

# AvMed Miami-Dade County POS Medication Formulary

(01/01/2021)

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## INTRODUCTION

The *AvMed Miami-Dade County POS 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 Miami-Dade County POS Medication Formulary* is reflective of current medical practice as of the date of review.

The information contained in this *AvMed Miami-Dade County POS 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 Miami-Dade County POS 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 Miami-Dade County POS 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 Miami-Dade County POS 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/go/mdpht](http://www.avmed.org/go/mdpht). 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 Miami-Dade County POS 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 Miami-Dade County POS Medication Formulary* include all strengths and dosage forms of the cited product.

*cefixime*

*Suprax*

Oral capsules, oral chewable tablets, oral suspension and all strengths of Suprax 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 Miami-Dade County POS Medication Formulary*. Other strengths/dosage forms of the reference product are not.

*acyclovir caps, tabs*

The acyclovir capsules and tablets are on the *AvMed Miami-Dade County POS Medication Formulary*. From this entry, the acyclovir ointment cannot be assumed to be on the list unless there is a specific entry.

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

*sitagliptin/metformin*

*Janumet*

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

*sitagliptin/metformin ext-rel*

*Janumet XR*

A separate entry for Janumet XR confirms that the extended-release product is on the *AvMed Miami-Dade County POS Medication Formulary*.

Dosage forms on the *AvMed Miami-Dade County POS 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 Miami-Dade County POS 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. AvMed delegates determination of Generic/Brand status to our Pharmacy Benefits Manager.

**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/go/mdpht](http://www.avmed.org/go/mdpht) 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 most self-administered injectable medications. Please note, some self-administered injectable medications such as Insulin do not require prior authorization and are covered under your retail prescription coverage.

**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 benefit inclusions, exclusions, copayments, or a lack of coverage, which are not reflected in the *AvMed Miami-Dade County POS Medication Formulary*. You may contact AvMed's Member Services Department regarding any coverage questions by calling the number listed on the back of your card. Please note that the formulary process is dynamic and generally changes throughout the year. These changes typically occur due to, but not limited to, the following reasons: approval of new medications, availability of newly approved generics, changes in clinical data, and medication safety concerns. AvMed is not held responsible for payment in the event that either a medication was omitted or included in error, or that a medication was placed at an incorrect tier on this formulary. The following topics may or may not be applicable to individual members depending on member-specific benefit parameters.

### Coverage

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

Your retail prescription medication coverage includes up to a 30-day supply of a medication for the listed copay. Your prescription may be refilled via retail or mail service after 75% of your previous fill has been used, and is subject to a maximum of 13 refills per year. You also have the opportunity to obtain a 90-day supply of medications used for chronic conditions including, but not limited to, asthma, cardiovascular disease, and diabetes from the retail pharmacy for the applicable copay per 30-day supply. However, prior authorization may be required for certain covered medications.

Your mail-service prescription medication coverage includes up to a 90-day supply of a routine maintenance medication 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. Therefore, it is important that you only utilize this option for maintenance medications.

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. If applicable to your prescription benefits, specialty products will be covered as Tier 4.

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/20182/653919/Commercial+Medication+Exception+Request+Form/7f63dae5-5531-4354-9671-de967dc961d5>.

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 member services 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 services department. Members may also initiate the prior authorization process (Medication Exception) by logging into AvMed.org and then clicking the link "Prescription Info".

### 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. 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 above. For a current list of products subject to quantity limits please see our [Quantity Limit](#) web page.

### Progressive Medication Program (Step Therapy)

Medications included in this program require a trial of one or more first and/or second-line medications in order for the requested medication to be covered under the pharmacy benefit. If, for medical reasons, the member cannot use the first and/or second-line medication, the prescriber should request a prior authorization as described above. 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 all of the following: statement of medical necessity; specific details of contraindications to ALL other formulary alternatives; AND 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 above.

### Tier Description

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

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

### Common Medical Exclusions

Due to employer chosen 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 (or OTC) medications or their equivalents unless otherwise specified in the medication formulary listing
- Investigational or experimental medication products, or any medication product used in an experimental manner (except as required by Florida statute)
- Injectable medication products that are not usually self-administered, as these are covered under your Medical Benefit



- 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
- Dental-specific medications for dental purposes, including fluoride medications
- 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 generic copay plus the Brand Additional Charge.

### Health Care Reform - Preventive Medications

The Patient Protection and Affordable Care Act that was recently passed allows members to receive 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) a prescription is required, and (2) this coverage will only apply in a retail pharmacy. As new guidance continues to be released for coverage of preventive medications, the list and/or restrictions will be updated accordingly.

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

## TRANSITION OF CARE

The Transition-of-Care Form has been developed for newly enrolled members with AvMed Health Plans 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.

## 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 the Tier 1 copay or Tier 2 copay. Medications within these tiers have the lowest out-of-pocket cost for you. If you are currently taking a Tier 3 medication, you may want to discuss with your doctor other medication alternatives that are on a lower copay tier.

## 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 members, especially when filling prescriptions for routine or maintenance type medications. The convenience of mail service may also help members stay compliant with their medications. Simply write the prescription(s) for a 90-day supply and have the member submit it with their mail-service request forms to the address listed on the Mail Service Order Form. Members can print the request forms from our website at [www.avmed.org/go/mdpht](http://www.avmed.org/go/mdpht). Medications ordered and processed through mail service are typically mailed to the member via U.S. regular mail. Please advise members to 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.) Any 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 PACKAGED AS A 90-DAY SUPPLY

Our pharmacy benefit covers some medications that are packaged, dispensed and sold as a 90-day supply. Members' prescribed medications packaged as such will be charged the applicable tier copayment for a 90-day supply whether the prescription is filled at retail or through the mail-service option. Members will still SAVE money when purchasing drugs packaged as 90-day supplies because they are paying less than three retail copayments for a 90-day supply of medication. Examples of medications packaged as 90-day supplies include: Estrin, Femring, etonogestrel/EE ring, levonorgestrel/EE 0.15 and EE 10. Please consult our website for an up-to-date list of medications or call Member Services at the number on the back of your ID card for more information on coverage.

## CONTACT INFORMATION

The *AvMed Miami-Dade County POS Medication Formulary* is designed to assist prescribers, members, and other health care professionals in the selection of cost-effective agents. 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 Services Department by calling the number listed on the back of your card.

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

## LEGEND

<b>MN-PA</b>	Medical Necessity - Prior Authorization
<b>OTC</b>	Over the counter
<b>PA</b>	Prior Authorization
<b>QL</b>	Quantity Limit
<b>SP</b>	Specialty drug available through CVS Specialty™ Pharmacy
<b>SP*</b>	Specialty drug available through Accredo

SP**	Specialty drug available through other Specialty/Retail pharmacies
SP-NPB	Specialty - Non-preferred brand drug
SP-PF	Specialty - Preferred drug
ST	Step Therapy
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

QL	diclofenac potassium	Tier 1
QL	diclofenac sodium delayed-rel	Tier 1
QL	diclofenac sodium ext-rel	Tier 1
QL	diflunisal	Tier 1
QL	etodolac	Tier 1
QL	etodolac ext-rel	Tier 1
QL	fenoprofen	Tier 1
QL	flurbiprofen	Tier 1
QL	ibuprofen	Tier 1
QL	indomethacin	Tier 1
QL	indomethacin ext-rel	Tier 1
	ketoprofen	Tier 1
QL	ketorolac	Tier 1
QL	mefenamic acid	Tier 1
QL	meloxicam	Tier 1
QL	nabumetone	Tier 1
QL	naproxen	Tier 1
QL	naproxen sodium	Tier 1
QL	naproxen sodium ext-rel	Tier 1
QL	oxaprozin	Tier 1
	piroxicam	Tier 1
	sulindac	Tier 1
	tolmetin	Tier 1
QL	ketoprofen ext-rel	Tier 2
	meclofenamate	Tier 3

### NSAIDs, COMBINATIONS

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

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

### COX-2 INHIBITORS

QL	celecoxib	Tier 1
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### GOUT

	allopurinol	Tier 1
	colchicine	Tier 1
	probenecid	Tier 1

### OPIOID ANALGESICS

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

<https://www.asahq.org>

<https://www.nccn.org>

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

<https://www.asipp.org/ASIPP-Guidelines.html>

PA, QL	buprenorphine transdermal	Tier 1
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QL	butalbital/acetaminophen/caffeine/codeine	Tier 1	
QL	butalbital/aspirin/caffeine/codeine	Tier 1	
PA, QL	butorphanol nasal spray	Tier 1	
QL	codeine/acetaminophen	Tier 1	
QL	dihydrocodeine/acetaminophen/caffeine	Tier 1	
PA, QL	fentanyl citrate buccal	Tier 1	
QL	fentanyl transdermal	Tier 1	
PA, QL	fentanyl transmucosal lozenge	Tier 1	
QL	hydrocodone/acetaminophen, except 300 mg	Tier 1	
QL	hydrocodone/ibuprofen	Tier 1	
QL	hydromorphone	Tier 1	
QL	hydromorphone ext-rel	Tier 1	
QL	meperidine	Tier 1	
QL	methadone	Tier 1	
QL	morphine ext-rel caps 24 hr (except 200 mg)	Tier 1	
QL	morphine ext-rel tabs	Tier 1	
QL	morphine supp	Tier 1	
QL	morphine tabs, soln, conc soln	Tier 1	
QL	oxycodone caps 5 mg	Tier 1	
QL	oxycodone concentrate 20 mg/mL	Tier 1	
QL	oxycodone ext-rel	Tier 1	
QL	oxycodone soln 5 mg/5 mL	Tier 1	
QL	oxycodone tabs 5 mg, 15 mg, 30 mg	Tier 1	
QL	oxycodone/acetaminophen	Tier 1	
QL	oxycodone/aspirin	Tier 1	
QL	oxycodone/ibuprofen	Tier 1	
QL	oxymorphone	Tier 1	
QL	oxymorphone ext-rel	Tier 1	
QL	tramadol	Tier 1	
QL	tramadol ext-rel	Tier 1	
QL	tramadol/acetaminophen	Tier 1	
QL	codeine sulfate	Tier 3	
PA, QL	fentanyl citrate nasal spray	Tier 3	LAZANDA
QL	morphine ext-rel caps 24 hr 200 mg	Tier 3	KADIAN

#### NON-OPIOID ANALGESICS

QL	butalbital/acetaminophen	Tier 1	
QL, *	butalbital/acetaminophen/caffeine	Tier 1	
QL, *	butalbital/aspirin/caffeine	Tier 1	
	aspirin/meprobamate	Tier 2	EQUAGESIC

\* 50 mg/325 mg/40 mg only covered

#### MISCELLANEOUS

	acetaminophen/phenyltoloxamine	Tier 2	DOLOGESIC
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#### 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

### Aminoglycosides

	neomycin	Tier 1	
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### Cephalosporins

#### First Generation

	cefadroxil	Tier 1	
	cephalexin, except 750 mg	Tier 1	

#### Second Generation

	cefaclor	Tier 1	
	cefprozil	Tier 1	
	cefuroxime axetil	Tier 1	

#### Third Generation

	cefdinir	Tier 1	
	cefixime caps, susp 100 mg/5 mL, 200 mg/5 mL	Tier 1	
	cefopodoxime	Tier 1	
	cefixime	Tier 2	SUPRAX

### Erythromycins/Macrolides

<b>QL</b>	azithromycin	Tier 1	
	clarithromycin	Tier 1	
	erythromycin ethylsuccinate	Tier 1	
	erythromycin stearate	Tier 1	
	erythromycin base	Tier 2	
	erythromycin delayed-rel - Ery-tab	Tier 2	
<b>PA, QL</b>	fidaxomicin	Tier 3	DIFICID

### Fluoroquinolones

	ciprofloxacin tabs	Tier 1	
<b>QL</b>	levofloxacin	Tier 1	
	levofloxacin inj	Tier 1	
<b>QL</b>	moxifloxacin	Tier 1	
<b>QL</b>	delafloxacin	Tier 3	BAXDELA

Penicillins			
	amoxicillin	Tier 1	
	amoxicillin/clavulanate	Tier 1	
QL	amoxicillin/clavulanate ext-rel	Tier 1	
	ampicillin	Tier 1	
	dicloxacillin	Tier 1	
	penicillin VK	Tier 1	
	amoxicillin/clavulanate susp 125 mg/5 mL	Tier 2	AUGMENTIN susp
	ampicillin susp	Tier 2	

Tetracyclines			
	demeclocycline	Tier 1	
	doxycycline hyclate	Tier 1	
	doxycycline monohydrate	Tier 1	
QL	minocycline	Tier 1	
	minocycline ext-rel tabs 45 mg, 90 mg, 135 mg	Tier 1	
	tetracycline	Tier 1	
QL	omadacycline	Tier 3	NUZYRA

ANTIFUNGALS			
	clotrimazole troches	Tier 1	
	fluconazole susp	Tier 1	
QL	fluconazole tabs	Tier 1	
	griseofulvin microsize	Tier 1	
	griseofulvin ultramicrosize	Tier 1	
PA	itraconazole	Tier 1	
	nystatin	Tier 1	
PA, SP**	posaconazole	Tier 1 #	
	terbinafine tabs	Tier 1	
QL	voriconazole	Tier 1	
PA, SP**	isavuconazonium	Tier 3 #	CRESEMBA

# Specialty product covered as Tier 4 for certain prescription benefits.

ANTIMALARIALS			
QL	atovaquone/proguanil	Tier 1	
QL	chloroquine	Tier 1	
QL	mefloquine	Tier 1	
PA	quinine sulfate	Tier 1	

ANTIRETROVIRAL AGENTS			
Antiretroviral Adjuvants			
QL, SP	cobicistat	Tier 2 #	TYBOST

# Specialty product covered as Tier 4 for certain prescription benefits.

Antiretroviral Combinations			
QL, SP	abacavir/lamivudine	Tier 1 #	
QL, SP	abacavir/lamivudine/zidovudine	Tier 1 #	
QL, SP	efavirenz/emtricitabine/tenofovir disoproxil fumarate	Tier 1 #	
QL, SP	efavirenz/lamivudine/tenofovir disoproxil fumarate	Tier 1 #	
SP	lamivudine/zidovudine	Tier 1 #	
QL, SP	abacavir/dolutegravir/lamivudine	Tier 2 #	TRIUMEQ
QL, SP	atazanavir/cobicistat	Tier 2 #	EVOTAZ
QL, SP	bictegravir/emtricitabine/tenofovir alafenamide	Tier 2 #	BIKTARVY
QL, SP	darunavir/cobicistat	Tier 2 #	PREZCOBIX

QL, SP	darunavir/cobicistat/emtricitabine/tenofovir alafenamide	Tier 2 #	SYM TUZA
QL, SP	dolutegravir/lamivudine	Tier 2 #	DOVATO
QL, SP	dolutegravir/rilpivirine	Tier 2 #	JULUCA
QL, SP	doravirine/lamivudine/tenofovir disoproxil fumarate	Tier 2 #	DELSTRIGO
QL, SP	elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide	Tier 2 #	GENVOYA
QL, SP	elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil fumarate	Tier 2 #	STRIBILD
QL, SP	emtricitabine/rilpivirine/tenofovir alafenamide	Tier 2 #	ODEFSEY
QL, SP	emtricitabine/rilpivirine/tenofovir disoproxil fumarate	Tier 2 #	COMPLERA
QL, SP	emtricitabine/tenofovir alafenamide	Tier 2 #	DESCOVY
QL, SP	emtricitabine/tenofovir disoproxil fumarate	Tier 2 #	TRUVADA
QL, SP	lamivudine/tenofovir disoproxil fumarate	Tier 2 #	CIMDUO
QL, SP	lamivudine/tenofovir disoproxil fumarate	Tier 2 #	TEMIXYS

# Specialty product covered as Tier 4 for certain prescription benefits.

#### Chemokine Receptor Antagonists

SP	maraviroc	Tier 2 #	SELZENTRY
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# Specialty product covered as Tier 4 for certain prescription benefits.

