Plan for your best health

2022 Aetna Pharmacy Drug Guide

Advanced Control Plan: Sutter Health | Aetna

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Definitions

Brand name drug means a drug that is marketed under a proprietary, trademark-protected name. A brand name drug is listed in this formulary in all CAPITAL letters.

Coinsurance means a percentage of the cost of a covered health care benefit that you pay after you have paid the deductible, if a deductible applies to the health care benefit.

Copayment means a fixed dollar amount that you pay for a covered health care benefit after you have paid the deductible, if a deductible applies to the health care benefit.

Deductible means the amount you pay for covered health care benefits that are subject to the deductible before your health insurer begins to pay. If your health insurance policy has a deductible, it may have either one deductible or separate deductibles for medical benefits and prescription drug benefits. After you pay your deductible, you usually pay only a copayment or coinsurance for covered health care benefits. Your insurance company pays the rest.

Drug Tier means a group of prescription drugs that correspond to a specified cost sharing tier in your health insurance policy. The drug tier in which a prescription drug is placed determines your portion of the cost for the drug.

Enrollee is a person enrolled in a health plan who is entitled to receive services from the plan.

Exception request means a request for coverage of a non-formulary drug. If you, your designee, or your prescribing health care provider submits a request for coverage of a non-formulary drug, your insurer must cover the non-formulary drug when it is medically necessary for you to take the drug.

Exigent circumstances means when you are suffering from a medical condition that may seriously jeopardize your life, health, or ability to regain maximum function, or when you are undergoing a current course of treatment using a non-formulary drug.

Formulary or **prescription drug list** means the list of drugs that is covered by your health insurance policy under the prescription drug benefit of the policy.

Generic drug means a drug that is the same as its brand name drug equivalent in dosage, strength, effect, how it is taken, quality, safety, and intended use. A generic drug is listed in this formulary in italicized lowercase letters.

Medically Necessary means health care benefits needed to diagnose, treat, or prevent a medical condition or its symptoms and that meet accepted standards of medicine. Health insurance usually does not cover health care benefits that are not medically necessary.

Non-formulary drug means a prescription drug that is not listed on this formulary.

Out-of-pocket costs means your expenses for health care benefits that aren't reimbursed by your health insurance. Out-of-pocket costs include deductibles, copayments, and coinsurance for covered health care benefits, plus all costs for health care benefits that are not covered.

Prescribing provider means a health care provider who can write a prescription for a drug to diagnose, treat, or prevent a medical condition.

Prescription means an oral, written, or electronic order from a prescribing provider authorizing a prescription drug to be provided to a specific individual.

Prescription drug means a drug that by law requires a prescription.

Prior Authorization means a decision by your health insurer that a health care benefit is medically necessary for you. If a prescription drug is subject to prior authorization in this formulary, your prescribing provider must request approval from your health insurer to cover the drug before you fill your prescription. Your health insurer must grant a prior authorization request when it is medically necessary for you to take the drug.

Step therapy means a specific sequence in which prescription drugs for a particular medical condition must be tried. If a drug is subject to step therapy in this formulary, you may have to try one or more other drugs before your health insurance policy will cover that drug for your medical condition. If your prescribing provider submits a request for an exception to the step therapy requirement, your health insurer must grant the request when it is medically necessary for you to take the drug.

Subscriber means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.

How to use this guide

Your guide includes a list of commonly used drugs covered on your pharmacy plan. The amount you pay depends on the drug your doctor prescribes. It's either a flat fee or a percentage of the prescription's price after you meet your deductible, if applicable. Preferred generic drugs cost less. Preferred brand drugs will have a higher cost.

Refer to the Summary of Benefits for differences and information about the prescription drugs covered under your Outpatient prescription drugs and medical benefit in your plan.

A prescription drug may be located by looking up the therapeutic category and class to which the drug belongs or the brand or generic name of the drug in the alphabetical index; and

If a generic equivalent for a brand name drug is not available on the market or is not covered, the drug will not be separately listed by its generic name.

- A drug is listed alphabetically by its brand and generic names in the therapeutic category and class to which it belongs;
- The generic name for a brand name drug is included after the brand name in parentheses and all lowercase italicized letters. (For example: COREG (*carvedilol*))
- If a generic equivalent for a brand name drug is both available and covered, the generic drug will be listed separately from the brand name drug in all lowercase italicized letters; and (For example: *carvedilol*)
- If a generic drug is marketed under a proprietary, trademark-protected brand name, the brand name will be listed after the generic name in parentheses and regular typeface with the first letter of each word capitalized. (For example: *desogestrel-ethinyl estradiol* (Azurette)).
- Inclusion of a prescription drug on the formulary does not guarantee that your provider will prescribe the drug for a particular medical condition.
- Therapeutic categories and classes are based on the Medispan therapeutic classification system.

Your plan includes

- Brand and generic drugs that are hand-picked for their quality and effectiveness
- A specialty pharmacy fills specialty drug prescriptions (ones that are injected, infused or taken by mouth) — and provides services that include personal support, helpful resources and training, and free secure home delivery
- A home delivery pharmacy that delivers maintenance drugs to your home or wherever you choose (for drugs that are taken regularly to treat conditions like diabetes or asthma)

What you can expect to pay

With your pharmacy plan, the amount you pay depends on the drug your doctor prescribes. It's either a flat fee or a percentage of the drug's/medicine price.

Each drug is grouped as a generic, a brand or a specialty drug. The preferred drugs within these groups will generally save you money compared to a non-preferred drug. Typically, generic drugs are less expensive than brands.

Specialty prescription drugs typically include higher-cost drugs that require special handling, special storage or monitoring. These types of drugs may include, but are not limited to, drugs that are injected, infused, inhaled or taken by mouth.

You're covered for all types of medicine — some more expensive, and some less.

- **Generic – G (tier 1):** the lowest cost share
- **Preferred brand – PB (tier 2)**: a slightly higher cost share
- **Non-preferred brand – NP (tier 3):** a higher cost share
- **Preferred Specialty – PSP (tier 4):** lower cost share for specialty drugs
- **Non-preferred Specialty – NPS (tier 5):** higher cost share for non-preferred specialty drugs
- **Copay Exception – CE:** Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy. Certain limitations may apply.

Your pharmacy plan may not have all the coverage levels listed above so check your plan documents to see how much you will pay, for example your copayments and maximum dollar amounts.

For your exact coverage and cost, and to learn more about your plan

Visit the website that's on your member ID card. Then log in to your account, where you can:

- Find out the coverage and estimate of cost for specific drugs
- View your deductibles and plan limits
- Order medications
- Check your pharmacy order status
- Get a member ID card
- View your claims, Explanation of Benefits and more

Have more questions about your pharmacy benefits?

We're here to help. There are several ways you can learn more about your benefits:

- Check your Plan Design and Benefits Summary in your enrollment kit.
- Call the toll-free number on your member ID card.
- Review our pharmacy frequently asked questions (FAQs) and answers. Just visit the website that's on your member ID card to search for the "Pharmacy FAQ".

Specialty Pharmacy Network

An in-network specialty pharmacy can fill your prescriptions for specialty drugs. These are the types of drugs that may be injected, infused or taken by mouth. They often need special storage and handling. And they need to be delivered quickly. A nurse or pharmacist may monitor your treatment, if needed. With this type of pharmacy, you can get this medicine sent right to our mailbox.

How to get started with a specialty pharmacy

Ordering your prescriptions through our specialty pharmacy is easy. And we typically offer a 30-day medicine supply.

- **To transfer your prescription**, just call us toll-free at **1-866-353-1892**.
- **For a new prescription**, your doctor can send it to us in one of four ways:
  1. **Electronically:** Through e-prescribe
  2. **Fax: 1-800-323-2445**
  3. **Phone: 1-800-237-2767**

If you mail in your own prescription, please send it with a completed Patient Profile Form. To find this form, just visit the website that's on your member ID card, to search for the "Patient Profile Form".

CVS Caremark Mail Service Pharmacy™

You can have maintenance drugs sent right to your home or anywhere else you choose with CVS Caremark Mail Service Pharmacy. These are drugs that are taken regularly for chronic conditions like diabetes or asthma. Depending on your plan, you can get up to a 90-day supply of medicine for less cost. It's fast and convenient, and standard shipping is always free.

Get started right away

You can submit your order using one of these options:

1. **Online** — Visit your secure member website and sign in to your account. There you can add or remove your prescriptions.
2. **Phone** — Call us toll-free, 24/7 at **1-888-792-3862**. If you need the help of a telephone device for the hard of hearing, call **1-877-833-2779**.
3. **Mail** — Get a new prescription from your doctor. Then mail it to us with a completed order form. You can find the form on your secure member website. The mailing address is on the form.

Your doctor can submit your order using one of these options:

1. **Online** — They can submit your prescriptions using the e-prescribe services on our provider website.
2. **Fax** — They can fax your prescription to **1-877-270-3317**. Make sure they include your member ID number, date of birth and mailing address on the fax cover sheet. Only a doctor may fax a prescription.

Frequently asked questions

How can I save on prescriptions?

Here are some tips to pay less out of pocket for your prescription drugs:

- Ask your doctor to consider prescribing drugs that are on the Pharmacy Drug Guide (formulary).
- Ask your doctor to consider prescribing generic drugs instead of brand-name drugs.
- Our home delivery service may save you money. For more information, visit the website on your member ID card and log in to your account.

What are generic drugs?

Generic drugs are proven to be just as safe and effective as brand-name drugs. They contain the same active ingredients in the same amounts as the brand-name drugs and work the same way. So they have the same risks and benefits as brand-name drugs. However, they typically cost less.

When appropriate, your doctor may decide to prescribe a generic drug or allow the pharmacist to substitute a generic drug.

What is prior authorization?

Prior authorization is one way that we can help you and your doctor find safe, appropriate drugs and keep costs down. Prior authorization means that you or your doctor need to get approval from the plan before certain drugs will be covered. Generally, Prior authorization applies to drugs that:

- Are often taken in the wrong way
- Should only be used for certain conditions
- Often cost more than other drugs that are proven to be just as effective

Keep in mind that your doctor must contact us to request approval of coverage for these drugs.

What is step therapy?

Some drugs require step therapy. This means that you must try one or more prerequisite drug(s) before a step therapy drug is covered.

The prerequisite drugs have U.S. Food and Drug Administration (FDA) approval and may cost less. They treat the same condition as the step therapy drug.

If you don't try the appropriate prerequisite drug(s) first, you may need to pay full cost for the step-therapy drug.

What are quantity limits?

Quantity limits help your doctor and pharmacist make sure that you use your drug correctly and safely. We use medical guidelines and FDA-approved recommendations from drug makers to set these coverage limits. The quantity limit program includes:

- **Dose efficiency edits** — Limits prescription coverage to one dose per day for drugs that have approval for once-daily dosing
- **Maximum daily dose** — If a prescription is lower than the minimum or higher than the maximum allowed dose, a message is sent to the pharmacy
- **Quantity limits over time** — Limits prescription coverage to a specific number of units over a specific amount of time

What if I need a drug that requires an exception to the prior authorization, step therapy or quantity limits requirements? Or what if I need a drug that's not covered under my plan?

In certain cases, you or your prescriber can request a medical exception to the prior authorization, step therapy or quantity limits requirement or for a drug that's not covered on your plan. Coverage determinations will be made within 72 hours of receiving non-urgent requests. You can ask for your request to be expedited. Expedited coverage decisions are made within 24 hours.

We'll then contact you or your prescriber with our decision. All medically necessary outpatient prescription drugs will be covered. If a medical exception is approved, you only need to pay the copay after the deductible. This amount is based on your pharmacy plan design.

Medical exceptions which are approved for non-urgent requests will cover the duration of the prescription, including refills. Approved medical exceptions for exigent circumstances will provide coverage for the duration of the exigency.

If your request is denied you have the right to file an appeal using the process described in the notification letter.

If a determination is not made for a prior authorization or step therapy exception request within 72 hours of receiving a non-urgent request and 24 hours of receiving a request based on exigent circumstances, the request is deemed approved and we may not deny the request thereafter.

In accordance with state law, members who are covered under small group health insurance policies and who have previously received approval from us for coverage of medications for the members' medical conditions will continue to have those medications covered, for as long as the prescriber continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the member's medical condition.

How can your provider request a medical exception?

The following options will provide detail to help request a medical exception.

- Submit their request through our secure provider website on www.availity.com.
- Call the Aetna Pharmacy prior authorization unit: Non-Specialty **1-800-294-5979** or Specialty **1-866-814-5506**.
- Fax the completed request form to: Non-Specialty **1-888-836-0730** or Specialty **1-866-249-6155**.
- Mail the completed request form to: Aetna Pharmacy Management 1300 East Campbell Road Richardson, TX 75081

Can the formulary change during the year?

The formulary can change throughout the year. Some reasons why they can change include:

- New drugs are approved.
- Existing drugs are removed from the market.
- Prescription drugs may become available over the counter (without a prescription). Over-the-counter drugs are not generally covered in a formulary.
- Brand-name drugs lose patent protection and generic versions become available. When this happens, the generic drug will be covered in place of the brand-name drug. The brand-name drug is likely to become non-formulary or covered at a higher cost. See the "what are generic drugs?" section above for more information.

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. Voting members of the P&T Committee are not employees of CVS Caremark and must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

How do you find a pharmacy?

You can find a pharmacy in two ways:

- **Online:** By logging onto your secure member website at **Aetna.com**.
- **By phone:** Call the toll-free number on your ID card. During regular business hours, a representative can assist you. Our automated telephone assistant can give you this information 24 hours a day.

Assistive Technology

Persons using assistive technology may not be able to fully access the following information. For assistance, please call 1-888-802-3862.

Smartphone or Tablet

To view documents from your smartphone or tablet, the free WinZip app is required. It may be available from your App Store.

Non-Discrimination

Sutter Health | Aetna complies with applicable Federal civil rights laws and does not unlawfully discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

We provide free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,
P.O. Box 14462, Lexington, KY 40512,
1-800-648-7817, TTY: **711**,
Fax: 859-425-3379
CRCoordinator@aetna.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at **1-800-368-1019**, **800-537-7697** (TDD).

Health benefit plans are administered by Sutter Health and Aetna Administrative Services LLC (Sutter Health|Aetna). Sutter Health|Aetna is an affiliate of Sutter Health and of Aetna Life Insurance Company and its affiliates (Aetna). Aetna provides certain management services to Sutter Health|Aetna.

TTY:711

English	To access language services at no cost to you, call the number on your ID card.
Albanian	Për shërbime përkthimi falas për ju, telefononi në numrin që gjendet në kartën tuaj të identitetit.
Amharic	የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በመታወቂያዎት ላይ ያለወን ቁጥር ይደውሉ፡ ፡
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.
Armenian	Ձեր նախընտրած լեզվով ավվճար խորհրդատվություն ստանալու համար զանգահարեք ձեր բժշկական ապահովագրության քարտի վրա նշված հէրախոսահամարով
Bantu-Kirundi	Kugira uronke serivisi z'indimi ata kiguzi, hamagara inomero iri ku karangamuntu kawe
Bengali	আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে আপনার পরিচয়পত্রে দেওয়া নম্বরে টেলিফোন করুন।
Burmese	သင့်အနေဖြင့် အခကြေးငွေ မပေးရပဲ ဘာသာစကားဝန်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ်တွင်ရှိသော ဖုန်းနံပတ်အား ခေါ်ဆိုပါ။
Catalan	Per accedir a serveis lingüístics sense cap cost per a vostè, telefoni al número indicat a la seva targeta d'identificació.
Cebuano	Aron maakses ang mga serbisyo sa lengguwahe nga wala kay bayran, tawagi ang numero nga anaa sa imong kard sa ID.
Chamorro	Para un hago' i setbision lengguåhi ni dibåtde para hågu, ågang i numiru gi iyo-mu kard aidentifikasion.
Cherokee	ᏩᎩᏍᏗ ᏏᏅᏂᏯᏍᏗ ᏔᏙᏅᏓᏁᏗ Ꮳ ᎠᏀᏍᏗ ᏗᏥᎦᏔᏁᏗ ᏯᎥ, ᏫᏙᏯᏰᏔᏏ ᏫᏍᏗ ᏗᏋᏍᏗ ᏂᏚᏍᏔᏅᏁ ᏝᏍᏗ ID ᏗᏂᏲᏍᏗ ᏥᏕᏔ.
Chinese Traditional	如欲使用免費語言服務，請撥打您健康保險卡上所列的電話號碼
Choctaw	Anumpa tosholi i toksvli ya peh pilla ho ish i payahinla kvt chi holisso kallo iskitini holhtena takanli ma i payah
Chuukese	Ren omw kopwe angei aninisin eman chon awewei (ese kamé), kopwe kééri ewe nampa mei mak won noum ena katen ID
Cushitic-Oromo	Tajaajiiloota afaanii gatii bilisaa ati argaachuuf,lakkoofsa fuula waraaqaa eenyummaa (ID) kee irraa jiruun bilbili.
Dutch	Voor gratis taaldiensten, bel het nummer op uw ziekteverzekeringskaart.
French	Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé.
French Creole (Haitian)	Pou ou jwenn sèvis gratis nan lang ou, rele nimewo telefòn ki sou kat idantifikasyon asirans sante ou.
German	Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an.
Greek	Για πρόσβαση στις υπηρεσίες γλώσσας χωρίς χρέωση, καλέστε τον αριθμό στην κάρτα ασφάλισής σας.
Gujarati	તમારે કોઇ પણ જાતના ખર્ચ વિના ભાષા સેવાઓ મેળવવા માટે, તમારા આઇડી કાર્ડ પર રહેલ નંબર પર કૉલ કરવો.

Hawaiian	No ka wala‘au ‘ana me ka lawelawe ‘ōlelo e kahea aku i ka helu kelepona ma kāu kāleka ID. Kāki ‘ole ‘ia kēia kōkua nei.
Hindi	बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, अपने आईडी कार्ड पर दिए नंबर पर कॉल करें।
Hmong	Yuav kom tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID.
Igbo	Inweta enyemaka asụsụ na akwughi ụgwọ obụla, kpọọ nọmba nọ na kaadi njirimara gị
Ilocano	Tapno maakses dagiti serbisio ti pagsasao nga awanan ti bayadna, awagan ti numero nga adda ayan ti ID kardmo.
Indonesian	Untuk mengakses layanan bahasa tanpa dikenakan biaya, silakan hubungi nomor telepon di kartu asuransi Anda.
Italian	Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.
Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Karen	လၢတၢ်ကမၤန္ၢ်ကျိာ်တၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖၣ် လၢတအိၣ်ဒီးအပှၤလၢနကဘၣ်ဟ့ၣ်အီ၊အဂီၢ်,ကိးဘၣ်လီတဲစိနီၣ်ဂံၢ်လၢအအိၣ်လၢနခိၣ်ဂီၤ (ID) အလိ၊နၣ်တက့ၢ်.
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Kru-Bassa	I nyuu kosna mahola ni language services ngui nsaa wogui wo, sebel i nsinga i ye ntilga i kat yong matibla
Kurdish	بۆ دەسپێڕاگەیشتن بە خزمەتگوزاری زمان بەبێ تێچوون بۆ تۆ، پەیوەندی بکە بە ژمارەی سەر ئای دی(ID) کارتی خۆت.
Lao	ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ, ໃຫ້ໂທຫາເບີໂທຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ.
Marathi	आपल्याला कोणत्याही शुल्काशिवाय भाषा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डावरील क्रमांकावर फोन करा.
Marshallese	Ṇan bōk jipañ kōn kajin ilo an ejjeḷọk wōṇean ñan kwe, kwōn kallok nōṃba eo ilo kaat in ID eo aṃ.
Micronesian-Ponapean	Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.
Mon-Khmer, Cambodian	ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរស័ព្ទទៅកាន់លេខដែលមាននៅលើបណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។
Navajo	T’áá ni nizaad k’ehjí bee níká a’doowoł doo bą́ą́h ílínígóó naaltsoos bee atah níl̨ı̨go nanitinígíí bee néého’dólzinígíí béésh bee hane’í biká’ígíí áajı̨’ hólne’.
Nepali	भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।
Nilotic-Dinka	Të kɔɔr yïn ran de wëër de thokic ke cïn wëu kɔr keek tënɔŋ yïn. Ke yïn cɔl ran ye kɔc kuɔny në namba de abac tɔ̈ në ID kard duɔ̈n de tïït de nyin de panakim kɔ̈u.
Norwegian	For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt.

Pennsylvanian-Dutch	Um Schprooch Services zu griege mitaus Koscht, ruff die Nummer uff dei ID Kaart.
Persian Farsi	برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید.
Polish	Aby uzyskać dostęp do bezpłatnych usług językowych, należy zadzwonić pod numer podany na karcie identyfikacyjnej.
Portuguese	Para aceder aos serviços linguísticos gratuitamente, ligue para o número indicado no seu cartão de identificação.
Punjabi	ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਪੰਜਾਬੀ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਫ਼ੋਨ ਕਰੋ।
Romanian	Pentru a accesa gratuit serviciile de limbă, apelați numărul de pe cardul de membru.
Russian	Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной карте.
Samoan	Mō le mauaina o 'au'aunaga tau gagana e aunoa ma se totogi, vala'au le numera i luga o lau pepa ID.
Serbo-Croatian	Za besplatne prevodilačke usluge pozovite broj naveden na Vašoj identifikacionoj kartici.
Spanish	Para acceder a los servicios lingüísticos sin costo alguno, llame al número que figura en su tarjeta de identificación.
Sudanic Fulfulde	Heeba a naasta nder ekkitol jaangirde woldeji walla yoƀugo, ewnu lamba je ɓon windi ha do ɓerowol maaɓa.
Swahili	Kupata huduma za lugha bila malipo kwako, piga nambari iliyo kwenye kadi yako ya kitambulisho.
Syriac-Assyrian	ܒܝܕ ܗܢܒܩܐ ܬܠܝ ܒܝܠܝܢܐ ܕܫܘܬܐ ܕܠܫܢܐ ܕܚܢܢܐ ܕܠܝܬܗ ܚܫܒܢܐ، ܡܢܒܚܐ ܒܝܬܗ ܕܠ ܒܛܐܩܐ ܕܗܘܝܬܐ.
Tagalog	Upang ma-access ang mga serbisyo sa wika nang walang bayad, tawagan ang numero sa iyong ID card.
Telugu	భాష సేవలను మీకు ఖర్చు లేకుండా అందుకునేందుకు, మీ ఐడి కార్డుపై ఉన్న నంబరుకు కాల్ చేయండి.
Thai	หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทรหมายเลขที่แสดงอยู่บนบัตรประจำตัวของท่าน
Tongan	Kapau ‘oku ke fiema’u ta’etōtōngi ‘a e ngaahi sēvesi kotoa pē he ngaahi lea kotoa, telefoni ki he fika ‘oku hā atu ‘i ho’o ID kaati.
Turkish	Dil hizmetlerine ücretsiz olarak erişmek için kimlik kartınızdaki numarayı arayın.
Ukrainian	Щоб безкоштовнj отримати мовні послуги, задзвоніть за номером, вказаним на вашій ідентифікайній картці.
Urdu	لسانی خدمات تک مُفت رسائی کے لیے، اپنے بیمہ کے ID کارڈ پر درج نمبر پر کال کریں۔
Vietnamese	Để sử dụng các dịch vụ ngôn ngữ miễn phí, vui lòng gọi số điện thoại ghi trên thẻ ID của quý vị.
Yiddish	צו באקומען שפראך סערוויסעס פריי פון אפצאל, רופט דעם נומער אויף אייער ID קארטל.
Yoruba	Láti ráyèsí àwọn iṣẹ́ èdè fún ọ lọ́fẹ̀ẹ́, pe nọ́mbà tó wà lórí káàdì ìdánimọ̀ rẹ.

Remember to visit the website on your member ID card. Then sign in to your account for the most up-to-date information.

Please note that if your prescription drug benefits plan changes, the information here may no longer apply.

Medications on the Aetna Drug Guide, precertification, step-therapy and quantity limits lists are subject to change.

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The drugs on the Pharmacy Drug Guide (formulary), Formulary Exclusions, Precertification, and Quantity Limit Lists are subject to change. The quantity limits and step therapy drug coverage review programs are not available in all service areas. However, these programs are available to self-funded plans.

Information is subject to change. In accordance with state law, changes to drug coverage are not effective for commercial fully insured plans (including HMOs) in Louisiana, New York, Texas, and in most circumstances Connecticut, until the plans' renewal date.

In accordance with state law, certain fully insured commercial California members (except Federal Employee Health Benefit Plan members) who obtained approval from an Aetna plan for coverage of drugs that are later added to the Preauthorization or Step Therapy Lists or removed from the Pharmacy Drug Guide will continue to have those drugs covered, for as long as the treating in-network provider continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition. Aetna reserves the right to periodically request clinical information from your provider to assess your medical condition and the appropriateness of your ongoing treatment. Failure to provide clinical information could result in subsequent denial of coverage for this medication.

In accordance with state law, fully insured Commercial Connecticut preferred provider organization (PPO) members (except Federal Employee Health Benefit Plan members) who are receiving coverage for drugs that are added to the Precertification or Step-Therapy Lists will continue to have those drugs covered for as long as the prescriber prescribes them, provided the drug is medically necessary and more medically beneficial than other covered drugs. Nothing in this section shall preclude the prescribing provider from prescribing another drug covered by the plan that is medically appropriate for the enrollee, nor shall anything in this section be construed to prohibit generic drug substitutions.

In certain states, including Arkansas, Colorado, Connecticut, Delaware, Georgia, Illinois, Louisiana, Maryland, Minnesota, North Dakota, Pennsylvania and Texas, step therapy programs do not apply to fully insured members utilizing prescription drugs for the treatment of stage-four advanced, metastatic cancer.

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lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
CE = Copay Exception: Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy. Certain limitations may apply.
G = Generics
NF = Non-formulary, not covered unless exception request granted
NPB = Non-Preferred Brands
NPSP = Non-Preferred Specialty
PB = Preferred Brands
PSP = Preferred Specialty

Drug Notes
IBC = Indication Based Coverage
LGC = Lowest Generic Copay Applies
N8 = Drug Specific Coverage
SPC = Select Plan Coverage: Only available for select plans. Refer to member plan documents for coverage.

Prescription Drug Name	Drug Tier	Drug Notes
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION		
COX-2 INHIBITORS		
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG (*celecoxib*)	NF	
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	G	
GOUT		
allopurinol oral tablet 100 mg, 300 mg	G	
colchicine oral capsule 0.6 mg	G	
colchicine oral tablet 0.6 mg	G	
colchicine-probenecid oral tablet 0.5-500 mg	G	
COLCRYS ORAL TABLET 0.6 MG (*colchicine*)	NF	
febuxostat oral tablet 40 mg, 80 mg	G	
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML (*pegloticase*)	NPSP	
MITIGARE ORAL CAPSULE 0.6 MG (*colchicine*)	PB	
probenecid oral tablet 500 mg	G	
ULORIC ORAL TABLET 40 MG, 80 MG (*febuxostat*)	NF	
MISCELLANEOUS		
RIDAURA ORAL CAPSULE 3 MG (*auranofin*)	NPB	
NON-OPIOID ANALGESICS		
ALLZITAL ORAL TABLET 25-325 MG (*butalbital-acetaminophen*)	NF	
butalbital-apap-caffeine (Bac Oral Tablet 50-325-40 Mg)	G	

Prescription Drug Name	Drug Tier	Drug Notes
butalbital-acetaminophen (Bupap Oral Tablet 50-300 Mg)	NF	
butalbital-acetaminophen oral capsule 50-300 mg	NF	
butalbital-acetaminophen oral tablet 50-300 mg	NF	
butalbital-acetaminophen oral tablet 50-325 mg	G	
butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg	NF	
butalbital-apap-caffeine oral tablet 50-325-40 mg	G	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	G	
butalbital-apap-caffeine (Esgic Oral Capsule 50-325-40 Mg)	NF	
FIORICET ORAL CAPSULE 50-300-40 MG (*butalbital-apap-caffeine*)	NF	
TENCON ORAL TABLET 50-325 MG (*butalbital-acetaminophen*)	G	
butalbital-apap-caffeine (Zebutal Oral Capsule 50-325-40 Mg)	NF	
NSAIDS		
ANJESO INTRAVENOUS INJECTABLE 30 MG/ML (*meloxicam*)	NF	
CALDOLOR INTRAVENOUS SOLUTION 800 MG/200ML (*ibuprofen*)	NPB	
CAMBIA ORAL PACKET 50 MG (*diclofenac potassium(migraine)*)	NF	
dfs dr/ms/menth/cap pak combination kit 75 mg	NF	
diclofenac potassium oral tablet 25 mg	NF	
diclofenac potassium oral tablet 50 mg	G	
diclofenac sodium er oral tablet extended release 24 hour 100 mg	G	
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg	G	
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg	G	
etodolac oral capsule 200 mg, 300 mg	G	
etodolac oral tablet 400 mg, 500 mg	G	
fenoprofen calcium oral capsule 200 mg, 400 mg	NF	
fenoprofen calcium oral tablet 600 mg	NF	
flurbiprofen oral tablet 100 mg, 50 mg	G	
ibuprofen (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg)	G	

Prescription Drug Name	Drug Tier	Drug Notes
ibuprofen oral suspension 100 mg/5ml	G	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	G	
INDOCIN ORAL SUSPENSION 25 MG/5ML (*indomethacin*)	NF	
INDOCIN RECTAL SUPPOSITORY 50 MG (*indomethacin*)	NF	
indomethacin er oral capsule extended release 75 mg	G	
indomethacin oral capsule 20 mg	NF	
indomethacin oral capsule 25 mg, 50 mg	G	
ketoprofen er oral capsule extended release 24 hour 200 mg	NF	
ketoprofen oral capsule 25 mg	NF	
ketorolac tromethamine oral tablet 10 mg	G	
LODINE ORAL TABLET 400 MG (*etodolac*)	NF	
diclofenac potassium (Lofena Oral Tablet 25 Mg)	NF	
meclofenamate sodium oral capsule 100 mg, 50 mg	G	
mefenamic acid oral capsule 250 mg	NF	
meloxicam oral capsule 10 mg, 5 mg	NF	
meloxicam oral tablet 15 mg, 7.5 mg	G	
nabumetone oral tablet 500 mg, 750 mg	G	
NALFON ORAL CAPSULE 400 MG (*fenoprofen calcium*)	NPB	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG (*naproxen sodium*)	NF	
NAPROSYN ORAL SUSPENSION 125 MG/5ML (*naproxen*)	NF	
naproxen oral suspension 125 mg/5ml	NF	
naproxen oral tablet 250 mg, 375 mg, 500 mg	G	
naproxen oral tablet delayed release 375 mg, 500 mg	G	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg	NF	
naproxen sodium oral tablet 275 mg, 550 mg	G	
NUDROXIPAK DSDR-50 COMBINATION KIT 50 MG (*diclofenac sodium-liniment*)	NF	
NUDROXIPAK DSDR-75 COMBINATION KIT 75 MG (*diclofenac sodium-liniment*)	NF	
NUDROXIPAK E-400 COMBINATION KIT 400 MG (*etodolac-liniment*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
NUDROXIPAK I-800 COMBINATION KIT 800 MG (*ibuprofen-liniment*)	NF	
NUDROXIPAK M-15 COMBINATION KIT 15 MG (*meloxicam-liniment*)	NF	
NUDROXIPAK N-500 COMBINATION KIT 500 MG (*nabumetone-liniment*)	NF	
oxaprozin oral tablet 600 mg	G	
piroxicam oral capsule 10 mg, 20 mg	G	
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (*ketorolac tromethamine*)	NF	
sulindac oral tablet 150 mg, 200 mg	G	
TIVORBEX ORAL CAPSULE 20 MG (*indomethacin*)	NF	
ZIPSOR ORAL CAPSULE 25 MG (*diclofenac potassium*)	NF	
ZORVOLEX ORAL CAPSULE 18 MG, 35 MG (*diclofenac*)	NF	
NSAIDS, COMBINATIONS		
ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG (*diclofenac-misoprostol*)	NF	
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	G	
DUEXIS ORAL TABLET 800-26.6 MG (*ibuprofen-famotidine*)	NPB	
diclofenac sodium-capsaicin (Inflammacin Combination Therapy Pack 75 & 0.025 Mg-%)	NF	
INFLATHERM COMBINATION THERAPY PACK 75 & 3-3 MG & % (*diclofenac-menthol-camphor*)	NF	
diclofenac sodium-capsaicin (Nudiclo Tabpak Combination Therapy Pack 75 & 0.025 Mg-%)	NF	
NUDROXIPAK COMBINATION THERAPY PACK 200 MG (*celecoxib-capsaic-men-methsal*)	NF	
PREVIDOLRX ANALGESIC COMBINATION THERAPY PACK 75-20-0.025 MG-MG-% (*diclofenac-omeprazole-capsicum*)	NF	
READYSHARP ANESTH + KETOROLAC INJECTION KIT 15 & 0.5 & 1 MG/ML-%-% (*ketorolac & bupivacaine & lido*)	NF	
TORONOVA II SUIK COMBINATION KIT 30 MG/ML (*ketorolac trometh & anesthetic*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
TORONOVA SUIK COMBINATION KIT 30 MG/ML (*ketorolac trometh & anesthetic*)	NF	
VIMOVO ORAL TABLET DELAYED RELEASE 375-20 MG, 500-20 MG (*naproxen-esomeprazole*)	NPB	
ZYNRELEF INJECTION SOLUTION 200-6 MG/7ML, 400-12 MG/14ML (*bupivacaine-meloxicam*)	NF	
OPIOID ANALGESICS		
acetaminophen-codeine #3 oral tablet 300-30 mg	G	
acetaminophen-codeine oral solution 120-12 mg/5ml	G	
acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg	G	
ACTIQ BUCCAL LOZENGE ON A HANDLE 1200 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (*fentanyl citrate*)	NPB	
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (*benzhydrocodone-acetaminophen*)	NF	
apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg	G	
butalbital-asa-caff-codeine (Ascomp-Codeine Oral Capsule 50-325-40-30 Mg)	G	
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	G	
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	G	
butorphanol tartrate nasal solution 10 mg/ml	G	
codeine sulfate oral tablet 60 mg	NPB	
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (*tramadol hcl*)	NPB	
DILAUDID INJECTION SOLUTION 1 MG/ML, 2 MG/ML (*hydromorphone hcl*)	NF	
DILAUDID ORAL LIQUID 1 MG/ML (*hydromorphone hcl*)	NPB	
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG (*hydromorphone hcl*)	NPB	
DSUVIA SUBLINGUAL TABLET SUBLINGUAL 30 MCG (*sufentanil citrate*)	NPB	
oxycodone-acetaminophen (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	G	
fentanyl citrate (pf) injection solution 50 mcg/ml	NPB	
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	G	

