

AvMed Commercial 5-Tier Medication Formulary 2021

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INTRODUCTION	5
PHARMACY AND THERAPEUTICS (P&T) COMMITTEE.....	5
DRUG LIST PRODUCT DESCRIPTIONS	5
DEFINITIONS	6
BENEFIT COVERAGE AND LIMITATIONS.....	7
Coverage.....	7
Prior Authorization Process	7
Member Initiated Prior Authorization Process.....	8
Quantity Limit Exception	8
Progressive Medication Program (Step Therapy).....	8
Non-Formulary Medication Requests	8
Tier Description	8
Common Medical Exclusions.....	8
Mandated Generic Substitution.....	9
Health Care Reform - Preventive Medications	9
Opioid Medication Management	10
TRANSITION OF CARE	10
HOW CAN I SAVE MONEY ON PRESCRIPTIONS?.....	10
HOW CAN I ORDER A FREE DIABETIC METER SYSTEM?.....	10
MAIL-SERVICE PRESCRIPTIONS	10
MEDICATIONS PRE-PACKAGED AS A 3-MONTH SUPPLY.....	11
CONTACT INFORMATION.....	11
LEGEND.....	11
NOTICE	11
ANALGESICS	12
NSAIDs	12
NSAIDs, COMBINATIONS	12
NSAIDs, TOPICAL.....	12
COX-2 INHIBITORS.....	12
GOUT.....	12
OPIOID ANALGESICS	12
ANTI-INFECTIVES.....	13
ANTIBACTERIALS.....	13
ANTIFUNGALS	14
ANTIMALARIALS.....	14
ANTIRETROVIRAL AGENTS.....	14
ANTITUBERCULAR AGENTS.....	15
ANTIVIRALS	15
MISCELLANEOUS.....	16
ANTINEOPLASTIC AGENTS	16
ALKYLATING AGENTS	16
ANTIMETABOLITES.....	16
HORMONAL ANTINEOPLASTIC AGENTS	17
KINASE INHIBITORS	17
MULTIPLE MYELOMA.....	17
TOPOISOMERASE INHIBITORS.....	18
MISCELLANEOUS.....	18
CARDIOVASCULAR.....	18
ACE INHIBITORS	18
ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATIONS.....	18
ACE INHIBITOR/DIURETIC COMBINATIONS.....	18
ADRENOLYTICS, CENTRAL	19
ALDOSTERONE RECEPTOR ANTAGONISTS	19
ALPHA BLOCKERS.....	19
ANGIOTENSIN II RECEPTOR ANTAGONISTS/DIURETIC COMBINATIONS	19
ANGIOTENSIN II RECEPTOR ANTAGONIST/CALCIUM CHANNEL BLOCKER COMBINATIONS.....	19

ANGIOTENSIN II RECEPTOR ANTAGONIST/CALCIUM CHANNEL BLOCKER/DIURETIC COMBINATIONS	19
ANTIARRHYTHMICS	19
ANTILIPEMICS	20
BETA-BLOCKERS	20
BETA-BLOCKER/DIURETIC COMBINATIONS	21
CALCIUM CHANNEL BLOCKERS	21
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS	21
DIGITALIS GLYCOSIDES	21
DIRECT RENIN INHIBITORS/DIURETIC COMBINATIONS	21
DIURETICS	21
HEART FAILURE	22
NITRATES	22
PULMONARY ARTERIAL HYPERTENSION	22
MISCELLANEOUS	22
CENTRAL NERVOUS SYSTEM	23
ANTIANXIETY	23
ANTICONVULSANTS	23
ANTIDEMENTIA	24
ANTIDEPRESSANTS	24
ANTIPARKINSONIAN AGENTS	25
ANTIPSYCHOTICS	25
ATTENTION DEFICIT HYPERACTIVITY DISORDER	26
FIBROMYALGIA	26
HYPNOTICS	26
MIGRAINE	26
MOOD STABILIZERS	27
MOVEMENT DISORDERS	27
MULTIPLE SCLEROSIS AGENTS	27
MUSCULOSKELETAL THERAPY AGENTS	27
MYASTHENIA GRAVIS	28
NARCOLEPSY	28
POSTHERPETIC NEURALGIA (PHN)	28
PSYCHOTHERAPEUTIC-MISCELLANEOUS	28
ENDOCRINE AND METABOLIC	28
ACROMEGALY	28
ANDROGENS	28
ANTIDIABETICS	29
CALCIUM RECEPTOR ANTAGONISTS	31
CALCIUM REGULATORS	31
CARNITINE DEFICIENCY AGENTS	31
CONTRACEPTIVES	31
ENDOMETRIOSIS	32
GAUCHER DISEASE	32
GLUCOCORTICOIDS	32
GLUCOSE ELEVATING AGENTS	32
HEREDITARY TYROSINEMIA TYPE 1 AGENTS	32
HUMAN GROWTH HORMONES	33
HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS	33
MENOPAUSAL SYMPTOM AGENTS	33
PHENYLKETONURIA TREATMENT AGENTS	33
PHOSPHATE BINDER AGENTS	33
POLYNEUROPATHY	33
POTASSIUM-REMOVING AGENTS	33
PROGESTINS	33
SELECTIVE ESTROGEN RECEPTOR MODULATORS	34
THYROID AGENTS	34
UTERINE FIBROIDS	34
VASOPRESSINS	34
MISCELLANEOUS	34
GASTROINTESTINAL	34
ANTIDIARRHEALS	34
ANTIEMETICS	34
ANTISPASMODICS	35
CHOLELITHOLYTICS	35
H ₂ RECEPTOR ANTAGONISTS	35

INFLAMMATORY BOWEL DISEASE.....	35
IRRITABLE BOWEL SYNDROME.....	35
LAXATIVES.....	35
OPIOID-INDUCED CONSTIPATION.....	35
PANCREATIC ENZYMES.....	35
PROSTAGLANDINS.....	36
PROTON PUMP INHIBITORS.....	36
SALIVA STIMULANTS.....	36
STEROIDS, RECTAL.....	36
ULCER THERAPY COMBINATIONS.....	36
MISCELLANEOUS.....	36
GENITOURINARY.....	36
BENIGN PROSTATIC HYPERPLASIA.....	36
URINARY ANTISPASMODICS.....	36
VAGINAL ANTI-INFECTIVES.....	36
MISCELLANEOUS.....	37
HEMATOLOGIC.....	37
ANTICOAGULANTS.....	37
CHELATING AGENTS.....	37
HEMATOPOIETIC GROWTH FACTORS.....	37
PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS.....	37
PLATELET AGGREGATION INHIBITORS.....	37
PLATELET SYNTHESIS INHIBITORS.....	37
STEM CELL MOBILIZERS.....	38
THROMBOCYTOPENIA AGENTS.....	38
MISCELLANEOUS.....	38
IMMUNOLOGIC AGENTS.....	38
ALLERGENIC EXTRACTS.....	38
AUTOIMMUNE AGENTS (SELF-ADMINISTERED) †.....	38
DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDs).....	38
HEREDITARY ANGIOEDEMA.....	38
IMMUNOMODULATORS.....	38
IMMUNOSUPPRESSANTS.....	39
NUTRITIONAL/SUPPLEMENTS.....	39
ELECTROLYTES.....	39
VITAMINS AND MINERALS.....	39
RESPIRATORY.....	39
ANAPHYLAXIS TREATMENT AGENTS.....	40
ANTICHOLINERGICS.....	40
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS.....	40
ANTICHOLINERGIC/BETA AGONIST/STEROID INHALANT COMBINATIONS.....	40
ANTIHISTAMINES, LOW SEDATING.....	40
ANTIHISTAMINES, SEDATING.....	40
ANTITUSSIVES.....	40
ANTITUSSIVE COMBINATIONS.....	40
BETA AGONISTS.....	41
CYSTIC FIBROSIS.....	41
LEUKOTRIENE MODULATORS.....	41
MAST CELL STABILIZERS.....	41
NASAL ANTIHISTAMINES.....	41
NASAL STEROIDS/COMBINATIONS.....	41
PHOSPHODIESTERASE-4 INHIBITORS.....	41
PULMONARY FIBROSIS AGENTS.....	41
SEVERE ASTHMA AGENTS.....	41
STEROID/BETA AGONIST COMBINATIONS.....	42
STEROID INHALANTS.....	42
XANTHINES.....	42
MISCELLANEOUS.....	42
TOPICAL.....	42
DERMATOLOGY.....	42
MOUTH/THROAT/DENTAL AGENTS.....	44
OPHTHALMIC.....	45
OTIC.....	46
WEBSITES.....	47

INTRODUCTION

The **AvMed Commercial 5-Tier Medication Formulary** was developed to serve as a guide for prescribers, pharmacists, health care professionals and members in the selection of cost-effective medication therapy. AvMed recognizes that medication therapy is an integral part of effective health management. Due to the vast availability of medication options, a reasonable program for medication selection and use is warranted.

The drugs represented have been reviewed by a National Pharmacy and Therapeutics (P&T) Committee and are approved for inclusion. The **AvMed Commercial 5-Tier Medication Formulary** is reflective of current medical practice as of the date of review.

The information contained in this **AvMed Commercial 5-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 5-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 5-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 5-Tier Medication Formulary** is a fluid document, which is continually reviewed and modified. This dynamic process does not allow this document to be completely accurate at all times. To accommodate regular changes, an updated electronic version of this formulary is available online at www.avmed.org. AvMed welcomes your input and feedback on the information provided in this document.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

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

DRUG LIST PRODUCT DESCRIPTIONS

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

To assist in understanding which specific strengths and dosage forms are on the **AvMed Commercial 5-Tier Medication Formulary**, examples are noted below. The general principles shown in the examples can usually be extended to other entries in the formulary. Any exceptions are noted.

Products on the AvMed Commercial 5-Tier Medication Formulary include all strengths and dosage forms of the cited product.

cefixime

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

When a strength or dosage form is specified, only the specified strength and dosage form is on the AvMed Commercial 5-Tier Medication Formulary. Other strengths/dosage forms of the reference product are not.

tizanidine tabs

Zanaflex

The tablets of Zanaflex are on the **AvMed Commercial 5-Tier Medication Formulary**. From this entry, the capsules cannot be assumed to be on the list unless there is a specific entry.

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

sitagliptin/metformin

Janumet

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

sitagliptin/metformin ext-rel

Janumet XR

A separate entry for Janumet XR confirms that the extended-release product is on the **AvMed Commercial 5-Tier Medication Formulary**.

Dosage forms on the AvMed Commercial 5-Tier Medication Formulary will be consistent with the category and use where listed.

nystatin

The above nystatin entry listed in the TOPICAL/DERMATOLOGY section is limited to the topical dosage forms. From this entry the oral formulations cannot be assumed to be on the list unless there is an entry for this product in the ANTI-INFECTIVES section of the **AvMed Commercial 5-Tier Medication Formulary**.

DEFINITIONS

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

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

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

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

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

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

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

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

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

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

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

limited to a 30-day supply.

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

BENEFIT COVERAGE AND LIMITATIONS

This medication formulary is for reference purposes only and does not guarantee nor define benefit coverage and limitations. Many members have specific benefits, which are not reflected in the **AvMed Commercial 5-Tier Medication Formulary**. You may contact AvMed's Member Engagement Department regarding any coverage questions by calling the number listed on the back of your card. Please note that the formulary process is dynamic and generally changes throughout the year. These changes typically occur due to, but not limited to, the following reasons: approval of new medications, availability of newly approved generics, changes in clinical data, and medication safety concerns. AvMed is not held responsible for payment in the event that either a medication was omitted or included in error, or that a medication was placed at an incorrect tier on this formulary. The following topics may or may not be applicable to individual members depending on member-specific benefit parameters.

Coverage

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

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

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

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

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

Prior Authorization Process

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

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

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

Member Initiated Prior Authorization Process

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

Quantity Limit Exception

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

Progressive Medication Program (Step Therapy)

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

Non-Formulary Medication Requests

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

Tier Description

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

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

Common Medical Exclusions

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

- Over-the-counter (OTC) medications or their equivalents unless otherwise specified in the medication formulary listing
- Experimental medication products, or any medication product used in an experimental manner
- Foreign medications or medications not approved by the United States Food and Drug Administration (FDA)
- Replacement prescription drug products resulting from a lost, stolen, expired, broken, or destroyed prescription order or refill
- Fertility drugs
- Medications or devices for the diagnosis or treatment of sexual dysfunction

- Dental-specific medications, including fluoride medications for adults.
- Prescription and non-prescription vitamins and minerals, except prenatal vitamins
- Nutritional supplements and Medical Foods
- Cosmetic products, including, but not limited to, hair growth, skin bleaching, sun damage and anti-wrinkle medications
- Prescription and non-prescription appetite suppressants and products for the purpose of weight loss
- Compounded prescriptions, except pediatric preparations
- Pharmaceuticals that would be covered under the medical benefit. These may include, but are not limited to, immunizations; allergy serums; medical supplies, including therapeutic devices, dressings, appliances, and support garments; medications administered by the attending physician to treat an acute phase of an illness; and chemotherapy for cancer patients. Such benefits are covered in accordance with the Group Medical and Hospital Service Contract and may be subject to copay or coinsurance and prior authorization requirements, as outlined on the Schedule of Benefits.

Mandated Generic Substitution

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

Health Care Reform - Preventive Medications

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

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

Contraceptive Coverage and Cost Share Policy:

Medication Type	Examples	Cost Share
Oral Generics	(multiple)	No cost share
Non-Oral and OTC	etonogestrel/EE ring, norelgestromin/EE, condoms, diaphragms, etc.	No cost share. OTCs require a prescription for coverage.
Other Contraceptive Methods	IUDs, Depo-Provera	No cost share - these are covered under the Medical Benefit because they are administered by a health care professional.
Oral Brands with Generics	Loestrin Fe, Estrostep Fe, Ortho-Novum 7/7/7	Tier 4 Copay plus brand additional charge - can request no cost share if Prior Authorization submitted and medical necessity is established.

