

# AvMed Commercial 4-Tier Medication Formulary 2018

(10/01/2018)

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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.

This document reflects the expert opinion and effort of AvMed's Pharmacy and Therapeutics (P&T) Committee, which is comprised of practicing prescribers and pharmacists representing different specialties. The P&T Committee continually reviews new and existing medications to ensure this medication formulary remains responsive to the needs of our members and health care professionals. The criteria used by the P&T Committee to evaluate medication selection for the formulary includes, but is not limited to: medication safety profile, medication efficacy and effectiveness data, comparison of similar prescription or over-the-counter (OTC) medications with equivalent indications and/or use while minimizing potential duplications, and assessment of equitable cost of medication.

The medication formulary is a fluid document, which is continually reviewed and modified based on the current clinical opinion of AvMed's P&T Committee. This dynamic process does not allow this document to be completely accurate at all times. To accommodate regular changes, an updated electronic version of this formulary is available online at [www.avmed.org](http://www.avmed.org). AvMed welcomes your input and feedback on the information provided in this document.

## 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 brand-name product.**

*pregabalin*

*Lyrica*

Oral capsules, oral solution and all strengths of Lyrica 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 4-Tier Commercial Medication Formulary. Other strengths/dosage forms of the reference product are not.**

*acyclovir caps, tabs*

The acyclovir capsules and tablets are on the AvMed Commercial 4-Tier 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 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.**

*neomycin/polymyxin B/hydrocortisone*

*Cortisporin*

Since Cortisporin is listed only in the OTIC section, it is limited to the otic solution and suspension. From this entry the topical cream cannot be assumed to be on the list unless there is an entry for this product in the DERMATOLOGY 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 as determined by AvMed's P&T Committee 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 AvMed's P&T Committee.

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

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

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

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

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

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

## BENEFIT COVERAGE AND LIMITATIONS

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

### Coverage

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

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

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

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

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

### Prior Authorization Process

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

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

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

### Member Initiated Prior Authorization Process

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

## Quantity Limit Exception

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

## Progressive Medication Program (Step Therapy)

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

## Non-Formulary Medication Requests

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

## Tier Description

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

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

## Common Medical Exclusions

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

- Over-the-counter (OTC) medications or their equivalents unless otherwise specified in the medication formulary listing
- Experimental medication products, or any medication product used in an experimental manner
- Foreign medications or medications not approved by the United States Food and Drug Administration (FDA)
- Replacement prescription drug products resulting from a lost, stolen, expired, broken, or destroyed prescription order or refill
- Fertility drugs
- Medications or devices for the diagnosis or treatment of sexual dysfunction
- Dental-specific medications, including fluoride medications for adults
- Prescription and non-prescription vitamins and minerals, except prenatal vitamins
- Nutritional supplements and Medical Foods
- Cosmetic products, including, but not limited to, hair growth, skin bleaching, sun damage and anti-wrinkle medications
- Prescription and non-prescription appetite suppressants and products for the purpose of weight loss
- Compounded prescriptions, except pediatric preparations

- Pharmaceuticals that would be covered under the medical benefit. These may include, but are not limited to, immunizations; allergy serums; medical supplies, including therapeutic devices, dressings, appliances, and support garments; medications administered by the attending physician to treat an acute phase of an illness; and chemotherapy for cancer patients. Such benefits are covered in accordance with the Group Medical and Hospital Service Contract and may be subject to copay or coinsurance and prior authorization requirements, as outlined on the Schedule of Benefits.

### Mandated Generic Substitution

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

### Health Care Reform - Preventive Medications

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

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

Contraceptive Type	Examples	Cost Share
Oral Generics	(multiple)	<b>No cost share</b>
Non-Oral and OTC	Nuvaring, Xulane, 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 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 (generic Zyban), 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	Zyban, 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 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 OneTouch® 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 complete the Diabetic Meter Form located in the AvMed website at [www.avmed.org/web/guest/preferred-medication-lists](http://www.avmed.org/web/guest/preferred-medication-lists). Forms may be mailed or emailed to CVS Caremark.

AvMed covers the following meters and accompanying test strips:

OneTouch Ultra® 2, One Touch UltraMini®, OneTouch Verio® IQ, OneTouch Verio®, OneTouch Verio Flex®

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

## MAIL-SERVICE PRESCRIPTIONS

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

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

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

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

## CONTACT INFORMATION

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

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

## LEGEND

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

## NOTICE

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## ANALGESICS

Practice guidelines of pain management are available at:

<http://www.asahq.org>

### NSAIDs

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

### NSAIDs, COMBINATIONS

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

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

### COX-2 INHIBITORS

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

	<b>allopurinol</b>	Tier 1	
	<b>colchicine</b>	Tier 1	
	<b>probenecid</b>	Tier 1	
	<b>febuxostat</b>	Tier 2	ULORIC

### OPIOID ANALGESICS

Practice Guidelines for Cancer Pain Management (includes WHO analgesic ladder) are available at:

<http://www.asahq.org>

<http://www.nccn.org>

Opioid guidelines in the management of chronic non-malignant pain are available at:

<http://www.asipp.org/Guidelines.htm>

<b>QL</b>	<b>codeine/acetaminophen</b>	Tier 1
<b>ST, QL</b>	<b>fentanyl transdermal</b>	Tier 1
<b>PA, QL</b>	<b>fentanyl transmucosal lozenge</b>	Tier 1
<b>QL</b>	<b>hydrocodone/acetaminophen</b>	Tier 1
<b>QL</b>	<b>hydromorphone</b>	Tier 1
<b>ST, QL</b>	<b>hydromorphone ext-rel</b>	Tier 1
<b>ST, QL</b>	<b>methadone</b>	Tier 1
<b>QL</b>	<b>morphine</b>	Tier 1
<b>ST, QL</b>	<b>morphine ext-rel</b>	Tier 1
<b>QL</b>	<b>morphine supp</b>	Tier 1
<b>QL</b>	<b>oxycodone caps, tabs 5 mg</b>	Tier 1
<b>QL</b>	<b>oxycodone concentrate 20 mg/mL</b>	Tier 1
<b>QL</b>	<b>oxycodone tabs 15 mg, 30 mg, soln 5 mg/5 mL</b>	Tier 1
<b>QL</b>	<b>oxycodone/acetaminophen 5/325</b>	Tier 1
<b>QL</b>	<b>oxycodone/acetaminophen soln</b>	Tier 1
<b>QL</b>	<b>tramadol</b>	Tier 1
<b>ST, QL</b>	<b>tramadol ext-rel</b>	Tier 1

<b>ST, QL</b>	buprenorphine	Tier 2	BELBUCA
<b>ST, QL</b>	buprenorphine transdermal	Tier 2	BUTRANS
<b>PA, QL</b>	fentanyl citrate buccal	Tier 2	FENTORA
<b>PA, QL</b>	fentanyl sublingual spray	Tier 2	SUBSYS
<b>ST, QL</b>	hydrocodone ext-rel	Tier 2	HYSINGLA ER
<b>ST, QL</b>	oxycodone ext-rel	Tier 2	OXYCONTIN
<b>QL</b>	tapentadol	Tier 2	NUCYNTA
<b>ST, QL</b>	tapentadol ext-rel	Tier 2	NUCYNTA ER

#### NON-OPIOID ANALGESICS

<b>QL</b>	<b>butalbital/acetaminophen/caffeine tabs (generic of ESGIC)</b>	Tier 1	
<b>QL</b>	<b>butalbital/aspirin/caffeine</b>	Tier 1	

#### ANTI-INFECTIVES

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

**Hepatitis:** CDC recommendations on the treatment of hepatitis are available at:  
<http://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:  
<http://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:  
<http://www.aidsinfo.nih.gov>