Prescription Drug Name	Drug Tier	Drug Notes
fentanyl citrate buccal tablet 200 mcg, 400 mcg, 600 mcg, 800 mcg	G	
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr	G	
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (*fentanyl citrate*)	NF	
hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	NF	
hydrocodone-acetaminophen oral solution 5-217 mg/10ml	G	
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	G	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	G	
hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg	G	
hydromorphone hcl oral liquid 1 mg/ml	G	
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	G	
hydromorphone hcl rectal suppository 3 mg	NPB	
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (*hydrocodone bitartrate*)	NF	
LAZANDA NASAL SOLUTION 100 MCG/ACT, 400 MCG/ACT (*fentanyl citrate*)	NF	
levorphanol tartrate oral tablet 2 mg, 3 mg	NF	
LORTAB ORAL ELIXIR 10-300 MG/15ML (*hydrocodone-acetaminophen*)	NPB	
meperidine hcl oral solution 50 mg/5ml	NF	
meperidine hcl oral tablet 50 mg	NF	
methadone hcl injection solution 10 mg/ml	NPB	
methadone hcl (Methadone Hcl Intensol Oral Concentrate 10 Mg/Ml)	G	
methadone hcl oral concentrate 10 mg/ml	G	
methadone hcl oral solution 10 mg/5ml, 5 mg/5ml	G	
methadone hcl oral tablet 10 mg, 5 mg	G	
methadone hcl oral tablet soluble 40 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
methadone hcl-nacl intravenous solution prefilled syringe 1-0.9 mg/ml-%	NPB	
METHADOSE ORAL CONCENTRATE 10 MG/ML (*methadone hcl*)	NPB	
methadone hcl (Methadose Oral Tablet Soluble 40 Mg)	G	
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML (*methadone hcl*)	NPB	
morphine sulfate (concentrate) oral solution 20 mg/ml	G	
morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	G	
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	G	
morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	G	
morphine sulfate intravenous solution 1 mg/ml	NPB	
morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml	G	
morphine sulfate oral tablet 15 mg, 30 mg	G	
morphine sulfate rectal suppository 10 mg, 20 mg, 30 mg, 5 mg	G	
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG (*morphine sulfate*)	NPB	
nalocet oral tablet 2.5-300 mg	NF	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (*tapentadol hcl*)	PB	
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG (*tapentadol hcl*)	PB	
OLINVYK INTRAVENOUS SOLUTION 1 MG/ML, 2 MG/2ML, 30 MG/30ML (*oliceridine fumarate*)	NF	
OXAYDO ORAL TABLET 5 MG, 7.5 MG (*oxycodone hcl*)	NF	
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg, 80 mg	G	
oxycodone hcl oral capsule 5 mg	G	
oxycodone hcl oral concentrate 100 mg/5ml	G	
oxycodone hcl oral solution 5 mg/5ml	G	
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	G	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (*oxycodone hcl*)	NF	
oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg	NPB	
oxymorphone hcl oral tablet 10 mg, 5 mg	G	
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (*oxycodone-acetaminophen*)	NF	
ROXICODONE ORAL TABLET 15 MG, 30 MG (*oxycodone hcl*)	NPB	
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG (*oxycodone hcl*)	NF	
SUBSYS SUBLINGUAL LIQUID 100 MCG, 1200 (600 X 2) MCG, 1600 (800 X 2) MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (*fentanyl*)	PB	
SYNAPRYN FUSEPAQ ORAL SUSPENSION RECONSTITUTED 10 MG/ML (*tramadol hcl*)	NF	
tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	G	
tramadol hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	NF	
tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	G	
tramadol hcl oral tablet 100 mg	NF	
tramadol hcl oral tablet 50 mg	G	
tramadol-acetaminophen oral tablet 37.5-325 mg	G	
TREZIX ORAL CAPSULE 320.5-30-16 MG (*apap-caff-dihydrocodeine*)	NPB	
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG (*oxycodone*)	PB	
OPIOID PARTIAL AGONISTS		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (*buprenorphine hcl*)	PB	
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR (*buprenorphine*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
pentazocine-naloxone hcl oral tablet 50-0.5 mg	G	
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML (*buprenorphine*)	NPB	
SALICYLATES		
aspirin adult low dose oral tablet delayed release 81 mg	CE	
aspirin ec low strength oral tablet delayed release 81 mg	CE	
aspirin low dose oral tablet chewable 81 mg	CE	
aspirin low dose oral tablet delayed release 81 mg	CE	
aspirin oral tablet chewable 81 mg	CE	
aspirin oral tablet delayed release 81 mg	CE	
ASPIR-LOW ORAL TABLET DELAYED RELEASE 81 MG (*aspirin*)	CE	
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (*aspirin*)	CE	
BAYER LOW DOSE ORAL TABLET CHEWABLE 81 MG (*aspirin*)	CE	
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (*aspirin*)	CE	
childrens aspirin oral tablet chewable 81 mg	CE	
cvs aspirin low dose oral tablet delayed release 81 mg	CE	
cvs aspirin low strength oral tablet delayed release 81 mg	CE	
diflunisal oral tablet 500 mg	G	
eql aspirin low dose oral tablet chewable 81 mg	CE	
gnp adult aspirin low strength oral tablet chewable 81 mg	CE	
gnp aspirin oral tablet delayed release 81 mg	CE	
goodsense aspirin low dose oral tablet delayed release 81 mg	CE	
h-e-b aspirin oral tablet delayed release 81 mg	CE	
hm aspirin oral tablet chewable 81 mg	CE	
kls aspirin low dose oral tablet delayed release 81 mg	CE	
kp aspirin oral tablet delayed release 81 mg	CE	
px aspirin oral tablet chewable 81 mg	CE	
px enteric aspirin oral tablet delayed release 81 mg	CE	
qc childrens aspirin oral tablet chewable 81 mg	CE	
ra aspirin adult low dose oral tablet chewable 81 mg	CE	

Prescription Drug Name	Drug Tier	Drug Notes
ra aspirin childrens oral tablet chewable 81 mg	CE	
ra aspirin ec adult low st oral tablet delayed release 81 mg	CE	
salsalate oral tablet 500 mg, 750 mg	G	
sb childrens aspirin oral tablet chewable 81 mg	CE	
sm aspirin adult low strength oral tablet chewable 81 mg	CE	
sm aspirin adult low strength oral tablet delayed release 81 mg	CE	
sm childrens aspirin oral tablet chewable 81 mg	CE	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (*aspirin*)	CE	
VISCOSUPPLEMENTS		
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE 60 MG/3ML (*sodium hyaluronate (viscosup)*)	PSP	
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (*sodium hyaluronate (viscosup)*)	PSP	
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE 30 MG/3ML (*cross-linked hyaluronate*)	NF	
GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16.8 MG/2ML (*sodium hyaluronate (viscosup)*)	PSP	
GENVISC 850 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (*sodium hyaluronate (viscosup)*)	NF	
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (*sodium hyaluronate (viscosup)*)	NF	
HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 24 MG/3ML (*hyaluronan*)	NF	
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (*sodium hyaluronate (viscosup)*)	PSP	
TRIVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (*sodium hyaluronate (viscosup)*)	NF	
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (*sodium hyaluronate (viscosup)*)	NF	
ANESTHETICS - DRUGS FOR NUMBING		
LOCAL ANESTHETICS		
bupivacaine hcl injection solution 0.125 %	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
lidomark 2/5 injection kit 2 %	NPB	
XARACOLL IMPLANT IMPLANT 3 X 100 MG (*bupivacaine hcl*)	NF	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
ANTHELMINTICS - DRUGS FOR WORM INFECTION		
albendazole oral tablet 200 mg	G	
benznidazole oral tablet 100 mg, 12.5 mg	NPB	
EMVERM ORAL TABLET CHEWABLE 100 MG (*mebendazole*)	NPB	
ivermectin oral tablet 3 mg	G	
praziquantel oral tablet 600 mg	G	
ANTI-BACTERIALS - MISCELLANEOUS		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML (*amikacin sulfate liposome*)	NPB	
HUMATIN ORAL CAPSULE 250 MG (*paromomycin sulfate*)	NF	
MONUROL ORAL PACKET 3 GM (*fosfomycin tromethamine*)	NPB	
neomycin sulfate oral tablet 500 mg	G	
paromomycin sulfate oral capsule 250 mg	G	
sulfadiazine oral tablet 500 mg	NPB	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	G	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	G	
sulfamethoxazole-trimethoprim (Sulfatrim Pediatric Oral Suspension 200-40 Mg/5Ml)	G	
tinidazole oral tablet 250 mg, 500 mg	G	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
BREXAFEMME ORAL TABLET 150 MG (*ibrexafungerp citrate*)	NPB	
CRESEMBA ORAL CAPSULE 186 MG (*isavuconazonium sulfate*)	NF	
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	G	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	G	
flucytosine oral capsule 250 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
flucytosine oral capsule 500 mg	NF	
griseofulvin microsize oral suspension 125 mg/5ml	G	
griseofulvin microsize oral tablet 500 mg	G	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	G	
itraconazole oral capsule 100 mg	G	
itraconazole oral solution 10 mg/ml	G	
ketoconazole oral tablet 200 mg	G	
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7ML (*posaconazole*)	NF	
NOXAFIL ORAL SUSPENSION 40 MG/ML (*posaconazole*)	NF	
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG (*posaconazole*)	NF	
nystatin oral tablet 500000 unit	G	
posaconazole oral tablet delayed release 100 mg	NF	
SPORANOX ORAL CAPSULE 100 MG (*itraconazole*)	NF	
SPORANOX ORAL SOLUTION 10 MG/ML (*itraconazole*)	NF	
terbinafine hcl oral tablet 250 mg	G	
tolsura oral capsule 65 mg	NF	
VIVJOA ORAL CAPSULE THERAPY PACK 150 MG (*oteseconazole*)	NPB	
voriconazole oral suspension reconstituted 40 mg/ml	G	
voriconazole oral tablet 200 mg, 50 mg	G	
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
ARAKODA ORAL TABLET 100 MG (*tafenoquine succinate*)	NF	
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	G	
chloroquine phosphate oral tablet 250 mg, 500 mg	G	
COARTEM ORAL TABLET 20-120 MG (*artemether-lumefantrine*)	NPB	
KRINTAFEL ORAL TABLET 150 MG (*tafenoquine succinate*)	NF	
mefloquine hcl oral tablet 250 mg	G	
primaquine phosphate oral tablet 26.3 (15 base) mg	NPB	
quinine sulfate oral capsule 324 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate oral solution 20 mg/ml	G	
abacavir sulfate oral tablet 300 mg	G	
APTIVUS ORAL CAPSULE 250 MG (*tipranavir*)	NF	
atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg	G	
EDURANT ORAL TABLET 25 MG (*rilpivirine hcl*)	PSP	
efavirenz oral capsule 200 mg, 50 mg	G	
efavirenz oral tablet 600 mg	G	
EMTRIVA ORAL CAPSULE 200 MG (*emtricitabine*)	PSP	
EMTRIVA ORAL SOLUTION 10 MG/ML (*emtricitabine*)	PSP	
fosamprenavir calcium oral tablet 700 mg	G	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG (*enfuvirtide*)	PSP	
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG (*etravirine*)	PSP	
ISENTRESS HD ORAL TABLET 600 MG (*raltegravir potassium*)	PSP	
ISENTRESS ORAL PACKET 100 MG (*raltegravir potassium*)	PSP	
ISENTRESS ORAL TABLET 400 MG (*raltegravir potassium*)	PSP	
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (*raltegravir potassium*)	PSP	
lamivudine oral solution 10 mg/ml	G	
lamivudine oral tablet 150 mg, 300 mg	G	
LEXIVA ORAL SUSPENSION 50 MG/ML (*fosamprenavir calcium*)	NF	
LEXIVA ORAL TABLET 700 MG (*fosamprenavir calcium*)	NF	
nevirapine er oral tablet extended release 24 hour 100 mg, 400 mg	G	
nevirapine oral suspension 50 mg/5ml	G	
nevirapine oral tablet 200 mg	G	
NORVIR ORAL PACKET 100 MG (*ritonavir*)	PSP	
NORVIR ORAL SOLUTION 80 MG/ML (*ritonavir*)	PSP	
PIFELTRO ORAL TABLET 100 MG (*doravirine*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
PREZISTA ORAL SUSPENSION 100 MG/ML (*darunavir*)	PSP	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG (*darunavir*)	PSP	
REYATAZ ORAL CAPSULE 200 MG, 300 MG (*atazanavir sulfate*)	NPSP	
REYATAZ ORAL PACKET 50 MG (*atazanavir sulfate*)	NPSP	
ritonavir oral tablet 100 mg	G	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (*fostemsavir tromethamine*)	NPSP	
SELZENTRY ORAL SOLUTION 20 MG/ML (*maraviroc*)	NPSP	
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG (*maraviroc*)	NPSP	
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	G	
tenofovir disoproxil fumarate oral tablet 300 mg	G	
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG (*dolutegravir sodium*)	PSP	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (*dolutegravir sodium*)	PSP	
TYBOST ORAL TABLET 150 MG (*cobicistat*)	NPSP	
VIRACEPT ORAL TABLET 250 MG, 625 MG (*nelfinavir mesylate*)	NF	
VIREAD ORAL POWDER 40 MG/GM (*tenofovir disoproxil fumarate*)	NPSP	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG (*tenofovir disoproxil fumarate*)	NPSP	
zidovudine oral capsule 100 mg	G	
zidovudine oral syrup 50 mg/5ml	G	
zidovudine oral tablet 300 mg	G	
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate-lamivudine oral tablet 600-300 mg	G	
ATRIPLA ORAL TABLET 600-200-300 MG (*efavirenz-emtricitab-tenofovir*)	NF	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (*bictegravir-emtricitab-tenofov*)	PSP	
cabenuva intramuscular suspension extended release 400 & 600 mg/2ml, 600 & 900 mg/3ml	NF	

Prescription Drug Name	Drug Tier	Drug Notes
CIMDUO ORAL TABLET 300-300 MG (*lamivudine-tenofovir*)	PSP	
COMPLERA ORAL TABLET 200-25-300 MG (*emtricitab-rilpivir-tenofovir*)	NF	
DELSTRIGO ORAL TABLET 100-300-300 MG (*doravirin-lamivudin-tenofov df*)	NF	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG (*emtricitabine-tenofovir af*)	PSP	
DOVATO ORAL TABLET 50-300 MG (*dolutegravir-lamivudine*)	PSP	
emtricitabine-tenofovir df oral tablet 200-300 mg	CE	
EVOTAZ ORAL TABLET 300-150 MG (*atazanavir-cobicistat*)	PSP	
GENVOYA ORAL TABLET 150-150-200-10 MG (*elviteg-cobic-emtricit-tenofaf*)	PSP	
JULUCA ORAL TABLET 50-25 MG (*dolutegravir-rilpivirine*)	NPSP	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG (*lopinavir-ritonavir*)	NPSP	
lamivudine-zidovudine oral tablet 150-300 mg	G	
lopinavir-ritonavir oral solution 400-100 mg/5ml	G	
ODEFSEY ORAL TABLET 200-25-25 MG (*emtricitab-rilpivir-tenofov af*)	PSP	
PREZCOBIX ORAL TABLET 800-150 MG (*darunavir-cobicistat*)	PSP	
STRIBILD ORAL TABLET 150-150-200-300 MG (*elviteg-cobic-emtricit-tenofdf*)	NF	
SYMFI LO ORAL TABLET 400-300-300 MG (*efavirenz-lamivudine-tenofovir*)	NPSP	
SYMFI ORAL TABLET 600-300-300 MG (*efavirenz-lamivudine-tenofovir*)	NPSP	
SYMTUZA ORAL TABLET 800-150-200-10 MG (*darun-cobic-emtricit-tenofaf*)	PSP	
TRIUMEQ ORAL TABLET 600-50-300 MG (*abacavir-dolutegravir-lamivud*)	PSP	
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG (*abacavir-dolutegravir-lamivud*)	PSP	

Prescription Drug Name	Drug Tier	Drug Notes
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG (*emtricitabine-tenofovir df*)	NF	
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
cycloserine oral capsule 250 mg	G	
ethambutol hcl oral tablet 100 mg, 400 mg	G	
isoniazid oral syrup 50 mg/5ml	G	
isoniazid oral tablet 100 mg, 300 mg	G	
PASER ORAL PACKET 4 GM (*aminosalicylic acid*)	NPB	
pretomanid oral tablet 200 mg	NPB	
PRIFTIN ORAL TABLET 150 MG (*rifapentine*)	NPB	
pyrazinamide oral tablet 500 mg	G	
rifabutin oral capsule 150 mg	G	
rifampin oral capsule 150 mg, 300 mg	G	
SIRTURO ORAL TABLET 100 MG, 20 MG (*bedaquiline fumarate*)	NPB	
TRECATOR ORAL TABLET 250 MG (*ethionamide*)	NPB	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
acyclovir oral capsule 200 mg	G	
acyclovir oral suspension 200 mg/5ml	G	
acyclovir oral tablet 400 mg, 800 mg	G	
adefovir dipivoxil oral tablet 10 mg	G	
BARACLUDE ORAL SOLUTION 0.05 MG/ML (*entecavir*)	PSP	
entecavir oral tablet 0.5 mg, 1 mg	G	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	G	
favipiravir oral tablet 200 mg	NPB	
lamivudine oral tablet 100 mg	G	
oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg	G	
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	G	
PREVYMIS ORAL TABLET 240 MG, 480 MG (*letermovir*)	NPB	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT (*zanamivir*)	PB	
ribavirin inhalation solution reconstituted 6 gm	G	
rimantadine hcl oral tablet 100 mg	G	
SITAVIG BUCCAL TABLET 50 MG (*acyclovir*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
TPOXX INTRAVENOUS SOLUTION 200 MG/20ML (*tecovirimat*)	NPB	
TPOXX ORAL CAPSULE 200 MG (*tecovirimat*)	NPB	
valacyclovir hcl oral tablet 1 gm, 500 mg	G	
VALCYTE ORAL SOLUTION RECONSTITUTED 50 MG/ML (*valganciclovir hcl*)	NF	
VALCYTE ORAL TABLET 450 MG (*valganciclovir hcl*)	NF	
valganciclovir hcl oral solution reconstituted 50 mg/ml	G	
valganciclovir hcl oral tablet 450 mg	G	
VALTREX ORAL TABLET 1 GM, 500 MG (*valacyclovir hcl*)	NF	
VEMLIDY ORAL TABLET 25 MG (*tenofovir alafenamide fumarate*)	PSP	
XERESE EXTERNAL CREAM 5-1 % (*acyclovir-hydrocortisone*)	NF	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG (*baloxavir marboxil*)	NF	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG (*baloxavir marboxil*)	NF	
ZOVIRAX ORAL SUSPENSION 200 MG/5ML (*acyclovir*)	NF	
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
cefaclor er oral tablet extended release 12 hour 500 mg	NPB	
cefaclor oral capsule 250 mg, 500 mg	G	
cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml	G	
cefadroxil oral capsule 500 mg	G	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	G	
cefadroxil oral tablet 1 gm	G	
cefazolin sodium injection solution reconstituted 2 gm	NPB	
cefdinir oral capsule 300 mg	G	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	G	
cefixime oral capsule 400 mg	G	
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	G	
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	G	

Prescription Drug Name	Drug Tier	Drug Notes
cefpodoxime proxetil oral tablet 100 mg, 200 mg	G	
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	G	
cefprozil oral tablet 250 mg, 500 mg	G	
cefuroxime axetil oral tablet 250 mg, 500 mg	G	
cephalexin oral capsule 250 mg, 500 mg, 750 mg	G	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	G	
cephalexin oral tablet 250 mg, 500 mg	G	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML (*cefixime*)	PB	
SUPRAX ORAL TABLET CHEWABLE 100 MG, 200 MG (*cefixime*)	PB	
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS		
azithromycin oral packet 1 gm	G	
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	G	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	G	
clarithromycin er oral tablet extended release 24 hour 500 mg	G	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	G	
clarithromycin oral tablet 250 mg, 500 mg	G	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML (*fidaxomicin*)	PB	
DIFICID ORAL TABLET 200 MG (*fidaxomicin*)	PB	
E.E.S. 400 ORAL TABLET 400 MG (*erythromycin ethylsuccinate*)	G	
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (*erythromycin ethylsuccinate*)	NF	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (*erythromycin ethylsuccinate*)	NF	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML (*erythromycin ethylsuccinate*)	NF	
erythromycin base (Ery-Tab Oral Tablet Delayed Release 250 Mg, 333 Mg, 500 Mg)	G	

Prescription Drug Name	Drug Tier	Drug Notes
ERYTHROCIN STEARATE ORAL TABLET 250 MG (*erythromycin stearate*)	G	
erythromycin base oral capsule delayed release particles 250 mg	G	
erythromycin base oral tablet 250 mg, 500 mg	G	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml	G	
erythromycin ethylsuccinate oral tablet 400 mg	G	
erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg	G	
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
BAXDELA ORAL TABLET 450 MG (*delafloxacin meglumine*)	NPB	
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%) (*ciprofloxacin*)	NPB	
ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg	G	
levofloxacin oral solution 25 mg/ml	G	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	G	
moxifloxacin hcl oral tablet 400 mg	G	
ofloxacin oral tablet 300 mg, 400 mg	G	
HEPATITIS C		
EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG (*sofosbuvir-velpatasvir*)	PSP	IBC (Preferred for all genotypes)
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG (*sofosbuvir-velpatasvir*)	PSP	IBC (Preferred for all genotypes)
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG (*ledipasvir-sofosbuvir*)	PSP	
HARVONI ORAL TABLET 45-200 MG, 90-400 MG (*ledipasvir-sofosbuvir*)	PSP	IBC (Preferred for genotypes 1,4,5,6)
MAVYRET ORAL PACKET 50-20 MG (*glecaprevir-pibrentasvir*)	NF	
MAVYRET ORAL TABLET 100-40 MG (*glecaprevir-pibrentasvir*)	NF	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (*peginterferon alfa-2a*)	NF	
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (*peginterferon alfa-2a*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
ribavirin oral capsule 200 mg	G	
ribavirin oral tablet 200 mg	G	
SOVALDI ORAL PACKET 150 MG, 200 MG (*sofosbuvir*)	NPSP	
SOVALDI ORAL TABLET 200 MG, 400 MG (*sofosbuvir*)	NPSP	
VOSEVI ORAL TABLET 400-100-100 MG (*sofosbuv-velpatasv-voxilaprev*)	PSP	IBC (Preferred for all genotypes)
MISCELLANEOUS		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (*nitazoxanide*)	NPB	
ALINIA ORAL TABLET 500 MG (*nitazoxanide*)	NPB	
atovaquone oral suspension 750 mg/5ml	G	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	G	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	G	
dapsone oral tablet 100 mg, 25 mg	G	
DARAPRIM ORAL TABLET 25 MG (*pyrimethamine*)	NF	
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML (*metronidazole benzoate*)	NF	
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML (*vancomycin hcl*)	NF	
KIMYRSA INTRAVENOUS SOLUTION RECONSTITUTED 1200 MG (*oritavancin diphosphate*)	NF	
LAMPIT ORAL TABLET 120 MG, 30 MG (*nifurtimox*)	NPB	
linezolid oral suspension reconstituted 100 mg/5ml	G	
linezolid oral tablet 600 mg	G	
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG (*nitrofurantoin macrocrystal*)	NF	
methenamine hippurate oral tablet 1 gm	G	
methenamine mandelate oral tablet 0.5 gm, 1 gm	G	
METRONIDAZOLE BENZO+SYRSPEND ORAL SUSPENSION RECONSTITUTED 50 MG/ML (*metronidazole benzoate*)	NF	
metronidazole oral capsule 375 mg	G	
metronidazole oral tablet 250 mg, 500 mg	G	
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG (*pentamidine isethionate*)	NPB	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
nitrofurantoin monohyd macro oral capsule 100 mg	G	
nitrofurantoin oral suspension 25 mg/5ml	NF	
SIVEXTRO ORAL TABLET 200 MG (*tedizolid phosphate*)	NPB	
SOLOSEC ORAL PACKET 2 GM (*secnidazole*)	NF	
trimethoprim oral tablet 100 mg	NPB	
vancomycin hcl intravenous solution 1250 mg/250ml, 1750 mg/350ml, 500 mg/100ml, 750 mg/150ml	NPB	
vancomycin hcl intravenous solution reconstituted 750 mg	NPB	
vancomycin hcl oral capsule 125 mg, 250 mg	G	
VANCOMYCIN+SYRSPEND SF ORAL SUSPENSION 50 MG/ML (*vancomycin hcl*)	NF	
XIFAXAN ORAL TABLET 200 MG (*rifaximin*)	NF	
XIFAXAN ORAL TABLET 550 MG (*rifaximin*)	PB	
ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (*linezolid*)	NF	
ZYVOX ORAL TABLET 600 MG (*linezolid*)	NF	
PENICILLINS - DRUGS TO TREAT INFECTIONS		
amoxicillin oral capsule 250 mg, 500 mg	G	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	G	
amoxicillin oral tablet 500 mg, 875 mg	G	
amoxicillin oral tablet chewable 125 mg, 250 mg	G	
amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg	G	
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	G	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	G	
amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg	G	
ampicillin oral capsule 500 mg	G	
ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	NPB	
dicloxacillin sodium oral capsule 250 mg, 500 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	G	
penicillin v potassium oral tablet 250 mg, 500 mg	G	
PFIZERPEN INJECTION SOLUTION RECONSTITUTED 20000000 UNIT, 5000000 UNIT (*penicillin g potassium*)	NF	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
ACTICLATE ORAL TABLET 150 MG, 75 MG (*doxycycline hyclate*)	NF	
avidoxy oral tablet 100 mg	G	
minocycline hcl (Coremino Oral Tablet Extended Release 24 Hour 135 Mg, 45 Mg, 90 Mg)	NF	
demeclocycline hcl oral tablet 150 mg, 300 mg	G	
DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG, 60 MG (*doxycycline hyclate*)	NF	
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG, 80 MG (*doxycycline hyclate*)	NF	
doxycycline hyclate oral capsule 100 mg, 50 mg	G	
doxycycline hyclate oral tablet 100 mg, 20 mg	G	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	NF	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg, 80 mg	NF	
doxycycline monohydrate oral capsule 100 mg, 50 mg	G	
doxycycline monohydrate oral capsule 150 mg, 75 mg	NF	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	G	
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	G	
MINOCIN ORAL CAPSULE 100 MG (*minocycline hcl*)	NF	
minocycline hcl er oral capsule extended release 24 hour 135 mg, 45 mg, 90 mg	NF	
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	NF	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	G	
minocycline hcl oral tablet 100 mg, 50 mg, 75 mg	G	
MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 135 MG (*minocycline hcl*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
doxycycline monohydrate (Mondoxyne Nl Oral Capsule 100 Mg)	G	
NUZYRA ORAL TABLET 150 MG (*omadacycline tosylate*)	NPB	
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG (*sarecycline hcl*)	NF	
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG (*minocycline hcl*)	NF	
doxycycline hyclate (Targadox Oral Tablet 50 Mg)	NF	
tetracycline hcl oral capsule 250 mg, 500 mg	G	
VIBRAMYCIN ORAL SYRUP 50 MG/5ML (*doxycycline calcium*)	NPB	
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG (*minocycline hcl*)	NF	
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
cyclophosphamide intravenous solution 1 gm/5ml, 2 gm/10ml, 500 mg/2.5ml	NPB	
cyclophosphamide oral capsule 25 mg, 50 mg	G	
cyclophosphamide oral tablet 25 mg, 50 mg	NPB	
EMCYT ORAL CAPSULE 140 MG (*estramustine phosphate sodium*)	NPB	
EVOMELA INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (*melphalan hcl*)	NF	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (*lomustine*)	NPB	
GLIADEL WAFER IMPLANT WAFER 7.7 MG (*carmustine in polifeprosan*)	NPB	
LEUKERAN ORAL TABLET 2 MG (*chlorambucil*)	PB	
MATULANE ORAL CAPSULE 50 MG (*procarbazine hcl*)	PB	
melphalan oral tablet 2 mg	G	
MYLERAN ORAL TABLET 2 MG (*busulfan*)	PB	
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*temozolomide*)	NPSP	
TEMODAR ORAL CAPSULE 250 MG (*temozolomide*)	NPSP	

Prescription Drug Name	Drug Tier	Drug Notes
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	G	
ANTIMETABOLITES		
capecitabine oral tablet 150 mg, 500 mg	G	
INFUGEM INTRAVENOUS SOLUTION 1200-0.9 MG/120ML-%, 1300-0.9 MG/130ML-%, 1400-0.9 MG/140ML-%, 1500-0.9 MG/150ML-%, 1600-0.9 MG/160ML-%, 1700-0.9 MG/170ML-%, 1800-0.9 MG/180ML-%, 1900-0.9 MG/190ML-%, 2000-0.9 MG/200ML-%, 2200-0.9 MG/220ML-% (*gemcitabine hcl-nacl*)	NF	
INQOVI ORAL TABLET 35-100 MG (*decitabine-cedazuridine*)	NPSP	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG (*trifluridine-tipiracil*)	PSP	
mercaptopurine oral tablet 50 mg	G	
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	G	
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	G	
methotrexate sodium injection solution reconstituted 1 gm	G	
ONUREG ORAL TABLET 200 MG, 300 MG (*azacitidine*)	NPSP	
pemetrexed intravenous solution 500 mg/20ml	NF	
PEMFEXY INTRAVENOUS SOLUTION 500 MG/20ML (*pemetrexed*)	NF	
PURIXAN ORAL SUSPENSION 2000 MG/100ML (*mercaptopurine*)	NPSP	
TABLOID ORAL TABLET 40 MG (*thioguanine*)	PB	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (*methotrexate sodium*)	PB	
XATMEP ORAL SOLUTION 2.5 MG/ML (*methotrexate*)	NPB	
XELODA ORAL TABLET 150 MG, 500 MG (*capecitabine*)	NPSP	
ANTINEOPLASTIC, BCL-2 INHIBITORS		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG (*venetoclax*)	NPB	
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (*venetoclax*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
BIOLOGIC RESPONSE MODIFIERS		
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (*ropeginterferon alfa-2b-njft*)	NPSP	
DAURISMO ORAL TABLET 100 MG, 25 MG (*glasdegib maleate*)	NF	
ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*fam-trastuzumab deruxtec-nxki*)	NPSP	
ERIVEDGE ORAL CAPSULE 150 MG (*vismodegib*)	PSP	
JEMPERLI INTRAVENOUS SOLUTION 500 MG/10ML (*dostarlimab-gxly*)	NF	
OPDIVO INTRAVENOUS SOLUTION 120 MG/12ML (*nivolumab*)	NPSP	
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (*pomalidomide*)	NPSP	
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (*lenalidomide*)	PSP	
RIABNI INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (*rituximab-arrx*)	NF	
RITUXAN INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (*rituximab*)	NF	
RUXIENCE INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (*rituximab-pvvr*)	PSP	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG (*thalidomide*)	PSP	
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG (*bcg live*)	NPB	
TIVDAK INTRAVENOUS SOLUTION RECONSTITUTED 40 MG (*tisotumab vedotin-tftv*)	NPSP	
TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (*rituximab-abbs*)	NF	
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate oral tablet 250 mg	G	
anastrozole oral tablet 1 mg	CE	
bicalutamide oral tablet 50 mg	G	
ELIGARD SUBCUTANEOUS KIT 30 MG (*leuprolide acetate (4 month)*)	PSP	
ERLEADA ORAL TABLET 60 MG (*apalutamide*)	PSP	

Prescription Drug Name	Drug Tier	Drug Notes
exemestane oral tablet 25 mg	CE	
FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 MG/5ML (*fulvestrant*)	NPB	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (*degarelix acetate*)	PSP	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (*degarelix acetate*)	PSP	
flutamide oral capsule 125 mg	G	
letrozole oral tablet 2.5 mg	G	
leuprolide acetate injection kit 1 mg/0.2ml	G	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG (*leuprolide acetate*)	NPSP	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG (*leuprolide acetate*)	NF	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (*leuprolide acetate (3 month)*)	NPSP	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG (*leuprolide acetate (3 month)*)	NF	
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG (*leuprolide acetate (4 month)*)	NF	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG (*leuprolide acetate (6 month)*)	NF	
LYSODREN ORAL TABLET 500 MG (*mitotane*)	PB	
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml	G	
megestrol acetate oral tablet 20 mg, 40 mg	G	
NILANDRON ORAL TABLET 150 MG (*nilutamide*)	NF	
nilutamide oral tablet 150 mg	G	
NUBEQA ORAL TABLET 300 MG (*darolutamide*)	PSP	
SOLTAMOX ORAL SOLUTION 10 MG/5ML (*tamoxifen citrate*)	NPB	
tamoxifen citrate oral tablet 10 mg, 20 mg	CE	
toremifene citrate oral tablet 60 mg	G	
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG (*triptorelin pamoate*)	NF	
XTANDI ORAL CAPSULE 40 MG (*enzalutamide*)	PSP	

Prescription Drug Name	Drug Tier	Drug Notes
XTANDI ORAL TABLET 40 MG, 80 MG (*enzalutamide*)	PSP	
YONSA ORAL TABLET 125 MG (*abiraterone acetate*)	PSP	
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG (*goserelin acetate*)	NF	
KINASE INHIBITORS		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG (*everolimus*)	NF	
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG (*everolimus*)	NF	
ALECENSA ORAL CAPSULE 150 MG (*alectinib hcl*)	PSP	
ALIQOPA INTRAVENOUS SOLUTION RECONSTITUTED 60 MG (*copanlisib hcl*)	NF	
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG (*brigatinib*)	PSP	
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG (*brigatinib*)	PSP	
AVASTIN INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (*bevacizumab*)	NF	
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (*avapritinib*)	NF	
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG (*erdafitinib*)	NPB	
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG (*bosutinib*)	PSP	
BRAFTOVI ORAL CAPSULE 75 MG (*encorafenib*)	PSP	
BRUKINSA ORAL CAPSULE 80 MG (*zanubrutinib*)	PSP	
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (*cabozantinib s-malate*)	PSP	
CALQUENCE ORAL CAPSULE 100 MG (*acalabrutinib*)	PSP	
CALQUENCE ORAL TABLET 100 MG (*acalabrutinib maleate*)	PSP	
CAPRELSA ORAL TABLET 100 MG, 300 MG (*vandetanib*)	NPB	
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG (*cabozantinib s-malate*)	NPSP	
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG (*cabozantinib s-malate*)	NPSP	

Prescription Drug Name	Drug Tier	Drug Notes
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG (*cabozantinib s-malate*)	NPSP	
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (*duvelisib*)	PB	
COTELLIC ORAL TABLET 20 MG (*cobimetinib fumarate*)	PSP	
erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg	G	
EXKIVITY ORAL CAPSULE 40 MG (*mobocertinib succinate*)	NF	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG (*tivozanib hcl*)	NF	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (*afatinib dimaleate*)	NPB	
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG (*trastuzumab*)	NF	
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG (*trastuzumab-pkrb*)	NF	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (*palbociclib*)	PSP	
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (*palbociclib*)	PSP	
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG (*ponatinib hcl*)	NF	
imatinib mesylate oral tablet 100 mg, 400 mg	G	
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (*ibrutinib*)	PSP	
IMBRUVICA ORAL SUSPENSION 70 MG/ML (*ibrutinib*)	PSP	
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG (*ibrutinib*)	PSP	
INLYTA ORAL TABLET 1 MG, 5 MG (*axitinib*)	NPSP	
INREBIC ORAL CAPSULE 100 MG (*fedratinib hcl*)	NF	
IRESSA ORAL TABLET 250 MG (*gefitinib*)	PSP	
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (*ruxolitinib phosphate*)	NPSP	
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG (*trastuzumab-anns*)	PSP	
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (*ribociclib succinate*)	PSP	
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (*ribociclib succinate*)	PSP	