Tobacco Cessation Coverage and Cost Share Policy:

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

Opioid Medication Management

To combat the national opioid crisis, the Centers for Disease Control and Prevention's (CDC) *Guideline for Prescribing Opioids for Chronic Pain* updated how health care providers can better manage pain, including safer ways to use opioids. AvMed is taking action based on the CDC guideline to help prevent opioid abuse with our members' utmost safety in mind.

How we help members safely use opioid medication

- Set a coverage limit for up to seven days if you are new to therapy
- Limit opioid medication amounts for new or ongoing therapy covered by your plan
- Ensuring the use of short-acting opioids before using long-acting ones

Balancing risks and benefits

Prescription opioids can manage short-term pain like after a surgery or injury. But, they may not work as well long-term to manage chronic pain. Plus, you're more likely to overdose or become addicted from using opioids for a long time. And overdose can cause serious health problems or even death. Other treatments like exercise or non-opioid pain relievers with less serious risks may be an option. Members should work with their doctor to find the safest ways to best manage their condition.

TRANSITION OF CARE

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

HOW CAN I SAVE MONEY ON PRESCRIPTIONS?

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

HOW CAN I ORDER A FREE DIABETIC METER SYSTEM?

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

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

MAIL-SERVICE PRESCRIPTIONS

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

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

MEDICATIONS PRE-PACKAGED AS A 3-MONTH SUPPLY

Our pharmacy benefit covers some medications that are pre-packaged, dispensed and sold as a 3-Month supply. Members who are prescribed these medications will be charged the applicable tier copayment for a 3-Month supply whether the prescription is filled at retail or through the mail-service option. Examples of medications packaged as 3-Month supplies include: 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 5-Tier Medication Formulary** is designed to assist prescribers, members, and other health care professionals in the selection of cost-effective medications. AvMed encourages your input and feedback on how we can assist in improving this document and the formulary management process. You may contact AvMed's Member Engagement Department by calling the number listed on the back of your card.

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

LEGEND

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

NOTICE

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ANALGESICS

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

NSAIDs

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

NSAIDs, COMBINATIONS

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

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

COX-2 INHIBITORS

	celecoxib	Tier 2
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GOUT

VG	allopurinol	Tier 1
	colchicine tabs	Tier 2
	probenecid	Tier 2

OPIOID ANALGESICS

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

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

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

ST, QL	buprenorphine transdermal	Tier 2
QL	codeine/acetaminophen	Tier 2
ST, QL	fentanyl transdermal	Tier 2
PA, QL	fentanyl transmucosal lozenge	Tier 2
ST, QL	hydrocodone ext-rel	Tier 2
QL	hydrocodone/acetaminophen	Tier 2
QL	hydromorphone	Tier 2
ST, QL	hydromorphone ext-rel	Tier 2
ST, QL	methadone	Tier 2
QL	morphine	Tier 2
ST, QL	morphine ext-rel	Tier 2
QL	morphine supp	Tier 2
QL	oxycodone caps 5 mg	Tier 2

QL	oxycodone concentrate 20 mg/mL	Tier 2	
QL	oxycodone soln 5 mg/5 mL	Tier 2	
QL	oxycodone tabs 5 mg, 15 mg, 30 mg	Tier 2	
QL	oxycodone/acetaminophen 5/325	Tier 2	
QL, *	tramadol	Tier 2	
ST, QL	tramadol ext-rel tablet	Tier 2	
ST, QL	buprenorphine	Tier 3	BELBUCA
PA, QL	fentanyl sublingual spray	Tier 3	SUBSYS
QL	oxycodone ext-rel	Tier 3	XTAMPZA ER
QL	tapentadol	Tier 3	NUCYNTA
ST, QL	tapentadol ext-rel	Tier 3	NUCYNTA ER

ANTI-INFECTIVES

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

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

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

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

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

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

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

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

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

ANTIBACTERIALS

Cephalosporins

First Generation

VG	cefadroxil caps	Tier 1	
VG	cephalexin caps, susp	Tier 1	
	cefadroxil susp, tabs	Tier 2	

Second Generation

	cefprozil	Tier 2	
	cefuroxime axetil	Tier 2	

Third Generation

	cefdinir	Tier 2	
	cefixime	Tier 2	

Erythromycins/Macrolides

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

Fluoroquinolones

VG	ciprofloxacin	Tier 1	
VG, QL	levofloxacin	Tier 1	
	moxifloxacin	Tier 2	

Penicillins

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

Tetracyclines

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

ANTIFUNGALS

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

ANTIMALARIALS

	atovaquone/proguanil	Tier 2	
	chloroquine	Tier 2	
	mefloquine	Tier 2	

ANTIRETROVIRAL AGENTS

Antiretroviral Combinations

QL, SP	abacavir/lamivudine	Tier 2	
QL, SP	efavirenz/emtricitabine/tenofovir disoproxil fumarate	Tier 2	
QL, SP	efavirenz/lamivudine/tenofovir disoproxil fumarate	Tier 2	
QL, SP	lamivudine/zidovudine	Tier 2	
QL, SP	abacavir/dolutegravir/lamivudine	Tier 3	TRIUMEQ
QL, SP	atazanavir/cobicistat	Tier 3	EVOTAZ
QL, SP	bictegravir/emtricitabine/tenofovir alafenamide	Tier 3	BIKTARVY
QL, SP	darunavir/cobicistat	Tier 3	PREZCOBIX
QL, SP	darunavir/cobicistat/emtricitabine/tenofovir alafenamide	Tier 3	SYMTUZA
QL, SP	dolutegravir/lamivudine	Tier 3	DOVATO
QL, SP	elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide	Tier 3	GENVOYA
QL, SP	elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil fumarate	Tier 3	STRIBILD

QL, SP	emtricitabine/rilpivirine/tenofovir alafenamide	Tier 3	ODEFSEY
QL, SP	emtricitabine/rilpivirine/tenofovir disoproxil fumarate	Tier 3	COMPLERA
QL, SP	emtricitabine/tenofovir alafenamide	Tier 3	DESCOVY
QL, SP	emtricitabine/tenofovir disoproxil fumarate	Tier 3	TRUVADA
QL, SP	lamivudine/tenofovir disoproxil fumarate	Tier 3	CIMDUO
QL, SP	lamivudine/tenofovir disoproxil fumarate	Tier 3	TEMIXYS

Fusion Inhibitors

QL, SP	enfuvirtide	Tier 3	FUZEON
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Integrase Inhibitors

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

Non-nucleoside Reverse Transcriptase Inhibitors

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

Nucleoside Reverse Transcriptase Inhibitors

QL, SP	abacavir tabs	Tier 2	
QL, SP	didanosine delayed-rel	Tier 2	
QL, SP	emtricitabine	Tier 2	
QL, SP	lamivudine	Tier 2	
QL, SP	stavudine	Tier 2	
QL, SP	zidovudine	Tier 2	

Nucleotide Reverse Transcriptase Inhibitors

QL, SP	tenofovir disoproxil fumarate	Tier 2	
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Protease Inhibitors

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

ANTITUBERCULAR AGENTS

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

ANTIVIRALS

Cytomegalovirus Agents

	valganciclovir	Tier 2	
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Hepatitis Agents

Hepatitis B

SP	entecavir soln	Tier 5	BARACLUDGE soln
SP	entecavir tabs	Tier 5	
SP	lamivudine	Tier 5	
SP	tenofovir alafenamide	Tier 5	VEMLIDY

Hepatitis C

†, PA, SP	ledipasvir/sofosbuvir	Tier 5	HARVONI
PA, SP	ribavirin	Tier 5	
†, PA, SP	sofosbuvir/velpatasvir	Tier 5	EPCLUSA
†, PA, SP	sofosbuvir/velpatasvir/voxilaprevir	Tier 5	VOSEVI

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

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

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

Herpes Agents

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

Influenza Agents

QL	oseltamivir	Tier 2	
QL	zanamivir	Tier 3	RELENZA

MISCELLANEOUS

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

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

ANTINEOPLASTIC AGENTS

Clinical practice guidelines in oncology are available at:

<https://www.asco.org>

<https://www.nccn.org>

ALKYLATING AGENTS

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

ANTIMETABOLITES

	mercaptopurine	Tier 2	
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	methotrexate	Tier 3	TREXALL
	thioguanine	Tier 3	TABLOID
PA, SP	capecitabine	Tier 5	
PA, SP	trifluridine/tipiracil	Tier 5	LONSURF

HORMONAL ANTINEOPLASTIC AGENTS

Antiandrogens

	bicalutamide	Tier 2	
	flutamide	Tier 2	
PA, SP	abiraterone	Tier 5	
PA, SP	abiraterone	Tier 5	YONSA
PA, SP	apalutamide	Tier 5	ERLEADA
PA, SP	darolutamide	Tier 5	NUBEQA
PA, SP	enzalutamide	Tier 5	XTANDI

Antiestrogens

VG	tamoxifen	Tier 1	
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Aromatase Inhibitors

VG	anastrozole	Tier 1	
VG	letrozole	Tier 1	
	exemestane	Tier 2	

Progestins

VG	megestrol acetate tabs	Tier 1	
	megestrol acetate susp	Tier 2	

KINASE INHIBITORS

PA, SP	alectinib	Tier 5	ALECENSA
PA, SP	bosutinib	Tier 5	BOSULIF
PA, SP	brigatinib	Tier 5	ALUNBRIG
PA, SP	cabozantinib	Tier 5	CABOMETYX
PA, SP	dasatinib	Tier 5	SPRYCEL
PA, SP	duvelisib	Tier 5	COPIKTRA
PA, SP	erlotinib	Tier 5	
PA, SP	everolimus	Tier 5	
PA, SP	gefitinib	Tier 5	IRESSA
PA, SP	gilteritinib	Tier 5	XOSPATA
PA, SP	imatinib mesylate	Tier 5	
PA, SP	lapatinib	Tier 5	
PA, SP	midostaurin	Tier 5	RYDAPT
PA, SP	palbociclib	Tier 5	IBRANCE
PA, SP	pazopanib	Tier 5	VOTRIENT
PA, SP	ribociclib	Tier 5	KISQALI
PA, SP	ribociclib + letrozole	Tier 5	KISQALI FEMARA CO-PACK
PA, SP	sunitinib	Tier 5	SUTENT

MULTIPLE MYELOMA

Immunomodulators

PA, SP	lenalidomide	Tier 5	REVLIMID
PA, SP	pomalidomide	Tier 5	POMALYST
PA, SP	thalidomide	Tier 5	THALOMID

Proteasome Inhibitors

PA, SP	ixazomib	Tier 5	NINLARO
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TOPOISOMERASE INHIBITORS

PA, SP	topotecan caps	Tier 5	HYCAMTIN
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MISCELLANEOUS

	etoposide	Tier 2	
	hydroxyurea	Tier 2	
	tretinoin caps	Tier 2	
	mitotane	Tier 3	LYSODREN
	procarbazine	Tier 3	MATULANE
PA, SP	bexarotene caps	Tier 5	
PA, SP	niraparib	Tier 5	ZEJULA
PA, SP	olaparib	Tier 5	LYNPARZA
PA, SP	rucaparib	Tier 5	RUBRACA
PA, SP	sonidegib	Tier 5	ODOMZO
PA, SP	uridine triacetate	Tier 5	VISTOGARD
PA, SP	vismodegib	Tier 5	ERIVEDGE
PA, SP	vorinostat	Tier 5	ZOLINZA

CARDIOVASCULAR

The Eighth Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure is available at:
<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>

VG	benazepril	Tier 1	
VG	captopril 25 mg, 50 mg	Tier 1	
VG	enalapril	Tier 1	
VG	fosinopril	Tier 1	
VG, QL	lisinopril	Tier 1	
VG	perindopril	Tier 1	
VG	quinapril	Tier 1	
VG	ramipril	Tier 1	
VG	trandolapril	Tier 1	
	captopril 12.5 mg, 100 mg	Tier 2	

ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATIONS

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

ACE INHIBITOR/DIURETIC COMBINATIONS

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

ADRENOLYTICS, CENTRAL

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

ALDOSTERONE RECEPTOR ANTAGONISTS

VG	spironolactone	Tier 1
	eplerenone	Tier 2

ALPHA BLOCKERS

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

VG, QL	doxazosin	Tier 1
VG	terazosin	Tier 1

ANGIOTENSIN II RECEPTOR ANTAGONISTS/DIURETIC COMBINATIONS

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

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

ANGIOTENSIN II RECEPTOR ANTAGONIST/CALCIUM CHANNEL BLOCKER COMBINATIONS

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

ANGIOTENSIN II RECEPTOR ANTAGONIST/CALCIUM CHANNEL BLOCKER/DIURETIC COMBINATIONS

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

ANTIARRHYTHMICS

Guidelines for the use of antiarrhythmics and cardiac glycosides in various patient populations are available at:
<https://www.acc.org>

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

PA, SP	dofetilide	Tier 5	
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ANTILIPEMICS

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

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

ACL Inhibitors/Combinations

PA	bempedoic acid	Tier 3	NEXLETOL
PA	bempedoic acid/ezetimibe	Tier 3	NEXLIZET

Bile Acid Resins

	cholestyramine	Tier 2	
	colesevelam	Tier 2	
	colestipol	Tier 2	

Cholesterol Absorption Inhibitors

	ezetimibe	Tier 2	
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Fibrates

VG	gemfibrozil	Tier 1	
*	fenofibrate	Tier 2	
	fenofibric acid delayed-rel	Tier 2	
	fenofibrate	Tier 4	ANTARA

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

HMG-CoA Reductase Inhibitors/Combinations

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

Niacins

QL	niacin ext-rel	Tier 2	
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Omega-3 Fatty Acids

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

PCSK9 Inhibitors

PA	alirocumab	Tier 3	PRALUENT
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BETA-BLOCKERS

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

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

<https://www.acc.org>

VG	atenolol	Tier 1	
VG, QL	bisoprolol	Tier 1	
VG	carvedilol	Tier 1	
VG, QL	metoprolol succinate ext-rel	Tier 1	
VG	metoprolol tartrate	Tier 1	

VG	propranolol	Tier 1	
QL	carvedilol phosphate ext-rel	Tier 2	
	labetalol	Tier 2	
QL	nadolol	Tier 2	
	pindolol	Tier 2	
QL	propranolol ext-rel	Tier 2	
QL	nebivolol	Tier 3	BYSTOLIC

BETA-BLOCKER/DIURETIC COMBINATIONS

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

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

<https://www.acc.org>

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

CALCIUM CHANNEL BLOCKERS

Dihydropyridines

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

Nondihydropyridines

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

* Listing does not include generics for CARDIZEM LA.

CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS

QL	amlodipine/atorvastatin	Tier 2	
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DIGITALIS GLYCOSIDES

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

DIRECT RENIN INHIBITORS/DIURETIC COMBINATIONS

QL	aliskiren	Tier 2	
QL	aliskiren/hydrochlorothiazide	Tier 3	TEKTURNA HCT

DIURETICS

Carbonic Anhydrase Inhibitors

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

Loop Diuretics

VG	bumetanide	Tier 1	
VG	furosemide	Tier 1	
VG	toremide	Tier 1	

Potassium-sparing Diuretics

	amiloride	Tier 2	
	triamterene	Tier 2	

Thiazides and Thiazide-like Diuretics			
VG	chlorthalidone	Tier 1	
VG	hydrochlorothiazide	Tier 1	
VG, QL	indapamide	Tier 1	
VG, QL	metolazone 2.5 mg, 5 mg	Tier 1	
QL	metolazone 10 mg	Tier 2	
Diuretic Combinations			
VG	amiloride/hydrochlorothiazide	Tier 1	
VG	triamterene/hydrochlorothiazide	Tier 1	
	spironolactone/hydrochlorothiazide	Tier 2	
HEART FAILURE			
	isosorbide dinitrate/hydralazine	Tier 3	BIDIL
	ivabradine	Tier 3	CORLANOR
	sacubitril/valsartan	Tier 3	ENTRESTO
NITRATES			
Oral			
VG	isosorbide mononitrate	Tier 1	
VG	isosorbide mononitrate ext-rel	Tier 1	
*	isosorbide dinitrate	Tier 2	
* Listing does not include isosorbide dinitrate 40mg.			
Sublingual/Translingual			
	nitroglycerin lingual spray	Tier 2	
	nitroglycerin sublingual	Tier 2	
Transdermal			
	nitroglycerin transdermal	Tier 2	
PULMONARY ARTERIAL HYPERTENSION			
Endothelin Receptor Antagonists			
PA, SP	ambrisentan	Tier 5	
PA, SP	bosentan	Tier 5	
PA, SP	macitentan	Tier 5	OPSUMIT
Phosphodiesterase Inhibitors			
PA, SP	sildenafil	Tier 5	
PA, SP	tadalafil	Tier 5	
Prostacyclin Receptor Agonists			
PA, SP	selexipag	Tier 5	UPTRAVI
Prostaglandin Vasodilators			
PA, SP	treprostinil ext-rel	Tier 5	ORENITRAM
Soluble Guanylate Cyclase Stimulators			
PA, SP	riociguat	Tier 5	ADEMPAS
MISCELLANEOUS			
VG	hydralazine	Tier 1	
VG	methyldopa	Tier 1	
	midodrine	Tier 2	

ranolazine ext-rel

Tier 2

CENTRAL NERVOUS SYSTEM

Practice guidelines for psychiatric disorders are available at:

<https://www.psychiatry.org>

ANTIANSXIETY

Benzodiazepines

alprazolam

Tier 2

clonazepam

Tier 2

diazepam

Tier 2

lorazepam

Tier 2

oxazepam

Tier 2

Miscellaneous

VG buspirone

Tier 1

VG, QL fluvoxamine

Tier 1

clomipramine

Tier 2

ANTICONVULSANTS

Practice guidelines for the treatment of epilepsy are available at:

<https://www.aan.com>

VG divalproex sodium delayed-rel

Tier 1

VG gabapentin caps, tabs

Tier 1

VG lamotrigine

Tier 1

VG levetiracetam

Tier 1

VG oxcarbazepine tabs

Tier 1

VG primidone

Tier 1

VG topiramate

Tier 1

VG zonisamide

Tier 1

carbamazepine

Tier 2

carbamazepine ext-rel

Tier 2

clobazam

Tier 2

diazepam rectal gel

Tier 2

QL divalproex sodium ext-rel

Tier 2

ethosuximide

Tier 2

gabapentin soln

Tier 2

lamotrigine ext-rel

Tier 2

lamotrigine orally disintegrating tabs

Tier 2

levetiracetam ext-rel

Tier 2

oxcarbazepine susp

Tier 2

phenobarbital

Tier 2

phenytoin

Tier 2

phenytoin sodium extended

Tier 2

rufinamide

Tier 2

tiagabine

Tier 2

***** topiramate ext-rel

Tier 2

valproic acid

Tier 2

PA cenobamate

Tier 3

XCOPRI

PA, QL diazepam nasal spray

Tier 3

VALTOCO

lacosamide

Tier 3

VIMPAT

PA, QL midazolam nasal spray

Tier 3

NAYZILAM

oxcarbazepine ext-rel

Tier 3

OXTELLAR XR

perampanel

Tier 3

FYCOMPA

	topiramate ext-rel	Tier 3	TROKENDI XR
PA, SP	vigabatrin	Tier 5	

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

ANTIDEMENTIA

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

QL, VG	donepezil, except 23mg	Tier 1	
	galantamine	Tier 2	
QL	galantamine ext-rel	Tier 2	
	memantine	Tier 2	
QL	memantine ext-rel	Tier 2	
	rivastigmine	Tier 2	
	rivastigmine transdermal	Tier 2	
	memantine/donepezil	Tier 3	NAMZARIC

ANTIDEPRESSANTS

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

Guidelines for the evaluation and management of bipolar and depressive disorders are available at:
<https://www.psychiatry.org>

Monoamine Oxidase Inhibitors (MAOIs)

	phenelzine	Tier 2	
	tranylcypromine	Tier 2	

Selective Serotonin Reuptake Inhibitors (SSRIs)

VG, QL	citalopram	Tier 1	
VG, QL	escitalopram tabs	Tier 1	
VG, QL	fluoxetine caps	Tier 1	
VG, QL	paroxetine HCl	Tier 1	
VG, QL	sertraline tabs	Tier 1	
	fluoxetine soln	Tier 2	
QL, *	fluoxetine tabs	Tier 2	
QL	paroxetine HCl ext-rel	Tier 2	
QL	vortioxetine	Tier 3	TRINTELLIX

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

Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)

VG, QL	venlafaxine ext-rel caps	Tier 1	
QL	desvenlafaxine ext-rel	Tier 2	
	duloxetine delayed-rel	Tier 2	
QL	venlafaxine ext-rel tabs	Tier 2	
	venlafaxine tabs	Tier 2	

Tricyclic Antidepressants (TCAs)

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

Miscellaneous Agents

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

ANTIPARKINSONIAN AGENTS

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

VG	benztropine	Tier 1	
VG	pramipexole	Tier 1	
VG	ropinirole	Tier 1	
VG	trihexyphenidyl tabs	Tier 1	
	amantadine	Tier 2	
	bromocriptine	Tier 2	
	carbidopa/levodopa	Tier 2	
	carbidopa/levodopa ext-rel	Tier 2	
	carbidopa/levodopa orally disintegrating tabs	Tier 2	
	carbidopa/levodopa/entacapone	Tier 2	
	entacapone	Tier 2	
	pramipexole ext-rel	Tier 2	
QL	rasagiline	Tier 2	
QL	ropinirole ext-rel	Tier 2	
	selegiline	Tier 2	
	rotigotine transdermal	Tier 3	NEUPRO
PA, QL, SP	apomorphine	Tier 5	KYNMOBI
PA, SP	levodopa inhalation powder	Tier 5	INBRIJA

ANTIPSYCHOTICS

Atypicals

VG	olanzapine, except orally disintegrating tabs	Tier 1	
VG	quetiapine	Tier 1	
VG	risperidone, except orally disintegrating tabs	Tier 1	
QL	aripiprazole	Tier 2	
	clozapine	Tier 2	
QL	quetiapine ext-rel	Tier 2	
	ziprasidone	Tier 2	
	aripiprazole ext-rel inj	Tier 3	ABILIFY MAINTENA
	cariprazine	Tier 3	VRAYLAR
QL	lurasidone	Tier 3	LATUDA
	risperidone ext-rel inj	Tier 3	PERSERIS
	aripiprazole lauroxil ext-rel inj	Tier 4	ARISTADA
	aripiprazole lauroxil ext-rel inj	Tier 4	ARISTADA INITIO
	olanzapine pamoate ext-rel inj	Tier 4	ZYPREXA RELPREVV
	paliperidone palmitate ext-rel inj	Tier 4	INVEGA SUSTENNA
	risperidone long-acting injection	Tier 4	RISPERDAL CONSTA

Miscellaneous

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

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

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

FIBROMYALGIA

	pregabalin	Tier 2	
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HYPNOTICS

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

<https://aasm.org>

Benzodiazepines

	temazepam	Tier 2	
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Nonbenzodiazepines

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

Tricyclics

QL	doxepin	Tier 2	
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MIGRAINE

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

<https://www.aan.com>

Acute Migraine Agents

Ergotamine Derivatives

	dihydroergotamine inj	Tier 2	
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Triptans

VG, QL	naratriptan	Tier 1	
VG, QL	rizatriptan	Tier 1	
VG, QL	sumatriptan tabs only	Tier 1	

QL	eletriptan	Tier 2	
QL	sumatriptan inj	Tier 2	
QL	sumatriptan nasal spray	Tier 2	
QL	zolmitriptan	Tier 2	
QL	sumatriptan inj	Tier 3	ZEMBRACE SYMTOUCH
QL	sumatriptan nasal powder	Tier 3	ONZETRA XSAIL
QL	zolmitriptan nasal spray	Tier 3	ZOMIG

Miscellaneous

ST, QL	lasmiditan	Tier 3	REYVOW
ST, QL	rimegepant	Tier 3	NURTEC ODT
ST, QL	ubrogepant	Tier 3	UBRELVY

Preventive Migraine Agents

Monoclonal Antibodies

PA, SP	erenumab-aooe	Tier 5	AIMOVIG
PA, SP	fremanezumab-vfrm	Tier 5	AJOVY
PA, SP	galcanezumab-gnlm	Tier 5	EMGALITY

MOOD STABILIZERS

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

MOVEMENT DISORDERS

PA, SP	deutetrabenazine	Tier 5	AUSTEDO
PA, SP	tetrabenazine	Tier 5	
PA, QL, SP	valbenazine	Tier 5	INGREZZA

MULTIPLE SCLEROSIS AGENTS

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

PA, SP	dimethyl fumarate delayed-rel	Tier 5	
PA, SP	diroximel fumarate delayed-rel	Tier 5	VUMERITY
PA, SP	fingolimod	Tier 5	GILENYA
PA, SP	glatiramer	Tier 5	COPAXONE
PA, SP	interferon beta-1a	Tier 5	REBIF
PA, SP	interferon beta-1b	Tier 5	BETASERON
PA, SP	ofatumumab	Tier 5	KESIMPTA
PA, SP	ozanimod	Tier 5	ZEPOSIA
PA, SP	siponimod	Tier 5	MAYZENT
PA, SP	teriflunomide	Tier 5	AUBAGIO

MUSCULOSKELETAL THERAPY AGENTS

VG	baclofen	Tier 1	
VG, **	cyclobenzaprine	Tier 1	
VG, ***	methocarbamol	Tier 1	
VG	tizanidine tabs	Tier 1	
	carisoprodol 350 mg	Tier 2	
*	chlorzoxazone 500 mg	Tier 2	
	dantrolene	Tier 2	
	metaxalone 800 mg	Tier 2	

* Listing does not include NDC 73007001303. Drug products are identified by unique numerical product identifiers, called National Drug Codes

(NDC), which identify the manufacturer strength, dosage form, formulation and package size.

** Listing does not include cyclobenzaprine tablet 7.5 mg.

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

MYASTHENIA GRAVIS

	pyridostigmine	Tier 2	
	pyridostigmine ext-rel	Tier 2	

NARCOLEPSY

	armodafinil	Tier 2	
	modafinil	Tier 2	
PA, SP	solriamfetol	Tier 5	SUNOSI

POSTHERPETIC NEURALGIA (PHN)

	gabapentin ext-rel	Tier 3	GRALISE
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PSYCHOTHERAPEUTIC-MISCELLANEOUS

Alcohol Deterrents

	acamprosate calcium	Tier 2	
	disulfiram	Tier 2	

Opioid Antagonists

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

Partial Opioid Agonist/Opioid Antagonist Combinations

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

Pseudobulbar Affect Agents

QL	dextromethorphan/quinidine	Tier 3	NUEDEXTA
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Smoking Deterrents

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

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

	bupropion ext-rel	Tier 2	
	varenicline	Tier 3	CHANTIX

ENDOCRINE AND METABOLIC

ACROMEGALY

PA, SP	lanreotide acetate	Tier 5	SOMATULINE DEPOT
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ANDROGENS

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

<https://www.aace.com>

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

PA	testosterone cypionate	Tier 2	
PA	testosterone enanthate	Tier 2	

PA, *	testosterone gel	Tier 2	
PA	testosterone gel 1.62%	Tier 2	
PA	testosterone soln	Tier 2	
PA	testosterone nasal gel	Tier 3	NATESTO
PA	testosterone transdermal	Tier 3	ANDRODERM

ANTIDIABETICS

Guidelines of treatment and management of diabetes are available at:

<https://professional.diabetes.org>

Alpha-glucosidase Inhibitors

VG	acarbose	Tier 1	
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Amylin Analogs

	pramlintide	Tier 3	SYMLINPEN
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Biguanides

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

* Listing does not include generics for FORTAMET and GLUMETZA.