#### Fusion Inhibitors

SP	enfuvirtide	Tier 2 #	FUZEON
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# Specialty product covered as Tier 4 for certain prescription benefits.

#### Integrase Inhibitors

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

# Specialty product covered as Tier 4 for certain prescription benefits.

#### Non-nucleoside Reverse Transcriptase Inhibitors

QL, SP	efavirenz	Tier 1 #	
QL, SP	nevirapine ext-rel	Tier 1 #	
SP	nevirapine oral susp	Tier 1 #	
QL, SP	nevirapine tabs	Tier 1 #	
QL, SP	doravirine	Tier 2 #	PIFELTRO
QL, SP	etravirine	Tier 2 #	INTELENCE
QL, SP	rilpivirine	Tier 3 #	EDURANT

# Specialty product covered as Tier 4 for certain prescription benefits.

#### Nucleoside Reverse Transcriptase Inhibitors

QL, SP	abacavir	Tier 1 #	
SP	didanosine delayed-rel	Tier 1 #	
QL, SP	emtricitabine caps	Tier 1 #	
QL, SP	lamivudine	Tier 1 #	
QL, SP	stavudine	Tier 1 #	
SP	zidovudine	Tier 1 #	
QL, SP	emtricitabine soln	Tier 2 #	EMTRIVA

# Specialty product covered as Tier 4 for certain prescription benefits.

#### Nucleotide Reverse Transcriptase Inhibitors

QL, SP	tenofovir disoproxil fumarate 300 mg	Tier 1 #	
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QL, SP	tenofovir disoproxil fumarate 150 mg, 200 mg, 250 mg	Tier 2 #	VIREAD
QL, SP	tenofovir disoproxil fumarate powder	Tier 2 #	VIREAD

# Specialty product covered as Tier 4 for certain prescription benefits.

#### Protease Inhibitors

QL, SP	atazanavir caps	Tier 1 #	
QL, SP	fosamprenavir tabs	Tier 1 #	
QL, SP	lopinavir/ritonavir soln	Tier 1 #	
SP	ritonavir tabs	Tier 1 #	
QL, SP	atazanavir powder packets	Tier 2 #	REYATAZ
QL, SP	darunavir	Tier 2 #	PREZISTA
QL, SP	fosamprenavir susp	Tier 2 #	LEXIVA
QL, SP	indinavir	Tier 2 #	CRIXIVAN
PA, QL, SP	lopinavir/ritonavir tabs	Tier 2 #	KALETRA
QL, SP	nelfinavir	Tier 2 #	VIRACEPT
SP	ritonavir powder packets, soln	Tier 2 #	NORVIR
QL, SP	saquinavir mesylate	Tier 2 #	INVIRASE
QL, SP	tipranavir	Tier 2 #	APTIVUS
QL, SP	tipranavir soln	Tier 2 #	APTIVUS soln

# Specialty product covered as Tier 4 for certain prescription benefits.

#### ANTITUBERCULAR AGENTS

	ethambutol	Tier 1	
	isoniazid	Tier 1	
	pyrazinamide	Tier 1	
	rifabutin	Tier 1	
QL	rifampin	Tier 1	
	aminosalicylic acid delayed-rel gran	Tier 2	PASER
PA, QL	bedaquiline	Tier 2	SIRTURO
	ethionamide	Tier 2	TRECTOR
	rifapentine	Tier 2	PRIFTIN
	cycloserine	Tier 3	
PA	pretomanid	Tier 3	PRETOMANID

#### ANTIVIRALS

##### Cytomegalovirus Agents

	ganciclovir	Tier 1	
	valganciclovir	Tier 1	
	letermovir	Tier 3	PREVMIS

##### Hepatitis Agents

##### Hepatitis B

QL, SP	adefovir dipivoxil	Tier 1 #	
QL, SP	entecavir tabs	Tier 1 #	
QL, SP	lamivudine	Tier 1 #	
QL, SP	entecavir soln	Tier 2 #	BARACLUDE soln
QL, SP	tenofovir alafenamide	Tier 3 #	VEMLIDY

# Specialty product covered as Tier 4 for certain prescription benefits.

##### Hepatitis C

PA, SP	ribavirin	Tier 1 #	
PA, SP, *	ledipasvir/sofosbuvir	Tier 3 #	HARVONI
PA, SP	sofosbuvir	Tier 3 #	SOVALDI

PA, SP, *	sofosbuvir/velpatasvir	Tier 3 #	EPCLUSA
PA, SP, *	sofosbuvir/velpatasvir/voxilaprevir	Tier 3 #	VOSEVI

# Specialty product covered as Tier 4 for certain prescription benefits.

\* HARVONI only for genotypes 1, 4, 5, and 6

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

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

#### Herpes Agents

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

#### Influenza Agents

QL	oseltamivir	Tier 1	
QL	rimantadine	Tier 1	
QL	zanamivir	Tier 3	RELENZA

#### Miscellaneous

	ribavirin for inhalation	Tier 3	
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#### MISCELLANEOUS

	albendazole	Tier 1	
	atovaquone	Tier 1	
	clindamycin	Tier 1	
	ivermectin	Tier 1	
PA, QL	linezolid	Tier 1	
	metronidazole	Tier 1	
	nitrofurantoin ext-rel	Tier 1	
	nitrofurantoin macrocrystals	Tier 1	
	nitrofurantoin susp	Tier 1	
	paromomycin	Tier 1	
	pentamidine aerosol	Tier 1	
	praziquantel	Tier 1	
PA	pyrimethamine	Tier 1	
	sulfadiazine	Tier 1	
	sulfamethoxazole/trimethoprim	Tier 1	
	sulfamethoxazole/trimethoprim DS	Tier 1	
	tinidazole	Tier 1	
	trimethoprim	Tier 1	
	vancomycin caps	Tier 1	
	dapsone	Tier 2	
QL	nitazoxanide	Tier 2	ALINIA
PA, QL	tedizolid	Tier 2	SIVEXTRO
	trimethoprim soln	Tier 2	PRIMSOL
	benznidazole	Tier 3	BENZNIDAZOLE
PA	lefamulin	Tier 3	XENLETA
	metronidazole ext-rel	Tier 3	FLAGYL ER
PA, SP**	miltefosine	Tier 3 #	IMPAVIDO
	rifaximin	Tier 3	XIFAXAN 550 mg

# Specialty product covered as Tier 4 for certain prescription benefits.

## ANTINEOPLASTIC AGENTS

Clinical practice guidelines in oncology are available at:

<https://www.asco.org>

<https://www.nccn.org>

### ALKYLATING AGENTS

	cyclophosphamide caps	Tier 1	
	melphalan	Tier 1	
SP	temozolomide	Tier 1 #	
	busulfan	Tier 2	MYLERAN
	chlorambucil	Tier 2	LEUKERAN
	estramustine	Tier 2	EMCYT
QL	lomustine	Tier 2	GLEOSTINE
PA, QL, SP**	mechlorethamine gel	Tier 3 #	VALCHLOR

# Specialty product covered as Tier 4 for certain prescription benefits.

### ANTIMETABOLITES

SP	capecitabine	Tier 1 #	
	mercaptopurine	Tier 1	
	methotrexate	Tier 2	TREXALL
	thioguanine	Tier 2	TABLOID

# Specialty product covered as Tier 4 for certain prescription benefits.

### HORMONAL ANTINEOPLASTIC AGENTS

#### Antiandrogens

PA, QL, SP-PF	abiraterone	Tier 1 #	
QL	bicalutamide	Tier 1	
QL	flutamide	Tier 1	
	nilutamide	Tier 1	
PA, SP-PF	apalutamide	Tier 3 #	ERLEADA
PA, SP	darolutamide	Tier 3 #	NUBEQA
PA, SP-PF	enzalutamide	Tier 3 #	XTANDI

# Specialty product covered as Tier 4 for certain prescription benefits.

#### Antiestrogens

	tamoxifen	Tier 1	
QL	toremifene	Tier 1	
QL	tamoxifen soln	Tier 2	SOLTAMOX

#### Aromatase Inhibitors

QL	anastrozole	Tier 1	
	exemestane	Tier 1	
QL	letrozole	Tier 1	

#### Luteinizing Hormone-Releasing Hormone (LHRH) Agonists

PA, SP	leuprolide acetate	Tier 3 #	LUPRON DEPOT
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# Specialty product covered as Tier 4 for certain prescription benefits.

#### Progestins

QL	megestrol acetate tabs	Tier 1	
SP**	medroxyprogesterone acetate 400 mg/mL	Tier 3 #	DEPO-PROVERA 400 MG/ML

# Specialty product covered as Tier 4 for certain prescription benefits.

#### KINASE INHIBITORS

PA, QL, SP	erlotinib	Tier 1 #	
PA, QL, SP	everolimus	Tier 1 #	
PA, QL, SP	imatinib mesylate	Tier 1 #	
PA, QL, SP	lapatinib	Tier 1 #	
PA, QL, SP	dasatinib	Tier 2 #	SPRYCEL
PA, QL, SP	nilotinib	Tier 2 #	TASIGNA
PA, QL, SP	pazopanib	Tier 2 #	VOTRIENT
PA, QL, SP	sorafenib	Tier 2 #	NEXAVAR
PA, QL, SP	sunitinib	Tier 2 #	SUTENT
PA, SP	vandetanib	Tier 2 #	CAPRELSA
PA, SP	abemaciclib	Tier 3 #	VERZENIO
PA, SP	acalabrutinib	Tier 3 #	CALQUENCE
PA, QL, SP*	afatinib	Tier 3 #	GILOTRIF
PA, SP	alectinib	Tier 3 #	ALECENSA
PA, SP	axitinib	Tier 3 #	INLYTA
PA, SP	bosutinib	Tier 3 #	BOSULIF
PA, SP	cabozantinib	Tier 3 #	CABOMETYX
PA, QL, SP**	cabozantinib	Tier 3 #	COMETRIQ
PA, QL, SP	ceritinib	Tier 3 #	ZYKADIA
PA, SP	cobimetinib	Tier 3 #	COTELLIC
PA, QL, SP	crizotinib	Tier 3 #	XALKORI
PA, QL, SP	dabrafenib	Tier 3 #	TAFINLAR
PA, SP	entrectinib	Tier 3 #	ROZLYTREK
PA, SP	erdafitinib	Tier 3 #	BALVERSA
PA, QL, SP	everolimus	Tier 3 #	AFINITOR DISPERZ
PA, QL, SP**	ibrutinib	Tier 3 #	IMBRUVICA
PA, QL, SP**	idelalisib	Tier 3 #	ZYDELIG
PA, QL, SP**	lenvatinib	Tier 3 #	LENVIMA
PA, SP	midostaurin	Tier 3 #	RYDAPT
PA, SP	osimertinib	Tier 3 #	TAGRISSO
PA, QL, SP	palbociclib	Tier 3 #	IBRANCE
PA, SP	pemigatinib	Tier 3 #	PEMAZYRE
PA, QL, SP**	ponatinib	Tier 3 #	ICLUSIG
PA, QL, SP	regorafenib	Tier 3 #	STIVARGA
PA, QL, SP	ruxolitinib	Tier 3 #	JAKAFI
PA, SP	selumetinib	Tier 3 #	KOSELUGO
PA, SP**	tazemetostat	Tier 3 #	TAZVERIK
PA, QL, SP	trametinib	Tier 3 #	MEKINIST
PA, QL, SP	tucatinib	Tier 3 #	TUKYSA
PA, QL, SP	vemurafenib	Tier 3 #	ZELBORAF
PA, SP	zanubrutinib	Tier 3 #	BRUKINSA

# Specialty product covered as Tier 4 for certain prescription benefits.

#### MULTIPLE MYELOMA

##### Immunomodulators

PA, SP	lenalidomide	Tier 3	REVLIMID
PA, SP	pomalidomide	Tier 3	POMALYST
PA, SP	thalidomide	Tier 3	THALOMID

##### Proteasome Inhibitors

PA, SP	ixazomib	Tier 3 #	NINLARO
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# Specialty product covered as Tier 4 for certain prescription benefits.

