESICS

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

NSAIDs

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

NSAIDs, COMBINATIONS

	diclofenac sodium delayed-rel/misoprostol	Tier 1
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NSAIDs, TOPICAL

QL	diclofenac sodium gel 1%	Tier 1
QL	diclofenac sodium soln	Tier 1

COX-2 INHIBITORS

	celecoxib	Tier 1
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GOUT

	allopurinol	Tier 1
	colchicine tabs	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>

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

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

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

ANTI-INFECTIVES

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

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

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

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

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

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

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

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

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

ANTIBACTERIALS

Cephalosporins

First Generation

	cefadroxil	Tier 1
	cephalexin	Tier 1

Second Generation

	cefprozil	Tier 1
	cefuroxime axetil	Tier 1

Third Generation

	cefdinir	Tier 1
	cefixime	Tier 1

Erythromycins/Macrolides

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

Fluoroquinolones

QL	ciprofloxacin	Tier 1	
	levofloxacin	Tier 1	
	moxifloxacin	Tier 1	

Penicillins

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

Tetracyclines

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

ANTIFUNGALS

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

* Tier 5 cost share applies for certain benefits

ANTIMALARIALS

	atovaquone/proguanil	Tier 1	
	chloroquine	Tier 1	
	mefloquine	Tier 1	

ANTIRETROVIRAL AGENTS

Antiretroviral Combinations

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

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

Fusion Inhibitors

QL, SP	enfuvirtide	Tier 2	FUZEON
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Integrase Inhibitors

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

Non-nucleoside Reverse Transcriptase Inhibitors

QL, SP	efavirenz	Tier 1	
QL, SP	nevirapine	Tier 1	
QL, SP	nevirapine ext-rel	Tier 1	
QL, SP	etravirine	Tier 2	INTELENCE
QL, SP	rilpivirine	Tier 2	EDURANT

Nucleoside Reverse Transcriptase Inhibitors

QL, SP	abacavir tabs	Tier 1	
QL, SP	didanosine delayed-rel	Tier 1	
QL, SP	emtricitabine	Tier 1	
QL, SP	lamivudine	Tier 1	
QL, SP	stavudine	Tier 1	
QL, SP	zidovudine	Tier 1	

Nucleotide Reverse Transcriptase Inhibitors

QL, SP	tenofovir disoproxil fumarate	Tier 1	
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Protease Inhibitors

QL, SP	atazanavir	Tier 1	
QL, SP	lopinavir/ritonavir soln	Tier 1	
QL, SP	ritonavir	Tier 1	
QL, SP	darunavir	Tier 2	PREZISTA
PA, QL, SP	lopinavir/ritonavir tabs	Tier 2	KALETRA

ANTITUBERCULAR AGENTS

	ethambutol	Tier 1	
	isoniazid	Tier 1	
	pyrazinamide	Tier 1	
QL	rifampin	Tier 1	

ANTIVIRALS

Cytomegalovirus Agents

	valganciclovir	Tier 1	
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Hepatitis Agents

Hepatitis B

SP	entecavir soln	Tier 4	BARACLUDGE soln
SP	entecavir tabs	Tier 4	
SP	lamivudine	Tier 4	
SP	tenofovir alafenamide	Tier 4	VEMLIDY

Hepatitis C

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

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

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

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

Herpes Agents

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

Influenza Agents

QL	oseltamivir	Tier 1	
QL	zanamivir	Tier 2	RELENZA

MISCELLANEOUS

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

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

ANTINEOPLASTIC AGENTS

Clinical practice guidelines in oncology are available at:

<https://www.asco.org>

<https://www.nccn.org>

ALKYLATING AGENTS

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

ANTIMETABOLITES

	mercaptopurine	Tier 1	
	methotrexate	Tier 2	TREXALL
	thioguanine	Tier 2	TABLOID

PA, SP	capecitabine	Tier 4	
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HORMONAL ANTINEOPLASTIC AGENTS

Antiandrogens

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

Antiestrogens

	tamoxifen	Tier 1	
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Aromatase Inhibitors

	anastrozole	Tier 1	
	exemestane	Tier 1	
	letrozole	Tier 1	

Progestins

	megestrol acetate tabs	Tier 1	
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KINASE INHIBITORS

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

MULTIPLE MYELOMA

Immunomodulators

PA, SP	lenalidomide	Tier 4	REVLIMID
PA, SP	pomalidomide	Tier 4	POMALYST
PA, SP	thalidomide	Tier 4	THALOMID

Proteasome Inhibitors

PA, SP	ixazomib	Tier 4	NINLARO
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TOPOISOMERASE INHIBITORS

PA, SP	topotecan caps	Tier 4	HYCAMTIN
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MISCELLANEOUS

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

CARDIOVASCULAR

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

Guidelines for the evaluation and management of cardiovascular diseases in adults are available at:
<https://www.acc.org>
<https://professional.heart.org>

ACE INHIBITORS

Guidelines for the use of ACE inhibitors are available at:
<https://jamanetwork.com/journals/jama/fullarticle/1791497>
<https://professional.diabetes.org>
<https://www.acc.org>
<https://professional.heart.org>

	benazepril	Tier 1	
	captopril	Tier 1	
	enalapril	Tier 1	
	fosinopril	Tier 1	
QL	lisinopril	Tier 1	
	perindopril	Tier 1	
	quinapril	Tier 1	
	ramipril	Tier 1	
	trandolapril	Tier 1	

ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATIONS

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

ACE INHIBITOR/DIURETIC COMBINATIONS

	benazepril/hydrochlorothiazide	Tier 1	
	captopril/hydrochlorothiazide	Tier 1	
	enalapril/hydrochlorothiazide	Tier 1	
	fosinopril/hydrochlorothiazide	Tier 1	
QL	lisinopril/hydrochlorothiazide	Tier 1	
	quinapril/hydrochlorothiazide	Tier 1	

