

AvMed Commercial 5-Tier Medication Formulary 2018

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INTRODUCTION

The **AvMed Commercial 5-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 physicians 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. 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 5-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 5-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 Commercial 5-Tier 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 5-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 5-Tier Medication Formulary.

Dosage forms on the AvMed Commercial 5-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 OTC 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 5-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.

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 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 5-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 participating 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 coverage 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. 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 - (Preferred Generics)** - These are preferred generic medications and are in the low 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 - (Non-Preferred Generics)** - These are non-preferred generic medications- or higher cost generic medications and are in the low to mid-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 - (Preferred Brands)** - These are preferred brand medications and are in the mid to 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 - (Non-Preferred Brands)** - These are non-preferred brand medications and are typically the higher range for out-of-pocket expense.
- **Tier 5 - (Specialty Medications)** - These are brand- or generic-name specialty medications or high cost medications and are typically the highest out-of-pocket expense. Distribution of specialty medications is limited to our specialty pharmacy.

Common Medical Exclusions

Due to 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 Coverage and Cost Share Policy:

Medication Type	Examples	Cost Share
Oral Generics	(multiple)	No cost share
Non-Oral and OTC	Nuvaring, Xulane, condoms, diaphragms, etc.	No cost share. OTCs require a prescription for coverage.
Other Contraceptive Methods	IUDs, Depo-Provera	No cost share - these are covered under the Medical Benefit because they are administered by a health care professional.
Oral Brands with no Generic	Lo Loestrin Fe	No cost share
Oral Brands with Generics	Loestrin Fe, Estrostep Fe, Ortho-Novum 7/7/7	Tier 4 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 (generic Zyban), Chantix	No cost share. Limit of 168 days' supply per year.
Non-prescription / OTC	Nicotrol inhalers or nasal spray; generic nicotine patches, gums, lozenges	No cost share. Limit of 168 days' supply per year. Prescription from doctor required.
Brands with Generics	Zyban, 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 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. Forms may be mailed or emailed to CVS Caremark.

AvMed covers the following meters and accompanying test strips:

OneTouch Ultra®2, OneTouch 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. 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 5-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)
VG	Value Generic
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:

<http://www.asahq.org>

NSAIDs

VG	diclofenac sodium delayed-rel	Tier 1
VG	ibuprofen	Tier 1
VG	meloxicam tabs	Tier 1
VG	nabumetone	Tier 1
VG	naproxen tabs	Tier 1
VG	sulindac	Tier 1
	diflunisal	Tier 2
	etodolac	Tier 2
	meloxicam susp	Tier 2
	naproxen sodium	Tier 2
	naproxen susp	Tier 2
	oxaprozin	Tier 2

NSAIDs, COMBINATIONS

	diclofenac sodium delayed-rel/misoprostol	Tier 2
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NSAIDs, TOPICAL

QL	diclofenac sodium gel 1%	Tier 2
	diclofenac sodium soln	Tier 2

COX-2 INHIBITORS

	celecoxib	Tier 2
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GOUT

VG	allopurinol	Tier 1	
	colchicine	Tier 2	
	probenecid	Tier 2	
	febuxostat	Tier 3	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>

QL	codeine/acetaminophen	Tier 2
ST, QL	fentanyl transdermal	Tier 2
PA, QL	fentanyl transmucosal lozenge	Tier 2
QL	hydrocodone/acetaminophen	Tier 2
QL	hydromorphone	Tier 2
ST, QL	hydromorphone ext-rel	Tier 2
ST, QL	methadone	Tier 2
QL	morphine	Tier 2
ST, QL	morphine ext-rel	Tier 2
QL	morphine supp	Tier 2
QL	oxycodone caps, tabs 5 mg	Tier 2
QL	oxycodone concentrate 20 mg/mL	Tier 2
QL	oxycodone tabs 15 mg, 30 mg, soln 5 mg/5 mL	Tier 2
QL	oxycodone/acetaminophen 5/325	Tier 2
QL	oxycodone/acetaminophen soln	Tier 2
QL	tramadol	Tier 2

ST, QL	tramadol ext-rel	Tier 2	
ST, QL	buprenorphine	Tier 3	BELBUCA
ST, QL	buprenorphine transdermal	Tier 3	BUTRANS
PA, QL	fentanyl citrate buccal	Tier 3	FENTORA
PA, QL	fentanyl sublingual spray	Tier 3	SUBSYS
ST, QL	hydrocodone ext-rel	Tier 3	HYSINGLA ER
ST, QL	oxycodone ext-rel	Tier 3	OXYCONTIN
QL	tapentadol	Tier 3	NUCYNTA
ST, QL	tapentadol ext-rel	Tier 3	NUCYNTA ER

NON-OPIOID ANALGESICS

QL	butalbital/acetaminophen/caffeine tabs (Esgic)	Tier 2	
QL	butalbital/aspirin/caffeine	Tier 2	

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/fluivirus.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

VG	cephalexin caps, susp	Tier 1	
	cefadroxil	Tier 2	

Second Generation

	cefprozil	Tier 2	
	cefuroxime axetil	Tier 2	

Third Generation

	cefdinir	Tier 2	
	cefixime	Tier 2	

Erythromycins/Macrolides

VG	azithromycin	Tier 1	
	clarithromycin	Tier 2	
	clarithromycin ext-rel	Tier 2	
	erythromycin delayed-rel	Tier 2	
	erythromycin ethylsuccinate	Tier 2	
	erythromycin stearate	Tier 2	
	fidaxomicin	Tier 3	DIFICID

Fluoroquinolones

VG	levofloxacin	Tier 1	
	ciprofloxacin	Tier 2	
	ciprofloxacin ext-rel	Tier 2	
	moxifloxacin	Tier 2	

Penicillins

VG	amoxicillin	Tier 1	
VG	ampicillin	Tier 1	
VG	penicillin VK	Tier 1	
	amoxicillin/clavulanate	Tier 2	
	amoxicillin/clavulanate ext-rel	Tier 2	
	dicloxacillin	Tier 2	

Tetracyclines

	doxycycline hyclate	Tier 2	
	doxycycline hyclate 20 mg	Tier 2	
	minocycline	Tier 2	
	tetracycline	Tier 2	

ANTIFUNGALS

VG	terbinafine tabs	Tier 1	
	clotrimazole troches	Tier 2	
	fluconazole	Tier 2	
	griseofulvin ultramicrosize	Tier 2	
PA	itraconazole	Tier 2	
	nystatin	Tier 2	
	voriconazole	Tier 2	

ANTIMALARIALS

	atovaquone/proguanil	Tier 2	
	chloroquine	Tier 2	
	mefloquine	Tier 2	

ANTIRETROVIRAL AGENTS

Antiretroviral Combinations

QL, SP	abacavir/lamivudine	Tier 2	
QL, SP	lamivudine/zidovudine	Tier 2	
QL, SP	abacavir/dolutegravir/lamivudine	Tier 3	TRIUMEQ
QL, SP	atazanavir/cobicistat	Tier 3	EVOTAZ
QL, SP	bictegravir/emtricitabine/tenofovir alafenamide	Tier 3	BIKTARVY
QL, SP	darunavir/cobicistat	Tier 3	PREZCOBIX
QL, SP	efavirenz/emtricitabine/tenofovir disoproxil fumarate	Tier 3	ATRIPLA
QL, SP	elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide	Tier 3	GENVOYA
QL, SP	elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil fumarate	Tier 3	STRIBILD
QL, SP	emtricitabine/rilpivirine/tenofovir alafenamide	Tier 3	ODEFSEY
QL, SP	emtricitabine/rilpivirine/tenofovir disoproxil fumarate	Tier 3	COMPLERA
QL, SP	emtricitabine/tenofovir alafenamide	Tier 3	DESCOVY
QL, SP	emtricitabine/tenofovir disoproxil fumarate	Tier 3	TRUVADA

Fusion Inhibitors

QL, SP	enfuvirtide	Tier 3	FUZEON
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Integrase Inhibitors

QL, SP	dolutegravir	Tier 3	TIVICAY
QL, SP	raltegravir	Tier 3	ISENTRESS

Non-nucleoside Reverse Transcriptase Inhibitors

QL, SP	efavirenz	Tier 2	
QL, SP	nevirapine ext-rel	Tier 2	
QL, SP	nevirapine tabs	Tier 2	
QL, SP	etravirine	Tier 3	INTELENCE
QL, SP	nevirapine susp	Tier 3	VIRAMUNE
QL, SP	rilpivirine	Tier 3	EDURANT