**Infective Endocarditis:** American Heart Association recommendations for the prevention of bacterial endocarditis are available at:  
<http://www.myamericanheart.org>

**Influenza:** Recommendations of the Advisory Committee on Immunization Practices are available at:  
<http://www.cdc.gov/ncidod/diseases/flu/fluvirus.htm>

**International Travel:** CDC recommendations for international travel are available at:  
<http://www.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:  
<http://www.cdc.gov/flu/>

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

#### ANTIBACTERIALS

##### Cephalosporins

##### *First Generation*

	<b>cefadroxil</b>	Tier 1	
	<b>cephalexin</b>	Tier 1	

##### *Second Generation*

	<b>cefprozil</b>	Tier 1	
	<b>cefuroxime axetil</b>	Tier 1	

##### *Third Generation*

	<b>cefdinir</b>	Tier 1	
	<b>cefixime</b>	Tier 1	

**Erythromycins/Macrolides**

azithromycin	Tier 1	
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**

ciprofloxacin	Tier 1	
ciprofloxacin ext-rel	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	
fluconazole	Tier 1	
griseofulvin ultramicrosize	Tier 1	
<b>PA, *</b> itraconazole	Tier 1	
nystatin	Tier 1	
terbinafine tabs	Tier 1	
voriconazole	Tier 1	

\* Tier 5 cost share applies for certain benefits

**ANTIMALARIALS**

atovaquone/proguanil	Tier 1	
chloroquine	Tier 1	
mefloquine	Tier 1	

**ANTIRETROVIRAL AGENTS****Antiretroviral Combinations**

<b>QL, SP</b> abacavir/lamivudine	Tier 1	
<b>QL, SP</b> lamivudine/zidovudine	Tier 1	
<b>QL, SP</b> abacavir/dolutegravir/lamivudine	Tier 2	TRIUMEQ
<b>QL, SP</b> atazanavir/cobicistat	Tier 2	EVOTAZ
<b>QL, SP</b> bicitegravir/emtricitabine/tenofovir alafenamide	Tier 2	BIKTARVY
<b>QL, SP</b> darunavir/cobicistat	Tier 2	PREZCOBIX
<b>QL, SP</b> efavirenz/emtricitabine/tenofovir disoproxil fumarate	Tier 2	ATRIPLA
<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>	emtricitabine/tenofovir disoproxil fumarate	Tier 2	TRUVADA
<b>Fusion Inhibitors</b>			
<b>QL, SP</b>	enfuvirtide	Tier 2	FUZEON
<b>Integrase Inhibitors</b>			
<b>QL, SP</b>	dolutegravir	Tier 2	TIVICAY
<b>QL, SP</b>	raltegravir	Tier 2	ISENTRESS
<b>Non-nucleoside Reverse Transcriptase Inhibitors</b>			
<b>QL, SP</b>	<b>efavirenz</b>	Tier 1	
<b>QL, SP</b>	<b>nevirapine ext-rel</b>	Tier 1	
<b>QL, SP</b>	<b>nevirapine tabs</b>	Tier 1	
<b>QL, SP</b>	etravirine	Tier 2	INTELENCE
<b>QL, SP</b>	nevirapine susp	Tier 2	VIRAMUNE
<b>QL, SP</b>	rilpivirine	Tier 2	EDURANT
<b>Nucleoside Reverse Transcriptase Inhibitors</b>			
<b>QL, SP</b>	<b>abacavir tabs</b>	Tier 1	
<b>QL, SP</b>	<b>didanosine delayed-rel</b>	Tier 1	
<b>QL, SP</b>	<b>lamivudine</b>	Tier 1	
<b>QL, SP</b>	<b>stavudine</b>	Tier 1	
<b>QL, SP</b>	<b>zidovudine</b>	Tier 1	
<b>QL, SP</b>	didanosine delayed-rel 125 mg	Tier 2	VIDEX EC
<b>QL, SP</b>	emtricitabine	Tier 2	EMTRIVA
<b>Nucleotide Reverse Transcriptase Inhibitors</b>			
<b>QL, SP</b>	<b>tenofovir disoproxil fumarate</b>	Tier 1	
<b>Protease Inhibitors</b>			
<b>QL, SP</b>	<b>atazanavir</b>	Tier 1	
<b>QL, SP</b>	<b>lopinavir/ritonavir soln</b>	Tier 1	
<b>QL, SP</b>	<b>ritonavir</b>	Tier 1	
<b>QL, SP</b>	darunavir	Tier 2	PREZISTA
<b>QL, SP</b>	lopinavir/ritonavir tabs	Tier 2	KALETRA
<b>ANTITUBERCULAR AGENTS</b>			
	<b>ethambutol</b>	Tier 1	
	<b>isoniazid</b>	Tier 1	
	<b>pyrazinamide</b>	Tier 1	
	<b>rifampin</b>	Tier 1	
<b>ANTIVIRALS</b>			
<b>Cytomegalovirus Agents</b>			
	<b>valganciclovir</b>	Tier 1	
<b>Hepatitis Agents</b>			
<i>Hepatitis B</i>			
<b>SP</b>	<b>lamivudine</b>	Tier 1	
<b>SP</b>	entecavir soln	Tier 2	BARACLUDE soln
<b>SP</b>	<b>entecavir</b>	Tier 4	
<b>SP</b>	tenofovir alafenamide	Tier 4	VEMLIDY
<i>Hepatitis C</i>			
<b>†, PA, SP</b>	ledipasvir/sofosbuvir	Tier 4	HARVONI
<b>PA, SP</b>	<b>ribavirin caps</b>	Tier 4	
<b>PA, SP</b>	ribavirin oral soln	Tier 4	REBETOL

<b>PA, SP</b>	<b>ribavirin tabs</b>	Tier 4	
†, <b>PA, SP</b>	sofosbuvir/velpatasvir	Tier 4	EPCLUSA
†, <b>PA, SP</b>	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

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

#### Influenza Agents

<b>QL</b>	<b>oseltamivir</b>	Tier 1	
<b>QL</b>	zanamivir	Tier 2	RELENZA

#### MISCELLANEOUS

	<b>clindamycin</b>	Tier 1	
	<b>dapsone</b>	Tier 1	
	<b>ivermectin</b>	Tier 1	
	<b>linezolid</b>	Tier 1	
	<b>metronidazole</b>	Tier 1	
	<b>nitrofurantoin ext-rel</b>	Tier 1	
	<b>nitrofurantoin macrocrystals</b>	Tier 1	
	<b>nitrofurantoin susp</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</b>	Tier 1	
	mebendazole chewable	Tier 2	EMVERM
	rifaximin 550 mg	Tier 2	XIFAXAN

#### ANTINEOPLASTIC AGENTS

Clinical practice guidelines in oncology are available at:

<http://www.asco.org>

<http://www.nccn.org>

#### ALKYLATING AGENTS

	<b>melphalan</b>	Tier 1	
	altretamine	Tier 2	HEXALEN
	busulfan	Tier 2	MYLERAN
	chlorambucil	Tier 2	LEUKERAN
	cyclophosphamide caps	Tier 2	
<b>PA, SP</b>	<b>temozolomide</b>	Tier 4	

#### ANTIMETABOLITES

	<b>mercaptopurine</b>	Tier 1	
	methotrexate	Tier 2	TREXALL
	thioguanine	Tier 2	TABLOID
<b>PA, SP</b>	<b>capecitabine</b>	Tier 4	