Biguanide/Sulfonylurea Combinations

	glipizide/metformin	Tier 2	
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Dipeptidyl Peptidase-4 (DPP-4) Inhibitors

QL	sitagliptin phosphate	Tier 3	JANUVIA
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Dipeptidyl Peptidase-4 (DPP-4) Inhibitor/Biguanide Combinations

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

Incretin Mimetic Agents

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

Incretin Mimetic Agent/Insulin Combinations

	liraglutide/insulin degludec	Tier 3	XULTOPHY
	lixisenatide/insulin glargine	Tier 3	SOLIQUA

Insulins

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

Insulin Sensitizers			
VG, QL	pioglitazone	Tier 1	
Insulin Sensitizer/Biguanide Combinations			
	pioglitazone/metformin	Tier 2	
Insulin Sensitizer/Sulfonylurea Combinations			
	pioglitazone/glimepiride	Tier 2	
Meglitinides			
	nateglinide	Tier 2	
	repaglinide	Tier 2	
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors			
QL	dapagliflozin	Tier 3	FARXIGA
	empagliflozin	Tier 3	JARDIANCE
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitor/Biguanide Combinations			
QL	dapagliflozin/metformin ext-rel	Tier 3	XIGDUO XR
	empagliflozin/metformin	Tier 3	SYNJARDY
	empagliflozin/metformin ext-rel	Tier 3	SYNJARDY XR
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitor/Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations			
	empagliflozin/linagliptin	Tier 3	GLYXAMBI
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitor/Dipeptidyl Peptidase-4 (DPP-4) Inhibitor/Biguanide Combinations			
	empagliflozin/linagliptin/metformin extended-release	Tier 3	TRIJARDY XR
Sulfonylureas			
VG, QL	glimepiride	Tier 1	
VG	glipizide	Tier 1	
VG	glipizide ext-rel	Tier 1	
Supplies			
	blood glucose continuous monitoring receivers, sensors, transmitters	Tier 2	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
	blood glucose monitoring kits, test strips	Tier 3	ACCU-CHEK AVIVA PLUS kits and test strips
	blood glucose monitoring kits, test strips	Tier 3	ACCU-CHEK COMPACT PLUS kits and test strips
	blood glucose monitoring kits, test strips	Tier 3	ACCU-CHEK GUIDE kits and test strips
	blood glucose monitoring kits, test strips	Tier 3	ACCU-CHEK SMARTVIEW kits and test strips
	blood glucose monitoring kits, test strips	Tier 3	ONETOUCH ULTRA kits and test strips
	blood glucose monitoring kits, test strips	Tier 3	ONETOUCH VERIO kits and test strips
	insulin infusion disposable pump	Tier 3	OMNIPOD DASH INSULIN INFUSION PUMP
	insulin infusion disposable pump	Tier 3	OMNIPOD INSULIN INFUSION PUMP
	insulin infusion disposable pump	Tier 3	V-GO INSULIN INFUSION PUMP
OTC	insulin syringes, needles	Tier 3	BD ULTRAFINE insulin syringes and needles

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

CALCIUM RECEPTOR ANTAGONISTS

PA, SP	cinacalcet	Tier 5
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CALCIUM REGULATORS

Guidelines of treatment and management of osteoporosis are available at:

<https://www.aace.com>

<https://www.nof.org>

Bisphosphonates

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

Calcitonins

	calcitonin-salmon spray	Tier 2
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Parathyroid Hormones

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

CARNITINE DEFICIENCY AGENTS

	levocarnitine	Tier 2
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CONTRACEPTIVES

EE = ethinyl estradiol

Monophasic

20 mcg Estrogen

	drospirenone/EE 3/20	Tier 2
	drospirenone/EE/levomefolate 3/20 and levomefolate	Tier 2
	levonorgestrel/EE 0.1/20 - Lessina	Tier 2
	norethindrone acetate/EE 1/20	Tier 2
	norethindrone acetate/EE 1/20 and iron	Tier 2
	norethindrone acetate/EE 1/20 and iron chewable	Tier 2

30 mcg Estrogen

	desogestrel/EE 0.15/30	Tier 2
	drospirenone/EE 3/30	Tier 2
	drospirenone/EE/levomefolate 3/30 and levomefolate	Tier 2
	levonorgestrel/EE 0.15/30 - Levora	Tier 2
	norethindrone acetate/EE 1.5/30	Tier 2
	norethindrone acetate/EE 1.5/30 and iron	Tier 2
	norgestrel/EE 0.3/30 - Low-Ogestrel	Tier 2

35 mcg Estrogen

	ethynodiol diacetate/EE 1/35 - Zovia 1/35	Tier 2
	norethindrone/EE 0.5/35	Tier 2
	norethindrone/EE 1/35	Tier 2
	norgestimate/EE 0.25/35	Tier 2

50 mcg Estrogen

	ethynodiol diacetate/EE 1/50	Tier 2
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Biphasic			
	desogestrel/EE	Tier 2	
	norethindrone acetate/EE 1/10 and EE 10 and iron	Tier 3	LO LOESTRIN FE
Triphasic			
	desogestrel/EE	Tier 2	
	levonorgestrel/EE - Trivora	Tier 2	
	norethindrone/EE	Tier 2	
	norgestimate/EE	Tier 2	
Extended Cycle			
	levonorgestrel/EE 0.1/20 and EE 10	Tier 2	
	levonorgestrel/EE 0.15/30	Tier 2	
	levonorgestrel/EE 0.15/30 and EE 10	Tier 2	
Progestin Only			
	norethindrone	Tier 2	
Injectable			
	medroxyprogesterone acetate 150 mg/mL	Tier 2	
Transdermal			
	norelgestromin/EE	Tier 2	
Vaginal			
	etonogestrel/EE ring	Tier 2	
	segesterone acetate/EE ring	Tier 3	ANNOVERA
ENDOMETRIOSIS			
	danazol	Tier 2	
PA	elagolix	Tier 3	ORLISSA
GAUCHER DISEASE			
PA, SP	eliglustat	Tier 5	CERDELGA
PA, SP	imiglucerase	Tier 5	CEREZYME
GLUCOCORTICOIDS			
VG	dexamethasone	Tier 1	
VG	prednisone	Tier 1	
	fludrocortisone	Tier 2	
	hydrocortisone	Tier 2	
	methylprednisolone	Tier 2	
	prednisolone	Tier 2	
GLUCOSE ELEVATING AGENTS			
	glucagon, human recombinant	Tier 2	
PA, QL	glucagon nasal powder	Tier 3	BAQSIMI
	glucagon subcutaneous soln	Tier 3	GVOKE
	glucagon, human recombinant	Tier 3	GLUCAGEN HYPOKIT
HEREDITARY TYROSINEMIA TYPE 1 AGENTS			
PA, SP	nitisinone	Tier 5	

HUMAN GROWTH HORMONES

Guidelines for use of growth hormone are available at:

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

PA, SP	somatropin	Tier 5	GENOTROPIN
PA, SP	somatropin	Tier 5	NORDITROPIN

HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS

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

MENOPAUSAL SYMPTOM AGENTS

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

<https://www.menopause.org>

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

Oral

VG	estradiol	Tier 1	
	EE/norethindrone acetate - Jinteli	Tier 2	
QL	estradiol/norethindrone	Tier 2	
	estrogens, conjugated/bazedoxifene	Tier 3	DUAVEE
QL	estrogens, conjugated/medroxyprogesterone	Tier 3	PREMPHASE
QL	estrogens, conjugated/medroxyprogesterone	Tier 3	PREMPRO

Transdermal

QL	estradiol	Tier 2	
QL	estradiol	Tier 3	DIVIGEL
QL	estradiol	Tier 3	EVAMIST
QL	estradiol/levonorgestrel	Tier 3	CLIMARA PRO
QL	estradiol/norethindrone acetate	Tier 3	COMBIPATCH

Vaginal

	estradiol vaginal tabs	Tier 1	VAGIFEM
	estradiol vaginal crm	Tier 2	
	estradiol vaginal insert	Tier 3	IMVEXXY

PHENYLKETONURIA TREATMENT AGENTS

PA, SP	sapropterin	Tier 5	
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PHOSPHATE BINDER AGENTS

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

POLYNEUROPATHY

PA, SP	inotersen	Tier 5	TEGSEDI
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POTASSIUM-REMOVING AGENTS

	patiomer sorbitex	Tier 3	VELTASSA
	sodium zirconium cyclosilicate	Tier 3	LOKELMA

PROGESTINS

Oral

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

Vaginal*

* Covered for select benefits

	progesterone gel	Tier 3	CRINONE
	progesterone vaginal inserts	Tier 3	ENDOMETRIN

SELECTIVE ESTROGEN RECEPTOR MODULATORS

	raloxifene	Tier 2	
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THYROID AGENTS

Antithyroid Agents

VG	methimazole	Tier 1	
	propylthiouracil	Tier 2	

Thyroid Supplements

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

UTERINE FIBROIDS

PA	elagolix sodium/estradiol/norethindrone acetate	Tier 3	ORIAHNN
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VASOPRESSINS

	desmopressin spray, tabs	Tier 2	
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MISCELLANEOUS

	cabergoline	Tier 2	
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GASTROINTESTINAL

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

<https://gi.org>

<https://www.gastro.org>

ANTIDIARRHEALS

	diphenoxylate/atropine	Tier 2	
	loperamide	Tier 2	

ANTIEMETICS

VG	meclizine	Tier 1	
VG	metoclopramide	Tier 1	
VG	prochlorperazine tabs	Tier 1	
VG	promethazine tabs, except 50 mg	Tier 1	
QL	aprepitant	Tier 2	
QL	dronabinol	Tier 2	
QL	granisetron	Tier 2	
	ondansetron	Tier 2	
	prochlorperazine supp	Tier 2	
	promethazine tabs 50 mg	Tier 2	
	scopolamine transdermal	Tier 2	
	trimethobenzamide	Tier 2	
QL	granisetron transdermal	Tier 3	SANCUSO

ANTISPASMODICS

VG	dicyclomine, except syrup	Tier 1	
	dicyclomine syrup	Tier 2	
	hyoscyamine sulfate	Tier 2	
	hyoscyamine sulfate orally disintegrating tabs	Tier 2	

CHOLELITHOLYTICS

	ursodiol	Tier 2	
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H₂ RECEPTOR ANTAGONISTS

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

INFLAMMATORY BOWEL DISEASE**Oral Agents**

	balsalazide	Tier 2	
	budesonide delayed-rel caps	Tier 2	
	budesonide ext-rel	Tier 2	
	mesalamine delayed-rel caps	Tier 2	
*	mesalamine delayed-rel tabs	Tier 2	
	mesalamine delayed-rel tabs	Tier 2	ASACOL HD
	mesalamine ext-rel caps	Tier 2	
	sulfasalazine	Tier 2	
	sulfasalazine delayed-rel	Tier 2	
	mesalamine ext-rel caps	Tier 3	PENTASA

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

Rectal Agents

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

IRRITABLE BOWEL SYNDROME**Irritable Bowel Syndrome with Constipation**

QL	linaclotide	Tier 3	LINZESS
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Irritable Bowel Syndrome with Diarrhea

PA	alosetron	Tier 2	
PA	eluxadoline	Tier 3	VIBERZI

LAXATIVES

VG	lactulose soln	Tier 1	
	peg 3350/electrolytes	Tier 2	
	sodium picosulfate/magnesium oxide/citric acid	Tier 3	CLENPIQ

OPIOID-INDUCED CONSTIPATION

	naldemedine	Tier 3	SYMPROIC
QL	naloxegol	Tier 3	MOVANTIK

PANCREATIC ENZYMES

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

PROSTAGLANDINS

	misoprostol	Tier 2	
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PROTON PUMP INHIBITORS

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

SALIVA STIMULANTS

PA	cevimeline	Tier 2	
	pilocarpine tabs	Tier 2	

STEROIDS, RECTAL

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

ULCER THERAPY COMBINATIONS

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

MISCELLANEOUS

	sucralfate tablet	Tier 2	
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GENITOURINARY**BENIGN PROSTATIC HYPERPLASIA**

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

VG	alfuzosin ext-rel	Tier 1	
VG	finasteride	Tier 1	
VG	tamsulosin	Tier 1	
	dutasteride	Tier 2	
	dutasteride/tamsulosin	Tier 2	
	silodosin	Tier 2	

URINARY ANTISPASMODICS

VG	oxybutynin	Tier 1	
VG, QL	oxybutynin ext-rel	Tier 1	
QL	darifenacin ext-rel	Tier 2	
QL	solifenacin	Tier 2	
	tolterodine	Tier 2	
QL	tolterodine ext-rel	Tier 2	
	tropium	Tier 2	
	tropium ext-rel	Tier 2	
QL	fesoterodine ext-rel	Tier 3	TOVIAZ
	mirabegron ext-rel	Tier 3	MYRBETRIQ

VAGINAL ANTI-INFECTIVES

	clindamycin crm	Tier 2	
	metronidazole	Tier 2	
	terconazole	Tier 2	

MISCELLANEOUS

	bethanechol	Tier 2	
	potassium citrate ext-rel	Tier 2	

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 2	
	dalteparin	Tier 3	FRAGMIN

Oral

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

Synthetic Heparinoid-like Agents

	fondaparinux	Tier 2	
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CHELATING AGENTS

PA, SP	deferasirox	Tier 5	
PA, SP	deferiprone	Tier 5	
PA, SP	penicillamine capsule	Tier 5	
PA, SP	trientine	Tier 5	

HEMATOPOIETIC GROWTH FACTORS

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

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

PA, SP	darbepoetin alfa	Tier 5	ARANESP
PA, SP	epoetin alfa-epbx	Tier 5	RETACRIT
PA, SP	filgrastim-aafi	Tier 5	NIVESTYM
PA, SP	pegfilgrastim-bmez	Tier 5	ZIEXTENZO

PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS

PA, SP	eculizumab	Tier 5	SOLIRIS
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PLATELET AGGREGATION INHIBITORS

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

PLATELET SYNTHESIS INHIBITORS

	anagrelide	Tier 2	
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STEM CELL MOBILIZERS

PA, SP	plerixafor	Tier 5	MOZOBIL
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THROMBOCYTOPENIA AGENTS

PA, SP	avatrombopag	Tier 5	DOPTELET
PA, SP	lusutrombopag	Tier 5	MULPLETA

MISCELLANEOUS

VG	cilostazol	Tier 1	
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IMMUNOLOGIC AGENTS

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

ALLERGENIC EXTRACTS

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

AUTOIMMUNE AGENTS (SELF-ADMINISTERED) ‡

PA, SP	adalimumab	Tier 5	HUMIRA
PA, QL, SP	apremilast	Tier 5	OTEZLA
PA, SP	etanercept	Tier 5	ENBREL
PA, SP	guselkumab	Tier 5	TREMFYA
PA, SP	risankizumab-rzaa	Tier 5	SKYRIZI
PA, SP	secukinumab	Tier 5	COSENTYX
PA, SP	tofacitinib	Tier 5	XELJANZ
PA, SP	tofacitinib ext-rel	Tier 5	XELJANZ XR
PA, SP	upadacitinib	Tier 5	RINVOQ
PA, SP	ustekinumab	Tier 5	STELARA SUBCUTANEOUS

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

DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDs)

	hydroxychloroquine	Tier 2	
QL	leflunomide	Tier 2	
	methotrexate	Tier 2	
PA, SP	methotrexate auto-injector	Tier 5	RASUVO

HEREDITARY ANGIOEDEMA

PA, SP	icatibant	Tier 5	
PA, SP	lanadelumab-flyo	Tier 5	TAKHZYRO

IMMUNOMODULATORS

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

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

Immune Globulins

PA, SP	immune globulin (human)-hipp	Tier 5	CUTAQUIG
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Interferons

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

PA, SP	canakinumab	Tier 5	ILARIS
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IMMUNOSUPPRESSANTS

Antimetabolites

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

Calcineurin Inhibitors

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

Rapamycin Derivatives

SP	everolimus	Tier 2	
SP	sirolimus	Tier 2	
SP	sirolimus soln	Tier 3	RAPAMUNE SOLUTION

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

Potassium

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

VITAMINS AND MINERALS

Folic Acid/Combinations

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

Prenatal Vitamins

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

Miscellaneous

VG	fluoride drops, tabs	Tier 1	
	cyanocobalamin inj	Tier 2	
	multivitamins/fluoride drops, tabs	Tier 2	
	multivitamins/fluoride/iron drops, tabs	Tier 2	
	vitamin ADC/fluoride drops	Tier 2	
	vitamin ADC/fluoride/iron drops	Tier 2	

RESPIRATORY

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

<https://www.aaaai.org>

<https://ginasthma.org>

<https://goldcopd.org>

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

The Allergy Report and guidelines for allergy-related conditions are available at:
<https://www.aaaai.org>

ANAPHYLAXIS TREATMENT AGENTS

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

ANTICHOLINERGICS

VG, QL	ipratropium soln	Tier 1	
QL	revefenacin inhalation solution	Tier 3	YUPELRI
QL	tiotropium	Tier 3	SPIRIVA

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

Short Acting

QL	ipratropium/albuterol soln	Tier 2	
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Long Acting

QL	tiotropium/olodaterol	Tier 3	STIOLTO RESPIMAT
QL	umeclidinium/vilanterol	Tier 3	ANORO ELLIPTA

ANTICHOLINERGIC/BETA AGONIST/STEROID INHALANT COMBINATIONS

QL	budesonide/glycopyrrolate/formoterol	Tier 3	BREZTRI AEROSPHERE
QL	fluticasone/umeclidinium/vilanterol	Tier 3	TRELEGY ELLIPTA

ANTI-HISTAMINES, LOW SEDATING

	levocetirizine	Tier 2	
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ANTI-HISTAMINES, SEDATING

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

ANTITUSSIVES

Clinical practice guidelines are available at:

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

*	benzonatate	Tier 2	
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* Listing does not include NDCs 69336012615 and 69499032915. Drug products are identified by unique numerical product identifiers, called National Drug Codes (NDC), which identify the manufacturer, strength, dosage form, formulation and package size.

ANTITUSSIVE COMBINATIONS

Opioid

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

Non-opioid

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

BETA AGONISTS

Inhalants

Short Acting

VG, QL	albuterol soln 0.083%	Tier 1	
QL	albuterol soln, except 0.083%	Tier 2	
QL	albuterol sulfate CFC-free aerosol	Tier 2	
QL	levalbuterol tartrate, CFC-free aerosol	Tier 2	

Long Acting

Hand-held Active Inhalation

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

Nebulized Passive Inhalation

QL	formoterol inhalation soln	Tier 3	PERFOROMIST
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Oral Agents

	albuterol	Tier 2	
	albuterol ext-rel	Tier 2	
	terbutaline	Tier 2	

CYSTIC FIBROSIS

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

LEUKOTRIENE MODULATORS

VG	montelukast, except packets	Tier 1	
	montelukast packets	Tier 2	
	zafirlukast	Tier 2	

MAST CELL STABILIZERS

QL	cromolyn soln	Tier 2	
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NASAL ANTIHISTAMINES

QL	azelastine spray	Tier 2	
QL	olopatadine spray	Tier 2	

NASAL STEROIDS/COMBINATIONS

QL	azelastine/fluticasone spray	Tier 2	
QL	flunisolide spray	Tier 2	
QL	fluticasone spray	Tier 2	
QL	mometasone spray	Tier 2	

PHOSPHODIESTERASE-4 INHIBITORS

	roflumilast	Tier 3	DALIRESP
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PULMONARY FIBROSIS AGENTS

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

SEVERE ASTHMA AGENTS

PA, SP	benralizumab	Tier 5	FASENRA
PA, SP	dupilumab	Tier 5	DUPIXENT
PA, SP	mepolizumab	Tier 5	NUCALA

STEROID/BETA AGONIST COMBINATIONS

QL	fluticasone/salmeterol	Tier 2	ADVAIR DISKUS
QL	budesonide/formoterol	Tier 3	SYMBICORT
QL, ^	fluticasone/salmeterol, CFC-free aerosol	Tier 3	ADVAIR HFA
QL, ^	fluticasone/vilanterol	Tier 3	BREO ELLIPTA

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

STEROID INHALANTS

QL	budesonide inhalation susp	Tier 2	
QL	beclomethasone breath-activated aerosol	Tier 3	QVAR REDIHALER
QL	budesonide	Tier 3	PULMICORT FLEXHALER
QL	fluticasone	Tier 3	ARNUITY ELLIPTA
QL	fluticasone	Tier 3	FLOVENT DISKUS
QL	fluticasone, CFC-free aerosol	Tier 3	FLOVENT HFA

XANTHINES

	theophylline ext-rel tabs	Tier 2	
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MISCELLANEOUS

	ipratropium spray	Tier 2	
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TOPICAL**DERMATOLOGY***Acne*

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

Oral

QL	isotretinoin	Tier 2	
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Topical

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

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

Actinic Keratosis

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

Antibiotics

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

Antifungals

QL	econazole	Tier 2
	ketoconazole crm 2%	Tier 2
	naftifine	Tier 2
	nystatin oint 100,000 units/gm	Tier 2
	nystatin powder	Tier 2
	ciclopirox	Tier 3

Antipsoriatics

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

Oral

	acitretin	Tier 2
	methoxsalen oral	Tier 2

Topical

	calcipotriene oint, soln 0.005%	Tier 2
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Antiseborrheics

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

Atopic Dermatitis

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

Injectable

PA, SP	dupilumab	Tier 5	DUPIXENT
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Topical

PA	pimecrolimus	Tier 2	
QL	tacrolimus	Tier 2	
QL	crisaborole	Tier 3	EUCRISA

Corticosteroids

Low Potency

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

Medium Potency

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

QL	triamcinolone acetonide crm, lotion, oint 0.1%	Tier 2	
<i>High Potency</i>			
QL	betamethasone dipropionate augmented crm 0.05%	Tier 2	
QL	betamethasone dipropionate augmented lotion 0.05%	Tier 2	
QL	betamethasone dipropionate crm, lotion, oint 0.05%	Tier 2	
QL	desoximetasone crm, oint 0.25%, gel 0.05%	Tier 2	
QL	fluocinonide crm 0.05%	Tier 2	
QL	fluocinonide gel, oint, soln 0.05%	Tier 2	
QL	triamcinolone acetonide crm 0.5%	Tier 2	
QL	halobetasol propionate lotion 0.01%	Tier 3	BRYHALI
<i>Very High Potency</i>			
QL	betamethasone dipropionate augmented gel, oint 0.05%	Tier 2	
QL	clobetasol propionate crm 0.05%	Tier 2	
QL	clobetasol propionate foam 0.05%	Tier 2	
QL	clobetasol propionate gel, oint, soln 0.05%	Tier 2	
QL	clobetasol propionate lotion, shampoo 0.05%	Tier 2	
QL	halobetasol propionate crm, oint 0.05%	Tier 2	
<i>Local Analgesics</i>			
	lidocaine patch	Tier 2	
<i>Local Anesthetics</i>			
QL	lidocaine/prilocaine	Tier 2	
<i>Rosacea</i>			
	azelaic acid gel	Tier 2	
	metronidazole crm 0.75%	Tier 2	
	metronidazole gel 0.75%	Tier 2	
	metronidazole gel 1%	Tier 2	
	metronidazole lotion 0.75%	Tier 2	
	azelaic acid foam	Tier 3	FINACEA FOAM
QL	ivermectin	Tier 3	SOOLANTRA
<i>Scabicides and Pediculicides</i>			
	malathion	Tier 2	
	permethrin 5%	Tier 2	
<i>Miscellaneous Skin and Mucous Membrane</i>			
	imiquimod	Tier 2	
	podofilox	Tier 2	
MOUTH/THROAT/DENTAL AGENTS			
<i>Anesthetics - Topical Oral</i>			
VG	lidocaine viscous	Tier 1	
<i>Protectants - Mouth/Throat</i>			
	soy phospholipid/glycerol dioleate	Tier 3	EPISIL
PA, SP	benzyl alcohol/carbomer 941/glycerin	Tier 5	MUGARD
<i>Steroids - Mouth/Throat</i>			
	triamcinolone paste	Tier 2	

OPHTHALMIC

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

<https://one.aao.org>

Antiallergics

	azelastine	Tier 2	
	cromolyn sodium	Tier 2	
	olopatadine	Tier 2	

Anti-infectives

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

Anti-infective/Anti-inflammatory Combinations

VG	neomycin/polymyxin B/dexamethasone	Tier 1	
	neomycin/polymyxin B/bacitracin/hydrocortisone oint	Tier 2	
	neomycin/polymyxin B/hydrocortisone susp	Tier 2	
	sulfacetamide/prednisolone phosphate 10%/0.25%	Tier 2	
	tobramycin/dexamethasone susp 0.3%/0.1%	Tier 2	
	tobramycin/dexamethasone oint 0.3%/0.1%	Tier 3	TOBRADEX

Anti-inflammatories

Nonsteroidal

	bromfenac sodium	Tier 2	
	diclofenac sodium	Tier 2	
	ketorolac	Tier 2	
	bromfenac sodium	Tier 3	PROLENSA
	nepafenac	Tier 3	ILEVRO

Steroidal

	dexamethasone sodium phosphate	Tier 2	
	fluorometholone	Tier 2	
	loteprednol	Tier 2	
	prednisolone acetate 1%	Tier 2	
	difluprednate	Tier 3	DUREZOL
	prednisolone phosphate 1%	Tier 4	

Antivirals

	trifluridine	Tier 2	
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Beta-blockers

Nonselective

VG	levobunolol	Tier 1	
VG	timolol maleate	Tier 1	

	timolol maleate gel	Tier 2	
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Selective

	betaxolol	Tier 3	BETOPTIC S
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Carbonic Anhydrase Inhibitors

Topical

	brinzolamide	Tier 1	
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VG	dorzolamide	Tier 1	
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Carbonic Anhydrase Inhibitor/Beta-blocker Combinations

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

	brinzolamide/brimonidine	Tier 3	SIMBRINZA
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Dry Eye Disease

	cyclosporine, emulsion	Tier 3	RESTASIS
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	lifitegrast	Tier 3	XIIDRA
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Prostaglandins

VG	latanoprost	Tier 1	
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	travoprost	Tier 2	
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	bimatoprost 0.01%	Tier 3	LUMIGAN
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	tafluprost	Tier 3	ZIOPTAN
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Rho Kinase Inhibitors

	netarsudil	Tier 3	RHOPRESSA
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Rho Kinase Inhibitor/Prostaglandin Combinations

	netarsudil/latanoprost	Tier 3	ROCKLATAN
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Sympathomimetics

	brimonidine	Tier 2	
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	brimonidine 0.2%	Tier 2	
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Sympathomimetic/Beta-blocker Combinations

	brimonidine/timolol	Tier 3	COMBIGAN
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OTIC

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

<https://www.aap.org>

Anti-infectives

	acetic acid	Tier 2	
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	ofloxacin otic	Tier 2	
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Anti-infective/Anti-inflammatory Combinations