Nucleoside Reverse Transcriptase Inhibitors

QL, SP	abacavir tabs	Tier 2	
QL, SP	didanosine delayed-rel	Tier 2	
QL, SP	lamivudine	Tier 2	
QL, SP	stavudine	Tier 2	
QL, SP	zidovudine	Tier 2	
QL, SP	didanosine delayed-rel 125 mg	Tier 3	VIDEX EC
QL, SP	emtricitabine	Tier 3	EMTRIVA

Nucleotide Reverse Transcriptase Inhibitors

QL, SP	tenofovir disoproxil fumarate	Tier 2	
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Protease Inhibitors

QL, SP	atazanavir	Tier 2	
QL, SP	lopinavir/ritonavir soln	Tier 2	
QL, SP	ritonavir	Tier 2	
QL, SP	darunavir	Tier 3	PREZISTA
QL, SP	lopinavir/ritonavir tabs	Tier 3	KALETRA

ANTITUBERCULAR AGENTS

VG	isoniazid	Tier 1	
	ethambutol	Tier 2	
	pyrazinamide	Tier 2	
	rifampin	Tier 2	

ANTIVIRALS**Cytomegalovirus Agents**

	valganciclovir	Tier 2	
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Hepatitis Agents*Hepatitis B*

SP	lamivudine	Tier 2	
SP	entecavir soln	Tier 3	BARACLUDE soln
SP	entecavir	Tier 5	
SP	tenofovir alafenamide	Tier 5	VEMLIDY

Hepatitis C

†, PA, SP	ledipasvir/sofosbuvir	Tier 5	HARVONI
PA, SP	ribavirin caps	Tier 5	
PA, SP	ribavirin oral soln	Tier 5	REBETOL
PA, SP	ribavirin tabs	Tier 5	

†, PA, SP	sofosbuvir/velpatasvir	Tier 5	EPCLUSA
†, PA, SP	sofosbuvir/velpatasvir/voxilaprevir	Tier 5	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

VG	acyclovir caps, tabs	Tier 1	
	famciclovir	Tier 2	
	valacyclovir	Tier 2	

Influenza Agents

QL	oseltamivir	Tier 2	
QL	zanamivir	Tier 3	RELENZA

MISCELLANEOUS

VG	sulfamethoxazole/trimethoprim DS tabs	Tier 1	
VG	sulfamethoxazole/trimethoprim tabs	Tier 1	
VG	trimethoprim	Tier 1	
	clindamycin	Tier 2	
	dapsone	Tier 2	
	ivermectin	Tier 2	
	linezolid	Tier 2	
	metronidazole	Tier 2	
	nitrofurantoin ext-rel	Tier 2	
	nitrofurantoin macrocrystals	Tier 2	
	nitrofurantoin susp	Tier 2	
	sulfamethoxazole/trimethoprim DS susp	Tier 2	
	tinidazole	Tier 2	
	vancomycin	Tier 2	
	mebendazole chewable	Tier 3	EMVERM
	rifaximin 550 mg	Tier 3	XIFAXAN

ANTINEOPLASTIC AGENTS

Clinical practice guidelines in oncology are available at:

<http://www.asco.org>

<http://www.nccn.org>

ALKYLATING AGENTS

	melphalan	Tier 2	
	altretamine	Tier 3	HEXALEN
	busulfan	Tier 3	MYLERAN
	chlorambucil	Tier 3	LEUKERAN
	cyclophosphamide caps	Tier 3	
PA, SP	temozolomide	Tier 5	

ANTIMETABOLITES

	mercaptopurine	Tier 2	
	methotrexate	Tier 3	TREXALL
	thioguanine	Tier 3	TABLOID
PA, SP	capecitabine	Tier 5	

HORMONAL ANTINEOPLASTIC AGENTS

Antiandrogens

	bicalutamide	Tier 2	
	flutamide	Tier 2	

PA, SP	abiraterone	Tier 5	ZYTIGA
PA, SP	enzalutamide	Tier 5	XTANDI
Antiestrogens			
VG	tamoxifen	Tier 1	
Aromatase Inhibitors			
VG	anastrozole	Tier 1	
VG	letrozole	Tier 1	
	exemestane	Tier 2	
Progestins			
VG	megestrol acetate tabs	Tier 1	
	megestrol acetate susp	Tier 2	
IMMUNOMODULATORS			
PA, SP	lenalidomide	Tier 5	REVLIMID
PA, SP	pomalidomide	Tier 5	POMALYST
PA, SP	thalidomide	Tier 5	THALOMID
KINASE INHIBITORS			
PA, SP	bosutinib	Tier 5	BOSULIF
PA, SP	cabozantinib	Tier 5	CABOMETYX
PA, SP	dasatinib	Tier 5	SPRYCEL
PA, SP	erlotinib	Tier 5	TARCEVA
PA, SP	everolimus	Tier 5	AFINITOR
PA, SP	gefitinib	Tier 5	IRESSA
PA, SP	imatinib mesylate	Tier 5	
PA, SP	lapatinib	Tier 5	TYKERB
PA, SP	midostaurin	Tier 5	RYDAPT
PA, SP	palbociclib	Tier 5	IBRANCE
PA, SP	pazopanib	Tier 5	VOTRIENT
PA, SP	ribociclib	Tier 5	KISQALI
PA, SP	ribociclib + letrozole	Tier 5	KISQALI FEMARA CO-PACK
PA, SP	sorafenib	Tier 5	NEXAVAR
PA, SP	sunitinib	Tier 5	SUTENT
TOPOISOMERASE INHIBITORS			
PA, SP	topotecan caps	Tier 5	HYCAMTIN
MISCELLANEOUS			
	etoposide	Tier 2	
	hydroxyurea	Tier 2	
	tretinoin caps	Tier 2	
	mitotane	Tier 3	LYSODREN
	procarbazine	Tier 3	MATULANE
PA, SP	bexarotene caps	Tier 5	
PA, SP	sonidegib	Tier 5	ODOMZO
PA, SP	uridine triacetate	Tier 5	VISTOGARD
PA, SP	vorinostat	Tier 5	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>

VG	benazepril	Tier 1
VG	enalapril	Tier 1
VG	fosinopril	Tier 1
VG	lisinopril	Tier 1
VG	perindopril	Tier 1
VG	quinapril	Tier 1
VG	ramipril	Tier 1
VG	trandolapril	Tier 1
	captopril	Tier 2

ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATIONS

VG	amlodipine/benazepril	Tier 1
	trandolapril/verapamil ext-rel	Tier 2

ACE INHIBITOR/DIURETIC COMBINATIONS

VG	benazepril/hydrochlorothiazide	Tier 1
VG	enalapril/hydrochlorothiazide	Tier 1
VG	lisinopril/hydrochlorothiazide	Tier 1
	captopril/hydrochlorothiazide	Tier 2
	fosinopril/hydrochlorothiazide	Tier 2
	quinapril/hydrochlorothiazide	Tier 2

ADRENOLYTICS, CENTRAL

VG	clonidine	Tier 1
VG	guanfacine	Tier 1
	clonidine transdermal	Tier 2

ALDOSTERONE RECEPTOR ANTAGONISTS

VG	spironolactone	Tier 1
	eplerenone	Tier 2

ALPHA BLOCKERS

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

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

VG	doxazosin	Tier 1
VG	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>

VG	irbesartan	Tier 1
VG	irbesartan/hydrochlorothiazide	Tier 1
VG	losartan	Tier 1
VG	losartan/hydrochlorothiazide	Tier 1
VG	valsartan	Tier 1
VG	valsartan/hydrochlorothiazide	Tier 1
	candesartan	Tier 2
	candesartan/hydrochlorothiazide	Tier 2
	eprosartan	Tier 2
	olmesartan	Tier 2
	olmesartan/hydrochlorothiazide	Tier 2
	telmisartan	Tier 2
	telmisartan/hydrochlorothiazide	Tier 2

ANGIOTENSIN II RECEPTOR ANTAGONIST/CALCIUM CHANNEL BLOCKER COMBINATIONS

	amlodipine/olmesartan	Tier 2
	amlodipine/telmisartan	Tier 2
	amlodipine/valsartan	Tier 2

ANGIOTENSIN II RECEPTOR ANTAGONIST/CALCIUM CHANNEL BLOCKER/DIURETIC COMBINATIONS

	amlodipine/valsartan/hydrochlorothiazide	Tier 2
	olmesartan/amlodipine/hydrochlorothiazide	Tier 2