#### MISCELLANEOUS

SP	bexarotene caps	Tier 1 #	
	hydroxyurea	Tier 1	
	leucovorin calcium	Tier 1	
	tretinoin caps	Tier 1	
	hydroxyurea	Tier 2	DROXIA
	mitotane	Tier 2	LYSODREN
	procarbazine	Tier 2	MATULANE
QL, SP	vorinostat	Tier 2 #	ZOLINZA
PA, SP	decitabine-cedazuridine	Tier 3 #	INQOVI
PA, QL, SP	enasidenib	Tier 3 #	IDHIFA
	etoposide	Tier 3	
	mesna	Tier 3	MESNEX
PA, QL, SP**	niraparib	Tier 3 #	ZEJULA
PA, QL, SP**	olaparib	Tier 3 #	LYNPARZA
PA, QL, SP	panobinostat	Tier 3 #	FARYDAK
PA, SP	rucaparib	Tier 3 #	RUBRACA
PA, SP	selinexor	Tier 3 #	XPOVIO
PA, SP	sonidegib	Tier 3 #	ODOMZO
PA, SP	trifluridine/tipiracil	Tier 3 #	LONSURF
PA, SP**	uridine triacetate	Tier 3 #	VISTOGARD
PA, SP**	venetoclax	Tier 3 #	VENCLEXTA
PA, SP	vismodegib	Tier 3 #	ERIVEDGE

# Specialty product covered as Tier 4 for certain prescription benefits.

#### CARDIOVASCULAR

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

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

<https://www.acc.org>  
<https://professional.heart.org>

#### ACE INHIBITORS

Guidelines for the use of ACE inhibitors are available at:

<https://jamanetwork.com/journals/jama/fullarticle/1791497>  
<https://professional.diabetes.org>  
<https://www.acc.org>  
<https://professional.heart.org>

	benazepril	Tier 1	
	captopril	Tier 1	
	enalapril	Tier 1	
	fosinopril	Tier 1	
QL	lisinopril	Tier 1	
	moexipril	Tier 1	
QL	perindopril	Tier 1	
	quinapril	Tier 1	
QL	ramipril	Tier 1	
	trandolapril	Tier 1	
QL	enalapril oral soln	Tier 2	EPANED

#### ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATIONS

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

#### ACE INHIBITOR/DIURETIC COMBINATIONS

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

#### ADRENOLYTICS, CENTRAL

	clonidine	Tier 1
QL	clonidine transdermal	Tier 1
	guanfacine	Tier 1

#### ALDOSTERONE RECEPTOR ANTAGONISTS

QL	eplerenone	Tier 1
	spironolactone	Tier 1

#### ALPHA BLOCKERS

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

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

QL	doxazosin	Tier 1
	prazosin	Tier 1
	terazosin	Tier 1

#### ANGIOTENSIN II RECEPTOR ANTAGONISTS/DIURETIC COMBINATIONS

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

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

<https://professional.diabetes.org>

QL	candesartan	Tier 1	
QL	candesartan/hydrochlorothiazide	Tier 1	
QL	irbesartan	Tier 1	
QL	irbesartan/hydrochlorothiazide	Tier 1	
QL	losartan	Tier 1	
QL	losartan/hydrochlorothiazide	Tier 1	
QL	olmesartan	Tier 1	
QL	olmesartan/hydrochlorothiazide	Tier 1	
QL	telmisartan	Tier 1	
QL	telmisartan/hydrochlorothiazide	Tier 1	
QL	valsartan	Tier 1	
QL	valsartan/hydrochlorothiazide	Tier 1	
QL	azilsartan	Tier 3	EDARBI
QL	azilsartan/chlorthalidone	Tier 3	EDARBYCLOR

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

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

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

QL	amlodipine/valsartan/hydrochlorothiazide	Tier 1
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QL	olmesartan/amlodipine/hydrochlorothiazide	Tier 1	
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#### ANTIARRHYTHMICS

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

<https://www.acc.org>

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

# Specialty product covered as Tier 4 for certain prescription benefits.

#### 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 1	
	cholestyramine light	Tier 1	
QL	colesevelam	Tier 1	
	colestipol	Tier 1	

#### Cholesterol Absorption Inhibitors

QL	ezetimibe	Tier 1	
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#### Fibrates

QL	fenofibrate	Tier 1	
QL	fenofibric acid delayed-rel	Tier 1	
QL	gemfibrozil	Tier 1	
QL	fenofibrate	Tier 3	TRIGLIDE

#### HMG-CoA Reductase Inhibitors/Combinations

QL	atorvastatin	Tier 1	
QL	ezetimibe/simvastatin	Tier 1	
QL	fluvastatin	Tier 1	
QL	fluvastatin ext-rel	Tier 1	
QL	lovastatin	Tier 1	
QL	pravastatin	Tier 1	
QL	rosuvastatin	Tier 1	
QL	simvastatin	Tier 1	

#### Microsomal Triglyceride Transfer Protein Inhibitors

PA, QL, SP**	lomitapide	Tier 3 #	JUXTAPID
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### Niacins

QL	niacin ext-rel	Tier 1	
OTC	niacin ext-rel	Tier 1	SLO-NIACIN

### Omega-3 Fatty Acids

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

### PCSK9 Inhibitors

PA	evolocumab	Tier 2	REPATHA
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### BETA-BLOCKERS

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

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

<https://www.acc.org>

	acebutolol	Tier 1	
	atenolol	Tier 1	
QL	betaxolol	Tier 1	
QL	bisoprolol	Tier 1	
QL	carvedilol	Tier 1	
QL	carvedilol phosphate ext-rel	Tier 1	
	labetalol	Tier 1	
QL	metoprolol succinate ext-rel	Tier 1	
	metoprolol tartrate 25 mg, 50 mg, 100 mg	Tier 1	
QL	nadolol	Tier 1	
	propranolol	Tier 1	
QL	propranolol ext-rel	Tier 1	
QL	nebivolol	Tier 2	BYSTOLIC
	pindolol	Tier 2	
	timolol	Tier 2	
	penbutolol	Tier 3	LEVATOL

### BETA-BLOCKER/DIURETIC COMBINATIONS

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

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

<https://www.acc.org>

	atenolol/chlorthalidone	Tier 1	
	bisoprolol/hydrochlorothiazide	Tier 1	
	metoprolol/hydrochlorothiazide	Tier 1	
QL	metoprolol succinate ext-rel/hydrochlorothiazide	Tier 2	DUTOPROL
	propranolol/hydrochlorothiazide	Tier 2	

### CALCIUM CHANNEL BLOCKERS

#### Dihydropyridines

QL	amlodipine	Tier 1	
QL	felodipine ext-rel	Tier 1	
QL	isradipine	Tier 1	
	nicardipine	Tier 1	
	nifedipine	Tier 1	
QL	nifedipine ext-rel	Tier 1	
QL	nisoldipine ext-rel	Tier 1	
QL	nicardipine ext-rel	Tier 3	CARDENE SR
QL	nimodipine oral soln	Tier 3	NYMALIZE



Nondihydropyridines			
	diltiazem	Tier 1	
QL	diltiazem ext-rel	Tier 1	
	verapamil	Tier 1	
	verapamil ext-rel	Tier 1	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS			
QL	amlodipine/atorvastatin	Tier 1	
DIGITALIS GLYCOSIDES			
	digoxin	Tier 1	
	digoxin ped elixir	Tier 1	
DIRECT RENIN INHIBITORS/DIURETIC COMBINATIONS			
QL	aliskiren	Tier 1	
QL	aliskiren/hydrochlorothiazide	Tier 2	TEKTURNA HCT
DIURETICS			
Carbonic Anhydrase Inhibitors			
	acetazolamide	Tier 1	
	methazolamide	Tier 1	
Loop Diuretics			
	bumetanide	Tier 1	
	furosemide	Tier 1	
	toremide	Tier 1	
	ethacrynic acid	Tier 2	EDECIN
	furosemide soln	Tier 2	
Potassium-sparing Diuretics			
	amiloride	Tier 1	
	triamterene	Tier 1	
Thiazides and Thiazide-like Diuretics			
	chlorthalidone	Tier 1	
	hydrochlorothiazide	Tier 1	
QL	indapamide	Tier 1	
QL	metolazone	Tier 1	
	chlorothiazide susp	Tier 3	DIURIL
Diuretic Combinations			
	amiloride/hydrochlorothiazide	Tier 1	
	spironolactone/hydrochlorothiazide	Tier 1	
	triamterene/hydrochlorothiazide	Tier 1	
HEART FAILURE			
	ivabradine	Tier 2	CORLANOR
QL	sacubitril/valsartan	Tier 2	ENTRESTO
QL	isosorbide dinitrate/hydralazine	Tier 3	BIDIL
PA, SP	tafamidis	Tier 3 #	VYNDAMAX
PA, SP	tafamidis meglumine	Tier 3 #	VYNDAQEL

# Specialty product covered as Tier 4 for certain prescription benefits.

## NITRATES

### Oral

	isosorbide dinitrate	Tier 1	
	isosorbide mononitrate	Tier 1	
	isosorbide mononitrate ext-rel	Tier 1	
	nitroglycerin ext-rel caps	Tier 1	
	isosorbide dinitrate ext-rel caps	Tier 2	DILATRATE-SR

### Sublingual

	nitroglycerin sublingual spray	Tier 1	
	nitroglycerin sublingual tabs	Tier 1	

### Transdermal

<b>QL</b>	nitroglycerin transdermal (except 0.3 mg/hr, 0.8 mg/hr)	Tier 1	
<b>QL</b>	nitroglycerin oint	Tier 2	NITRO-BID
<b>QL</b>	nitroglycerin transdermal 0.3 mg/hr, 0.8 mg/hr	Tier 3	NITRO-DUR

## PULMONARY ARTERIAL HYPERTENSION

### Endothelin Receptor Antagonists

<b>PA, QL, SP</b>	ambrisentan	Tier 1 #	
<b>PA, QL, SP</b>	bosentan	Tier 1 #	

# Specialty product covered as Tier 4 for certain prescription benefits.

### Phosphodiesterase Inhibitors

<b>PA, SP</b>	sildenafil	Tier 1 #	
<b>PA, QL, SP</b>	tadalafil	Tier 1 #	

# Specialty product covered as Tier 4 for certain prescription benefits.

### Prostacyclin Receptor Agonists

<b>PA, SP</b>	selexipag	Tier 3 #	UPTRAVI
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# Specialty product covered as Tier 4 for certain prescription benefits.

### Prostaglandin Vasodilators

<b>PA, SP</b>	iloprost	Tier 3 #	VENTAVIS
<b>PA, QL, SP</b>	treprostinil	Tier 3 #	TYVASO
<b>PA, QL, SP</b>	treprostinil ext-rel	Tier 3 #	ORENITRAM

# Specialty product covered as Tier 4 for certain prescription benefits.

### Soluble Guanylate Cyclase Stimulators

<b>PA, QL, SP</b>	riociguat	Tier 3 #	ADEMPAS
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# Specialty product covered as Tier 4 for certain prescription benefits.

## MISCELLANEOUS

	hydralazine	Tier 1	
	methyldopa	Tier 1	
<b>QL</b>	midodrine	Tier 1	
	minoxidil	Tier 1	
<b>QL</b>	ranolazine ext-rel	Tier 1	
	methyldopa/hydrochlorothiazide	Tier 2	
	metyrosine	Tier 2	DEMSEER

## CENTRAL NERVOUS SYSTEM

Practice guidelines for psychiatric disorders are available at:

<https://www.psychiatry.org>

### ANTIANKIETY

#### Benzodiazepines

	alprazolam	Tier 1
QL	alprazolam ext-rel	Tier 1
	chlordiazepoxide	Tier 1
	clonazepam	Tier 1
	clorazepate	Tier 1
	diazepam	Tier 1
	lorazepam	Tier 1
	oxazepam	Tier 1
QL	lorazepam oral concentrate	Tier 3

#### Miscellaneous

	buspirone	Tier 1
	clomipramine	Tier 1
QL	fluvoxamine	Tier 1
	hydroxyzine HCl	Tier 1
	hydroxyzine pamoate	Tier 1
	meprobamate	Tier 1

### ANTICONVULSANTS

Practice guidelines for the treatment of epilepsy are available at:

<https://www.aan.com>

	carbamazepine	Tier 1	
	carbamazepine ext-rel	Tier 1	
	divalproex sodium delayed-rel	Tier 1	
	divalproex sodium ext-rel	Tier 1	
	divalproex sodium sprinkle caps	Tier 1	
	ethosuximide	Tier 1	
QL	felbamate	Tier 1	
	gabapentin	Tier 1	
QL	gabapentin oral soln	Tier 1	
	lamotrigine	Tier 1	
	lamotrigine ext-rel	Tier 1	
QL	levetiracetam	Tier 1	
QL	levetiracetam ext-rel	Tier 1	
	oxcarbazepine	Tier 1	
	phenobarbital	Tier 1	
	phenytoin	Tier 1	
	phenytoin sodium extended 100 mg	Tier 1	
	primidone	Tier 1	
	tiagabine	Tier 1	
QL	topiramate	Tier 1	
	topiramate sprinkle caps	Tier 1	
	valproic acid	Tier 1	
PA, QL, SP	vigabatrin	Tier 1 #	
	zonisamide	Tier 1	
QL	diazepam rectal gel	Tier 2	
	ethotoin	Tier 2	PEGANONE
	methsuximide	Tier 2	CELONTIN

	phenytoin sodium extended 30 mg	Tier 2	DILANTIN 30 MG CAPS
PA	cenobamate	Tier 3	XCOPRI
PA, QL	diazepam nasal spray	Tier 3	VALTOCO
PA, QL	eslicarbazepine	Tier 3	APTiom
QL	lacosamide	Tier 3	VIMPAT
PA, QL	midazolam nasal spray	Tier 3	NAYZILAM
PA, QL	perampanel	Tier 3	FYCOMPA
QL	rufinamide	Tier 3	BANZEL

# Specialty product covered as Tier 4 for certain prescription benefits.

#### ANTIDEMENTIA

Practice guidelines for the management of dementia are available at:

<https://www.aan.com>

QL	donepezil	Tier 1	
QL	galantamine	Tier 1	
QL	galantamine ext-rel	Tier 1	
QL	memantine	Tier 1	
QL	memantine ext-rel	Tier 1	
QL	rivastigmine	Tier 1	
QL	rivastigmine transdermal	Tier 1	

#### ANTIDEPRESSANTS

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

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

<https://www.psychiatry.org>

#### Monoamine Oxidase Inhibitors (MAOIs)

	phenelzine	Tier 1	
	tranylcypromine	Tier 1	
	isocarboxazid	Tier 3	MARPLAN
PA, QL	selegiline transdermal	Tier 3	EMSAM

#### Selective Serotonin Reuptake Inhibitors (SSRIs)

QL, *	citalopram	Tier 1	
QL	escitalopram	Tier 1	
QL, **	fluoxetine	Tier 1	
QL	fluoxetine delayed-rel	Tier 1	
QL	paroxetine HCl	Tier 1	
QL	paroxetine HCl ext-rel	Tier 1	
QL	sertraline	Tier 1	
QL	vilazodone	Tier 2	VIIBRYD
QL	vortioxetine	Tier 2	TRINTELLIX
QL	paroxetine HCl susp	Tier 3	PAXIL SUSPENSION
QL	paroxetine mesylate	Tier 3	PEXEVA

\* Maximum dose of 40 mg daily.

