

# AvMed Commercial 4-Tier Medication Formulary 2020

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## INTRODUCTION

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

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

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

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

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

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

## PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

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

## DRUG LIST PRODUCT DESCRIPTIONS

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

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

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

*pregabalin*

Oral capsules, oral solution and all strengths of pregabalin 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*

Since neomycin/polymyxin B/hydrocortisone is listed only in the OTIC section and the OPHTHALMIC section, it is limited to the otic solution and suspension, and the ophthalmic 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 based on clinical efficacy, relative safety and cost in comparison to similar medications within a therapeutic class. This multi-tiered list establishes different levels of copay for medications within therapeutic classes. As new medications become available, they may be considered excluded until they have been reviewed by the P&T Committee.

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

**Prior Authorization** - The process of obtaining approval for certain prescription drugs (prior to dispensing) according to AvMed's guidelines. The ordering prescriber must obtain approval from AvMed. The list of prescription drugs requiring prior authorization is subject to periodic review and modification by AvMed. To initiate a prior authorization, please visit our website at [www.avmed.org](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 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, Chantix  | <b>No cost share.</b> Limit of 168 days' supply per year.                                    |
| Non-prescription / OTC  | Nicotrol inhalers or nasal spray; generic nicotine patches, gums, lozenges | <b>No cost share.</b> Limit of 168 days' supply per year. Prescription from doctor required. |
| Brands with Generics    | Nicorette, Nicoderm CQ   | <b>Not covered.</b> Only the generic equivalents are covered.                                |

## TRANSITION OF CARE

The Transition-of-Care Form has been developed for newly enrolled members with AvMed 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 Accu-Chek® 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:

Accu-Chek® Aviva Plus, Accu-Chek® Compact Plus, Accu-Chek® Guide, Accu-Chek® Smartview

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:  
<https://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 tabs</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 |
|--|--|--------|

### NSAIDs, TOPICAL

|              |                                 |        |
|--------------|---------------------------------|--------|
| <b>QL, *</b> | <b>diclofenac sodium gel 1%</b> | Tier 1 |
| <b>QL</b>    | <b>diclofenac sodium soln</b>   | Tier 1 |

\* Listing does not include NDC 69499031866. Drug products are identified by unique numerical product identifiers, called National Drug Codes (NDC), which identify the manufacturer, strength, dosage form, formulation and package size.

### COX-2 INHIBITORS

|  |                  |        |
|--|------------------|--------|
|  | <b>celecoxib</b> | Tier 1 |
|--|------------------|--------|

### GOUT

|           |                    |        |
|-----------|--------------------|--------|
|           | <b>allopurinol</b> | Tier 1 |
| <b>QL</b> | <b>colchicine</b>  | Tier 1 |
| <b>ST</b> | <b>febuxostat</b>  | Tier 1 |
|           | <b>probenecid</b>  | Tier 1 |

### OPIOID ANALGESICS

Practice Guidelines for Cancer Pain Management (includes WHO analgesic ladder) are available at:  
<https://www.asahq.org>  
<https://www.nccn.org>

Opioid guidelines in the management of chronic non-malignant pain are available at:  
<https://www.asipp.org/ASIPP-Guidelines.html>

|               |  |        |
|---------------|--|--------|
| <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>PA, QL</b> | fentanyl sublingual spray   | Tier 2 | SUBSYS     |
| <b>ST, QL</b> | morphine/naltrexone ext-rel | Tier 2 | EMBEDA     |
| <b>ST, QL</b> | oxycodone ext-rel           | Tier 2 | XTAMPZA ER |
| <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:  
<https://www.idsociety.org>

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

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

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

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

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

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

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

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

#### ANTIBACTERIALS

##### Cephalosporins

##### *First Generation*

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

|  |                     |        |  |
|--|---------------------|--------|--|
|  | <b>azithromycin</b> | 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 |  |
| 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> bictegravir/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> efavirenz/lamivudine/tenofovir disoproxil fumarate                  | Tier 2 | SYMFI     |
| <b>QL, SP</b> efavirenz/lamivudine/tenofovir disoproxil fumarate                  | Tier 2 | SYMFI LO  |
| <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>QL, SP</b> | lamivudine/tenofovir disoproxil fumarate    | Tier 2 | CIMDUO  |
| <b>QL, SP</b> | lamivudine/tenofovir disoproxil fumarate    | Tier 2 | TEMIXYS |

#### Fusion Inhibitors

|               |             |        |        |
|---------------|-------------|--------|--------|
| <b>QL, SP</b> | enfuvirtide | Tier 2 | FUZEON |
|---------------|-------------|--------|--------|

#### Integrase Inhibitors

|               |              |        |           |
|---------------|--------------|--------|-----------|
| <b>QL, SP</b> | dolutegravir | Tier 2 | TIVICAY   |
| <b>QL, SP</b> | raltegravir  | Tier 2 | ISENTRESS |

#### Non-nucleoside Reverse Transcriptase Inhibitors

|               |                           |        |           |
|---------------|---------------------------|--------|-----------|
| <b>QL, SP</b> | <b>efavirenz</b>          | Tier 1 |           |
| <b>QL, SP</b> | <b>nevirapine</b>         | Tier 1 |           |
| <b>QL, SP</b> | <b>nevirapine ext-rel</b> | Tier 1 |           |
| <b>QL, SP</b> | etravirine                | Tier 2 | INTELENCE |
| <b>QL, SP</b> | rilpivirine               | Tier 2 | EDURANT   |

#### Nucleoside Reverse Transcriptase Inhibitors

|               |                               |        |          |
|---------------|-------------------------------|--------|----------|
| <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  |

#### Nucleotide Reverse Transcriptase Inhibitors

|               |                                      |        |  |
|---------------|--------------------------------------|--------|--|
| <b>QL, SP</b> | <b>tenofovir disoproxil fumarate</b> | Tier 1 |  |
|---------------|--------------------------------------|--------|--|

#### Protease Inhibitors

|               |                                 |        |          |
|---------------|---------------------------------|--------|----------|
| <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  |

#### ANTITUBERCULAR AGENTS

|  |                     |        |  |
|--|---------------------|--------|--|
|  | <b>ethambutol</b>   | Tier 1 |  |
|  | <b>isoniazid</b>    | Tier 1 |  |
|  | <b>pyrazinamide</b> | Tier 1 |  |
|  | <b>rifampin</b>     | Tier 1 |  |

#### ANTIVIRALS

##### Cytomegalovirus Agents

|  |                       |        |  |
|--|-----------------------|--------|--|
|  | <b>valganciclovir</b> | Tier 1 |  |
|--|-----------------------|--------|--|

##### Hepatitis Agents

###### Hepatitis B

|           |                       |        |                |
|-----------|-----------------------|--------|----------------|
| <b>SP</b> | entecavir soln        | Tier 4 | BARACLUDE soln |
| <b>SP</b> | <b>entecavir tabs</b> | Tier 4 |                |
| <b>SP</b> | <b>lamivudine</b>     | Tier 4 |                |
| <b>SP</b> | tenofovir alafenamide | Tier 4 | VEMLIDY        |