Prescription Drug Name	Drug Tier	Drug Notes
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (*ribociclib succinate*)	PSP	
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (*ribociclib-letrozole*)	PSP	
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (*ribociclib-letrozole*)	PSP	
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (*ribociclib-letrozole*)	PSP	
KOSELUGO ORAL CAPSULE 10 MG, 25 MG (*selumetinib sulfate*)	PSP	
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG (*lenvatinib mesylate*)	NPSP	
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG (*lenvatinib mesylate*)	NPSP	
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG (*lenvatinib mesylate*)	NPSP	
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG (*lenvatinib mesylate*)	NPSP	
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG (*lenvatinib mesylate*)	NPSP	
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG (*lenvatinib mesylate*)	NPSP	
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG (*lenvatinib mesylate*)	NPSP	
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG (*lenvatinib mesylate*)	NPSP	
LORBRENA ORAL TABLET 100 MG, 25 MG (*lorlatinib*)	NPSP	
MEKINIST ORAL TABLET 0.5 MG, 2 MG (*trametinib dimethyl sulfoxide*)	NF	
MEKTOVI ORAL TABLET 15 MG (*binimetinib*)	PSP	
MVASI INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (*bevacizumab-awwb*)	NF	
NERLYNX ORAL TABLET 40 MG (*neratinib maleate*)	NPSP	
NEXAVAR ORAL TABLET 200 MG (*sorafenib tosylate*)	NPSP	
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG (*trastuzumab-dkst*)	NF	
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG (*trastuzumab-dttb*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (*pemigatinib*)	NF	
PERJETA INTRAVENOUS SOLUTION 420 MG/14ML (*pertuzumab*)	PSP	
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG (*alpelisib*)	NPSP	
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG (*alpelisib*)	NPSP	
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG (*alpelisib*)	NPSP	
QINLOCK ORAL TABLET 50 MG (*ripretinib*)	NF	
RETEVMO ORAL CAPSULE 40 MG, 80 MG (*selpercatinib*)	NF	
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG (*entrectinib*)	PSP	
RYDAPT ORAL CAPSULE 25 MG (*midostaurin*)	PSP	
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG (*dasatinib*)	PSP	
STIVARGA ORAL TABLET 40 MG (*regorafenib*)	PSP	
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG (*sunitinib malate*)	NPSP	
TABRECTA ORAL TABLET 150 MG, 200 MG (*capmatinib hcl*)	NF	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (*dabrafenib mesylate*)	NF	
TAGRISSO ORAL TABLET 40 MG, 80 MG (*osimertinib mesylate*)	PSP	
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG (*erlotinib hcl*)	NPSP	
TEPMETKO ORAL TABLET 225 MG (*tepotinib hcl*)	NF	
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG (*trastuzumab-qyyp*)	PSP	
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG (*infigratinib phosphate*)	NF	
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG (*infigratinib phosphate*)	NF	
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG (*infigratinib phosphate*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG (*infigratinib phosphate*)	NF	
TUKYSA ORAL TABLET 150 MG, 50 MG (*tucatinib*)	NPB	
TURALIO ORAL CAPSULE 200 MG (*pexidartinib hcl*)	NF	
TYKERB ORAL TABLET 250 MG (*lapatinib ditosylate*)	NPSP	
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (*abemaciclib*)	NPSP	
VITRAKVI ORAL CAPSULE 100 MG, 25 MG (*larotrectinib sulfate*)	PSP	
VITRAKVI ORAL SOLUTION 20 MG/ML (*larotrectinib sulfate*)	PSP	
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (*dacomitinib*)	NF	
VOTRIENT ORAL TABLET 200 MG (*pazopanib hcl*)	PSP	
XALKORI ORAL CAPSULE 200 MG, 250 MG (*crizotinib*)	NF	
XOSPATA ORAL TABLET 40 MG (*gilteritinib fumarate*)	PSP	
ZELBORAF ORAL TABLET 240 MG (*vemurafenib*)	PSP	
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (*bevacizumab-bvzr*)	PSP	
ZYDELIG ORAL TABLET 100 MG, 150 MG (*idelalisib*)	NF	
ZYKADIA ORAL TABLET 150 MG (*ceritinib*)	PSP	
MISCELLANEOUS		
ASPARLAS INTRAVENOUS SOLUTION 3750 UNIT/5ML (*calaspargase pegol-mknl*)	NPB	
bexarotene oral capsule 75 mg	G	
hydroxyurea oral capsule 500 mg	G	
IDHIFA ORAL TABLET 100 MG, 50 MG (*enasidenib mesylate*)	NPSP	
LUMAKRAS ORAL TABLET 120 MG (*sotorasib*)	NPSP	
LYNPARZA ORAL TABLET 100 MG, 150 MG (*olaparib*)	PSP	
ODOMZO ORAL CAPSULE 200 MG (*sonidegib phosphate*)	PSP	
romidepsin intravenous solution 27.5 mg/5.5ml	NPSP	
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (*rucaparib camsylate*)	PSP	
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5ML (*asparaginase erwinia chry-rywn*)	NPSP	

Prescription Drug Name	Drug Tier	Drug Notes
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG (*omacetaxine mepesuccinate*)	NPB	
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (*talazoparib tosylate*)	NF	
TARGRETIN ORAL CAPSULE 75 MG (*bexarotene*)	NPSP	
TAZVERIK ORAL TABLET 200 MG (*tazemetostat hbr*)	NF	
TIBSOVO ORAL TABLET 250 MG (*ivosidenib*)	NPB	
tretinoin oral capsule 10 mg	G	
UVADEX EXTRACORPOREAL SOLUTION 20 MCG/ML (*methoxsalen (photopheresis)*)	NPB	
VISTOGARD ORAL PACKET 10 GM (*uridine triacetate*)	PB	
WELIREG ORAL TABLET 40 MG (*belzutifan*)	NF	
XOFIGO INTRAVENOUS SOLUTION 30 MCCI/ML (*radium ra 223 dichloride*)	NF	
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG (*selinexor*)	NPB	
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (*selinexor*)	NPB	
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (*selinexor*)	NPB	
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG (*selinexor*)	NPB	
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (*selinexor*)	NPB	
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (*selinexor*)	NPB	
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (*selinexor*)	NPB	
ZEJULA ORAL CAPSULE 100 MG (*niraparib tosylate*)	PSP	
ZOLINZA ORAL CAPSULE 100 MG (*vorinostat*)	PSP	
PLATINUM-BASED AGENTS		
oxaliplatin intravenous solution 200 mg/40ml	NPB	
PARAPLATIN INTRAVENOUS SOLUTION 1000 MG/100ML (*carboplatin*)	G	
PROTEASOME INHIBITORS		
bortezomib injection solution 3.5 mg/1.4ml	PB	
bortezomib injection solution reconstituted 1 mg, 2.5 mg	NF	

Prescription Drug Name	Drug Tier	Drug Notes
bortezomib intravenous solution reconstituted 3.5 mg	NF	
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 30 MG, 60 MG (*carfilzomib*)	NF	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (*ixazomib citrate*)	PSP	
VELCADE INJECTION SOLUTION RECONSTITUTED 3.5 MG (*bortezomib*)	PSP	
PROTECTIVE AGENTS		
KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED 175 MG, 300 MG (*levoleucovorin*)	NF	
leucovorin calcium injection solution 100 mg/10ml	NPB	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	G	
MESNEX ORAL TABLET 400 MG (*mesna*)	NPB	
PEDMARK INTRAVENOUS SOLUTION 12.5 % (*sodium thiosulfate*)	NPSP	
TOPOISOMERASE INHIBITORS		
etoposide oral capsule 50 mg	NPB	
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (*topotecan hcl*)	NPSP	
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	G	LGC
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	G	LGC
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	G	LGC
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	G	LGC
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	G	LGC
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (*perindopril arg-amlodipine*)	NF	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	G	LGC
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (*lisinopril-hydrochlorothiazide*)	NF	
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	G	LGC
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	G	LGC
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	G	LGC
EPANED ORAL SOLUTION 1 MG/ML (*enalapril maleate*)	NF	
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	G	LGC
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	G	LGC
lisinopril oral tablet 30 mg, 40 mg	G	
moexipril hcl oral tablet 15 mg, 7.5 mg	G	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	G	LGC
QBRELIS ORAL SOLUTION 1 MG/ML (*lisinopril*)	NPB	
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	G	LGC
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	G	LGC
trandolapril oral tablet 1 mg, 2 mg, 4 mg	G	LGC
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
eplerenone oral tablet 25 mg, 50 mg	G	
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	G	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	G	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	G	LGC
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	G	LGC
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	G	LGC
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG (*candesartan cilexetil-hctz*)	NF	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG (*amlodipine-olmesartan*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG (*olmesartan medoxomil-hctz*)	NF	
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	G	LGC
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG (*valsartan-hydrochlorothiazide*)	NF	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (*azilsartan-chlorthalidone*)	NF	
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG (*amlodipine-valsartan-hctz*)	NF	
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG (*amlodipine besylate-valsartan*)	NF	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG (*losartan potassium-hctz*)	NF	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	G	LGC
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	G	LGC
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG (*telmisartan-hctz*)	NF	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	G	LGC
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	G	LGC
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	G	LGC
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	G	LGC
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	G	LGC
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (*candesartan cilexetil*)	NF	
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG (*olmesartan medoxomil*)	NF	
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	G	LGC

Prescription Drug Name	Drug Tier	Drug Notes
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG (*losartan potassium*)	NF	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG (*valsartan*)	NF	
EDARBI ORAL TABLET 40 MG, 80 MG (*azilsartan medoxomil*)	NF	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	G	LGC
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	G	LGC
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG (*telmisartan*)	NF	
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	G	LGC
telmisartan oral tablet 20 mg, 40 mg, 80 mg	G	LGC
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	G	LGC
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg	G	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (*sotalol hcl af*)	NF	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (*sotalol hcl*)	NF	
disopyramide phosphate oral capsule 100 mg, 150 mg	G	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	G	
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	G	
lidocaine hcl (cardiac) pf intravenous solution prefilled syringe 100 mg/5ml	NPB	
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	NPB	
MULTAQ ORAL TABLET 400 MG (*dronedarone hcl*)	PB	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG (*disopyramide phosphate*)	NPB	
NORPACE ORAL CAPSULE 100 MG, 150 MG (*disopyramide phosphate*)	NF	
amiodarone hcl (Pacerone Oral Tablet 100 Mg, 200 Mg, 400 Mg)	G	
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg	G	
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	G	
quinidine gluconate er oral tablet extended release 324 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
quinidine sulfate oral tablet 200 mg, 300 mg	G	
sotalol hcl (Sorine Oral Tablet 120 Mg, 80 Mg)	G	LGC
sotalol hcl (Sorine Oral Tablet 160 Mg, 240 Mg)	G	
sotalol hcl (af) oral tablet 120 mg	G	LGC
sotalol hcl (af) oral tablet 160 mg, 80 mg	G	
sotalol hcl oral tablet 120 mg, 80 mg	G	LGC
sotalol hcl oral tablet 160 mg, 240 mg	G	
SOTYLIZE ORAL SOLUTION 5 MG/ML (*sotalol hcl*)	NPB	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG (*dofetilide*)	NPSP	
ANTILIPEMICS, ACL INHIBITORS/COMBINATIONS - DRUGS TO TREAT HIGH CHOLESTEROL		
NEXLETOL ORAL TABLET 180 MG (*bempedoic acid*)	PB	
NEXLIZET ORAL TABLET 180-10 MG (*bempedoic acid-ezetimibe*)	PB	
ANTILIPEMICS, BILE ACID RESINS - DRUGS TO TREAT HIGH CHOLESTEROL		
cholestyramine light oral packet 4 gm	G	
cholestyramine light oral powder 4 gm/dose	G	
cholestyramine oral packet 4 gm	G	
cholestyramine oral powder 4 gm/dose	G	
colesevelam hcl oral packet 3.75 gm	G	
colesevelam hcl oral tablet 625 mg	G	
colestipol hcl oral granules 5 gm	G	
colestipol hcl oral packet 5 gm	G	
colestipol hcl oral tablet 1 gm	G	
cholestyramine light (Prevalite Oral Packet 4 Gm)	G	
cholestyramine light (Prevalite Oral Powder 4 Gm/Dose)	G	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR - DRUGS TO TREAT HIGH CHOLESTEROL		
ezetimibe oral tablet 10 mg	G	
ZETIA ORAL TABLET 10 MG (*ezetimibe*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
ANTILIPEMICS, FIBRATES - DRUGS TO TREAT HIGH CHOLESTEROL		
ANTARA ORAL CAPSULE 30 MG, 90 MG (*fenofibrate micronized*)	NPB	
fenofibrate micronized oral capsule 130 mg	NF	
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	G	
fenofibrate oral capsule 150 mg	G	
fenofibrate oral capsule 50 mg	NF	
fenofibrate oral tablet 120 mg, 40 mg	NF	
fenofibrate oral tablet 145 mg, 48 mg, 54 mg	G	
fenofibrate oral tablet 160 mg	NPB	
fenofibric acid oral capsule delayed release 135 mg, 45 mg	G	
fenofibric acid oral tablet 105 mg	G	
FENOGLIDE ORAL TABLET 120 MG (*fenofibrate*)	NF	
FIBRICOR ORAL TABLET 105 MG, 35 MG (*fenofibric acid*)	NPB	
gemfibrozil oral tablet 600 mg	G	LGC
TRICOR ORAL TABLET 145 MG, 48 MG (*fenofibrate*)	NF	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG (*lovastatin*)	NF	
atorvastatin calcium oral tablet 10 mg, 20 mg	CE	LGC
atorvastatin calcium oral tablet 40 mg, 80 mg	G	LGC
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (*rosuvastatin calcium*)	NF	
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (*rosuvastatin calcium*)	NF	
flolipid oral suspension 20 mg/5ml, 40 mg/5ml	NF	
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	G	
fluvastatin sodium oral capsule 20 mg, 40 mg	G	
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 80 MG (*fluvastatin sodium*)	NF	
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG (*atorvastatin calcium*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (*pitavastatin calcium*)	NF	
lovastatin oral tablet 10 mg, 20 mg, 40 mg	G	LGC
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	G	LGC
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	G	LGC
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	CE	LGC
simvastatin oral tablet 80 mg	G	LGC
ZYPITAMAG ORAL TABLET 2 MG, 4 MG (*pitavastatin magnesium*)	NF	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS - DRUGS TO TREAT HIGH CHOLESTEROL		
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	G	
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG (*ezetimibe-rosuvastatin*)	NF	
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG (*lomitapide mesylate*)	NF	
niacin (antihyperlipidemic) oral tablet 500 mg	NF	
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	G	
NIACOR ORAL TABLET 500 MG (*niacin (antihyperlipidemic)*)	NF	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS - DRUGS TO TREAT HIGH CHOLESTEROL		
icosapent ethyl oral capsule 0.5 gm, 1 gm	NF	N8 (Listing does not include certain NDCs)
omega-3-acid ethyl esters oral capsule 1 gm	G	
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM (*icosapent ethyl*)	PB	N8 (Listing does not include certain NDCs)
ANTILIPEMICS, PCSK9 INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
LEQVIO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML (*inclisiran sodium*)	NF	
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML (*alirocumab*)	PSP	

Prescription Drug Name	Drug Tier	Drug Notes
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML (*evolocumab*)	NF	
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (*evolocumab*)	NF	
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (*evolocumab*)	NF	
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	G	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	G	LGC
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	G	
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
acebutolol hcl oral capsule 200 mg, 400 mg	G	
atenolol oral tablet 100 mg, 25 mg, 50 mg	G	LGC
betaxolol hcl oral tablet 10 mg, 20 mg	G	
bisoprolol fumarate oral tablet 10 mg, 5 mg	G	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (*nebivolol hcl*)	NF	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	G	LGC
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	G	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (*carvedilol phosphate*)	NF	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (*propranolol hcl*)	NPB	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (*propranolol hcl*)	NF	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (*propranolol hcl sr beads*)	NF	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (*propranolol hcl sr beads*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (*metoprolol succinate*)	NF	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	G	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	G	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	G	LGC
metoprolol tartrate oral tablet 37.5 mg, 75 mg	G	
nadolol oral tablet 20 mg, 40 mg, 80 mg	G	
pindolol oral tablet 10 mg, 5 mg	G	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	G	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	G	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg	G	LGC
propranolol hcl oral tablet 60 mg	G	
timolol maleate oral tablet 10 mg, 5 mg	G	
timolol maleate oral tablet 20 mg	NPB	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (*metoprolol succinate*)	NF	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	G	LGC
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	G	LGC
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (*diltiazem hcl coated beads*)	NF	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (*diltiazem hcl coated beads*)	NF	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (*diltiazem hcl*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
diltiazem hcl coated beads (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg)	G	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG (*levamlodipine maleate*)	NF	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	G	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	G	
diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	NF	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	G	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	G	LGC
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	G	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	G	
isradipine oral capsule 2.5 mg, 5 mg	G	
KATERZIA ORAL SUSPENSION 1 MG/ML (*amlodipine benzoate*)	NF	
diltiazem hcl coated beads (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	NF	
nicardipine hcl oral capsule 20 mg, 30 mg	G	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	G	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	G	
nifedipine oral capsule 10 mg, 20 mg	G	
nimodipine oral capsule 30 mg	G	
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	G	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (*amlodipine besylate*)	NF	
NYMALIZE ORAL SOLUTION 6 MG/ML (*nimodipine*)	NPB	
diltiazem hcl er beads (Taztia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)	G	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
verapamil hcl er oral tablet extended release 120 mg	G	LGC
verapamil hcl er oral tablet extended release 180 mg, 240 mg	G	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	G	LGC
DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS		
digoxin (Digitek Oral Tablet 125 Mcg, 250 Mcg)	G	
digoxin (Digox Oral Tablet 125 Mcg, 250 Mcg)	G	
digoxin oral solution 0.05 mg/ml	G	
digoxin oral tablet 125 mcg, 250 mcg	G	
LANOXIN ORAL TABLET 125 MCG, 250 MCG (*digoxin*)	NF	
LANOXIN ORAL TABLET 62.5 MCG (*digoxin*)	NPB	
DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS		
aliskiren fumarate oral tablet 150 mg, 300 mg	G	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 300-12.5 MG, 300-25 MG (*aliskiren-hydrochlorothiazide*)	PB	
TEKTURNA ORAL TABLET 150 MG, 300 MG (*aliskiren fumarate*)	NPB	
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
acetazolamide er oral capsule extended release 12 hour 500 mg	G	
acetazolamide oral tablet 125 mg, 250 mg	G	
amiloride hcl oral tablet 5 mg	G	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	G	LGC
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	G	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (*spironolactone*)	NF	
chlorthalidone oral tablet 25 mg, 50 mg	G	
DIURIL ORAL SUSPENSION 250 MG/5ML (*chlorothiazide*)	NPB	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG (*triamterene*)	NF	
ethacrynic acid oral tablet 25 mg	G	
furosemide oral solution 10 mg/ml, 8 mg/ml	G	
furosemide oral tablet 20 mg, 40 mg, 80 mg	G	LGC
hydrochlorothiazide oral capsule 12.5 mg	G	LGC

Prescription Drug Name	Drug Tier	Drug Notes
hydrochlorothiazide oral tablet 12.5 mg	G	
hydrochlorothiazide oral tablet 25 mg, 50 mg	G	LGC
indapamide oral tablet 1.25 mg, 2.5 mg	G	
KEVEYIS ORAL TABLET 50 MG (*dichlorphenamide*)	NPB	
methazolamide oral tablet 25 mg, 50 mg	G	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	G	
spironolactone oral tablet 100 mg, 50 mg	G	
spironolactone oral tablet 25 mg	G	LGC
spironolactone-hctz oral tablet 25-25 mg	G	
THALITONE ORAL TABLET 15 MG (*chlorthalidone*)	NF	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	G	
triamterene oral capsule 100 mg, 50 mg	G	
triamterene-hctz oral capsule 37.5-25 mg	G	LGC
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	G	LGC
HEART FAILURE		
BIDIL ORAL TABLET 20-37.5 MG (*isosorb dinitrate-hydralazine*)	PB	
CORLANOR ORAL SOLUTION 5 MG/5ML (*ivabradine hcl*)	NPB	
CORLANOR ORAL TABLET 5 MG, 7.5 MG (*ivabradine hcl*)	PB	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (*sacubitril-valsartan*)	PB	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (*vericiguat*)	PB	
VYNDAMAX ORAL CAPSULE 61 MG (*tafamidis*)	NPSP	
VYNDAQEL ORAL CAPSULE 20 MG (*tafamidis meglumine (cardiac)*)	NF	
MISCELLANEOUS		
AKOVAZ INTRAVENOUS SOLUTION 50 MG/ML (*ephedrine sulfate (pressors)*)	NF	
BIORPHEN INTRAVENOUS SOLUTION 0.5 MG/5ML (*phenylephrine hcl (pressors)*)	NF	
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (*mavacamten*)	NPSP	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	G	LGC

Prescription Drug Name	Drug Tier	Drug Notes
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	G	
DEMSER ORAL CAPSULE 250 MG (*metyrosine*)	NPB	
EMERPHED INTRAVENOUS SOLUTION 5 MG/ML (*ephedrine sulfate (pressors)*)	NF	
epinephrine injection solution 1 mg/ml	NPB	
epinephrine injection solution prefilled syringe 0.2 mg/0.2ml	NPB	
epinephrine intravenous solution 1 mg/10ml	NPB	
epinephrine intravenous solution prefilled syringe 0.1 mg/10ml, 1 mg/10ml	NPB	
GIAPREZA INTRAVENOUS SOLUTION 2.5 MG/ML (*angiotensin ii acetate*)	NF	
guanfacine hcl oral tablet 1 mg, 2 mg	G	
hydralazine hcl oral tablet 10 mg, 100 mg, 50 mg	G	
hydralazine hcl oral tablet 25 mg	G	LGC
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	G	
minoxidil oral tablet 10 mg, 2.5 mg	G	
NIPRIDE RTU INTRAVENOUS SOLUTION 20-0.9 MG/100ML-%, 50-0.9 MG/100ML-% (*nitroprusside sodium-nacl*)	NF	
phenoxybenzamine hcl oral capsule 10 mg	G	
phenylephrine hcl (pressors) intravenous solution 0.8 mg/10ml	NPB	
phenylephrine hcl intravenous solution 1 mg/10ml	NPB	
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	G	
VECAMYL ORAL TABLET 2.5 MG (*mecamylamine hcl*)	NPB	
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
GONITRO SUBLINGUAL PACKET 400 MCG (*nitroglycerin*)	NF	
ISORDIL TITRADOSE ORAL TABLET 40 MG, 5 MG (*isosorbide dinitrate*)	NF	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	G	
isosorbide dinitrate oral tablet 40 mg	NF	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	G	
isosorbide mononitrate oral tablet 10 mg, 20 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
NITRO-BID TRANSDERMAL OINTMENT 2 % (*nitroglycerin*)	NPB	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR (*nitroglycerin*)	NPB	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	G	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	G	
nitroglycerin translingual solution 0.4 mg/spray	G	
NITROMIST TRANSLINGUAL AEROSOL SOLUTION 400 MCG/SPRAY (*nitroglycerin*)	NF	
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (*riociguat*)	PSP	
tadalafil (pah) (Alyq Oral Tablet 20 Mg)	G	
ambrisentan oral tablet 10 mg, 5 mg	G	
bosentan oral tablet 125 mg, 62.5 mg	G	
epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg	G	
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (*epoprostenol sodium*)	NPSP	
LETAIRIS ORAL TABLET 10 MG, 5 MG (*ambrisentan*)	NF	
OPSUMIT ORAL TABLET 10 MG (*macitentan*)	PSP	
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (*treprostinil diolamine*)	PSP	
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML (*treprostinil*)	NF	
sildenafil citrate oral suspension reconstituted 10 mg/ml	NF	
sildenafil citrate oral tablet 20 mg	G	
tadalafil (pah) oral tablet 20 mg	G	
TRACLEER ORAL TABLET 125 MG, 62.5 MG (*bosentan*)	NF	
TRACLEER ORAL TABLET SOLUBLE 32 MG (*bosentan*)	NF	
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	G	

Prescription Drug Name	Drug Tier	Drug Notes
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X48MCG, 16 MCG, 32 MCG, 48 MCG, 64 MCG (*treprostinil*)	NPSP	
TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG, 16 & 32 & 48 MCG (*treprostinil*)	NPSP	
TYVASO INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	NPSP	
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	NPSP	
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	NPSP	
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED 1800 MCG (*selexipag*)	PSP	
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (*selexipag*)	PSP	
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG (*selexipag*)	PSP	
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (*epoprostenol sodium*)	NPSP	
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (*iloprost*)	NPSP	
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
ALCOHOL DETERRENTS		
acamprosate calcium oral tablet delayed release 333 mg	G	
disulfiram oral tablet 250 mg, 500 mg	G	
ANTIANXIETY - DRUGS TO TREAT ANXIETY		
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	G	
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (*alprazolam*)	NPB	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	G	
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg	G	
alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
ATIVAN INJECTION SOLUTION 2 MG/ML, 4 MG/ML (*lorazepam*)	NF	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (*lorazepam*)	NF	
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	G	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	G	
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	G	
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg	G	
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	G	
lorazepam oral concentrate 2 mg/ml	G	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	G	
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG, 2 MG, 3 MG (*lorazepam*)	NF	
meprobamate oral tablet 200 mg, 400 mg	G	
oxazepam oral capsule 10 mg, 15 mg, 30 mg	G	
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG (*alprazolam*)	NF	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 2 MG, 3 MG (*alprazolam*)	NF	
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
donepezil hcl oral tablet 10 mg, 23 mg, 5 mg	G	
donepezil hcl oral tablet dispersible 10 mg, 5 mg	G	
ergoloid mesylates oral tablet 1 mg	G	
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	G	
galantamine hydrobromide oral solution 4 mg/ml	G	
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	G	
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	G	
memantine hcl oral solution 10 mg/5ml, 2 mg/ml	G	
memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg	G	
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG (*memantine hcl*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 &28 -10 MG (*memantine hcl-donepezil hcl*)	PB	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG (*memantine hcl-donepezil hcl*)	PB	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	G	
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	G	
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	G	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	G	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG (*bupropion hbr*)	NPB	
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	G	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	G	
bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg	NF	
bupropion hcl oral tablet 100 mg, 75 mg	G	
citalopram hydrobromide oral capsule 30 mg	NF	
citalopram hydrobromide oral solution 10 mg/5ml	G	
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	G	LGC
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 30 MG, 60 MG (*duloxetine hcl*)	NF	
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	G	
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	G	
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	G	
doxepin hcl oral concentrate 10 mg/ml	G	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg	G	
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 37.5 MG, 75 MG (*venlafaxine hcl*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (*selegiline*)	NPB	
escitalopram oxalate oral solution 5 mg/5ml	G	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	G	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (*levomilnacipran hcl*)	NF	
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (*levomilnacipran hcl*)	NF	
fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg	G	LGC
fluoxetine hcl oral capsule delayed release 90 mg	G	
fluoxetine hcl oral solution 20 mg/5ml	G	
fluoxetine hcl oral tablet 10 mg, 20 mg	G	
fluoxetine hcl oral tablet 60 mg	NF	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	G	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	G	
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG (*escitalopram oxalate*)	NF	
MARPLAN ORAL TABLET 10 MG (*isocarboxazid*)	NPB	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	G	
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	G	
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	G	
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	G	
nortriptyline hcl oral solution 10 mg/5ml	G	
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg	G	
paroxetine hcl er oral tablet extended release 24 hour 37.5 mg	NF	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	G	LGC
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG (*paroxetine hcl*)	NF	
PAXIL ORAL SUSPENSION 10 MG/5ML (*paroxetine hcl*)	NF	
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (*paroxetine hcl*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG (*paroxetine mesylate*)	NF	
phenelzine sulfate oral tablet 15 mg	G	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG (*desvenlafaxine succinate*)	NF	
protriptyline hcl oral tablet 10 mg, 5 mg	G	
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG (*fluoxetine hcl*)	NF	
sertraline hcl oral concentrate 20 mg/ml	G	
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	G	LGC
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (*esketamine hcl*)	NPSP	
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (*esketamine hcl*)	NPSP	
tranylcypromine sulfate oral tablet 10 mg	G	
trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg	G	
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg	G	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (*vortioxetine hbr*)	PB	
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	G	
venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg	NF	
venlafaxine hcl er oral tablet extended release 24 hour 225 mg	G	
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	G	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (*vilazodone hcl*)	NF	
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG (*vilazodone hcl*)	NF	
ZOLOFT ORAL CONCENTRATE 20 MG/ML (*sertraline hcl*)	NF	
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG (*sertraline hcl*)	NF	
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
amantadine hcl oral capsule 100 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
amantadine hcl oral tablet 100 mg	G	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML (*apomorphine hcl*)	NF	
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	G	
bromocriptine mesylate oral capsule 5 mg	G	
bromocriptine mesylate oral tablet 2.5 mg	G	
carbidopa oral tablet 25 mg	G	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	G	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	G	
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	G	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	G	
DHIVY ORAL TABLET 25-100 MG (*carbidopa-levodopa*)	NPB	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML (*carbidopa-levodopa*)	NPB	
entacapone oral tablet 200 mg	G	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG (*amantadine hcl*)	NF	
INBRIJA INHALATION CAPSULE 42 MG (*levodopa*)	PSP	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (*apomorphine hcl*)	PSP	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR (*rotigotine*)	PB	
NOURIANZ ORAL TABLET 20 MG, 40 MG (*istradefylline*)	NF	
OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK 129 & 193 MG (*amantadine hcl*)	NF	
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG (*amantadine hcl*)	NF	
pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	G	
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
rasagiline mesylate oral tablet 0.5 mg, 1 mg	G	
ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	G	
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	G	
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG (*carbidopa-levodopa*)	NF	
selegiline hcl oral capsule 5 mg	G	
selegiline hcl oral tablet 5 mg	G	
tolcapone oral tablet 100 mg	G	
trihexyphenidyl hcl oral solution 0.4 mg/ml	G	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	G	
XADAGO ORAL TABLET 100 MG, 50 MG (*safinamide mesylate*)	NF	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (*selegiline hcl*)	NF	
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (*aripiprazole*)	PB	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (*aripiprazole*)	PB	
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (*aripiprazole w/ sens-strip-pod*)	NF	
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (*aripiprazole w/ sens-strip-pod*)	NF	
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (*aripiprazole*)	NF	
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED 10 MG (*loxapine*)	NPB	
aripiprazole oral solution 1 mg/ml	G	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	G	
aripiprazole oral tablet dispersible 10 mg, 15 mg	G	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML (*aripiprazole lauroxil*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML (*aripiprazole lauroxil*)	NPB	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG (*lumateperone tosylate*)	NF	
chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml	NPB	
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	G	
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	G	
clozapine oral tablet dispersible 100 mg, 12.5 mg, 25 mg	G	
clozapine oral tablet dispersible 150 mg, 200 mg	NPB	
CLOZARIL ORAL TABLET 200 MG, 50 MG (*clozapine*)	NPB	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (*carbamazepine (antipsychotic)*)	NPB	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (*iloperidone*)	NF	
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG (*iloperidone*)	NF	
fluphenazine decanoate injection solution 25 mg/ml	G	
fluphenazine hcl injection solution 2.5 mg/ml	G	
fluphenazine hcl oral concentrate 5 mg/ml	G	
fluphenazine hcl oral elixir 2.5 mg/5ml	G	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	G	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG (*ziprasidone mesylate*)	NF	
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (*ziprasidone hcl*)	NF	
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	G	
haloperidol lactate injection solution 5 mg/ml	G	
haloperidol lactate oral concentrate 2 mg/ml	G	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	G	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML (*paliperidone palmitate*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML (*paliperidone palmitate*)	NPB	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML (*paliperidone palmitate*)	NF	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG (*lurasidone hcl*)	PB	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	G	
molindone hcl oral tablet 10 mg, 25 mg, 5 mg	G	
NUPLAZID ORAL CAPSULE 34 MG (*pimavanserin tartrate*)	NPSP	
NUPLAZID ORAL TABLET 10 MG (*pimavanserin tartrate*)	NPSP	
olanzapine intramuscular solution reconstituted 10 mg	G	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	G	
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	G	
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg	G	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	G	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG (*risperidone*)	PB	
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	G	
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	G	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (*brexpiprazole*)	NPB	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG (*risperidone microspheres*)	NPB	
risperidone oral solution 1 mg/ml	G	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	G	
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	G	
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG (*asenapine maleate*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR (*asenapine*)	NF	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG (*quetiapine fumarate*)	NF	
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	G	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	G	
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	G	
VERSACLOZ ORAL SUSPENSION 50 MG/ML (*clozapine*)	NPB	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (*cariprazine hcl*)	PB	
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG (*cariprazine hcl*)	PB	
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	G	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG, 405 MG (*olanzapine pamoate*)	NPB	
ANTISEIZURE AGENTS - DRUGS TO TREAT SEIZURES		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (*eslicarbazepine acetate*)	PB	
BANZEL ORAL SUSPENSION 40 MG/ML (*rufinamide*)	NF	
BANZEL ORAL TABLET 200 MG, 400 MG (*rufinamide*)	NPB	
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML (*brivaracetam*)	NPB	
BRIVIACT ORAL SOLUTION 10 MG/ML (*brivaracetam*)	NPB	
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (*brivaracetam*)	NPB	
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	G	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	G	
carbamazepine oral suspension 100 mg/5ml	G	
carbamazepine oral tablet 200 mg	G	
carbamazepine oral tablet chewable 100 mg	G	
CELONTIN ORAL CAPSULE 300 MG (*methsuximide*)	NPB	
clobazam oral suspension 2.5 mg/ml	G	

Prescription Drug Name	Drug Tier	Drug Notes
clobazam oral tablet 10 mg, 20 mg	G	
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	G	
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	G	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	G	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (*stiripentol*)	NPB	
DIACOMIT ORAL PACKET 250 MG, 500 MG (*stiripentol*)	NPB	
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG (*diazepam*)	NF	
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG (*diazepam*)	NF	
diazepam injection solution 5 mg/ml	NPB	
diazepam oral concentrate 5 mg/ml	G	
diazepam oral solution 5 mg/5ml	G	
diazepam oral tablet 10 mg, 2 mg, 5 mg	G	
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	G	
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG (*phenytoin*)	NF	
DILANTIN ORAL CAPSULE 100 MG, 30 MG (*phenytoin sodium extended*)	NF	
DILANTIN ORAL SUSPENSION 125 MG/5ML (*phenytoin*)	NF	
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	G	
divalproex sodium oral capsule delayed release sprinkle 125 mg	G	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	G	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 1500 MG (*levetiracetam*)	NF	
EPIDIOLEX ORAL SOLUTION 100 MG/ML (*cannabidiol*)	NPSP	
carbamazepine (Epitol Oral Tablet 200 Mg)	G	
ethosuximide oral capsule 250 mg	G	
ethosuximide oral solution 250 mg/5ml	G	
FANATREX FUSEPAQ ORAL SUSPENSION 25 MG/ML (*gabapentin*)	NF	
felbamate oral suspension 600 mg/5ml	G	
felbamate oral tablet 400 mg, 600 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
FINTEPLA ORAL SOLUTION 2.2 MG/ML (*fenfluramine hcl*)	NPB	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (*perampanel*)	PB	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (*perampanel*)	PB	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	G	
gabapentin oral solution 250 mg/5ml, 300 mg/6ml	G	
gabapentin oral tablet 600 mg, 800 mg	G	
KEPPRA ORAL SOLUTION 100 MG/ML (*levetiracetam*)	NF	
KEPPRA ORAL TABLET 1000 MG, 250 MG, 500 MG, 750 MG (*levetiracetam*)	NF	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG (*levetiracetam*)	NF	
KLONOPIN ORAL TABLET 0.5 MG, 2 MG (*clonazepam*)	NPB	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG (*lamotrigine*)	NF	
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG (*lamotrigine*)	NF	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (*lamotrigine*)	NF	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG (*lamotrigine*)	NF	
LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG, 84 X 25 MG & 14X100 MG (*lamotrigine*)	NF	
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG (*lamotrigine*)	NF	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG (*lamotrigine*)	NF	
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	G	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	G	
lamotrigine oral tablet chewable 25 mg, 5 mg	G	
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	G	
lamotrigine starter kit-blue oral kit 35 x 25 mg	G	
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	G	
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	G	
levetiracetam in nacl intravenous solution 250 mg/50ml	NPB	
levetiracetam oral solution 100 mg/ml	G	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	G	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (*pregabalin*)	NF	
LYRICA ORAL SOLUTION 20 MG/ML (*pregabalin*)	NF	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (*midazolam (anticonvulsant)*)	PB	
ONFI ORAL SUSPENSION 2.5 MG/ML (*clobazam*)	NF	
ONFI ORAL TABLET 10 MG, 20 MG (*clobazam*)	NF	
oxcarbazepine oral suspension 300 mg/5ml	G	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	G	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG (*oxcarbazepine*)	PB	
phenobarbital oral elixir 20 mg/5ml	G	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	G	
phenytoin oral suspension 125 mg/5ml	G	
phenytoin oral tablet chewable 50 mg	G	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	G	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	G	
pregabalin oral solution 20 mg/ml	G	
primidone oral tablet 250 mg, 50 mg	G	
levetiracetam (Roweepra Oral Tablet 500 Mg)	G	
SABRIL ORAL PACKET 500 MG (*vigabatrin*)	NPSP	
SABRIL ORAL TABLET 500 MG (*vigabatrin*)	NPSP	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG (*levetiracetam*)	NF	
lamotrigine (Subvenite Oral Tablet 100 Mg, 150 Mg, 200 Mg, 25 Mg)	G	

Prescription Drug Name	Drug Tier	Drug Notes
lamotrigine (Subvenite Starter Kit-Blue Oral Kit 35 X 25 Mg)	G	
lamotrigine (Subvenite Starter Kit-Green Oral Kit 84 X 25 Mg & 14X100 Mg)	G	
lamotrigine (Subvenite Starter Kit-Orange Oral Kit 42 X 25 Mg & 7 X 100 Mg)	G	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (*clobazam*)	NF	
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	G	
topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	NF	
topiramate oral capsule sprinkle 15 mg, 25 mg	G	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	G	
TRILEPTAL ORAL SUSPENSION 300 MG/5ML (*oxcarbazepine*)	NPB	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (*oxcarbazepine*)	NPB	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (*topiramate*)	PB	
valproic acid oral capsule 250 mg	G	
valproic acid oral solution 250 mg/5ml	G	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML (*diazepam*)	PB	
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML (*diazepam*)	PB	
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML (*diazepam*)	PB	
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML (*diazepam*)	PB	
vigabatrin oral packet 500 mg	G	
vigabatrin oral tablet 500 mg	G	
vigabatrin (Vigadrone Oral Packet 500 Mg)	G	
VIMPAT ORAL SOLUTION 10 MG/ML (*lacosamide*)	PB	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (*lacosamide*)	PB	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG (*cenobamate*)	PB	