ADRENOLYTICS, CENTRAL

	clonidine	Tier 1	
	clonidine transdermal	Tier 1	
	guanfacine	Tier 1	

ALDOSTERONE RECEPTOR ANTAGONISTS

	eplerenone	Tier 1
	spironolactone	Tier 1

ALPHA BLOCKERS

Guidelines for the use of alpha blockers in various patient populations are available at:
<https://jamanetwork.com/journals/jama/fullarticle/1791497>

QL	doxazosin	Tier 1
	terazosin	Tier 1

ANGIOTENSIN II RECEPTOR ANTAGONISTS/DIURETIC COMBINATIONS

Guidelines for the use of angiotensin II receptor antagonists in various patient populations are available at:
<https://jamanetwork.com/journals/jama/fullarticle/1791497>
<https://professional.diabetes.org>

	candesartan	Tier 1
	candesartan/hydrochlorothiazide	Tier 1
QL	irbesartan	Tier 1
	irbesartan/hydrochlorothiazide	Tier 1
	losartan	Tier 1
	losartan/hydrochlorothiazide	Tier 1
	olmesartan	Tier 1
QL	olmesartan/hydrochlorothiazide	Tier 1
QL	telmisartan	Tier 1
QL	telmisartan/hydrochlorothiazide	Tier 1
	valsartan	Tier 1
QL	valsartan/hydrochlorothiazide	Tier 1

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>

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

ANTILIPEMICS

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

ACL Inhibitors/Combinations

PA	bempedoic acid	Tier 2	NEXLETOL
PA	bempedoic acid/ezetimibe	Tier 2	NEXLIZET

Bile Acid Resins

	cholestyramine	Tier 1	
	colesevelam	Tier 1	
	colestipol	Tier 1	

Cholesterol Absorption Inhibitors

	ezetimibe	Tier 1	
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Fibrates

*	fenofibrate	Tier 1	
	fenofibric acid delayed-rel	Tier 1	
	gemfibrozil	Tier 1	
	fenofibrate	Tier 3	ANTARA

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

HMG-CoA Reductase Inhibitors/Combinations

QL	atorvastatin	Tier 1	
	ezetimibe/simvastatin	Tier 1	
	fluvastatin	Tier 1	
QL	lovastatin	Tier 1	
QL	pravastatin	Tier 1	
QL	rosuvastatin	Tier 1	
QL	simvastatin	Tier 1	

Niacins

QL	niacin ext-rel	Tier 1	
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Omega-3 Fatty Acids

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

PCSK9 Inhibitors

PA	alirocumab	Tier 2	PRALUENT
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BETA-BLOCKERS

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

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

<https://www.acc.org>

	atenolol	Tier 1	
QL	bisoprolol	Tier 1	
	carvedilol	Tier 1	
QL	carvedilol phosphate ext-rel	Tier 1	
	labetalol	Tier 1	
QL	metoprolol succinate ext-rel	Tier 1	
	metoprolol tartrate	Tier 1	
QL	nadolol	Tier 1	
	pindolol	Tier 1	
	propranolol	Tier 1	

QL	propranolol ext-rel	Tier 1	
QL	nebivolol	Tier 2	BYSTOLIC

BETA-BLOCKER/DIURETIC COMBINATIONS

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

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

<https://www.acc.org>

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

CALCIUM CHANNEL BLOCKERS

Dihydropyridines

QL	amlodipine	Tier 1	
QL	felodipine ext-rel	Tier 1	
QL	nifedipine ext-rel	Tier 1	

Nondihydropyridines

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

* Listing does not include generics for CARDIZEM LA.

CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS

QL	amlodipine/atorvastatin	Tier 1	
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DIGITALIS GLYCOSIDES

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

DIRECT RENIN INHIBITORS/DIURETIC COMBINATIONS

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

DIURETICS

Carbonic Anhydrase Inhibitors

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

Loop Diuretics

	bumetanide	Tier 1	
	furosemide	Tier 1	
	toremide	Tier 1	

Potassium-sparing Diuretics

	amiloride	Tier 1	
	triamterene	Tier 1	

Thiazides and Thiazide-like Diuretics

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

Diuretic Combinations

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

HEART FAILURE

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

NITRATES

Oral

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

* Listing does not include isosorbide dinitrate 40mg.

Sublingual/Translingual

	nitroglycerin lingual spray	Tier 1	
	nitroglycerin sublingual	Tier 1	

Transdermal

	nitroglycerin transdermal	Tier 1	
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PULMONARY ARTERIAL HYPERTENSION

Endothelin Receptor Antagonists

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

Phosphodiesterase Inhibitors

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

Prostacyclin Receptor Agonists

PA, SP	selexipag	Tier 4	UPTRAVI
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Prostaglandin Vasodilators

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

PA, SP	riociguat	Tier 4	ADEMPAS
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MISCELLANEOUS

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

CENTRAL NERVOUS SYSTEM

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

ANTI-ANXIETY

Benzodiazepines

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

Miscellaneous

	bupirone	Tier 1
	clomipramine	Tier 1
QL	fluvoxamine	Tier 1

ANTICONSULSANTS

Practice guidelines for the treatment of epilepsy are available at:

<https://www.aan.com>

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

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

ANTIDEMENTIA

Practice guidelines for the management of dementia are available at:

<https://www.aan.com>

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

ANTIDEPRESSANTS

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

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

<https://www.psychiatry.org>

Monoamine Oxidase Inhibitors (MAOIs)

	phenelzine	Tier 1	
	tranylcypromine	Tier 1	

Selective Serotonin Reuptake Inhibitors (SSRIs)

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

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

Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)

QL	desvenlafaxine ext-rel	Tier 1	
	duloxetine delayed-rel	Tier 1	
	venlafaxine	Tier 1	
QL	venlafaxine ext-rel	Tier 1	