#### HORMONAL ANTINEOPLASTIC AGENTS

##### Antiandrogens

	<b>bicalutamide</b>	Tier 1	
	<b>flutamide</b>	Tier 1	

<b>PA, SP</b>	abiraterone	Tier 4	ZYTIGA
<b>PA, SP</b>	enzalutamide	Tier 4	XTANDI

#### Antiandrogens

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

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

#### Progestins

	<b>megestrol acetate tabs</b>	Tier 1	
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#### IMMUNOMODULATORS

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

#### KINASE INHIBITORS

<b>PA, SP</b>	bosutinib	Tier 4	BOSULIF
<b>PA, SP</b>	cabozantinib	Tier 4	CABOMETYX
<b>PA, SP</b>	dasatinib	Tier 4	SPRYCEL
<b>PA, SP</b>	erlotinib	Tier 4	TARCEVA
<b>PA, SP</b>	everolimus	Tier 4	AFINITOR
<b>PA, SP</b>	gefitinib	Tier 4	IRESSA
<b>PA, SP</b>	<b>imatinib mesylate</b>	Tier 4	
<b>PA, SP</b>	lapatinib	Tier 4	TYKERB
<b>PA, SP</b>	midostaurin	Tier 4	RYDAPT
<b>PA, SP</b>	palbociclib	Tier 4	IBRANCE
<b>PA, SP</b>	pazopanib	Tier 4	VOTRIENT
<b>PA, SP</b>	ribociclib	Tier 4	KISQALI
<b>PA, SP</b>	ribociclib + letrozole	Tier 4	KISQALI FEMARA CO-PACK
<b>PA, SP</b>	sorafenib	Tier 4	NEXAVAR
<b>PA, SP</b>	sunitinib	Tier 4	SUTENT

#### TOPOISOMERASE INHIBITORS

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

	<b>etoposide</b>	Tier 1	
	<b>hydroxyurea</b>	Tier 1	
	<b>tretinoin caps</b>	Tier 1	
	mitotane	Tier 2	LYSODREN
	procarbazine	Tier 2	MATULANE
<b>PA, SP</b>	<b>bexarotene caps</b>	Tier 4	
<b>PA, SP</b>	sonidegib	Tier 4	ODOMZO
<b>PA, SP</b>	uridine triacetate	Tier 4	VISTOGARD
<b>PA, SP</b>	vorinostat	Tier 4	ZOLINZA



## CARDIOVASCULAR

The Eighth Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure is available at:  
<http://jama.jamanetwork.com/article.aspx?articleid=1791497>

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

<http://www.acc.org>

<http://www.heartfailureguideline.org>

<http://www.myamericanheart.org>

### ACE INHIBITORS

Guidelines for the use of ACE inhibitors are available at:

<http://jama.jamanetwork.com/article.aspx?articleid=1791497>

<http://professional.diabetes.org>

<http://www.acc.org>

<http://www.myamericanheart.org>

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

### ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATIONS

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
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:

<http://jama.jamanetwork.com/article.aspx?articleid=1791497>

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:

<http://jama.jamanetwork.com/article.aspx?articleid=1791497>

<http://professional.diabetes.org>

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

## ANGIOTENSIN II RECEPTOR ANTAGONIST/CALCIUM CHANNEL BLOCKER COMBINATIONS

amlodipine/olmesartan	Tier 1
amlodipine/telmisartan	Tier 1
amlodipine/valsartan	Tier 1

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

amlodipine/valsartan/hydrochlorothiazide	Tier 1
olmesartan/amlodipine/hydrochlorothiazide	Tier 1

## ANTIARRHYTHMICS

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

<http://www.acc.org>

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

## ANTILIPEMICS

The 2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults is available at:

<http://circ.ahajournals.org/content/early/2013/11/11/01.cir.0000437738.63853.7a>

### 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
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#### HMG-CoA Reductase Inhibitors/Combinations

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

#### Niacins

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

<b>PA, SP</b> evolocumab	Tier 4	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:

<http://jama.jamanetwork.com/article.aspx?articleid=1791497>

<http://www.acc.org>

atenolol	Tier 1	
bisoprolol	Tier 1	
carvedilol	Tier 1	
labetalol	Tier 1	
metoprolol succinate ext-rel	Tier 1	
metoprolol tartrate	Tier 1	
nadolol	Tier 1	
pindolol	Tier 1	
propranolol	Tier 1	
propranolol ext-rel	Tier 1	
carvedilol phosphate ext-rel	Tier 2	COREG CR
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:

<http://jama.jamanetwork.com/article.aspx?articleid=1791497>

<http://www.acc.org>

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

#### CALCIUM CHANNEL BLOCKERS

##### Dihydropyridines

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

**Nondihydropyridines**

*	<b>diltiazem ext-rel</b>	Tier 1	
	<b>verapamil ext-rel</b>	Tier 1	

\* Listing does not include generic CARDIZEM LA

**CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS**

	<b>amlodipine/atorvastatin</b>	Tier 1	
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**DIGITALIS GLYCOSIDES**

	<b>digoxin 0.125 mg, 0.25 mg</b>	Tier 1	
	<b>digoxin ped elixir</b>	Tier 1	
	<b>digoxin 0.0625 mg, 0.1875 mg</b>	Tier 2	LANOXIN

**DIRECT RENIN INHIBITORS/DIURETIC COMBINATIONS**

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

**DIURETICS****Carbonic Anhydrase Inhibitors**

	<b>acetazolamide</b>	Tier 1	
	<b>acetazolamide ext-rel</b>	Tier 1	
	<b>methazolamide</b>	Tier 1	

**Loop Diuretics**

	<b>bumetanide</b>	Tier 1	
	<b>furosemide</b>	Tier 1	
	<b>toremide</b>	Tier 1	

**Potassium-sparing Diuretics**

	<b>amiloride</b>	Tier 1	
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**Thiazides and Thiazide-like Diuretics**

	<b>chlorthalidone</b>	Tier 1	
	<b>hydrochlorothiazide</b>	Tier 1	
	<b>indapamide</b>	Tier 1	
	<b>metolazone</b>	Tier 1	

**Diuretic Combinations**

	<b>amiloride/hydrochlorothiazide</b>	Tier 1	
	<b>spironolactone/hydrochlorothiazide</b>	Tier 1	
	<b>triamterene/hydrochlorothiazide</b>	Tier 1	

**HEART FAILURE**

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

**NITRATES****Oral**

	<b>isosorbide dinitrate ext-rel tabs</b>	Tier 1	
	<b>isosorbide dinitrate oral</b>	Tier 1	
	<b>isosorbide mononitrate</b>	Tier 1	
	<b>isosorbide mononitrate ext-rel</b>	Tier 1	

**Sublingual/Translingual**

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

## Transdermal

	<b>nitroglycerin transdermal</b>	Tier 1	
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## PULMONARY ARTERIAL HYPERTENSION

### Endothelin Receptor Antagonists

<b>PA, SP</b>	ambrisentan	Tier 4	LETAIRIS
<b>PA, SP</b>	bosentan	Tier 4	TRACLEER
<b>PA, SP</b>	macitentan	Tier 4	OPSUMIT

### Phosphodiesterase Inhibitors

<b>PA, SP</b>	<b>sildenafil</b>	Tier 4	
<b>PA, SP</b>	tadalafil	Tier 4	ADCIRCA

### Prostacyclin Receptor Agonists

<b>PA, SP</b>	selexipag	Tier 4	UPTRAVI
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### Prostaglandin Vasodilators

<b>PA, SP</b>	treprostinil ext-rel	Tier 4	ORENITRAM
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### Soluble Guanylate Cyclase Stimulators

<b>PA, SP</b>	riociguat	Tier 4	ADEMPAS
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## MISCELLANEOUS