Prescription Drug Name	Drug Tier	Drug Notes
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG (*cenobamate*)	PB	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (*cenobamate*)	PB	
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG (*cenobamate*)	PB	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (*zonisamide*)	NF	
zonisamide oral capsule 100 mg, 25 mg, 50 mg	G	
ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG (*amphetamine-dextroamphetamine*)	NF	
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG (*amphetamine-dextroamphetamine*)	NPB	N8 (Listing does not include certain NDCs)
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG (*methylphenidate hcl*)	NF	
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (*amphetamine*)	NF	
amphetamine sulfate oral tablet 10 mg, 5 mg	G	
amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	G	N8 (Listing does not include certain NDCs)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	G	
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (*methylphenidate hcl*)	NF	
atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	G	
AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG (*serdexmethylphen-dexmethylphen*)	PB	
clonidine hcl er oral tablet extended release 12 hour 0.1 mg	G	
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG (*methylphenidate hcl*)	NPB	N8 (Listing does not include certain NDCs)

Prescription Drug Name	Drug Tier	Drug Notes
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG (*methylphenidate*)	NF	
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR (*methylphenidate*)	NF	
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	G	
dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg	G	
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg	G	
dextroamphetamine sulfate oral solution 5 mg/5ml	G	
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	G	
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML (*amphetamine*)	NPB	
DYANAVEL XR ORAL TABLET CHEWABLE EXTENDED RELEASE 10 MG, 15 MG, 20 MG, 5 MG (*amphetamine*)	NPB	
EVEKEO ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG (*amphetamine sulfate*)	NF	
EVEKEO ORAL TABLET 10 MG, 5 MG (*amphetamine sulfate*)	NF	
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG (*dexmethylphenidate hcl*)	NF	
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	G	
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 2 MG, 3 MG, 4 MG (*guanfacine hcl*)	NF	
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (*methylphenidate hcl*)	PB	
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG (*clonidine hcl*)	NF	
methamphetamine hcl oral tablet 5 mg	G	
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	G	
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	G	N8 (Listing does not include certain NDCs)
methylphenidate hcl er (osm) oral tablet extended release 72 mg	NPB	
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	G	
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg	NF	
methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml	G	
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	G	
methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg	G	
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG, 50 MG (*amphetamine-dextroamphetamine*)	PB	
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (*viloxazine hcl*)	PB	
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG, 40 MG (*methylphenidate hcl*)	NF	
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML (*methylphenidate hcl*)	NF	
RELEXXII ORAL TABLET EXTENDED RELEASE 72 MG (*methylphenidate hcl*)	NF	
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (*lisdexamfetamine dimesylate*)	PB	
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (*lisdexamfetamine dimesylate*)	PB	
dextroamphetamine sulfate (Zenzedi Oral Tablet 10 Mg, 5 Mg)	G	
dextroamphetamine sulfate (Zenzedi Oral Tablet 15 Mg, 20 Mg, 30 Mg)	NPB	
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG (*dextroamphetamine sulfate*)	NPB	
FIBROMYALGIA		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (*milnacipran hcl*)	NPB	
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (*milnacipran hcl*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
HYPNOTICS - DRUGS TO TREAT INSOMNIA		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (*suvorexant*)	NF	
DAYVIGO ORAL TABLET 10 MG, 5 MG (*lemborexant*)	NF	
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG (*zolpidem tartrate*)	NF	
estazolam oral tablet 1 mg, 2 mg	G	
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	G	
flurazepam hcl oral capsule 15 mg, 30 mg	G	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (*tasimelteon*)	NPB	
HETLIOZ ORAL CAPSULE 20 MG (*tasimelteon*)	NPB	
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG (*eszopiclone*)	NF	
midazolam hcl (pf) injection solution 5 mg/5ml	G	
midazolam hcl oral syrup 2 mg/ml	G	
quazepam oral tablet 15 mg	NF	
QUVIVIQ ORAL TABLET 25 MG, 50 MG (*daridorexant hcl*)	NF	
ramelteon oral tablet 8 mg	G	
ROZEREM ORAL TABLET 8 MG (*ramelteon*)	NF	
SILENOR ORAL TABLET 3 MG, 6 MG (*doxepin hcl*)	NF	
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	G	
triazolam oral tablet 0.125 mg, 0.25 mg	G	
zaleplon oral capsule 10 mg, 5 mg	G	
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	G	
zolpidem tartrate oral tablet 10 mg, 5 mg	G	
zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg	NF	
ZOLPIMIST ORAL SOLUTION 5 MG/ACT (*zolpidem tartrate*)	NF	
MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML (*erenumab-aooe*)	NF	
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML (*fremanezumab-vfrm*)	PB	

Prescription Drug Name	Drug Tier	Drug Notes
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML (*fremanezumab-vfrm*)	PB	
almotriptan malate oral tablet 12.5 mg, 6.25 mg	G	
CAFERGOT ORAL TABLET 1-100 MG (*ergotamine-caffeine*)	NF	
dihydroergotamine mesylate injection solution 1 mg/ml	G	
dihydroergotamine mesylate nasal solution 4 mg/ml	NF	
eletriptan hydrobromide oral tablet 20 mg, 40 mg	G	
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*galcanezumab-gnlm*)	PB	
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (*galcanezumab-gnlm*)	PB	
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (*galcanezumab-gnlm*)	PB	
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (*ergotamine tartrate*)	NPB	
ergotamine-caffeine oral tablet 1-100 mg	NF	
frovatriptan succinate oral tablet 2.5 mg	G	
MAXALT ORAL TABLET 10 MG (*rizatriptan benzoate*)	NF	
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG (*rizatriptan benzoate*)	NF	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (*ergotamine-caffeine*)	NF	
MIGRANAL NASAL SOLUTION 4 MG/ML (*dihydroergotamine mesylate*)	NF	
naratriptan hcl oral tablet 1 mg, 2.5 mg	G	
NURTEC ORAL TABLET DISPERSIBLE 75 MG (*rimegepant sulfate*)	PB	
ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC (*sumatriptan succinate*)	NPB	
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (*atogepant*)	NPB	
REYVOW ORAL TABLET 100 MG, 50 MG (*lasmiditan succinate*)	NPB	
rizatriptan benzoate oral tablet 10 mg, 5 mg	G	
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
sumatriptan nasal solution 20 mg/act, 5 mg/act	G	
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	G	
sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml	G	
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	G	
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	G	
sumatriptan-naproxen sodium oral tablet 85-500 mg	NF	
TREXIMET ORAL TABLET 85-500 MG (*sumatriptan-naproxen sodium*)	NF	
TRUDHESA NASAL AEROSOL SOLUTION 0.725 MG/ACT (*dihydroergotamine mesylate hfa*)	NPB	
UBRELVY ORAL TABLET 100 MG, 50 MG (*ubrogepant*)	PB	
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML (*eptinezumab-jjmr*)	NF	
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML (*sumatriptan succinate*)	NPB	
zolmitriptan oral tablet 2.5 mg, 5 mg	G	
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg	G	
ZOMIG NASAL SOLUTION 2.5 MG, 5 MG (*zolmitriptan*)	PB	
MISCELLANEOUS		
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML (*risdiplam*)	NPB	
FIRDAPSE ORAL TABLET 10 MG (*amifampridine phosphate*)	NPB	
lithium carbonate er oral tablet extended release 300 mg, 450 mg	G	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	G	
lithium carbonate oral tablet 300 mg	G	
MESTINON ORAL SOLUTION 60 MG/5ML (*pyridostigmine bromide*)	NF	
MESTINON ORAL TABLET 60 MG (*pyridostigmine bromide*)	NF	
pyridostigmine bromide er oral tablet extended release 180 mg	G	
pyridostigmine bromide oral solution 60 mg/5ml	G	
pyridostigmine bromide oral tablet 60 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML (*edaravone*)	NPSP	
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML (*edaravone*)	NPSP	
riluzole oral tablet 50 mg	G	
TIGLUTIK ORAL SUSPENSION 50 MG/10ML (*riluzole*)	NF	
MOVEMENT DISORDERS		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (*deutetrabenazine*)	PSP	
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (*valbenazine tosylate*)	PSP	
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG (*valbenazine tosylate*)	PSP	
tetrabenazine oral tablet 12.5 mg, 25 mg	G	
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG (*dalfampridine*)	NPSP	
AUBAGIO ORAL TABLET 14 MG, 7 MG (*teriflunomide*)	PSP	
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (*interferon beta-1a*)	PSP	
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (*interferon beta-1a*)	PSP	
BETASERON SUBCUTANEOUS KIT 0.3 MG (*interferon beta-1b*)	PSP	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML (*glatiramer acetate*)	PSP	
dalfampridine er oral tablet extended release 12 hour 10 mg	G	
dimethyl fumarate oral capsule delayed release 120 mg, 240 mg	G	
dimethyl fumarate starter pack oral 120 & 240 mg	G	
EXTAVIA SUBCUTANEOUS KIT 0.3 MG (*interferon beta-1b*)	NF	
GILENYA ORAL CAPSULE 0.5 MG (*fingolimod hcl*)	PSP	
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml	G	

Prescription Drug Name	Drug Tier	Drug Notes
glatiramer acetate (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/Ml, 40 Mg/Ml)	G	
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (*ofatumumab*)	PSP	
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	NPSP	
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	NPSP	
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	NPSP	
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	NPSP	
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	NPSP	
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	NPSP	
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	NPSP	
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG (*siponimod fumarate*)	PSP	
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG, 12 X 0.25 MG (*siponimod fumarate*)	PSP	
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML (*ocrelizumab*)	PSP	
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (*peginterferon beta-1a*)	NPSP	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML (*peginterferon beta-1a*)	NPSP	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML (*peginterferon beta-1a*)	NPSP	
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML (*peginterferon beta-1a*)	NPSP	
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (*peginterferon beta-1a*)	NPSP	
PONVORY ORAL TABLET 20 MG (*ponesimod*)	NPSP	

Prescription Drug Name	Drug Tier	Drug Notes
PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG (*ponesimod*)	NPSP	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML (*interferon beta-1a*)	PSP	
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG (*interferon beta-1a*)	PSP	
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (*interferon beta-1a*)	PSP	
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (*interferon beta-1a*)	PSP	
TECFIDERA ORAL 120 & 240 MG (*dimethyl fumarate*)	NF	
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG (*dimethyl fumarate*)	NF	
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML (*natalizumab*)	PSP	
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG (*diroximel fumarate*)	PSP	
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG (*ozanimod hcl*)	PSP	IBC (Preferred agent for Ulcerative Colitis)
ZEPOSIA ORAL CAPSULE 0.92 MG (*ozanimod hcl*)	PSP	IBC (Preferred agent for Ulcerative Colitis)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG (*ozanimod hcl*)	PSP	IBC (Preferred agent for Ulcerative Colitis)
MUSCULOSKELETAL THERAPY AGENTS		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 30 MG (*cyclobenzaprine hcl*)	NF	
baclofen oral tablet 10 mg, 20 mg, 5 mg	G	
carisoprodol oral tablet 250 mg	NF	
carisoprodol oral tablet 350 mg	G	
chlorzoxazone oral tablet 250 mg, 375 mg, 500 mg, 750 mg	NF	
cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg	NF	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
cyclobenzaprine hcl oral tablet 7.5 mg	NF	
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	G	
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (*abobotulinumtoxina*)	NPSP	
cyclobenzaprine hcl (Fexmid Oral Tablet 7.5 Mg)	NF	
chlorzoxazone (Lorzone Oral Tablet 375 Mg, 750 Mg)	NF	
METAXALL CP COMBINATION KIT 800 & 0.025 MG & % (*metaxalone-capsaicin*)	NF	
metaxalone oral tablet 400 mg	NF	
metaxalone oral tablet 800 mg	G	
methocarbamol oral tablet 500 mg, 750 mg	NF	
norgesic forte oral tablet 50-770-60 mg	NF	
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	G	
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	NF	
orphenadrine-aspirin-caffeine (Orphengesic Forte Oral Tablet 50-770-60 Mg)	NF	
TABRADOL FUSEPAQ ORAL SUSPENSION 1 MG/ML (*cyclobenzaprine hcl-msm*)	NF	
TABRADOL RAPIDPAQ ORAL SUSPENSION 1 MG/ML (*cyclobenzaprine hcl-msm*)	NF	
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	G	
tizanidine hcl oral tablet 2 mg, 4 mg	G	
carisoprodol (Vanadom Oral Tablet 350 Mg)	NF	
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT (*incobotulinumtoxina*)	NPSP	
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS		
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	G	
modafinil oral tablet 100 mg, 200 mg	G	
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG (*armodafinil*)	NF	
PROVIGIL ORAL TABLET 100 MG, 200 MG (*modafinil*)	NF	
SUNOSI ORAL TABLET 150 MG, 75 MG (*solriamfetol hcl*)	PB	

Prescription Drug Name	Drug Tier	Drug Notes
WAKIX ORAL TABLET 17.8 MG, 4.45 MG (*pitolisant hcl*)	PSP	
XYREM ORAL SOLUTION 500 MG/ML (*sodium oxybate*)	NPB	
XYWAV ORAL SOLUTION 500 MG/ML (*ca, mg, k, and na oxybates*)	PSP	
OPIOID AGONIST/ANTAGONIST		
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	G	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	G	
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG (*buprenorphine hcl-naloxone hcl*)	NF	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG (*buprenorphine hcl-naloxone hcl*)	PB	
OPIOID ANTAGONIST		
KLOXXADO NASAL LIQUID 8 MG/0.1ML (*naloxone hcl*)	NPB	
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	G	
naloxone hcl injection solution cartridge 0.4 mg/ml	G	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	G	
naloxone hcl nasal liquid 4 mg/0.1ml	G	
naltrexone hcl oral tablet 50 mg	G	
NARCAN NASAL LIQUID 4 MG/0.1ML (*naloxone hcl*)	PB	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (*naltrexone*)	NPSP	
OPIOID PARTIAL AGONISTS		
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg	G	
POSTHERPETIC NEURALGIA (PHN)		
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG (*gabapentin enacarbil*)	NF	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG (*pregabalin*)	NF	
PSYCHOTHERAPEUTIC-MISC		
chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg	G	
fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg	NF	
LUCEMYRA ORAL TABLET 0.18 MG (*lofexidine hcl*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
NUEDEXTA ORAL CAPSULE 20-10 MG (*dextromethorphan-quinidine*)	NF	
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	G	
paroxetine mesylate oral capsule 7.5 mg	NF	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	G	
pimozide oral tablet 1 mg, 2 mg	G	
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML (*bremelanotide acetate*)	NF	
SMOKING DETERRENTS		
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	CE	
cvs nicotine mouth/throat gum 2 mg, 4 mg	CE	
cvs nicotine polacrilex mouth/throat gum 2 mg, 4 mg	CE	
cvs nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	CE	
cvs nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	CE	
eq nicotine mouth/throat lozenge 4 mg	CE	
eq nicotine polacrilex mouth/throat gum 2 mg, 4 mg	CE	
eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	CE	
eq nicotine step 3 transdermal patch 24 hour 7 mg/24hr	CE	
eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	CE	
eql nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	CE	
gnp nicotine mini mouth/throat lozenge 2 mg	CE	
gnp nicotine polacrilex mouth/throat gum 2 mg, 4 mg	CE	
gnp nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	CE	
gnp nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr	CE	
goodsense nicotine mouth/throat gum 4 mg	CE	
goodsense nicotine mouth/throat lozenge 4 mg	CE	
HABITROL TRANSDERMAL PATCH 24 HOUR 21 MG/24HR (*nicotine*)	CE	
hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg	CE	
hm nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	CE	
hm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	CE	

Prescription Drug Name	Drug Tier	Drug Notes
KLS QUIT2 MOUTH/THROAT GUM 2 MG (*nicotine polacrilex*)	CE	
KLS QUIT2 MOUTH/THROAT LOZENGE 2 MG (*nicotine polacrilex*)	CE	
KLS QUIT4 MOUTH/THROAT GUM 4 MG (*nicotine polacrilex*)	CE	
KLS QUIT4 MOUTH/THROAT LOZENGE 4 MG (*nicotine polacrilex*)	CE	
NICORELIEF MOUTH/THROAT GUM 2 MG (*nicotine polacrilex*)	CE	
nicotine mini mouth/throat lozenge 2 mg	CE	
nicotine polacrilex mouth/throat gum 2 mg, 4 mg	CE	
nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	CE	
nicotine step 1 transdermal patch 24 hour 21 mg/24hr	CE	
nicotine step 2 transdermal patch 24 hour 14 mg/24hr	CE	
nicotine step 3 transdermal patch 24 hour 7 mg/24hr	CE	
nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr	CE	
NICOTROL INHALATION INHALER 10 MG (*nicotine*)	CE	
NICOTROL NS NASAL SOLUTION 10 MG/ML (*nicotine*)	CE	
ra mini nicotine mouth/throat lozenge 2 mg, 4 mg	CE	
ra nicotine mouth/throat gum 2 mg, 4 mg	CE	
ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	CE	
sm nicotine mouth/throat gum 4 mg	CE	
sm nicotine mouth/throat lozenge 2 mg	CE	
sm nicotine polacrilex mouth/throat gum 2 mg, 4 mg	CE	
sm nicotine polacrilex mouth/throat lozenge 4 mg	CE	
sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	CE	
THRIVE MOUTH/THROAT GUM 2 MG (*nicotine polacrilex*)	CE	
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES		
ACROMEGALY - DRUGS TO TREAT CONDITIONS THAT CAUSE EXCESSIVE GROWTH		
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	G	

Prescription Drug Name	Drug Tier	Drug Notes
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (*octreotide acetate*)	NPSP	
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG (*octreotide acetate*)	NF	
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML (*lanreotide acetate*)	PSP	
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (*pegvisomant*)	NF	
ANDROGENS - DRUGS TO REGULATE MALE HORMONES		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR (*testosterone*)	PB	
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%) (*testosterone*)	NF	
ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%) (*testosterone*)	NF	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML, 200 MG/ML (*testosterone cypionate*)	NPB	
ec-rx testosterone transdermal cream 0.2 %, 0.4 %, 10 %, 20 %	NF	
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%) (*testosterone*)	NF	
INTRAROSA VAGINAL INSERT 6.5 MG (*prasterone*)	NF	
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG (*testosterone undecanoate*)	NPB	
methitest oral tablet 10 mg	NPB	
methyltestosterone oral capsule 10 mg	G	
NATESTO NASAL GEL 5.5 MG/ACT (*testosterone*)	PB	
oxandrolone oral tablet 10 mg, 2.5 mg	G	
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%) (*testosterone*)	NF	
TESTONE CIK INTRAMUSCULAR KIT 200 MG/ML (*testosterone cypionate*)	NF	
TESTOPEL IMPLANT PELLET 75 MG (*testosterone*)	NPB	
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	G	

Prescription Drug Name	Drug Tier	Drug Notes
testosterone enanthate intramuscular solution 200 mg/ml	G	
testosterone gel 12.5 mg/act (1%) transdermal 12.5 mg/act (1%)	G	
testosterone gel 12.5 mg/act (1%) transdermal 12.5 mg/act (1%)	NF	
testosterone gel 50 mg/5gm (1%) transdermal 50 mg/5gm (1%)	G	
testosterone gel 50 mg/5gm (1%) transdermal 50 mg/5gm (1%)	NF	
testosterone transdermal gel 1.62 %, 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%)	G	
testosterone transdermal solution 30 mg/act	G	
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%) (*testosterone*)	NF	
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%) (*testosterone*)	NF	
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML (*testosterone enanthate*)	NF	
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS		
acarbose oral tablet 100 mg, 25 mg, 50 mg	G	
miglitol oral tablet 100 mg, 25 mg, 50 mg	G	
ANTIDIABETICS, AMYLIN ANALOGS		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML (*pramlintide acetate*)	PB	
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML (*pramlintide acetate*)	PB	
ANTIDIABETICS, BIGUANIDE		
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG (*metformin hcl*)	NF	
metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg	NF	
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg	NF	
metformin hcl er oral tablet extended release 24 hour 500 mg	G	LGC
metformin hcl er oral tablet extended release 24 hour 750 mg	G	
metformin hcl oral solution 500 mg/5ml	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
metformin hcl oral tablet 1000 mg, 500 mg	G	LGC
metformin hcl oral tablet 850 mg	CE	LGC
RIOMET ORAL SOLUTION 500 MG/5ML (*metformin hcl*)	NF	
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	G	LGC
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	G	LGC
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS		
alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg	NF	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (*sitagliptin phosphate*)	PB	
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG (*alogliptin benzoate*)	NF	
ONGLYZA ORAL TABLET 2.5 MG, 5 MG (*saxagliptin hcl*)	NF	
TRADJENTA ORAL TABLET 5 MG (*linagliptin*)	NF	
ANTIDIABETICS, DOPAMINE RECEPTOR AGONISTS		
CYCLOSET ORAL TABLET 0.8 MG (*bromocriptine mesylate*)	NF	
ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS		
alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg	NF	
alogliptin-pioglitazone oral tablet 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg	NF	
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (*sitagliptin-metformin hcl*)	PB	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (*sitagliptin-metformin hcl*)	PB	
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (*linagliptin-metformin hcl*)	NF	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG (*linagliptin-metformin hcl*)	NF	
KAZANO ORAL TABLET 12.5-1000 MG, 12.5-500 MG (*alogliptin-metformin hcl*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG (*saxagliptin-metformin*)	NF	
OSENI ORAL TABLET 12.5-15 MG, 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG (*alogliptin-pioglitazone*)	NF	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG (*empagliflozin-linaglip-metform*)	PB	
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT 10 & 20 MCG/0.2ML (*lixisenatide*)	NF	
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML (*lixisenatide*)	NF	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML (*exenatide*)	NF	
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML (*exenatide*)	NF	
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML (*exenatide*)	NF	
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (*tirzepatide*)	NF	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML (*semaglutide*)	PB	
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML (*semaglutide*)	PB	
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML (*semaglutide*)	PB	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (*semaglutide*)	PB	
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML (*dulaglutide*)	PB	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (*liraglutide*)	PB	

Prescription Drug Name	Drug Tier	Drug Notes
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (*insulin glargine-lixisenatide*)	PB	
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (*insulin degludec-liraglutide*)	PB	
ANTIDIABETICS, INSULIN		
ADMELOG INJECTION SOLUTION 100 UNIT/ML (*insulin lispro*)	NF	
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin lispro*)	NF	
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT (*insulin regular human*)	NF	
APIDRA INJECTION SOLUTION 100 UNIT/ML (*insulin glulisine*)	NF	
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glulisine*)	NF	
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glargine*)	PB	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin aspart (w/niacinamide)*)	PB	
FIASP INJECTION SOLUTION 100 UNIT/ML (*insulin aspart (w/niacinamide)*)	PB	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (*insulin aspart (w/niacinamide)*)	PB	
HUMALOG INJECTION SOLUTION 100 UNIT/ML (*insulin lispro*)	NF	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (*insulin lispro*)	NF	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML (*insulin lispro prot & lispro*)	NF	
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML (*insulin lispro prot & lispro*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML (*insulin lispro prot & lispro*)	NF	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML (*insulin lispro prot & lispro*)	NF	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (*insulin lispro*)	NF	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	NF	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	NF	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (*insulin nph human (isophane)*)	NF	
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (*insulin nph human (isophane)*)	NF	
HUMULIN R INJECTION SOLUTION 100 UNIT/ML (*insulin regular human*)	NF	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML (*insulin regular human*)	PB	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (*insulin regular human*)	PB	
insulin glargine solostar subcutaneous solution pen-injector 100 unit/ml	NF	
insulin glargine subcutaneous solution 100 unit/ml	NF	
insulin glargine-yfgn subcutaneous solution 100 unit/ml	NF	
insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml	NF	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glargine*)	NF	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin glargine*)	NF	
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin detemir*)	PB	
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin detemir*)	PB	

Prescription Drug Name	Drug Tier	Drug Notes
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	NF	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	PB	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	NF	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	PB	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (*insulin nph human (isophane)*)	PB	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML (*insulin nph human (isophane)*)	NF	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (*insulin nph human (isophane)*)	PB	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin regular human*)	PB	
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin regular human*)	NF	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML (*insulin regular human*)	PB	
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML (*insulin regular human*)	NF	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin aspart*)	PB	
NOVOLOG INJECTION SOLUTION 100 UNIT/ML (*insulin aspart*)	PB	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin aspart prot & aspart*)	PB	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin aspart prot & aspart*)	PB	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (*insulin aspart*)	PB	

Prescription Drug Name	Drug Tier	Drug Notes
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin glargine-yfgn*)	NF	
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glargine-yfgn*)	NF	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (*insulin glargine*)	PB	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (*insulin glargine*)	PB	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (*insulin degludec*)	PB	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin degludec*)	PB	
ANTIDIABETICS, INSULIN SENSITIZER		
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG (*pioglitazone hcl*)	NF	
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	G	LGC
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	G	LGC
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg	G	
ANTIDIABETICS, MEGLITINIDE		
nateglinide oral tablet 120 mg, 60 mg	G	LGC
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	G	LGC
ANTIDIABETICS, MISCELLANEOUS		
KORLYM ORAL TABLET 300 MG (*mifepristone*)	NF	
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2)/DPP-4 INHIBITOR COMBINATIONS		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (*empagliflozin-linagliptin*)	PB	
QTERN ORAL TABLET 10-5 MG, 5-5 MG (*dapagliflozin-saxagliptin*)	NPB	
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (*ertugliflozin-sitagliptin*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGTL2) COMBINATIONS		
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (*canagliflozin-metformin hcl*)	NF	
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (*canagliflozin-metformin hcl*)	NF	
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG (*ertugliflozin-metformin hcl*)	NF	
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (*empagliflozin-metformin hcl*)	PB	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG (*empagliflozin-metformin hcl*)	PB	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG (*dapagliflozin-metformin hcl*)	PB	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER2 (SGLT2) INHIBITORS		
FARXIGA ORAL TABLET 10 MG, 5 MG (*dapagliflozin propanediol*)	PB	
INVOKANA ORAL TABLET 100 MG, 300 MG (*canagliflozin*)	NF	
JARDIANCE ORAL TABLET 10 MG, 25 MG (*empagliflozin*)	PB	
STEGLATRO ORAL TABLET 15 MG, 5 MG (*ertugliflozin l-pyroglutamicac*)	NF	
ANTIDIABETICS, SULFONYLUREA		
glimepiride oral tablet 1 mg, 2 mg, 4 mg	G	LGC
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	G	LGC
glipizide oral tablet 10 mg, 5 mg	G	LGC
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	G	LGC
glyburide micronized oral tablet 1.5 mg	G	
glyburide micronized oral tablet 3 mg, 6 mg	G	LGC
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	G	LGC

Prescription Drug Name	Drug Tier	Drug Notes
ANTIOBESITY		
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG (*naltrexone-bupropion hcl*)	NF	SPC
LOMAIRA ORAL TABLET 8 MG (*phentermine hcl*)	NF	
PLENITY ORAL CAPSULE (*carboxymeth-cellulose-citricac*)	NF	
PLENITY WELCOME KIT ORAL CAPSULE (*carboxymeth-cellulose-citricac*)	NF	
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG (*phentermine-topiramate*)	PB	
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (*liraglutide -weight management*)	PB	
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML, 1.7 MG/0.75ML, 2.4 MG/0.75ML (*semaglutide-weight management*)	PB	
XENICAL ORAL CAPSULE 120 MG (*orlistat*)	NF	
BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS		
alendronate sodium oral solution 70 mg/75ml	G	
alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg	G	
BINOSTO ORAL TABLET EFFERVESCENT 70 MG (*alendronate sodium*)	NPB	
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (*alendronate-cholecalciferol*)	NPB	
ibandronate sodium oral tablet 150 mg	G	
RECLAST INTRAVENOUS SOLUTION 5 MG/100ML (*zoledronic acid*)	NPSP	
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg	G	
risedronate sodium oral tablet delayed release 35 mg	G	
zoledronic acid intravenous concentrate 4 mg/5ml	G	
zoledronic acid intravenous solution 4 mg/100ml	NPSP	
zoledronic acid intravenous solution 5 mg/100ml	G	
CALCIUM RECEPTOR AGONISTS		
cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg	G	
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG (*cinacalcet hcl*)	NPSP	

Prescription Drug Name	Drug Tier	Drug Notes
CARNITINE DEFICIENCY AGENTS		
CARNITOR ORAL SOLUTION 1 GM/10ML (*levocarnitine*)	NF	
CARNITOR ORAL TABLET 330 MG (*levocarnitine*)	NF	
CARNITOR SF ORAL SOLUTION 1 GM/10ML (*levocarnitine*)	NF	
levocarnitine oral solution 1 gm/10ml	G	
levocarnitine oral tablet 330 mg	G	
CHELATING AGENTS		
CHEMET ORAL CAPSULE 100 MG (*succimer*)	NPB	
CUPRIMINE ORAL CAPSULE 250 MG (*penicillamine*)	NF	
deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg	G	
deferoxamine mesylate injection solution reconstituted 2 gm	NPSP	
DEPEN TITRATABS ORAL TABLET 250 MG (*penicillamine*)	NPB	
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG (*deferoxamine mesylate*)	NF	
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG (*deferasirox*)	NF	
FERRIPROX ORAL SOLUTION 100 MG/ML (*deferiprone*)	NF	
FERRIPROX ORAL TABLET 1000 MG, 500 MG (*deferiprone*)	NF	
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG (*deferiprone*)	NF	
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG (*deferasirox*)	NF	
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG (*deferasirox*)	NF	
LOKELMA ORAL PACKET 10 GM, 5 GM (*sodium zirconium cyclosilicate*)	PB	
penicillamine oral capsule 250 mg	G	
sodium polystyrene sulfonate oral powder	G	
SPS ORAL SUSPENSION 15 GM/60ML (*sodium polystyrene sulfonate*)	G	
SYPRINE ORAL CAPSULE 250 MG (*trientine hcl*)	NF	
trientine hcl oral capsule 250 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (*patiromer sorbitex calcium*)	PB	
CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL		
levonorgestrel-ethinyl estrad (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	CE	
AFTERA ORAL TABLET 1.5 MG (*levonorgestrel*)	CE	
levonorgestrel-ethinyl estrad (Altavera Oral Tablet 0.15-30 Mg-Mcg)	CE	
alyacen 1/35 oral tablet 1-35 mg-mcg	CE	
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	CE	
levonorgest-eth estrad 91-day (Amethia Oral Tablet 0.15-0.03 &0.01 Mg)	CE	
levonorgestrel-ethinyl estrad (Amethyst Oral Tablet 90-20 Mcg)	CE	
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (*segesterone-ethinyl estradiol*)	CE	
desogestrel-ethinyl estradiol (Apri Oral Tablet 0.15-30 Mg-Mcg)	CE	
norethin-eth estrad triphasic (Aranelle Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	CE	
levonorgest-eth estrad 91-day (Ashlyna Oral Tablet 0.15-0.03 &0.01 Mg)	CE	
levonorgestrel-ethinyl estrad (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	CE	
levonorgestrel-ethinyl estrad (Aubra Oral Tablet 0.1-20 Mg-Mcg)	CE	
norethindrone acet-ethinyl est (Aurovela 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
norethindrone acet-ethinyl est (Aurovela 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
norethin ace-eth estrad-fe (Aurovela 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	
norethin ace-eth estrad-fe (Aurovela Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
norethin ace-eth estrad-fe (Aurovela Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	

Prescription Drug Name	Drug Tier	Drug Notes
levonorgestrel-ethinyl estrad (Aviane Oral Tablet 0.1-20 Mg-Mcg)	CE	
levonorgestrel-ethinyl estrad (Ayuna Oral Tablet 0.15-30 Mg-Mcg)	CE	
desogestrel-ethinyl estradiol (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (*levonorgest-eth estrad-fe bisg*)	CE	
norethindrone-eth estradiol (Balziva Oral Tablet 0.4-35 Mg-Mcg)	CE	
BEYAZ ORAL TABLET 3-0.02-0.451 MG (*drospiren-eth estrad-levomefol*)	NF	
norethin ace-eth estrad-fe (Blisovi 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	
norethin ace-eth estrad-fe (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
norethin ace-eth estrad-fe (Blisovi Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
briellyn oral tablet 0.4-35 mg-mcg	CE	
norethindrone (Camila Oral Tablet 0.35 Mg)	CE	
levonorgest-eth estrad 91-day (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	CE	
levonorgest-eth estrad 91-day (Camrese Oral Tablet 0.15-0.03 &0.01 Mg)	CE	
CAYA VAGINAL DIAPHRAGM (*diaphragm arc-spring*)	CE	
norethin ace-eth estrad-fe (Charlotte 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	CE	
levonorgestrel-ethinyl estrad (Chateal Eq Oral Tablet 0.15-30 Mg-Mcg)	CE	
levonorgestrel-ethinyl estrad (Chateal Oral Tablet 0.15-30 Mg-Mcg)	CE	
norgestrel-ethinyl estradiol (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)	CE	
desogestrel-ethinyl estradiol (Cyred Eq Oral Tablet 0.15-30 Mg-Mcg)	CE	
desogestrel-ethinyl estradiol (Cyred Oral Tablet 0.15-30 Mg-Mcg)	CE	

Prescription Drug Name	Drug Tier	Drug Notes
norethindrone-eth estradiol (Dasetta 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	
norethin-eth estrad triphasic (Dasetta 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	
levonorgest-eth estrad 91-day (Daysee Oral Tablet 0.15-0.03 &0.01 Mg)	CE	
norethindrone (Deblitane Oral Tablet 0.35 Mg)	CE	
levonorgestrel-ethinyl estrad (Delyla Oral Tablet 0.1-20 Mg-Mcg)	CE	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (*medroxyprogesterone acetate*)	CE	
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	CE	
levonorgestrel-ethinyl estrad (Dolishale Oral Tablet 90-20 Mcg)	CE	
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	CE	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	CE	
ECONTRA EZ ORAL TABLET 1.5 MG (*levonorgestrel*)	CE	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (*levonorgestrel*)	CE	
norgestrel-ethinyl estradiol (Elinest Oral Tablet 0.3-30 Mg-Mcg)	CE	
ELLA ORAL TABLET 30 MG (*ulipristal acetate*)	CE	
etonogestrel-ethinyl estradiol (Eluryng Vaginal Ring 0.12-0.015 Mg/24Hr)	CE	
levonorg-eth estrad triphasic (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	
desogestrel-ethinyl estradiol (Enskyce Oral Tablet 0.15-30 Mg-Mcg)	CE	
norethindrone (Errin Oral Tablet 0.35 Mg)	CE	
norgestimate-eth estradiol (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	CE	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	CE	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	CE	
levonorgestrel-ethinyl estrad (Falmina Oral Tablet 0.1-20 Mg-Mcg)	CE	

Prescription Drug Name	Drug Tier	Drug Notes
levonorgest-eth estrad 91-day (Fayosim Oral Tablet 42-21-21-7 Days)	CE	
FC2 FEMALE CONDOM (*condoms - female*)	CE	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (*cervical caps*)	CE	
norgestimate-eth estradiol (Femynor Oral Tablet 0.25-35 Mg-Mcg)	CE	
norethin ace-eth estrad-fe (Gemmily Oral Capsule 1-20 Mg-Mcg(24))	CE	
norethindrone acet-ethinyl est (Hailey 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
norethin ace-eth estrad-fe (Hailey 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	
norethin ace-eth estrad-fe (Hailey Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
norethin ace-eth estrad-fe (Hailey Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
norethindrone (Heather Oral Tablet 0.35 Mg)	CE	
levonorgest-eth estrad 91-day (Iclevia Oral Tablet 0.15-0.03 Mg)	CE	
norethindrone (Incassia Oral Tablet 0.35 Mg)	CE	
levonorgest-eth estrad 91-day (Introvale Oral Tablet 0.15-0.03 Mg)	CE	
desogestrel-ethinyl estradiol (Isibloom Oral Tablet 0.15-30 Mg-Mcg)	CE	
levonorgest-eth estrad 91-day (Jaimiess Oral Tablet 0.15-0.03 &0.01 Mg)	CE	
drospirenone-ethinyl estradiol (Jasmiel Oral Tablet 3-0.02 Mg)	CE	
norethindrone (Jencycla Oral Tablet 0.35 Mg)	CE	
levonorgest-eth estrad 91-day (Jolessa Oral Tablet 0.15-0.03 Mg)	CE	
desogestrel-ethinyl estradiol (Juleber Oral Tablet 0.15-30 Mg-Mcg)	CE	
norethindrone acet-ethinyl est (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
norethindrone acet-ethinyl est (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	