###### Hepatitis C

|                  |                       |        |         |
|------------------|-----------------------|--------|---------|
| <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>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>QL</b> | <b>vancomycin</b>                       | Tier 1 |         |
| <b>QL</b> | mebendazole chewable                    | Tier 2 | EMVERM  |
| <b>QL</b> | rifaximin 550 mg                        | Tier 2 | XIFAXAN |

#### ANTINEOPLASTIC AGENTS

Clinical practice guidelines in oncology are available at:

<https://www.asco.org>

<https://www.nccn.org>

#### ALKYLATING AGENTS

|               |                              |        |          |
|---------------|------------------------------|--------|----------|
|               | <b>cyclophosphamide caps</b> | Tier 1 |          |
|               | <b>melphalan</b>             | Tier 1 |          |
|               | busulfan                     | Tier 2 | MYLERAN  |
|               | chlorambucil                 | Tier 2 | LEUKERAN |
| <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> | <b>abiraterone</b>  | Tier 4 |       |
| <b>PA, SP</b> | abiraterone         | Tier 4 | YONSA |



|               |              |        |         |
|---------------|--------------|--------|---------|
| <b>PA, SP</b> | apalutamide  | Tier 4 | ERLEADA |
| <b>PA, SP</b> | darolutamide | Tier 4 | NUBEQA  |
| <b>PA, SP</b> | enzalutamide | Tier 4 | XTANDI  |

#### Antiandrogens

|  |                  |        |  |
|--|------------------|--------|--|
|  | <b>tamoxifen</b> | Tier 1 |  |
|--|------------------|--------|--|

#### 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 |  |
|--|-------------------------------|--------|--|

#### 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> | <b>erlotinib</b>         | Tier 4 |                        |
| <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> | sunitinib                | Tier 4 | SUTENT                 |

#### TOPOISOMERASE INHIBITORS

|               |                |        |          |
|---------------|----------------|--------|----------|
| <b>PA, SP</b> | topotecan caps | Tier 4 | HYCAMTIN |
|---------------|----------------|--------|----------|

#### 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> | niraparib              | Tier 4 | ZEJULA    |
| <b>PA, SP</b> | olaparib               | Tier 4 | LYNPARZA  |
| <b>PA, SP</b> | rucaparib              | Tier 4 | RUBRACA   |
| <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:  
<https://jamanetwork.com/journals/jama/fullarticle/1791497>

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

<https://www.acc.org>

<https://professional.heart.org>

### ACE INHIBITORS

Guidelines for the use of ACE inhibitors are available at:

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

<https://professional.diabetes.org>

<https://www.acc.org>

<https://professional.heart.org>

|                     |        |
|---------------------|--------|
| <b>benazepril</b>   | Tier 1 |
| <b>captopril</b>    | Tier 1 |
| <b>enalapril</b>    | Tier 1 |
| <b>fosinopril</b>   | Tier 1 |
| <b>lisinopril</b>   | Tier 1 |
| <b>perindopril</b>  | Tier 1 |
| <b>quinapril</b>    | Tier 1 |
| <b>ramipril</b>     | Tier 1 |
| <b>trandolapril</b> | Tier 1 |

### ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATIONS

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

### ACE INHIBITOR/DIURETIC COMBINATIONS

|                                       |        |
|---------------------------------------|--------|
| <b>benazepril/hydrochlorothiazide</b> | Tier 1 |
| <b>captopril/hydrochlorothiazide</b>  | Tier 1 |
| <b>enalapril/hydrochlorothiazide</b>  | Tier 1 |
| <b>fosinopril/hydrochlorothiazide</b> | Tier 1 |
| <b>lisinopril/hydrochlorothiazide</b> | Tier 1 |
| <b>quinapril/hydrochlorothiazide</b>  | Tier 1 |

### ADRENOLYTICS, CENTRAL

|                              |        |
|------------------------------|--------|
| <b>clonidine</b>             | Tier 1 |
| <b>clonidine transdermal</b> | Tier 1 |
| <b>guanfacine</b>            | Tier 1 |

### ALDOSTERONE RECEPTOR ANTAGONISTS

|                       |        |
|-----------------------|--------|
| <b>eplerenone</b>     | Tier 1 |
| <b>spironolactone</b> | Tier 1 |

### ALPHA BLOCKERS

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

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

|                  |        |
|------------------|--------|
| <b>doxazosin</b> | Tier 1 |
| <b>terazosin</b> | Tier 1 |

### ANGIOTENSIN II RECEPTOR ANTAGONISTS/DIURETIC COMBINATIONS

Guidelines for the use of angiotensin II receptor antagonists in various patient populations are available at:

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

<https://professional.diabetes.org>

|                                 |        |
|---------------------------------|--------|
| candesartan                     | Tier 1 |
| candesartan/hydrochlorothiazide | Tier 1 |
| 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:

<https://www.acc.org>

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

#### ANTILIPEMICS

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

<https://www.ahajournals.org/doi/10.1161/CIR.0000000000000625>

#### Bile Acid Resins

|                |        |
|----------------|--------|
| cholestyramine | Tier 1 |
| colesevelam    | Tier 1 |
| colestipol     | Tier 1 |

#### Cholesterol Absorption Inhibitors

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

#### Fibrates

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

\* Listing does not include fenofibrate tablet 120 mg.

### 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 |  |
|--|----------------|--------|--|

### Omega-3 Fatty Acids

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

### PCSK9 Inhibitors

|           |            |        |         |
|-----------|------------|--------|---------|
| <b>PA</b> | evolocumab | Tier 2 | REPATHA |
|-----------|------------|--------|---------|

### BETA-BLOCKERS

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

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

<https://www.acc.org>

|           |                              |        |          |
|-----------|------------------------------|--------|----------|
|           | atenolol                     | Tier 1 |          |
|           | bisoprolol                   | Tier 1 |          |
|           | carvedilol                   | Tier 1 |          |
|           | carvedilol phosphate ext-rel | 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 |          |
| <b>QL</b> | nebivolol                    | Tier 2 | BYSTOLIC |

### BETA-BLOCKER/DIURETIC COMBINATIONS

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

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

<https://www.acc.org>

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

### CALCIUM CHANNEL BLOCKERS

#### Dihydropyridines

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

#### Nondihydropyridines

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

\* Listing does not include generic CARDIZEM LA

**CALCIUM CHANNEL BLOCKER/ANTIPEMIC COMBINATIONS**

|                                |        |  |
|--------------------------------|--------|--|
| <b>amlodipine/atorvastatin</b> | Tier 1 |  |
|--------------------------------|--------|--|

**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 1 |              |
| <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 |  |
|------------------|--------|--|