Tricyclic Antidepressants (TCAs)

	amitriptyline	Tier 1	
	desipramine	Tier 1	
	doxepin	Tier 1	
	imipramine HCl	Tier 1	
	nortriptyline	Tier 1	

Miscellaneous Agents

	bupropion	Tier 1	
	bupropion ext-rel	Tier 1	
QL	mirtazapine	Tier 1	
	trazodone	Tier 1	

ANTIPARKINSONIAN AGENTS

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

<https://www.aan.com>

	amantadine	Tier 1	
	benztropine	Tier 1	

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

ANTIPSYCHOTICS

Atypicals

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

Miscellaneous

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

ATTENTION DEFICIT HYPERACTIVITY DISORDER

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

<https://www.aacap.org>

<https://www.aap.org>

QL	amphetamine/dextroamphetamine mixed salts	Tier 1	
QL, ^	amphetamine/dextroamphetamine mixed salts ext-rel	Tier 1	
QL	atomoxetine	Tier 1	
QL	dexmethylphenidate	Tier 1	
QL	dexmethylphenidate ext-rel	Tier 1	
QL	dextroamphetamine	Tier 1	
QL	dextroamphetamine ext-rel	Tier 1	
QL	guanfacine ext-rel	Tier 1	

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

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

FIBROMYALGIA

	pregabalin	Tier 1	
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HYPNOTICS

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

<https://aasm.org>

Benzodiazepines

	temazepam	Tier 1	
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Nonbenzodiazepines

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

Tricyclics

QL	doxepin	Tier 1	
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MIGRAINE

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

<https://www.aan.com>

Acute Migraine Agents

Ergotamine Derivatives

	dihydroergotamine inj	Tier 1	
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Triptans

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

Miscellaneous

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

Preventive Migraine Agents

Monoclonal Antibodies

PA, SP	ereumab-aooe	Tier 4	AIMOVIG
PA, SP	fremanezumab-vfrm	Tier 4	AJOVY
PA, SP	galcanezumab-gnlm	Tier 4	EMGALITY

MOOD STABILIZERS

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

MOVEMENT DISORDERS

PA, SP	deutetrabenazine	Tier 4	AUSTEDO
PA, SP	tetrabenazine	Tier 4	
PA, QL, SP	valbenazine	Tier 4	INGREZZA

MULTIPLE SCLEROSIS AGENTS

Practice guidelines for multiple sclerosis are available at:
<https://www.aan.com>

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

MUSCULOSKELETAL THERAPY AGENTS

	baclofen	Tier 1	
	carisoprodol	Tier 1	
*	chlorzoxazone 500 mg	Tier 1	
**	cyclobenzaprine	Tier 1	
	dantrolene	Tier 1	
	metaxalone 800 mg	Tier 1	
***	methocarbamol	Tier 1	
	tizanidine tabs	Tier 1	

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

** Listing does not include cyclobenzaprine tablet 7.5 mg.

*** Listing does not include NDCs 69036091010, 69036093090 and 70868090190. Drug products are identified by unique numerical product identifiers, called National Drug Codes (NDC), which identify the manufacturer strength, dosage form, formulation and package size.

MYASTHENIA GRAVIS

	pyridostigmine	Tier 1	
	pyridostigmine ext-rel	Tier 1	

NARCOLEPSY

	armodafinil	Tier 1	
PA, SP	solriamfetol	Tier 4	SUNOSI

POSTHERPETIC NEURALGIA (PHN)

	gabapentin ext-rel	Tier 2	GRALISE
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PSYCHOTHERAPEUTIC-MISCELLANEOUS

Alcohol Deterrents

	acamprosate calcium	Tier 1	
	disulfiram	Tier 1	

Opioid Antagonists

	naloxone inj	Tier 1	
	naltrexone	Tier 1	
QL	naloxone nasal spray	Tier 2	NARCAN

Partial Opioid Agonist/Opioid Antagonist Combinations

QL	buprenorphine/naloxone sublingual	Tier 1	
QL	buprenorphine/naloxone sublingual tabs	Tier 2	ZUBSOLV

Pseudobulbar Affect Agents

QL	dextromethorphan/quinidine	Tier 2	NUDEXTA
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Smoking Deterrents

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

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

	bupropion ext-rel	Tier 1	
	varenicline	Tier 2	CHANTIX

ENDOCRINE AND METABOLIC

ACROMEGALY

PA, SP	lanreotide acetate	Tier 4	SOMATULINE DEPOT
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ANDROGENS

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

<https://www.aace.com>

PA	testosterone cypionate	Tier 1	
PA	testosterone enanthate	Tier 1	
PA, *	testosterone gel	Tier 1	
PA	testosterone gel 1.62%	Tier 1	
PA	testosterone soln	Tier 1	
PA	testosterone transdermal	Tier 2	ANDRODERM

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

ANTIDIABETICS

Guidelines of treatment and management of diabetes are available at:

<https://professional.diabetes.org>

Alpha-glucosidase Inhibitors

	acarbose	Tier 1	
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Amylin Analogs			
	pramlintide	Tier 2	SYMLINPEN
Biguanides			
	metformin	Tier 1	
*	metformin ext-rel	Tier 1	
* Listing does not include generics for FORTAMET and GLUMETZA.			
Biguanide/Sulfonylurea Combinations			
	glipizide/metformin	Tier 1	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors			
QL	sitagliptin phosphate	Tier 2	JANUVIA
Dipeptidyl Peptidase-4 (DPP-4) Inhibitor/Biguanide Combinations			
	sitagliptin/metformin	Tier 2	JANUMET
	sitagliptin/metformin ext-rel	Tier 2	JANUMET XR
Incretin Mimetic Agents			
	dulaglutide	Tier 2	TRULICITY
	liraglutide	Tier 2	VICTOZA
	semaglutide	Tier 2	OZEMPIC
QL	semaglutide	Tier 2	RYBELSUS
Incretin Mimetic Agent/Insulin Combinations			
	liraglutide/insulin degludec	Tier 2	XULTOPHY
	lixisenatide/insulin glargine	Tier 2	SOLIQUA
Insulins			
	insulin aspart	Tier 2	FIASP
	insulin aspart	Tier 2	NOVOLOG
	insulin aspart protamine 70%/insulin aspart 30%	Tier 2	NOVOLOG MIX 70/30
	insulin degludec	Tier 2	TRESIBA
	insulin detemir	Tier 2	LEVEMIR
	insulin glargine	Tier 2	BASAGLAR
	insulin glargine	Tier 2	TOUJEO
	insulin human	Tier 2	HUMULIN R U-500
OTC	insulin human	Tier 2	NOVOLIN R
OTC	insulin isophane human	Tier 2	NOVOLIN N
OTC	insulin isophane human 70%/regular 30%	Tier 2	NOVOLIN 70/30
Insulin Sensitizers			
QL	pioglitazone	Tier 1	
Insulin Sensitizer/Biguanide Combinations			
	pioglitazone/metformin	Tier 1	
Insulin Sensitizer/Sulfonylurea Combinations			
	pioglitazone/glimepiride	Tier 1	
Meglitinides			
	nateglinide	Tier 1	
	repaglinide	Tier 1	

Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors

QL	dapagliflozin	Tier 2	FARXIGA
	empagliflozin	Tier 2	JARDIANCE

Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitor/Biguanide Combinations

QL	dapagliflozin/metformin ext-rel	Tier 2	XIGDUO XR
	empagliflozin/metformin	Tier 2	SYNJARDY
	empagliflozin/metformin ext-rel	Tier 2	SYNJARDY XR

Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitor/Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations

	empagliflozin/linagliptin	Tier 2	GLYXAMBI
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Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitor/Dipeptidyl Peptidase-4 (DPP-4) Inhibitor/Biguanide Combinations

	empagliflozin/linagliptin/metformin extended-release	Tier 2	TRIJARDY XR
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Sulfonylureas

QL	glimepiride	Tier 1	
	glipizide	Tier 1	
	glipizide ext-rel	Tier 1	

Supplies

	blood glucose continuous monitoring receivers, sensors, transmitters	Tier 2	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
	blood glucose monitoring kits, test strips	Tier 2	ONETOUCH ULTRA kits and test strips
	blood glucose monitoring kits, test strips	Tier 2	ONETOUCH VERIO kits and test strips
	insulin infusion disposable pump	Tier 2	OMNIPOD DASH INSULIN INFUSION PUMP
	insulin infusion disposable pump	Tier 2	OMNIPOD INSULIN INFUSION PUMP
	insulin infusion disposable pump	Tier 2	V-GO INSULIN INFUSION PUMP
OTC	insulin syringes, needles	Tier 2	BD ULTRAFINE insulin syringes and needles

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

CALCIUM RECEPTOR ANTAGONISTS

PA, SP	cinacalcet	Tier 4	
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CALCIUM REGULATORS

Guidelines of treatment and management of osteoporosis are available at:

<https://www.aace.com>

<https://www.nof.org>

Bisphosphonates

QL	alendronate	Tier 1	
	ibandronate	Tier 1	
	risedronate	Tier 1	
	risedronate delayed-rel	Tier 1	

Calcitonins

	calcitonin-salmon spray	Tier 1	
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Parathyroid Hormones

PA, SP	abaloparatide	Tier 4	TYMLOS
PA, SP	teriparatide	Tier 4	FORTEO

CARNITINE DEFICIENCY AGENTS

	levocarnitine	Tier 1	
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CONTRACEPTIVES

EE = ethinyl estradiol

Monophasic

20 mcg Estrogen

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

30 mcg Estrogen

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

35 mcg Estrogen

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

50 mcg Estrogen

	ethynodiol diacetate/EE 1/50	Tier 1	
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Biphasic

	desogestrel/EE	Tier 1	
	norethindrone acetate/EE 1/10 and EE 10 and iron	Tier 2	LO LOESTRIN FE

Triphasic

	desogestrel/EE	Tier 1	
	levonorgestrel/EE - Trivora	Tier 1	
	norethindrone/EE	Tier 1	
	norgestimate/EE	Tier 1	

Extended Cycle

	levonorgestrel/EE 0.1/20 and EE 10	Tier 1	
	levonorgestrel/EE 0.15/30	Tier 1	
	levonorgestrel/EE 0.15/30 and EE 10	Tier 1	

Progestin Only

	norethindrone	Tier 1	
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Injectable			
	medroxyprogesterone acetate 150 mg/mL	Tier 1	
Transdermal			
	norelgestromin/EE	Tier 1	
Vaginal			
	etonogestrel/EE ring	Tier 1	
	segesterone acetate/EE ring	Tier 2	ANNOVERA
ENDOMETRIOSIS			
	danazol	Tier 1	
PA	elagolix	Tier 2	ORLISSA
FERTILITY REGULATORS*			
* Covered for select benefits			
GNRH/LHRH Antagonists			
PA, SP	cetorelix	Tier 4	CETROTIDE
PA, SP	ganirelix acetate	Tier 4	
Ovulation Stimulants, Gonadotropins			
PA, SP	choriogonadotropin alfa	Tier 4	OVIDREL
PA, SP	follitropin alfa	Tier 4	GONAL-F
Ovulation Stimulants, Synthetic			
	clomiphene	Tier 1	
GAUCHER DISEASE			
PA, SP	eliglustat	Tier 4	CERDELGA
PA, SP	imiglucerase	Tier 4	CEREZYME
GLUCOCORTICOIDS			
	dexamethasone	Tier 1	
	fludrocortisone	Tier 1	
	hydrocortisone	Tier 1	
	methylprednisolone	Tier 1	
	prednisolone	Tier 1	
	prednisone	Tier 1	
GLUCOSE ELEVATING AGENTS			
PA, QL	glucagon nasal powder	Tier 2	BAQSIMI
	glucagon subcutaneous soln	Tier 2	GVOKE
	glucagon, human recombinant	Tier 2	GLUCAGEN HYPOKIT
	glucagon, human recombinant	Tier 2	GLUCAGON EMERGENCY KIT
HEREDITARY TYROSINEMIA TYPE 1 AGENTS			
PA, SP	nitisinone	Tier 4	
HUMAN GROWTH HORMONES			
Guidelines for use of growth hormone are available at: https://www.aace.com/publications/guidelines			
PA, SP	somatropin	Tier 4	GENOTROPIN
PA, SP	somatropin	Tier 4	NORDITROPIN

HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS

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

MENOPAUSAL SYMPTOM AGENTS

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

<https://www.menopause.org>

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

Oral

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

Transdermal

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

Vaginal

	estradiol vaginal crm	Tier 1	
	estradiol vaginal tabs	Tier 1	VAGIFEM
	estradiol vaginal insert	Tier 2	IMVEXXY

PHENYLKETONURIA TREATMENT AGENTS

PA, SP	sapropterin	Tier 4	
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PHOSPHATE BINDER AGENTS

	calcium acetate	Tier 1	
	sevelamer carbonate	Tier 1	
	calcium acetate	Tier 2	PHOSLYRA
QL	sucroferric oxyhydroxide	Tier 2	VELPHORO

POLYNEUROPATHY

PA, SP	inotersen	Tier 4	TEGSEDI
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POTASSIUM-REMOVING AGENTS

	patiromer sorbitex	Tier 2	VELTASSA
	sodium zirconium cyclosilicate	Tier 2	LOKELMA

PROGESTINS

Oral

	medroxyprogesterone acetate	Tier 1	
	megestrol acetate susp	Tier 1	
	norethindrone acetate	Tier 1	
	progesterone, micronized	Tier 1	

Vaginal*

* Covered for select benefits

	progesterone gel	Tier 2	CRINONE
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	progesterone vaginal inserts	Tier 2	ENDOMETRIN
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SELECTIVE ESTROGEN RECEPTOR MODULATORS

	raloxifene	Tier 1	
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THYROID AGENTS

Antithyroid Agents

	methimazole	Tier 1	
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	propylthiouracil	Tier 1	
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Thyroid Supplements

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

PA	elagolix sodium/estradiol/norethindrone acetate	Tier 2	ORIAHNN
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VASOPRESSINS

	desmopressin spray, tabs	Tier 1	
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MISCELLANEOUS

	cabergoline	Tier 1	
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GASTROINTESTINAL

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

<https://gi.org>

<https://www.gastro.org>

ANTIDIARRHEALS

	diphenoxylate/atropine	Tier 1	
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	loperamide	Tier 1	
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ANTIEMETICS

QL	aprepitant	Tier 1	
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QL	dronabinol	Tier 1	
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QL	granisetron	Tier 1	
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	meclizine	Tier 1	
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	metoclopramide	Tier 1	
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	ondansetron	Tier 1	
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	prochlorperazine	Tier 1	
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	promethazine	Tier 1	
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	scopolamine transdermal	Tier 1	
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	trimethobenzamide	Tier 1	
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QL	granisetron transdermal	Tier 2	SANCUSO
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ANTISPASMODICS

	dicyclomine	Tier 1	
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	hyoscyamine sulfate	Tier 1	
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	hyoscyamine sulfate ext-rel caps	Tier 1	
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	hyoscyamine sulfate orally disintegrating tabs	Tier 1	
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CHOLELITHOLYTICS

	ursodiol	Tier 1	
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H₂ RECEPTOR ANTAGONISTS

	cimetidine	Tier 1	
	famotidine	Tier 1	

INFLAMMATORY BOWEL DISEASE

Oral Agents

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

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

Rectal Agents

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

IRRITABLE BOWEL SYNDROME

Irritable Bowel Syndrome with Constipation

QL	linaclotide	Tier 2	LINZESS
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Irritable Bowel Syndrome with Diarrhea

PA	alosetron	Tier 1	
PA	eluxadoline	Tier 2	VIBERZI

LAXATIVES

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

OPIOID-INDUCED CONSTIPATION

	naldemedine	Tier 2	SYMPROIC
QL	naloxegol	Tier 2	MOVANTIK

PANCREATIC ENZYMES

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

PROSTAGLANDINS

	misoprostol	Tier 1	
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PROTON PUMP INHIBITORS

	esomeprazole delayed-rel	Tier 1	
	lansoprazole delayed-rel	Tier 1	
	omeprazole delayed-rel	Tier 1	
	pantoprazole delayed-rel tabs	Tier 1	
QL	dexlansoprazole delayed-rel	Tier 2	DEXILANT

SALIVA STIMULANTS

PA	cevimeline	Tier 1	
	pilocarpine tabs	Tier 1	

STEROIDS, RECTAL

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

ULCER THERAPY COMBINATIONS

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

MISCELLANEOUS

	sucralfate tablet	Tier 1	
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GENITOURINARY**BENIGN PROSTATIC HYPERPLASIA**

Guidelines for the management of BPH are available at:

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

	alfuzosin ext-rel	Tier 1	
	dutasteride	Tier 1	
	dutasteride/tamsulosin	Tier 1	
	finasteride	Tier 1	
	silodosin	Tier 1	
	tamsulosin	Tier 1	

ERECTILE DYSFUNCTION*

* Covered for select benefits

Guidelines for the management of erectile dysfunction are available at:

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

Alprostadil Agents

PA, QL	alprostadil supp	Tier 2	MUSE
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Phosphodiesterase Inhibitors

PA, QL	sildenafil	Tier 1	
PA, QL	tadalafil	Tier 1	

URINARY ANTISPASMODICS

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

VAGINAL ANTI-INFECTIVES

	clindamycin crm	Tier 1	
	metronidazole	Tier 1	
	terconazole	Tier 1	

MISCELLANEOUS

	bethanechol	Tier 1	
	potassium citrate ext-rel	Tier 1	

HEMATOLOGIC

Guidelines of treatment and management of hemophilia are available at:
<https://www.hemophilia.org>

ANTICOAGULANTS

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

Injectable

	enoxaparin	Tier 1	
	dalteparin	Tier 2	FRAGMIN

Oral

	warfarin	Tier 1	
	apixaban	Tier 2	ELIQUIS
QL	rivaroxaban	Tier 2	XARELTO

Synthetic Heparinoid-like Agents

	fondaparinux	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>

PA, SP	darbepoetin alfa	Tier 4	ARANESP
PA, SP	epoetin alfa-epbx	Tier 4	RETACRIT
PA, SP	filgrastim-aafi	Tier 4	NIVESTYM
PA, SP	pegfilgrastim-bmez	Tier 4	ZIEXTENZO

PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS

PA, SP	eculizumab	Tier 4	SOLIRIS
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PLATELET AGGREGATION INHIBITORS

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

PLATELET SYNTHESIS INHIBITORS

	anagrelide	Tier 1	
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STEM CELL MOBILIZERS

PA, SP	plerixafor	Tier 4	MOZOBIL
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THROMBOCYTOPENIA AGENTS

PA, SP	avatrombopag	Tier 4	DOPTELET
PA, SP	lusutrombopag	Tier 4	MULPLETA

MISCELLANEOUS

	cilostazol	Tier 1	
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IMMUNOLOGIC AGENTS

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

ALLERGENIC EXTRACTS

QL	grass mixed pollen allergen extract	Tier 2	ORALAIR
QL	ragweed pollen allergen extract	Tier 2	RAGWITEK
QL	timothe grass pollen allergen extract	Tier 2	GRASTEK

AUTOIMMUNE AGENTS (SELF-ADMINISTERED) ‡

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

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

DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDs)

	hydroxychloroquine	Tier 1	
QL	leflunomide	Tier 1	
	methotrexate	Tier 1	
PA, SP	methotrexate auto-injector	Tier 4	RASUVO

HEREDITARY ANGIOEDEMA

PA, SP	icatibant	Tier 4	FIRAZYR
PA, SP	lanadelumab-flyo	Tier 4	TAKHZYRO

IMMUNOMODULATORS

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

Guidelines for the management of hepatitis are available at:
<https://www.aasld.org>

Interferons

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

Miscellaneous

PA, SP	canakinumab	Tier 4	ILARIS
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IMMUNOSUPPRESSANTS

Antimetabolites

	azathioprine	Tier 1	
SP	mycophenolate mofetil	Tier 1	
SP	mycophenolate sodium delayed-rel	Tier 1	

	azathioprine	Tier 2	AZASAN
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Calcineurin Inhibitors

SP	cyclosporine	Tier 1	
SP	cyclosporine, modified	Tier 1	
SP	tacrolimus	Tier 1	

Rapamycin Derivatives

SP	everolimus	Tier 1	
SP	sirolimus	Tier 1	
SP	sirolimus soln	Tier 2	RAPAMUNE SOLUTION

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

Potassium

	potassium chloride ext-rel	Tier 1	
	potassium chloride liquid	Tier 1	

VITAMINS AND MINERALS

Folic Acid/Combinations

	folic acid	Tier 1	
	folic acid/vitamin B6/vitamin B12	Tier 1	

Prenatal Vitamins

	prenatal vitamins	Tier 1	
	prenatal vitamins/DHA/docusate/folic acid	Tier 2	CITRANATAL 90 DHA
	prenatal vitamins/DHA/docusate/folic acid	Tier 2	CITRANATAL DHA
	prenatal vitamins/DHA/docusate/folic acid	Tier 2	CITRANATAL HARMONY
	prenatal vitamins/docusate/folic acid	Tier 2	CITRANATAL RX
	prenatal vitamins/docusate/folic acid + DHA	Tier 2	CITRANATAL ASSURE
	prenatal vitamins/folic acid + pyridoxine	Tier 2	CITRANATAL B-CALM

Miscellaneous

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

RESPIRATORY

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

<https://www.aaaai.org>

<https://ginasthma.org>

<https://goldcopd.org>

<https://www.nhlbi.nih.gov>

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

<https://www.aaaai.org>

ANAPHYLAXIS TREATMENT AGENTS

QL	epinephrine auto-injector	Tier 1	
QL	epinephrine	Tier 2	SYMJEPI
QL	epinephrine auto-injector	Tier 2	EPIPEN JR.