Prescription Drug Name	Drug Tier	Drug Notes
norethin ace-eth estrad-fe (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
norethin ace-eth estrad-fe (Junel Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
norethin ace-eth estrad-fe (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24))	CE	
norethin-eth estradiol-fe (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	
desogestrel-ethinyl estradiol (Kalliga Oral Tablet 0.15-30 Mg-Mcg)	CE	
desogestrel-ethinyl estradiol (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	
ethynodiol diac-eth estradiol (Kelnor 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	
ethynodiol diac-eth estradiol (Kelnor 1/50 Oral Tablet 1-50 Mg-Mcg)	CE	
levonorgestrel-ethinyl estrad (Kurvelo Oral Tablet 0.15-30 Mg-Mcg)	CE	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (*levonorgestrel*)	CE	
norethindrone acet-ethinyl est (Larin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
norethindrone acet-ethinyl est (Larin 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
norethin ace-eth estrad-fe (Larin 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	
norethin ace-eth estrad-fe (Larin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
norethin ace-eth estrad-fe (Larin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
norethin-eth estradiol-fe (Layolis Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	
norethin-eth estrad triphasic (Leena Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	CE	
levonorgestrel-ethinyl estrad (Lessina Oral Tablet 0.1-20 Mg-Mcg)	CE	
levonorg-eth estrad triphasic (Levonest Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	

Prescription Drug Name	Drug Tier	Drug Notes
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	CE	
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 &0.01 mg, 0.15-0.03 mg	CE	
levonorgestrel oral tablet 1.5 mg	CE	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg	CE	
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	CE	
levonorgestrel-ethinyl estrad (Levora 0.15/30 (28) Oral Tablet 0.15-30 Mg-Mcg)	CE	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY (*levonorgestrel*)	CE	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (*norethin-eth estrad-fe biphas*)	CE	
norethindrone acet-ethinyl est (Loestrin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	CE	
norethindrone acet-ethinyl est (Loestrin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	CE	
norethin ace-eth estrad-fe (Loestrin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
norethin ace-eth estrad-fe (Loestrin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
levonorgest-eth estrad 91-day (Lojaimiess Oral Tablet 0.1-0.02 & 0.01 Mg)	CE	
drospirenone-ethinyl estradiol (Loryna Oral Tablet 3-0.02 Mg)	CE	
norgestrel-ethinyl estradiol (Low-Ogestrel Oral Tablet 0.3-30 Mg-Mcg)	CE	
drospirenone-ethinyl estradiol (Lo-Zumandimine Oral Tablet 3-0.02 Mg)	CE	
levonorgestrel-ethinyl estrad (Lutera Oral Tablet 0.1-20 Mg-Mcg)	CE	
norethindrone (Lyleq Oral Tablet 0.35 Mg)	CE	
norethindrone (Lyza Oral Tablet 0.35 Mg)	CE	
marlissa oral tablet 0.15-30 mg-mcg	CE	
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	CE	
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	CE	

Prescription Drug Name	Drug Tier	Drug Notes
norethin ace-eth estrad-fe (Merzee Oral Capsule 1-20 Mg-Mcg(24))	CE	
norethindrone acet-ethinyl est (Microgestin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
norethindrone acet-ethinyl est (Microgestin 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
norethin ace-eth estrad-fe (Microgestin 24 Fe Oral Tablet 1-20 Mg-Mcg)	CE	
norethin ace-eth estrad-fe (Microgestin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
norethin ace-eth estrad-fe (Microgestin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
norgestimate-eth estradiol (Mili Oral Tablet 0.25-35 Mg-Mcg)	CE	
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24) (*norethin ace-eth estrad-fe*)	NF	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY (*levonorgestrel*)	CE	
norgestimate-eth estradiol (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	CE	
MY CHOICE ORAL TABLET 1.5 MG (*levonorgestrel*)	CE	
MY WAY ORAL TABLET 1.5 MG (*levonorgestrel*)	CE	
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (*estradiol valerate-dienogest*)	CE	
norethindrone-eth estradiol (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	CE	
norethindrone-eth estradiol (Necon 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	CE	
NEW DAY ORAL TABLET 1.5 MG (*levonorgestrel*)	CE	
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (*etonogestrel*)	CE	
NEXTSTELLIS ORAL TABLET 3-14.2 MG (*drospirenone-estetrol*)	CE	
drospirenone-ethinyl estradiol (Nikki Oral Tablet 3-0.02 Mg)	CE	
norethindrone (Nora-Be Oral Tablet 0.35 Mg)	CE	
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	CE	
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	CE	

Prescription Drug Name	Drug Tier	Drug Notes
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	CE	
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	CE	
norethindrone oral tablet 0.35 mg	CE	
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg	CE	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	CE	
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	CE	
norethindrone (Norlyda Oral Tablet 0.35 Mg)	CE	
norethindrone (Norlyroc Oral Tablet 0.35 Mg)	CE	
norethindrone-eth estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	CE	
norethindrone-eth estradiol (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)	CE	
norethindrone-eth estradiol (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	CE	
norethin-eth estrad triphasic (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	
NUVARING VAGINAL RING 0.12-0.015 MG/24HR (*etonogestrel-ethinyl estradiol*)	CE	
norethin-eth estrad triphasic (Nylia 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	
norgestimate-eth estradiol (Nymyo Oral Tablet 0.25-35 Mg-Mcg)	CE	
drospirenone-ethinyl estradiol (Ocella Oral Tablet 3-0.03 Mg)	CE	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM (*diaphragms*)	CE	
OPCICON ONE-STEP ORAL TABLET 1.5 MG (*levonorgestrel*)	CE	
OPTION 2 ORAL TABLET 1.5 MG (*levonorgestrel*)	CE	
levonorgestrel-ethinyl estrad (Orsythia Oral Tablet 0.1-20 Mg-Mcg)	CE	
ORTHO TRI-CYCLEN LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG (*norgestim-eth estrad triphasic*)	NF	
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (*copper*)	CE	

Prescription Drug Name	Drug Tier	Drug Notes
norethindrone-eth estradiol (Philith Oral Tablet 0.4-35 Mg-Mcg)	CE	
desogestrel-ethinyl estradiol (Pimtrea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	
norethindrone-eth estradiol (Pirmella 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	
norethin-eth estrad triphasic (Pirmella 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	
levonorgestrel-ethinyl estrad (Portia-28 Oral Tablet 0.15-30 Mg-Mcg)	CE	
QUARTETTE ORAL TABLET 42-21-21-7 DAYS (*levonorgest-eth estrad 91-day*)	NF	
REACT ORAL TABLET 1.5 MG (*levonorgestrel*)	CE	
desogestrel-ethinyl estradiol (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)	CE	
levonorgest-eth estrad 91-day (Rivelsa Oral Tablet 42-21-21-7 Days)	CE	
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (*drospiren-eth estrad-levomefol*)	NPB	
SEASONIQUE ORAL TABLET 0.15-0.03 &0.01 MG (*levonorgest-eth estrad 91-day*)	NF	
levonorgest-eth estrad 91-day (Setlakin Oral Tablet 0.15-0.03 Mg)	CE	
norethindrone (Sharobel Oral Tablet 0.35 Mg)	CE	
desogestrel-ethinyl estradiol (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	
levonorgest-eth estrad 91-day (Simpesse Oral Tablet 0.15-0.03 &0.01 Mg)	CE	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (*levonorgestrel*)	CE	
SLYND ORAL TABLET 4 MG (*drospirenone*)	CE	
desogestrel-ethinyl estradiol (Solia Oral Tablet 0.15-30 Mg-Mcg)	CE	
norgestimate-eth estradiol (Sprintec 28 Oral Tablet 0.25-35 Mg-Mcg)	CE	
levonorgestrel-ethinyl estrad (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	CE	
drospirenone-ethinyl estradiol (Syeda Oral Tablet 3-0.03 Mg)	CE	

Prescription Drug Name	Drug Tier	Drug Notes
TAKE ACTION ORAL TABLET 1.5 MG (*levonorgestrel*)	CE	
norethin ace-eth estrad-fe (Tarina 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	
norethin ace-eth estrad-fe (Tarina Fe 1/20 Eq Oral Tablet 1-20 Mg-Mcg)	CE	
norethin ace-eth estrad-fe (Tarina Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
norethin ace-eth estrad-fe (Taysofy Oral Capsule 1-20 Mg-Mcg(24))	CE	
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) (*norethin ace-eth estrad-fe*)	NF	
norethindron-ethinyl estrad-fe (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	
norgestim-eth estrad triphasic (Tri Femynor Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
norgestim-eth estrad triphasic (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
norethindron-ethinyl estrad-fe (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	
norgestim-eth estrad triphasic (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
norgestim-eth estrad triphasic (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	
norgestim-eth estrad triphasic (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	
norgestim-eth estrad triphasic (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	
norgestim-eth estrad triphasic (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	
norgestim-eth estrad triphasic (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
norgestim-eth estrad triphasic (Trinessa (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
norgestim-eth estrad triphasic (Tri-Nymyo Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
norgestim-eth estrad triphasic (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	

Prescription Drug Name	Drug Tier	Drug Notes
levonorg-eth estrad triphasic (Trivora (28) Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	
norgestim-eth estrad triphasic (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	
norgestim-eth estrad triphasic (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (*levonorgestrel-eth estradiol*)	NF	
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (*levonorgestrel-ethinyl estrad*)	CE	
drospiren-eth estrad-levomefol (Tydemy Oral Tablet 3-0.03-0.451 Mg)	CE	
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG (*desogestrel-ethinyl estradiol*)	CE	
drospirenone-ethinyl estradiol (Vestura Oral Tablet 3-0.02 Mg)	CE	
levonorgestrel-ethinyl estrad (Vienva Oral Tablet 0.1-20 Mg-Mcg)	CE	
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	CE	
desogestrel-ethinyl estradiol (Volnea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	
norethindrone-eth estradiol (Vyfemla Oral Tablet 0.4-35 Mg-Mcg)	CE	
norgestimate-eth estradiol (Vylibra Oral Tablet 0.25-35 Mg-Mcg)	CE	
norethindrone-eth estradiol (Wera Oral Tablet 0.5-35 Mg-Mcg)	CE	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	

Prescription Drug Name	Drug Tier	Drug Notes
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	
norethin-eth estradiol-fe (Wymzya Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)	CE	
norelgestromin-eth estradiol (Xulane Transdermal Patch Weekly 150-35 Mcg/24Hr)	CE	
YASMIN 28 ORAL TABLET 3-0.03 MG (*drospirenone-ethinyl estradiol*)	NF	
YAZ ORAL TABLET 3-0.02 MG (*drospirenone-ethinyl estradiol*)	NF	
norelgestromin-eth estradiol (Zafemy Transdermal Patch Weekly 150-35 Mcg/24Hr)	CE	
ethynodiol diac-eth estradiol (Zovia 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	CE	
drospirenone-ethinyl estradiol (Zumandimine Oral Tablet 3-0.03 Mg)	CE	
CORTISOL SYNTHESIS INHIBITORS		
ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG (*osilodrostat phosphate*)	NF	
DIABETIC SUPPLIES		
12-PANEL POC TOXICOLOGY SYSTEM IN VITRO KIT (*drug assay (urine)*)	NPB	
1st tier unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm , 33g x 4 mm	NF	
1st tier unifine pentips plus 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm	NF	
1st tier unilet comfortouch	NPB	
ABOUTTIME PEN NEEDLE 30G X 8 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*)	NF	
ACCU-CHEK AVIVA PLUS IN VITRO STRIP (*glucose blood*)	PB	
ACCU-CHEK AVIVA PLUS KIT W/DEVICE (*blood glucose monitoring suppl*)	PB	
ACCU-CHEK FASTCLIX LANCET KIT (*lancets misc.*)	NPB	
ACCU-CHEK FASTCLIX LANCETS (*lancets*)	NPB	
ACCU-CHEK GUIDE IN VITRO STRIP (*glucose blood*)	PB	

Prescription Drug Name	Drug Tier	Drug Notes
ACCU-CHEK GUIDE KIT W/DEVICE (*blood glucose monitoring suppl*)	PB	
ACCU-CHEK GUIDE ME KIT W/DEVICE (*blood glucose monitoring suppl*)	PB	
ACCU-CHEK LINKASSIST (*insulin pump accessories*)	NPB	
ACCU-CHEK PLASTIC CARTRIDGE (*insulin infusion pump supplies*)	NPB	
ACCU-CHEK SAFE-T PRO LANCETS (*lancets*)	NPB	
ACCU-CHEK SMARTVIEW IN VITRO STRIP (*glucose blood*)	PB	
ACCU-CHEK SOFTCLIX LANCET DEV KIT (*lancets misc.*)	NPB	
ACCU-CHEK SOFTCLIX LANCETS (*lancets*)	NPB	
ACCU-CHEK ULTRAFLEX INF SET (*insulin infusion pump supplies*)	NPB	
ACCU-CHEK ULTRAFLEX-1 INF SET (*insulin infusion pump supplies*)	NPB	
ACCUTREND GLUCOSE IN VITRO STRIP (*glucose blood*)	NF	
acti-lance 28g	NPB	
acti-lance lite lancets 28g	NPB	
acti-lance special lancets 17g	NPB	
acti-lance universal 23g	NPB	
adjustable lancing device	NPB	
ADVANCE INTUITION METER DEVICE (*blood glucose monitoring suppl*)	NF	
ADVANCE INTUITION MONITOR KIT (*blood glucose monitoring suppl*)	NF	
ADVANCE INTUITION TEST IN VITRO STRIP (*glucose blood*)	NF	
ADVANCE MICRO-DRAW METER DEVICE (*blood glucose monitoring suppl*)	NF	
ADVANCE MICRO-DRAW TEST IN VITRO STRIP (*glucose blood*)	NF	
ADVOCATE BLOOD GLUCOSE MONITOR DEVICE (*blood glucose monitoring suppl*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
ADVOCATE BLOOD GLUCOSE SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 33G X 4 MM (*insulin pen needle*)	NF	
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NF	
ADVOCATE LANCETS 30G (*lancets*)	NPB	
ADVOCATE LANCING DEVICE (*lancet devices*)	NPB	
ADVOCATE RAPID-SAFE LANCING (*lancet devices*)	NPB	
ADVOCATE REDI-CODE DEVICE (*blood glucose monitoring suppl*)	NF	
ADVOCATE REDI-CODE IN VITRO STRIP (*glucose blood*)	NF	
ADVOCATE REDI-CODE KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
ADVOCATE REDI-CODE+ DEVICE (*blood glucose monitoring suppl*)	NF	
ADVOCATE REDI-CODE+ TEST IN VITRO STRIP (*glucose blood*)	NF	
ADVOCATE SAFETY LANCETS (*lancets*)	NPB	
ADVOCATE SAFETY LANCETS 26G (*lancets*)	NPB	
ADVOCATE TEST IN VITRO STRIP (*glucose blood*)	NF	
AGAMATRIX AMP DEVICE (*blood glucose monitoring suppl*)	NF	
AGAMATRIX AMP TEST IN VITRO STRIP (*glucose blood*)	NF	
AGAMATRIX JAZZ TEST IN VITRO STRIP (*glucose blood*)	NF	
AGAMATRIX JAZZ WIRELESS 2 KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
AGAMATRIX KEYNOTE TEST IN VITRO STRIP (*glucose blood*)	NF	
AGAMATRIX PRESTO KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
AGAMATRIX PRESTO PRO METER DEVICE (*blood glucose monitoring suppl*)	NF	
AGAMATRIX PRESTO TEST IN VITRO STRIP (*glucose blood*)	NF	
AGAMATRIX ULTRA-THIN LANCETS (*lancets*)	NPB	
aimsco twist lancets 32g	NPB	
AIMSCO TWIST LANCETS 33G (*lancets*)	NPB	
AQUALANCE LANCETS 30G (*lancets*)	NPB	
ASSURE 3 METER KIT (*blood glucose monitoring suppl*)	NF	
ASSURE 3 TEST IN VITRO STRIP (*glucose blood*)	NF	
ASSURE 4 METER DEVICE (*blood glucose monitoring suppl*)	NF	
ASSURE 4 TEST IN VITRO STRIP (*glucose blood*)	NF	
assure comfort lancets 28g	NPB	
ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML (*insulin syringe-needle u-100*)	NF	
ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM (*insulin pen needle*)	NF	
ASSURE II CHECK IN VITRO STRIP (*glucose blood*)	NF	
ASSURE II IN VITRO STRIP (*glucose blood*)	NF	
ASSURE PLATINUM IN VITRO STRIP (*glucose blood*)	NF	
ASSURE PLATINUM METER DEVICE (*blood glucose monitoring suppl*)	NF	
ASSURE PRISM MULTI TEST IN VITRO STRIP (*glucose blood*)	NF	
ASSURE PRO BLOOD GLUCOSE METER DEVICE (*blood glucose monitoring suppl*)	NF	
ASSURE PRO TEST IN VITRO STRIP (*glucose blood*)	NF	
aum mini insulin pen needle 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 32g x 8 mm	NF	
aurora lancet super thin 30g	NPB	
aurora lancet thin 23g	NPB	
aurora pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm	NF	
aurora unifine pentips 31g x 5 mm , 32g x 4 mm	NF	
AUTO-LANCET (*lancet devices*)	NPB	
AUTO-LANCET MINI (*lancet devices*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
AUTOLET II CLINISAFE KIT (*lancets misc.*)	NPB	
AUTOLET LITE CLINISAFE KIT (*lancets misc.*)	NPB	
AUTOLET LITE STARTER PACK KIT (*lancets misc.*)	NPB	
AUTOLET MINI (*lancet devices*)	NPB	
AUTOLET PLATFORMS (*lancets misc.*)	NPB	
AUTOLET PLUS (*lancet devices*)	NPB	
AUTOSOFT 30 INFUSION SET (*insulin infusion pump supplies*)	NPB	
AUTOSOFT 90 INFUSION SET (*insulin infusion pump supplies*)	NPB	
AUTOSOFT XC INFUSION SET (*insulin infusion pump supplies*)	NPB	
BD AUTOSHIELD 29G X 5MM , 29G X 8MM (*insulin pen needle*)	PB	
BD AUTOSHIELD DUO 30G X 5 MM (*insulin pen needle*)	PB	
BD INSULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML, 26G X 1/2" 1 ML, 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML (*insulin syringe-needle u-100*)	PB	
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (*insulin syringe-needle u-100*)	PB	
BD INSULIN SYRINGE U/F 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	PB	
BD INSULIN SYRINGE U-100 1 ML (*insulin syringes (disposable)*)	PB	
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML (*insulin syringe/needle u-500*)	PB	
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 0.5 ML (*insulin syringe-needle u-100*)	PB	
BD LANCET ULTRAFINE 30G (*lancets*)	NPB	
BD LANCET ULTRAFINE 33G (*lancets*)	NPB	
BD LATITUDE DIABETES KIT (*blood glucose monitoring suppl*)	NF	
BD LOGIC BLOOD GLUCOSE MONITOR KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
BD MICROTAINER LANCETS (*lancets*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
BD PEN NEEDLE MICRO U/F 32G X 6 MM (*insulin pen needle*)	PB	
BD PEN NEEDLE MINI U/F 31G X 5 MM (*insulin pen needle*)	PB	
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM (*insulin pen needle*)	PB	
BD PEN NEEDLE NANO U/F 32G X 4 MM (*insulin pen needle*)	PB	
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM (*insulin pen needle*)	PB	
BD PEN NEEDLE SHORT U/F 31G X 8 MM (*insulin pen needle*)	PB	
BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML (*insulin syringe-needle u-100*)	PB	
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML (*insulin syringe-needle u-100*)	PB	
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML (*insulin syringe-needle u-100*)	PB	
BIOTEL CARE BLOOD GLUCOSE SYST KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
blood glucose monitor system kit w/device	NF	
blood glucose system pak kit	NF	
blood glucose test in vitro strip	NF	
BLULINK GLUCOSE MONITORING SYS DEVICE (*blood glucose monitoring suppl*)	NF	
BLULINK GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
CARDIOCOM LANCING DEVICE (*lancet devices*)	NPB	
CAREFINE PEN NEEDLES 29G X 12MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM (*insulin pen needle*)	NF	
careone advanced lancing dev	NPB	
CAREONE BLOOD GLUCOSE SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
CAREONE BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
careone insulin syringe 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	NF	
CAREONE LANCET SUPER THIN 30G (*lancets*)	NPB	
careone lancet thin 23g	NPB	
careone unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm	NF	
careone unifine pentips plus 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm	NF	
CARESENS N GLUCOSE SYSTEM DEVICE (*blood glucose monitoring suppl*)	NF	
CARESENS N GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
CARESENS N VOICE SYSTEM DEVICE (*blood glucose monitoring suppl*)	NF	
CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML, 29G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NF	
CARETOUCH LANCING/EJECTOR (*lancet devices*)	NPB	
CARETOUCH MONITOR SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
CARETOUCH PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM (*insulin pen needle*)	NF	
CARETOUCH SAFETY LANCETS (*lancets*)	NPB	
CARETOUCH SAFETY LANCETS 26G (*lancets*)	NPB	
CARETOUCH TEST IN VITRO STRIP (*glucose blood*)	NF	
CARETOUCH TWIST LANCETS 28G (*lancets*)	NPB	
CARETOUCH TWIST LANCETS 30G (*lancets*)	NPB	
CARETOUCH TWIST LANCETS 33G (*lancets*)	NPB	
CARETOUCH TWIST MC LANCETS 30G (*lancets*)	NPB	
CHEMSTRIP K IN VITRO STRIP (*acetone (urine) test*)	NPB	
CHEMSTRIP UGK IN VITRO STRIP (*urine glucose-ketones test*)	NPB	
CLEANLET LANCETS 28G (*lancets*)	NPB	
CLEVER CHEK AUTO-CODE SYSTEM DEVICE (*blood glucose monitoring suppl*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP (*glucose blood*)	NF	
CLEVER CHEK AUTO-CODE VOICE DEVICE (*blood glucose monitoring suppl*)	NF	
CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP (*glucose blood*)	NF	
CLEVER CHEK LANCETS (*lancets*)	NPB	
CLEVER CHEK SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
CLEVER CHEK TEST IN VITRO STRIP (*glucose blood*)	NF	
CLEVER CHOICE AUTO-CODE SYSTEM DEVICE (*blood glucose monitoring suppl*)	NF	
CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP (*glucose blood*)	NF	
CLEVER CHOICE COMFORT EZ 29G X 12MM , 33G X 4 MM (*insulin pen needle*)	NF	
CLEVER CHOICE LANCETS 21G (*lancets*)	NPB	
CLEVER CHOICE LANCETS 23G (*lancets*)	NPB	
CLEVER CHOICE LANCETS 28G (*lancets*)	NPB	
CLEVER CHOICE MICRO SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
CLEVER CHOICE MICRO TEST IN VITRO STRIP (*glucose blood*)	NF	
CLEVER CHOICE MINI SYSTEM DEVICE (*blood glucose monitoring suppl*)	NF	
CLEVER CHOICE NO CODING IN VITRO STRIP (*glucose blood*)	NF	
CLEVER CHOICE TALK SYSTEM DEVICE (*blood glucose monitoring suppl*)	NF	
CLEVER CHOICE TALK SYSTEM IN VITRO STRIP (*glucose blood*)	NF	
CLICKFINE PEN NEEDLES 31G X 5 MM , 31G X 6 MM (*insulin pen needle*)	NF	
clickfine pen needles 31g x 8 mm , 32g x 4 mm	NF	
COAGUCHEK LANCETS (*lancets*)	NPB	
COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ML (*insulin syringe-needle u-100*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
comfort assured lancets 28g	NPB	
comfort assured lancets 33g	NPB	
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NF	
COMFORT EZ MICRO PEN NEEDLES 32G X 4 MM (*insulin pen needle*)	NF	
COMFORT EZ PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM (*insulin pen needle*)	NF	
COMFORT EZ SHORT PEN NEEDLES 31G X 8 MM (*insulin pen needle*)	NF	
comfort lancets	NPB	
COMFORT TOUCH INSULIN PEN NEED 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM (*insulin pen needle*)	NF	
COMFORT TOUCH LANCETS 31G (*lancets*)	NPB	
COMFORT TOUCH PLUS LANCETS 30G (*lancets*)	NPB	
CONTOUR MONITOR DEVICE (*blood glucose monitoring suppl*)	NF	
CONTOUR NEXT EZ KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
CONTOUR NEXT LINK KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
CONTOUR NEXT MONITOR KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
CONTOUR NEXT ONE KIT (*blood glucose monitoring suppl*)	NF	
CONTOUR NEXT TEST IN VITRO STRIP (*glucose blood*)	NF	
CONTOUR TEST IN VITRO STRIP (*glucose blood*)	NF	
COOL BLOOD GLUCOSE TEST STRIPS IN VITRO STRIP (*glucose blood*)	NF	
COOL MONITOR DEVICE (*blood glucose monitoring suppl*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
COOL MONITOR KIT KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
CVS ADVANCED GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
CVS BLOOD GLUCOSE METER KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
cvs glucose meter test strips in vitro strip	NF	
CVS KETONE CARE IN VITRO STRIP (*urine glucose-ketones test*)	NPB	
cvs lancets 21g	NPB	
cvs lancets micro thin 33g	NPB	
cvs lancets original	NPB	
cvs lancets thin 26g	NPB	
cvs lancets ultra thin 30g	NPB	
cvs lancets ultra-thin 30g	NPB	
cvs lancing device	NPB	
cvs ultra thin lancets	NPB	
D-CARE BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NF	
D-CARE GLUCOMETER KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
DEXCOM G6 RECEIVER DEVICE (*continuous blood gluc receiver*)	PB	
DEXCOM G6 SENSOR (*continuous blood gluc sensor*)	PB	
DEXCOM G6 TRANSMITTER (*continuous blood gluc transmit*)	PB	
DIASTIX IN VITRO STRIP (*glucose urine test-glucose ox*)	NPB	
DIATHRIVE BLOOD GLUCOSE METER DEVICE (*blood glucose monitoring suppl*)	NF	
DIATHRIVE BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
DIATHRIVE GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
DIATHRIVE LANCET ULTRA THIN 30 (*lancets*)	NPB	
DIATHRIVE LANCETS (*lancets*)	NPB	
DIATHRIVE LANCING DEVICE (*lancet devices*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
DIATHRIVE PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*)	NF	
DIATHRIVE+ GLUCOSE MONITOR DEVICE (*blood glucose monitoring suppl*)	NF	
DIATHRIVE+ GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
diatrue plus blood glucose device	NF	
diatrue plus test in vitro strip	NF	
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NF	
DROPLET LANCETS ULTRA THIN 30G (*lancets*)	NPB	
DROPLET LANCING DEVICE (*lancet devices*)	NPB	
DROPLET MICRON 34G X 3.5 MM (*insulin pen needle*)	NF	
DROPLET PEN NEEDLES 29G X 10MM , 29G X 12MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM (*insulin pen needle*)	NF	
DROPLET PERSONAL LANCETS 30G (*lancets*)	NPB	
dropsafe safety pen needles 31g x 6 mm , 31g x 8 mm	NF	
drug mart lancets thin 26g	NPB	
DRUG MART ON-THE-GO LANCET 30G (*lancets*)	NPB	
drug mart unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm	NF	
drug mart unifine pentips plus 32g x 4 mm	NF	
DUO-CARE TEST IN VITRO STRIP (*glucose blood*)	NF	
easy comfort insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 32g x 5/16" 0.5 ml, 32g x 5/16" 1 ml	NF	
easy comfort lancets	NPB	
easy comfort lancets twist top	NPB	
easy comfort pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm	NF	
easy glide pen needles 33g x 4 mm	NF	

Prescription Drug Name	Drug Tier	Drug Notes
easy mini eject lancing device	NPB	
easy mini lancing device	NPB	
easy plus ii glucose system device	NF	
easy plus ii glucose test in vitro strip	NF	
EASY STEP GLUCOSE MONITOR DEVICE (*blood glucose monitoring suppl*)	NF	
EASY STEP TEST IN VITRO STRIP (*glucose blood*)	NF	
easy talk blood glucose system device	NF	
easy talk blood glucose test in vitro strip	NF	
EASY TOUCH FLIPLOCK INSULIN SY 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NF	
EASY TOUCH GLUCOSE SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML (*insulin syringe-needle u-100*)	NF	
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NF	
EASY TOUCH LANCETS 21G (*lancets*)	NPB	
EASY TOUCH LANCETS 23G (*lancets*)	NPB	
EASY TOUCH LANCETS 28G (*lancets*)	NPB	
EASY TOUCH LANCETS 30G (*lancets*)	NPB	
EASY TOUCH LANCETS 32G (*lancets*)	NPB	
EASY TOUCH LANCING DEVICE (*lancet devices*)	NPB	
EASY TOUCH PEN NEEDLES 29G X 12MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM (*insulin pen needle*)	NF	
EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM , 29G X 8MM , 30G X 8 MM (*insulin pen needle*)	NF	
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
EASY TOUCH TEST IN VITRO STRIP (*glucose blood*)	NF	
easy trak blood glucose system device	NF	
easy trak blood glucose test in vitro strip	NF	
easy trak ii blood glucose sys device	NF	
easy trak ii glucose test in vitro strip	NF	
EASYGLUCO IN VITRO STRIP (*glucose blood*)	NF	
EASYGLUCO KIT (*blood glucose monitoring suppl*)	NF	
EASYMAX 15 TEST IN VITRO STRIP (*glucose blood*)	NF	
EASYMAX NG BLOOD GLUCOSE DEVICE (*blood glucose monitoring suppl*)	NF	
EASYMAX NG BLOOD GLUCOSE KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
EASYMAX TEST IN VITRO STRIP (*glucose blood*)	NF	
EASYMAX V BLOOD GLUCOSE DEVICE (*blood glucose monitoring suppl*)	NF	
EASYPRO BLOOD GLUCOSE MONITOR KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
EASYPRO BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
EASYPRO PLUS IN VITRO STRIP (*glucose blood*)	NF	
EASYPRO PLUS KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
ELEMENT AUTOCODE SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
element compact glucose system device	NF	
element compact test in vitro strip	NF	
element compact v glucose sys device	NF	
ELEMENT PLUS DEVICE (*blood glucose monitoring suppl*)	NF	
ELEMENT TEST IN VITRO STRIP (*glucose blood*)	NF	
EMBRACE BLOOD GLUCOSE MONITOR DEVICE (*blood glucose monitoring suppl*)	NF	
EMBRACE BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
EMBRACE EVO BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
EMBRACE EVO GLUCOSE MONITOR DEVICE (*blood glucose monitoring suppl*)	NF	
EMBRACE EVO GLUCOSE MONITORING KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
EMBRACE LANCETS ULTRA THIN 30G (*lancets*)	NPB	
EMBRACE PRESSURE ACTIVATED 21G (*lancets*)	NPB	
EMBRACE PRESSURE ACTIVATED 28G (*lancets*)	NPB	
EMBRACE PRO GLUCOSE METER DEVICE (*blood glucose monitoring suppl*)	NF	
EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
EMBRACE TALK BLOOD GLUCOSE DEVICE (*blood glucose monitoring suppl*)	NF	
EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
EMBRACE TALK MONITORING SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
ENLITE GLUCOSE SENSOR (*continuous blood gluc sensor*)	NF	
ENLITE SERTER (*insulin infusion pump supplies*)	NPB	
eq blood glucose test in vitro strip	NF	
eql color lancets 21g	NPB	
eql color lancets micro 33g	NPB	
eql insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	NF	
eql super thin lancets 30g	NPB	
eql thin lancets 26g	NPB	
EVERSENSE SENSOR/HOLDER (*continuous blood gluc sensor*)	NF	
EVERSENSE SMART TRANSMITTER (*continuous blood gluc transmit*)	NF	
EVOLUTION AUTOCODE DEVICE (*blood glucose monitoring suppl*)	NF	
EVOLUTION AUTOCODE IN VITRO STRIP (*glucose blood*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
EXEL COMFORT POINT INSULIN SYR 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NF	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM , 31G X 4 MM , 31G X 6 MM , 31G X 8 MM (*insulin pen needle*)	NF	
E-Z JECT LANCET MICRO-THIN 33G (*lancets*)	NPB	
E-Z JECT LANCET SUPER THIN 30G (*lancets*)	NPB	
E-Z JECT LANCETS (*lancets*)	NPB	
E-Z JECT LANCETS 21G (*lancets*)	NPB	
E-Z JECT LANCETS THIN 26G (*lancets*)	NPB	
EZ-LETS LANCETS 21G (*lancets*)	NPB	
EZ-LETS LANCETS 26G (*lancets*)	NPB	
EZ-LETS LANCETS 28G (*lancets*)	NPB	
EZ-LETS LANCETS 30G (*lancets*)	NPB	
FIFTY50 GLUCOSE METER 2.0 KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
FIFTY50 GLUCOSE TEST 2.0 IN VITRO STRIP (*glucose blood*)	NF	
FIFTY50 PEN NEEDLES 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (*insulin pen needle*)	NF	
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NF	
FIFTY50 UNILET LANCETS 33G (*lancets*)	NPB	
FINGERSTIX LANCETS (*lancets*)	NPB	
FORA 6 CONNECT IN VITRO STRIP (*glucose blood*)	NF	
FORA BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA D15G BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA D20 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA D40/G31 BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
FORA G20 BLOOD GLUCOSE SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA G30/PREM V10 GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA G30A BLOOD GLUCOSE SYSTEM DEVICE (*blood glucose monitoring suppl*)	NF	
FORA GD20 BLOOD GLUCOSE SYSTEM DEVICE (*blood glucose monitoring suppl*)	NF	
FORA GD20 TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA GD50 BLOOD GLUCOSE SYSTEM DEVICE (*blood glucose monitoring suppl*)	NF	
FORA GD50 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA GTEL BLOOD GLUCOSE SYSTEM DEVICE (*blood glucose monitoring suppl*)	NF	
FORA GTEL BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA GTEL BLOOD KETONE TEST IN VITRO STRIP (*ketone blood test*)	NPB	
FORA LANCETS (*lancets*)	NPB	
FORA LANCING DEVICE (*lancet devices*)	NPB	
FORA PREMIUM V10 BLE SYSTEM DEVICE (*blood glucose monitoring suppl*)	NF	
FORA TEST N' GO MONITOR DEVICE (*blood glucose monitoring suppl*)	NF	
FORA TN'G VOICE KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
FORA TN'G/TN'G VOICE IN VITRO STRIP (*glucose blood*)	NF	
FORA V10 BLOOD GLUCOSE SYSTEM DEVICE (*blood glucose monitoring suppl*)	NF	
FORA V10 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA V12 BLOOD GLUCOSE SYSTEM DEVICE (*blood glucose monitoring suppl*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
FORA V12 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA V20 BLOOD GLUCOSE SYSTEM DEVICE (*blood glucose monitoring suppl*)	NF	
FORA V20 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA V30A BLOOD GLUCOSE SYSTEM DEVICE (*blood glucose monitoring suppl*)	NF	
FORA V30A BLOOD GLUCOSE SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
FORA V30A BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORACARE GD40 MONITOR DEVICE (*blood glucose monitoring suppl*)	NF	
FORACARE GD40 TEST IN VITRO STRIP (*glucose blood*)	NF	
FORACARE PREMIUM V10 DEVICE (*blood glucose monitoring suppl*)	NF	
FORACARE PREMIUM V10 TEST IN VITRO STRIP (*glucose blood*)	NF	
FORACARE TEST N GO MONITOR DEVICE (*blood glucose monitoring suppl*)	NF	
FORACARE TEST N GO TEST IN VITRO STRIP (*glucose blood*)	NF	
FORTISCARE G1 TEST STRIP IN VITRO STRIP (*glucose blood*)	NF	
FORTISCARE T1 GLUCOSE SYSTEM DEVICE (*blood glucose monitoring suppl*)	NF	
FORTISCARE TEST IN VITRO STRIP (*glucose blood*)	NF	
freds pharmacy autolet lancing	NPB	
freds pharmacy unifine pentip+ 31g x 5 mm , 31g x 8 mm	NF	
freds pharmacy unifine pentips 32g x 4 mm	NF	
FREESTYLE FREEDOM LITE KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
FREESTYLE INSULINX TEST IN VITRO STRIP (*glucose blood*)	NF	
FREESTYLE LIBRE 14 DAY READER DEVICE (*continuous blood gluc receiver*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
FREESTYLE LIBRE 14 DAY SENSOR (*continuous blood gluc sensor*)	NF	
FREESTYLE LIBRE 2 READER DEVICE (*continuous blood gluc receiver*)	NF	
FREESTYLE LIBRE 2 SENSOR (*continuous blood gluc sensor*)	NF	
freestyle libre 3 sensor	NF	
FREESTYLE LIBRE READER DEVICE (*continuous blood gluc receiver*)	NF	
FREESTYLE LITE DEVICE (*blood glucose monitoring suppl*)	NF	
FREESTYLE LITE TEST IN VITRO STRIP (*glucose blood*)	NF	
FREESTYLE PRECISION NEO SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
FREESTYLE PRECISION NEO TEST IN VITRO STRIP (*glucose blood*)	NF	
FREESTYLE TEST IN VITRO STRIP (*glucose blood*)	NF	
FREESTYLE UNISTICK II LANCETS (*lancets*)	NPB	
ge100 blood glucose system device	NF	
ge100 blood glucose system kit w/device	NF	
ge100 blood glucose test in vitro strip	NF	
GENTEEL BUTTERFLY TOUCH LANCET (*lancets*)	NPB	
GENTEEL CONTACT TIPS (BLUE) (*lancets misc.*)	NPB	
GENTEEL CONTACT TIPS (CLEAR) (*lancets misc.*)	NPB	
GENTEEL CONTACT TIPS (GREEN) (*lancets misc.*)	NPB	
GENTEEL CONTACT TIPS (ORANGE) (*lancets misc.*)	NPB	
GENTEEL CONTACT TIPS (RAINBOW) (*lancets misc.*)	NPB	
GENTEEL CONTACT TIPS (VIOLET) (*lancets misc.*)	NPB	
GENTEEL CONTACT TIPS (YELLOW) (*lancets misc.*)	NPB	
GENTEEL LANCING KIT (BLUE) KIT (*lancets misc.*)	NPB	
GENTEEL NOZZLES (*lancets misc.*)	NPB	
GENTEEL PLUS LANCING (BLACK) (*lancet devices*)	NPB	
GENTEEL PLUS LANCING (PURPLE) (*lancet devices*)	NPB	
GENTEEL PLUS LANCING (WHITE) (*lancet devices*)	NPB	
GENTEEL PLUS LANCING DEV(BLUE) (*lancet devices*)	NPB	
GENTEEL PLUS LANCING DEV(PINK) (*lancet devices*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
GENTLE-LET GP LANCETS (*lancets*)	NPB	
GENTLE-LET LANCETS (*lancets*)	NPB	
GENTLE-LET PLATFORMS (*lancets misc.*)	NPB	
GENULTIMATE TEST IN VITRO STRIP (*glucose blood*)	NPB	
ght blood glucose monitor kit w/device	NF	
ght test in vitro strip	NF	
global ease inject pen needles 29g x 12mm , 31g x 5 mm , 31g x 8 mm , 32g x 4 mm	NF	
global easy glide insulin syr 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml, 31g x 5/16" 0.3 ml	NF	
global easy glide pen needles 32g x 4 mm	NF	
global inject ease insulin syr 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	NF	
global inject ease lancets 28g	NPB	
global inject ease lancets 30g	NPB	
global insulin syringes 30g x 1/2" 0.3 ml, 30g x 5/16" 0.3 ml	NF	
global lancing device	NPB	
GLUCO PERFECT 3 METER DEVICE (*blood glucose monitoring suppl*)	NF	
GLUCO PERFECT 3 TEST IN VITRO STRIP (*glucose blood*)	NF	
GLUCOCARD 01 BLOOD GLUCOSE DEVICE (*blood glucose monitoring suppl*)	NF	
GLUCOCARD 01 BLOOD GLUCOSE KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP (*glucose blood*)	NF	
GLUCOCARD 01-MINI GLUCOSE KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
GLUCOCARD EXPRESSION MONITOR KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
GLUCOCARD EXPRESSION TEST IN VITRO STRIP (*glucose blood*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
GLUCOCARD SHINE CONNEX KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
GLUCOCARD SHINE EXPRESS KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
GLUCOCARD SHINE TEST IN VITRO STRIP (*glucose blood*)	NPB	
GLUCOCARD SHINE XL DEVICE (*blood glucose monitoring suppl*)	NF	
GLUCOCARD VITAL MONITOR KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
GLUCOCARD VITAL TEST IN VITRO STRIP (*glucose blood*)	NF	
GLUCOCARD X-METER KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
GLUCOCARD X-SENSOR IN VITRO STRIP (*glucose blood*)	NF	
GLUCOCOM BLOOD GLUCOSE MONITOR DEVICE (*blood glucose monitoring suppl*)	NF	
GLUCOCOM LANCETS 28G (*lancets*)	NPB	
GLUCOCOM LANCETS 30G (*lancets*)	NPB	
GLUCOCOM LANCETS 33G (*lancets*)	NPB	
GLUCOCOM MONITOR KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
GLUCOCOM TEST IN VITRO STRIP (*glucose blood*)	NF	
GLUCONAVII BLOOD GLUCOSE SYS KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
GLUCONAVII BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NF	
GLUCOPRO SYR RES 3ML 22GX3/8" (*insulin infusion pump supplies*)	NPB	
glucose meter test in vitro strip	NF	
gnp clickfine pen needles 31g x 6 mm , 31g x 8 mm	NF	