**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 |  |
|----------------------------------|--------|--|

## PULMONARY ARTERIAL HYPERTENSION

### Endothelin Receptor Antagonists

|               |                    |        |         |
|---------------|--------------------|--------|---------|
| <b>PA, SP</b> | <b>ambrisentan</b> | Tier 4 |         |
| <b>PA, SP</b> | <b>bosentan</b>    | Tier 4 |         |
| <b>PA, SP</b> | <b>macitentan</b>  | Tier 4 | OPSUMIT |

### Phosphodiesterase Inhibitors

|               |                   |        |  |
|---------------|-------------------|--------|--|
| <b>PA, SP</b> | <b>sildenafil</b> | Tier 4 |  |
| <b>PA, SP</b> | <b>tadalafil</b>  | Tier 4 |  |

### Prostacyclin Receptor Agonists

|               |                  |        |         |
|---------------|------------------|--------|---------|
| <b>PA, SP</b> | <b>selexipag</b> | Tier 4 | UPTRAVI |
|---------------|------------------|--------|---------|

### Prostaglandin Vasodilators

|               |                             |        |           |
|---------------|-----------------------------|--------|-----------|
| <b>PA, SP</b> | <b>treprostinil ext-rel</b> | Tier 4 | ORENITRAM |
|---------------|-----------------------------|--------|-----------|

### Soluble Guanylate Cyclase Stimulators

|               |                  |        |         |
|---------------|------------------|--------|---------|
| <b>PA, SP</b> | <b>riociguat</b> | Tier 4 | ADEMPAS |
|---------------|------------------|--------|---------|

## MISCELLANEOUS

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

## CENTRAL NERVOUS SYSTEM

Practice guidelines for psychiatric disorders are available at:

<https://www.psychiatry.org>

### ANTI-ANXIETY

#### Benzodiazepines

|           |                   |        |  |
|-----------|-------------------|--------|--|
| <b>QL</b> | <b>alprazolam</b> | Tier 1 |  |
| <b>QL</b> | <b>clonazepam</b> | Tier 1 |  |
| <b>QL</b> | <b>diazepam</b>   | Tier 1 |  |
| <b>QL</b> | <b>lorazepam</b>  | Tier 1 |  |
| <b>QL</b> | <b>oxazepam</b>   | Tier 1 |  |

#### Miscellaneous

|           |                     |        |  |
|-----------|---------------------|--------|--|
|           | <b>bupirone</b>     | Tier 1 |  |
| <b>QL</b> | <b>clomipramine</b> | Tier 1 |  |
|           | <b>fluvoxamine</b>  | Tier 1 |  |

### ANTICONVULSANTS

Practice guidelines for the treatment of epilepsy are available at:

<https://www.aan.com>

|  |   |        |  |
|--|---|--------|--|
|  | <b>carbamazepine</b>                          | Tier 1 |  |
|  | <b>carbamazepine ext-rel</b>                  | Tier 1 |  |
|  | <b>clobazam</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 |  |
|  | <b>lamotrigine orally disintegrating tabs</b> | Tier 1 |  |
|  | <b>levetiracetam</b>                          | 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 |
| <b>PA, SP</b> | <b>vigabatrin</b>         | Tier 4 |             |

## ANTIDEMENTIA

Practice guidelines for the management of dementia are available at:  
<https://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:  
<https://www.psychiatry.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>QL</b> | <b>amitriptyline</b>  | Tier 1 |
| <b>QL</b> | <b>desipramine</b>    | Tier 1 |
| <b>QL</b> | <b>doxepin</b>        | Tier 1 |
| <b>QL</b> | <b>imipramine HCl</b> | Tier 1 |
| <b>QL</b> | <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:  
<https://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>aripiprazole lauroxil ext-rel inj</b> | Tier 2 | ARISTADA INITIO  |
|  | <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:

<https://www.aacap.org>

<https://www.aap.org>

|    |   |        |             |
|----|---|--------|-------------|
| QL | amphetamine/dextroamphetamine mixed salts         | Tier 1 |             |
| QL | amphetamine/dextroamphetamine mixed salts ext-rel | Tier 1 | ADDERALL XR |
| QL | atomoxetine                                       | Tier 1 |             |
| QL | dexmethylphenidate                                | Tier 1 |             |
| QL | dexmethylphenidate ext-rel                        | Tier 1 |             |
| QL | dextroamphetamine                                 | Tier 1 |             |
| QL | dextroamphetamine ext-rel                         | Tier 1 |             |
| QL | guanfacine ext-rel                                | Tier 1 |             |
| QL | methylphenidate                                   | Tier 1 |             |
| QL | methylphenidate ext-rel                           | Tier 1 | CONCERTA    |
| QL | amphetamine/dextroamphetamine mixed salts ext-rel | Tier 2 | MYDAYIS     |
| QL | lisdexamfetamine                                  | Tier 2 | VYVANSE     |

## FIBROMYALGIA

|    |            |        |  |
|----|------------|--------|--|
| QL | pregabalin | Tier 1 |  |
|----|------------|--------|--|

## HYPNOTICS

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

<https://aasm.org>

### Benzodiazepines

|    |           |        |  |
|----|-----------|--------|--|
| QL | temazepam | Tier 1 |  |
|----|-----------|--------|--|

### Nonbenzodiazepines

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

### Tricyclics

|    |         |        |         |
|----|---------|--------|---------|
| QL | doxepin | Tier 2 | SILENOR |
|----|---------|--------|---------|

## MIGRAINE

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

<https://www.aan.com>

### Ergotamine Derivatives

|  |                       |        |  |
|--|-----------------------|--------|--|
|  | dihydroergotamine inj | Tier 1 |  |
|  | ergotamine/caffeine   | Tier 1 |  |

### Monoclonal Antibodies

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

### Selective Serotonin Agonists

|    |                 |        |  |
|----|-----------------|--------|--|
| QL | eletriptan      | Tier 1 |  |
| QL | naratriptan     | Tier 1 |  |
| QL | rizatriptan     | Tier 1 |  |
| QL | sumatriptan     | Tier 1 |  |
| QL | sumatriptan inj | 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 |  |
|-----------|------------------------------------|--------|--|

#### 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 |  |

#### MOVEMENT DISORDERS

|               |                      |        |          |
|---------------|----------------------|--------|----------|
| <b>PA, SP</b> | deutetrabenazine     | Tier 4 | AUSTEDO  |
| <b>PA, SP</b> | <b>tetrabenazine</b> | Tier 4 |          |
| <b>PA, SP</b> | valbenazine          | Tier 4 | INGREZZA |

#### MULTIPLE SCLEROSIS AGENTS

Practice guidelines for multiple sclerosis are available at:

<https://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</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> | siponimod                     | Tier 4 | MAYZENT   |
| <b>PA, SP</b> | teriflunomide                 | Tier 4 | AUBAGIO   |

#### MUSCULOSKELETAL THERAPY AGENTS

|           |                                      |        |  |
|-----------|--------------------------------------|--------|--|
|           | <b>baclofen</b>                      | Tier 1 |  |
| <b>QL</b> | <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 |        |
| <b>PA, SP</b> | solriamfetol       | Tier 4 | SUNOSI |