ANTIARRHYTHMICS

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

<http://www.acc.org>

VG	amiodarone 200 mg	Tier 1	
VG	sotalol	Tier 1	
	amiodarone, except 200 mg	Tier 2	
	disopyramide	Tier 2	
	flecainide	Tier 2	
	propafenone	Tier 2	
	propafenone ext-rel	Tier 2	
	disopyramide ext-rel	Tier 3	NORPACE CR
	dronedarone	Tier 3	MULTAQ
PA, SP	dofetilide	Tier 5	

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 2
	colesevelam	Tier 2
	colestimol	Tier 2

Cholesterol Absorption Inhibitors

	ezetimibe	Tier 2
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Fibrates

VG	gemfibrozil	Tier 1
	fenofibrate	Tier 2

	fenofibric acid delayed-rel	Tier 2	
	fenofibrate	Tier 4	ANTARA

HMG-CoA Reductase Inhibitors/Combinations

VG	atorvastatin	Tier 1	
VG	lovastatin	Tier 1	
VG	pravastatin	Tier 1	
VG	simvastatin	Tier 1	
	ezetimibe/simvastatin	Tier 2	
	fluvastatin	Tier 2	
	rosuvastatin	Tier 2	

Niacins

	niacin ext-rel	Tier 2	
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Omega-3 Fatty Acids

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

PCSK9 Inhibitors

PA, SP	evolocumab	Tier 5	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>

VG	atenolol	Tier 1	
VG	bisoprolol	Tier 1	
VG	carvedilol	Tier 1	
VG	metoprolol succinate ext-rel	Tier 1	
VG	metoprolol tartrate	Tier 1	
VG	propranolol	Tier 1	
	labetalol	Tier 2	
	nadolol	Tier 2	
	pindolol	Tier 2	
	propranolol ext-rel	Tier 2	
	carvedilol phosphate ext-rel	Tier 3	COREG CR
	nebivolol	Tier 3	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>

VG	atenolol/chlorthalidone	Tier 1	
VG	bisoprolol/hydrochlorothiazide	Tier 1	
	metoprolol/hydrochlorothiazide	Tier 2	

CALCIUM CHANNEL BLOCKERS

Dihydropyridines

VG	amlodipine	Tier 1	
VG	nifedipine ext-rel	Tier 1	
	felodipine ext-rel	Tier 2	

Nondihydropyridines

VG	verapamil ext-rel tabs	Tier 1	
*	diltiazem ext-rel	Tier 2	

verapamil ext-rel caps	Tier 2
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* Listing does not include generic CARDIZEM LA

CALCIUM CHANNEL BLOCKER/ANTIPEMIC COMBINATIONS

amlodipine/atorvastatin	Tier 2
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DIGITALIS GLYCOSIDES

VG digoxin 0.125 mg, 0.25 mg	Tier 1	
digoxin ped elixir	Tier 2	
digoxin 0.0625 mg, 0.1875 mg	Tier 3	LANOXIN

DIRECT RENIN INHIBITORS/DIURETIC COMBINATIONS

aliskiren	Tier 3	TEKTURNA
aliskiren/hydrochlorothiazide	Tier 3	TEKTURNA HCT

DIURETICS

Carbonic Anhydrase Inhibitors

acetazolamide	Tier 2
acetazolamide ext-rel	Tier 2
methazolamide	Tier 2

Loop Diuretics

VG bumetanide	Tier 1
VG furosemide	Tier 1
VG torsemide	Tier 1

Potassium-sparing Diuretics

amiloride	Tier 2
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Thiazides and Thiazide-like Diuretics

VG chlorthalidone	Tier 1
VG hydrochlorothiazide	Tier 1
VG indapamide	Tier 1
VG metolazone 2.5 mg, 5 mg	Tier 1
metolazone 10 mg	Tier 2

Diuretic Combinations

VG amiloride/hydrochlorothiazide	Tier 1
VG triamterene/hydrochlorothiazide	Tier 1
spironolactone/hydrochlorothiazide	Tier 2

HEART FAILURE

isosorbide dinitrate/hydralazine	Tier 3	BIDIL
ivabradine	Tier 3	CORLANOR
sacubitril/valsartan	Tier 3	ENTRESTO

NITRATES

Oral

VG isosorbide mononitrate	Tier 1
VG isosorbide mononitrate ext-rel	Tier 1
isosorbide dinitrate ext-rel tabs	Tier 2
isosorbide dinitrate oral	Tier 2

Sublingual/Translingual

nitroglycerin lingual spray	Tier 2
nitroglycerin sublingual	Tier 2

Transdermal

	nitroglycerin transdermal	Tier 2	
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PULMONARY ARTERIAL HYPERTENSION

Endothelin Receptor Antagonists

PA, SP	ambrisentan	Tier 5	LETAIRIS
PA, SP	bosentan	Tier 5	TRACLEER
PA, SP	macitentan	Tier 5	OPSUMIT

Phosphodiesterase Inhibitors

PA, SP	sildenafil	Tier 5	
PA, SP	tadalafil	Tier 5	ADCIRCA

Prostacyclin Receptor Agonists

PA, SP	selexipag	Tier 5	UPTRAVI
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Prostaglandin Vasodilators

PA, SP	treprostinil ext-rel	Tier 5	ORENITRAM
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Soluble Guanylate Cyclase Stimulators

PA, SP	riociguat	Tier 5	ADEMPAS
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MISCELLANEOUS

VG	hydralazine	Tier 1	
VG	methyldopa	Tier 1	
	midodrine	Tier 2	
	ranolazine ext-rel	Tier 3	RANEXA

CENTRAL NERVOUS SYSTEM

Practice guidelines for psychiatric disorders are available at:

<http://www.psych.org>

ANTI-ANXIETY

Benzodiazepines

	alprazolam	Tier 2	
	clonazepam tabs	Tier 2	
	diazepam	Tier 2	
	lorazepam	Tier 2	
	oxazepam	Tier 2	

Miscellaneous

VG	bupirone	Tier 1	
	clomipramine	Tier 2	
	fluvoxamine	Tier 2	

ANTICONVULSANTS

Practice guidelines for the treatment of epilepsy are available at:

<http://www.aan.com>

VG	gabapentin caps, tabs	Tier 1	
VG	lamotrigine	Tier 1	
VG	levetiracetam	Tier 1	
VG	oxcarbazepine tabs	Tier 1	
VG	topiramate	Tier 1	
VG	zonisamide	Tier 1	
	carbamazepine	Tier 2	
	carbamazepine ext-rel	Tier 2	
	diazepam rectal gel	Tier 2	

divalproex sodium delayed-rel	Tier 2	
divalproex sodium ext-rel	Tier 2	
ethosuximide	Tier 2	
gabapentin soln	Tier 2	
lamotrigine ext-rel	Tier 2	
lamotrigine orally disintegrating tabs	Tier 2	
levetiracetam ext-rel	Tier 2	
oxcarbazepine susp	Tier 2	
phenobarbital	Tier 2	
phenytoin	Tier 2	
phenytoin sodium extended	Tier 2	
primidone	Tier 2	
tiagabine	Tier 2	
topiramate ext-rel	Tier 2	
valproic acid	Tier 2	
lacosamide	Tier 3	VIMPAT
oxcarbazepine ext-rel	Tier 3	OXTELLAR XR
perampanel	Tier 3	FYCOMPA
topiramate ext-rel	Tier 3	TROKENDI XR

ANTIDEMENTIA

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

donepezil	Tier 2	
galantamine	Tier 2	
galantamine ext-rel	Tier 2	
memantine	Tier 2	
memantine ext-rel	Tier 2	
rivastigmine	Tier 2	
rivastigmine transdermal	Tier 2	
memantine/donepezil	Tier 3	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 2	
tranylcypromine	Tier 2	

Selective Serotonin Reuptake Inhibitors (SSRIs)

VG	citalopram	Tier 1	
VG	escitalopram tabs	Tier 1	
VG	fluoxetine caps, soln	Tier 1	
VG	paroxetine HCl	Tier 1	
VG	sertraline tabs	Tier 1	
	fluoxetine tabs 10 mg, 20 mg	Tier 2	
	paroxetine HCl ext-rel	Tier 2	
	vilazodone	Tier 3	VIIBRYD
	vortioxetine	Tier 3	TRINTELLIX

Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)

VG	venlafaxine ext-rel caps	Tier 1	
	desvenlafaxine ext-rel	Tier 2	

	duloxetine delayed-rel	Tier 2
	venlafaxine ext-rel tabs	Tier 2
	venlafaxine tabs	Tier 2

Tricyclic Antidepressants (TCAs)

VG	amitriptyline	Tier 1
VG	doxepin	Tier 1
VG	imipramine HCl	Tier 1
VG	nortriptyline	Tier 1
	desipramine	Tier 2