\*\* Listing does not include fluoxetine tablet 60 mg.

#### Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)

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

QL	venlafaxine ext-rel	Tier 1	
QL	venlafaxine ext-rel tabs	Tier 1	
QL	venlafaxine ext-rel tabs 225 mg	Tier 2	
QL	levomilnacipran ext-rel	Tier 3	FETZIMA

#### Tricyclic Antidepressants (TCAs)

	amitriptyline	Tier 1	
	amitriptyline/chlordiazepoxide	Tier 1	
	desipramine	Tier 1	
	doxepin	Tier 1	
	imipramine HCl	Tier 1	
	imipramine pamoate	Tier 1	
	nortriptyline	Tier 1	
	protriptyline	Tier 1	
	trimipramine	Tier 1	
	amoxapine	Tier 2	

#### Miscellaneous Agents

	bupropion	Tier 1	
QL	bupropion ext-rel	Tier 1	
QL	mirtazapine	Tier 1	
QL	nefazodone	Tier 1	
	trazodone	Tier 1	
	amitriptyline/perphenazine	Tier 2	
	maprotiline	Tier 2	
QL	trazodone ext-rel	Tier 3	OLEPTRO

#### ANTIPARKINSONIAN AGENTS

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

<https://www.aan.com>

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

# Specialty product covered as Tier 4 for certain prescription benefits.

## ANTIPSYCHOTICS

### Atypicals

QL	aripiprazole	Tier 1	
	clozapine	Tier 1	
QL	clozapine orally disintegrating tabs	Tier 1	
QL	olanzapine	Tier 1	
QL	olanzapine/fluoxetine	Tier 1	
QL	paliperidone ext-rel	Tier 1	
QL	quetiapine	Tier 1	
QL	quetiapine ext-rel	Tier 1	
QL	risperidone	Tier 1	
QL	ziprasidone	Tier 1	
PA	aripiprazole ext-rel inj	Tier 2	ABILIFY MAINTENA
	risperidone long-acting injection	Tier 2	RISPERDAL CONSTA
PA, QL	aripiprazole lauroxil ext-rel inj	Tier 3	ARISTADA
PA	aripiprazole lauroxil ext-rel inj	Tier 3	ARISTADA INITIO
QL	asenapine	Tier 3	SAPHRIS
QL	clozapine oral suspension	Tier 3	VERSACLOZ
QL	lurasidone	Tier 3	LATUDA
	olanzapine pamoate ext-rel inj	Tier 3	ZYPREXA RELPREVV
QL	paliperidone palmitate ext-rel inj	Tier 3	INVEGA SUSTENNA
QL	paliperidone palmitate ext-rel inj	Tier 3	INVEGA TRINZA

### Miscellaneous

	chlorpromazine	Tier 1	
	fluphenazine	Tier 1	
	haloperidol	Tier 1	
	loxapine	Tier 1	
	perphenazine	Tier 1	
	pimozide	Tier 1	
	thioridazine	Tier 1	
	thiothixene	Tier 1	
	trifluoperazine	Tier 1	
PA, SP	pimavanserin	Tier 3 #	NUPLAZID

# Specialty product covered as Tier 4 for certain prescription benefits.

## ATTENTION DEFICIT HYPERACTIVITY DISORDER

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

<https://www.aacap.org>

<https://www.aap.org>

QL	amphetamine/dextroamphetamine mixed salts	Tier 1	
QL	amphetamine/dextroamphetamine mixed salts ext-rel	Tier 1	
QL	atomoxetine	Tier 1	
	clonidine ext-rel	Tier 1	
QL	dexmethylphenidate	Tier 1	
QL	dexmethylphenidate ext-rel	Tier 1	
QL	dextroamphetamine	Tier 1	
QL	dextroamphetamine ext-rel	Tier 1	
QL	dextroamphetamine oral soln	Tier 1	
QL	guanfacine ext-rel	Tier 1	
QL	methylphenidate	Tier 1	
QL	methylphenidate ext-rel	Tier 1	
QL	lisdexamfetamine	Tier 3	VYVANSE

## FIBROMYALGIA

	pregabalin	Tier 1	
QL	milnacipran	Tier 2	SAVELLA

## HYPNOTICS

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

<https://aasm.org>

### Benzodiazepines

QL	estazolam	Tier 1	
	temazepam	Tier 1	
	triazolam	Tier 1	

### Nonbenzodiazepines

	eszopiclone	Tier 1	
QL	ramelteon	Tier 1	
QL	zaleplon	Tier 1	
	zolpidem	Tier 1	
	zolpidem ext-rel	Tier 1	

## LAMBERT-EATON MYASTHENIC SYNDROME

PA, SP	amifampridine	Tier 3 #	FIRDAPSE
PA, SP	amifampridine	Tier 3 #	RUZURGI

# Specialty product covered as Tier 4 for certain prescription benefits.

## MIGRAINE

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

<https://www.aan.com>

### Acute Migraine Agents

#### *Ergotamine Derivatives*

PA	dihydroergotamine inj	Tier 1	
QL	ergotamine/caffeine supp	Tier 1	
	ergotamine/caffeine tabs	Tier 1	
	ergotamine tartrate sublingual	Tier 2	ERGOMAR

#### *Miscellaneous*

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

#### *Triptans*

QL	almotriptan	Tier 1	
QL	eletriptan	Tier 1	
QL	frovatriptan	Tier 1	
QL	naratriptan	Tier 1	
QL	rizatriptan	Tier 1	
QL	sumatriptan	Tier 1	
PA, QL	sumatriptan inj	Tier 1	
QL	zolmitriptan tabs	Tier 1	
QL	sumatriptan nasal spray	Tier 2	

Preventive Migraine Agents  
*Monoclonal Antibodies*

PA, SP	fremanezumab-vfrm	Tier 3 #	AJOVY
PA, SP	galcanezumab-gnlm	Tier 3 #	EMGALITY

# Specialty product covered as Tier 4 for certain prescription benefits.

Miscellaneous

QL	diclofenac potassium packets	Tier 3	CAMBIA
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MOOD STABILIZERS

	lithium carbonate	Tier 1	
	lithium carbonate ext-rel tabs 300 mg	Tier 1	
	lithium carbonate ext-rel tabs 450 mg	Tier 1	
	lithium citrate	Tier 1	
	carbamazepine	Tier 2	EQUETRO

MOVEMENT DISORDERS

PA, QL, SP	tetrabenazine	Tier 1 #	
PA, SP	deutetrabenazine	Tier 3 #	AUSTEDO

# Specialty product covered as Tier 4 for certain prescription benefits.

MULTIPLE SCLEROSIS AGENTS

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

PA, QL, SP	dalfampridine ext-rel	Tier 1 #	
PA, QL, SP-PF	dimethyl fumarate delayed-rel	Tier 1 #	
PA, QL, SP-NPB	cladribine	Tier 3 #	MAVENCLAD
PA, SP-PF	diroximel fumarate delayed-rel	Tier 3 #	
PA, QL, SP-PF	fingolimod	Tier 3 #	GILENYA
QL, SP-PF	glatiramer	Tier 3 #	COPAXONE
PA, QL, SP-NPB	interferon beta-1a	Tier 3 #	AVONEX
QL, SP-PF	interferon beta-1a	Tier 3 #	REBIF
PA, QL, SP-PF	interferon beta-1b	Tier 3 #	BETASERON
PA, SP-PF	monomethyl fumarate	Tier 3 #	BAFIERTAM
PA, SP-PF	ozanimod	Tier 3 #	ZEPOSIA
PA, QL, SP-NPB	peginterferon beta-1a	Tier 3 #	PLEGRIDY
PA, QL, SP-PF	siponimod	Tier 3 #	MAYZENT
PA, SP-PF	teriflunomide	Tier 3 #	AUBAGIO

# Specialty product covered as Tier 4 for certain prescription benefits.

MUSCULOSKELETAL THERAPY AGENTS

	baclofen	Tier 1	
	carisoprodol 350 mg	Tier 1	
QL	carisoprodol/aspirin/codeine	Tier 1	
	chlorzoxazone 500 mg	Tier 1	
QL	cyclobenzaprine	Tier 1	
	dantrolene	Tier 1	
QL	metaxalone	Tier 1	
	methocarbamol	Tier 1	
QL	orphenadrine ext-rel	Tier 1	
	tizanidine	Tier 1	



**MYASTHENIA GRAVIS**

	pyridostigmine	Tier 1	
	pyridostigmine ext-rel	Tier 1	
	pyridostigmine syrup	Tier 1	

**NARCOLEPSY/CATAPLEXY**

<b>QL</b>	armodafinil	Tier 1	
<b>QL</b>	modafinil	Tier 1	
<b>PA, SP*</b>	sodium oxybate	Tier 2 #	XYREM

# Specialty product covered as Tier 4 for certain prescription benefits.

**PSYCHOTHERAPEUTIC-MISCELLANEOUS****Alcohol Deterrents**

	acamprosate calcium	Tier 1	
	disulfiram	Tier 1	
<b>SP</b>	naltrexone microspheres	Tier 3 #	VIVITROL

# Specialty product covered as Tier 4 for certain prescription benefits.

**Opioid Antagonists**

	naloxone inj 0.4 mg/mL	Tier 1	
	naltrexone	Tier 1	
<b>QL</b>	naloxone nasal spray	Tier 2	NARCAN

**Partial Opioid Agonist/Opioid Antagonist Combinations**

<b>QL</b>	buprenorphine/naloxone sublingual	Tier 1	
<b>QL</b>	buprenorphine/naloxone sublingual tabs	Tier 3	ZUBSOLV

**Pseudobulbar Affect**

<b>PA</b>	dextromethorphan/quinidine	Tier 3	NUDEXTA
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**MISCELLANEOUS**

<b>QL, SP**</b>	riluzole	Tier 1 #	
	guanidine	Tier 2	

# Specialty product covered as Tier 4 for certain prescription benefits.

**ENDOCRINE AND METABOLIC****ACROMEGALY**

<b>PA, QL, SP</b>	lanreotide acetate	Tier 3 #	SOMATULINE DEPOT
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# Specialty product covered as Tier 4 for certain prescription benefits.

**ANDROGENS**

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

<https://www.aace.com>

<b>QL</b>	oxandrolone	Tier 1	
<b>QL</b>	testosterone cypionate inj	Tier 1	
<b>QL</b>	testosterone gel	Tier 1	
<b>QL</b>	testosterone soln	Tier 1	
<b>QL</b>	testosterone transdermal	Tier 2	ANDRODERM

## ANTIDIABETICS

Guidelines of treatment and management of diabetes are available at:

<https://professional.diabetes.org>

### Alpha-glucosidase Inhibitors

QL	acarbose	Tier 1	
QL	miglitol	Tier 1	

### Amylin Analogs

QL	pramlintide	Tier 2	SYMLINPEN
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### Biguanides

QL	metformin	Tier 1	
QL, *	metformin ext-rel	Tier 1	
QL	metformin soln	Tier 1	

\* Listing does not include generics for FORTAMET and GLUMETZA.

### Biguanide/Sulfonylurea Combinations

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

QL	sitagliptin phosphate	Tier 2	JANUVIA
MN-PA, QL	alogliptin	Tier 3	NESINA
MN-PA, QL	linagliptin	Tier 3	TRADJENTA

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

QL	sitagliptin/metformin	Tier 2	JANUMET
QL	sitagliptin/metformin ext-rel	Tier 2	JANUMET XR
MN-PA, QL	alogliptin/metformin	Tier 3	KAZANO
MN-PA, QL	linagliptin/metformin	Tier 3	JENTADUETO
MN-PA, QL	linagliptin/metformin ext-rel	Tier 3	JENTADUETO XR

### Dipeptidyl Peptidase-4 (DPP-4) Inhibitor/Insulin Sensitizer Combinations

MN-PA, QL	alogliptin/pioglitazone	Tier 3	OSENI
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### Incretin Mimetic Agents

QL	dulaglutide	Tier 2	TRULICITY
QL	liraglutide	Tier 2	VICTOZA
QL	semaglutide	Tier 2	OZEMPIC
QL	semaglutide	Tier 2	RYBELSUS
MN-PA, QL	exenatide	Tier 3	BYETTA
MN-PA, QL	exenatide ext-rel	Tier 3	BYDUREON

### Incretin Mimetic Agent/Insulin Combinations

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

### Insulins

QL	insulin aspart	Tier 2	FIASP
QL	insulin aspart	Tier 2	INSULIN ASPART
QL	insulin aspart	Tier 2	NOVOLOG
QL	insulin aspart protamine 70%/insulin aspart 30%	Tier 2	NOVOLOG MIX 70/30
QL	insulin degludec	Tier 2	TRESIBA
QL	insulin detemir	Tier 2	LEVEMIR
QL	insulin glargine	Tier 2	LANTUS

QL	insulin glargine	Tier 2	TOUJEO
QL	insulin glulisine	Tier 2	APIDRA
OTC, QL	insulin human	Tier 2	HUMULIN R
OTC, QL	insulin human	Tier 2	NOVOLIN R
OTC, QL	insulin human	Tier 2	RELION R
OTC, QL	insulin isophane human	Tier 2	HUMULIN N
OTC, QL	insulin isophane human	Tier 2	NOVOLIN N
OTC, QL	insulin isophane human	Tier 2	RELION N
OTC, QL	insulin isophane human 70%/regular 30%	Tier 2	HUMULIN 70/30
OTC, QL	insulin isophane human 70%/regular 30%	Tier 2	NOVOLIN 70/30
OTC, QL	insulin isophane human 70%/regular 30%	Tier 2	RELION 70/30
QL	insulin lispro	Tier 2	HUMALOG
QL	insulin lispro protamine/insulin lispro	Tier 2	HUMALOG MIX

#### Insulin Sensitizers

QL	pioglitazone	Tier 1	
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#### Insulin Sensitizer/Biguanide Combinations

QL	pioglitazone/metformin	Tier 1	
QL	pioglitazone/metformin ext-rel	Tier 2	ACTOPLUS MET XR

#### Insulin Sensitizer/Sulfonylurea Combinations

QL	pioglitazone/glimepiride	Tier 1	
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#### Meglitinides

QL	nateglinide	Tier 1	
QL	repaglinide	Tier 1	

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

QL	dapagliflozin	Tier 2	FARXIGA
QL	empagliflozin	Tier 2	JARDIANCE

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

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

#### Sodium-Glucose Co-Transporter 2 Inhibitor/Dipeptidyl Peptidase-4 Inhibitor Combinations

QL	dapagliflozin/saxagliptin	Tier 2	QTERN
QL	empagliflozin/linagliptin	Tier 3	GLYXAMBI

#### Sulfonylureas

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

#### Supplies

OTC, QL, *	blood glucose monitoring kits, test strips	Tier 2	ACCU-CHEK kits and test strips
	insulin infusion disposable pump	Tier 2	OMNIPOD
	insulin infusion disposable pump	Tier 2	OMNIPOD DASH INSULIN INFUSION PUMP
OTC, QL	insulin syringes, needles	Tier 2	BD insulin syringes and needles
OTC, QL	lancets	Tier 2	
QL	insulin infusion disposable pump	Tier 3	V-GO INSULIN INFUSION PUMP

\* Roche Pharma Free Meter Program. Call 1-888-355-4242 to place your order. A prescription is required.