Prescription Drug Name	Drug Tier	Drug Notes
GNP EASY TOUCH GLUCOSE METER DEVICE (*blood glucose monitoring suppl*)	NF	
gnp easy touch glucose test in vitro strip	NF	
gnp insulin syringe 28g x 1/2" 0.5 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	NF	
gnp lancets 21g	NPB	
gnp lancets thin 26g	NPB	
gnp sterile lancets 28g	NPB	
gnp sterile lancets 30g	NPB	
gnp sterile lancets 33g	NPB	
gnp ulticare pen needles 31g x 5 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm	NF	
GNP ULTIGUARD SAFEPACK NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (*insulin pen needle*)	NF	
gnp ultra com insulin syringe 28g x 1/2" 1 ml	NF	
GOJJI BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
GOJJI BLOOD TEST STRIP/LANCETS IN VITRO STRIP (*glucose blood*)	NF	
GOJJI STERILE LANCETS (*lancets*)	NPB	
goodsense blood glucose in vitro strip	NF	
goodsense blood glucose kit w/device	NF	
goodsense clickfine pen needle 31g x 5 mm	NF	
goodsense lancets 26g univ	NPB	
goodsense lancets 30g univ	NPB	
goodsense lancets 33g univ	NPB	
goodsense lancing device	NPB	
GOODSENSE PEN NEEDLE PENFINE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (*insulin pen needle*)	NF	
GUARDIAN LINK 3 TRANSMITTER (*continuous blood gluc transmit*)	NF	
GUARDIAN REAL-TIME CHARGER (*continuous glucose monitor sup*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
GUARDIAN REAL-TIME TEST PLUG (*continuous glucose monitor sup*)	NPB	
GUARDIAN SENSOR (3) (*continuous blood gluc sensor*)	NF	
guardian sensor 3	NF	
HEALTH CARE LANCING DEVICE (*lancet devices*)	NPB	
healthwise insulin syr/needle 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	NF	
healthwise micron pen needles 32g x 4 mm	NF	
healthwise mini pen needles 31g x 6 mm	NF	
healthwise pen needles 29g x 12mm	NF	
healthwise short pen needles 31g x 5 mm , 31g x 8 mm	NF	
healthwise unifine pentips 32g x 4 mm	NF	
healthy accents lancing device	NPB	
healthy accents unifine pentip 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm	NF	
healthy accents unilet lancets	NPB	
h-e-b incontrol adv lancing	NPB	
h-e-b incontrol lancets 28g	NPB	
h-e-b incontrol lancets 30g	NPB	
h-e-b incontrol lancets 33g	NPB	
h-e-b incontrol pen needles 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm	NF	
H-E-B INCONTROL UNIFINE PENTIP 32G X 4 MM (*insulin pen needle*)	NF	
HM EMBRACE TALK SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
HM ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML (*insulin syringe-needle u-100*)	NF	
HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM (*insulin pen needle*)	NF	
HW EMBRACE PRO GLUCOSE METER DEVICE (*blood glucose monitoring suppl*)	NF	
HW EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
HW EMBRACE TALK BLOOD GLUCOSE DEVICE (*blood glucose monitoring suppl*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
HW EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
HY-VEE LANCETS (*lancets*)	NPB	
hy-vee thin lancets	NPB	
IGLUCOSE MONITORING SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
IGLUCOSE TEST STRIPS IN VITRO STRIP (*glucose blood*)	NF	
IN TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
IN TOUCH DEVICE (*blood glucose monitoring suppl*)	NF	
IN TOUCH LANCING DEVICE (*lancet devices*)	NPB	
IN TOUCH STERILE LANCETS 30G (*lancets*)	NPB	
INCONTROL ULTICARE PEN NEEDLES 32G X 4 MM (*insulin pen needle*)	NF	
INFINITY BLOOD GLUCOSE SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
INFINITY VOICE IN VITRO STRIP (*glucose blood*)	NF	
INFINITY VOICE KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
insulin syringe 27g x 1/2" 0.5 ml, 27g x 1/2" 1 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	NF	
insulin syringe/needle 27g x 1/2" 0.5 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml	NF	
insulin syringe-needle u-100 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	NF	
insupen pen needles 29g x 12mm , 31g x 5 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm	NF	
INSUPEN SENSITIVE 32G X 6 MM , 32G X 8 MM (*insulin pen needle*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
INSUPEN ULTRAFIN 30G X 8 MM , 31G X 6 MM , 31G X 8 MM (*insulin pen needle*)	NF	
KETO-DIASTIX IN VITRO STRIP (*urine glucose-ketones test*)	NPB	
ketone test in vitro strip	NPB	
KETOSTIX IN VITRO STRIP (*acetone (urine) test*)	NPB	
kinney lancets	NPB	
kinney thin lancets	NPB	
kinray insulin syringe 29g x 1/2" 0.5 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	NF	
kmart valu insulin syringe 29g u-100 0.5 ml, u-100 1 ml	NF	
kmart valu insulin syringe 30g u-100 0.3 ml, u-100 0.5 ml, u-100 1 ml	NF	
kroger blood glucose kit w/device	NF	
kroger blood glucose test in vitro strip	NF	
KROGER HEALTHPRO GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
kroger insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	NF	
kroger lancets	NPB	
kroger lancets super thin	NPB	
kroger lancets thin	NPB	
kroger pen needles 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm	NF	
kroger premium blood glucose kit w/device	NF	
kroger premium glucose test in vitro strip	NF	
lancet device	NPB	
lancet device with ejector	NPB	
lancet transporter case	NPB	
lancets	NPB	
lancets 30g	NPB	
lancets 33g	NPB	
lancets micro thin 33g	NPB	
lancets thin	NPB	
LANCETS ULTRA THIN (*lancets*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
lancets ultra thin 30g	NPB	
lancing device	NPB	
LANZO (*lancet devices*)	NPB	
leader insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	NF	
LEADER UNIFINE PENTIPS 31G X 5 MM , 32G X 4 MM (*insulin pen needle*)	NF	
LEADER UNIFINE PENTIPS PLUS 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*)	NF	
liberty blood glucose meter device	NF	
LIBERTY NEXT GENERATION TEST IN VITRO STRIP (*glucose blood*)	NF	
LIBERTY NXT GENERATION MONITOR DEVICE (*blood glucose monitoring suppl*)	NF	
liberty test in vitro strip	NF	
LIFESCAN UNISTIK 2 (*lancets*)	NPB	
LIFESCAN UNISTIK II LANCETS (*lancets*)	NPB	
lite touch lancets	NPB	
LITE TOUCH LANCING PEN (*lancet devices*)	NPB	
LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NF	
LITETOUCH LANCETS (*lancets*)	NPB	
LITETOUCH PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*)	NF	
live better adv lancing device	NPB	
live better lancet ultra thin	NPB	
longs insulin syringe 31g x 5/16" 0.5 ml	NF	
longs lancets standard	NPB	
longs lancets thin	NPB	
longs lancets ultra thin	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NF	
MARATHON MEDICAL PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*)	NF	
MAXICOMFORT II PEN NEEDLE 31G X 6 MM (*insulin pen needle*)	NF	
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (*insulin syringe-needle u-100*)	NF	
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM , 29G X 8MM (*insulin pen needle*)	NF	
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML (*insulin syringe-needle u-100*)	NF	
medic insulin syringe 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml	NF	
medichoice safety lancet extra	NPB	
medicine shoppe pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm	NF	
MEDLANCE PLUS EXTRA 21G (*lancets*)	NPB	
MEDLANCE PLUS LANCETS (*lancets*)	NPB	
MEDLANCE PLUS LITE 25G (*lancets*)	NPB	
MEDLANCE PLUS SPECIAL 0.8MM (*lancets*)	NPB	
MEDLANCE PLUS SUPERLITE 30G (*lancets*)	NPB	
MEDLANCE PLUS UNIVERSAL 21G (*lancets*)	NPB	
meijer blood glucose kit w/device	NF	
meijer blood glucose test in vitro strip	NF	
meijer essential blood glucose kit w/device	NF	
meijer essential glucose test in vitro strip	NF	
MEIJER LANCETS THIN (*lancets*)	NPB	
MEIJER LANCETS UNIVERSAL 21G (*lancets*)	NPB	
MEIJER LANCETS UNIVERSAL 30G (*lancets*)	NPB	
MEIJER LANCETS UNIVERSAL 33G (*lancets*)	NPB	
meijer pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm	NF	
meijer premium blood glucose kit w/device	NF	
MEIJER SUPER THIN LANCETS (*lancets*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
MEIJER TRUE2GO BLOOD GLUCOSE KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
MEIJER TRUERESULT GLUCOSE SYS KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
MEIJER TRUETEST TEST IN VITRO STRIP (*glucose blood*)	NF	
MEIJER TRUETRACK GLUCOSE SYS KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
MEIJER TRUETRACK TEST IN VITRO STRIP (*glucose blood*)	NF	
MICRODOT BLOOD GLUCOSE SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
MICRODOT PEN NEEDLE 31G X 6 MM , 32G X 4 MM , 33G X 4 MM (*insulin pen needle*)	NF	
MICRODOT TEST IN VITRO STRIP (*glucose blood*)	NF	
MICROLET LANCETS (*lancets*)	NPB	
MICROLET NEXT LANCING DEVICE (*lancet devices*)	NPB	
mini lancing device	NPB	
MINILINK REAL-TIME TRANSMITTER (*continuous blood gluc transmit*)	NF	
MINIMED 630G GUARDIAN PRESS (*continuous blood gluc transmit*)	NF	
MINIMED PUMP RESERVOIR 3ML (*insulin infusion pump supplies*)	NPB	
MINIMED RESERVOIR 1.8ML (*insulin infusion pump supplies*)	NPB	
MINIMED RESERVOIR 3ML (*insulin infusion pump supplies*)	NPB	
MM EASY TOUCH GLUCOSE IN VITRO STRIP (*glucose blood*)	NF	
MM EASY TOUCH GLUCOSE METER KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
mm insulin syringe/needle 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	NF	
MM PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NF	
MONOJECT INSULIN SYRINGE U-100 1 ML (*insulin syringes (disposable)*)	NF	
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML (*insulin syringe-needle u-100*)	NF	
MONOLET LANCETS (*lancets*)	NPB	
MONOLET OPD LANCETS (*lancets*)	NPB	
MONOLETTOR SAFETY LANCETS (*lancets*)	NPB	
mpd safety lancet 21g	NPB	
mpd safety lancet 23g	NPB	
mpd safety lancet 28g	NPB	
mpd safety lancet 30g	NPB	
ms insulin syringe 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	NF	
MULTI-LANCET DEVICE 2 KIT (*lancets misc.*)	NPB	
MYGLUCOHEALTH BLOOD GLUCOSE KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
MYGLUCOHEALTH LANCETS 30G (*lancets*)	NPB	
MYGLUCOHEALTH TEST IN VITRO STRIP (*glucose blood*)	NF	
NEUTEK 2TEK TEST IN VITRO STRIP (*glucose blood*)	NF	
NOVA MAX BLOOD GLUCOSE SYSTEM DEVICE (*blood glucose monitoring suppl*)	NF	
NOVA MAX BLOOD GLUCOSE SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
NOVA MAX GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
NOVA MAX PLUS KETONE TEST IN VITRO STRIP (*ketone blood test*)	NPB	
NOVA SAFETY LANCETS 23G (*lancets*)	NPB	
NOVA SAFETY LANCETS 28G (*lancets*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
NOVA SUREFLEX LANCETS (*lancets*)	NPB	
NOVA SUREFLEX LANCING DEVICE (*lancet devices*)	NPB	
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM (*insulin pen needle*)	NF	
NOVOFINE PEN NEEDLE 32G X 6 MM (*insulin pen needle*)	NF	
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM (*insulin pen needle*)	NF	
OMNIPOD 5 G6 INTRO (GEN 5) KIT (*insulin disposable pump*)	PB	
OMNIPOD 5 G6 POD (GEN 5) (*insulin disposable pump*)	PB	
OMNIPOD CLASSIC PDM (GEN 3) KIT (*insulin disposable pump*)	PB	
OMNIPOD CLASSIC PODS (GEN 3) (*insulin disposable pump*)	PB	
OMNIPOD DASH PODS (GEN 4) (*insulin disposable pump*)	PB	
one drop blood glucose monitor kit w/device	NF	
one drop test in vitro strip	NF	
ONETOUCH CLUB LANCETS FINE PT (*lancets*)	PB	
ONETOUCH DELICA LANCETS 30G (*lancets*)	PB	
ONETOUCH DELICA LANCETS 33G (*lancets*)	PB	
ONETOUCH DELICA LANCING DEV (*lancet devices*)	PB	
ONETOUCH DELICA PLUS LANCET30G (*lancets*)	PB	
ONETOUCH DELICA PLUS LANCET33G (*lancets*)	PB	
ONETOUCH DELICA PLUS LANCING (*lancet devices*)	PB	
ONETOUCH DELICA SAFETY LANCING (*lancet devices*)	NPB	
ONETOUCH FINEPOINT LANCETS (*lancets*)	PB	
ONETOUCH SOLUTIONS STARTER KIT KIT W/ WELL DEVICE (*blood glucose monitoring suppl*)	PB	
ONETOUCH SURESOFT LANCING DEV (*lancets misc.*)	PB	
ONETOUCH ULTRA IN VITRO STRIP (*glucose blood*)	PB	
ONETOUCH ULTRASOFT LANCETS (*lancets*)	PB	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	PB	
ONETOUCH VERIO IN VITRO STRIP (*glucose blood*)	PB	

Prescription Drug Name	Drug Tier	Drug Notes
ONETOUCH VERIO KIT W/DEVICE (*blood glucose monitoring suppl*)	PB	
ONETOUCH VERIO REFLECT KIT W/DEVICE (*blood glucose monitoring suppl*)	PB	
OPTIUMEZ TEST IN VITRO STRIP (*glucose blood*)	NF	
PARADIGM PUMP RESERVOIR 1.8ML (*insulin infusion pump supplies*)	NPB	
PARADIGM PUMP RESERVOIR 3ML (*insulin infusion pump supplies*)	NPB	
PARADIGM REAL-TIME TRANSMITTER (*continuous blood gluc transmit*)	NF	
PARADIGM SILHOUETTE COMBO 23" (*insulin infusion pump supplies*)	NPB	
pc lancets super thin 30g	NPB	
pc unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm	NF	
pen needles 29g x 12mm , 30g x 5 mm , 30g x 8 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm	NF	
pen needles 5/16" 31g x 8 mm	NF	
PENLET II BLOOD SAMPLER KIT (*lancets misc.*)	NPB	
PENLET II REPLACEMENT CAP (*lancets misc.*)	NPB	
PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (*insulin pen needle*)	NF	
PERFECT LANCETS 28G (*lancets*)	NPB	
PERFECT LANCETS 30G (*lancets*)	NPB	
ph strips in vitro diagnostic test	NPB	
PHARMACIST CHOICE AUTOCODE IN VITRO STRIP (*glucose blood*)	NF	
PHARMACIST CHOICE AUTOCODE SYS KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
PHARMACIST CHOICE LANCETS (*lancets*)	NPB	
PHARMACIST CHOICE MINI SYSTEM DEVICE (*blood glucose monitoring suppl*)	NF	
pharmacist choice no coding in vitro strip	NF	
PHARMACY COUNTER LANCETS (*lancets*)	NPB	
pip lancets 28g	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
pip lancets 30g	NPB	
POCKETCHEM EZ SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
POCKETCHEM EZ TEST IN VITRO STRIP (*glucose blood*)	NF	
POGO AUTOMATIC BLOOD GLUCOSE DEVICE (*blood glucose monitoring suppl*)	NF	
POGO AUTOMATIC TEST CARTRIDGES IN VITRO DIAGNOSTIC TEST (*glucose blood*)	NF	
PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ML (*insulin syringe-needle u-100*)	NF	
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NF	
PRECISION XTRA KETONE IN VITRO STRIP (*ketone blood test*)	NPB	
PRECISION XTRA KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
preferred plus insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml	NF	
preferred plus lancets colored	NPB	
preferred plus lancets thin	NPB	
preferred plus unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm	NF	
premium blood glucose test in vitro strip	NF	
PREVENT SAFETY PEN NEEDLES 31G X 6 MM , 31G X 8 MM (*insulin pen needle*)	NF	
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NF	
pro comfort lancets 30g	NPB	
pro comfort lancets 31g	NPB	
pro comfort pen needles 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm	NF	
pro voice v8 glucose system device	NF	
pro voice v8/v9 glucose in vitro strip	NF	
pro voice v9 glucose system device	NF	

Prescription Drug Name	Drug Tier	Drug Notes
PRODIGY AUTOCODE BLOOD GLUCOSE DEVICE (*blood glucose monitoring suppl*)	NF	
PRODIGY AUTOCODE BLOOD GLUCOSE KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML (*insulin syringe-needle u-100*)	NF	
PRODIGY LANCETS 28G (*lancets*)	NPB	
PRODIGY LANCING DEVICE (*lancet devices*)	NPB	
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP (*glucose blood*)	NF	
PRODIGY POCKET BLOOD GLUCOSE KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
PRODIGY SAFETY LANCETS 26G (*lancets*)	NPB	
PRODIGY VOICE BLOOD GLUCOSE KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
PSS SELECT GP LANCETS (*lancets*)	NPB	
PSS SELECT PLATFORMS (*lancets misc.*)	NPB	
PSS SELECT SAFETY LANCETS (*lancets*)	NPB	
pure comfort lancets 30g	NPB	
px extra short pen needles 31g x 6 mm	NF	
px insulin syringe 30g x 1/2" 0.5 ml	NF	
px lancet auto injector	NPB	
px lancets microthin 33g	NPB	
px lancets ultra thin	NPB	
px mini pen needles 31g x 5 mm	NF	
px pen needle 29g x 12mm , 31g x 8 mm	NF	
px shortlength pen needles 31g x 8 mm	NF	
qc advanced lancing device	NPB	
qc lancets super thin 30g	NPB	
qc lancets ultra thin	NPB	
qc pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm	NF	
qc unifine pentips 32g x 4 mm	NF	
qc unilet lancets 28g	NPB	
qc unilet lancets micro thin	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
QUICKTEK KIT (*blood glucose monitoring suppl*)	NF	
QUICKTEK TEST IN VITRO STRIP (*glucose blood*)	NF	
QUICKTEK/METER KIT (*blood glucose monitoring suppl*)	NF	
QUINTET AC BLOOD GLUCOSE DEVICE (*blood glucose monitoring suppl*)	NF	
QUINTET AC BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
QUINTET BLOOD GLUCOSE SYSTEM DEVICE (*blood glucose monitoring suppl*)	NF	
QUINTET BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
RA E-ZJECT LANCETS 28G (*lancets*)	NPB	
RA E-ZJECT LANCETS THIN 26G (*lancets*)	NPB	
RA E-ZJECT LANCETS THIN 28G (*lancets*)	NPB	
RA E-ZJECT LANCETS ULTRA THIN (*lancets*)	NPB	
ra insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml	NF	
ra pen needles 31g x 5 mm , 31g x 8 mm	NF	
raya sure pen needle 29g x 12mm , 31g x 4 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm	NF	
READYLANCE SAFETY LANCETS (*lancets*)	NPB	
reality insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml	NF	
reality lancets	NPB	
reality trigger lancets	NPB	
REFUAH PLUS BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
REFUAH PLUS MONITORING SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
RELION BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
RELION CONFIRM GLUCOSE MONITOR KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
RELION CONFIRM/MICRO TEST IN VITRO STRIP (*glucose blood*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
RELION INSULIN SYRINGE 29G X 1/2" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NF	
RELION KETONE TEST IN VITRO STRIP (*acetone (urine) test*)	NPB	
RELION LANCET DEVICES 30G (*lancet devices*)	NPB	
RELION LANCETS MICRO-THIN 33G (*lancets*)	NPB	
RELION LANCETS THIN 26G (*lancets*)	NPB	
RELION LANCETS ULTRA-THIN 30G (*lancets*)	NPB	
RELION LANCING DEVICE (*lancet devices*)	NPB	
RELION LANCING DEVICE KIT (*lancets misc.*)	NPB	
RELION MICRO KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
RELION MINI PEN NEEDLES 31G X 6 MM (*insulin pen needle*)	NF	
RELION PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*)	NF	
RELION PREMIER BLU MONITOR DEVICE (*blood glucose monitoring suppl*)	NF	
RELION PREMIER COMPACT SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
RELION PREMIER VOICE MONITOR DEVICE (*blood glucose monitoring suppl*)	NF	
RELION PRIME MONITOR DEVICE (*blood glucose monitoring suppl*)	NF	
RELION PRIME TEST IN VITRO STRIP (*glucose blood*)	NF	
RELION SHORT PEN NEEDLES 31G X 8 MM (*insulin pen needle*)	NF	
RELION ULTIMA GLUCOSE SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
RELION ULTIMA TEST IN VITRO STRIP (*glucose blood*)	NF	
RELION ULTRA THIN LANCETS 30G (*lancets*)	NPB	
RELION ULTRA THIN PLUS LANCETS (*lancets*)	NPB	
REXALL BLOOD GLUCOSE SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
REXALL BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
RIGHTEST ALTERNATE SITE ADAPT (*lancets misc.*)	NPB	
RIGHTEST GD500 LANCING DEVICE (*lancet devices*)	NPB	
RIGHTEST GL300 LANCETS (*lancets*)	NPB	
RIGHTEST GM100 BLOOD GLUCOSE KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
RIGHTEST GM300 BLOOD GLUCOSE KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
RIGHTEST GM550 BLOOD GLUCOSE KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
RIGHTEST GS100 BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NF	
RIGHTEST GS300 BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NF	
RIGHTEST GS550 BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NF	
SAFE-T-LANCE (*lancets*)	NPB	
SAFE-T-LANCE PLUS (*lancets*)	NPB	
safety lancet 30g/pressure act	NPB	
safety pen needles 30g x 5 mm , 30g x 8 mm	NF	
saps health twist top lancets	NPB	
saps twist top lancets	NPB	
sapscare twist top lancets	NPB	
sb insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 1 ml	NF	
sb lancets thin	NPB	
sb lancets ultra thin	NPB	
SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML (*insulin syringe-needle u-100*)	NF	
select-lite lancing device	NPB	
SHOPKO AUTOLET LANCING DEVICE (*lancet devices*)	NPB	
SHOPKO UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*)	NF	
SHOPKO UNIFINE PENTIPS PLUS 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
SIMPLE DIAGNOSTICS LANCING DEV (*lancet devices*)	NPB	
SINGLE-LET (*lancets*)	NPB	
sm lancets 33g	NPB	
SM TRUEDRAW LANCING DEVICE (*lancet devices*)	NPB	
SMART DIABETES VANTAGE LANCING (*lancet devices*)	NPB	
SMART SENSE COLOR LANCETS 33G (*lancets*)	NPB	
SMART SENSE PREMIUM SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
SMART SENSE PREMIUM TEST IN VITRO STRIP (*glucose blood*)	NF	
SMART SENSE STANDARD LANCETS (*lancets*)	NPB	
SMART SENSE SUPER THIN LANCETS (*lancets*)	NPB	
SMART SENSE THIN LANCETS 26G (*lancets*)	NPB	
SMART SENSE VALUE GLUCOSE SYS KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
SMART SENSE VALUE TEST IN VITRO STRIP (*glucose blood*)	NF	
SMARTEST BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
SMARTEST EJECT DEVICE (*blood glucose monitoring suppl*)	NF	
SMARTEST EJECT STARTER KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
SMARTEST LANCETS 28G (*lancets*)	NPB	
SMARTEST PERSONA STARTER KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
SMARTEST PRONTO STARTER KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
SMARTEST PROTEGE DEVICE (*blood glucose monitoring suppl*)	NF	
SMARTEST PROTEGE STARTER KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
SOLUS V2 BLOOD GLUCOSE SYSTEM DEVICE (*blood glucose monitoring suppl*)	NF	
SOLUS V2 BLOOD GLUCOSE SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
SOLUS V2 LANCETS 28G (*lancets*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
SOLUS V2 LANCING DEVICE (*lancet devices*)	NPB	
SOLUS V2 TEST IN VITRO STRIP (*glucose blood*)	NF	
SOLUS V2 TWIST LANCETS 30G (*lancets*)	NPB	
STERILANCE PA (*lancets misc.*)	NPB	
STERILANCE TL (*lancets*)	NPB	
super thin lancets	NPB	
SUPREME TEST IN VITRO STRIP (*glucose blood*)	NF	
sure comfort insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	NF	
sure comfort lancets 18g	NPB	
sure comfort lancets 21g	NPB	
sure comfort lancets 23g	NPB	
sure comfort lancets 30g	NPB	
sure comfort lancing pen	NPB	
sure comfort pen needles 29g x 12.7mm , 30g x 8 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm	NF	
SURELITE LANCETS (*lancets*)	NPB	
T:FLEX T:LOCK CARTRIDGE 4.8ML (*insulin infusion pump supplies*)	NPB	
techlite insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	NF	
TECHLITE PEN NEEDLES 29G X 10MM , 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM , 32G X 8 MM (*insulin pen needle*)	NF	
tgt blood glucose monitoring kit w/device	NF	
tgt blood glucose test in vitro strip	NF	
tgt lancet micro thin 33g	NPB	
tgt lancet thin 26g	NPB	
tgt lancet ultra thin 30g	NPB	
tgt lancing device	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
THINLETS GP LANCETS (*lancets*)	NPB	
todays health mini pen needles 31g x 6 mm	NF	
todays health pen needles 29g x 12mm	NF	
todays health short pen needle 31g x 8 mm	NF	
topcare clickfine pen needles 31g x 6 mm , 31g x 8 mm	NF	
topcare lancets micro-thin 33g	NPB	
topcare ultra comfort ins syr 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	NF	
TOXICOLOGY MED COLLECTION SYS IN VITRO KIT (*drug assay (urine)*)	NPB	
travel lancets	NPB	
TRAVEL LANCETS ADVANCED 28G (*lancets*)	NPB	
true comfort insulin syringe 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	NF	
true comfort pen needles 31g x 5 mm , 31g x 6 mm , 32g x 4 mm	NF	
true comfort pro insulin syr 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 32g x 5/16" 1 ml	NF	
true comfort twist top lancets	NPB	
TRUE FOCUS BLOOD GLUCOSE METER DEVICE (*blood glucose monitoring suppl*)	NF	
true focus blood glucose strip in vitro strip	NF	
TRUE METRIX AIR GLUCOSE METER KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
TRUE METRIX GO GLUCOSE METER KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
TRUE METRIX METER DEVICE (*blood glucose monitoring suppl*)	NF	
TRUE METRIX METER KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NF	
TRUEPLUS LANCETS 26G (*lancets*)	NPB	
TRUEPLUS LANCETS 28G (*lancets*)	NPB	
TRUEPLUS LANCETS 30G (*lancets*)	NPB	
TRUEPLUS LANCETS 33G (*lancets*)	NPB	
TRUEPLUS PEN NEEDLES 31G X 6 MM (*insulin pen needle*)	NF	
TRUEPLUS SAFETY LANCETS 28G (*lancets*)	NPB	
TRUERESULT BLOOD GLUCOSE KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
TRUETEST TEST IN VITRO STRIP (*glucose blood*)	NF	
TRUETRACK BLOOD GLUCOSE DEVICE (*blood glucose monitoring suppl*)	NF	
TRUETRACK BLOOD GLUCOSE KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
TRUETRACK SMART SYSTEM KIT (*blood glucose monitoring suppl*)	NF	
TRUETRACK TEST IN VITRO STRIP (*glucose blood*)	NF	
TRUSTEEL INFUSION SET (*insulin infusion pump supplies*)	NPB	
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML (*insulin syringe-needle u-100*)	NF	
ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NF	
ULTICARE MICRO PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*)	NF	
ULTICARE MINI PEN NEEDLES 31G X 6 MM , 32G X 6 MM (*insulin pen needle*)	NF	
ULTICARE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM (*insulin pen needle*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
ULTICARE SHORT PEN NEEDLES 31G X 8 MM (*insulin pen needle*)	NF	
ultiguard safepack pen needle 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm	NF	
ULTI-LANCE AUTOMATIC (*lancet devices*)	NPB	
ULTILET CLASSIC LANCETS (*lancets*)	NPB	
ULTILET LANCETS (*lancets*)	NPB	
ULTILET PEN NEEDLE 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*)	NF	
ULTILET SAFETY LANCETS (*lancets*)	NPB	
ULTILET SAFETY LANCETS 23G (*lancets*)	NPB	
ultra comfort insulin syringe 30g x 5/16" 0.3 ml	NF	
ultra thin lancets 31g	NPB	
ULTRA THIN PEN NEEDLES 32G X 4 MM (*insulin pen needle*)	NF	
ultracare insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	NF	
ultra-care lancets 30g	NPB	
ultracare pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm	NF	
ULTRA-THIN II AUTO LANCET (*lancets*)	NPB	
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NF	
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML (*insulin syringe-needle u-100*)	NF	
ULTRA-THIN II LANCETS (*lancets*)	NPB	
ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM (*insulin pen needle*)	NF	
ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM (*insulin pen needle*)	NF	
ULTRA-THIN II PEN NEEDLES 29G X 12.7MM (*insulin pen needle*)	NF	
UNIFINE PENTIPS 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM , 33G X 4 MM (*insulin pen needle*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
UNIFINE PENTIPS PLUS 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM (*insulin pen needle*)	NF	
UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 32G X 4 MM (*insulin pen needle*)	NF	
UNILET COMFORTOUCH LANCET (*lancets*)	NPB	
UNILET EXCELITE (*lancets*)	NPB	
UNILET EXCELITE II (*lancets*)	NPB	
UNILET G.P. LANCET (*lancets*)	NPB	
UNILET G.P. SUPERLITE LANCET (*lancets*)	NPB	
UNILET GP 28 ULTRA THIN (*lancets*)	NPB	
UNILET LANCET (*lancets*)	NPB	
UNILET MICRO-THIN 33G (*lancets*)	NPB	
UNILET SUPERLITE LANCET (*lancets*)	NPB	
UNILET SUPER-THIN 30G (*lancets*)	NPB	
UNILET ULTRA-THIN 28G (*lancets*)	NPB	
UNISTIK 1 (*lancets misc.*)	NPB	
UNISTIK 2 (*lancets misc.*)	NPB	
UNISTIK 2 COMFORT (*lancets misc.*)	NPB	
UNISTIK 2 EXTRA (*lancets misc.*)	NPB	
UNISTIK 2 NEONATAL (*lancets misc.*)	NPB	
UNISTIK 2 NORMAL (*lancets misc.*)	NPB	
UNISTIK 2 SUPER (*lancets misc.*)	NPB	
UNISTIK 3 (*lancets misc.*)	NPB	
UNISTIK 3 COMFORT (*lancets misc.*)	NPB	
UNISTIK 3 EXTRA (*lancets misc.*)	NPB	
UNISTIK 3 GENTLE (*lancets*)	NPB	
UNISTIK 3 NEONATAL (*lancets misc.*)	NPB	
UNISTIK 3 NORMAL (*lancets misc.*)	NPB	
UNISTIK CZT COMFORT (*lancets misc.*)	NPB	
UNISTIK CZT NORMAL (*lancets misc.*)	NPB	
UNISTIK NORMAL (*lancets misc.*)	NPB	
UNISTIK PRO SAFETY LANCET (*lancets*)	NPB	
UNISTIK SAFETY LANCETS 28G (*lancets*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
UNISTIK SAFETY LANCETS 30G (*lancets*)	NPB	
UNISTIK TOUCH SAFETY LANC 21G (*lancets*)	NPB	
UNISTIK TOUCH SAFETY LANC 23G (*lancets*)	NPB	
UNISTIK TOUCH SAFETY LANC 28G (*lancets*)	NPB	
UNISTIK TOUCH SAFETY LANC 30G (*lancets*)	NPB	
UNISTRIP1 GENERIC IN VITRO STRIP (*glucose blood*)	NF	
UNIVERSAL 1 LANCETS THIN 26G (*lancets*)	NPB	
UNIVERSAL 1 LANCETS THIN 33G (*lancets*)	NPB	
UNIVERSAL 1 LANCETS ULTRA THIN (*lancets*)	NPB	
value health insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml	NF	
value plus lancet standard 21g	NPB	
value plus lancets super thin	NPB	
valumark lancet ultra thin 28g	NPB	
valumark pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm	NF	
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.5 ML, 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NF	
VARISOFT INFUSION SET (*insulin infusion pump supplies*)	NPB	
verasens blood glucose meter device	NF	
verasens blood glucose system kit w/device	NF	
verasens blood glucose test in vitro strip	NF	
V-GO 20 KIT (*insulin disposable pump*)	PB	
V-GO 30 KIT (*insulin disposable pump*)	PB	
V-GO 40 KIT (*insulin disposable pump*)	PB	
VIDA MIA UNIFINE PENTIPS 29G X 12MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*)	NF	
VIVAGUARD INO GLUCOSE METER DEVICE (*blood glucose monitoring suppl*)	NF	
VIVAGUARD INO TEST STRIPS IN VITRO STRIP (*glucose blood*)	NF	
VIVAGUARD LANCETS (*lancets*)	NPB	
VIVAGUARD LANCING DEVICE (*lancet devices*)	NPB	
vp insulin syringe 29g x 1/2" 0.3 ml	NF	
walgreens adv travel lancets	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
WALGREENS LANCETS (*lancets*)	NPB	
walgreens lancets micro thin	NPB	
walgreens lancets super thin	NPB	
WALGREENS THIN LANCETS (*lancets*)	NPB	
WALGREENS ULTRA THIN LANCETS (*lancets*)	NPB	
WAVESENSE AMP KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
wegmans unifine pentips plus 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm	NF	
zevrx insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml	NF	
zevrx pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm	NF	
zevrx twist top lancets 30g	NPB	
ENDOMETRIOSIS		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG (*cetrorelix acetate*)	PSP	SPC
danazol oral capsule 100 mg, 200 mg, 50 mg	G	
ORILISSA ORAL TABLET 150 MG, 200 MG (*elagolix sodium*)	PB	
ENZYME REPLACEMENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT		
CARBAGLU ORAL TABLET SOLUBLE 200 MG (*carglumic acid*)	NPB	
carglumic acid oral tablet soluble 200 mg	NPB	
CERDELGA ORAL CAPSULE 84 MG (*eliglustat tartrate*)	PSP	
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (*imiglucerase*)	PSP	
CYSTADANE ORAL POWDER (*betaine*)	NPB	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (*cysteamine bitartrate*)	PSP	
KUVAN ORAL PACKET 100 MG, 500 MG (*sapropterin dihydrochloride*)	NF	
KUVAN ORAL TABLET 100 MG (*sapropterin dihydrochloride*)	NF	
miglustat oral capsule 100 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG (*metreleptin*)	NPB	
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (*nitisinone*)	PSP	
ORFADIN ORAL SUSPENSION 4 MG/ML (*nitisinone*)	PSP	
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML (*pegvaliase-pqpz*)	NF	
PHEBURANE ORAL PELLET 483 MG/GM (*sodium phenylbutyrate*)	NPB	
sodium phenylbutyrate oral powder 3 gm/tsp	G	
sodium phenylbutyrate oral tablet 500 mg	G	
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML (*asfotase alfa*)	NPB	
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (*velaglucerase alfa*)	NPSP	
ZAVESCA ORAL CAPSULE 100 MG (*miglustat*)	NPB	
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (*estradiol*)	NF	
estradiol-norethindrone acet (Amabelz Oral Tablet 0.5-0.1 Mg, 1-0.5 Mg)	G	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (*drospirenone-estradiol*)	NF	
BIJUVA ORAL CAPSULE 1-100 MG (*estradiol-progesterone*)	PB	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (*estradiol-levonorgestrel*)	PB	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (*estradiol-norethindrone acet*)	NF	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML (*estradiol valerate*)	NPB	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (*estradiol cypionate*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM (*estradiol*)	PB	
estradiol (Dotti Transdermal Patch Twice Weekly 0.025 Mg/24Hr, 0.0375 Mg/24Hr, 0.05 Mg/24Hr, 0.075 Mg/24Hr, 0.1 Mg/24Hr)	G	
DUAVEE ORAL TABLET 0.45-20 MG (*conj estrogens-bazedoxifene*)	NF	
ec-rx estradiol transdermal cream 0.4 %, 0.6 %	NF	
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (*estradiol*)	NF	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	G	
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	G	
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	G	
estradiol vaginal cream 0.1 mg/gm	G	
estradiol vaginal tablet 10 mcg	G	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	G	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	G	
ESTRING VAGINAL RING 2 MG (*estradiol*)	NF	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (*estradiol*)	NF	
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (*estradiol*)	PB	
norethindrone-eth estradiol (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)	G	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG (*estradiol*)	PB	
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG (*estradiol*)	PB	
norethindrone-eth estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)	G	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG (*esterified estrogens*)	NF	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (*estradiol*)	NF	
estradiol-norethindrone acet (Mimvey Oral Tablet 1-0.5 Mg)	G	