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

INDEX

A

- abacavir tabs, 15**
- abacavir/dolutegravir/lamivudine, 14
- abacavir/lamivudine, 14**
- abaloparatide, 31
- ABILIFY MAINTENA, 25
- abiraterone, 17**
- acamprosate calcium, 28**
- acarbose, 29**
- ACCU-CHEK AVIVA PLUS kits and test strips, 30
- ACCU-CHEK COMPACT PLUS kits and test strips, 30
- ACCU-CHEK GUIDE kits and test strips, 30
- ACCU-CHEK SMARTVIEW kits and test strips, 30
- acetazolamide, 21**
- acetazolamide ext-rel, 21**
- acetic acid, 46**
- acitretin, 43**
- acyclovir caps, tabs, 16**
- adalimumab, 38
- ADEMPAS, 22
- ADVAIR DISKUS, 42
- ADVAIR HFA, 42
- AIMOVIG, 27
- AJOVY, 27
- albuterol, 41**
- albuterol ext-rel, 41**
- albuterol soln 0.083%, 41**
- albuterol sulfate CFC-free aerosol, 41**
- alclometasone crm, oint 0.05%, 43**
- ALECENSA, 17
- alectinib, 17
- alendronate 35 mg, 70 mg, 31**
- alendronate, except 35 mg, 70 mg, 31**
- alfuzosin ext-rel, 36**
- alirocumab, 20
- aliskiren, 21**
- aliskiren/hydrochlorothiazide, 21
- allopurinol, 12**
- alosetron, 35**
- alprazolam, 23**
- ALUNBRIG, 17
- amantadine, 25**
- ambrisentan, 22**
- amiloride, 21**
- amiloride/hydrochlorothiazide, 22**
- amiodarone 200 mg, 19**
- amiodarone, except 200 mg, 19**
- amitriptyline, 24**
- amlodipine, 21**
- amlodipine/atorvastatin, 21**
- amlodipine/benazepril, 18**
- amlodipine/olmesartan, 19**
- amlodipine/telmisartan, 19**
- amlodipine/valsartan, 19**
- amlodipine/valsartan/hydrochlorothiazide, 19**
- amoxicillin, 14**
- amoxicillin/clavulanate, 14**
- amoxicillin/clavulanate ext-rel, 14**
- amphetamine/dextroamphetamine mixed salts, 26**
- amphetamine/dextroamphetamine mixed salts ext-rel, 26**
- ampicillin, 14**
- anagrelide, 37**
- anastrozole, 17**
- ANDRODERM, 29
- ANNOVERA, 32
- ANORO ELLIPTA, 40
- ANTARA, 20
- apalutamide, 17
- apixaban, 37
- apomorphine, 25
- apremilast, 38
- aprepitant, 34**
- ARANESP, 37
- aripiprazole, 25**
- aripiprazole ext-rel inj, 25
- aripiprazole lauroxil ext-rel inj, 25
- ARISTADA, 25
- ARISTADA INITIO, 25
- armodafinil, 28**
- ARNUITY ELLIPTA, 42
- ASACOL HD, 35
- atazanavir, 15**
- atazanavir/cobicistat, 14
- atenolol, 20**
- atenolol/chlorthalidone, 21**
- atomoxetine, 26**
- atorvastatin, 20**
- atovaquone/proguanil, 14**
- AUBAGIO, 27
- AUSTEDO, 27
- avatrombopag, 38
- AZASAN, 39
- azathioprine, 39**
- azelaic acid foam, 44

azelaic acid gel, 44
azelastine, 45
azelastine spray, 41
azelastine/fluticasone spray, 41
azithromycin, 14

B

bacitracin, 45
baclofen, 27
balsalazide, 35
BAQSIMI, 32
BARACLUDE soln, 15
BASAGLAR, 29
BD ULTRAFINE insulin syringes and needles, 30
beclomethasone breath-activated aerosol, 42
BELBUCA, 13
BELSOMRA, 26
bempedoic acid, 20
bempedoic acid/ezetimibe, 20
benazepril, 18
benazepril/hydrochlorothiazide, 18
benralizumab, 41
benzonatate, 40
benztropine, 25
benzyl alcohol/carbomer 941/glycerin, 44
besifloxacin, 45
BESIVANCE, 45
betamethasone dipropionate augmented crm 0.05%, 44
betamethasone dipropionate augmented gel, oint 0.05%, 44
betamethasone dipropionate augmented lotion 0.05%, 44
betamethasone dipropionate crm, lotion, oint 0.05%, 44
betamethasone valerate crm, lotion, oint 0.1%, 43
BETASERON, 27
betaxolol, 46
bethanechol, 37
BETOPTIC S, 46
bexarotene caps, 18
bicalutamide, 17
bictegravir/emtricitabine/tenofovir alafenamide, 14
BIDIL, 22
BIKTARVY, 14
bimatoprost 0.01%, 46
bismuth/metronidazole/tetracycline, 36
bisoprolol, 20
bisoprolol/hydrochlorothiazide, 21
blood glucose continuous monitoring receivers, sensors,
transmitters, 30
blood glucose monitoring kits, test strips, 30
bosentan, 22
BOSULIF, 17
bosutinib, 17

BREO ELLIPTA, 42
BRETTRI AEROSPHERE, 40
brigatinib, 17
BRILINTA, 37
brimonidine, 46
brimonidine 0.2%, 46
brimonidine/timolol, 46
brinzolamide, 46
brinzolamide/brimonidine, 46
bromfenac sodium, 45
bromocriptine, 25
BRYHALI, 44
budesonide, 42
budesonide delayed-rel caps, 35
budesonide ext-rel, 35
budesonide inhalation susp, 42
budesonide/formoterol, 42
budesonide/glycopyrrolate/formoterol, 40
bumetanide, 21
buprenorphine, 13
buprenorphine transdermal, 12
buprenorphine/naloxone sublingual, 28
buprenorphine/naloxone sublingual tabs, 28
bupropion, 25
bupropion ext-rel, 25, 28
buspirone, 23
busulfan, 16
BYSTOLIC, 21

C

cabergoline, 34
CABOMETYX, 17
cabozantinib, 17
calcipotriene oint, soln 0.005%, 43
calcitonin-salmon spray, 31
calcitriol (1,25-D3), 33
calcium acetate, 33
canakinumab, 39
candesartan, 19
candesartan/hydrochlorothiazide, 19
capecitabine, 17
captopril 12.5 mg, 100 mg, 18
captopril 25 mg, 50 mg, 18
captopril/hydrochlorothiazide, 18
carbamazepine, 23
carbamazepine ext-rel, 23
carbidopa/levodopa, 25
carbidopa/levodopa ext-rel, 25
carbidopa/levodopa orally disintegrating tabs, 25
carbidopa/levodopa/entacapone, 25
cariprazine, 25

carisoprodol 350 mg, 27
carvedilol, 20
carvedilol phosphate ext-rel, 21
cefadroxil caps, 13
cefadroxil susp, tabs, 13
cefdinir, 13
cefixime, 13
cefprozil, 13
cefuroxime axetil, 13
celecoxib, 12
cenobamate, 23
cephalexin caps, susp, 13
CERDELGA, 32
CEREZYME, 32
cevimeline, 36
CHANTIX, 28
chlorambucil, 16
chloroquine, 14
chlorpromazine, 25
chlorthalidone, 22
chlorzoxazone 500 mg, 27
cholestyramine, 20
ciclopirox, 43
cilostazol, 38
CIMDUO, 15
cimetidine, 35
cinacalcet, 31
ciprofloxacin, 14
ciprofloxacin soln, 45
ciprofloxacin/dexamethasone, 46
citalopram, 24
CITRANATAL 90 DHA, 39
CITRANATAL ASSURE, 39
CITRANATAL B-CALM, 39
CITRANATAL DHA, 39
CITRANATAL HARMONY, 39
CITRANATAL RX, 39
clarithromycin, 14
clarithromycin ext-rel, 14
clemastine 2.68 mg, 40
CLENPIQ, 35
CLIMARA PRO, 33
clindamycin, 16
clindamycin crm, 36
clindamycin gel, 42
clindamycin lotion, soln, 42
clindamycin/benzoyl peroxide, 42
clobazam, 23
clobetasol propionate crm 0.05%, 44
clobetasol propionate foam 0.05%, 44
clobetasol propionate gel, oint, soln 0.05%, 44
clobetasol propionate lotion, shampoo 0.05%, 44

clomipramine, 23
clonazepam, 23
clonidine, 19
clonidine transdermal, 19
clopidogrel 300 mg, 37
clopidogrel 75 mg, 37
clotrimazole troches, 14
clozapine, 25
codeine/acetaminophen, 12
codeine/guaifenesin liquid, 40
codeine/guaifenesin/pseudoephedrine, 40
codeine/promethazine, 40
codeine/promethazine/phenylephrine, 40
colchicine tabs, 12
colesevelam, 20
colestipol, 20
COMBIGAN, 46
COMBIPATCH, 33
COMPLERA, 15
COPAXONE, 27
COPIKTRA, 17
CORLANOR, 22
CORTIFOAM, 35
COSENTYX, 38
CREON, 35
CRINONE, 34
crisaborole, 43
cromolyn sodium, 45
cromolyn soln, 41
CUTAQUIG, 38
cyanocobalamin inj, 39
cyclobenzaprine, 27
cyclophosphamide caps, 16
cyclosporine, 39
cyclosporine, emulsion, 46
cyclosporine, modified, 39
cyproheptadine, 40

D

DALIRESP, 41
dalteparin, 37
danazol, 32
dantrolene, 27
dapagliflozin, 30
dapagliflozin/metformin ext-rel, 30
darbepoetin alfa, 37
darifenacin ext-rel, 36
darolutamide, 17
darunavir, 15
darunavir/cobicistat, 14
darunavir/cobicistat/emtricitabine/tenofovir alafenamide, 14

dasatinib, 17
deferasirox, 37
deferiprone, 37
DESCOVY, 15
desipramine, 24
desmopressin spray, tabs, 34
desogestrel/EE, 32
desogestrel/EE 0.15/30, 31
desonide crm, lotion, oint 0.05%, 43
desoximetasone crm 0.05%, 43
desoximetasone crm, oint 0.25%, gel 0.05%, 44
desvenlafaxine ext-rel, 24
deutetrabenazine, 27
dexamethasone, 32
dexamethasone sodium phosphate, 45
DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM, 30
DEXILANT, 36
dexlansoprazole delayed-rel, 36
dexmethylphenidate, 26
dexmethylphenidate ext-rel, 26
dextroamphetamine, 26
dextroamphetamine ext-rel, 26
dextromethorphan/brompheniramine/pseudoephedrine, 40
dextromethorphan/promethazine, 20
dextromethorphan/quinidine, 28
diazepam, 23
diazepam nasal spray, 23
diazepam rectal gel, 23
diclofenac sodium, 45
diclofenac sodium delayed-rel, 12
diclofenac sodium delayed-rel/misoprostol, 12
diclofenac sodium gel 1%, 12
diclofenac sodium soln, 12
dicloxacillin, 14
dicyclomine syrup, 35
dicyclomine, except syrup, 35
didanosine delayed-rel, 15
DIFICID, 14
diflunisal, 12
difluprednate, 45
digoxin 0.0625 mg, 0.1875 mg, 21
digoxin 0.125 mg, 0.25 mg, 21
digoxin ped elixir, 21
dihydroergotamine inj, 26
diltiazem ext-rel, 21
dimethyl fumarate delayed-rel, 27
diphenoxylate/atropine, 34
dipyridamole, 37
dipyridamole ext-rel/aspirin, 37
diroximel fumarate delayed-rel, 27
disopyramide, 19
disopyramide ext-rel, 19

disulfiram, 28
divalproex sodium delayed-rel, 23
divalproex sodium ext-rel, 23
DIVIGEL, 33
dofetilide, 20
dolutegravir, 15
dolutegravir/lamivudine, 14
donepezil, except 23mg, 24
DOPTELET, 38
dornase alfa, 41
dorzolamide, 46
dorzolamide/timolol maleate, 46
DOVATO, 14
doxazosin, 19
doxepin, 24, 26
doxercalciferol, 33
doxycycline hyclate, 14
doxycycline hyclate 20 mg, 14
dronabinol, 34
dronedarone, 19
drospirenone/EE 3/20, 31
drospirenone/EE 3/30, 31
drospirenone/EE/levomefolate 3/20 and levomefolate, 31
drospirenone/EE/levomefolate 3/30 and levomefolate, 31
DUAVEE, 33
dulaglutide, 29
duloxetine delayed-rel, 24
dupilumab, 41, 43
DUPIXENT, 41, 43
DUREZOL, 45
dutasteride, 36
dutasteride/tamsulosin, 36
duvelisib, 17

E

econazole, 43
eculizumab, 37
EDURANT, 15
EE/norethindrone acetate - Jinteli, 33
efavirenz, 15
efavirenz/emtricitabine/tenofovir disoproxil fumarate, 14
efavirenz/lamivudine/tenofovir disoproxil fumarate, 14
elagolix, 32
elagolix sodium/estradiol/norethindrone acetate, 34
eletriptan, 27
eliglustat, 32
ELIQUIS, 37
eluxadoline, 35
elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide, 14
elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil fumarate,

EMGALITY, 27
empagliflozin, 30
empagliflozin/linagliptin, 30
empagliflozin/linagliptin/metformin extended-release, 30
empagliflozin/metformin, 30
empagliflozin/metformin ext-rel, 30
emtricitabine, 15
emtricitabine/rilpivirine/tenofovir alafenamide, 15
emtricitabine/rilpivirine/tenofovir disoproxil fumarate, 15
emtricitabine/tenofovir alafenamide, 15
emtricitabine/tenofovir disoproxil fumarate, 15
EMVERM, 16
enalapril, 18
enalapril/hydrochlorothiazide, 18
ENBREL, 38
ENDOMETRIN, 34
enfuvirtide, 15
enoxaparin, 37
entacapone, 25
entecavir soln, 15
entecavir tabs, 15
ENTRESTO, 22
enzalutamide, 17
EPCLUSA, 16
epinephrine, 40
epinephrine auto-injector, 40
EPIPEN JR., 40
EPISIL, 44
epiprenone, 19
epoetin alfa-epbx, 37
erenumab-aooe, 27
ERIVEDGE, 18
ERLEADA, 17
erlotinib, 17
erythromycin, 45
erythromycin delayed-rel, 14
erythromycin ethylsuccinate, 14
erythromycin gel 2%, 42
erythromycin soln, 42
erythromycin stearate, 14
erythromycin/benzoyl peroxide, 42
ESBRIET, 41
escitalopram tabs, 24
esomeprazole delayed-rel, 36
estradiol, 33
estradiol vaginal crm, 33
estradiol vaginal insert, 33
estradiol vaginal tabs, 33
estradiol/levonorgestrel, 33
estradiol/norethindrone, 33
estradiol/norethindrone acetate, 33
estrogens, conjugated/bazedoxifene, 33

estrogens, conjugated/medroxyprogesterone, 33
eszopiclone, 26
etanercept, 38
ethambutol, 15
ethosuximide, 23
ethynodiol diacetate/EE 1/35 - Zovia 1/35, 31
ethynodiol diacetate/EE 1/50, 31
etodolac, 12
etonogestrel/EE ring, 32
etoposide, 18
etravirine, 15
EUCRISA, 43
EVAMIST, 33
everolimus, 17, 39
EVOTAZ, 14
exemestane, 17
ezetimibe, 20
ezetimibe/simvastatin, 20