#### POSTHERPETIC NEURALGIA (PHN)

|  |                    |        |         |
|--|--------------------|--------|---------|
|  | gabapentin ext-rel | Tier 2 | GRALISE |
|--|--------------------|--------|---------|

#### 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> | naloxone nasal spray | Tier 2 | NARCAN |

### Partial Opioid Agonist/Opioid Antagonist Combinations

|           |  |        |         |
|-----------|--|--------|---------|
| <b>QL</b> | <b>buprenorphine/naloxone sublingual</b> | Tier 1 |         |
| <b>QL</b> | buprenorphine/naloxone sublingual tabs   | Tier 2 | ZUBSOLV |

### Pseudobulbar Affect Agents

|  |                            |        |          |
|--|----------------------------|--------|----------|
|  | dextromethorphan/quinidine | Tier 2 | NUEDEXTA |
|--|----------------------------|--------|----------|

### Smoking Deterrents

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

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

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

### Vasomotor Symptom Agents

|  |                            |        |  |
|--|----------------------------|--------|--|
|  | <b>paroxetine mesylate</b> | Tier 1 |  |
|--|----------------------------|--------|--|

## 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:

<https://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 gel 1.62%</b> | Tier 1 |           |
| <b>PA</b> | <b>testosterone soln</b>      | Tier 1 |           |
| <b>PA</b> | testosterone transdermal      | Tier 2 | ANDRODERM |

### ANTIDIABETICS

Guidelines of treatment and management of diabetes are available at:

<https://professional.diabetes.org>

### Alpha-glucosidase Inhibitors

|  |                 |        |  |
|--|-----------------|--------|--|
|  | <b>acarbose</b> | Tier 1 |  |
|--|-----------------|--------|--|

### Amylin Analogs

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

### 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 |  |
|--|----------------------------|--------|--|

**Dipeptidyl Peptidase-4 (DPP-4) Inhibitors**

|                       |        |         |
|-----------------------|--------|---------|
| sitagliptin phosphate | Tier 2 | JANUVIA |
|-----------------------|--------|---------|

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

|                               |        |            |
|-------------------------------|--------|------------|
| sitagliptin/metformin         | Tier 2 | JANUMET    |
| sitagliptin/metformin ext-rel | Tier 2 | JANUMET XR |

**Incretin Mimetic Agents**

|             |        |           |
|-------------|--------|-----------|
| dulaglutide | Tier 2 | TRULICITY |
| liraglutide | Tier 2 | VICTOZA   |
| semaglutide | Tier 2 | OZEMPIC   |

**Incretin Mimetic Agent/Insulin Combinations**

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

**Insulins**

|   |        |                   |
|---|--------|-------------------|
| insulin aspart                                    | Tier 2 | FIASP             |
| insulin aspart                                    | Tier 2 | NOVOLOG           |
| insulin aspart protamine 70%/insulin aspart 30%   | Tier 2 | NOVOLOG MIX 70/30 |
| insulin degludec                                  | Tier 2 | TRESIBA           |
| insulin detemir                                   | Tier 2 | LEVEMIR           |
| insulin glargine                                  | Tier 2 | BASAGLAR          |
| insulin 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 |  |
|---------------------|--------|--|

**Insulin Sensitizer/Biguanide Combinations**

|                               |        |  |
|-------------------------------|--------|--|
| <b>pioglitazone/metformin</b> | Tier 1 |  |
|-------------------------------|--------|--|

**Insulin Sensitizer/Sulfonylurea Combinations**

|                                 |        |  |
|---------------------------------|--------|--|
| <b>pioglitazone/glimepiride</b> | Tier 1 |  |
|---------------------------------|--------|--|

**Meglitinides**

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

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

|               |        |           |
|---------------|--------|-----------|
| dapagliflozin | Tier 2 | FARXIGA   |
| empagliflozin | Tier 2 | JARDIANCE |

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

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

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

|                           |        |          |
|---------------------------|--------|----------|
| empagliflozin/linagliptin | Tier 2 | GLYXAMBI |
|---------------------------|--------|----------|

**Sulfonylureas**

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

**Supplies**

|              |  |        |   |
|--------------|--|--------|---|
| <b>QL, *</b> | blood glucose monitoring kits, test strips | Tier 2 | ACCU-CHEK AVIVA PLUS kits and test strips   |
| <b>QL, *</b> | blood glucose monitoring kits, test strips | Tier 2 | ACCU-CHEK COMPACT PLUS kits and test strips |
| <b>QL, *</b> | blood glucose monitoring kits, test strips | Tier 2 | ACCU-CHEK GUIDE kits and test strips        |
| <b>QL, *</b> | blood glucose monitoring kits, test strips | Tier 2 | ACCU-CHEK SMARTVIEW kits and test strips    |
|              | insulin infusion disposable pump           | Tier 2 | OMNIPOD INSULIN INFUSION PUMP               |
|              | insulin infusion disposable pump           | Tier 2 | V-GO INSULIN INFUSION PUMP                  |
| <b>OTC</b>   | insulin syringes, needles                  | Tier 2 | BD ULTRAFINE insulin syringes and needles   |

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

**ANTI-OBESITY \***

\* Covered for select benefits

Guidelines of treatment and management of obesity are available at:

<https://www.aace.com>

<https://www.nhlbi.nih.gov/health-topics/managing-overweight-obesity-in-adults>

**Injectable**

|           |             |        |         |
|-----------|-------------|--------|---------|
| <b>PA</b> | liraglutide | Tier 2 | SAXENDA |
|-----------|-------------|--------|---------|

**Oral**

|           |                    |        |           |
|-----------|--------------------|--------|-----------|
| <b>PA</b> | lorcaserin         | Tier 2 | BELVIQ    |
| <b>PA</b> | lorcaserin ext-rel | Tier 2 | BELVIQ XR |

**CALCIUM RECEPTOR ANTAGONISTS**

|               |            |        |          |
|---------------|------------|--------|----------|
| <b>PA, SP</b> | cinacalcet | Tier 4 | SENSIPAR |
|---------------|------------|--------|----------|

**CALCIUM REGULATORS**

Guidelines of treatment and management of osteoporosis are available at:

<https://www.aace.com>

<https://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 |  |
|--|--------------------------------|--------|--|

**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 |  |
|--|----------------------|--------|--|

**CONTRACEPTIVES**

EE = ethinyl estradiol

**Monophasic***20 mcg Estrogen*

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

*30 mcg Estrogen*

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

*35 mcg Estrogen*

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

*50 mcg Estrogen*

|  |                              |        |
|--|------------------------------|--------|
|  | ethynodiol diacetate/EE 1/50 | Tier 1 |
|--|------------------------------|--------|

**Biphasic**

|  |                |        |
|--|----------------|--------|
|  | desogestrel/EE | Tier 1 |
|--|----------------|--------|