Prescription Drug Name	Drug Tier	Drug Notes
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (*estradiol*)	NF	
MYFEMBREE ORAL TABLET 40-1-0.5 MG (*relugolix-estradiol-norethind*)	PB	
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	G	
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (*elagolix-estradiol-norethind*)	PB	
PREFEST ORAL TABLET 1/1-0.09 MG (15/15) (*estradiol-norgestimate*)	NF	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (*estrogens conjugated*)	NF	
PREMARIN VAGINAL CREAM 0.625 MG/GM (*estrogens, conjugated*)	NF	
PREMPHASE ORAL TABLET 0.625-5 MG (*conj estrog-medroxyprogest ace*)	NF	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (*conj estrog-medroxyprogest ace*)	NF	
VAGIFEM VAGINAL TABLET 10 MCG (*estradiol*)	PB	
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (*estradiol*)	NF	
estradiol (Yuvafem Vaginal Tablet 10 Mcg)	G	
FERTILITY REGULATORS		
clomiphene citrate oral tablet 50 mg	G	SPC
ganirelix acetate subcutaneous solution prefilled syringe 250 mcg/0.5ml	NPSP	
GONAL-F INJECTION SOLUTION RECONSTITUTED 1050 UNIT, 450 UNIT (*follitropin alfa*)	PSP	SPC
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/0.5ML, 450 UNT/0.75ML, 900 UNIT/1.5ML (*follitropin alfa*)	PSP	
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (*follitropin alfa*)	PSP	SPC
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (*menotropins*)	NPSP	SPC

Prescription Drug Name	Drug Tier	Drug Notes
OVIDREL SUBCUTANEOUS INJECTABLE 250 MCG/0.5ML (*choriogonadotropin alfa*)	PSP	SPC
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG (*hydrocortisone*)	NF	
betamethasone combo injection suspension 6 (3-3) mg/ml, 7 (4-3) mg/ml	NF	
betamethasone sod phos & acet injection suspension 7 (4-3) mg/ml	NF	
dexamethasone (la) injection suspension 8 mg/ml	NF	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML (*dexamethasone*)	NPB	
dexamethasone oral elixir 0.5 mg/5ml	G	
dexamethasone oral solution 0.5 mg/5ml	G	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	G	
dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)	G	
dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml	NPB	
DEXONTO 0.4% IONTOPHORESIS SOLUTION 20 MG/5ML (*dexamethasone sodium phosphate*)	NF	
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG (*dexamethasone*)	NF	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (*deflazacort*)	NF	
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (*deflazacort*)	NF	
fludrocortisone acetate oral tablet 0.1 mg	G	
dexamethasone (Hidex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21))	G	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	G	
MEDROL ORAL TABLET 2 MG (*methylprednisolone*)	NPB	
methylprednisolone acetate injection suspension 40 mg/ml	NPB	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	G	
methylprednisolone oral tablet therapy pack 4 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
MILLIPRED ORAL TABLET 5 MG (*prednisolone*)	NF	
prednisolone oral solution 15 mg/5ml	G	
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml	NF	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	G	
prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg	G	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML (*prednisone*)	NPB	
prednisone oral solution 5 mg/5ml	G	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	G	
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	G	
RAYOS ORAL TABLET DELAYED RELEASE 1 MG, 2 MG, 5 MG (*prednisone*)	NF	
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (*dexamethasone*)	NF	
dexamethasone (Taperdex 6-Day Oral Tablet Therapy Pack 1.5 Mg, 1.5 Mg (21))	NF	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (*dexamethasone*)	NF	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (*glucagon*)	PB	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (*glucagon*)	PB	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG (*glucagon hcl (rdna)*)	NF	
glucagon emergency injection kit 1 mg	NF	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (*glucagon*)	PB	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (*glucagon*)	PB	

Prescription Drug Name	Drug Tier	Drug Notes
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML (*glucagon*)	PB	
PROGLYCEM ORAL SUSPENSION 50 MG/ML (*diazoxide*)	NPB	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML (*dasiglucagon hcl*)	PB	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (*dasiglucagon hcl*)	PB	
GROWTH IMPROVEMENT AGENTS - DRUGS TO PROMOTE GROWTH		
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG (*vosoritide*)	NPSP	
HEREDITARY TYROSINEMIA TYPE 1 AGENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT		
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (*nitisinone*)	NPB	
HUMAN GROWTH HORMONES - DRUGS TO REGULATE PITUITARY HORMONES		
HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG (*somatropin*)	NF	
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML (*somatropin*)	PSP	
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML (*somatropin*)	NF	
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (*somatropin (non-refrigerated)*)	NPSP	
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG (*somatropin (non-refrigerated)*)	NPSP	
LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS		
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT 45 MG (*leuprolide acetate (6 month)*)	NPB	
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (*leuprolide acetate*)	PSP	
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED), 30 MG (PED) (*leuprolide acetate (3 month)*)	PSP	

Prescription Drug Name	Drug Tier	Drug Notes
SYNAREL NASAL SOLUTION 2 MG/ML (*nafarelin acetate*)	NPB	
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG (*triptorelin pamoate*)	PSP	
MINERALOCORTICOID RECEPTOR ANTAGONISTS - DRUGS TO TREAT CHRONIC KIDNEY DISEASE ASSOCIATED WITH TYPE 2 DIABETES		
KERENDIA ORAL TABLET 10 MG, 20 MG (*finerenone*)	PB	
MISCELLANEOUS		
ACTHAR INJECTION GEL 80 UNIT/ML (*corticotropin*)	NPSP	
cabergoline oral tablet 0.5 mg	G	
calcitonin (salmon) nasal solution 200 unit/act	G	
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML (*romosozumab-aqqg*)	NF	
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML (*teriparatide (recombinant)*)	PSP	
GALAFOLD ORAL CAPSULE 123 MG (*migalastat hcl*)	NPB	
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (*mecasermin*)	NPSP	
JYNARQUE ORAL TABLET 15 MG, 30 MG (*tolvaptan*)	NPB	
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG (*tolvaptan*)	NPB	
methylergonovine maleate (Methergine Oral Tablet 0.2 Mg)	G	
methylergonovine maleate oral tablet 0.2 mg	G	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (*calcitonin (salmon)*)	NF	
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG (*parathyroid hormone (recomb)*)	NPSP	
OSPHENA ORAL TABLET 60 MG (*ospemifene*)	NF	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (*denosumab*)	PSP	
raloxifene hcl oral tablet 60 mg	CE	
SAMSCA ORAL TABLET 15 MG, 30 MG (*tolvaptan*)	NPSP	
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG (*pasireotide pamoate*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML (*pasireotide diaspartate*)	NPB	
SUPPRELIN LA SUBCUTANEOUS KIT 50 MG (*histrelin acetate (cpp)*)	PSP	
teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml	NF	
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (*abaloparatide*)	PSP	
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (*denosumab*)	NPSP	
XURIDEN ORAL PACKET 2 GM (*uridine triacetate*)	NPB	
ZOKINVY ORAL CAPSULE 50 MG, 75 MG (*lonafarnib*)	NPSP	
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
AURYXIA ORAL TABLET 1 GM 210 MG(FE) (*ferric citrate*)	PB	
calcium acetate (phos binder) oral capsule 667 mg	G	
calcium acetate (phos binder) oral tablet 667 mg	G	
FOSRENOL ORAL PACKET 1000 MG, 750 MG (*lanthanum carbonate*)	NF	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG (*lanthanum carbonate*)	NF	
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	NF	
PHOSLYRA ORAL SOLUTION 667 MG/5ML (*calcium acetate (phos binder)*)	PB	
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	G	
sevelamer carbonate oral tablet 800 mg	G	
sevelamer hcl oral tablet 400 mg, 800 mg	G	
VELPHORO ORAL TABLET CHEWABLE 500 MG (*sucroferric oxyhydroxide*)	PB	
POLYNEUROPATHY		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML (*inotersen sodium*)	PSP	
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
CRINONE VAGINAL GEL 4 %, 8 % (*progesterone*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
ec-rx progesterone transdermal cream 20 %	NF	
hydroxyprogesterone caproate intramuscular oil 250 mg/ml	G	
MAKENA INTRAMUSCULAR OIL 250 MG/ML (*hydroxyprogesterone caproate*)	NPSP	
MAKENA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 275 MG/1.1ML (*hydroxyprogesterone caproate*)	NPSP	
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	G	
megestrol acetate oral suspension 625 mg/5ml	G	
norethindrone acetate oral tablet 5 mg	G	
progesterone intramuscular oil 50 mg/ml	G	
progesterone oral capsule 100 mg, 200 mg	G	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG (*progesterone*)	NF	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG (*thyroid*)	NPB	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG (*liothyronine sodium*)	NF	
levothyroxine sodium (Euthyrox Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	G	
levothyroxine sodium (Levo-T Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	G	
levothyroxine sodium intravenous solution reconstituted 100 mcg, 500 mcg	NPB	
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	G	
levothyroxine sodium (Levoxyl Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	G	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	G	
methimazole oral tablet 10 mg, 5 mg	G	
thyroid (Np Thyroid Oral Tablet 120 Mg, 15 Mg, 30 Mg, 60 Mg, 90 Mg)	G	
propylthiouracil oral tablet 50 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
THYQUIDITY ORAL SOLUTION 100 MCG/5ML (*levothyroxine sodium*)	NF	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (*levothyroxine sodium*)	NF	
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML (*levothyroxine sodium*)	NF	
levothyroxine sodium (Unithroid Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	G	
VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES		
desmopressin ace spray refrig nasal solution 0.01 %	G	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	G	
desmopressin acetate spray nasal solution 0.01 %	G	
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG (*desmopressin acetate*)	NPB	
VITAMINS - VITAMINS AND SUPPLEMENTS		
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG (*calcifediol*)	NPB	
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTICHOLINERGICS		
CUVPOSA ORAL SOLUTION 1 MG/5ML (*glycopyrrolate*)	NPB	
dicyclomine hcl oral capsule 10 mg	G	
dicyclomine hcl oral solution 10 mg/5ml	G	
dicyclomine hcl oral tablet 20 mg	G	
ed-spaz oral tablet dispersible 0.125 mg	G	
glycopyrrolate oral tablet 1 mg, 2 mg	G	
glycopyrrolate oral tablet 1.5 mg	NF	
GLYRX-PF INJECTION SOLUTION 0.2 MG/ML, 0.4 MG/2ML (*glycopyrrolate*)	NF	
hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg	NF	

Prescription Drug Name	Drug Tier	Drug Notes
hyoscyamine sulfate oral elixir 0.125 mg/5ml	G	
hyoscyamine sulfate oral solution 0.125 mg/ml	G	
hyoscyamine sulfate oral tablet 0.125 mg	G	
hyoscyamine sulfate oral tablet dispersible 0.125 mg	G	
hyoscyamine sulfate sublingual tablet sublingual 0.125 mg	G	
methscopolamine bromide oral tablet 2.5 mg, 5 mg	G	
hyoscyamine sulfate (Nulev Oral Tablet Dispersible 0.125 Mg)	G	
oscimin oral tablet 0.125 mg	G	
oscimin sublingual tablet sublingual 0.125 mg	G	
ANTIDIARRHEALS		
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	G	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	G	
LACTEROL ORAL CAPSULE (*probiotic product*)	NF	
loperamide hcl oral capsule 2 mg	G	
MOTOFEN ORAL TABLET 1-0.025 MG (*difenoxin-atropine*)	NF	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG (*crofelemer*)	NF	
opium oral tincture 10 mg/ml (1%)	G	
VSL#3 DS ORAL PACKET (*probiotic product*)	NPB	
zelac oral capsule	NF	
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
AKYNZEO INTRAVENOUS SOLUTION 235-0.25 MG/20ML (*fosnetupitant-palonosetron*)	NF	
AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED 235-0.25 MG (*fosnetupitant-palonosetron*)	NF	
AKYNZEO ORAL CAPSULE 300-0.5 MG (*netupitant-palonosetron*)	NF	
ANZEMET ORAL TABLET 50 MG (*dolasetron mesylate*)	NF	
aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg	G	
BONJESTA ORAL TABLET EXTENDED RELEASE 20-20 MG (*doxylamine-pyridoxine*)	NPB	
CINVANTI INTRAVENOUS EMULSION 130 MG/18ML (*aprepitant*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
prochlorperazine (Compro Rectal Suppository 25 Mg)	G	
doxylamine-pyridoxine oral tablet delayed release 10-10 mg	G	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	G	
EMEND INTRAVENOUS SOLUTION RECONSTITUTED 150 MG (*fosaprepitant dimeglumine*)	NF	
EMEND ORAL CAPSULE 80 MG (*aprepitant*)	NF	
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML (*aprepitant*)	NF	
EMEND TRI-PACK ORAL CAPSULE 80 & 125 MG (*aprepitant*)	NF	
granisetron hcl oral tablet 1 mg	G	
meclizine hcl oral tablet 12.5 mg, 25 mg	G	
meclizine hcl oral tablet chewable 25 mg	NF	
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	G	
metoclopramide hcl oral tablet 10 mg, 5 mg	G	
metoclopramide hcl oral tablet dispersible 5 mg	G	
ondansetron hcl oral solution 4 mg/5ml	G	
ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg	G	
ondansetron oral tablet dispersible 4 mg, 8 mg	G	
prochlorperazine edisylate injection solution 10 mg/2ml	G	
prochlorperazine maleate oral tablet 10 mg, 5 mg	G	
prochlorperazine rectal suppository 25 mg	G	
promethazine hcl oral syrup 6.25 mg/5ml	G	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	G	
promethazine hcl rectal suppository 12.5 mg, 25 mg	G	
promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg)	G	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (*promethazine hcl*)	G	
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR (*granisetron*)	PB	
scopolamine transdermal patch 72 hour 1 mg/3days	G	
SUSTOL SUBCUTANEOUS PREFILLED SYRINGE 10 MG/0.4ML (*granisetron*)	NF	
SYNDROS ORAL SOLUTION 5 MG/ML (*dronabinol*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS (*scopolamine base*)	NF	
trimethobenzamide hcl oral capsule 300 mg	G	
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG (*rolapitant hcl*)	NF	
ANTISPASMODICS - DRUGS FOR MUSCLE SPASM		
belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg	NPB	
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	NF	
LIBRAX ORAL CAPSULE 5-2.5 MG (*chlordiazepoxide-clidinium*)	NF	
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
cimetidine hcl oral solution 300 mg/5ml	G	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	G	
eq famotidine max st oral tablet 20 mg	G	
famotidine oral suspension reconstituted 40 mg/5ml	G	
famotidine oral tablet 20 mg, 40 mg	G	
nizatidine oral capsule 150 mg, 300 mg	G	
INFLAMMATORY BOWEL DISEASE - BOWEL, INTESTINE, AND STOMACH CONDITION DRUGS		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM (*mesalamine*)	NPB	
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG (*mesalamine*)	PB	
balsalazide disodium oral capsule 750 mg	G	
budesonide er oral tablet extended release 24 hour 9 mg	NF	
budesonide oral capsule delayed release particles 3 mg	G	
CANASA RECTAL SUPPOSITORY 1000 MG (*mesalamine*)	NF	
COLAZAL ORAL CAPSULE 750 MG (*balsalazide disodium*)	NF	
CORTIFOAM EXTERNAL FOAM 10 % (*hydrocortisone acetate*)	PB	
DELZICOL ORAL CAPSULE DELAYED RELEASE 400 MG (*mesalamine*)	NF	
DIPENTUM ORAL CAPSULE 250 MG (*olsalazine sodium*)	NPB	
hydrocortisone rectal enema 100 mg/60ml	G	

Prescription Drug Name	Drug Tier	Drug Notes
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM (*mesalamine*)	NF	
mesalamine oral capsule delayed release 400 mg	G	
mesalamine oral tablet delayed release 1.2 gm, 800 mg	G	
mesalamine rectal enema 4 gm	G	
mesalamine rectal suppository 1000 mg	G	
mesalamine-cleanser rectal kit 4 gm	G	
ORTIKOS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 6 MG, 9 MG (*budesonide*)	NF	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG (*mesalamine*)	NF	
ROWASA RECTAL KIT 4 GM (*mesalamine-cleanser*)	NF	
SFROWASA RECTAL ENEMA 4 GM/60ML (*mesalamine*)	NF	
sulfasalazine oral tablet 500 mg	G	
sulfasalazine oral tablet delayed release 500 mg	G	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG (*budesonide*)	PB	
UCERIS RECTAL FOAM 2 MG/ACT (*budesonide*)	NF	
IRRITABLE BOWEL SYNDROME		
TRULANCE ORAL TABLET 3 MG (*plecanatide*)	NPB	
VIBERZI ORAL TABLET 100 MG, 75 MG (*eluxadoline*)	PB	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (*lubiprostone*)	NF	
IBSRELA ORAL TABLET 50 MG (*tenapanor hcl*)	NF	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (*linaclotide*)	PB	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
alosetron hcl oral tablet 0.5 mg, 1 mg	G	
LOTRONEX ORAL TABLET 0.5 MG, 1 MG (*alosetron hcl*)	NPB	
LAXATIVES - DRUGS FOR CONSTIPATION		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM - GM/160ML (*sod picosulfate-mag ox-cit acd*)	CE	
constulose oral solution 10 gm/15ml	G	
enulose oral solution 10 gm/15ml	G	

Prescription Drug Name	Drug Tier	Drug Notes
generlac oral solution 10 gm/15ml	G	
GIALAX ORAL KIT (*polyethylene glycol 3350*)	NF	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM (*peg 3350-kcl-nabcb-nacl-nasulf*)	NF	
KRISTALOSE ORAL PACKET 10 GM, 20 GM (*lactulose*)	NPB	
lactulose encephalopathy oral solution 10 gm/15ml	G	
lactulose oral packet 10 gm	NF	
lactulose oral solution 10 gm/15ml, 20 gm/30ml	G	
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (*peg-kcl-nacl-nasulf-na asc-c*)	NF	
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	CE	
OSMOPREP ORAL TABLET 1.102-0.398 GM (*sod phos mono-sod phos dibasic*)	NF	
peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm	CE	
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm	CE	
PEG-PREP ORAL KIT 5-210 MG-GM (*bisacodyl-peg-kcl-nabicar-nacl*)	CE	
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (*peg-kcl-nacl-nasulf-na asc-c*)	CE	
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML (*na sulfate-k sulfate-mg sulf*)	NF	
SUTAB ORAL TABLET 1479-225-188 MG (*sodium sulfate-mag sulfate-kcl*)	CE	
MISCELLANEOUS		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG (*odevixibat*)	NF	
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG (*odevixibat*)	NF	
CARAFATE ORAL SUSPENSION 1 GM/10ML (*sucralfate*)	NF	
CARAFATE ORAL TABLET 1 GM (*sucralfate*)	NF	
CHENODAL ORAL TABLET 250 MG (*chenodiol*)	NPB	
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (*cholic acid*)	NPSP	
cromolyn sodium oral concentrate 100 mg/5ml	G	
ENTEREG ORAL CAPSULE 12 MG (*alvimopan*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
GATTEX SUBCUTANEOUS KIT 5 MG (*teduglutide (rdna)*)	NPSP	
LIVMARLI ORAL SOLUTION 9.5 MG/ML (*maralixibat chloride*)	NPSP	
misoprostol oral tablet 100 mcg, 200 mcg	G	
MOTEGRITY ORAL TABLET 1 MG, 2 MG (*prucalopride succinate*)	NF	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (*naloxegol oxalate*)	NF	
OCALIVA ORAL TABLET 10 MG, 5 MG (*obeticholic acid*)	NPSP	
RELISTOR ORAL TABLET 150 MG (*methylnaltrexone bromide*)	NF	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML (*methylnaltrexone bromide*)	NF	
RELTONE ORAL CAPSULE 200 MG, 400 MG (*ursodiol*)	NF	
SUCRAID ORAL SOLUTION 8500 UNIT/ML (*sacrosidase*)	NPB	
sucralfate oral suspension 1 gm/10ml	NF	
sucralfate oral tablet 1 gm	G	
SYMPROIC ORAL TABLET 0.2 MG (*naldemedine tosylate*)	PB	
ursodiol oral capsule 200 mg, 400 mg	NF	
ursodiol oral capsule 300 mg	G	
ursodiol oral tablet 250 mg, 500 mg	G	
XERMELO ORAL TABLET 250 MG (*telotristat etiprate*)	NPB	
PANCREATIC ENZYMES		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (*pancrelipase (lip-prot-amyl)*)	PB	
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT (*pancrelipase (lip-prot-amyl)*)	NF	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT (*pancrelipase (lip-prot-amyl)*)	NF	
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT (*pancrelipase (lip-prot-amyl)*)	PB	

Prescription Drug Name	Drug Tier	Drug Notes
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT (*pancrelipase (lip-prot-amyl)*)	PB	
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
ACIPHEX ORAL TABLET DELAYED RELEASE 20 MG (*rabeprazole sodium*)	NF	
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG (*dexlansoprazole*)	NF	
dexlansoprazole oral capsule delayed release 30 mg, 60 mg	NF	
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	G	
lansoprazole oral capsule delayed release 15 mg, 30 mg	G	
lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg	NF	
NEXIUM 24HR CLEAR MINIS ORAL CAPSULE DELAYED RELEASE 20 MG (*esomeprazole magnesium*)	NF	
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE 20 MG (*esomeprazole magnesium*)	NF	
NEXIUM ORAL CAPSULE DELAYED RELEASE 20 MG, 40 MG (*esomeprazole magnesium*)	NF	
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG (*esomeprazole magnesium*)	NF	
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg	G	
omeprazole-sodium bicarbonate oral capsule 20-1100 mg, 40-1100 mg	NF	
omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg	NF	
pantoprazole sodium oral packet 40 mg	NF	
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	G	
PREVACID 24HR ORAL CAPSULE DELAYED RELEASE 15 MG (*lansoprazole*)	NF	
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG (*lansoprazole*)	NF	
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG, 30 MG (*lansoprazole*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
PRILOSEC ORAL PACKET 10 MG, 2.5 MG (*omeprazole magnesium*)	NF	
PROTONIX ORAL PACKET 40 MG (*pantoprazole sodium*)	NF	
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG, 40 MG (*pantoprazole sodium*)	NF	
rabeprazole sodium oral capsule sprinkle 10 mg	NPB	
rabeprazole sodium oral tablet delayed release 20 mg	G	
ZEGERID ORAL CAPSULE 20-1100 MG, 40-1100 MG (*omeprazole-sodium bicarbonate*)	NF	
ZEGERID ORAL PACKET 20-1680 MG, 40-1680 MG (*omeprazole-sodium bicarbonate*)	NF	
RECTAL, CORTICOSTEROIDS		
hydrocortisone (perianal) external cream 1 %, 2.5 %	G	
hydrocortisone ace-pramoxine external cream 1-1 %	G	
PROCORT EXTERNAL CREAM 1.85-1.15 % (*hydrocortisone ace-pramoxine*)	NF	
PROCTOCORT EXTERNAL CREAM 1 % (*hydrocortisone*)	NF	
PROCTOCORT RECTAL SUPPOSITORY 30 MG (*hydrocortisone acetate*)	NF	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (*hydrocortisone ace-pramoxine*)	PB	
hydrocortisone (Procto-Med Hc External Cream 2.5 %)	G	
hydrocortisone (Procto-Pak External Cream 1 %)	G	
hydrocortisone (Proctozone-Hc External Cream 2.5 %)	G	
ULCER THERAPY COMBINATIONS		
amoxicill-clarithro-lansopraz oral	G	
OMECLAMOX-PAK ORAL 500-500-20 MG (*amoxicill-clarithro-omeprazole*)	NPB	
PYLERA ORAL CAPSULE 140-125-125 MG (*bis subcit-metronid-tetracyc*)	PB	
TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG (*amoxicill-rifabutin-omeprazole*)	PB	
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG (*amoxicillin-vonoprazan*)	NPB	
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG (*amoxicill-clarithro-vonoprazan*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	G	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (*doxazosin mesylate*)	NPB	
dutasteride oral capsule 0.5 mg	G	
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	G	
finasteride oral tablet 5 mg	G	
JALYN ORAL CAPSULE 0.5-0.4 MG (*dutasteride-tamsulosin hcl*)	NF	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG (*silodosin*)	NF	
silodosin oral capsule 4 mg, 8 mg	G	
tamsulosin hcl oral capsule 0.4 mg	G	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG (*alfuzosin hcl*)	NF	
CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL		
ENCARE VAGINAL SUPPOSITORY 100 MG (*nonoxynol-9*)	CE	
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (*nonoxynol-9*)	CE	
PHEXXI VAGINAL GEL 1.8-1-0.4 % (*lactic ac-citric ac-pot bitart*)	CE	
SHUR-SEAL CONTRACEPTIVE VAGINAL GEL 2 % (*nonoxynol-9*)	CE	
TODAY SPONGE VAGINAL 1000 MG (*nonoxynol-9*)	CE	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (*nonoxynol-9*)	CE	
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM 12.5 % (*nonoxynol-9*)	CE	
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % (*nonoxynol-9*)	CE	
ERECTILE DYSFUNCTION		
bi-mix intracavernosal solution reconstituted 150-5 mg	NF	SPC

Prescription Drug Name	Drug Tier	Drug Notes
CIALIS ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (*tadalafil*)	NF	SPC
LEVITRA ORAL TABLET 10 MG, 20 MG (*vardenafil hcl*)	NF	
quad-mix intracavernosal solution reconstituted 150-10-0.1-1 mg	NF	
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG (*avanafil*)	NF	
super bi-mix intracavernosal solution reconstituted 150-10 mg	NF	SPC
super quad-mix intracavernosal solution reconstituted 150-20-0.2-2 mg	NF	SPC
super tri-mix intracavernosal solution reconstituted 150-10-100 mg-mg-mcg	NF	SPC
tri-mix intracavernosal solution reconstituted 150-5-50 mg-mg-mcg	NF	
VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG (*sildenafil citrate*)	NF	SPC
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (*estradiol acetate*)	NF	
MISCELLANEOUS		
cytra k crystals oral packet 3300-1002 mg	NPB	
ELMIRON ORAL CAPSULE 100 MG (*pentosan polysulfate sodium*)	NF	
LITHOSTAT ORAL TABLET 250 MG (*acetohydroxamic acid*)	NF	
ORACIT ORAL SOLUTION 490-640 MG/5ML (*sod citrate-citric acid*)	NPB	
phenazopyridine hcl (Phenazo Oral Tablet 200 Mg)	G	
pot & sod cit-cit ac oral solution 550-500-334 mg/5ml	G	
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	G	
potassium citrate-citric acid oral solution 1100-334 mg/5ml	G	
PROCYSBI ORAL PACKET 300 MG, 75 MG (*cysteamine bitartrate*)	NF	
RIMSO-50 INTRAVESICAL SOLUTION 50 % (*dimethyl sulfoxide*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
sod citrate-citric acid oral solution 500-334 mg/5ml	G	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG (*tiopronin*)	NF	
THIOLA ORAL TABLET 100 MG (*tiopronin*)	NF	
tricitrates oral solution 550-500-334 mg/5ml	G	
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
ENDOMETRIN VAGINAL INSERT 100 MG (*progesterone*)	PB	
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	G	
darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg	G	
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG (*tolterodine tartrate*)	NF	
flavoxate hcl oral tablet 100 mg	G	
GELNIQUE TRANSDERMAL GEL 10 % (*oxybutynin chloride*)	NF	
GEMTESA ORAL TABLET 75 MG (*vibegron*)	PB	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML (*mirabegron*)	NF	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG (*mirabegron*)	NF	
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	G	
oxybutynin chloride oral syrup 5 mg/5ml	G	
oxybutynin chloride oral tablet 5 mg	G	
OXYTROL FOR WOMEN TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR (*oxybutynin*)	NF	
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR (*oxybutynin*)	NF	
solifenacin succinate oral tablet 10 mg, 5 mg	G	
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	G	
tolterodine tartrate oral tablet 1 mg, 2 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (*fesoterodine fumarate*)	PB	
trospium chloride er oral capsule extended release 24 hour 60 mg	G	
trospium chloride oral tablet 20 mg	G	
VESICARE LS ORAL SUSPENSION 5 MG/5ML (*solifenacin succinate*)	NPB	
VESICARE ORAL TABLET 10 MG, 5 MG (*solifenacin succinate*)	NF	
VAGINAL ANTI-INFECTIVES - DRUGS TO TREAT VAGINAL INFECTIONS		
CLEOCIN VAGINAL SUPPOSITORY 100 MG (*clindamycin phosphate*)	NPB	
clindamycin phosphate vaginal cream 2 %	G	
CLINDESSE VAGINAL CREAM 2 % (*clindamycin phosphate (1 dose)*)	NPB	
GYNAZOLE-1 VAGINAL CREAM 2 % (*butoconazole nitrate (1 dose)*)	NPB	
metronidazole vaginal gel 0.75 %	G	
miconazole 3 vaginal suppository 200 mg	G	
NUVESSA VAGINAL GEL 1.3 % (*metronidazole*)	NF	
terconazole vaginal cream 0.4 %, 0.8 %	G	
terconazole vaginal suppository 80 mg	G	
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS - BLOOD THINNERS		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (*apixaban*)	PB	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (*apixaban*)	PB	
enoxaparin sodium injection solution 300 mg/3ml	G	
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml	G	
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml	G	
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML (*dalteparin sodium*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML (*dalteparin sodium*)	NF	
heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%	NF	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	G	
heparin sodium (porcine) pf injection solution 5000 unit/0.5ml	G	
hepmed combination kit 100&0.9&2.5-2.5 ut/ml&%	NF	
warfarin sodium (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)	G	LGC
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG (*dabigatran etexilate mesylate*)	NF	
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (*edoxaban tosylate*)	NF	
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	G	LGC
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML (*rivaroxaban*)	PB	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG (*rivaroxaban*)	PB	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (*rivaroxaban*)	PB	
BLEEDING DISORDERS AGENTS		
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (*antihemophilic factor-vwf*)	NPSP	
CABLIVI INJECTION KIT 11 MG (*caplacizumab-yhdp*)	NF	
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT (*coagulation factor x (human)*)	NPSP	
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT (*antiinhibitor coagulant cmplx*)	NF	
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT (*antihemophilic factor-vwf*)	NPSP	