#### CALCIUM RECEPTOR ANTAGONISTS

QL, SP	cinacalcet	Tier 1 #	
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# Specialty product covered as Tier 4 for certain prescription benefits.

#### CALCIUM REGULATORS

Guidelines of treatment and management of osteoporosis are available at:

<https://www.aace.com>

<https://www.nof.org>

#### Bisphosphonates

QL	alendronate	Tier 1	
QL	ibandronate	Tier 1	
QL	risedronate	Tier 1	
QL	risedronate delayed-rel	Tier 1	
QL	alendronate soln	Tier 2	
QL	alendronate/vitamin D3	Tier 2	FOSAMAX PLUS D

#### Calcitonins

QL	calcitonin-salmon nasal spray	Tier 1	
SP**	calcitonin-salmon inj	Tier 3 #	MIACALCIN inj

# Specialty product covered as Tier 4 for certain prescription benefits.

#### Parathyroid Hormones

QL, SP	abaloparatide	Tier 3 #	TYMLOS
PA, QL, SP	parathyroid hormone (recombinant)	Tier 3 #	NATPARA
QL, SP	teriparatide	Tier 3 #	FORTEO

# Specialty product covered as Tier 4 for certain prescription benefits.

#### CARNITINE DEFICIENCY AGENTS

	levocarnitine	Tier 1	
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#### CONTRACEPTIVES

EE = ethinyl estradiol

Monophasic

*20 mcg Estrogen*

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

*25 mcg Estrogen*

	norethindrone/EE 0.8/25 and iron chewable	Tier 1	
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*30 mcg Estrogen*

	desogestrel/EE 0.15/30	Tier 1	
	drospirenone/EE 3/30	Tier 1	
	drospirenone/EE/levomefolate 0.3/30 and levomefolate	Tier 1	
	levonorgestrel/EE 0.15/30 - Levora	Tier 1	

	norethindrone acetate/EE 1.5/30	Tier 1	
	norethindrone acetate/EE 1.5/30 and iron	Tier 1	
	norgestrel/EE 0.3/30 - Low-Ogestrel	Tier 1	
<i>35 mcg Estrogen</i>			
	ethynodiol diacetate/EE 1/35 - Zovia 1/35	Tier 1	
	norethindrone/EE 0.4/35 - Balziva	Tier 1	
	norethindrone/EE 0.4/35 and iron chewable	Tier 1	
	norethindrone/EE 0.5/35	Tier 1	
	norethindrone/EE 1/35	Tier 1	
	norgestimate/EE 0.25/35	Tier 1	
<i>50 mcg Estrogen</i>			
	ethynodiol diacetate/EE 1/50 - Kelnor 1/50	Tier 1	
<b>Biphasic</b>			
	desogestrel/EE	Tier 1	
	norethindrone acetate/EE 1/10 and EE 10 and iron	Tier 2	LO LOESTRIN FE
<b>Triphasic</b>			
	desogestrel/EE	Tier 1	
	levonorgestrel/EE - Trivora	Tier 1	
	norethindrone/EE	Tier 1	
	norethindrone/EE and iron - Tri-Legest Fe	Tier 1	
	norgestimate/EE	Tier 1	
<b>Four Phase</b>			
	estradiol valerate and dienogest/estradiol valerate	Tier 2	NATAZIA
<b>Extended Cycle</b>			
	levonorgestrel/EE 0.1/20 and EE 10	Tier 1	
	levonorgestrel/EE 0.15/20, 0.15/25, 0.15/30 and EE 10	Tier 1	
	levonorgestrel/EE 0.15/30	Tier 1	
	levonorgestrel/EE 0.15/30 and EE 10	Tier 1	
<b>Progestin Only</b>			
	norethindrone	Tier 1	
<b>Emergency Contraception</b>			
<b>OTC</b>	levonorgestrel 1.5 mg	Tier 1	
	ulipristal	Tier 3	ELLA
<b>Injectable</b>			
<b>QL</b>	medroxyprogesterone acetate 150 mg/mL	Tier 1	
<b>Transdermal</b>			
	norelgestromin/EE	Tier 1	
<b>Vaginal</b>			
<b>QL</b>	etonogestrel/EE ring	Tier 1	
<b>Miscellaneous</b>			
<b>QL</b>	cervical cap		
<b>QL</b>	contraceptive sponge		TODAY SPONGE
<b>QL</b>	diaphragm		
<b>QL</b>	female condom		

## ENDOMETRIOSIS

<b>QL</b>	danazol	Tier 1	
<b>PA</b>	elagolix	Tier 2	ORLISSA

## FERTILITY REGULATORS

### GNRH/LHRH Antagonists

<b>PA, SP</b>	ganirelix acetate	Tier 1 #	
<b>PA, SP</b>	cetrorelix	Tier 3 #	CETROTIDE

# Specialty product covered as Tier 4 for certain prescription benefits.

### Ovulation Stimulants, Gonadotropins

<b>SP</b>	choriogonadotropin alfa	Tier 3 #	VIDREL
<b>SP</b>	folliotropin alfa	Tier 3 #	GONAL-F
<b>SP</b>	folliotropin alfa	Tier 3 #	GONAL-F RFF
<b>SP</b>	folliotropin beta	Tier 3 #	FOLLISTIM AQ
<b>SP</b>	menotropins	Tier 3 #	MENOPUR

# Specialty product covered as Tier 4 for certain prescription benefits.

### Ovulation Stimulants, Synthetic

<b>PA</b>	clomiphene	Tier 1	
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## GLUCOCORTICOIDS

	cortisone acetate	Tier 1	
	dexamethasone	Tier 1	
	fludrocortisone	Tier 1	
	hydrocortisone	Tier 1	
	methylprednisolone	Tier 1	
	prednisolone	Tier 1	
	prednisone	Tier 1	
	dexamethasone elixir	Tier 2	
	prednisolone sodium phosphate tabs	Tier 2	MILLIPRED
	prednisone concentrate 5 mg/mL	Tier 2	PREDNISONE INTENSOL
	betamethasone acetate/betamethasone sodium phosphate inj	Tier 3	CELESTONE

## GLUCOSE ELEVATING AGENTS

	diazoxide	Tier 1	
<b>QL</b>	glucagon, human recombinant	Tier 2	GLUCAGEN HYPOKIT
<b>QL</b>	glucagon, human recombinant	Tier 2	GLUCAGON EMERGENCY KIT
<b>PA, QL</b>	glucagon nasal powder	Tier 3	BAQSIMI

## HEREDITARY TYROSINEMIA TYPE 1 AGENTS

<b>SP*</b>	nitisinone	Tier 1 #	
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# Specialty product covered as Tier 4 for certain prescription benefits.

## HUMAN GROWTH HORMONES

Guidelines for use of growth hormone are available at:

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

<b>PA, SP-PF</b>	somatropin	Tier 3 #	GENOTROPIN
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# Specialty product covered as Tier 4 for certain prescription benefits.

## HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS

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

## MENOPAUSAL SYMPTOM AGENTS

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

<https://www.menopause.org>

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

### Oral

<b>QL</b>	EE/norethindrone acetate	Tier 1	
	EE/norethindrone acetate - Jinteli	Tier 1	
	estradiol	Tier 1	
<b>QL</b>	estradiol/norethindrone	Tier 1	
	estrogens, esterified/methyltestosterone	Tier 1	
	conjugated estrogens/bazedoxifene	Tier 2	DUAVEE
	estradiol/norgestimate	Tier 2	PREFEST
	estrogens, conjugated	Tier 2	PREMARIN
<b>QL</b>	estrogens, conjugated/medroxyprogesterone	Tier 2	PREMPHASE
<b>QL</b>	estrogens, conjugated/medroxyprogesterone	Tier 2	PREMPRO
	estrogens, esterified	Tier 2	MENEST

### Transdermal

<b>QL</b>	estradiol	Tier 1	
<b>QL</b>	estradiol/levonorgestrel	Tier 2	CLIMARA PRO
<b>QL</b>	estradiol/norethindrone acetate	Tier 2	COMBIPATCH
<b>QL</b>	estradiol	Tier 3	ALORA
<b>QL</b>	estradiol	Tier 3	DIVIGEL
	estradiol	Tier 3	EVAMIST
<b>QL</b>	estradiol transdermal gel	Tier 3	ELESTRIN
<b>QL</b>	estradiol transdermal gel	Tier 3	ESTROGEL

### Vaginal

	estradiol vaginal crm	Tier 1	
<b>QL</b>	estradiol vaginal tabs	Tier 1	
<b>QL</b>	estradiol vaginal ring	Tier 2	ESTRING
<b>QL</b>	estrogens, conjugated crm	Tier 2	PREMARIN
<b>QL</b>	estradiol vaginal ring	Tier 3	FEMRING

## INSULIN-LIKE GROWTH FACTOR-1 AGENTS

<b>SP</b>	mecasermin	Tier 2 #	INCRELEX
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# Specialty product covered as Tier 4 for certain prescription benefits.

## PHOSPHATE BINDER AGENTS

	calcium acetate	Tier 1	
<b>QL</b>	lanthanum chewable tabs	Tier 1	
<b>QL</b>	sevelamer carbonate	Tier 1	
<b>QL</b>	sevelamer HCl	Tier 1	
<b>QL</b>	lanthanum oral powder	Tier 2	FOSRENOL
<b>ST, QL</b>	ferric citrate	Tier 3	AURYXIA
<b>QL</b>	sucroferric oxyhydroxide	Tier 3	VELPHORO

## POTASSIUM-REMOVING AGENTS

<b>QL</b>	sodium polystyrene sulfonate	Tier 1	
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	patiomer sorbitex	Tier 2	VELTASSA
	sodium zirconium cyclosilicate	Tier 2	LOKELMA

**PROGESTINS**

Oral

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

Vaginal

<b>PA</b>	progesterone gel	Tier 3	CRINONE
<b>PA</b>	progesterone supp	Tier 3	ENDOMETRIN

**SELECTIVE ESTROGEN RECEPTOR MODULATORS**

	raloxifene	Tier 1	
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**THYROID AGENTS**

Antithyroid Agents

	methimazole	Tier 1	
	propylthiouracil	Tier 1	

Thyroid Supplements

	levothyroxine	Tier 1	
	liothyronine	Tier 1	
	thyroid	Tier 1	
	levothyroxine	Tier 2	TIROSINT
	thyroid	Tier 2	NATURE-THROID

**UREA CYCLE DISORDERS**

<b>PA, SP</b>	sodium phenylbutyrate	Tier 3 #	
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# Specialty product covered as Tier 4 for certain prescription benefits.

**VASOPRESSIN RECEPTOR ANTAGONISTS**

<b>PA, QL, SP</b>	tolvaptan	Tier 1 #	
<b>PA, QL, SP</b>	tolvaptan	Tier 3 #	JYNARQUE

# Specialty product covered as Tier 4 for certain prescription benefits.

**VASOPRESSINS**

	desmopressin spray, tabs	Tier 1	
<b>PA, SP</b>	desmopressin spray	Tier 3	STIMATE

**MISCELLANEOUS**

	cabergoline	Tier 1	
<b>QL</b>	methylergonovine	Tier 1	
<b>PA, QL, SP*</b>	miglustat	Tier 1 #	
<b>PA, SP**</b>	trientine	Tier 1 #	
<b>SP*</b>	betaine anhydrous	Tier 2 #	CYSTADANE
<b>SP*</b>	carglumic acid	Tier 2 #	CARBAGLU
<b>SP</b>	cysteamine	Tier 2 #	CYSTAGON
<b>PA</b>	elagolix/estradiol/norethindrone + elagolix	Tier 2	ORIAHNN
<b>PA</b>	histrelin acetate	Tier 2	SUPPRELIN LA
<b>PA, SP**</b>	asfotase alfa	Tier 3 #	STRENSIQ
<b>PA, QL, SP*</b>	cysteamine delayed-rel	Tier 3 #	PROCYSBI



PA, QL, SP	glycerol phenylbutyrate	Tier 3 #	RAVICTI
PA, SP	leuprolide acetate	Tier 3 #	LUPRON DEPOT-PED
PA, SP**	mifepristone	Tier 3 #	KORLYM
PA, SP	nitisinone	Tier 3 #	NITYR
PA, QL, SP*	pasireotide	Tier 3 #	SIGNIFOR

# Specialty product covered as Tier 4 for certain prescription benefits.

## GASTROINTESTINAL

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

<https://gi.org>

<https://www.gastro.org>

### ANTIDIARRHEALS

	diphenoxylate/atropine	Tier 1	
	loperamide	Tier 1	

### ANTIEMETICS

PA, QL	aprepitant caps	Tier 1	
PA, QL	dronabinol	Tier 1	
QL	granisetron	Tier 1	
	meclizine	Tier 1	
	metoclopramide	Tier 1	
	ondansetron	Tier 1	
	prochlorperazine	Tier 1	
	promethazine	Tier 1	
QL	promethazine supp	Tier 1	
QL	scopolamine transdermal	Tier 1	
	trimethobenzamide	Tier 1	
PA, QL	aprepitant susp	Tier 2	EMEND
PA, QL	granisetron transdermal	Tier 3	SANCUSO
PA	netupitant/palonosetron	Tier 3	AKYNZEO