**Triphasic**

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

**Extended Cycle**

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

**Progestin Only**

|  |               |        |
|--|---------------|--------|
|  | norethindrone | Tier 1 |
|--|---------------|--------|

**Injectable**

|  |                                       |        |
|--|---------------------------------------|--------|
|  | medroxyprogesterone acetate 150 mg/mL | Tier 1 |
|--|---------------------------------------|--------|

**Transdermal**

|  |                   |        |
|--|-------------------|--------|
|  | norelgestromin/EE | Tier 1 |
|--|-------------------|--------|

**Vaginal**

|  |                      |        |          |
|--|----------------------|--------|----------|
|  | etonogestrel/EE ring | Tier 2 | NUVARING |
|--|----------------------|--------|----------|

**ENDOMETRIOSIS**

|           |          |        |         |
|-----------|----------|--------|---------|
|           | danazol  | Tier 1 |         |
| <b>PA</b> | elagolix | Tier 2 | ORLISSA |

## ESTROGENS

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

<https://www.menopause.org>

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

### Oral

|  |                       |        |          |
|--|-----------------------|--------|----------|
|  | <b>estradiol</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 |

### Vaginal

|  |                               |        |          |
|--|-------------------------------|--------|----------|
|  | <b>estradiol vaginal crm</b>  | Tier 1 |          |
|  | <b>estradiol vaginal tabs</b> | Tier 1 |          |
|  | 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 |
|--|-----------------------------------|--------|--------|

## 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 |
|---------------|------------|--------|---------|

## HUMAN GROWTH HORMONES

Guidelines for use of growth hormone are available at:

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

|  |                                    |        |            |
|--|------------------------------------|--------|------------|
| <b>PA, SP</b>  | somatropin                         | Tier 4 | GENOTROPIN |
| <b>PA, SP</b>  | somatropin                         | Tier 4 | HUMATROPE  |
| <b>HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS</b> |                                    |        |            |
|  | <b>calcitriol (1,25-D3)</b>        | Tier 1 |            |
|  | <b>doxercalciferol</b>             | Tier 1 |            |
|  | <b>paricalcitol</b>                | Tier 1 |            |
| <b>PHENYLKETONURIA TREATMENT AGENTS</b>              |                                    |        |            |
| <b>PA, SP</b>  | sapropterin                        | Tier 4 | KUVAN      |
| <b>PHOSPHATE BINDER AGENTS</b>                       |                                    |        |            |
|  | <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   |
| <b>POTASSIUM-REMOVING AGENTS</b>                     |                                    |        |            |
|  | patiomer sorbitex                  | Tier 2 | VELTASSA   |
|  | sodium zirconium cyclosilicate     | Tier 2 | LOKELMA    |
| <b>PROGESTINS</b>                                    |                                    |        |            |
| <b>Oral</b>  |                                    |        |            |
|  | <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 |            |
| <b>Vaginal*</b>                                      |                                    |        |            |
| <b>* Covered for select benefits</b>                 |                                    |        |            |
|  | progesterone gel                   | Tier 2 | CRINONE    |
|  | progesterone vaginal inserts       | Tier 2 | ENDOMETRIN |
| <b>SELECTIVE ESTROGEN RECEPTOR MODULATORS</b>        |                                    |        |            |
|  | <b>raloxifene</b>                  | Tier 1 |            |
|  | ospemifene                         | Tier 2 | OSPHENA    |
| <b>THYROID AGENTS</b>                                |                                    |        |            |
| <b>Antithyroid Agents</b>                            |                                    |        |            |
|  | <b>methimazole</b>                 | Tier 1 |            |
|  | <b>propylthiouracil</b>            | Tier 1 |            |
| <b>Thyroid Supplements</b>                           |                                    |        |            |
|  | <b>levothyroxine</b>               | Tier 1 |            |
|  | <b>levothyroxine - Levoxyl</b>     | Tier 1 |            |
|  | <b>liothyronine</b>                | Tier 1 |            |
|  | <b>levothyroxine</b>               | Tier 2 | SYNTHROID  |
| <b>VASOPRESSINS</b>                                  |                                    |        |            |
|  | <b>desmopressin spray, tabs</b>    | Tier 1 |            |
| <b>MISCELLANEOUS</b>                                 |                                    |        |            |
|  | <b>cabergoline</b>                 | Tier 1 |            |

## **GASTROINTESTINAL**

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

<https://gi.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 |         |
| <b>QL</b> | ondansetron             | Tier 1 |         |
|           | prochlorperazine        | Tier 1 |         |
|           | promethazine            | Tier 1 |         |
|           | scopolamine transdermal | Tier 1 |         |
|           | trimethobenzamide       | Tier 1 |         |
| <b>QL</b> | granisetron transdermal | Tier 2 | SANCUSO |
| <b>QL</b> | rolapitant              | Tier 2 | VARUBI  |

#### ANTISPASMODICS

|  |  |        |  |
|--|--|--------|--|
|  | 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 |  |
|--|----------|--------|--|

#### 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 |         |
|  | budesonide ext-rel          | Tier 1 |         |
|  | mesalamine delayed-rel tabs | Tier 1 |         |
|  | sulfasalazine               | Tier 1 |         |
|  | sulfasalazine delayed-rel   | Tier 1 |         |
|  | mesalamine ext-rel caps     | Tier 2 | APRISO  |
|  | mesalamine ext-rel caps     | Tier 2 | PENTASA |

##### Rectal Agents

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

#### IRRITABLE BOWEL SYNDROME

##### Irritable Bowel Syndrome with Constipation

|  |              |        |         |
|--|--------------|--------|---------|
|  | linaclotide  | Tier 2 | LINZESS |
|  | lubiprostone | Tier 2 | AMITIZA |

##### Irritable Bowel Syndrome with Diarrhea

|           |           |        |  |
|-----------|-----------|--------|--|
| <b>PA</b> | alosetron | Tier 1 |  |
|-----------|-----------|--------|--|

|           |             |        |         |
|-----------|-------------|--------|---------|
| <b>PA</b> | eluxadoline | Tier 2 | VIBERZI |
|-----------|-------------|--------|---------|

#### LAXATIVES

|  |  |        |        |
|--|--|--------|--------|
|  | <b>lactulose soln</b>                              | Tier 1 |        |
|  | <b>peg 3350/electrolytes</b>                       | Tier 1 |        |
|  | sodium sulfate/potassium sulfate/magnesium sulfate | Tier 2 | SUPREP |

#### OPIOID-INDUCED CONSTIPATION

|  |             |        |          |
|--|-------------|--------|----------|
|  | naldemedine | Tier 2 | SYMPROIC |
|  | naloxegol   | Tier 2 | MOVANTIK |

#### PANCREATIC ENZYMES

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

#### PROSTAGLANDINS

|  |                    |        |  |
|--|--------------------|--------|--|
|  | <b>misoprostol</b> | Tier 1 |  |
|--|--------------------|--------|--|