	<b>hydralazine</b>	Tier 1	
	<b>methyldopa</b>	Tier 1	
	<b>midodrine</b>	Tier 1	
	ranolazine ext-rel	Tier 2	RANEXA

## CENTRAL NERVOUS SYSTEM

Practice guidelines for psychiatric disorders are available at:  
<http://www.psych.org>

### ANTI-ANXIETY

#### Benzodiazepines

	<b>alprazolam</b>	Tier 1	
	<b>clonazepam tabs</b>	Tier 1	
	<b>diazepam</b>	Tier 1	
	<b>lorazepam</b>	Tier 1	
	<b>oxazepam</b>	Tier 1	

#### Miscellaneous

	<b>bupirone</b>	Tier 1	
	<b>clomipramine</b>	Tier 1	
	<b>fluvoxamine</b>	Tier 1	

### ANTICONVULSANTS

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

	<b>carbamazepine</b>	Tier 1	
	<b>carbamazepine ext-rel</b>	Tier 1	
	<b>diazepam rectal gel</b>	Tier 1	
	<b>divalproex sodium delayed-rel</b>	Tier 1	
	<b>divalproex sodium ext-rel</b>	Tier 1	
	<b>ethosuximide</b>	Tier 1	
	<b>gabapentin</b>	Tier 1	
	<b>lamotrigine</b>	Tier 1	
	<b>lamotrigine ext-rel</b>	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	
tiagabine	Tier 1	
topiramate	Tier 1	
topiramate ext-rel	Tier 1	
valproic acid	Tier 1	
zonisamide	Tier 1	
lacosamide	Tier 2	VIMPAT
oxcarbazepine ext-rel	Tier 2	OXTELLAR XR
perampanel	Tier 2	FYCOMPA
topiramate ext-rel	Tier 2	TROKENDI XR

## ANTIDEMENTIA

Practice guidelines for the management of dementia are available at:  
<http://www.aan.com>

donepezil	Tier 1	
galantamine	Tier 1	
galantamine ext-rel	Tier 1	
memantine	Tier 1	
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:  
<http://www.psych.org>

### Monoamine Oxidase Inhibitors (MAOIs)

phenelzine	Tier 1	
tranylcypromine	Tier 1	

### Selective Serotonin Reuptake Inhibitors (SSRIs)

citalopram	Tier 1	
escitalopram	Tier 1	
fluoxetine	Tier 1	
paroxetine HCl	Tier 1	
paroxetine HCl ext-rel	Tier 1	
sertraline	Tier 1	
vilazodone	Tier 2	VIIBRYD
vortioxetine	Tier 2	TRINTELLIX

### Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)

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

### Tricyclic Antidepressants (TCAs)

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

### Miscellaneous Agents

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

### ANTIPARKINSONIAN AGENTS

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

<http://www.aan.com>

<b>amantadine</b>	Tier 1	
<b>benztropine</b>	Tier 1	
<b>bromocriptine</b>	Tier 1	
<b>carbidopa/levodopa</b>	Tier 1	
<b>carbidopa/levodopa ext-rel</b>	Tier 1	
<b>carbidopa/levodopa orally disintegrating tabs</b>	Tier 1	
<b>carbidopa/levodopa/entacapone</b>	Tier 1	
<b>entacapone</b>	Tier 1	
<b>pramipexole</b>	Tier 1	
<b>pramipexole ext-rel</b>	Tier 1	
<b>rasagiline</b>	Tier 1	
<b>ropinirole</b>	Tier 1	
<b>ropinirole ext-rel</b>	Tier 1	
<b>selegiline</b>	Tier 1	
<b>trihexyphenidyl</b>	Tier 1	
<b>rotigotine transdermal</b>	Tier 2	NEUPRO

### ANTIPSYCHOTICS

#### Atypicals

<b>aripiprazole</b>	Tier 1	
<b>clozapine</b>	Tier 1	
<b>olanzapine</b>	Tier 1	
<b>quetiapine</b>	Tier 1	
<b>quetiapine ext-rel</b>	Tier 1	
<b>risperidone</b>	Tier 1	
<b>ziprasidone</b>	Tier 1	
<b>aripiprazole ext-rel inj</b>	Tier 2	ABILIFY MAINTENA
<b>aripiprazole lauroxil ext-rel inj</b>	Tier 2	ARISTADA
<b>cariprazine</b>	Tier 2	VRAYLAR
<b>lurasidone</b>	Tier 2	LATUDA
<b>risperidone long-acting injection</b>	Tier 2	RISPERDAL CONSTA

#### Miscellaneous

<b>chlorpromazine</b>	Tier 1	
<b>fluphenazine</b>	Tier 1	
<b>haloperidol</b>	Tier 1	
<b>perphenazine</b>	Tier 1	
<b>thiothixene</b>	Tier 1	
<b>trifluoperazine</b>	Tier 1	

## ATTENTION DEFICIT HYPERACTIVITY DISORDER

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

<http://www.aacap.org>

<http://www.aap.org>

<b>QL</b>	amphetamine/dextroamphetamine mixed salts	Tier 1	
<b>QL</b>	amphetamine/dextroamphetamine mixed salts ext-rel	Tier 1	
<b>QL</b>	atomoxetine	Tier 1	
<b>QL</b>	dexmethylphenidate	Tier 1	
<b>QL</b>	dexmethylphenidate ext-rel	Tier 1	
<b>QL</b>	dextroamphetamine	Tier 1	
<b>QL</b>	dextroamphetamine ext-rel	Tier 1	
<b>QL</b>	guanfacine ext-rel	Tier 1	
<b>QL</b>	methylphenidate	Tier 1	
<b>QL</b>	methylphenidate ext-rel	Tier 1	
<b>QL</b>	amphetamine/dextroamphetamine mixed salts ext-rel	Tier 2	MYDAYIS
<b>QL</b>	lisdexamfetamine	Tier 2	VYVANSE

## FIBROMYALGIA

	milnacipran	Tier 2	SAVELLA
	pregabalin	Tier 2	LYRICA

## HUNTINGTON'S DISEASE AGENTS

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

## 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:

<http://www.aasmnet.org>

### Benzodiazepines

	temazepam	Tier 1	
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### Nonbenzodiazepines

	eszopiclone	Tier 1	
	zolpidem	Tier 1	
	zolpidem ext-rel	Tier 1	
<b>PA</b>	zolpidem sublingual	Tier 1	
<b>PA</b>	suvorexant	Tier 2	BELSOMRA

### Tricyclics

	doxepin	Tier 2	SILENOR
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## MIGRAINE

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

<http://www.aan.com>

### Ergotamine Derivatives

	dihydroergotamine inj	Tier 1	
<b>QL</b>	dihydroergotamine spray	Tier 1	
	ergotamine/caffeine	Tier 1	

### Selective Serotonin Agonists

<b>QL</b>	eletriptan	Tier 1	
<b>QL</b>	naratriptan	Tier 1	
<b>QL</b>	rizatriptan	Tier 1	
<b>QL</b>	sumatriptan	Tier 1	



<b>QL</b>	<b>sumatriptan inj</b>	Tier 1	
<b>QL</b>	<b>sumatriptan nasal spray</b>	Tier 1	
<b>QL</b>	<b>zolmitriptan</b>	Tier 1	
<b>QL</b>	sumatriptan inj	Tier 2	ZEMBRACE SYMTOUCH
<b>QL</b>	sumatriptan nasal powder	Tier 2	ONZETRA XSAIL
<b>QL</b>	zolmitriptan nasal spray	Tier 2	ZOMIG