### ANTISPASMODICS

	atropine/hyoscyamine/scopolamine/phenobarbital	Tier 1	
	chlordiazepoxide/clidinium	Tier 1	
	dicyclomine	Tier 1	
	glycopyrrolate	Tier 1	
	hyoscyamine sulfate	Tier 1	
	hyoscyamine sulfate ext-rel	Tier 1	
	hyoscyamine sulfate orally disintegrating tabs	Tier 1	
	methscopolamine	Tier 1	
	hyoscyamine sulfate	Tier 2	SYMAX DUOTAB
	propantheline	Tier 2	

### CHOLELITHOLYTICS

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

	cimetidine	Tier 1	
	famotidine	Tier 1	
QL	famotidine susp	Tier 1	
QL	nizatidine	Tier 1	

## INFLAMMATORY BOWEL DISEASE

### Oral Agents

QL	balsalazide	Tier 1	
	budesonide delayed-rel caps	Tier 1	
QL	budesonide ext-rel	Tier 1	
QL	mesalamine delayed-rel	Tier 1	
QL	mesalamine ext-rel caps	Tier 1	
	sulfasalazine	Tier 1	
	sulfasalazine delayed-rel	Tier 1	
QL	mesalamine ext-rel caps	Tier 2	PENTASA
QL	olsalazine	Tier 3	DIPENTUM

### Rectal Agents

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

## IRRITABLE BOWEL SYNDROME

### Irritable Bowel Syndrome with Constipation/Chronic Idiopathic Constipation

QL	linaclotide	Tier 2	LINZESS
QL	lubiprostone	Tier 2	AMITIZA
QL	plecanatide	Tier 3	TRULANCE
QL	prucalopride	Tier 3	MOTEGRITY

### Irritable Bowel Syndrome with Diarrhea

PA	alosetron	Tier 1	
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## LAXATIVES

QL	lactulose soln	Tier 1	
	peg 3350/electrolytes	Tier 1	
QL	lactulose	Tier 2	KRISTALOSE
	sodium phosphates	Tier 2	OSMOPREP
	sodium picosulfate/magnesium oxide/citric acid	Tier 2	CLENPIQ
	sodium sulfate/potassium sulfate/magnesium sulfate	Tier 2	SUPREP

## OPIOID-INDUCED CONSTIPATION

QL	naloxegol	Tier 2	MOVANTIK
QL	methylnaltrexone	Tier 3	RELISTOR

## PANCREATIC ENZYMES

	pancreatin	Tier 2	PANCREATIN
	pancrelipase	Tier 2	VIOKACE
	pancrelipase delayed-rel	Tier 2	CREON
	pancrelipase delayed-rel	Tier 2	PANCREAZE
	pancrelipase delayed-rel	Tier 2	PANCRELIPASE
	pancrelipase delayed-rel	Tier 2	ZENPEP
	pancrelipase delayed-rel	Tier 3	PERTZYE

## PROSTAGLANDINS

QL	misoprostol	Tier 1	
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## PROTON PUMP INHIBITORS

	esomeprazole delayed-rel	Tier 1	
OTC	esomeprazole magnesium delayed-rel	Tier 1	
	lansoprazole delayed-rel	Tier 1	

OTC	lansoprazole delayed-rel	Tier 1	
	lansoprazole delayed-rel orally-disintegrating tabs	Tier 1	
	omeprazole delayed-rel	Tier 1	
OTC	omeprazole magnesium delayed-rel	Tier 1	
OTC, QL	omeprazole/sodium bicarbonate caps	Tier 1	
	pantoprazole delayed-rel	Tier 1	
ST, QL	pantoprazole delayed-rel packets for suspension	Tier 1	
QL	rabeprazole delayed-rel	Tier 1	
QL	dexlansoprazole delayed-rel	Tier 2	DEXILANT
ST, QL	omeprazole delayed-rel packets for suspension	Tier 3	PRILOSEC susp

#### SALIVA STIMULANTS

QL	cevimeline	Tier 1	
	pilocarpine tabs	Tier 1	

#### STEROIDS, RECTAL

QL	hydrocortisone acetate supp	Tier 1	
QL	hydrocortisone crm	Tier 1	
QL	hydrocortisone/lidocaine	Tier 1	
	hydrocortisone acetate/pramoxine foam	Tier 2	EPIFOAM
	hydrocortisone acetate/pramoxine foam	Tier 2	PROCTOFOAM-HC

#### ULCER THERAPY COMBINATIONS

QL	lansoprazole + amoxicillin + clarithromycin	Tier 1	
QL	bismuth/metronidazole/tetracycline	Tier 3	PYLERA

#### MISCELLANEOUS

	cromolyn sodium	Tier 1	
QL	sucralfate	Tier 1	
QL	sucralfate susp	Tier 1	
SP*	sacrosidase	Tier 2 #	SUCRAID
PA, SP**	cholic acid	Tier 3 #	CHOLBAM
	glycopyrrolate	Tier 3	CUVPOSA
PA, SP	obeticholic acid	Tier 3 #	OCALIVA
PA, QL, SP	teduglutide	Tier 3 #	GATTEX
PA, SP	telotristat etiprate	Tier 3 #	XERMELO

# Specialty product covered as Tier 4 for certain prescription benefits.

## GENITOURINARY

### BENIGN PROSTATIC HYPERPLASIA

Guidelines for the management of BPH are available at:

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

QL	alfuzosin ext-rel	Tier 1	
QL	dutasteride	Tier 1	
QL	dutasteride/tamsulosin	Tier 1	
QL	finasteride	Tier 1	
QL	tadalafil 2.5 mg, 5 mg	Tier 1	
QL	tamsulosin	Tier 1	
QL	doxazosin ext-rel	Tier 3	CARDURA XL

### ERECTILE DYSFUNCTION

Guidelines for the management of erectile dysfunction are available at:

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

#### Alprostadil Agents

PA, QL	alprostadil inj	Tier 3	CAVERJECT
PA, QL	alprostadil inj	Tier 3	EDEX
PA, QL	alprostadil supp	Tier 3	MUSE

#### Phosphodiesterase Inhibitors

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

#### URINARY ANTISPASMODICS

QL	darifenacin ext-rel	Tier 1	
QL	oxybutynin	Tier 1	
QL	oxybutynin ext-rel	Tier 1	
OTC	oxybutynin transdermal	Tier 1	OXYTROL FOR WOMEN
QL	solifenacin	Tier 1	
QL	tolterodine	Tier 1	
QL	tolterodine ext-rel	Tier 1	
QL	tropium	Tier 1	
QL	tropium ext-rel	Tier 1	
QL	mirabegron ext-rel	Tier 2	MYRBETRIQ
QL	fesoterodine ext-rel	Tier 3	TOVIAZ
QL	oxybutynin gel	Tier 3	GELNIQUE
	oxybutynin transdermal	Tier 3	OXYTROL

#### VAGINAL ANTI-INFECTIVES

	clindamycin crm	Tier 1	
	metronidazole	Tier 1	
QL	terconazole	Tier 1	
	butoconazole	Tier 2	GYNAZOLE-1
QL	clindamycin supp	Tier 2	CLEOCIN
QL	metronidazole vaginal gel	Tier 2	NUVESSA

#### MISCELLANEOUS

	bethanechol	Tier 1	
	citric acid/sodium citrate	Tier 1	
	methenamine hippurate	Tier 1	
	methenamine/hyoscyamine/methylene blue/benzoic acid/phenyl salicylate	Tier 1	
	phenazopyridine	Tier 1	
	potassium citrate ext-rel	Tier 1	
	potassium/sodium phosphates	Tier 1	
	acetic acid/oxyquinoline	Tier 2	
	acetohydroxamic acid	Tier 2	LITHOSTAT
	citric acid/sodium citrate	Tier 2	ORACIT
	dimethyl sulfoxide	Tier 2	RIMSO-50
	methenamine mandelate/sodium phosphate	Tier 2	UROQID-ACID NO. 2
	pentosan polysulfate sodium	Tier 2	ELMIRON
	potassium phosphate	Tier 2	K-PHOS
	potassium/sodium acid phosphates	Tier 2	K-PHOS NO. 2
	tiopronin	Tier 2	THIOLA

## 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

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

#### Oral

	warfarin	Tier 1	
<b>QL</b>	apixaban	Tier 2	ELIQUIS
<b>QL</b>	rivaroxaban	Tier 2	XARELTO
<b>MN-PA, QL</b>	dabigatran etexilate	Tier 3	PRADAXA
<b>MN-PA, QL</b>	edoxaban	Tier 3	SAVAYSA

#### Synthetic Heparinoid-like Agents

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

Guidelines for the management of neutropenia are available at:

<https://www.asco.org>

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

<https://www.kidney.org/professionals/guidelines#guidelines>

<b>PA, SP-PF</b>	darbepoetin alfa	Tier 2 #	ARANESP
<b>SP-PF</b>	pegfilgrastim	Tier 2 #	NEULASTA
<b>SP</b>	sargramostim	Tier 2 #	LEUKINE
<b>PA, SP</b>	tbo-filgrastim	Tier 2 #	GRANIX
<b>PA, SP</b>	epoetin alfa-epbx	Tier 3 #	RETACRIT
<b>PA, SP-PF</b>	filgrastim-aafi	Tier 3 #	NIVESTYM
<b>PA, SP</b>	filgrastim-sndz	Tier 3 #	ZARXIO
<b>PA, SP-PF</b>	pegfilgrastim-cbqv	Tier 3 #	UDENYCA

# Specialty product covered as Tier 4 for certain prescription benefits.

### IDIOPATHIC THROMBOCYTOPENIC PURPURA AGENTS

<b>PA, SP</b>	eltrombopag	Tier 3 #	PROMACTA
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# Specialty product covered as Tier 4 for certain prescription benefits.

### PLATELET AGGREGATION INHIBITORS

<b>OTC, QL, *</b>	aspirin		
	clopidogrel	Tier 1	
	dipyridamole	Tier 1	
	dipyridamole ext-rel/aspirin	Tier 1	
	prasugrel	Tier 1	
	ticagrelor	Tier 2	BRILINTA
<b>QL</b>	vorapaxar	Tier 3	ZONTIVITY

\* Preventive medication: \$0 copay  
 75 mg and 81 mg: Males ages 50-59  
 75 mg: Females ages 50-59  
 81 mg: Females ages 12-59  
 Only generic covered with retail prescription

#### PLATELET SYNTHESIS INHIBITORS

	anagrelide	Tier 1	
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#### STEM CELL MOBILIZERS

<b>SP</b>	plerixafor	Tier 3 #	MOZOBIL
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# Specialty product covered as Tier 4 for certain prescription benefits.

#### THROMBOCYTOPENIA AGENTS

<b>PA, SP</b>	lusutrombopag	Tier 3 #	MULPLETA
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# Specialty product covered as Tier 4 for certain prescription benefits.

#### MISCELLANEOUS

	aminocaproic acid	Tier 1	
	cilostazol	Tier 1	
<b>SP</b>	deferasirox	Tier 1 #	
<b>QL, SP</b>	deferasirox tabs 90 mg, 360 mg	Tier 1 #	
	pentoxifylline ext-rel	Tier 1	
<b>QL</b>	tranexamic acid	Tier 1	
	succimer	Tier 2	CHEMET
<b>PA</b>	deferiprone oral soln	Tier 3	FERRIPROX soln
<b>PA</b>	deferiprone tabs	Tier 3	FERRIPROX
<b>PA, SP</b>	emicizumab-kxwh	Tier 3 #	HEMLIBRA

# Specialty product covered as Tier 4 for certain prescription benefits.

#### IMMUNOLOGIC AGENTS

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

#### AUTOIMMUNE AGENTS

<b>PA, SP-PF</b>	adalimumab	Tier 2 #	HUMIRA
<b>PA, SP-PF</b>	etanercept	Tier 2 #	ENBREL
<b>MN-PA, SP-NPB</b>	abatacept	Tier 3 #	ORENCIA
<b>MN-PA, SP**, †</b>	anakinra	Tier 3 #	KINERET
<b>PA, QL, SP-PF</b>	apremilast	Tier 3 #	OTEZLA
<b>MN-PA, SP-NPB</b>	certolizumab pegol	Tier 3 #	CIMZIA
<b>MN-PA, SP-NPB</b>	golimumab	Tier 3 #	SIMPONI
<b>PA, SP-PF</b>	risankizumab-rzaa	Tier 3 #	SKYRIZI
<b>PA, SP-PF</b>	secukinumab	Tier 3 #	COSENTYX
<b>PA, QL, SP-PF</b>	tofacitinib	Tier 3 #	XELJANZ
<b>PA, QL, SP-PF</b>	tofacitinib ext-rel	Tier 3 #	XELJANZ XR
<b>PA, SP-PF</b>	upadacitinib	Tier 3 #	RINVOQ
<b>PA, SP-PF</b>	ustekinumab	Tier 3 #	STELARA SUBCUTANEOUS

# Specialty product covered as Tier 4 for certain prescription benefits.

† KINERET is a Non-Preferred Brand Specialty drug that is available through other Specialty/Retail pharmacies

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

	hydroxychloroquine	Tier 1	
QL	leflunomide	Tier 1	
	methotrexate	Tier 1	

#### HEREDITARY ANGIOEDEMA AGENTS

PA, QL, SP	icatibant	Tier 1 #	
PA, SP	C1 esterase inhibitor	Tier 3 #	HAEGARDA

# Specialty product covered as Tier 4 for certain prescription benefits.

#### IMMUNE GLOBULINS

PA, SP	immune globulin gamma	Tier 3 #	GAMUNEX-C
PA, SP	immune globulin, intravenous	Tier 3 #	GAMMAGARD LIQUID
PA, SP	immune globulin, subcutaneous	Tier 3 #	HIZENTRA
PA, SP	immune globulin/hyaluronidase	Tier 3 #	HYQVIA

# Specialty product covered as Tier 4 for certain prescription benefits.

#### IMMUNOMODULATORS

CDC recommendations on the treatment of hepatitis are available at:

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

Guidelines for the management of hepatitis are available at:

<https://www.aasld.org>

#### Interferons

PA, SP**	interferon alfa-2b	Tier 2 #	INTRON A
SP	interferon gamma-1b, recombinant	Tier 2 #	ACTIMMUNE
PA, SP	peginterferon alfa-2a	Tier 3 #	PEGASYS

# Specialty product covered as Tier 4 for certain prescription benefits.

#### IMMUNOSUPPRESSANTS

##### Antimetabolites

QL	azathioprine	Tier 1	
SP	mycophenolate mofetil	Tier 1 #	
SP	mycophenolate sodium delayed-rel	Tier 1 #	
	azathioprine	Tier 2	AZASAN