#### PROTON PUMP INHIBITORS

|           |                                 |        |          |
|-----------|---------------------------------|--------|----------|
| <b>QL</b> | <b>esomeprazole delayed-rel</b> | Tier 1 |          |
| <b>QL</b> | <b>lansoprazole delayed-rel</b> | Tier 1 |          |
| <b>QL</b> | <b>omeprazole delayed-rel</b>   | Tier 1 |          |
| <b>QL</b> | <b>pantoprazole delayed-rel</b> | Tier 1 |          |
| <b>QL</b> | dexlansoprazole delayed-rel     | Tier 2 | DEXILANT |

#### SALIVA STIMULANTS

|           |                         |        |  |
|-----------|-------------------------|--------|--|
| <b>PA</b> | <b>cevimeline</b>       | Tier 1 |  |
|           | <b>pilocarpine tabs</b> | Tier 1 |  |

#### STEROIDS, RECTAL

|  |                                       |        |               |
|--|---------------------------------------|--------|---------------|
|  | <b>hydrocortisone crm</b>             | Tier 1 |               |
|  | hydrocortisone acetate/pramoxine foam | Tier 2 | PROCTOFOAM-HC |

#### ULCER THERAPY COMBINATIONS

|  |  |        |        |
|--|--|--------|--------|
|  | <b>lansoprazole + amoxicillin + clarithromycin</b> | Tier 1 |        |
|  | bismuth/metronidazole/tetracycline                 | Tier 2 | PYLERA |

#### MISCELLANEOUS

|  |                   |        |  |
|--|-------------------|--------|--|
|  | <b>sucralfate</b> | Tier 1 |  |
|--|-------------------|--------|--|

### GENITOURINARY

#### BENIGN PROSTATIC HYPERPLASIA

Guidelines for the management of BPH are available at:

<https://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>silodosin</b>              | Tier 1 |  |
|  | <b>tamsulosin</b>             | Tier 1 |  |

#### ERECTILE DYSFUNCTION\*

\* Covered for select benefits

Guidelines for the management of erectile dysfunction are available at:

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

### Alprostadil Agents

|               |                  |        |      |
|---------------|------------------|--------|------|
| <b>PA, QL</b> | alprostadil supp | Tier 2 | MUSE |
|---------------|------------------|--------|------|

### Phosphodiesterase Inhibitors

|               |            |        |  |
|---------------|------------|--------|--|
| <b>PA, QL</b> | sildenafil | Tier 1 |  |
| <b>PA, QL</b> | tadalafil  | Tier 1 |  |

### URINARY ANTISPASMODICS

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

### VAGINAL ANTI-INFECTIVES

|  |                 |        |  |
|--|-----------------|--------|--|
|  | clindamycin crm | Tier 1 |  |
|  | metronidazole   | Tier 1 |  |
|  | terconazole     | Tier 1 |  |

### MISCELLANEOUS

|  |                           |        |  |
|--|---------------------------|--------|--|
|  | bethanechol               | Tier 1 |  |
|  | potassium citrate ext-rel | Tier 1 |  |

## HEMATOLOGIC

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

### ANTICOAGULANTS

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

#### Injectable

|  |            |        |         |
|--|------------|--------|---------|
|  | enoxaparin | Tier 1 |         |
|  | dalteparin | Tier 2 | FRAGMIN |

#### Oral

|  |             |        |         |
|--|-------------|--------|---------|
|  | warfarin    | Tier 1 |         |
|  | apixaban    | Tier 2 | ELIQUIS |
|  | rivaroxaban | Tier 2 | XARELTO |

### Synthetic Heparinoid-like Agents

|  |              |        |  |
|--|--------------|--------|--|
|  | fondaparinux | Tier 1 |  |
|--|--------------|--------|--|

### HEMATOPOIETIC GROWTH FACTORS

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

Guidelines for the management of anemia associated with chronic kidney disease are available at:  
<https://www.kidney.org/professionals/guidelines#guidelines>

|               |                   |        |          |
|---------------|-------------------|--------|----------|
| <b>PA, SP</b> | darbepoetin alfa  | Tier 4 | ARANESP  |
| <b>PA, SP</b> | epoetin alfa-epbx | Tier 4 | RETACRIT |
| <b>PA, SP</b> | filgrastim-aafi   | Tier 4 | NIVESTYM |

|               |                    |        |          |
|---------------|--------------------|--------|----------|
| <b>PA, SP</b> | pegfilgrastim      | Tier 4 | NEULASTA |
| <b>PA, SP</b> | pegfilgrastim-cbqv | Tier 4 | UDENYCA  |

#### HEREDITARY ANGIOEDEMA

|               |           |        |         |
|---------------|-----------|--------|---------|
| <b>PA, SP</b> | icatibant | Tier 4 | FIRAZYR |
|---------------|-----------|--------|---------|

#### IDIOPATHIC THROMBOCYTOPENIC PURPURA AGENTS

|               |             |        |          |
|---------------|-------------|--------|----------|
| <b>PA, SP</b> | eltrombopag | Tier 4 | PROMACTA |
|---------------|-------------|--------|----------|

#### PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS

|               |            |        |         |
|---------------|------------|--------|---------|
| <b>PA, SP</b> | eculizumab | Tier 4 | SOLIRIS |
|---------------|------------|--------|---------|

#### PLATELET AGGREGATION INHIBITORS

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

#### PLATELET SYNTHESIS INHIBITORS

|           |            |        |  |
|-----------|------------|--------|--|
| <b>QL</b> | anagrelide | Tier 1 |  |
|-----------|------------|--------|--|

#### STEM CELL MOBILIZERS

|               |            |        |         |
|---------------|------------|--------|---------|
| <b>PA, SP</b> | plerixafor | Tier 4 | MOZOBIL |
|---------------|------------|--------|---------|

#### THROMBOCYTOPENIA AGENTS

|               |               |        |          |
|---------------|---------------|--------|----------|
| <b>PA, SP</b> | lusutrombopag | Tier 4 | MULPLETA |
|---------------|---------------|--------|----------|

#### MISCELLANEOUS

|           |            |        |  |
|-----------|------------|--------|--|
| <b>QL</b> | cilostazol | Tier 1 |  |
|-----------|------------|--------|--|

### IMMUNOLOGIC AGENTS

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

#### ALLERGENIC EXTRACTS

|           |                                       |        |          |
|-----------|---------------------------------------|--------|----------|
| <b>QL</b> | grass mixed pollen allergen extract   | Tier 2 | ORALAIR  |
| <b>QL</b> | ragweed pollen allergen extract       | Tier 2 | RAGWITEK |
| <b>QL</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> | guselkumab          | Tier 4 | TREMFYA              |
| <b>PA, SP</b> | risankizumab-rzaa   | Tier 4 | SKYRIZI              |
| <b>PA, SP</b> | secukinumab         | Tier 4 | COSENTYX             |
| <b>PA, SP</b> | tofacitinib         | Tier 4 | XELJANZ              |
| <b>PA, SP</b> | tofacitinib ext-rel | Tier 4 | XELJANZ XR           |
| <b>PA, SP</b> | upadacitinib        | Tier 4 | RINVOQ               |
| <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).