F

famciclovir, 16
famotidine tabs 20 mg, 40 mg, 35
famotidine, except tabs 20 mg, 40 mg, 35
FARXIGA, 30
FASENRA, 41
felodipine ext-rel, 21
fenofibrate, 20
fenofibric acid delayed-rel, 20
fentanyl sublingual spray, 13
fentanyl transdermal, 12
fentanyl transmucosal lozenge, 12
fesoterodine ext-rel, 36
FIASP, 29
fidaxomicin, 14
filgrastim-aafi, 37
FINACEA FOAM, 44
finasteride, 36
fingolimod, 27
flecainide, 19
FLOVENT DISKUS, 42
FLOVENT HFA, 42
fluconazole, 14
fludrocortisone, 32
flunisolide spray, 41
fluocinolone acetonide crm, oint 0.025%, 43
fluocinolone acetonide soln 0.01%, 43
fluocinonide crm 0.05%, 44
fluocinonide gel, oint, soln 0.05%, 44
fluoride drops, tabs, 39
fluorometholone, 45
fluorouracil crm 4%, 42

fluorouracil crm 5%, soln 5%, soln 2%, 42
fluoxetine caps, 24
fluoxetine soln, 24
fluoxetine tabs, 24
fluphenazine, 25
flutamide, 17
fluticasone, 42
fluticasone propionate crm, lotion 0.05%, oint 0.005%, 43
fluticasone spray, 41
fluticasone, CFC-free aerosol, 42
fluticasone/salmeterol, 42
fluticasone/salmeterol, CFC-free aerosol, 42
fluticasone/umeclidinium/vilanterol, 40
fluticasone/vilanterol, 42
fluvastatin, 20
fluvoxamine, 23
folic acid, 39
folic acid/vitamin B6/vitamin B12, 39
fondaparinux, 37
formoterol inhalation soln, 41
FORTEO, 31
fosinopril, 18
fosinopril/hydrochlorothiazide, 18
FRAGMIN, 37
fremanezumab-vfrm, 27
furosemide, 21
FUZEON, 15
FYCOMPA, 23

G

gabapentin caps, tabs, 23
gabapentin ext-rel, 28
gabapentin soln, 23
galantamine, 24
galantamine ext-rel, 24
galcanezumab-gnlm, 27
gefitinib, 17
gemfibrozil, 20
GENOTROPIN, 33
gentamicin, 43, 45
GENVOYA, 14
GILENYA, 27
gilteritinib, 17
glatiramer, 27
glimepiride, 30
glipizide, 30
glipizide ext-rel, 30
glipizide/metformin, 29
GLUCAGEN HYPOKIT, 32
glucagon nasal powder, 32
glucagon subcutaneous soln, 32

glucagon, human recombinant, 32
GLYXAMBI, 30
GRALISE, 28
granisetron, 34
granisetron transdermal, 34
grass mixed pollen allergen extract, 38
GRASTEK, 38
griseofulvin ultramicrosize, 14
guanfacine, 19
guanfacine ext-rel, 26
guselkumab, 38
GVOKE, 32

H

halobetasol propionate crm, oint 0.05%, 44
halobetasol propionate lotion 0.01%, 44
haloperidol, 25
HARVONI, 16
HUMIRA, 38
HUMULIN R U-500, 29
HYCAMTIN, 18
hydralazine, 22
hydrochlorothiazide, 22
hydrocodone ext-rel, 12
hydrocodone/acetaminophen, 12
hydrocodone/homatropine, 40
hydrocortisone, 32
hydrocortisone acetate foam, 35
hydrocortisone acetate/pramoxine foam, 36
hydrocortisone butyrate crm 0.1%, 43
hydrocortisone butyrate crm, oint, soln 0.1%, 43
hydrocortisone crm, 36
hydrocortisone crm 2.5%, 43
hydrocortisone enema, 35
hydrocortisone valerate crm, oint 0.2%, 43
hydromorphone, 12
hydromorphone ext-rel, 12
hydroxychloroquine, 38
hydroxyurea, 18
hydroxyzine HCl, 40
hyoscyamine sulfate, 35
hyoscyamine sulfate orally disintegrating tabs, 35

I

ibandronate, 31
IBRANCE, 17
ibuprofen, 12
icatibant, 38
icosapent ethyl, 20
ILARIS, 39

ILEVRO, 45
imatinib mesylate, 17
imiglucerase, 32
imipramine HCl, 24
imiquimod, 42, 44
immune globulin (human)-hipp, 38
IMVEXXY, 33
INBRIJA, 25
indapamide, 22
ingenol mebutate, 42
INGREZZA, 27
inotersen, 33
insulin aspart, 29
insulin aspart protamine 70%/insulin aspart 30%, 29
insulin degludec, 29
insulin detemir, 29
insulin glargine, 29
insulin human, 29
insulin infusion disposable pump, 30
insulin isophane human, 29
insulin isophane human 70%/regular 30%, 29
insulin syringes, needles, 30
INTELENCE, 15
interferon alfa-2b, 38
interferon beta-1a, 27
interferon beta-1b, 27
INTRON A, 38
INVEGA SUSTENNA, 25
ipratropium soln, 40
ipratropium spray, 42
ipratropium/albuterol soln, 40
irbesartan, 19
irbesartan/hydrochlorothiazide, 19
IRESSA, 17
ISENTRESS, 15
isoniazid, 15
isosorbide dinitrate, 22
isosorbide dinitrate/hydralazine, 22
isosorbide mononitrate, 22
isosorbide mononitrate ext-rel, 22
isotretinoin, 42
itraconazole, 14
ivabradine, 22
ivermectin, 16, 44
ixazomib, 17

J

JANUMET, 29
JANUMET XR, 29
JANUVIA, 29
JARDIANCE, 30

K

KALETRA, 15
KESIMPTA, 27
ketoconazole crm 2%, 43
ketoconazole shampoo 2%, 43
ketorolac, 45
KISQALI, 17
KISQALI FEMARA CO-PACK, 17
KYNMOBI, 25

L

labetalol, 21
lacosamide, 23
lactulose soln, 35
lamivudine, 15
lamivudine/tenofovir disoproxil fumarate, 15
lamivudine/zidovudine, 14
lamotrigine, 23
lamotrigine ext-rel, 23
lamotrigine orally disintegrating tabs, 23
lanadelumab-flyo, 38
LANOXIN, 21
lanreotide acetate, 28
lansoprazole + amoxicillin + clarithromycin, 36
lansoprazole delayed-rel, 36
lapatinib, 17
lasmiditan, 27
latanoprost, 46
LATUDA, 25
ledipasvir/sofosbuvir, 16
leflunomide, 38
lenalidomide, 17
letrozole, 17
LEUKERAN, 16
levabuterol tartrate, CFC-free aerosol, 41
LEVEMIR, 29
levetiracetam, 23
levetiracetam ext-rel, 23
levobunolol, 45
levocarnitine, 31
levocetirizine, 40
levodopa inhalation powder, 25
levofloxacin, 14, 45
levonorgestrel/EE - Trivora, 32
levonorgestrel/EE 0.1/20 - Lessina, 31
levonorgestrel/EE 0.1/20 and EE 10, 32
levonorgestrel/EE 0.15/30, 32
levonorgestrel/EE 0.15/30 - Levora, 31
levonorgestrel/EE 0.15/30 and EE 10, 32
levothyroxine, 34

levothyroxine - Levoxyl, 34
lidocaine patch, 44
lidocaine viscous, 44
lidocaine/prilocaine, 44
lifitegrast, 46
linaclotide, 35
linezolid, 16
LINZESS, 35
lithyronine, 34
liraglutide, 29
liraglutide/insulin degludec, 29
lisdexamfetamine, 26
lisinopril, 18
lisinopril/hydrochlorothiazide, 18
lithium carbonate, 27
lithium carbonate ext-rel tabs 300 mg, 27
lithium carbonate ext-rel tabs 450 mg, 27
lixisenatide/insulin glargine, 29
LO LOESTRIN FE, 32
LOKELMA, 33
LONSURF, 17
loperamide, 34
lopinavir/ritonavir soln, 15
lopinavir/ritonavir tabs, 15
lorazepam, 23
losartan, 19
losartan/hydrochlorothiazide, 19
loteprednol, 45
lovastatin, 20
LUMIGAN, 46
lurasidone, 25
lusutrombopag, 38
LYNPARZA, 18
LYSODREN, 18

M

macitentan, 22
malathion, 44
MATULANE, 18
MAYZENT, 27
mebendazole chewable, 16
meclizine, 34
medroxyprogesterone acetate, 33
medroxyprogesterone acetate 150 mg/mL, 32
mefloquine, 14
megestrol acetate susp, 17, 34
megestrol acetate tabs, 17
meloxicam susp, 12
meloxicam tabs, 12
melphalan, 16
memantine, 24

memantine ext-rel, 24
memantine/donepezil, 24
mepolizumab, 41
mercaptapurine, 16
mesalamine delayed-rel caps, 35
mesalamine delayed-rel tabs, 35
mesalamine ext-rel caps, 35
mesalamine supp, 35
mesalamine susp, 35
metaxalone 800 mg, 27
metformin, 29
metformin ext-rel, 29
methadone, 12
methazolamide, 21
methimazole, 34
methocarbamol, 27
methotrexate, 17, 38
methotrexate auto-injector, 38
methoxsalen oral, 43
methyldopa, 22
methylphenidate, 26
methylphenidate ext-rel, 26
methylprednisolone, 32
metoclopramide, 34
metolazone 10 mg, 22
metolazone 2.5 mg, 5 mg, 22
metoprolol succinate ext-rel, 20
metoprolol tartrate, 20
metoprolol/hydrochlorothiazide, 21
metronidazole, 36
metronidazole caps, 16
metronidazole crm 0.75%, 44
metronidazole gel 0.75%, 44
metronidazole gel 1%, 44
metronidazole lotion 0.75%, 44
metronidazole tabs, 16
midazolam nasal spray, 23
midodrine, 22
midostaurin, 17
minocycline, 14
mirabegron ext-rel, 36
mirtazapine, 25
misoprostol, 36
mitotane, 18
modafinil, 28
mometasone crm, lotion, oint 0.1%, 43
mometasone spray, 41
montelukast packets, 41
montelukast, except packets, 41
morphine, 12
morphine ext-rel, 12
morphine supp, 12

MOVANTIK, 35
moxifloxacin, 14, 45
MOZOBIL, 38
MUGARD, 44
MULPLETA, 38
MULTAQ, 19
multivitamins/fluoride drops, tabs, 39
multivitamins/fluoride/iron drops, tabs, 39
mupirocin oint, 42
mycophenolate mofetil, 39
mycophenolate sodium delayed-rel, 39
MYDAYIS, 26
MYLERAN, 16
MYRBETRIQ, 36

N

nabumetone, 12
nadolol, 21
naftifine, 43
naldemedine, 35
naloxegol, 35
naloxone inj, 28
naloxone nasal spray, 28
naltrexone, 28
NAMZARIC, 24
naproxen sodium tabs, 12
naproxen tabs, 12
naratriptan, 26
NARCAN, 28
nateglinide, 30
NATESTO, 29
NAYZILAM, 23
nebivolol, 21
neomycin/polymyxin B/bacitracin/hydrocortisone oint, 45
neomycin/polymyxin B/dexamethasone, 45
neomycin/polymyxin B/gramicidin, 45
neomycin/polymyxin B/hydrocortisone, 46
neomycin/polymyxin B/hydrocortisone susp, 45
nepafenac, 45
netarsudil, 46
netarsudil/latanoprost, 46
NEUPRO, 25
nevirapine, 15
nevirapine ext-rel, 15
NEXLETOL, 20
NEXLIZET, 20
niacin ext-rel, 20
nifedipine ext-rel, 21
NINLARO, 17
nintedanib, 41
niraparib, 18

nitisinone, 32
nitrofurantoin ext-rel, 16
nitrofurantoin macrocrystals, 16
nitrofurantoin susp, 16
nitroglycerin lingual spray, 22
nitroglycerin sublingual, 22
nitroglycerin transdermal, 22
NIVESTYM, 37
NORDITROPIN, 33
norelgestromin/EE, 32
norethindrone, 32
norethindrone acetate, 34
norethindrone acetate/EE 1.5/30, 31
norethindrone acetate/EE 1.5/30 and iron, 31
norethindrone acetate/EE 1/10 and EE 10 and iron, 32
norethindrone acetate/EE 1/20, 31
norethindrone acetate/EE 1/20 and iron, 31
norethindrone acetate/EE 1/20 and iron chewable, 31
norethindrone/EE, 32
norethindrone/EE 0.5/35, 31
norethindrone/EE 1/35, 31
norgestimate/EE, 32
norgestimate/EE 0.25/35, 31
norgestrel/EE 0.3/30 - Low-Ogestrel, 31
NORPACE CR, 19
nortriptyline, 24
NOVOLIN 70/30, 29
NOVOLIN N, 29
NOVOLIN R, 29
NOVOLOG, 29
NOVOLOG MIX 70/30, 29
NUBEQA, 17
NUCALA, 41
NUCYNTA, 13
NUCYNTA ER, 13
NUEDEXTA, 28
NURTEC ODT, 27
nystatin, 14
nystatin oint 100,000 units/gm, 43
nystatin powder, 43