# Specialty product covered as Tier 4 for certain prescription benefits.

##### Calcineurin Inhibitors

SP	cyclosporine	Tier 1 #	
SP	cyclosporine, modified	Tier 1 #	
SP	tacrolimus	Tier 1 #	
QL, SP	tacrolimus ext-rel	Tier 3 #	ASTAGRAF XL
QL, SP	tacrolimus ext-rel	Tier 3 #	ENVARSUS XR

# Specialty product covered as Tier 4 for certain prescription benefits.

##### Rapamycin Derivatives

QL, SP	everolimus 0.25 mg, 0.5 mg, 0.75 mg	Tier 1 #	
SP	sirolimus	Tier 1 #	
QL, SP	everolimus 1 mg	Tier 2 #	ZORTRESS

# Specialty product covered as Tier 4 for certain prescription benefits.

## NUTRITIONAL/SUPPLEMENTS

### ELECTROLYTES

#### Potassium

	potassium bicarbonate/citric acid	Tier 1	
	potassium chloride caps, powder packets, soln, tabs	Tier 1	
	potassium chloride ext-rel	Tier 1	

### VITAMINS AND MINERALS

#### Folic Acid/Combinations

	cyanocobalamin/folic acid/pyridoxine	Tier 1	
QL	folic acid	Tier 1	

#### Prenatal Vitamins

QL	prenatal vitamins	Tier 1	
QL	prenatal vitamins/DHA/docusate/folic acid	Tier 3	CITRANATAL 90 DHA
QL	prenatal vitamins/DHA/docusate/folic acid	Tier 3	CITRANATAL DHA
QL	prenatal vitamins/DHA/docusate/folic acid	Tier 3	CITRANATAL HARMONY
QL	prenatal vitamins/docusate/folic acid	Tier 3	CITRANATAL RX
QL	prenatal vitamins/docusate/folic acid + DHA	Tier 3	CITRANATAL ASSURE
QL	prenatal vitamins/folic acid + DHA	Tier 3	PRENATE PIXIE
QL	prenatal vitamins/folic acid + pyridoxine	Tier 3	CITRANATAL B-CALM

#### Miscellaneous

OTC, *	vitamin D		
#	ferrous sulfate	Tier 1	
†	fluoride drops, tabs	Tier 1	
QL	phytonadione	Tier 1	
	zinc acetate	Tier 2	GALZIN
QL	cyanocobalamin nasal soln	Tier 3	NASCOBAL

\* Preventive medication: \$0 copay, members ≥ 65 years old

# Age limit = 6 months to 11 months

† Age limit < 6 years

## RESPIRATORY

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

<https://www.aaaai.org>

<https://ginasthma.org>

<https://goldcopd.org>

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

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

<https://www.aaaai.org>

### ANAPHYLAXIS TREATMENT AGENTS

QL	epinephrine auto-injector	Tier 1	
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### ANTICHOLINERGICS

QL	ipratropium soln	Tier 1	
QL	revedfenacin inhalation solution	Tier 2	YUPELRI
QL	tiotropium	Tier 2	SPIRIVA
QL	tiotropium	Tier 2	SPIRIVA RESPIMAT
QL	umeclidinium	Tier 2	INCRUSE ELLIPTA



<b>MN-PA, QL</b>	acclidinium bromide	Tier 3	TUDORZA
<b>QL</b>	ipratropium, CFC-free aerosol	Tier 3	ATROVENT HFA

#### ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

##### Short Acting

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

##### Long Acting

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

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

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

<b>OTC, QL</b>	cetirizine	Tier 1	
<b>QL</b>	levocetirizine	Tier 1	

#### ANTIHISTAMINES, NONSEDATING

<b>OTC, QL</b>	fexofenadine	Tier 1	
<b>OTC, QL</b>	loratadine	Tier 1	

#### ANTIHISTAMINES, SEDATING

	carbinoxamine tabs 4 mg	Tier 1	
	cyproheptadine	Tier 1	
	dexbrompheniramine/acetaminophen	Tier 1	DOLOGEN
	hydroxyzine HCl	Tier 1	

#### ANTIHISTAMINE/DECONGESTANT COMBINATIONS

<b>OTC, QL</b>	cetirizine/pseudoephedrine ext-rel	Tier 1	
	chlorpheniramine/phenylephrine	Tier 1	
<b>OTC, QL</b>	loratadine/pseudoephedrine ext-rel	Tier 1	
	promethazine/phenylephrine	Tier 1	
	dexchlorpheniramine/pseudoephedrine	Tier 3	RESCON

#### ANTITUSSIVES

Clinical practice guidelines are available at:

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

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

##### Opioid

	codeine/guaifenesin liquid	Tier 1	
	codeine/guaifenesin/pseudoephedrine	Tier 1	
	codeine/promethazine	Tier 1	
	codeine/promethazine/phenylephrine	Tier 1	
<b>QL</b>	hydrocodone/chlorpheniramine ext-rel	Tier 1	
<b>QL</b>	hydrocodone/homatropine	Tier 1	
	codeine/brompheniramine/pseudoephedrine	Tier 3	RYDEX
	codeine/chlorpheniramine	Tier 3	ZODRYL AC
	codeine/dexchlorpheniramine/phenylephrine	Tier 3	VANACOF CD

##### Non-opioid

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

## BETA AGONISTS

### Inhalants

#### Short Acting

QL	albuterol inhalation soln	Tier 1	
QL	albuterol sulfate, CFC-free aerosol	Tier 1	
QL	levalbuterol soln	Tier 1	
QL	levalbuterol tartrate, CFC-free aerosol	Tier 1	
QL	albuterol sulfate inhalation powder	Tier 2	PROAIR RESPICLICK

#### Long Acting

##### Hand-held Active Inhalation

QL	salmeterol xinafoate	Tier 2	SEREVENT
QL	indacaterol	Tier 3	ARCAPTA NEOHALER
QL	olodaterol, CFC-free aerosol	Tier 3	STRIVERDI RESPIMAT

##### Nebulized Passive Inhalation

PA, QL	arformoterol soln	Tier 3	BROVANA
PA	formoterol inhalation soln	Tier 3	PERFOROMIST

### Oral Agents

QL	albuterol	Tier 1	
	albuterol ext-rel	Tier 1	
QL	metaproterenol syrup	Tier 1	
	terbutaline	Tier 1	

## CYSTIC FIBROSIS

QL, SP	tobramycin inhalation soln	Tier 1 #	
QL	aztreonam lysine inhalation soln	Tier 2	CAYSTON
SP	dornase alfa	Tier 2 #	PULMOZYME
SP	tobramycin inhalation powder	Tier 2 #	TOBI PODHALER
PA, SP**	elexacaftor/tezacaftor/ivacaftor + ivacaftor	Tier 3 #	TRIKAFTA
PA, SP**	ivacaftor	Tier 3 #	KALYDECO
PA, QL, SP**	lumacaftor/ivacaftor	Tier 3 #	ORKAMBI
PA, SP**	tezacaftor/ivacaftor + ivacaftor	Tier 3 #	SYMDEKO

# Specialty product covered as Tier 4 for certain prescription benefits.

## LEUKOTRIENE MODULATORS

QL	montelukast	Tier 1	
QL	zafirlukast	Tier 1	

## MAST CELL STABILIZERS

QL	cromolyn soln	Tier 1	
QL	cromolyn spray	Tier 1	

## NASAL ANTIHISTAMINES

QL	azelastine spray	Tier 1	
QL	olopatadine spray	Tier 1	

## NASAL STEROIDS/COMBINATIONS

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

QL	mometasone spray	Tier 1	
QL	beclomethasone dipropionate nasal spray	Tier 3	QNASL
QL	beclomethasone dipropionate nasal spray	Tier 3	QNASL CHILDRENS
QL	beclomethasone spray	Tier 3	BECONASE AQ
QL	ciclesonide spray	Tier 3	OMNARIS
QL	ciclesonide spray	Tier 3	ZETONNA

#### PHOSPHODIESTERASE-4 INHIBITORS

PA, QL	roflumilast	Tier 3	DALIRESP
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#### PULMONARY FIBROSIS AGENTS

PA, SP	nintedanib	Tier 3 #	OFEV
PA, SP	pirfenidone	Tier 3 #	ESBRIET

# Specialty product covered as Tier 4 for certain prescription benefits.

#### SEVERE ASTHMA AGENTS

PA, SP	dupilumab	Tier 3 #	DUPIXENT
PA, SP	mepolizumab	Tier 3 #	NUCALA

# Specialty product covered as Tier 4 for certain prescription benefits.

#### STEROID/BETA AGONIST COMBINATIONS

QL	fluticasone/salmeterol	Tier 1	ADVAIR DISKUS
QL	budesonide/formoterol	Tier 2	SYMBICORT
QL	fluticasone/salmeterol, CFC-free aerosol	Tier 2	ADVAIR HFA
QL	fluticasone/vilanterol	Tier 2	BREO ELLIPTA
MN-PA, QL	mometasone/formoterol	Tier 3	DULERA

#### STEROID INHALANTS

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

#### XANTHINES

	theophylline ext-rel tabs	Tier 1	
	theophylline ext-rel caps	Tier 2	THEO-24
QL	theophylline liquid	Tier 3	ELIXOPHYLLIN

#### MISCELLANEOUS

	acetylcysteine inhalation solution	Tier 1	
QL	ipratropium spray	Tier 1	
QL	spacer device	Tier 2	AEROCHAMBER w/MASK
	sodium chloride inhalation solution	Tier 3	NEBUSAL

## 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, except 30 mg	Tier 1	
QL	isotretinoin	Tier 3	ABSORICA
QL	isotretinoin 30 mg	Tier 3	

Topical

QL, *	adapalene crm, gel	Tier 1	
QL	benzoyl peroxide crm, foam, gel, lotion, wash	Tier 1	
	clindamycin gel, lotion, soln	Tier 1	
QL	clindamycin phosphate foam 1%	Tier 1	
QL	clindamycin/benzoyl peroxide	Tier 1	
QL	clindamycin/tretinoin	Tier 1	
	erythromycin gel 2%	Tier 1	
	erythromycin soln	Tier 1	
QL	erythromycin/benzoyl peroxide	Tier 1	
QL	sulfacetamide crm, wash	Tier 1	
QL	tazarotene crm	Tier 1	
QL, *	tretinoin	Tier 1	
*	tretinoin - Avita	Tier 1	
QL, *	tretinoin gel microsphere	Tier 1	
	azelaic acid	Tier 2	AZELEX
	erythromycin base	Tier 2	AKNE-MYCIN
QL	tazarotene foam 0.1%	Tier 2	FABIOR
QL	tazarotene gel	Tier 2	TAZORAC
QL	benzoyl peroxide/tocopherols	Tier 3	INOVA

\* PA required for >35 years of age

Actinic Keratosis

PA	diclofenac sodium gel 3%	Tier 1	
QL	fluorouracil 0.5%	Tier 1	
QL	fluorouracil crm, soln 5%, soln 2%	Tier 1	
QL	fluorouracil	Tier 2	FLUOROPLEX
	ingenol mebutate	Tier 3	PICATO

Antibiotics

	gentamicin	Tier 1	
	mupirocin	Tier 1	
	silver sulfadiazine	Tier 1	
	mafenide crm	Tier 2	SULFAMYLON
QL	retapamulin	Tier 3	ALTABAX

Antifungals

QL	ciclopirox	Tier 1	
PA	ciclopirox topical soln 8%	Tier 1	
	clotrimazole/betamethasone	Tier 1	
	econazole	Tier 1	
QL	ketoconazole crm 2%	Tier 1	
	naftifine crm, gel 1%	Tier 1	
	nystatin	Tier 1	
	nystatin/triamcinolone	Tier 1	
QL	oxiconazole	Tier 1	
	sulconazole crm 1%	Tier 1	
QL	butenafine	Tier 2	MENTAX
	naftifine gel 2%	Tier 2	NAFTIN
	sulconazole soln 1%	Tier 2	EXELDERM

QL	sertaconazole	Tier 3	ERTACZO
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#### Antipsoriatics

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

<https://www.aad.org>

#### Oral

QL	acitretin	Tier 1	
	methoxsalen oral	Tier 1	

#### Topical

QL	anthralin	Tier 1	
QL	betamethasone dipropionate/calcipotriene	Tier 1	
QL	calcipotriene	Tier 1	
QL	calcipotriene oint	Tier 2	
QL	anthralin micronized	Tier 3	ZITHRANOL

#### Antiseborrheics

QL	ketoconazole shampoo 2%	Tier 1	
	selenium sulfide lotion 2.5%	Tier 1	
	selenium sulfide shampoo 2.25%	Tier 1	
QL	sulfacetamide shampoo	Tier 1	

#### Atopic Dermatitis

Guidelines for the treatment of atopic dermatitis are available at:

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

#### Injectable

PA, SP	dupilumab	Tier 3 #	DUPIXENT
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# Specialty product covered as Tier 4 for certain prescription benefits.