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

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

|               |                            |        |        |
|---------------|----------------------------|--------|--------|
| <b>PA, SP</b> | methotrexate auto-injector | Tier 4 | RASUVO |
|---------------|----------------------------|--------|--------|

## IMMUNOMODULATORS

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

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

### Interferons

|               |                       |        |          |
|---------------|-----------------------|--------|----------|
| <b>PA, SP</b> | interferon alfa-2b    | Tier 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 |
|---------------|-------------|--------|--------|

## IMMUNOSUPPRESSANTS

### Antimetabolites

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

### 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> | <b>sirolimus</b> | Tier 1 |                   |
| <b>SP</b> | sirolimus soln   | Tier 2 | RAPAMUNE SOLUTION |

## 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:

<https://www.aaaai.org>

<https://ginasthma.org>

<https://goldcopd.org>

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

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

<https://www.aaaai.org>

### ANAPHYLAXIS TREATMENT AGENTS

|           |                                  |        |            |
|-----------|----------------------------------|--------|------------|
| <b>QL</b> | <b>epinephrine auto-injector</b> | Tier 1 |            |
| <b>QL</b> | <b>epinephrine auto-injector</b> | 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 |  |
|-----------|-----------------------------------|--------|--|

#### 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 |
|-----------|-------------------------------------|--------|-----------------|

### ANTIHISTAMINES, LOW SEDATING

|  |                       |        |  |
|--|-----------------------|--------|--|
|  | <b>levocetirizine</b> | Tier 1 |  |
|--|-----------------------|--------|--|

### 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:

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

|          |                    |        |  |
|----------|--------------------|--------|--|
| <b>*</b> | <b>benzonatate</b> | Tier 1 |  |
|----------|--------------------|--------|--|

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

### ANTITUSSIVE COMBINATIONS

#### Opioid

|  |  |        |  |
|--|--|--------|--|
|  | <b>codeine/guaifenesin liquid</b>          | Tier 1 |  |
|  | <b>codeine/guaifenesin/pseudoephedrine</b> | Tier 1 |  |
|  | <b>codeine/promethazine</b>                | Tier 1 |  |

|                                       |  |        |                    |
|---------------------------------------|--|--------|--------------------|
|                                       | codeine/promethazine/phenylephrine               | Tier 1 |                    |
|                                       | hydrocodone/homatropine                          | Tier 1 |                    |
| <b>Non-opioid</b>                     |  |        |                    |
|                                       | dextromethorphan/brompheniramine/pseudoephedrine | Tier 1 |                    |
|                                       | dextromethorphan/promethazine                    | Tier 1 |                    |
| <b>BETA AGONISTS</b>                  |  |        |                    |
| <b>Inhalants</b>                      |  |        |                    |
| <i>Short Acting</i>                   |  |        |                    |
| <b>QL</b>                             | albuterol soln                                   | Tier 1 |                    |
| <b>QL</b>                             | albuterol sulfate CFC-free aerosol               | Tier 1 |                    |
| <b>QL</b>                             | levalbuterol tartrate, CFC-free aerosol          | Tier 1 |                    |
| <i>Long Acting</i>                    |  |        |                    |
| <b>Hand-held Active Inhalation</b>    |  |        |                    |
| <b>QL</b>                             | olodaterol, CFC-free aerosol                     | Tier 2 | STRIVERDI RESPIMAT |
| <b>QL</b>                             | salmeterol xinafoate                             | Tier 2 | SEREVENT           |
| <b>Nebulized Passive Inhalation</b>   |  |        |                    |
| <b>QL</b>                             | formoterol inhalation soln                       | Tier 2 | PERFOROMIST        |
| <b>Oral Agents</b>                    |  |        |                    |
|                                       | albuterol  | Tier 1 |                    |
|                                       | albuterol ext-rel                                | Tier 1 |                    |
|                                       | terbutaline                                      | Tier 1 |                    |
| <b>CYSTIC FIBROSIS</b>                |  |        |                    |
| <b>PA, SP</b>                         | dornase alfa                                     | Tier 4 | PULMOZYME          |
| <b>PA, SP</b>                         | tobramycin inhalation soln                       | Tier 4 |                    |
| <b>PA, SP</b>                         | tobramycin inhalation soln                       | Tier 4 | BETHKIS            |
| <b>LEUKOTRIENE MODULATORS</b>         |  |        |                    |
|                                       | montelukast                                      | Tier 1 |                    |
|                                       | zafirlukast                                      | Tier 1 |                    |
|                                       | zileuton ext-rel                                 | Tier 1 |                    |
| <b>MAST CELL STABILIZERS</b>          |  |        |                    |
| <b>QL</b>                             | cromolyn soln                                    | Tier 1 |                    |
| <b>NASAL ANTIHISTAMINES</b>           |  |        |                    |
| <b>QL</b>                             | azelastine spray                                 | Tier 1 |                    |
| <b>QL</b>                             | olopatadine spray                                | Tier 1 |                    |
| <b>NASAL STEROIDS/COMBINATIONS</b>    |  |        |                    |
| <b>QL</b>                             | flunisolide spray                                | Tier 1 |                    |
| <b>QL</b>                             | fluticasone spray                                | Tier 1 |                    |
| <b>QL</b>                             | mometasone spray                                 | Tier 1 |                    |
| <b>QL</b>                             | triamcinolone acetonide spray                    | Tier 1 |                    |
| <b>QL</b>                             | azelastine/fluticasone spray                     | Tier 2 | DYMISTA            |
| <b>PHOSPHODIESTERASE-4 INHIBITORS</b> |  |        |                    |
|                                       | roflumilast                                      | Tier 2 | DALIRESP           |
| <b>PULMONARY FIBROSIS AGENTS</b>      |  |        |                    |
| <b>PA, SP</b>                         | nintedanib                                       | Tier 4 | OFEV               |
| <b>PA, SP</b>                         | pirfenidone                                      | Tier 4 | ESBRIET            |

**SEVERE ASTHMA AGENTS**

|               |              |        |          |
|---------------|--------------|--------|----------|
| <b>PA, SP</b> | benralizumab | Tier 4 | FASENRA  |
| <b>PA, SP</b> | dupilumab    | Tier 4 | DUPIXENT |
| <b>PA, SP</b> | mepolizumab  | Tier 4 | NUCALA   |

**STEROID/BETA AGONIST COMBINATIONS**

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

**STEROID INHALANTS**

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

**XANTHINES**

|  |                                  |        |  |
|--|----------------------------------|--------|--|
|  | <b>theophylline ext-rel tabs</b> | Tier 1 |  |
|--|----------------------------------|--------|--|