Miscellaneous Agents

VG	bupropion	Tier 1
VG	bupropion ext-rel	Tier 1
VG	mirtazapine	Tier 1
VG	trazodone tabs, except 300 mg	Tier 1
	trazodone tabs 300 mg	Tier 2

ANTIPARKINSONIAN AGENTS

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

VG	benztropine	Tier 1	
VG	pramipexole	Tier 1	
VG	trihexyphenidyl 2 mg	Tier 1	
	amantadine	Tier 2	
	bromocriptine	Tier 2	
	carbidopa/levodopa	Tier 2	
	carbidopa/levodopa ext-rel	Tier 2	
	carbidopa/levodopa orally disintegrating tabs	Tier 2	
	carbidopa/levodopa/entacapone	Tier 2	
	entacapone	Tier 2	
	pramipexole ext-rel	Tier 2	
	rasagiline	Tier 2	
	ropinirole	Tier 2	
	ropinirole ext-rel	Tier 2	
	selegiline	Tier 2	
	trihexyphenidyl 5 mg	Tier 2	
	rotigotine transdermal	Tier 3	NEUPRO

ANTIPSYCHOTICS

Atypicals

VG	olanzapine, except orally disintegrating tabs	Tier 1	
VG	quetiapine	Tier 1	
VG	risperidone, except orally disintegrating tabs	Tier 1	
	aripiprazole	Tier 2	
	clozapine	Tier 2	
	quetiapine ext-rel	Tier 2	
	ziprasidone	Tier 2	
	aripiprazole ext-rel inj	Tier 3	ABILIFY MAINTENA
	aripiprazole lauroxil ext-rel inj	Tier 3	ARISTADA
	cariprazine	Tier 3	VRAYLAR
	lurasidone	Tier 3	LATUDA
	risperidone long-acting injection	Tier 3	RISPERDAL CONSTA

Miscellaneous

VG	fluphenazine tabs 1 mg, 5 mg	Tier 1
VG	haloperidol	Tier 1

VG	thiothixene caps 2 mg, 5 mg	Tier 1	
	chlorpromazine	Tier 2	
	fluphenazine tabs, except 1 mg, 5 mg	Tier 2	
	perphenazine	Tier 2	
	thiothixene caps, except 2 mg, 5 mg	Tier 2	
	trifluoperazine	Tier 2	

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>

QL	amphetamine/dextroamphetamine mixed salts	Tier 2	
QL	amphetamine/dextroamphetamine mixed salts ext-rel	Tier 2	
QL	atomoxetine	Tier 2	
QL	dexmethylphenidate	Tier 2	
QL	dexmethylphenidate ext-rel	Tier 2	
QL	dextroamphetamine	Tier 2	
QL	dextroamphetamine ext-rel	Tier 2	
QL	guanfacine ext-rel	Tier 2	
QL	methylphenidate	Tier 2	
QL	methylphenidate ext-rel	Tier 2	
QL	amphetamine/dextroamphetamine mixed salts ext-rel	Tier 3	MYDAYIS
QL	lisdexamfetamine	Tier 3	VYVANSE

FIBROMYALGIA

	milnacipran	Tier 3	SAVELLA
	pregabalin	Tier 3	LYRICA

HUNTINGTON'S DISEASE AGENTS

PA, SP	deutetrabenazine	Tier 5	AUSTEDO
PA, SP	tetrabenazine	Tier 5	

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 2	
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Nonbenzodiazepines

VG	zolpidem	Tier 1	
	eszopiclone	Tier 2	
	zolpidem ext-rel	Tier 2	
PA	zolpidem sublingual	Tier 2	
PA	suvorexant	Tier 3	BELSOMRA

Tricyclics

	doxepin	Tier 3	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 2	
QL	dihydroergotamine spray	Tier 2	

	ergotamine/caffeine	Tier 2	
Selective Serotonin Agonists			
VG, QL	sumatriptan tabs only	Tier 1	
QL	eletriptan	Tier 2	
QL	naratriptan	Tier 2	
QL	rizatriptan	Tier 2	
QL	sumatriptan inj	Tier 2	
QL	sumatriptan nasal spray	Tier 2	
QL	zolmitriptan	Tier 2	
QL	sumatriptan inj	Tier 3	ZEMBRACE SYMTOUCH
QL	sumatriptan nasal powder	Tier 3	ONZETRA XSAIL
QL	zolmitriptan nasal spray	Tier 3	ZOMIG
Selective Serotonin Agonist/Nonsteroidal Anti-inflammatory Drug (NSAID) Combinations			
QL	sumatriptan/naproxen sodium	Tier 2	
MOOD STABILIZERS			
VG	lithium carbonate	Tier 1	
VG	lithium carbonate ext-rel tabs 300 mg	Tier 1	
VG	lithium carbonate ext-rel tabs 450 mg	Tier 1	
MULTIPLE SCLEROSIS AGENTS			
Practice guidelines for multiple sclerosis are available at: http://www.aan.com			
PA, SP	dimethyl fumarate delayed-rel	Tier 5	TECFIDERA
PA, SP	fingolimod	Tier 5	GILENYA
PA, SP	glatiramer 20 mg/mL	Tier 5	
PA, SP	glatiramer 40 mg/mL	Tier 5	COPAXONE
PA, SP	interferon beta-1a	Tier 5	REBIF
PA, SP	interferon beta-1b	Tier 5	BETASERON
PA, SP	teriflunomide	Tier 5	AUBAGIO
MUSCULOSKELETAL THERAPY AGENTS			
VG	baclofen	Tier 1	
VG	cyclobenzaprine 5 mg, 10 mg	Tier 1	
VG	methocarbamol	Tier 1	
VG	tizanidine tabs	Tier 1	
	carisoprodol	Tier 2	
	chlorzoxazone	Tier 2	
	dantrolene	Tier 2	
	metaxalone	Tier 2	
	orphenadrine/aspirin/caffeine	Tier 2	
MYASTHENIA GRAVIS			
	pyridostigmine	Tier 2	
	pyridostigmine ext-rel	Tier 2	
NARCOLEPSY			
	armodafinil	Tier 2	
POSTHERPETIC NEURALGIA (PHN)			
	gabapentin ext-rel	Tier 3	GRALISE

PSYCHOTHERAPEUTIC-MISCELLANEOUS

Alcohol Deterrents

	acamprosate calcium	Tier 2	
	disulfiram	Tier 2	

Opioid Antagonists

	naloxone inj	Tier 2	
	naltrexone	Tier 2	
QL	naloxone nasal spray	Tier 3	NARCAN

Partial Opioid Agonist/Opioid Antagonist Combinations

QL	buprenorphine/naloxone sublingual tabs	Tier 2	
QL	buprenorphine/naloxone sublingual film	Tier 3	SUBOXONE
QL	buprenorphine/naloxone sublingual tabs	Tier 3	ZUBSOLV

Pseudobulbar Affect Agents

	dextromethorphan/quinidine	Tier 3	NUDEXTA
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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>

	bupropion ext-rel	Tier 2	
	varenicline	Tier 3	CHANTIX

Vasomotor Symptom Agents

	paroxetine mesylate	Tier 2	
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ENDOCRINE AND METABOLIC

ACROMEGALY

PA, SP	lanreotide acetate	Tier 5	SOMATULINE DEPOT
PA, SP	pegvisomant	Tier 5	SOMAVERT

ANDROGENS

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

<http://www.aace.com>

PA	testosterone cypionate	Tier 2	
PA	testosterone enanthate	Tier 2	
PA	testosterone gel	Tier 2	
PA	testosterone soln	Tier 2	
PA	testosterone gel 1.62%	Tier 3	ANDROGEL
PA	testosterone transdermal	Tier 3	ANDRODERM

ANTIDIABETICS

Guidelines of treatment and management of diabetes are available at:

<http://professional.diabetes.org>

Alpha-glucosidase Inhibitors

	acarbose	Tier 2	
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Amylin Analogs

	pramlintide	Tier 3	SYMLINPEN
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Biguanides

VG	metformin	Tier 1	
VG, *	metformin ext-rel	Tier 1	

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

Biguanide/Sulfonylurea Combinations

VG	glipizide/metformin	Tier 1	
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Dipeptidyl Peptidase-4 (DPP-4) Inhibitors

	linagliptin	Tier 3	TRADJENTA
	sitagliptin phosphate	Tier 3	JANUVIA

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

	linagliptin/metformin	Tier 3	JENTADUETO
	linagliptin/metformin ext-rel	Tier 3	JENTADUETO XR
	sitagliptin/metformin	Tier 3	JANUMET
	sitagliptin/metformin ext-rel	Tier 3	JANUMET XR