#### Selective Serotonin Agonist/Nonsteroidal Anti-inflammatory Drug (NSAID) Combinations

<b>QL</b>	<b>sumatriptan/naproxen sodium</b>	Tier 1	
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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	

#### MULTIPLE SCLEROSIS AGENTS

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

<b>PA, SP</b>	dimethyl fumarate delayed-rel	Tier 4	TECFIDERA
<b>PA, SP</b>	fingolimod	Tier 4	GILENYA
<b>PA, SP</b>	<b>glatiramer 20 mg/mL</b>	Tier 4	
<b>PA, SP</b>	<b>glatiramer 40 mg/mL</b>	Tier 4	COPAXONE
<b>PA, SP</b>	interferon beta-1a	Tier 4	REBIF
<b>PA, SP</b>	interferon beta-1b	Tier 4	BETASERON
<b>PA, SP</b>	teriflunomide	Tier 4	AUBAGIO

#### MUSCULOSKELETAL THERAPY AGENTS

	<b>baclofen</b>	Tier 1	
	<b>carisoprodol</b>	Tier 1	
	<b>chlorzoxazone</b>	Tier 1	
	<b>cyclobenzaprine</b>	Tier 1	
	<b>dantrolene</b>	Tier 1	
	<b>metaxalone</b>	Tier 1	
	<b>methocarbamol</b>	Tier 1	
	<b>orphenadrine/aspirin/caffeine</b>	Tier 1	
	<b>tizanidine tabs</b>	Tier 1	

#### MYASTHENIA GRAVIS

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

#### NARCOLEPSY

	<b>armodafinil</b>	Tier 1	
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#### POSTHERPETIC NEURALGIA (PHN)

	<b>gabapentin ext-rel</b>	Tier 2	GRALISE
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#### PSYCHOTHERAPEUTIC-MISCELLANEOUS

##### Alcohol Deterrents

	<b>acamprosate calcium</b>	Tier 1	
	<b>disulfiram</b>	Tier 1	

##### Opioid Antagonists

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

### Partial Opioid Agonist/Opioid Antagonist Combinations

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

### Pseudobulbar Affect Agents

	dextromethorphan/quinidine	Tier 2	NUEDEXTA
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### Smoking Deterrents

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

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

	<b>bupropion ext-rel</b>	Tier 1	
	varenicline	Tier 2	CHANTIX

### Vasomotor Symptom Agents

	<b>paroxetine mesylate</b>	Tier 1	
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## ENDOCRINE AND METABOLIC

### ACROMEGALY

<b>PA, SP</b>	lanreotide acetate	Tier 4	SOMATULINE DEPOT
<b>PA, SP</b>	pegvisomant	Tier 4	SOMAVERT

### ANDROGENS

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

<http://www.aace.com>

<b>PA</b>	<b>testosterone cypionate</b>	Tier 1	
<b>PA</b>	<b>testosterone enanthate</b>	Tier 1	
<b>PA</b>	<b>testosterone gel</b>	Tier 1	
<b>PA</b>	<b>testosterone soln</b>	Tier 1	
<b>PA</b>	testosterone gel 1.62%	Tier 2	ANDROGEL
<b>PA</b>	testosterone transdermal	Tier 2	ANDRODERM

### ANTIDIABETICS

Guidelines of treatment and management of diabetes are available at:

<http://professional.diabetes.org>

### Alpha-glucosidase Inhibitors

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

	pramlintide	Tier 2	SYMLINPEN
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### Biguanides

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

\* Generic GLUCOPHAGE XR is covered; generic FORTAMET and GLUMETZA (modified and osmotic formulations) are excluded.

### Biguanide/Sulfonylurea Combinations

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

	linagliptin	Tier 2	TRADJENTA
	sitagliptin phosphate	Tier 2	JANUVIA

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

linagliptin/metformin	Tier 2	JENTADUETO
linagliptin/metformin ext-rel	Tier 2	JENTADUETO XR
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

**Incretin Mimetic Agent/Insulin Combinations**

lixisenatide/insulin glargine	Tier 2	SOLIQUA
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**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 human	Tier 2	HUMULIN R U-500
<b>OTC</b> insulin human	Tier 2	NOVOLIN R
<b>OTC</b> insulin isophane human	Tier 2	NOVOLIN N
<b>OTC</b> insulin isophane human 70%/regular 30%	Tier 2	NOVOLIN 70/30

**Insulin Sensitizers**

<b>pioglitazone</b>	Tier 1	
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**Insulin Sensitizer/Biguanide Combinations**

<b>pioglitazone/metformin</b>	Tier 1	
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**Insulin Sensitizer/Sulfonylurea Combinations**

<b>pioglitazone/glimepiride</b>	Tier 1	
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**Meglitinides**

<b>nateglinide</b>	Tier 1	
<b>repaglinide</b>	Tier 1	

**Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors**

canagliflozin	Tier 2	INVOKANA
dapagliflozin	Tier 2	FARXIGA

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

canagliflozin/metformin	Tier 2	INVOKAMET
canagliflozin/metformin ext-rel	Tier 2	INVOKAMET XR
dapagliflozin/metformin ext-rel	Tier 2	XIGDUO XR

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

dapagliflozin/saxagliptin	Tier 2	QTERN
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**Sulfonylureas**

<b>glimepiride</b>	Tier 1	
<b>glipizide</b>	Tier 1	
<b>glipizide ext-rel</b>	Tier 1	
<b>glyburide</b>	Tier 1	

## Supplies

	blood glucose continuous monitoring receivers, sensors, transmitters	Tier 2	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
*	blood glucose test strips	Tier 2	ONETOUCH ULTRA TEST STRIPS
*	blood glucose test strips	Tier 2	ONETOUCH VERIO TEST STRIPS
	insulin infusion disposable pump	Tier 2	OMNIPOD INSULIN INFUSION PUMP
<b>OTC</b>	insulin syringes, needles	Tier 2	BD ULTRAFINE insulin syringes and needles
	insulin delivery device	Tier 3	V-GO INSULIN DELIVERY DEVICE

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

## ANTI-OBESITY \*

### \* Covered for select benefits

Guidelines of treatment and management of obesity are available at:

<http://www.aace.com>

<http://www.nhlbi.nih.gov/health-pro/guidelines/in-develop/obesity-evidence-review>

## Injectable

<b>PA</b>	liraglutide	Tier 2	SAXENDA
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## Oral

<b>PA</b>	lorcaserin	Tier 2	BELVIQ
<b>PA</b>	lorcaserin ext-rel	Tier 2	BELVIQ XR
<b>PA</b>	naltrexone/bupropion ext-rel	Tier 2	CONTRAVE

## CALCIUM REGULATORS

Guidelines of treatment and management of osteoporosis are available at:

<http://www.aace.com>

<http://www.nof.org>

## Bisphosphonates

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

## Calcitonins

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

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

## CARNITINE DEFICIENCY AGENTS

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

EE = ethinyl estradiol

ME = mestranol

## 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	

	norethindrone acetate/EE 1/20 and iron	Tier 1	
	norethindrone acetate/EE 1/20 and iron chewable	Tier 1	
<i>30 mcg Estrogen</i>			
	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	
<i>35 mcg Estrogen</i>			
	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	
<i>50 mcg Estrogen</i>			
	ethynodiol diacetate/EE 1/50	Tier 1	
	norethindrone/ME 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	
	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 0.15/30	Tier 1	
	levonorgestrel/EE 0.15/30 and EE 10	Tier 1	
<b>Progestin Only</b>			
	norethindrone	Tier 1	
<b>Injectable</b>			
	medroxyprogesterone acetate 150 mg/mL	Tier 1	
<b>Transdermal</b>			
	norelgestromin/EE	Tier 1	
<b>Vaginal</b>			
	etonogestrel/EE ring	Tier 2	NUVARING
<b>ENDOMETRIOSIS</b>			
	danazol	Tier 1	