ANTICHOLINERGICS

QL	ipratropium soln	Tier 1	
QL	revefenacin inhalation solution	Tier 2	YUPELRI
QL	tiotropium	Tier 2	SPIRIVA

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

Short Acting

QL	ipratropium/albuterol soln	Tier 1	
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Long Acting

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

ANTICHOLINERGIC/BETA AGONIST/STEROID INHALANT COMBINATIONS

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

ANTIHISTAMINES, LOW SEDATING

	levocetirizine	Tier 1	
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ANTIHISTAMINES, SEDATING

	clemastine 2.68 mg	Tier 1	
	cyproheptadine	Tier 1	
	hydroxyzine HCl	Tier 1	

ANTITUSSIVES

Clinical practice guidelines are available at:

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

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

ANTITUSSIVE COMBINATIONS

Opioid

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

Non-opioid

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

BETA AGONISTS

Inhalants

Short Acting

QL	albuterol soln	Tier 1	
QL	albuterol sulfate CFC-free aerosol	Tier 1	
QL	levalbuterol tartrate, CFC-free aerosol	Tier 1	

Long Acting

Hand-held Active Inhalation

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

Nebulized Passive Inhalation

QL	formoterol inhalation soln	Tier 2	PERFORMIST
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Oral Agents

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

CYSTIC FIBROSIS

PA, SP	dornase alfa	Tier 4	PULMOZYME
PA, SP	tobramycin inhalation soln	Tier 4	

LEUKOTRIENE MODULATORS

	montelukast	Tier 1	
	zafirlukast	Tier 1	

MAST CELL STABILIZERS

QL	cromolyn soln	Tier 1	
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NASAL ANTIHISTAMINES

QL	azelastine spray	Tier 1	
QL	olopatadine spray	Tier 1	

NASAL STEROIDS/COMBINATIONS

QL	azelastine/fluticasone spray	Tier 1	
QL	flunisolide spray	Tier 1	
QL	fluticasone spray	Tier 1	
QL	mometasone spray	Tier 1	

PHOSPHODIESTERASE-4 INHIBITORS

	roflumilast	Tier 2	DALIRESP
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PULMONARY FIBROSIS AGENTS

PA, SP	nintedanib	Tier 4	OFEV
PA, SP	pirfenidone	Tier 4	ESBRIET

SEVERE ASTHMA AGENTS

PA, SP	benralizumab	Tier 4	FASENRA
PA, SP	dupilumab	Tier 4	DUPIXENT
PA, SP	mepolizumab	Tier 4	NUCALA

STEROID/BETA AGONIST COMBINATIONS

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

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

STEROID INHALANTS

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

XANTHINES

	theophylline ext-rel tabs	Tier 1	
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MISCELLANEOUS

	ipratropium spray	Tier 1	
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TOPICAL**DERMATOLOGY****Acne**

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

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

Oral

QL	isotretinoin	Tier 1	
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Topical

PA	adapalene	Tier 1	
*	clindamycin gel	Tier 1	
	clindamycin lotion, soln	Tier 1	
PA	clindamycin/benzoyl peroxide	Tier 1	
	erythromycin gel 2%	Tier 1	
	erythromycin soln	Tier 1	
	erythromycin/benzoyl peroxide	Tier 1	
	sulfacetamide lotion 10%	Tier 1	
QL	tazarotene	Tier 1	
PA, QL	tretinoin	Tier 1	
PA	tretinoin - Avita	Tier 1	
PA	tretinoin gel microsphere	Tier 1	

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

Actinic Keratosis

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

Antibiotics

	gentamicin	Tier 1	
	mupirocin oint	Tier 1	
	silver sulfadiazine	Tier 1	

Antifungals

	ciclopirox	Tier 1	
QL	econazole	Tier 1	
	ketoconazole crm 2%	Tier 1	
	naftifine	Tier 1	

nystatin	Tier 1
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Antipsoriatics

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

<https://www.aad.org>

Oral

acitretin	Tier 1
methoxsalen oral	Tier 1

Topical

calcipotriene oint, soln 0.005%	Tier 1
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Antiseborrheics

ketoconazole shampoo 2%	Tier 1
selenium sulfide lotion 2.5%	Tier 1

Atopic Dermatitis

Guidelines for the treatment of atopic dermatitis are available at:

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

Injectable

PA, SP dupilumab	Tier 4	DUPIXENT
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Topical

PA pimecrolimus	Tier 1	
QL tacrolimus	Tier 1	
QL crisaborole	Tier 2	EUCRISA

Corticosteroids

Low Potency

QL alclometasone crm, oint 0.05%	Tier 1
QL desonide crm, lotion, oint 0.05%	Tier 1
QL fluocinolone acetonide soln 0.01%	Tier 1
QL hydrocortisone crm 2.5%	Tier 1

Medium Potency

QL betamethasone valerate crm, lotion, oint 0.1%	Tier 1
QL desoximetasone crm 0.05%	Tier 1
QL fluocinolone acetonide crm, oint 0.025%	Tier 1
QL fluticasone propionate crm, lotion 0.05%, oint 0.005%	Tier 1
QL hydrocortisone butyrate crm, oint, soln 0.1%	Tier 1
QL hydrocortisone butyrate lipid cream 0.1%	Tier 1
QL hydrocortisone valerate crm, oint 0.2%	Tier 1
QL mometasone crm, lotion, oint 0.1%	Tier 1
QL triamcinolone acetonide crm, lotion 0.025%	Tier 1
QL triamcinolone acetonide crm, lotion, oint 0.1%	Tier 1

High Potency

QL betamethasone dipropionate augmented crm 0.05%	Tier 1
QL betamethasone dipropionate augmented lotion 0.05%	Tier 1
QL betamethasone dipropionate crm, lotion, oint 0.05%	Tier 1
QL desoximetasone crm, oint 0.25%, gel 0.05%	Tier 1
QL fluocinonide crm 0.05%	Tier 1
QL fluocinonide gel, oint, soln 0.05%	Tier 1
QL triamcinolone acetonide crm 0.5%	Tier 1

QL	halobetasol propionate lotion 0.01%	Tier 2	BRYHALI
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Very High Potency

QL	betamethasone dipropionate augmented gel, oint 0.05%	Tier 1	
QL	clobetasol propionate crm 0.05%	Tier 1	
QL	clobetasol propionate foam 0.05%	Tier 1	
QL	clobetasol propionate gel, oint, soln 0.05%	Tier 1	
QL	clobetasol propionate lotion, shampoo 0.05%	Tier 1	
QL	halobetasol propionate crm, oint 0.05%	Tier 1	