#### Topical

QL	pimecrolimus	Tier 1	
QL	tacrolimus	Tier 1	

#### Corticosteroids

##### Low Potency

	alclometasone crm, oint 0.05%	Tier 1	
	desonide crm, lotion, oint 0.05%	Tier 1	
	fluocinolone acetonide crm, oil, soln 0.01%	Tier 1	
	hydrocortisone crm 2.5%	Tier 1	
	hydrocortisone lotion 1%	Tier 1	
	fluocinolone shampoo 0.01%	Tier 2	CAPEX SHAMPOO
	hydrocortisone soln 2.5%	Tier 2	TEXACORT soln
QL	desonide foam 0.05%	Tier 3	VERDESO
	hydrocortisone lotion 2%	Tier 3	ALA-SCALP

##### Medium Potency

	betamethasone valerate crm, lotion, oint 0.1%	Tier 1	
QL	betamethasone valerate foam 0.12%	Tier 1	
	clocortolone	Tier 1	
	desoximetasone crm, oint 0.05%	Tier 1	
	fluocinolone acetonide crm, oint 0.025%	Tier 1	
	flurandrenolide crm, lotion 0.05%	Tier 1	
	fluticasone propionate crm, lotion 0.05%, oint 0.005%	Tier 1	

	hydrocortisone butyrate crm, lotion, oint, soln 0.1%	Tier 1	
	hydrocortisone butyrate lipid crm 0.1%	Tier 1	
	hydrocortisone valerate crm, oint 0.2%	Tier 1	
	mometasone crm, lotion, oint 0.1%	Tier 1	
	prednicarbate	Tier 1	
	triamcinolone acetonide crm, lotion 0.025%	Tier 1	
	triamcinolone acetonide crm, lotion, oint 0.1%	Tier 1	
	triamcinolone acetonide spray	Tier 1	
	triamcinolone oint 0.05%	Tier 1	
	flurandrenolide tape	Tier 2	CORDRAN TAPE
QL	hydrocortisone probutate crm 0.1%	Tier 2	PANDEL

*High Potency*

	amcinonide crm, lotion, oint 0.1%	Tier 1	
	betamethasone dipropionate augmented crm 0.05%	Tier 1	
	betamethasone dipropionate augmented lotion 0.05%	Tier 1	
	betamethasone dipropionate crm, lotion, oint 0.05%	Tier 1	
	desoximetasone crm, oint, spray 0.25%, gel 0.05%	Tier 1	
	diflorasone diacetate crm 0.05%	Tier 1	
	fluocinonide crm, gel, oint, soln 0.05%	Tier 1	
	halcinonide crm	Tier 1	
	triamcinolone acetonide crm 0.5%	Tier 1	
	halcinonide oint	Tier 2	HALOG

*Very High Potency*

	betamethasone dipropionate augmented gel, oint 0.05%	Tier 1	
	clobetasol propionate crm, gel, oint, soln 0.05%	Tier 1	
QL	clobetasol propionate foam 0.05%	Tier 1	
QL	clobetasol propionate lotion, shampoo 0.05%	Tier 1	
QL	clobetasol propionate spray 0.05%	Tier 1	
QL	clobetasol propionate/emollient foam	Tier 1	
	diflorasone diacetate oint 0.05%	Tier 1	
QL	fluocinonide crm 0.1%	Tier 1	
	halobetasol propionate crm, oint 0.05%	Tier 1	

*Emollients*

QL	hyaluronic acid, shea butter, Vitis Vinifera, telmesteine, vitamins C & E	Tier 2	ATOPICLAIR
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*Local Analgesics*

QL	lidocaine patch	Tier 1	
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*Local Anesthetics*

QL	lidocaine	Tier 1	
QL	lidocaine soln	Tier 1	
	lidocaine/prilocaine	Tier 1	
	benzocaine	Tier 2	ANACAINE
QL	lidocaine/tetracaine patch	Tier 2	SYNERA
	lidocaine/tetracaine	Tier 3	PLIAGLIS

*Rosacea*

QL	azelaic acid gel	Tier 1	
QL	metronidazole crm 0.75%	Tier 1	
QL	metronidazole gel 1%	Tier 1	
QL	metronidazole lotion 0.75%	Tier 1	
QL	sulfacetamide/sulfur	Tier 1	

QL	azelaic acid foam	Tier 2	FINACEA
PA, QL	brimonidine topical gel	Tier 3	MIRVASO

#### Scabicides and Pediculicides

	crotamiton lotion	Tier 1	
	malathion	Tier 1	
	permethrin 5%	Tier 1	

#### Miscellaneous Skin and Mucous Membrane

	acetic acid 0.25%	Tier 1	
QL	acyclovir crm, oint	Tier 1	
PA, QL	doxepin crm 5%	Tier 1	
QL	imiquimod	Tier 1	
QL	podofilox	Tier 1	
QL	salicylic acid crm, lotion 6%	Tier 1	
	trypsin/balsam/castor oil	Tier 1	
QL	alitretinoin	Tier 2	PANRETIN
	collagenase	Tier 2	SANTYL
QL	penciclovir	Tier 2	DENAVIR
QL	podophyllum resin	Tier 2	PODOCON-25
OTC	salicylic acid/lactic acid/collodion	Tier 2	GORDOFILM
QL	acyclovir/hydrocortisone	Tier 3	XERESE
QL	aluminum chloride soln	Tier 3	DRYSOL
PA	becaplermin	Tier 3	REGRANEX
QL	ethylene glycol	Tier 3	BIAFINE
PA, SP**	interferon alfa-n3	Tier 3 #	ALFERON N
QL	podofilox	Tier 3	CONDYLOX gel

# Specialty product covered as Tier 4 for certain prescription benefits.

#### MOUTH/THROAT/DENTAL AGENTS

##### Anesthetics - Topical Oral

	lidocaine viscous	Tier 1	
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##### Protectants - Mouth/Throat

PA, QL, SP	benzyl alcohol/carbomer 941/glycerin	Tier 3 #	MUGARD
PA, QL	soy phospholipid/glycerol dioleate	Tier 3	EPISIL
PA, QL	supersaturated calcium phosphate rinse	Tier 3	CAPHOSOL

# Specialty product covered as Tier 4 for certain prescription benefits.

##### Steroids - Mouth/Throat

	triamcinolone paste	Tier 1	
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##### Miscellaneous

	chlorhexidine gluconate	Tier 1	
	artificial saliva	Tier 3	AQUORAL

#### OPHTHALMIC

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

<https://one.aao.org>

##### Antiallergics

QL	azelastine	Tier 1	
QL	cromolyn sodium	Tier 1	
QL	epinastine	Tier 1	

OTC, QL	ketotifen	Tier 1	ZADITOR
QL	olopatadine	Tier 1	
	phenylephrine	Tier 1	
QL	bepotastine	Tier 2	BEPREVE
QL	lodoxamide	Tier 2	ALOMIDE
QL	nedocromil	Tier 2	ALOCRIIL
QL	alcaftadine	Tier 3	LASTACFT

#### Antifungals

QL	natamycin	Tier 2	NATACYN
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#### Anti-infectives

	bacitracin	Tier 1	
QL	ciprofloxacin	Tier 1	
	erythromycin	Tier 1	
QL	gatifloxacin	Tier 1	
	gentamicin	Tier 1	
QL	levofloxacin	Tier 1	
QL	moxifloxacin	Tier 1	
QL	neomycin/polymyxin B/bacitracin	Tier 1	
	neomycin/polymyxin B/gramicidin	Tier 1	
QL	ofloxacin	Tier 1	
QL	polymyxin B/bacitracin	Tier 1	
QL	polymyxin B/trimethoprim	Tier 1	
	sulfacetamide soln 10%	Tier 1	
QL	tobramycin	Tier 1	
	ciprofloxacin ophth oint	Tier 2	CILOXAN
QL	tobramycin oint	Tier 2	TOBREX oint
QL	azithromycin	Tier 3	AZASITE
QL	besifloxacin	Tier 3	BESIVANCE

#### Anti-infective/Anti-inflammatory Combinations

QL	neomycin/polymyxin B/bacitracin/hydrocortisone oint	Tier 1	
	neomycin/polymyxin B/dexamethasone	Tier 1	
QL	sulfacetamide/prednisolone phosphate 10%/0.25%	Tier 1	
QL	tobramycin/dexamethasone susp 0.3%/0.1%	Tier 1	
QL	gentamicin/prednisolone acetate	Tier 2	PRED-G
QL	sulfacetamide/prednisolone acetate oint 10%/0.2%	Tier 2	BLEPHAMIDE
QL	sulfacetamide/prednisolone acetate oint 10%/0.2%	Tier 2	BLEPHAMIDE SOP
QL	tobramycin/dexamethasone oint 0.3%/0.1%	Tier 2	TOBRADEX
	neomycin/polymyxin B/hydrocortisone susp	Tier 3	
QL	tobramycin/loteprednol	Tier 3	ZYLET

#### Anti-inflammatories

##### Nonsteroidal

QL	bromfenac sodium	Tier 1	
QL	diclofenac sodium	Tier 1	
QL	flurbiprofen	Tier 1	
QL	ketorolac	Tier 1	
QL	bromfenac	Tier 3	PROLENSA
QL	nepafenac	Tier 3	ILEVRO
	nepafenac	Tier 3	NEVANAC

##### Steroidal

	dexamethasone sodium phosphate	Tier 1	
QL	fluorometholone	Tier 1	



QL	loteprednol 0.5%	Tier 1	
	prednisolone acetate 1%	Tier 1	
	dexamethasone	Tier 2	MAXIDEX
QL	fluorometholone	Tier 2	FML S.O.P.
QL	fluorometholone acetate	Tier 2	FLAREX
QL	prednisolone acetate 0.12%	Tier 2	PRED MILD
QL	prednisolone phosphate 1%	Tier 2	
QL	difluprednate	Tier 3	DUREZOL
QL	fluorometholone	Tier 3	FML FORTE
QL	loteprednol 0.2%	Tier 3	ALREX

#### Antivirals

QL	trifluridine	Tier 1	
QL	ganciclovir	Tier 3	ZIRGAN

#### Beta-blockers

##### Nonselective

QL	carteolol	Tier 1	
QL	levobunolol	Tier 1	
QL	timolol maleate	Tier 1	
QL	timolol maleate gel	Tier 1	
QL	timolol hemihydrate	Tier 2	BETIMOL
QL	timolol maleate	Tier 3	TIMOPTIC OCUDOSE

##### Selective

QL	betaxolol 0.5%	Tier 1	
QL	betaxolol	Tier 2	BETOPTIC S

#### Carbonic Anhydrase Inhibitors

##### Topical

QL	dorzolamide	Tier 1	
QL	brinzolamide	Tier 2	AZOPT

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

QL	dorzolamide/timolol maleate	Tier 1	
QL	dorzolamide/timolol maleate/preservative-free	Tier 1	

#### Carbonic Anhydrase Inhibitor/Sympathomimetic Combinations

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

QL	cyclosporine, emulsion	Tier 2	RESTASIS
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#### Mydriatics

	homatropine 5%	Tier 1	
QL	homatropine	Tier 2	ISOPTO HOMATROPINE
QL	scopolamine hydrobromide	Tier 2	ISOPTO HYOSCINE
QL	atropine soln	Tier 3	ISOPTO ATROPINE
QL	cyclopentolate/phenylephrine	Tier 3	CYCLOMYDRIL

#### Neurotrophic Keratitis

PA, SP	cenegermin-bkbj	Tier 3 #	OXERVATE
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# Specialty product covered as Tier 4 for certain prescription benefits.

Parasympathomimetics

QL	pilocarpine	Tier 1	
	acetylcholine	Tier 2	MIOCHOL-E
QL	pilocarpine	Tier 2	PILOPINE HS

Prostaglandins

QL	latanoprost	Tier 1	
QL	travoprost	Tier 1	
QL	bimatoprost 0.01%	Tier 3	LUMIGAN

Sympathomimetics

	apraclonidine 0.5%	Tier 1	
QL	brimonidine 0.15%	Tier 1	
QL	brimonidine 0.2%	Tier 1	
QL	brimonidine 0.1%	Tier 2	ALPHAGAN P

Sympathomimetic/Beta-blocker Combinations

QL	brimonidine/timolol	Tier 3	COMBIGAN
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Miscellaneous

	naphazoline	Tier 1	
QL	proparacaine	Tier 1	
QL	tetracaine ophth 0.5%	Tier 1	
PA, QL, SP**	cysteamine	Tier 2 #	CYSTARAN
QL	echothiophate iodide	Tier 2	PHOSPHOLINE IODIDE
	hydroxypropyl cellulose	Tier 2	LACRISERT
QL	lidocaine gel	Tier 3	AKTEN

# Specialty product covered as Tier 4 for certain prescription benefits.

OTIC

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

<https://www.aap.org>

Anti-infectives

	acetic acid	Tier 1	
QL	ciprofloxacin otic	Tier 1	
QL	ofloxacin otic	Tier 1	

Anti-infective/Anti-inflammatory Combinations

	acetic acid/hydrocortisone	Tier 1	
QL	ciprofloxacin/dexamethasone	Tier 1	
QL	ciprofloxacin/fluocinolone acetonide	Tier 1	
	neomycin/polymyxin B/hydrocortisone	Tier 1	
QL	ciprofloxacin/hydrocortisone	Tier 3	CIPRO HC OTIC

Miscellaneous

QL	chloroxylonol/pramoxine	Tier 1	
	fluocinolone acetonide oil	Tier 1	

## WEBSITES

Agency for Healthcare Research and Quality

<https://www.ahrq.gov>

Alzheimer's Association

<https://www.alz.org>

American Academy of Allergy, Asthma and Immunology

<https://www.aaaai.org>

American Academy of Child & Adolescent Psychiatry

<https://www.aacap.org>

American Academy of Dermatology

<https://www.aad.org>

American Academy of Neurology

<https://www.aan.com>

American Academy of Ophthalmology

<https://www.aao.org>

American Academy of Pediatrics

<https://www.aap.org>

American Association for the Study of Liver Disease

<https://www.aasld.org>

American Association of Clinical Endocrinologists

<https://www.aace.com>

American Association of Diabetes Educators

<https://www.diabeteseducator.org>

American Cancer Society

<https://www.cancer.org>

American College of Allergy, Asthma and Immunology

<https://www.acaai.org>

American College of Cardiology

<https://www.acc.org>

American College of Chest Physicians

<https://www.chestnet.org>

American College of Gastroenterology

<https://gi.org>

American College of Physicians

<https://www.acponline.org>

American College of Rheumatology

<https://www.rheumatology.org>

American Congress of Obstetricians and Gynecologists

<https://www.acog.org>

American Diabetes Association

<http://www.diabetes.org>

American Gastroenterological Association

<https://www.gastro.org>

American Headache Society Committee for Headache Education

<https://americanheadachesociety.org>

American Heart Association

<https://professional.heart.org>

American Lung Association

<https://www.lung.org>

American Medical Association

<https://www.ama-assn.org>

American Psychiatric Association

<https://www.psychiatry.org>

American Society of Anesthesiologists

<https://www.asahq.org>

American Society of Clinical Oncology

<https://www.asco.org>

American Society of Interventional Pain Physicians

<https://www.asipp.org>

American Urological Association

<https://www.auanet.org>

Centers for Disease Control and Prevention

<https://www.cdc.gov>

Centers for Disease Control and Prevention

Guideline topics: AIDS

<https://www.cdc.gov/hiv/default.html>

Centers for Disease Control and Prevention

Guideline topics: Sexually Transmitted Diseases

<https://www.cdc.gov/std/treatment/default.htm>

CVS Caremark

<https://www.caremark.com>

The Food and Drug Administration

<https://www.fda.gov>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

United Mine Workers of America Health and Retirement Funds  
<http://www.umwafunds.org>

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

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

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