## ESTROGENS

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

<http://www.menopause.org>

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

### Oral

	<b>estradiol</b>	Tier 1	
	<b>estropipate</b>	Tier 1	
	estrogens, conjugated	Tier 2	PREMARIN

### Transdermal

<b>QL</b>	<b>estradiol</b>	Tier 1	
<b>QL</b>	estradiol	Tier 2	DIVIGEL
<b>QL</b>	estradiol	Tier 2	EVAMIST
<b>QL</b>	estradiol	Tier 2	MINIVELLE

### Vaginal

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

## ESTROGEN/PROGESTINS

### Oral

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

### Transdermal

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

## ESTROGEN/SELECTIVE ESTROGEN RECEPTOR MODULATOR COMBINATIONS

	conjugated estrogens/bazedoxifene	Tier 2	DUAVEE
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## FERTILITY REGULATORS\*

\* Covered for select benefits

### GNRH/LHRH Antagonists

<b>PA, SP</b>	cetorelix	Tier 4	CETROTIDE
<b>PA, SP</b>	ganirelix	Tier 4	

### Ovulation Stimulants, Gonadotropins

<b>PA, SP</b>	choriogonadotropin alfa	Tier 4	OVIDREL
<b>PA, SP</b>	follitropin alfa	Tier 4	GONAL-F

### Ovulation Stimulants, Synthetic

	<b>clomiphene</b>	Tier 1	
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## GAUCHER DISEASE

<b>PA, SP</b>	eliglustat	Tier 4	CERDELGA
<b>PA, SP</b>	imiglucerase	Tier 4	CEREZYME

## GLUCOCORTICOIDS

	<b>dexamethasone</b>	Tier 1	
	<b>fludrocortisone</b>	Tier 1	
	<b>hydrocortisone</b>	Tier 1	
	<b>methylprednisolone</b>	Tier 1	

	<b>prednisolone</b>	Tier 1	
	<b>prednisone</b>	Tier 1	

#### GLUCOSE ELEVATING AGENTS

	glucagon, human recombinant	Tier 2	GLUCAGEN HYPOKIT
	glucagon, human recombinant	Tier 2	GLUCAGON EMERGENCY KIT

#### HEREDITARY TYROSINEMIA TYPE 1 AGENTS

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

Guidelines for use of growth hormone are available at:

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

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

#### HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS

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

#### PHENYLKETONURIA TREATMENT AGENTS

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

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

#### POTASSIUM-REMOVING AGENTS

<b>PA, SP</b>	patiromer sorbitex	Tier 4	VELTASSA
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#### PROGESTINS

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

Vaginal\*

\* Covered for select benefits

	progesterone gel	Tier 2	CRINONE
	progesterone vaginal inserts	Tier 2	ENDOMETRIN

#### SELECTIVE ESTROGEN RECEPTOR MODULATORS

	<b>raloxifene</b>	Tier 1	
	ospemifene	Tier 2	OSPHENA

#### THYROID AGENTS

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

## Thyroid Supplements

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

## 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:

<http://gi.org>

<http://www.gastro.org>

## ANTIDIARRHEALS

diphenoxylate/atropine	Tier 1	
loperamide	Tier 1	

## ANTIEMETICS

<b>QL</b>	dronabinol	Tier 1	
<b>QL</b>	granisetron	Tier 1	
	meclizine	Tier 1	
	metoclopramide	Tier 1	
	ondansetron	Tier 1	
	prochlorperazine	Tier 1	
	promethazine	Tier 1	
	trimethobenzamide	Tier 1	
<b>PA</b>	doxylamine/pyridoxine delayed-rel	Tier 2	DICLEGIS
<b>QL</b>	granisetron transdermal	Tier 2	SANCUSO
<b>QL</b>	rolapitant	Tier 2	VARUBI

## ANTISPASMODICS

chlordiazepoxide/clidinium	Tier 1	
dicyclomine	Tier 1	
hyoscyamine sulfate	Tier 1	
hyoscyamine sulfate ext-rel	Tier 1	
hyoscyamine sulfate ext-rel caps	Tier 1	
hyoscyamine sulfate orally disintegrating tabs	Tier 1	

## CHOLELITHOLYTICS

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

cimetidine	Tier 1	
famotidine	Tier 1	
ranitidine	Tier 1	

## INFLAMMATORY BOWEL DISEASE

### Oral Agents

balsalazide	Tier 1	
budesonide delayed-rel caps	Tier 1	
mesalamine delayed-rel tabs	Tier 1	
sulfasalazine	Tier 1	
sulfasalazine delayed-rel	Tier 1	
budesonide ext-rel	Tier 2	UCERIS



	mesalamine ext-rel caps	Tier 2	APRISO
	mesalamine ext-rel caps	Tier 2	PENTASA
<b>Rectal Agents</b>			
	<b>hydrocortisone enema</b>	Tier 1	
	<b>mesalamine rectal susp</b>	Tier 1	
	hydrocortisone acetate foam	Tier 2	CORTIFOAM
	mesalamine supp	Tier 2	CANASA
<b>IRRITABLE BOWEL SYNDROME</b>			
<b>Irritable Bowel Syndrome with Constipation</b>			
	linaclotide	Tier 2	LINZESS
	lubiprostone	Tier 2	AMITIZA
<b>Irritable Bowel Syndrome with Diarrhea</b>			
<b>PA</b>	<b>alosetron</b>	Tier 1	
<b>PA</b>	eluxadoline	Tier 2	VIBERZI
<b>LAXATIVES</b>			
	<b>lactulose</b>	Tier 1	
	<b>peg 3350/electrolytes</b>	Tier 1	
	<b>polyethylene glycol 3350</b>	Tier 1	
	sodium sulfate/potassium sulfate/magnesium sulfate	Tier 2	SUPREP
<b>OPIOID-INDUCED CONSTIPATION</b>			
	naloxegol	Tier 2	MOVANTIK
<b>PANCREATIC ENZYMES</b>			
	pancrelipase	Tier 2	VIOKACE
	pancrelipase delayed-rel	Tier 2	CREON
	pancrelipase delayed-rel	Tier 2	ZENPEP
<b>PROSTAGLANDINS</b>			
	<b>misoprostol</b>	Tier 1	
<b>PROTON PUMP INHIBITORS</b>			
	<b>esomeprazole delayed-rel</b>	Tier 1	
	<b>lansoprazole delayed-rel</b>	Tier 1	
	<b>omeprazole delayed-rel</b>	Tier 1	
	<b>pantoprazole delayed-rel</b>	Tier 1	
	dexlansoprazole delayed-rel	Tier 2	DEXILANT
<b>SALIVA STIMULANTS</b>			
<b>PA</b>	<b>cevimeline</b>	Tier 1	
	<b>pilocarpine tabs</b>	Tier 1	
<b>STEROIDS, RECTAL</b>			
	<b>hydrocortisone crm</b>	Tier 1	
	hydrocortisone acetate/pramoxine foam	Tier 2	PROCTOFOAM-HC
<b>ULCER THERAPY COMBINATIONS</b>			
	<b>lansoprazole + amoxicillin + clarithromycin</b>	Tier 1	
	bismuth/metronidazole/tetracycline	Tier 2	PYLERA
<b>MISCELLANEOUS</b>			
	<b>sucralfate</b>	Tier 1	