Incretin Mimetic Agents

	dulaglutide	Tier 3	TRULICITY
	liraglutide	Tier 3	VICTOZA
	semaglutide	Tier 3	OZEMPIC

Incretin Mimetic Agent/Insulin Combinations

	lixisenatide/insulin glargine	Tier 3	SOLIQUA
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Insulins

	insulin aspart	Tier 3	FIASP
	insulin aspart	Tier 3	NOVOLOG
	insulin aspart protamine 70%/insulin aspart 30%	Tier 3	NOVOLOG MIX 70/30
	insulin degludec	Tier 3	TRESIBA
	insulin detemir	Tier 3	LEVEMIR
	insulin glargine	Tier 3	BASAGLAR
	insulin human	Tier 3	HUMULIN R U-500
OTC	insulin human	Tier 3	NOVOLIN R
OTC	insulin isophane human	Tier 3	NOVOLIN N
OTC	insulin isophane human 70%/regular 30%	Tier 3	NOVOLIN 70/30

Insulin Sensitizers

VG	pioglitazone	Tier 1	
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Insulin Sensitizer/Biguanide Combinations

	pioglitazone/metformin	Tier 2	
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Insulin Sensitizer/Sulfonylurea Combinations

	pioglitazone/glimepiride	Tier 2	
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Meglitinides

	nateglinide	Tier 2	
	repaglinide	Tier 2	

Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors

	canagliflozin	Tier 3	INVOKANA
	dapagliflozin	Tier 3	FARXIGA

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

	canagliflozin/metformin	Tier 3	INVOKAMET
	canagliflozin/metformin ext-rel	Tier 3	INVOKAMET XR
	dapagliflozin/metformin ext-rel	Tier 3	XIGDUO XR

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

	dapagliflozin/saxagliptin	Tier 3	QTERN
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Sulfonylureas

VG	glimepiride	Tier 1	
VG	glipizide	Tier 1	
VG	glipizide ext-rel	Tier 1	
VG	glyburide	Tier 1	

Supplies

	blood glucose continuous monitoring receivers, sensors, transmitters	Tier 3	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
*	blood glucose test strips	Tier 3	ONETOUCH ULTRA TEST STRIPS
*	blood glucose test strips	Tier 3	ONETOUCH VERIO TEST STRIPS
	insulin infusion disposable pump	Tier 3	OMNIPOD INSULIN INFUSION PUMP
OTC	insulin syringes, needles	Tier 3	BD ULTRAFINE insulin syringes and needles
	insulin delivery device	Tier 4	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.

CALCIUM REGULATORS

Guidelines of treatment and management of osteoporosis are available at:

<http://www.aace.com>

<http://www.nof.org>

Bisphosphonates

VG	alendronate 35 mg, 70 mg	Tier 1	
	alendronate, except 35 mg, 70 mg	Tier 2	
	ibandronate	Tier 2	
	risedronate	Tier 2	
	risedronate delayed-rel	Tier 2	

Calcitonins

	calcitonin-salmon spray	Tier 2	
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Parathyroid Hormones

PA, SP	abaloparatide	Tier 5	TYMLOS
PA, SP	teriparatide	Tier 5	FORTEO

CARNITINE DEFICIENCY AGENTS

	levocarnitine	Tier 2	
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CONTRACEPTIVES

EE = ethinyl estradiol

ME = mestranol

Monophasic

20 mcg Estrogen

	drospirenone/EE 3/20	Tier 2	
	drospirenone/EE/levomefolate 3/20 and levomefolate	Tier 2	
	levonorgestrel/EE 0.1/20 - Lessina	Tier 2	

	norethindrone acetate/EE 1/20	Tier 2	
	norethindrone acetate/EE 1/20 and iron	Tier 2	
	norethindrone acetate/EE 1/20 and iron chewable	Tier 2	
<i>30 mcg Estrogen</i>			
	desogestrel/EE 0.15/30	Tier 2	
	drospirenone/EE 3/30	Tier 2	
	drospirenone/EE/levomefolate 3/30 and levomefolate	Tier 2	
	levonorgestrel/EE 0.15/30 - Levora	Tier 2	
	norethindrone acetate/EE 1.5/30	Tier 2	
	norethindrone acetate/EE 1.5/30 and iron	Tier 2	
	norgestrel/EE 0.3/30 - Low-Ogestrel	Tier 2	
<i>35 mcg Estrogen</i>			
	ethynodiol diacetate/EE 1/35 - Zovia 1/35	Tier 2	
	norethindrone/EE 0.5/35	Tier 2	
	norethindrone/EE 1/35	Tier 2	
	norgestimate/EE 0.25/35	Tier 2	
<i>50 mcg Estrogen</i>			
	ethynodiol diacetate/EE 1/50	Tier 2	
	norethindrone/EE 1/50	Tier 2	
Biphasic			
	desogestrel/EE	Tier 2	
	norethindrone acetate/EE 1/10 and EE 10 and iron	Tier 3	LO LOESTRIN FE
Triphasic			
	desogestrel/EE	Tier 2	
	levonorgestrel/EE - Trivora	Tier 2	
	norethindrone/EE	Tier 2	
	norgestimate/EE	Tier 2	
Four Phase			
	estradiol valerate and dienogest/estradiol valerate	Tier 3	NATAZIA
Extended Cycle			
	levonorgestrel/EE 0.1/20 and EE 10	Tier 2	
	levonorgestrel/EE 0.15/30	Tier 2	
	levonorgestrel/EE 0.15/30 and EE 10	Tier 2	
Progestin Only			
	norethindrone	Tier 2	
Injectable			
	medroxyprogesterone acetate 150 mg/mL	Tier 2	
Transdermal			
	norelgestromin/EE	Tier 2	
Vaginal			
	etonogestrel/EE ring	Tier 3	NUVARING
ENDOMETRIOSIS			
	danazol	Tier 2	

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

VG	estradiol	Tier 1	
VG	estropipate, except 3 mg	Tier 1	
	estropipate 3 mg	Tier 2	
	estrogens, conjugated	Tier 3	PREMARIN

Transdermal

QL	estradiol	Tier 2	
QL	estradiol	Tier 3	DIVIGEL
QL	estradiol	Tier 3	EVAMIST
QL	estradiol	Tier 3	MINIVELLE

Vaginal

	estradiol vaginal tabs	Tier 2	
	estradiol vaginal crm	Tier 3	ESTRACE
	estradiol vaginal ring	Tier 3	ESTRING
	estrogens, conjugated crm	Tier 3	PREMARIN

ESTROGEN/PROGESTINS

Oral

QL	EE/norethindrone acetate - Jinteli	Tier 2	
QL	estradiol/norethindrone	Tier 2	
QL	estrogens, conjugated/medroxyprogesterone	Tier 3	PREMPHASE
QL	estrogens, conjugated/medroxyprogesterone	Tier 3	PREMPRO

Transdermal

QL	estradiol/levonorgestrel	Tier 3	CLIMARA PRO
QL	estradiol/norethindrone acetate	Tier 3	COMBIPATCH

ESTROGEN/SELECTIVE ESTROGEN RECEPTOR MODULATOR COMBINATIONS

	conjugated estrogens/bazedoxifene	Tier 3	DUAVEE
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GAUCHER DISEASE

PA, SP	eliglustat	Tier 5	CERDELGA
PA, SP	imiglucerase	Tier 5	CEREZYME

GLUCOCORTICOIDS

VG	dexamethasone	Tier 1	
VG	prednisone	Tier 1	
	fludrocortisone	Tier 2	
	hydrocortisone	Tier 2	
	methylprednisolone	Tier 2	
	prednisolone	Tier 2	

GLUCOSE ELEVATING AGENTS

	glucagon, human recombinant	Tier 3	GLUCAGEN HYPOKIT
	glucagon, human recombinant	Tier 3	GLUCAGON EMERGENCY KIT

HEREDITARY TYROSINEMIA TYPE 1 AGENTS

PA, SP	nitisinone	Tier 5	ORFADIN
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HUMAN GROWTH HORMONES

Guidelines for use of growth hormone are available at:

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

PA, SP	somatropin	Tier 5	HUMATROPE
PA, SP	somatropin	Tier 5	NORDITROPIN

HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS

	calcitriol (1,25-D3)	Tier 2	
	doxercalciferol	Tier 2	
	paricalcitol	Tier 2	

PHENYLKETONURIA TREATMENT AGENTS

PA, SP	sapropterin	Tier 5	KUVAN
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PHOSPHATE BINDER AGENTS

	calcium acetate	Tier 2	
	lanthanum carbonate	Tier 2	
	sevelamer carbonate	Tier 2	
	calcium acetate	Tier 3	PHOSLYRA
	sucroferric oxyhydroxide	Tier 3	VELPHORO