O

ODEFSEY, 15
ODOMZO, 18
ofatumumab, 27
OFEV, 41
ofloxacin, 45
ofloxacin otic, 46
olanzapine pamoate ext-rel inj, 25
olanzapine, except orally disintegrating tabs, 25
olaparib, 18

olmesartan, 19
olmesartan/amlodipine/hydrochlorothiazide, 19
olmesartan/hydrochlorothiazide, 19
olodaterol, CFC-free aerosol, 41
olopatadine, 45
olopatadine spray, 41
omega-3 acid ethyl esters, 20
omeprazole delayed-rel, 36
OMNIPOD DASH INSULIN INFUSION PUMP, 30
OMNIPOD INSULIN INFUSION PUMP, 30
ondansetron, 34
ONETOUCH ULTRA kits and test strips, 30
ONETOUCH VERIO kits and test strips, 30
ONZETRA XSAIL, 27
OPSUMIT, 22
ORALAIR, 38
ORENITRAM, 22
ORIAHNN, 34
ORILISSA, 32
oseltamivir, 16
OTEZLA, 38
oxaprozin, 12
oxazepam, 23
oxcarbazepine ext-rel, 23
oxcarbazepine susp, 23
oxcarbazepine tabs, 23
OXTELLAR XR, 23
oxybutynin, 16
oxybutynin ext-rel, 36
oxycodone caps 5 mg, 12
oxycodone concentrate 20 mg/mL, 13
oxycodone ext-rel, 13
oxycodone soln 5 mg/5 mL, 13
oxycodone tabs 5 mg, 15 mg, 30 mg, 13
oxycodone/acetaminophen 5/325, 13
ozanimod, 27
OZEMPIC, 29

P

palbociclib, 17
paliperidone palmitate ext-rel inj, 25
pancrelipase, 35
pancrelipase delayed-rel, 35
pantoprazole delayed-rel tabs, 36
paricalcitol, 33
paroxetine HCl, 24
paroxetine HCl ext-rel, 24
patiromer sorbitex, 33
pazopanib, 17
peg 3350/electrolytes, 35
PEGASYS, 39

pegfilgrastim-bmez, 37
peginterferon alfa-2a, 39
penicillamine capsule, 37
penicillin VK, 14
PENTASA, 35
perampanel, 23
PERFOROMIST, 41
perindopril, 18
permethrin 5%, 44
perphenazine, 25
PERSERIS, 25
phenelzine, 24
phenobarbital, 23
phenytoin, 23
phenytoin sodium extended, 23
PHOSLYRA, 33
PICATO, 42
pilocarpine tabs, 36
pimecrolimus, 43
pindolol, 21
pioglitazone, 30
pioglitazone/glimepiride, 30
pioglitazone/metformin, 30
pirfenidone, 41
plerixafor, 38
podofilox, 44
polymyxin B/bacitracin, 45
polymyxin B/trimethoprim, 45
pomalidomide, 17
POMALYST, 17
potassium chloride ext-rel, 39
potassium chloride liquid, 39
potassium citrate ext-rel, 37
PRALUENT, 20
pramipexole, 25
pramipexole ext-rel, 25
pramlintide, 29
prasugrel, 37
pravastatin, 20
prednisolone, 32
prednisolone acetate 1%, 45
prednisolone phosphate 1%, 45
prednisone, 32
pregabalin, 26
PREMPHASE, 33
PREMPRO, 33
prenatal vitamins, 39
prenatal vitamins/DHA/docusate/folic acid, 39
prenatal vitamins/docusate/folic acid, 39
prenatal vitamins/docusate/folic acid + DHA, 39
prenatal vitamins/folic acid + pyridoxine, 39
PREZCOBIX, 14

PREZISTA, 15
primidone, 23
probenecid, 12
procarbazine, 18
prochlorperazine supp, 34
prochlorperazine tabs, 34
PROCTOFOAM-HC, 36
progesterone gel, 34
progesterone vaginal inserts, 34
progesterone, micronized, 34
PROLENSA, 45
promethazine tabs 50 mg, 34
promethazine tabs, except 50 mg, 34
propafenone, 19
propafenone ext-rel, 19
propranolol, 21
propranolol ext-rel, 21
propylthiouracil, 34
PULMICORT FLEXHALER, 42
PULMOZYME, 41
PYLERA, 36
pyrazinamide, 15
pyridostigmine, 28
pyridostigmine ext-rel, 28
pyrimethamine, 16

Q

quetiapine, 25
quetiapine ext-rel, 25
quinapril, 18
quinapril/hydrochlorothiazide, 18
QVAR REDIHALER, 42

R

ragweed pollen allergen extract, 38
RAGWITEK, 38
raloxifene, 34
raltegravir, 15
ramelteon, 26
ramipril, 18
ranolazine ext-rel, 23
RAPAMUNE SOLUTION, 39
rasagiline, 25
RASUVO, 38
REBIF, 27
RELENZA, 16
repaglinide, 30
RESTASIS, 46
RETACRIT, 37
revefenacin inhalation solution, 40

REVLIMID, 17
REYVOW, 27
RHOPRESSA, 46
ribavirin, 16
ribociclib, 17
ribociclib + letrozole, 17
rifampin, 15
rifaximin 550 mg, 16
rilpivirine, 15
rimegepant, 27
RINVOQ, 38
riociguat, 22
risankizumab-rzaa, 38
risedronate, 31
risedronate delayed-rel, 31
RISPERDAL CONSTA, 25
risperidone ext-rel inj, 25
risperidone long-acting injection, 25
risperidone, except orally disintegrating tabs, 25
ritonavir, 15
rivaroxaban, 37
rivastigmine, 24
rivastigmine transdermal, 24
rizatriptan, 26
ROCKLATAN, 46
roflumilast, 41
ropinirole, 25
ropinirole ext-rel, 25
rosuvastatin, 20
rotigotine transdermal, 25
RUBRACA, 18
rucaparib, 18
rufinamide, 23
RYBELSUS, 29
RYDAPT, 17

S

sacubitril/valsartan, 22
salmeterol xinafoate, 41
SANCUSO, 34
sapropterin, 33
scopolamine transdermal, 34
secukinumab, 38
segesterone acetate/EE ring, 32
selegiline, 25
selenium sulfide lotion 2.5%, 43
selexipag, 22
semaglutide, 29
SEREVENT, 41
sertraline tabs, 24
sevelamer carbonate, 33

sildenafil, 22
silodosin, 36
silver sulfadiazine, 43
SIMBRINZA, 46
simvastatin, 20
siponimod, 27
sirolimus, 39
sirolimus soln, 39
sitagliptin phosphate, 29
sitagliptin/metformin, 29
sitagliptin/metformin ext-rel, 29
SKYRIZI, 38
sodium picosulfate/magnesium oxide/citric acid, 35
sodium zirconium cyclosilicate, 33
sofosbuvir/velpatasvir, 16
sofosbuvir/velpatasvir/voxilaprevir, 16
solifenacin, 36
SOLIQUA, 29
SOLIRIS, 37
solriamfetol, 28
somatropin, 33
SOMATULINE DEPOT, 28
sonidegib, 18
SOOLANTRA, 44
sotalol, 19
soy phospholipid/glycerol dioleate, 44
SPIRIVA, 40
spironolactone, 19
spironolactone/hydrochlorothiazide, 22
SPRYCEL, 17
stavudine, 15
STELARA SUBCUTANEOUS, 38
STIOLTO RESPIMAT, 40
STRIBILD, 14
STRIVERDI RESPIMAT, 41
SUBSYS, 13
sucalfate tablet, 36
sucroferric oxyhydroxide, 33
sulfacetamide lotion 10%, 42
sulfacetamide oint 10%, 45
sulfacetamide soln 10%, 45
sulfacetamide/prednisolone phosphate 10%/0.25%, 45
sulfamethoxazole/trimethoprim DS susp, 16
sulfamethoxazole/trimethoprim DS tabs, 16
sulfamethoxazole/trimethoprim tabs, 16
sulfasalazine, 35
sulfasalazine delayed-rel, 35
sulindac, 12
sumatriptan inj, 27
sumatriptan nasal powder, 27
sumatriptan nasal spray, 27
sumatriptan tabs only, 26

sunitinib, 17
SUNOSI, 28
SUTENT, 17
suvorexant, 26
SYMBICORT, 42
SYMJEPI, 40
SYMLINPEN, 29
SYMPROIC, 35
SYMTUZA, 14
SYNJARDY, 30
SYNJARDY XR, 30
SYNTHROID, 34

T

TABLOID, 17
tacrolimus, 39, 43
tadalafil, 22
tafluprost, 46
TAKHZYRO, 38
tamoxifen, 17
tamsulosin, 36
tapentadol, 13
tapentadol ext-rel, 13
tazarotene, 42
TEGSEDI, 33
TEKTURNA HCT, 21
telmisartan, 19
telmisartan/hydrochlorothiazide, 19
temazepam, 26
TEMIXYS, 15
temozolomide, 16
tenofovir alafenamide, 15
tenofovir disoproxil fumarate, 15
terazosin, 19
terbinafine tabs, 14
terbutaline, 41
terconazole, 36
teriflunomide, 27
teriparatide, 31
testosterone cypionate, 28
testosterone enanthate, 28
testosterone gel, 29
testosterone gel 1.62%, 29
testosterone nasal gel, 29
testosterone soln, 29
testosterone transdermal, 29
tetrabenazine, 27
tetracycline, 14
thalidomide, 17
THALOMID, 17
theophylline ext-rel tabs, 42

thioguanine, 17
thiothixene caps 2 mg, 5 mg, 25
thiothixene caps, except 2 mg, 5 mg, 25
tiagabine, 23
ticagrelor, 37
timolol maleate, 45
timolol maleate gel, 46
timothy grass pollen allergen extract, 38
tinidazole, 16
tiotropium, 40
tiotropium/olodaterol, 40
TIVICAY, 15
tizanidine tabs, 27
TOBRADEX, 45
tobramycin, 45
tobramycin inhalation soln, 41
tobramycin/dexamethasone oint 0.3%/0.1%, 45
tobramycin/dexamethasone susp 0.3%/0.1%, 45
tofacitinib, 38
tofacitinib ext-rel, 38
TOLAK, 42
tolterodine, 36
tolterodine ext-rel, 36
topiramate, 23
topiramate ext-rel, 23, 24
topotecan caps, 18
torsemide, 21
TOUJEO, 29
TOVIAZ, 36
tramadol, 13
tramadol ext-rel tablet, 13
trandolapril, 18
trandolapril/verapamil ext-rel, 18
tranylcypromine, 24
travoprost, 46
trazodone tabs 300 mg, 25
trazodone tabs, except 300 mg, 25
TRELEGY ELLIPTA, 40
TREMIFYA, 38
treprostinil ext-rel, 22
TRESIBA, 29
tretinoin, 42
tretinoin - Avita, 42
tretinoin caps, 18
tretinoin gel microsphere, 42
Trexall, 17
triamcinolone acetonide crm 0.5%, 44
triamcinolone acetonide crm, lotion 0.025%, 43
triamcinolone acetonide crm, lotion, oint 0.1%, 44
triamcinolone paste, 44
triamterene, 21
triamterene/hydrochlorothiazide, 22

trientine, 37
trifluoperazine, 26
trifluridine, 45
trifluridine/tipiracil, 17
trihexyphenidyl tabs, 25
TRIJARDY XR, 30
trimethobenzamide, 34
trimethoprim, 16
TRINTELLIX, 24
TRIUMEQ, 14
TROKENDI XR, 24
tropium, 36
tropium ext-rel, 36
TRULICITY, 29
TRUVADA, 15
TYMLOS, 31

U

UBRELVY, 27
ubrogepant, 27
umeclidinium/vilanterol, 40
upadacitinib, 38
UPTRAVI, 22
uridine triacetate, 18
ursodiol, 35
ustekinumab, 38

V

VAGIFEM, 33
valacyclovir, 16
valbenazine, 27
valganciclovir, 15
valproic acid, 23
valsartan, 19
valsartan/hydrochlorothiazide, 19
VALTOCO, 23
vancomycin caps, 16
varenicline, 28
VASCEPA, 20
VELPHORO, 33
VELTASSA, 33
VEMLIDY, 15
venlafaxine ext-rel caps, 24
venlafaxine ext-rel tabs, 24
venlafaxine tabs, 24
verapamil ext-rel caps, 21
verapamil ext-rel tabs, 21
V-GO INSULIN INFUSION PUMP, 30
VIBERZI, 35
VICTOZA, 29

vigabatrin, 24
VIMPAT, 23
VIOKACE, 35
vismodegib, 18
VISTOGARD, 18
vitamin ADC/fluoride drops, 39
vitamin ADC/fluoride/iron drops, 39
voriconazole, 14
vorinostat, 18
vortioxetine, 24
VOSEVI, 16
VOTRIENT, 17
VRAYLAR, 25
VUMERITY, 27
VYVANSE, 26

W

warfarin, 37

X

XARELTO, 37
XCOPRI, 23
XELJANZ, 38
XELJANZ XR, 38
XIFAXAN, 16
XIGDUO XR, 30
XIIDRA, 46
XOSPATA, 17

XTAMPZA ER, 13
XTANDI, 17
XULTOPHY, 29

Y

YONSA, 17
YUPELRI, 40

Z

zafirlukast, 41
zanamivir, 16
ZEJULA, 18
ZEMBRACE SYMTOUCH, 27
ZENPEP, 35
ZEPOSIA, 27
zidovudine, 15
ZIEXTENZO, 37
ZIOPTAN, 46
ziprasidone, 25
ZOLINZA, 18
zolmitriptan, 27
zolmitriptan nasal spray, 27
zolpidem, 26
zolpidem ext-rel, 26
ZOMIG, 27
zonisamide, 23
ZUBSOLV, 28
ZYPREXA RELPREVV, 25