## GENITOURINARY

### BENIGN PROSTATIC HYPERPLASIA

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

	<b>alfuzosin ext-rel</b>	Tier 1	
	<b>dutasteride</b>	Tier 1	
	<b>dutasteride/tamsulosin</b>	Tier 1	
	<b>finasteride</b>	Tier 1	
	<b>tamsulosin</b>	Tier 1	
	silodosin	Tier 2	RAPAFLO

### ERECTILE DYSFUNCTION\*

\* Covered for select benefits

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

#### Alprostadil Agents

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

<b>PA, QL</b>	<b>sildenafil</b>	Tier 1	
<b>PA, QL</b>	tadalafil	Tier 2	CIALIS

### URINARY ANTISPASMODICS

	<b>darifenacin ext-rel</b>	Tier 1	
	<b>oxybutynin</b>	Tier 1	
	<b>oxybutynin ext-rel</b>	Tier 1	
	<b>tolterodine</b>	Tier 1	
	<b>tolterodine ext-rel</b>	Tier 1	
	<b>trospium</b>	Tier 1	
	<b>trospium ext-rel</b>	Tier 1	
	fesoterodine ext-rel	Tier 2	TOVIAZ
	mirabegron ext-rel	Tier 2	MYRBETRIQ
	solifenacin succinate	Tier 2	VESICARE

### VAGINAL ANTI-INFECTIVES

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

### MISCELLANEOUS

	<b>bethanechol</b>	Tier 1	
	<b>phenazopyridine</b>	Tier 1	
	<b>potassium citrate ext-rel</b>	Tier 1	

## HEMATOLOGIC

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

### ANTICOAGULANTS

CHEST guidelines are available at:

<http://www.chestnet.org/Guidelines-and-Resources/Guidelines-and-Consensus-Statements/Antithrombotic-Guidelines-9th-Ed>

#### Injectable

	<b>enoxaparin</b>	Tier 1	
	dalteparin	Tier 2	FRAGMIN

## Oral

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

## Synthetic Heparinoid-like Agents

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

Guidelines for the management of neutropenia are available at:

<http://www.asco.org>

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

[http://www.kidney.org/professionals/kdoqi/guidelines\\_commentaries.cfm#guidelines](http://www.kidney.org/professionals/kdoqi/guidelines_commentaries.cfm#guidelines)

<b>PA, SP</b>	darbepoetin alfa	Tier 4	ARANESP
<b>PA, SP</b>	epoetin alfa	Tier 4	PROCRIT
<b>PA, SP</b>	filgrastim-sndz	Tier 4	ZARXIO

## IDIOPATHIC THROMBOCYTOPENIC PURPURA AGENTS

<b>PA, SP</b>	eltrombopag	Tier 4	PROMACTA
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## PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS

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

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

## PLATELET SYNTHESIS INHIBITORS

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

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

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

Guidelines for the management of rheumatic diseases are available at:

<http://www.rheumatology.org>

## ALLERGENIC EXTRACTS

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

## AUTOIMMUNE AGENTS †

<b>PA, SP</b>	adalimumab	Tier 4	HUMIRA
<b>PA, SP</b>	apremilast	Tier 4	OTEZLA
<b>PA, SP</b>	etanercept	Tier 4	ENBREL
<b>PA, SP</b>	sarilumab	Tier 4	KEVZARA

<b>PA, SP</b>	secukinumab	Tier 4	COSENTYX
<b>PA, SP, #</b>	ustekinumab	Tier 4	STELARA SUBCUTANEOUS

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

# STELARA SUBCUTANEOUS only for Plaque Psoriasis and Psoriatic Arthritis

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

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

#### IMMUNOMODULATORS

CDC recommendations on the treatment of hepatitis are available at:

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

Guidelines for the management of hepatitis are available at:

<http://www.aasld.org>

#### Interferons

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

#### Miscellaneous

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

##### Antimetabolites

	<b>azathioprine</b>	Tier 1	
<b>SP</b>	<b>mycophenolate mofetil</b>	Tier 1	
	azathioprine	Tier 2	AZASAN
<b>SP</b>	<b>mycophenolate sodium delayed-rel</b>	Tier 4	

##### Calcineurin Inhibitors

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

##### Rapamycin Derivatives

<b>SP</b>	sirolimus soln	Tier 2	RAPAMUNE SOLUTION
<b>SP</b>	<b>sirolimus</b>	Tier 4	

## NUTRITIONAL/SUPPLEMENTS

#### ELECTROLYTES

##### Potassium

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

#### VITAMINS AND MINERALS

##### Folic Acid/Combinations

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

##### Prenatal Vitamins

	<b>prenatal vitamins</b>	Tier 1	
	prenatal vitamins/DHA/docusate/folic acid	Tier 2	CITRANATAL 90 DHA
	prenatal vitamins/DHA/docusate/folic acid	Tier 2	CITRANATAL DHA

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

#### Miscellaneous

<b>cyanocobalamin inj</b>	Tier 1	
<b>ergocalciferol (D2)</b>	Tier 1	
<b>fluoride drops</b>	Tier 1	
<b>fluoride tabs</b>	Tier 1	
<b>multivitamins/fluoride drops, tabs</b>	Tier 1	
<b>multivitamins/fluoride/iron drops, tabs</b>	Tier 1	
<b>vitamin ADC/fluoride drops</b>	Tier 1	
<b>vitamin ADC/fluoride/iron drops</b>	Tier 1	

## RESPIRATORY

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

<http://www.aaaai.org>

<http://www.ginasthma.com>

<http://www.goldcopd.com>

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

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

<http://www.aaaai.org>

#### ANAPHYLAXIS TREATMENT AGENTS

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

#### ANTICHOLINERGICS

<b>QL</b>	<b>ipratropium soln</b>	Tier 1	
<b>QL</b>	tiotropium	Tier 2	SPIRIVA
<b>QL</b>	umeclidinium bromide	Tier 2	INCRUSE ELLIPTA

#### ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

##### Short Acting

<b>QL</b>	<b>ipratropium/albuterol soln</b>	Tier 1	
<b>QL</b>	ipratropium/albuterol, CFC-free aerosol	Tier 2	COMBIVENT RESPIMAT

##### Long Acting

<b>QL</b>	glycopyrrolate/formoterol	Tier 2	BEVESPI AEROSPHERE
<b>QL</b>	tiotropium/olodaterol	Tier 2	STIOLTO RESPIMAT
<b>QL</b>	umeclidinium/vilanterol	Tier 2	ANORO ELLIPTA

#### ANTICHOLINERGIC/BETA AGONIST/STEROID INHALANT COMBINATIONS

<b>QL</b>	fluticasone/umeclidinium/vilanterol	Tier 2	TRELEGY ELLIPTA
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#### ANTIHISTAMINES, LOW SEDATING

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

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

## ANTITUSSIVES

Clinical practice guidelines are available at:

<http://journal.publications.chestnet.org/article.aspx?articleID=1084267>

<b>benzonatate</b>	Tier 1
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## ANTITUSSIVE COMBINATIONS

### Opioid

<b>codeine/chlorpheniramine/pseudoephedrine</b>	Tier 1
<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>hydrocodone/homatropine</b>	Tier 1

### Non-opioid

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

## BETA AGONISTS

### Inhalants

#### Short Acting

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

#### Long Acting

##### Hand-held Active Inhalation

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

##### Nebulized Passive Inhalation

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

	<b>albuterol</b>	Tier 1	
	<b>albuterol ext-rel</b>	Tier 1	
	<b>terbutaline</b>	Tier 1	

## CYSTIC FIBROSIS

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

## LEUKOTRIENE MODULATORS

	<b>montelukast</b>	Tier 1	
	<b>zafirlukast</b>	Tier 1	
	<b>zileuton ext-rel</b>	Tier 1	