POTASSIUM-REMOVING AGENTS

PA, SP	patiromer sorbitex	Tier 5	VELTASSA
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PROGESTINS

Oral

VG	medroxyprogesterone acetate	Tier 1	
	megestrol acetate susp	Tier 2	
	norethindrone acetate	Tier 2	
	progesterone, micronized	Tier 2	

Vaginal*

* Covered for select benefits

	progesterone gel	Tier 3	CRINONE
	progesterone vaginal inserts	Tier 3	ENDOMETRIN

SELECTIVE ESTROGEN RECEPTOR MODULATORS

	raloxifene	Tier 2	
	ospemifene	Tier 3	OSPHENA

THYROID AGENTS

Antithyroid Agents

VG	methimazole	Tier 1	
	propylthiouracil	Tier 2	

Thyroid Supplements

VG	levothyroxine	Tier 1	
VG	levothyroxine - Levoxyl	Tier 1	
	liothyronine	Tier 2	
	levothyroxine	Tier 3	SYNTHROID

VASOPRESSINS

	desmopressin spray, tabs	Tier 2	
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MISCELLANEOUS

	cabergoline	Tier 2	
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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 2	
	loperamide	Tier 2	

ANTIEMETICS

VG	meclizine	Tier 1	
VG	metoclopramide	Tier 1	
VG	prochlorperazine tabs	Tier 1	
VG	promethazine tabs, except 50 mg	Tier 1	
QL	dronabinol	Tier 2	
QL	granisetron	Tier 2	
	ondansetron	Tier 2	
	prochlorperazine supp	Tier 2	
	promethazine tabs 50 mg	Tier 2	
	trimethobenzamide	Tier 2	
PA	doxylamine/pyridoxine delayed-rel	Tier 3	DICLEGIS
QL	granisetron transdermal	Tier 3	SANCUSO
QL	rolapitant	Tier 3	VARUBI

ANTISPASMODICS

VG	dicyclomine, except syrup	Tier 1	
	chlordiazepoxide/clidinium	Tier 2	
	dicyclomine syrup	Tier 2	
	hyoscyamine sulfate	Tier 2	
	hyoscyamine sulfate ext-rel	Tier 2	
	hyoscyamine sulfate ext-rel caps	Tier 2	
	hyoscyamine sulfate orally disintegrating tabs	Tier 2	

CHOLELITHOLYTICS

	ursodiol	Tier 2	
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H₂ RECEPTOR ANTAGONISTS

VG	famotidine tabs 20 mg, 40 mg	Tier 1	
VG	ranitidine, except caps	Tier 1	
	cimetidine	Tier 2	
	famotidine, except tabs 20 mg, 40 mg	Tier 2	

INFLAMMATORY BOWEL DISEASE

Oral Agents

	balsalazide	Tier 2	
	budesonide delayed-rel caps	Tier 2	
	mesalamine delayed-rel tabs	Tier 2	
	sulfasalazine	Tier 2	
	sulfasalazine delayed-rel	Tier 2	
	budesonide ext-rel	Tier 3	UCERIS
	mesalamine ext-rel caps	Tier 3	APRISO
	mesalamine ext-rel caps	Tier 3	PENTASA

Rectal Agents

	hydrocortisone enema	Tier 2	
	mesalamine rectal susp	Tier 2	
	hydrocortisone acetate foam	Tier 3	CORTIFOAM

	mesalamine supp	Tier 3	CANASA
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IRRITABLE BOWEL SYNDROME

Irritable Bowel Syndrome with Constipation

	linaclotide	Tier 3	LINZESS
	lubiprostone	Tier 3	AMITIZA

Irritable Bowel Syndrome with Diarrhea

PA	alosetron	Tier 2	
PA	eluxadoline	Tier 3	VIBERZI

LAXATIVES

VG	lactulose	Tier 1	
	peg 3350/electrolytes	Tier 2	
	polyethylene glycol 3350	Tier 2	
	sodium sulfate/potassium sulfate/magnesium sulfate	Tier 3	SUPREP

OPIOID-INDUCED CONSTIPATION

	naloxegol	Tier 3	MOVANTIK
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PANCREATIC ENZYMES

	pancrelipase	Tier 3	VIOKACE
	pancrelipase delayed-rel	Tier 3	CREON
	pancrelipase delayed-rel	Tier 3	ZENPEP

PROSTAGLANDINS

	misoprostol	Tier 2	
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PROTON PUMP INHIBITORS

VG	lansoprazole delayed-rel	Tier 1	
VG	omeprazole delayed-rel	Tier 1	
VG	pantoprazole delayed-rel	Tier 1	
	esomeprazole delayed-rel	Tier 2	
	dexlansoprazole delayed-rel	Tier 3	DEXILANT

SALIVA STIMULANTS

PA	cevimeline	Tier 2	
	pilocarpine tabs	Tier 2	

STEROIDS, RECTAL

	hydrocortisone crm	Tier 2	
	hydrocortisone acetate/pramoxine foam	Tier 3	PROCTOFOAM-HC

ULCER THERAPY COMBINATIONS

	lansoprazole + amoxicillin + clarithromycin	Tier 2	
	bismuth/metronidazole/tetracycline	Tier 3	PYLERA

MISCELLANEOUS

	sucralfate	Tier 2	
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GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

Guidelines for the management of BPH are available at:

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

VG	alfuzosin ext-rel	Tier 1	
VG	finasteride	Tier 1	
VG	tamsulosin	Tier 1	

	dutasteride	Tier 2	
	dutasteride/tamsulosin	Tier 2	
	silodosin	Tier 3	RAPAFLO

URINARY ANTISPASMODICS

VG	oxybutynin	Tier 1	
	darifenacin ext-rel	Tier 2	
	oxybutynin ext-rel	Tier 2	
	tolterodine	Tier 2	
	tolterodine ext-rel	Tier 2	
	trospium	Tier 2	
	trospium ext-rel	Tier 2	
	fesoterodine ext-rel	Tier 3	TOVIAZ
	mirabegron ext-rel	Tier 3	MYRBETRIQ
	solifenacin succinate	Tier 3	VESICARE

VAGINAL ANTI-INFECTIVES

	clindamycin crm	Tier 2	
	metronidazole	Tier 2	
	terconazole	Tier 2	
	terconazole	Tier 2	

MISCELLANEOUS

	bethanechol	Tier 2	
	phenazopyridine	Tier 2	
	potassium citrate ext-rel	Tier 2	

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

	enoxaparin	Tier 2	
	dalteparin	Tier 3	FRAGMIN

Oral

VG	warfarin	Tier 1	
	apixaban	Tier 3	ELIQUIS
	rivaroxaban	Tier 3	XARELTO

Synthetic Heparinoid-like Agents

	fondaparinux	Tier 2	
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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

PA, SP	darbepoetin alfa	Tier 5	ARANESP
PA, SP	epoetin alfa	Tier 5	PROCRIT
PA, SP	filgrastim-sndz	Tier 5	ZARXIO

IDIOPATHIC THROMBOCYTOPENIC PURPURA AGENTS

PA, SP	eltrombopag	Tier 5	PROMACTA
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PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS

PA, SP	eculizumab	Tier 5	SOLIRIS
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PLATELET AGGREGATION INHIBITORS

VG	clopidogrel 75 mg	Tier 1	
	clopidogrel 300 mg	Tier 2	
	dipyridamole	Tier 2	
	dipyridamole ext-rel/aspirin	Tier 2	
	prasugrel	Tier 2	
	ticagrelor	Tier 3	BRILINTA

PLATELET SYNTHESIS INHIBITORS

	anagrelide	Tier 2	
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STEM CELL MOBILIZERS

PA, SP	plerixafor	Tier 5	MOZOBIL
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MISCELLANEOUS

	cilostazol	Tier 2	
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IMMUNOLOGIC AGENTS

Guidelines for the management of rheumatic diseases are available at:

<http://www.rheumatology.org>

ALLERGENIC EXTRACTS

PA	grass mixed pollen allergen extract	Tier 3	ORALAIR
PA	ragweed pollen allergen extract	Tier 3	RAGWITEK
PA	timothy grass pollen allergen extract	Tier 3	GRASTEK

AUTOIMMUNE AGENTS †

PA, SP	adalimumab	Tier 5	HUMIRA
PA, SP	apremilast	Tier 5	OTEZLA
PA, SP	etanercept	Tier 5	ENBREL
PA, SP	sarilumab	Tier 5	KEVZARA
PA, SP	secukinumab	Tier 5	COSENTYX
PA, SP, #	ustekinumab	Tier 5	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)