**MISCELLANEOUS**

|  |                          |        |  |
|--|--------------------------|--------|--|
|  | <b>ipratropium spray</b> | Tier 1 |  |
|--|--------------------------|--------|--|

**TOPICAL****DERMATOLOGY**

## Acne

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

*Oral*

|           |                     |        |  |
|-----------|---------------------|--------|--|
| <b>PA</b> | <b>isotretinoin</b> | Tier 1 |  |
|-----------|---------------------|--------|--|

*Topical*

|               |                                      |        |  |
|---------------|--------------------------------------|--------|--|
|               | <b>clindamycin gel, lotion, soln</b> | Tier 1 |  |
| <b>PA</b>     | <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>QL</b>     | <b>tazarotene</b>                    | Tier 1 |  |
| <b>PA, QL</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 |  |

**Actinic Keratosis**

|           |  |        |        |
|-----------|--|--------|--------|
|           | <b>fluorouracil crm 5%, soln 5%, soln 2%</b> | Tier 1 |        |
| <b>PA</b> | <b>imiquimod</b>                             | Tier 1 |        |
|           | fluorouracil crm 4%                          | Tier 2 | TOLAK  |
|           | ingenol mebutate                             | Tier 2 | PICATO |

**Antibiotics**

|           |                            |        |  |
|-----------|----------------------------|--------|--|
|           | <b>gentamicin</b>          | Tier 1 |  |
| <b>QL</b> | <b>mupirocin oint</b>      | Tier 1 |  |
|           | <b>silver sulfadiazine</b> | Tier 1 |  |



## Antifungals

|           |                  |        |
|-----------|------------------|--------|
|           | ciclopirox       | Tier 1 |
| <b>QL</b> | econazole        | Tier 1 |
|           | ketoconazole crm | Tier 1 |
| <b>PA</b> | luliconazole     | Tier 1 |
|           | naftifine        | Tier 1 |
|           | nystatin         | Tier 1 |

## Antipsoriatics

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

### Oral

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

### Topical

|  |                                 |        |
|--|---------------------------------|--------|
|  | calcipotriene oint, soln 0.005% | Tier 1 |
|--|---------------------------------|--------|

## Antiseborrheics

|  |                               |        |
|--|-------------------------------|--------|
|  | ketoconazole shampoo 2%       | Tier 1 |
|  | selenium sulfide shampoo 2.5% | Tier 1 |

## Atopic Dermatitis

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

### Injectable

|               |           |        |          |
|---------------|-----------|--------|----------|
| <b>PA, SP</b> | dupilumab | Tier 4 | DUPIXENT |
|---------------|-----------|--------|----------|

### Topical

|           |              |        |         |
|-----------|--------------|--------|---------|
| <b>PA</b> | pimecrolimus | Tier 1 |         |
| <b>QL</b> | tacrolimus   | Tier 1 |         |
| <b>QL</b> | crisaborole  | Tier 2 | EUCRISA |

## Corticosteroids

### Low Potency

|           |                                   |        |
|-----------|-----------------------------------|--------|
| <b>QL</b> | alclometasone crm, oint 0.05%     | Tier 1 |
| <b>QL</b> | desonide crm, lotion, oint 0.05%  | Tier 1 |
| <b>QL</b> | fluocinolone acetonide soln 0.01% | Tier 1 |
| <b>QL</b> | hydrocortisone crm 2.5%           | Tier 1 |

### Medium Potency

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

### High Potency

|           |  |        |
|-----------|--|--------|
| <b>QL</b> | betamethasone dipropionate augmented crm 0.05%     | Tier 1 |
| <b>QL</b> | betamethasone dipropionate augmented lotion 0.05%  | Tier 1 |
| <b>QL</b> | betamethasone dipropionate crm, lotion, oint 0.05% | Tier 1 |

|           |   |        |  |
|-----------|---|--------|--|
| <b>QL</b> | desoximetasone crm, oint 0.25%, gel 0.05% | Tier 1 |  |
| <b>QL</b> | fluocinonide crm 0.05%                    | Tier 1 |  |
| <b>QL</b> | fluocinonide gel, oint, soln 0.05%        | Tier 1 |  |
| <b>QL</b> | triamcinolone acetonide crm 0.5%          | Tier 1 |  |

#### Very High Potency

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

#### Local Analgesics

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

#### Local Anesthetics

|           |                      |        |  |
|-----------|----------------------|--------|--|
| <b>QL</b> | lidocaine/prilocaine | Tier 1 |  |
|-----------|----------------------|--------|--|

#### Rosacea

|           |  |        |              |
|-----------|--|--------|--------------|
|           | azelaic acid gel                         | Tier 1 |              |
|           | doxycycline monohydrate delayed-rel caps | Tier 1 |              |
|           | metronidazole crm 0.75%                  | Tier 1 |              |
|           | metronidazole gel 0.75%                  | Tier 1 |              |
|           | metronidazole gel 1%                     | Tier 1 |              |
|           | metronidazole lotion 0.75%               | Tier 1 |              |
|           | azelaic acid foam                        | Tier 2 | FINACEA FOAM |
| <b>QL</b> | 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 |  |
|--|-------------------|--------|--|

##### 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

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

#### OPHTHALMIC

Preferred Practice Pattern Guidelines for the treatment of various ophthalmic conditions are available at:  
<https://one.aao.org>

#### Antiallergics

|  |                 |        |           |
|--|-----------------|--------|-----------|
|  | azelastine      | Tier 1 |           |
|  | cromolyn sodium | Tier 1 |           |
|  | olopatadine     | Tier 1 |           |
|  | alcaftadine     | Tier 2 | 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 |

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

**Antivirals**

|                     |        |  |
|---------------------|--------|--|
| <b>trifluridine</b> | Tier 1 |  |
|---------------------|--------|--|

**Beta-blockers***Nonselective*

|                            |        |         |
|----------------------------|--------|---------|
| <b>levobunolol</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 |
|-----------|--------|------------|

**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 |  |
|------------------------------------|--------|--|

**Carbonic Anhydrase Inhibitor/Sympathomimetic Combinations**

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

**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 |

**Rho Kinase Inhibitors**

|            |        |           |
|------------|--------|-----------|
| netarsudil | Tier 2 | RHOPRESSA |
|------------|--------|-----------|

**Rho Kinase Inhibitor/Prostaglandin Combinations**

|                        |        |           |
|------------------------|--------|-----------|
| netarsudil/latanoprost | Tier 2 | ROCKLATAN |
|------------------------|--------|-----------|

**Sympathomimetics**

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

**Sympathomimetic/Beta-blocker Combinations**

|                     |        |          |
|---------------------|--------|----------|
| brimonidine/timolol | Tier 2 | COMBIGAN |
|---------------------|--------|----------|

**OTIC**

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

<https://www.aap.org>

**Anti-infectives**

|                       |        |  |
|-----------------------|--------|--|
| <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  
<https://www.ahrq.gov>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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