## MAST CELL STABILIZERS

<b>QL</b>	<b>cromolyn soln</b>	Tier 1	
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## 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>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>	<b>triamcinolone acetonide spray</b>	Tier 1	
<b>QL</b>	<b>azelastine/fluticasone spray</b>	Tier 2	DYMISTA

**PHOSPHODIESTERASE-4 INHIBITORS**

	<b>roflumilast</b>	Tier 2	DALIRESP
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**PULMONARY FIBROSIS AGENTS**

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

**STEROID/BETA AGONIST COMBINATIONS**

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

**STEROID INHALANTS**

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

**XANTHINES**

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

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

Guidelines for the care and treatment of acne vulgaris are available at:  
<http://www.aad.org/education-and-quality-care/clinical-guidelines>

*Oral*

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

<b>PA</b>	<b>adapalene</b>	Tier 1	
	<b>clindamycin gel, lotion, soln</b>	Tier 1	
	<b>clindamycin/benzoyl peroxide</b>	Tier 1	
	<b>erythromycin gel 2%</b>	Tier 1	
	<b>erythromycin soln</b>	Tier 1	
	<b>erythromycin/benzoyl peroxide</b>	Tier 1	
	<b>sulfacetamide lotion 10%</b>	Tier 1	
	<b>tazarotene</b>	Tier 1	
<b>PA</b>	<b>tretinoin</b>	Tier 1	
<b>PA</b>	<b>tretinoin - Avita</b>	Tier 1	
<b>PA</b>	<b>tretinoin gel microsphere</b>	Tier 1	
<b>PA</b>	<b>adapalene/benzoyl peroxide</b>	Tier 2	EPIDUO
<b>PA</b>	<b>adapalene/benzoyl peroxide</b>	Tier 2	EPIDUO FORTE

<b>PA</b>	<b>clindamycin/benzoyl peroxide</b>	Tier 2	ACANYA
<b>Actinic Keratosis</b>			
	<b>fluorouracil crm 5%, soln 5%, soln 2%</b>	Tier 1	
	fluorouracil crm 4%	Tier 2	TOLAK
<b>PA</b>	imiquimod	Tier 2	ZYCLARA
	ingenol mebutate	Tier 2	PICATO
<b>Antibiotics</b>			
	<b>gentamicin</b>	Tier 1	
<b>QL</b>	<b>mupirocin crm</b>	Tier 1	
	<b>mupirocin oint</b>	Tier 1	
	<b>silver sulfadiazine</b>	Tier 1	
<b>Antifungals</b>			
	<b>ciclopirox</b>	Tier 1	
	<b>econazole</b>	Tier 1	
	<b>ketoconazole crm</b>	Tier 1	
	<b>naftifine</b>	Tier 1	
	<b>nystatin</b>	Tier 1	
<b>PA</b>	efinaconazole	Tier 2	JUBLIA
<b>PA</b>	luliconazole	Tier 2	LUZU
<b>Antipsoriatics</b>			
Guidelines of care for the management and treatment of psoriasis with topical therapies are available at: <a href="http://www.aad.org">http://www.aad.org</a>			
<i>Oral</i>			
	<b>acitretin</b>	Tier 1	
	<b>methoxsalen oral</b>	Tier 1	
<i>Topical</i>			
<b>QL</b>	<b>calcipotriene crm</b>	Tier 1	
	<b>calcipotriene oint, soln</b>	Tier 1	
<b>Antiseborrheics</b>			
	<b>ketoconazole shampoo 2%</b>	Tier 1	
	<b>selenium sulfide shampoo 2.5%</b>	Tier 1	
<b>Atopic Dermatitis</b>			
Guidelines for the treatment of atopic dermatitis are available at: <a href="http://www.aad.org/education/clinical-guidelines">http://www.aad.org/education/clinical-guidelines</a>			
<i>Injectable</i>			
<b>PA, SP</b>	dupilumab	Tier 4	DUPIXENT
<i>Topical</i>			
	<b>tacrolimus</b>	Tier 1	
<b>PA</b>	pimecrolimus	Tier 2	ELIDEL
<b>Corticosteroids</b>			
<i>Low Potency</i>			
	<b>alclometasone crm, oint 0.05%</b>	Tier 1	
	<b>desonide crm, lotion, oint 0.05%</b>	Tier 1	
	<b>fluocinolone acetonide soln 0.01%</b>	Tier 1	
	<b>hydrocortisone crm 2.5%</b>	Tier 1	



### Medium Potency

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

### High Potency

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

### Very High Potency

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

	doxycycline monohydrate tabs	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 gel	Tier 2	FINACEA
	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
<b>PA, SP</b>	benzyl alcohol/carbomer 941/glycerin	Tier 4	MUGARD

**Steroids - Mouth/Throat**

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

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

<http://one.aaopt.org>

**Antiallergics**

	<b>azelastine</b>	Tier 1	
	<b>cromolyn sodium</b>	Tier 1	
	<b>olopatadine</b>	Tier 1	
	alcaftadine	Tier 2	LASTACAPT
	olopatadine	Tier 2	PAZEO

**Anti-infectives**

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

**Anti-infective/Anti-inflammatory Combinations**

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

**Anti-inflammatories***Nonsteroidal*

	<b>bromfenac sodium</b>	Tier 1	
	<b>diclofenac sodium</b>	Tier 1	
	<b>ketorolac</b>	Tier 1	
	ketorolac tromethamine	Tier 2	ACUVAIL
	nepafenac	Tier 2	ILEVRO
	nepafenac	Tier 2	NEVANAC

*Steroidal*

	<b>dexamethasone sodium phosphate</b>	Tier 1	
	<b>fluorometholone</b>	Tier 1	

<b>prednisolone acetate 1%</b>	Tier 1	
dexamethasone	Tier 2	MAXIDEX
difluprednate	Tier 2	DUREZOL
fluorometholone	Tier 2	FLAREX
fluorometholone	Tier 2	FML FORTE
fluorometholone	Tier 2	FML S.O.P.
prednisolone acetate	Tier 2	PRED MILD
prednisolone phosphate 1%	Tier 3	

#### Antivirals

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

##### Nonselective

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

##### Selective

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

##### Topical

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

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

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

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

cyclosporine, emulsion	Tier 2	RESTASIS
lifitegrast	Tier 2	XIIDRA

#### Prostaglandins

<b>latanoprost</b>	Tier 1	
bimatoprost	Tier 2	LUMIGAN
travoprost	Tier 2	TRAVATAN Z

#### Sympathomimetics

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

#### Sympathomimetic/Beta-blocker Combinations

brimonidine/timolol	Tier 2	COMBIGAN
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#### OTIC

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

<http://www.aap.org>

#### Anti-infectives

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

**Anti-infective/Anti-inflammatory Combinations**

<b>neomycin/polymyxin B/hydrocortisone</b>	Tier 1	
ciprofloxacin/dexamethasone	Tier 2	CIPRODEX

## WEBSITES

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

American Congress of Obstetricians and Gynecologists  
<http://www.acog.org>

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

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

American Headache Society Committee for Headache Education  
<http://www.achenet.org>

American Heart Association  
<http://www.myamericanheart.org>

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

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

American Psychiatric Association  
<http://www.psych.org>

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

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

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

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

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

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

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

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

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

Global Initiative for Asthma  
<http://www.ginasthma.com>

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

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

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

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

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

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

National Cancer Institute  
<http://www.cancer.gov/cancertopics>

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

National Foundation for Infectious Diseases  
<http://www.nfid.org>

National Guideline Clearinghouse  
<http://www.guideline.gov>

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

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

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

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

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

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

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

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