VG	methotrexate	Tier 1	
	hydroxychloroquine	Tier 2	
	leflunomide	Tier 2	
PA, SP	methotrexate auto-injector	Tier 5	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

PA, SP	interferon alfa-2b	Tier 5	INTRON A
PA, SP	peginterferon alfa-2a	Tier 5	PEGASYS
PA, SP	peginterferon alfa-2b	Tier 5	SYLATRON

Miscellaneous

PA, SP	canakinumab	Tier 5	ILARIS
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IMMUNOSUPPRESSANTS**Antimetabolites**

	azathioprine	Tier 2	
SP	mycophenolate mofetil	Tier 2	
	azathioprine	Tier 3	AZASAN
SP	mycophenolate sodium delayed-rel	Tier 5	

Calcineurin Inhibitors

SP	cyclosporine	Tier 2	
SP	cyclosporine, modified	Tier 2	
SP	tacrolimus	Tier 2	

Rapamycin Derivatives

SP	sirolimus soln	Tier 3	RAPAMUNE SOLUTION
SP	sirolimus	Tier 5	

NUTRITIONAL/SUPPLEMENTS**ELECTROLYTES****Potassium**

	potassium chloride ext-rel	Tier 2	
	potassium chloride liquid	Tier 2	

VITAMINS AND MINERALS**Folic Acid/Combinations**

VG	folic acid	Tier 1	
	folic acid/vitamin B6/vitamin B12	Tier 2	

Prenatal Vitamins

	prenatal vitamins	Tier 2	
	prenatal vitamins/DHA/docusate/folic acid	Tier 3	CITRANATAL 90 DHA
	prenatal vitamins/DHA/docusate/folic acid	Tier 3	CITRANATAL DHA
	prenatal vitamins/DHA/docusate/folic acid	Tier 3	CITRANATAL HARMONY
	prenatal vitamins/docusate/folic acid	Tier 3	CITRANATAL RX
	prenatal vitamins/docusate/folic acid + DHA	Tier 3	CITRANATAL ASSURE
	prenatal vitamins/folic acid + pyridoxine	Tier 3	CITRANATAL B-CALM

Miscellaneous

VG	fluoride drops, tabs	Tier 1	
	cyanocobalamin inj	Tier 2	
	ergocalciferol (D2)	Tier 2	
	multivitamins/fluoride drops, tabs	Tier 2	
	multivitamins/fluoride/iron drops, tabs	Tier 2	
	vitamin ADC/fluoride drops	Tier 2	
	vitamin ADC/fluoride/iron drops	Tier 2	

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

	epinephrine auto-injector	Tier 2	
	epinephrine auto-injector	Tier 3	EPIPEN
	epinephrine auto-injector	Tier 3	EPIPEN JR.

ANTICHOLINERGICS

VG, QL	ipratropium soln	Tier 1	
QL	tiotropium	Tier 3	SPIRIVA
QL	umeclidinium bromide	Tier 3	INCRUSE ELLIPTA

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

Short Acting

QL	ipratropium/albuterol soln	Tier 2	
QL	ipratropium/albuterol, CFC-free aerosol	Tier 3	COMBIVENT RESPIMAT

Long Acting

QL	glycopyrrolate/formoterol	Tier 3	BEVESPI AEROSPHERE
QL	tiotropium/olodaterol	Tier 3	STIOLTO RESPIMAT
QL	umeclidinium/vilanterol	Tier 3	ANORO ELLIPTA

ANTICHOLINERGIC/BETA AGONIST/STEROID INHALANT COMBINATIONS

QL	fluticasone/umeclidinium/vilanterol	Tier 3	TRELEGY ELLIPTA
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ANTI-HISTAMINES, LOW SEDATING

	levocetirizine	Tier 2	
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ANTI-HISTAMINES, SEDATING

VG	hydroxyzine HCl	Tier 1	
	clemastine 2.68 mg	Tier 2	
	cyproheptadine	Tier 2	

ANTITUSSIVES

Clinical practice guidelines are available at:

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

	benzonatate	Tier 2	
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ANTITUSSIVE COMBINATIONS

Opioid

	codeine/chlorpheniramine/pseudoephedrine	Tier 2	
	codeine/guaifenesin liquid	Tier 2	
	codeine/guaifenesin/pseudoephedrine	Tier 2	
	codeine/promethazine	Tier 2	
	codeine/promethazine/phenylephrine	Tier 2	
	hydrocodone/homatropine	Tier 2	

Non-opioid

	dextromethorphan/brompheniramine/pseudoephedrine	Tier 2	
	dextromethorphan/promethazine	Tier 2	

BETA AGONISTS**Inhalants***Short Acting*

VG, QL	albuterol soln 0.083%	Tier 1	
QL	albuterol soln, except 0.083%	Tier 2	
QL	levalbuterol tartrate, CFC-free aerosol	Tier 2	
QL	albuterol sulfate aerosol powder breath-activated	Tier 3	PROAIR RESPICLICK
QL	albuterol sulfate, CFC-free aerosol	Tier 3	PROAIR HFA

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

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

Nebulized Passive Inhalation

QL	formoterol inhalation soln	Tier 3	PERFOROMIST
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Oral Agents

VG	albuterol	Tier 1	
	albuterol ext-rel	Tier 2	
	terbutaline	Tier 2	

CYSTIC FIBROSIS

PA, SP	dornase alfa	Tier 5	PULMOZYME
PA, SP	tobramycin inhalation soln	Tier 5	
PA, SP	tobramycin inhalation soln	Tier 5	BETHKIS

LEUKOTRIENE MODULATORS

VG	montelukast, except packets	Tier 1	
	montelukast packets	Tier 2	
	zafirlukast	Tier 2	
	zileuton ext-rel	Tier 2	

MAST CELL STABILIZERS

QL	cromolyn soln	Tier 2	
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NASAL ANTIHISTAMINES

QL	azelastine spray	Tier 2	
QL	olopatadine spray	Tier 2	

NASAL STEROIDS/COMBINATIONS

QL	flunisolide spray	Tier 2	
QL	fluticasone spray	Tier 2	
QL	mometasone spray	Tier 2	
QL	triamcinolone acetonide spray	Tier 2	
QL	azelastine/fluticasone spray	Tier 3	DYMISTA

PHOSPHODIESTERASE-4 INHIBITORS

	roflumilast	Tier 3	DALIRESP
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PULMONARY FIBROSIS AGENTS

PA, SP	nintedanib	Tier 5	OFEV
PA, SP	pirfenidone	Tier 5	ESBRIET

STEROID/BETA AGONIST COMBINATIONS

QL	budesonide/formoterol	Tier 3	SYMBICORT
QL	fluticasone/salmeterol	Tier 3	ADVAIR
QL	fluticasone/salmeterol, CFC-free aerosol	Tier 3	ADVAIR HFA
QL	fluticasone/vilanterol	Tier 3	BREO ELLIPTA

STEROID INHALANTS

QL	budesonide inh susp	Tier 2	
QL	beclomethasone breath-activated aerosol	Tier 3	QVAR REDIHALER
QL	beclomethasone, CFC-free aerosol	Tier 3	QVAR
QL	budesonide	Tier 3	PULMICORT FLEXHALER
QL	fluticasone	Tier 3	FLOVENT DISKUS
QL	fluticasone, CFC-free aerosol	Tier 3	FLOVENT HFA
QL	mometasone	Tier 3	ASMANEX

XANTHINES

	theophylline ext-rel tabs	Tier 2	
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MISCELLANEOUS

	ipratropium spray	Tier 2	
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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

PA	isotretinoin	Tier 2	
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Topical

PA	adapalene	Tier 2	
	clindamycin gel, lotion, soln	Tier 2	
	clindamycin/benzoyl peroxide	Tier 2	
	erythromycin gel 2%	Tier 2	
	erythromycin soln	Tier 2	
	erythromycin/benzoyl peroxide	Tier 2	
	sulfacetamide lotion 10%	Tier 2	
	tazarotene	Tier 2	
PA	tretinoin	Tier 2	
PA	tretinoin - Avita	Tier 2	
PA	tretinoin gel microsphere	Tier 2	
PA	adapalene/benzoyl peroxide	Tier 3	EPIDUO
PA	adapalene/benzoyl peroxide	Tier 3	EPIDUO FORTE
PA	clindamycin/benzoyl peroxide	Tier 3	ACANYA

Actinic Keratosis

	fluorouracil crm 5%, soln 5%, soln 2%	Tier 2	
	fluorouracil crm 4%	Tier 3	TOLAK
PA	imiquimod	Tier 3	ZYCLARA
	ingenol mebutate	Tier 3	PICATO