Local Analgesics

	lidocaine patch	Tier 1	
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Local Anesthetics

QL	lidocaine/prilocaine	Tier 1	
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Rosacea

	azelaic acid gel	Tier 1	
	metronidazole crm 0.75%	Tier 1	
	metronidazole gel 0.75%	Tier 1	
	metronidazole gel 1%	Tier 1	
	metronidazole lotion 0.75%	Tier 1	
	azelaic acid foam	Tier 2	FINACEA FOAM
QL	ivermectin	Tier 2	SOOLANTRA

Scabicides and Pediculicides

	malathion	Tier 1	
	permethrin 5%	Tier 1	

Miscellaneous Skin and Mucous Membrane

	imiquimod	Tier 1	
	podofilox	Tier 1	

MOUTH/THROAT/DENTAL AGENTS

Anesthetics - Topical Oral

	lidocaine viscous	Tier 1	
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Protectants - Mouth/Throat

	soy phospholipid/glycerol dioleate	Tier 2	EPISIL
PA, SP	benzyl alcohol/carbomer 941/glycerin	Tier 4	MUGARD

Steroids - Mouth/Throat

	triamcinolone paste	Tier 1	
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OPHTHALMIC

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

<https://one.aao.org>

Antiallergics

	azelastine	Tier 1	
	cromolyn sodium	Tier 1	
	olopatadine	Tier 1	
	alcaftadine	Tier 2	LASTACFT
	olopatadine	Tier 2	PAZEO

Anti-infectives

bacitracin	Tier 1	
ciprofloxacin soln	Tier 1	
erythromycin	Tier 1	
gentamicin	Tier 1	
levofloxacin	Tier 1	
moxifloxacin	Tier 1	
neomycin/polymyxin B/gramicidin	Tier 1	
ofloxacin	Tier 1	
polymyxin B/bacitracin	Tier 1	
polymyxin B/trimethoprim	Tier 1	
sulfacetamide oint 10%	Tier 1	
sulfacetamide soln 10%	Tier 1	
tobramycin	Tier 1	
besifloxacin	Tier 2	BESIVANCE
ciprofloxacin oint	Tier 2	CILOXAN

Anti-infective/Anti-inflammatory Combinations

neomycin/polymyxin B/bacitracin/hydrocortisone oint	Tier 1	
neomycin/polymyxin B/dexamethasone	Tier 1	
neomycin/polymyxin B/hydrocortisone susp	Tier 1	
sulfacetamide/prednisolone phosphate 10%/0.25%	Tier 1	
tobramycin/dexamethasone susp 0.3%/0.1%	Tier 1	
tobramycin/dexamethasone oint 0.3%/0.1%	Tier 2	TOBRADEX
tobramycin/dexamethasone susp 0.3%/0.05%	Tier 2	TOBRADEX ST

Anti-inflammatories*Nonsteroidal*

bromfenac sodium	Tier 1	
diclofenac sodium	Tier 1	
ketorolac	Tier 1	
ketorolac tromethamine	Tier 2	ACUVAIL
nepafenac	Tier 2	ILEVRO
nepafenac	Tier 2	NEVANAC

Steroidal

dexamethasone sodium phosphate	Tier 1	
fluorometholone	Tier 1	
loteprednol	Tier 1	
prednisolone acetate 1%	Tier 1	
dexamethasone	Tier 2	MAXIDEX
difluprednate	Tier 2	DUREZOL
fluorometholone	Tier 2	FML FORTE
fluorometholone	Tier 2	FML S.O.P.
prednisolone acetate	Tier 2	PRED MILD
prednisolone phosphate 1%	Tier 3	

Antivirals

trifluridine	Tier 1	
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Beta-blockers*Nonselective*

levobunolol	Tier 1	
timolol maleate	Tier 1	
timolol maleate gel	Tier 1	
timolol hemihydrate	Tier 2	BETIMOL

<i>Selective</i>			
	betaxolol	Tier 2	BETOPTIC S
Carbonic Anhydrase Inhibitors			
<i>Topical</i>			
	dorzolamide	Tier 1	
	brinzolamide	Tier 2	AZOPT
Carbonic Anhydrase Inhibitor/Beta-blocker Combinations			
	dorzolamide/timolol maleate	Tier 1	
Carbonic Anhydrase Inhibitor/Sympathomimetic Combinations			
	brinzolamide/brimonidine	Tier 2	SIMBRINZA
Dry Eye Disease			
	cyclosporine, emulsion	Tier 2	RESTASIS
	lifitegrast	Tier 2	XIIDRA
Prostaglandins			
	latanoprost	Tier 1	
	travoprost	Tier 1	
	bimatoprost 0.01%	Tier 2	LUMIGAN
	tafluprost	Tier 2	ZIOPTAN
Rho Kinase Inhibitors			
	netarsudil	Tier 2	RHOPRESSA
Rho Kinase Inhibitor/Prostaglandin Combinations			
	netarsudil/latanoprost	Tier 2	ROCKLATAN
Sympathomimetics			
	brimonidine	Tier 1	
	brimonidine 0.2%	Tier 1	
Sympathomimetic/Beta-blocker Combinations			
	brimonidine/timolol	Tier 2	COMBIGAN
OTIC			
Clinical practice guidelines for the treatment of otitis media are available at: https://www.aap.org			
Anti-infectives			
	acetic acid	Tier 1	
	ofloxacin otic	Tier 1	
Anti-infective/Anti-inflammatory Combinations			
	ciprofloxacin/dexamethasone	Tier 1	
	neomycin/polymyxin B/hydrocortisone	Tier 1	

WEBSITES

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

American Congress of Obstetricians and Gynecologists

<https://www.acog.org>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

National Foundation for Infectious Diseases

<http://www.nfid.org>

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

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

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

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

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

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

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

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

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