Antibiotics

VG	mupirocin oint	Tier 1	
	gentamicin	Tier 2	
QL	mupirocin crm	Tier 2	
	silver sulfadiazine	Tier 2	

Antifungals

	econazole	Tier 2	
	ketoconazole crm	Tier 2	
	naftifine	Tier 2	
	nystatin oint 100,000 units/gm	Tier 2	
	nystatin powder	Tier 2	
	ciclopirox	Tier 3	
PA	efinaconazole	Tier 3	JUBLIA
PA	luliconazole	Tier 3	LUZU

Antipsoriatics

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

Oral

	acitretin	Tier 2	
	methoxsalen oral	Tier 2	

Topical

QL	calcipotriene crm	Tier 2	
	calcipotriene oint, soln	Tier 2	

Antiseborrheics

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

Atopic Dermatitis

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

Injectable

PA, SP	dupilumab	Tier 5	DUPIXENT
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Topical

	tacrolimus	Tier 2	
PA	pimecrolimus	Tier 3	ELIDEL

Corticosteroids

Low Potency

VG	hydrocortisone crm 2.5%	Tier 1	
	alclometasone crm, oint 0.05%	Tier 2	
	desonide crm, lotion, oint 0.05%	Tier 2	
	fluocinolone acetonide soln 0.01%	Tier 2	

Medium Potency

	betamethasone valerate crm, lotion, oint 0.1%	Tier 2	
	clocortolone crm 0.1%	Tier 2	
	desoximetasone crm, oint 0.05%	Tier 2	
	fluocinolone acetonide crm, oint 0.025%	Tier 2	
	fluticasone propionate crm, lotion 0.05%, oint 0.005%	Tier 2	
	hydrocortisone butyrate crm 0.1%	Tier 2	
	hydrocortisone butyrate crm, oint, soln 0.1%	Tier 2	
	hydrocortisone valerate crm, oint 0.2%	Tier 2	
	mometasone crm, lotion, oint 0.1%	Tier 2	
	triamcinolone acetonide crm, lotion 0.025%	Tier 2	
	triamcinolone acetonide crm, lotion, oint 0.1%	Tier 2	

High Potency

	betamethasone dipropionate augmented crm 0.05%	Tier 2	
	betamethasone dipropionate augmented lotion 0.05%	Tier 2	
	betamethasone dipropionate crm, lotion, oint 0.05%	Tier 2	
	diflorasone diacetate crm 0.05%	Tier 2	
QL	fluocinonide crm 0.05%	Tier 2	
	fluocinonide gel, oint, soln 0.05%	Tier 2	
	triamcinolone acetonide crm 0.5%	Tier 2	

Very High Potency

	betamethasone dipropionate augmented gel, oint 0.05%	Tier 2	
QL	clobetasol propionate crm 0.05%	Tier 2	
	clobetasol propionate foam 0.05%	Tier 2	
	clobetasol propionate gel, oint, soln 0.05%	Tier 2	
	clobetasol propionate lotion, shampoo 0.05%	Tier 2	
	diflorasone diacetate oint 0.05%	Tier 2	
	halobetasol propionate crm, oint 0.05%	Tier 2	

Local Analgesics

	lidocaine patch	Tier 2	
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Local Anesthetics

QL	lidocaine/prilocaine	Tier 2	
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Rosacea

	doxycycline monohydrate tabs	Tier 2	
	metronidazole crm 0.75%	Tier 2	
	metronidazole gel 0.75%	Tier 2	
	metronidazole gel 1%	Tier 2	
	metronidazole lotion 0.75%	Tier 2	
	azelaic acid gel	Tier 3	FINACEA
	ivermectin	Tier 3	SOOLANTRA

Scabicides and Pediculicides

	malathion	Tier 2	
	permethrin 5%	Tier 2	

Miscellaneous Skin and Mucous Membrane

	imiquimod	Tier 2	
	podofilox	Tier 2	

MOUTH/THROAT/DENTAL AGENTS

Anesthetics - Topical Oral

VG	lidocaine viscous	Tier 1	
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Protectants - Mouth/Throat

	soy phospholipid/glycerol dioleate	Tier 3	EPISIL
PA, SP	benzyl alcohol/carbomer 941/glycerin	Tier 5	MUGARD

Steroids - Mouth/Throat

	triamcinolone paste	Tier 2	
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OPHTHALMIC

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

<http://one.aao.org>

Antiallergics

	azelastine	Tier 2	
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cromolyn sodium	Tier 2	
olopatadine	Tier 2	
alcaftadine	Tier 3	LASTACAFT
olopatadine	Tier 3	PAZEO

Anti-infectives

VG	polymyxin B/trimethoprim	Tier 1	
	bacitracin	Tier 2	
	ciprofloxacin soln	Tier 2	
	erythromycin	Tier 2	
	gentamicin	Tier 2	
	levofloxacin	Tier 2	
	moxifloxacin	Tier 2	
	neomycin/polymyxin B/gramicidin	Tier 2	
	ofloxacin	Tier 2	
	polymyxin B/bacitracin	Tier 2	
	sulfacetamide oint 10%	Tier 2	
	sulfacetamide soln 10%	Tier 2	
	tobramycin	Tier 2	
	besifloxacin	Tier 3	BESIVANCE
	ciprofloxacin oint	Tier 3	CILOXAN
	moxifloxacin	Tier 3	MOXEZA

Anti-infective/Anti-inflammatory Combinations

	neomycin/polymyxin B/bacitracin/hydrocortisone oint	Tier 2	
	neomycin/polymyxin B/dexamethasone	Tier 2	
	neomycin/polymyxin B/hydrocortisone susp	Tier 2	
	sulfacetamide/prednisolone phosphate 10%/0.25%	Tier 2	
	tobramycin/dexamethasone susp 0.3%/0.1%	Tier 2	
	tobramycin/dexamethasone oint 0.3%/0.1%	Tier 3	TOBRADEX
	tobramycin/dexamethasone susp 0.3%/0.05%	Tier 3	TOBRADEX ST
	tobramycin/loteprednol	Tier 3	ZYLET

Anti-inflammatories

Nonsteroidal

	bromfenac sodium	Tier 2	
	diclofenac sodium	Tier 2	
	ketorolac	Tier 2	
	ketorolac tromethamine	Tier 3	ACUVAIL
	nepafenac	Tier 3	ILEVRO
	nepafenac	Tier 3	NEVANAC

Steroidal

	dexamethasone sodium phosphate	Tier 2	
	fluorometholone	Tier 2	
	prednisolone acetate 1%	Tier 2	
	dexamethasone	Tier 3	MAXIDEX
	difluprednate	Tier 3	DUREZOL
	fluorometholone	Tier 3	FLAREX
	fluorometholone	Tier 3	FML FORTE
	fluorometholone	Tier 3	FML S.O.P.
	prednisolone acetate	Tier 3	PRED MILD
	prednisolone phosphate 1%	Tier 4	

Antivirals

	trifluridine	Tier 2	
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Beta-blockers

Nonselective

VG	levobunolol	Tier 1	
VG	timolol maleate	Tier 1	
	metipranolol	Tier 2	
	timolol maleate gel	Tier 2	
	timolol hemihydrate	Tier 3	BETIMOL

Selective

	betaxolol	Tier 3	BETOPTIC S
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Carbonic Anhydrase Inhibitors

Topical

	dorzolamide	Tier 2	
	brinzolamide	Tier 3	AZOPT

Carbonic Anhydrase Inhibitor/Beta-blocker Combinations

	dorzolamide/timolol maleate	Tier 2	
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Carbonic Anhydrase Inhibitor/Sympathomimetic Combinations

	brinzolamide/brimonidine	Tier 3	SIMBRINZA
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Dry Eye Disease

	cyclosporine, emulsion	Tier 3	RESTASIS
	lifitegrast	Tier 3	XIIDRA

Prostaglandins

VG	latanoprost	Tier 1	
	bimatoprost	Tier 3	LUMIGAN
	travoprost	Tier 3	TRAVATAN Z

Sympathomimetics

	brimonidine	Tier 2	
	brimonidine 0.2%	Tier 2	

Sympathomimetic/Beta-blocker Combinations

	brimonidine/timolol	Tier 3	COMBIGAN
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OTIC

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

<http://www.aap.org>

Anti-infectives

	acetic acid	Tier 2	
	ofloxacin otic	Tier 2	

Anti-infective/Anti-inflammatory Combinations

	neomycin/polymyxin B/hydrocortisone	Tier 2	
	ciprofloxacin/dexamethasone	Tier 3	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
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