Prescription Drug Name	Drug Tier	Drug Notes
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG (*coagulation factor viia recomb*)	PSP	
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG (*coagulation factor viia-jncw*)	PSP	
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT (*von willebrand factor (recomb)*)	NF	
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT (*antihemophilic factor-vwf*)	NPSP	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (*darbepoetin alfa*)	NF	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML (*darbepoetin alfa*)	NF	
DOPTELET ORAL TABLET 20 MG (*avatrombopag maleate*)	NPSP	
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG (*sargramostim*)	NF	
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML (*methoxy peg-epoetin beta*)	NF	
MULPLETA ORAL TABLET 3 MG (*lusutrombopag*)	PSP	
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML (*pegfilgrastim*)	NF	
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim*)	NF	
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (*filgrastim-aafi*)	PSP	
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (*filgrastim-aafi*)	PSP	

Prescription Drug Name	Drug Tier	Drug Notes
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG, 250 MCG, 500 MCG (*romiplostim*)	NF	
PROMACTA ORAL PACKET 12.5 MG, 25 MG (*eltrombopag olamine*)	PSP	
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (*eltrombopag olamine*)	PSP	
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (*epoetin alfa-epbx*)	PSP	
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-cbqv*)	NF	
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-bmez*)	PSP	
HEMOPHILIA A AGENTS		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (*antihemophil factor (rahf-pfm)*)	PSP	
adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 3000 unit, 500 unit, 750 unit	PSP	
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT (*antihemophil fact single chain*)	PSP	
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT (*antihem fact (bdd-rfviiifc)*)	PSP	
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (*antihemoph fact rcmb gpeg-exei*)	PSP	
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML (*emicizumab-kxwh*)	NPSP	
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT (*antihemophilic factor*)	NPSP	
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (*ahf (bdd-rfviii peg-aucl)*)	PSP	

Prescription Drug Name	Drug Tier	Drug Notes
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (*antihemophilic factor*)	NPSP	
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT (*antihemophilic factor*)	NPSP	
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*antihem factor recomb (rfviii)*)	PSP	
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*antihemophil factor (rahf-pfm)*)	PSP	
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*antihemophil fact bd truncated*)	PSP	
NUWIQ INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (*antihem fact (bdd-rfviii,sim)*)	PSP	
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (*antihem fact (bdd-rfviii,sim)*)	PSP	
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT (*antihem factor recomb (rfviii)*)	NPSP	
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (*antihem fact (bdd-rfviii,mor)*)	NPSP	
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*antihem fact (bdd-rfviii,mor)*)	NPSP	
HEMOPHILIA B AGENTS		
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (*coagulation factor ix*)	NPSP	
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (*coagulation factor ix (rfixfc)*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*coagulation factor ix (recomb)*)	NPSP	
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT (*coagulation factor ix (rix-fp)*)	NPSP	
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*coagulation factor ix (recomb)*)	NPSP	
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (*factor ix complex*)	NPSP	
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 500 UNIT (*coagulation factor ix glycopeg*)	PSP	
rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit	NPSP	
MISCELLANEOUS		
AMICAR ORAL SOLUTION 0.25 GM/ML (*aminocaproic acid*)	NF	
aminocaproic acid oral tablet 1000 mg, 500 mg	G	
anagrelide hcl oral capsule 0.5 mg, 1 mg	G	
cilostazol oral tablet 100 mg, 50 mg	G	
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (*hydroxyurea*)	NPB	
ENDARI ORAL PACKET 5 GM (*glutamine (sickle cell)*)	NPB	
OXBRYTA ORAL TABLET 500 MG (*voxelotor*)	NF	
OXBRYTA ORAL TABLET SOLUBLE 300 MG (*voxelotor*)	NF	
pentoxifylline er oral tablet extended release 400 mg	G	
SIKLOS ORAL TABLET 100 MG, 1000 MG (*hydroxyurea*)	NPB	
TAVALISSE ORAL TABLET 100 MG, 150 MG (*fostamatinib disodium*)	PSP	
TAVNEOS ORAL CAPSULE 10 MG (*avacopan*)	NPSP	
tranexamic acid oral tablet 650 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS		
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML (*pegcetacoplan*)	PSP	
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/30ML, 300 MG/3ML (*ravulizumab-cwvz*)	NPSP	
PLATELET AGGREGATION INHIBITORS - BLOOD THINNERS		
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	G	
BRILINTA ORAL TABLET 60 MG, 90 MG (*ticagrelor*)	PB	
clopidogrel bisulfate oral tablet 300 mg, 75 mg	G	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	G	
DURLAZA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 162.5 MG (*aspirin*)	NF	
PLAVIX ORAL TABLET 75 MG (*clopidogrel bisulfate*)	NF	
prasugrel hcl oral tablet 10 mg, 5 mg	G	
YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG (*aspirin-omeprazole*)	NF	
ZONTIVITY ORAL TABLET 2.08 MG (*vorapaxar sulfate*)	NF	
VITAMINS - VITAMINS AND SUPPLEMENTS		
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (*cyanocobalamin*)	NPB	
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
ALLERGENIC EXTRACTS		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU (*timothy grass pollen allergen*)	PB	
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM (*dust mite mixed allergen ext*)	NPB	
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR (*grass mix pollens allergen ext*)	PB	
PALFORZIA (12 MG DAILY DOSE) ORAL 2 X 1 MG & 10 MG (*peanut powder-dnfp*)	NF	
PALFORZIA (120 MG DAILY DOSE) ORAL 20 MG & 100 MG (*peanut powder-dnfp*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
PALFORZIA (160 MG DAILY DOSE) ORAL 3 X 20 MG & 100 MG (*peanut powder-dnfp*)	NF	
PALFORZIA (20 MG DAILY DOSE) ORAL 20 MG (*peanut powder-dnfp*)	NF	
PALFORZIA (200 MG DAILY DOSE) ORAL 2 X 100 MG (*peanut powder-dnfp*)	NF	
PALFORZIA (240 MG DAILY DOSE) ORAL 2 X 20 MG & 2 X 100 MG (*peanut powder-dnfp*)	NF	
PALFORZIA (3 MG DAILY DOSE) ORAL 3 X 1 MG (*peanut powder-dnfp*)	NF	
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET 300 MG (*peanut powder-dnfp*)	NF	
PALFORZIA (300 MG TITRATION) ORAL PACKET 300 MG (*peanut powder-dnfp*)	NF	
PALFORZIA (40 MG DAILY DOSE) ORAL 2 X 20 MG (*peanut powder-dnfp*)	NF	
PALFORZIA (6 MG DAILY DOSE) ORAL 6 X 1 MG (*peanut powder-dnfp*)	NF	
PALFORZIA (80 MG DAILY DOSE) ORAL 4 X 20 MG (*peanut powder-dnfp*)	NF	
PALFORZIA INITIAL ESCALATION ORAL 0.5 & 1 & 1.5 & 3 & 6 MG (*peanut powder-dnfp*)	NF	
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U (*short ragweed pollen ext*)	PB	
sorrel/dock mix subcutaneous solution 1:20	NF	
AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)		
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-axxq*)	NF	
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (*vedolizumab*)	NF	IBC (Available as NPSP with PA for Ulcerative Colitis)
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*tildrakizumab-asmn*)	NF	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-dyyb*)	NF	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab*)	PSP	

Prescription Drug Name	Drug Tier	Drug Notes
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-abda*)	NF	
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (*golimumab*)	PSP	
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML (*risankizumab-rzaa*)	PSP	
STELARA INTRAVENOUS SOLUTION 130 MG/26ML (*ustekinumab*)	PSP	
AUTOIMMUNE AGENTS (SELF-ADMINISTERED)		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (*tocilizumab*)	NF	
CIMZIA PREFILLED SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML (*certolizumab pegol*)	PSP	IBC (Preferred agent for Non-radiographical Axial Spondyloarthritis and preferred agent for Ankylosing Spondylitis, Crohn's, Psoriasis, Psoriatic Arthritis, and Rheumatoid Arthritis after the failure of two preferred agents.)
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML (*certolizumab pegol*)	PSP	IBC (Preferred agent for Non-radiographical Axial Spondyloarthritis and preferred agent for Ankylosing Spondylitis, Crohn's, Psoriasis, Psoriatic Arthritis, and Rheumatoid Arthritis after the failure of two preferred agents.)
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*secukinumab*)	PSP	IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Non-radiographical Axial Spondyloarthritis. Not covered for Psoriasis)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*secukinumab*)	PSP	IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Non-radiographical Axial Spondyloarthritis. Not covered for Psoriasis)

Prescription Drug Name	Drug Tier	Drug Notes
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*secukinumab*)	PSP	IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Non-radiographical Axial Spondyloarthritis. Not covered for Psoriasis)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML (*secukinumab*)	PSP	IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Non-radiographical Axial Spondyloarthritis. Not covered for Psoriasis)
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (*etanercept*)	PSP	IBC (Preferred agent for all conditions except Psoriasis)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (*etanercept*)	PSP	IBC (Preferred agent for all conditions except Psoriasis)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (*etanercept*)	PSP	IBC (Preferred agent for all conditions except Psoriasis)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (*etanercept*)	PSP	IBC (Preferred agent for all conditions except Psoriasis)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML (*adalimumab*)	PSP	
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML (*adalimumab*)	PSP	
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML (*adalimumab*)	PSP	
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (*adalimumab*)	PSP	
HUMIRA PEN-PSOR/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (*adalimumab*)	PSP	
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab*)	PSP	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (*sarilumab*)	PSP	IBC (Preferred agent for Rheumatoid Arthritis)

Prescription Drug Name	Drug Tier	Drug Notes
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (*sarilumab*)	PSP	IBC (Preferred agent for Rheumatoid Arthritis)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (*anakinra*)	NF	
OLUMIANT ORAL TABLET 1 MG, 4 MG (*baricitinib*)	NF	
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (*abatacept*)	PSP	IBC (Preferred agent for Rheumatoid Arthritis. Not covered for other conditions)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML (*abatacept*)	PSP	IBC (Preferred agent for Rheumatoid Arthritis. Not covered for other conditions)
OTEZLA ORAL TABLET 30 MG (*apremilast*)	PSP	IBC (Preferred agent for Psoriasis and Psoriatic Arthritis)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (*apremilast*)	PSP	IBC (Preferred agent for Psoriasis and Psoriatic Arthritis)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG (*upadacitinib*)	PSP	IBC (Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Atopic Dermatitis, Ankylosing Spondylitis. Preferred agent for Ulcerative Colitis after failure of Humira)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG (*upadacitinib*)	PSP	IBC (Preferred agent for Atopic Dermatitis. Preferred agent for Ulcerative Colitis after failure of Humira)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG (*upadacitinib*)	PSP	IBC (Preferred agent for Ulcerative Colitis after failure of Humira)
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML (*brodalumab*)	NF	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (*golimumab*)	NF	
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (*golimumab*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML (*risankizumab-rzaa*)	PSP	IBC (Preferred agent for Psoriasis and Psoriatic Arthritis)
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*risankizumab-rzaa*)	PSP	IBC (Preferred agent for Psoriasis and Psoriatic Arthritis)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML (*risankizumab-rzaa*)	PSP	
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*risankizumab-rzaa*)	PSP	IBC (Preferred agent for Psoriasis and Psoriatic Arthritis)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (*ustekinumab*)	PSP	IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (*ustekinumab*)	PSP	IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML (*ixekizumab*)	PSP	IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis, Non-Radiographic Axial Spondyloarthritis or Ankylosing Spondylitis)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML (*ixekizumab*)	PSP	IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis, Non-Radiographic Axial Spondyloarthritis or Ankylosing Spondylitis)
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (*guselkumab*)	PSP	IBC (Preferred agent for Psoriasis and Psoriatic Arthritis)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*guselkumab*)	PSP	IBC (Preferred agent for Psoriasis and Psoriatic Arthritis)

Prescription Drug Name	Drug Tier	Drug Notes
XELJANZ ORAL SOLUTION 1 MG/ML (*tofacitinib citrate*)	PSP	IBC (Preferred agent for Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis after failure of Humira. Not covered for Psoriatic Arthritis, Ankylosing Spondylitis)
XELJANZ ORAL TABLET 10 MG, 5 MG (*tofacitinib citrate*)	PSP	IBC (Preferred agent for Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis after failure of Humira. Not covered for Psoriatic Arthritis, Ankylosing Spondylitis)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG (*tofacitinib citrate*)	PSP	IBC (Preferred agent for Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis after failure of Humira. Not covered for Psoriatic Arthritis, Ankylosing Spondylitis)
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS		
hydroxychloroquine sulfate oral tablet 200 mg	G	
leflunomide oral tablet 10 mg, 20 mg	G	
methotrexate sodium oral tablet 2.5 mg	G	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML (*methotrexate (anti-rheumatic)*)	PSP	
REDITREX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.4ML, 12.5 MG/0.5ML, 15 MG/0.6ML, 17.5 MG/0.7ML, 20 MG/0.8ML, 22.5 MG/0.9ML, 25 MG/ML, 7.5 MG/0.3ML (*methotrexate (anti-rheumatic)*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
HEREDITARY ANGIOEDEMA		
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (*c1 esterase inhibitor (human)*)	NF	
FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML (*icatibant acetate*)	NPSP	
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (*c1 esterase inhibitor (human)*)	NPSP	
icatibant acetate subcutaneous solution 30 mg/3ml	G	
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (*berotralstat hcl*)	PSP	
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (*c1 esterase inhibitor (recomb)*)	PSP	
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (*lanadelumab-flyo*)	PSP	
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (*lanadelumab-flyo*)	PSP	
IMMUNOGLOBULIN		
ASCENIV INTRAVENOUS SOLUTION 5 GM/50ML (*immune globulin (human)-slra*)	NF	
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML (*immune globulin (human)*)	NPSP	
CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML, 1.65 GM/10ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML (*immune globulin (human)-hipp*)	PSP	
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML (*immune globulin (human)*)	NF	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML (*immune globulin (human)*)	NPSP	
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (*immune globulin (human)*)	NPSP	

Prescription Drug Name	Drug Tier	Drug Notes
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM (*immune globulin (human)*)	NPSP	
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (*immune globulin (human)*)	NPSP	
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML (*immune globulin (human)*)	NPSP	
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML (*immune globulin (human)*)	NPSP	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (*immune globulin (human)*)	NPSP	
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML (*immune globulin (human)*)	NPSP	
HYPERRAB INJECTION SOLUTION 900 UNIT/3ML (*rabies immune globulin*)	NF	
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (*immune globulin-hyaluronidase*)	NF	
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML (*immune globulin (human)*)	NPSP	
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (*immune globulin (human)-ifas*)	NF	
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML (*immune globulin (human)*)	NPSP	
IMMUNOMODULATORS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML (*interferon gamma-1b*)	NPSP	
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (*rilonacept*)	NPSP	
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 50000000 UNIT (*interferon alfa-2b*)	NPSP	

Prescription Drug Name	Drug Tier	Drug Notes
IMMUNOSUPPRESSANTS		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG (*tacrolimus*)	NPSP	
azathioprine oral tablet 50 mg	G	
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG (*belimumab*)	NPSP	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (*belimumab*)	NPSP	
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (*belimumab*)	NPSP	
CELLCEPT INTRAVENOUS INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (*mycophenolate mofetil hcl*)	NPSP	
CELLCEPT ORAL CAPSULE 250 MG (*mycophenolate mofetil*)	NPSP	
CELLCEPT ORAL SUSPENSION RECONSTITUTED 200 MG/ML (*mycophenolate mofetil*)	NPSP	
CELLCEPT ORAL TABLET 500 MG (*mycophenolate mofetil*)	NPSP	
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	G	
cyclosporine modified oral solution 100 mg/ml	G	
cyclosporine oral capsule 100 mg, 25 mg	G	
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (*satralizumab-mwge*)	PSP	
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG (*tacrolimus*)	NPSP	
GAMIFANT INTRAVENOUS SOLUTION 100 MG/20ML (*emapalumab-lzsg*)	NPSP	
cyclosporine modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	G	
cyclosporine modified (Gengraf Oral Solution 100 Mg/Ml)	G	
mycophenolate mofetil oral capsule 250 mg	G	
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	G	
mycophenolate mofetil oral tablet 500 mg	G	
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	G	
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG, 360 MG (*mycophenolate sodium*)	NPSP	

Prescription Drug Name	Drug Tier	Drug Notes
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (*tacrolimus*)	NPSP	
PROGRAF ORAL PACKET 0.2 MG, 1 MG (*tacrolimus*)	NPSP	
RAPAMUNE ORAL SOLUTION 1 MG/ML (*sirolimus*)	NPSP	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG (*sirolimus*)	NPSP	
REZUROCK ORAL TABLET 200 MG (*belumosudil mesylate*)	NF	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (*cyclosporine*)	NPSP	
sirolimus oral solution 1 mg/ml	G	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	G	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	G	
UPLIZNA INTRAVENOUS SOLUTION 100 MG/10ML (*inebilizumab-cdon*)	NF	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (*everolimus*)	NPSP	
MISCELLANEOUS		
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (*canakinumab*)	NPSP	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML (*palivizumab*)	NPSP	
MEDICAL DEVICES		
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
d-xylose powder	NPB	
GLEOLAN ORAL SOLUTION RECONSTITUTED 1.5 GM (*aminolevulinic acid hcl*)	NPB	
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS		
ANTILIPEMICS, PCSK9 INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
MONOFERRIC INTRAVENOUS SOLUTION 1000 MG/10ML (*ferric derisomaltose*)	NF	
ELECTROLYTES		
potassium bicarbonate (Effer-K Oral Tablet Effervescent 25 Meq)	G	

Prescription Drug Name	Drug Tier	Drug Notes
fluoritab oral solution 0.275 (0.125 f) mg/drop	CE	
potassium chloride (Klor-Con 10 Oral Tablet Extended Release 10 Meq)	G	
potassium chloride crys er (Klor-Con M10 Oral Tablet Extended Release 10 Meq)	G	
potassium chloride crys er (Klor-Con M15 Oral Tablet Extended Release 15 Meq)	G	
potassium chloride crys er (Klor-Con M20 Oral Tablet Extended Release 20 Meq)	G	
potassium chloride (Klor-Con Oral Packet 20 Meq)	G	
potassium chloride (Klor-Con Oral Tablet Extended Release 8 Meq)	G	
potassium bicarbonate (Klor-Con/Ef Oral Tablet Effervescent 25 Meq)	G	
K-PHOS ORAL TABLET 500 MG (*potassium phosphate monobasic*)	NPB	
potassium bicarbonate (K-Prime Oral Tablet Effervescent 25 Meq)	G	
magnesium sulfate injection solution 50 %	NPB	
sodium fluoride (Nafrinse Drops Oral Solution 0.275 (0.125 F) Mg/Drop)	CE	
k phos mono-sod phos di & mono (Phospha 250 Neutral Oral Tablet 155-852-130 Mg)	G	
phosphorous oral tablet 155-852-130 mg	G	
k phos mono-sod phos di & mono (Phospho-Trin 250 Neutral Oral Tablet 155-852-130 Mg)	G	
potassium chloride crys er oral tablet extended release 10 meq, 20 meq	G	
potassium chloride er oral capsule extended release 10 meq, 8 meq	G	
potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	G	
potassium chloride oral packet 20 meq	G	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	G	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	CE	
sodium fluoride oral tablet 1.1 (0.5 f) mg	CE	

Prescription Drug Name	Drug Tier	Drug Notes
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg	CE	
MISCELLANEOUS		
zinc sulfate intravenous solution 5 mg/ml	NPB	
PRENATAL VITAMINS		
ATABEX EC ORAL TABLET DELAYED RELEASE 29-1 MG (*prenatal vit-dss-fe cbn-fa*)	NF	
ATABEX OB ORAL TABLET 29-1 MG (*prenatal vit w/ fe bisg-fa*)	NF	
azesco oral tablet 13-1 mg	NF	
CITRANATAL 90 DHA ORAL 90-1 & 300 MG (*prenat w/o a-fecbgl-dss-fa-dha*)	NF	
CITRANATAL ASSURE ORAL 35-1 & 300 MG (*prenat w/o a-fecbgl-dss-fa-dha*)	NF	
CITRANATAL B-CALM ORAL 20-1 MG & 2 X 25 MG (*prenat w/o a fecbnfeglu-fa &b6*)	NF	
CITRANATAL BLOOM ORAL TABLET 90-1 MG (*prenatal-dss-fecb-fegl-fa*)	NF	
CITRANATAL DHA ORAL 27-1 & 250 MG (*prenat w/o a-fecbgl-dss-fa-dha*)	NF	
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG (*prenat-fefmcb-dss-fa-dha w/o a*)	NF	
c-nate dha oral capsule 28-1-200 mg	NF	
completenate oral tablet chewable 29-1 mg	NF	
CO-NATAL FA ORAL TABLET (*prenatal vit-fe fumarate-fa*)	NF	
CONCEPT DHA ORAL CAPSULE 53.5-38-1 MG (*prenat-fefum-fepo-fa-omega 3*)	NF	
CONCEPT OB ORAL CAPSULE 130-92.4-1 MG (*prenat w/o a vit-fefum-fepo-fa*)	NF	
DERMACINRX PRETRATE ORAL TABLET 1 MG (*prenatal multivit-min-fe-fa*)	NF	
DUET DHA 400 ORAL 25-1 & 400 MG (*prenat-fepoly-fered-fa-omega 3*)	NF	
DUET DHA BALANCED ORAL 25-1 & 267 MG (*prenat-fepoly-fered-fa-omega 3*)	NF	
ENBRACE HR ORAL CAPSULE (*prenat vit-fe gly cys-fa-omega*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
FOLIVANE-OB ORAL CAPSULE 85-1 MG (*prenat w/o a vit-fefum-fepo-fa*)	NF	
INATAL GT ORAL TABLET (*prenatal vit-dss-fe cbn-fa*)	G	
jenliva prenatal/postnatal oral capsule 1 mg	NF	
kosher prenatal plus iron oral tablet 30-1 mg	NF	
m-natal plus oral tablet 27-1 mg	NF	
multi-mac oral tablet 15-0.75-1 mg	NF	
NATACHEW ORAL TABLET CHEWABLE 28-1 MG (*prenatal vit-fe fum-fe bisg-fa*)	NF	
NATALVIT ORAL TABLET (*prenatal vit-fe fumarate-fa*)	NF	
NEEVO DHA ORAL CAPSULE 27-1.13 MG (*prenat w/oa-fefum-methf-omegas*)	NF	
neonatal + dha oral 29-1 & 200 mg	NF	
neonatal 19 oral tablet 1 mg	NF	
neonatal complete oral tablet 27-1 mg, 29-1 mg	NF	
neonatal fe oral tablet 90-1 mg	NF	
NEONATAL PLUS ORAL TABLET 27-1 MG (*prenatal vit-fe fumarate-fa*)	NF	
NESTABS DHA ORAL 32-1 MG (*prenat-w/oa-fe bisgly-fa-omega*)	NF	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (*prenat-fe-methylfol-dha w/o a*)	NF	
NESTABS ORAL TABLET 32-1 MG (*prenat-fe bisgly-fa-w/o vit a*)	NF	
NIVA-PLUS ORAL TABLET 27-1 MG (*prenatal vit-fe fumarate-fa*)	NF	
OB COMPLETE ONE ORAL CAPSULE 50-1-476 MG (*prenat-fecbn-feaspgl-fa-fish*)	NF	
OB COMPLETE ORAL TABLET 50-1.25 MG (*prenatal vit-iron carbonyl-fa*)	NF	
OB COMPLETE PETITE ORAL CAPSULE 35-5-1-200 MG (*prenat-fecbn-feaspgl-fa-omega*)	NF	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG (*prenatal-fe cbn-fe asp gly-fa*)	NF	
OB COMPLETE/DHA ORAL CAPSULE 30-10-1-200 MG (*prenat-fecbn-feaspgl-fa-omega*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
OBSTETRIX DHA ORAL 29-1 & 387 MG (*prenatal-fecbn-fa-dss-omega 3*)	NF	
OBSTETRIX EC ORAL TABLET 29-1 MG (*prenatal vit-dss-fe cbn-fa*)	NF	
OBSTETRIX ONE ORAL CAPSULE 38-1-225 MG (*prenat-fe-methyl-dss-dha w/o a*)	NF	
one vite womens plus oral tablet 27-1 mg	NF	
pnv prenatal plus multivitamin oral tablet 27-1 mg	NPB	
pnv tabs 20-1 oral tablet 20-1 mg	NF	
pnv-dha oral capsule 27-0.6-0.4-300 mg	G	
pnv-dha+docusate oral capsule 27-1.25-300 mg	NF	
pnv-omega oral capsule 28-0.6-0.4-340 mg	NF	
pnv-select oral tablet 27-0.6-0.4 mg	G	
pregen dha oral capsule 28-1-35 mg	NF	
pregenna oral tablet 20-1 mg	NF	
PREMESISRX ORAL TABLET 1 MG (*prenatal ca-b6-b12-fa-ginger*)	NF	
prena 1 true oral 30-1.4 & 300 mg	NF	
prena1 oral tablet chewable 1.4 mg	NF	
prena1 pearl oral capsule extended release 30-1.4-200 mg	NF	
prenaissance oral capsule 29-1.25-325 mg	NF	
prenaissance plus oral capsule 28-1-250 mg	NF	
PRENATABS RX ORAL TABLET 29-1 MG (*prenatal vit-iron carbonyl-fa*)	G	
prenatal 19 oral tablet	NPB	
prenatal 19 oral tablet 29-1 mg	NF	
prenatal 19 oral tablet chewable	G	
prenatal 19 oral tablet chewable 29-1 mg	NF	
prenatal oral tablet 27-1 mg	NF	
prenatal plus oral tablet 27-1 mg	NF	
prenatal vitamin plus low iron oral tablet 27-1 mg	NF	
PRENATAL-U ORAL CAPSULE 106.5-1 MG (*prenatal w/o a vit-fe fum-fa*)	NF	
PRENATE AM ORAL TABLET 1 MG (*prenatal ca-b6-b12-fa-ginger*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (*prenat-feasp-meth-fa-dha w/o a*)	NF	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG (*prenatal-feaspgly-methylfol-fa*)	NF	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (*prenat w/o a-fe-methfol-fa-dha*)	NF	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (*prenat-feasp-meth-fa-dha w/o a*)	NF	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (*prenat-fecbn-feasp-meth-fa-dha*)	NF	
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (*prenat mv-min-methylfolate-fa*)	NF	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (*prenat-feasp-meth-fa-dha w/o a*)	NF	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (*prenat w/o a-fe-methfol-fa-dha*)	NF	
PRENATRIX ORAL TABLET 27-1 MG (*prenatal vit-fe fumarate-fa*)	NF	
PRENATRYL ORAL TABLET 27-1 MG (*prenatal vit-fe fumarate-fa*)	NF	
prenatvite complete oral tablet 1 mg	NF	
prenatvite plus oral tablet 1 mg	NF	
prenatvite rx oral tablet 0.8 mg	NF	
PRIMACARE ORAL CAPSULE 30-1-470 MG (*pren-fe-meth-fa-omeg w/o a*)	NF	
PROVIDA OB ORAL CAPSULE 20-20-1.25 MG (*prenat w/o a vit-fefum-fepo-fa*)	NF	
relnate dha oral capsule 28-1-200 mg	NF	
SELECT-OB ORAL TABLET CHEWABLE 29-0.6-0.4 MG (*prenat vit-fepoly-methylfol-fa*)	NF	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (*prenatal vit-fe psac cmplx-fa*)	NF	
SELECT-OB+DHA ORAL 29-1 & 250 MG (*prenatal vit-fepoly-fa-dha*)	NF	
se-natal 19 oral tablet 29-1 mg	NF	
se-natal 19 oral tablet chewable 29-1 mg	NF	
TARON-C DHA ORAL CAPSULE 35-1 MG (*prenat-fefum-fepo-fa-omega 3*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
THERANATAL CORE NUTRITION ORAL TABLET 27-1 MG (*prenatal vit-fe fumarate-fa*)	NPB	
thrivite rx oral tablet 29-1 mg	NF	
TRICARE ORAL TABLET (*prenatal vit-fe fumarate-fa*)	NF	
trinatal rx 1 oral tablet 60-1 mg	NF	
TRINATE ORAL TABLET (*prenatal vit-fe fumarate-fa*)	G	
tristart dha oral capsule 31-0.6-0.4-200 mg	NF	
TRISTART FREE ORAL CAPSULE 33-1 MG (*prenat w/o a-fecbn-meth-fa-dha*)	NF	
TRISTART ONE ORAL CAPSULE 35-1-215 MG (*prenat w/o a-fecbn-meth-fa-dha*)	NF	
VINATE DHA RF ORAL CAPSULE 27-1.13 MG (*prenat w/oa-fefum-methf-omegas*)	NF	
VINATE II ORAL TABLET 29-1 MG (*prenatal vit w/ fe bisg-fa*)	NF	
VINATE ONE ORAL TABLET 60-1 MG (*prenatal vit-fe fumarate-fa*)	NF	
virt-nate dha oral capsule 28-1-200 mg	NF	
virt-pn dha oral capsule 27-0.6-0.4-300 mg	NF	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (*prenat-fe poly-methfol-fa-dha*)	NF	
VITAFOL GUMMIES ORAL TABLET CHEWABLE 3.33-0.333-34.8 MG (*prenatal vit-fe phos-fa-omega*)	NF	
VITAFOL STRIPS ORAL FILM 1 MG (*prenatal-b6-b12-d3-folic acid*)	NF	
VITAFOL ULTRA ORAL CAPSULE 29-0.6-0.4-200 MG (*prenat-fe poly-methfol-fa-dha*)	NF	
VITAFOL-NANO ORAL TABLET 18-0.6-0.4 MG (*prenatal-fe fum-methf-fa w/o a*)	NF	
VITAFOL-OB ORAL TABLET (*prenatal vit-fe fumarate-fa*)	NF	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (*prenatal mv-min-fe fum-fa-dha*)	NF	
VITAFOL-ONE ORAL CAPSULE 29-1-200 MG (*prenatal vit-fepoly-fa-dha*)	NF	
VITAMEDMD REDICHEW RX ORAL TABLET CHEWABLE 1.4 MG (*prenat-b2-b6-b12-d3-fa*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
VITAPEARL ORAL CAPSULE EXTENDED RELEASE 30-1.4-200 MG (*prenat-fefum-fered-fa-dha w/oa*)	NF	
VITATHELY WITH GINGER ORAL TABLET 27-1 MG (*prenatal vit-fe fumarate-fa*)	NF	
VITATRUE ORAL 30-1.4 & 300 MG (*prenat-fechel-fa-dha w/o vit a*)	NF	
VIVA DHA ORAL CAPSULE 28-1-200 MG (*prenatal vit-fe fum-fa-omega*)	NF	
wescap-c dha oral capsule 53.5-38-1 mg	NF	
wescap-pn dha oral capsule 27-0.6-0.4-300 mg	NF	
wesnate dha oral capsule 28-1-200 mg	NF	
westab plus oral tablet 27-1 mg	NF	
westgel dha oral capsule 31-0.6-0.4-200 mg	NF	
zalvit oral tablet 13-1 mg	NF	
ZATEAN-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG (*prenat w/o a-fe-methfol-fa-dha*)	NF	
ziphex oral tablet 13-1 mg	NF	
VITAMINS - VITAMINS AND SUPPLEMENTS		
active fe oral tablet 75-1.25 mg	NPB	
activite oral tablet 1 mg	NF	
adc/f (0.5mg/ml) oral solution 0.5 mg/ml	G	
folic acid-vit b6-vit b12 (Airavite Oral Tablet 2.5-25-1 Mg)	G	
ASCOR INTRAVENOUS SOLUTION 25000 MG/50ML (*ascorbic acid*)	NF	
ASTAMED MYO ORAL CAPSULE (*astaxanthin-tocotrienol-zn-d3*)	NF	
b-6 folic acid oral capsule 8.333-100-1 mg	NPB	
biocel oral tablet	G	
bp vit 3 oral capsule 1 mg	NPB	
b-plex oral tablet	G	
b-plex plus oral tablet	G	
CALCIFOL ORAL WAFER 1342-1.6 MG (*ca carb-fa-d-b6-b12-boron-mg*)	NPB	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	G	
calcitriol oral solution 1 mcg/ml	G	
calcium gluconate intravenous solution 10 %	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
CENFOL ORAL TABLET 2.3-24.5-2 MG (*folic acid-vit b6-vit b12*)	NPB	
CHOLEXMAX ORAL POWDER (*dietary management product*)	NF	
CHOLEXTRA T/F ORAL POWDER (*dietary management product*)	NF	
CIFEREX ORAL CAPSULE 1-3775 MG-UNIT (*folic acid-cholecalciferol*)	NF	
CORVITE 150 ORAL TABLET (*iron combinations*)	NPB	
corvite fe oral tablet	NPB	
cvs folic acid oral tablet 800 mcg	CE	
cyanocobalamin injection solution 1000 mcg/ml	G	
DERMACINRX DOTREMIN ORAL TABLET 1-10000 MG-UNIT (*folic acid-cholecalciferol*)	NF	
b complex-c-folic acid (Dexifol Oral Tablet 5 Mg)	NF	
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	G	
ELFOLATE PLUS ORAL TABLET 3-35-2 MG (*l-methylfolate-b6-b12*)	NF	
ergocalciferol oral capsule 1.25 mg (50000 ut)	G	
FA-8 ORAL CAPSULE 0.8 MG (*folic acid*)	CE	
fabb oral tablet 2.2-25-1 mg	G	
fa-vitamin b-6-vitamin b-12 oral tablet 2.2-25-0.5 mg	G	
ferocon oral capsule	G	
ferotrinsic oral capsule	G	
fe fum-fa-b cmp-c-zn-mg-mn-cu (Ferrocite Plus Oral Tablet 106-1 Mg)	G	
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML (*sodium fluoride-vitamin d*)	NF	
FLORIVA ORAL TABLET CHEWABLE 0.25 MG (*ped multiple vit-minerals-fl*)	NPB	
FLORIVA ORAL TABLET CHEWABLE 0.5 MG, 1 MG (*ped multiple vit-minerals-fl*)	NF	
FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML (*pediatric multivitamins-fl*)	NPB	
folbee oral tablet 2.5-25-1 mg	G	
folbee plus oral tablet	G	

Prescription Drug Name	Drug Tier	Drug Notes
FOLBIC ORAL TABLET 2.5-25-2 MG (*fa-pyridoxine-cyanocobalamin*)	NPB	
FOLDITAM ORAL TABLET 1-10000 MG-UNIT (*folic acid-cholecalciferol*)	NF	
folic acid injection solution 5 mg/ml	G	
folic acid oral capsule 0.8 mg	CE	
FOLI-D ORAL TABLET 1-2000 MG-UNIT (*folic acid-cholecalciferol*)	NF	
folite oral tablet	NF	
folplex 2.2 oral tablet 2.2-25-0.5 mg	G	
foltrin oral capsule	G	
folic acid-cholecalciferol (Folvite-D Oral Tablet 1-3775 Mg-Unit)	NF	
FOSTEUM ORAL CAPSULE 27-20-200 MG-MG-UNIT (*genistein-zn chelate-vit d*)	NF	
FOSTEUM PLUS ORAL CAPSULE (*dietary management product*)	NF	
FUSION PLUS ORAL CAPSULE (*iron-fa-b cmp-c-biot-probiotic*)	NPB	
GENICIN VITA-D ORAL TABLET 1-3775 MG-UNIT (*folic acid-cholecalciferol*)	NF	
GENICIN VITA-Q ORAL TABLET (*multiple vitamin*)	NF	
b complex-c-folic acid (Genicin Vita-S Oral Tablet 1 Mg)	NF	
hematinic plus vit/minerals oral tablet 106-1 mg	G	
HEMOCYTE PLUS ORAL CAPSULE 106-1 MG (*fe fum-fa-b cmp-c-zn-mg-mn-cu*)	NPB	
hylavite oral tablet	NF	
ICAR-C PLUS ORAL TABLET 100-250-0.025-1 MG (*iron-vit c-vit b12-folic acid*)	NF	
iron polysacch cmplx-b12-fa (Iferex 150 Forte Oral Capsule 150-25-1 Mg-Mcg-Mg)	G	
INFUVITE ADULT INTRAVENOUS INJECTABLE (*multiple vitamin*)	NPB	
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION (*pediatric multiple vitamins*)	NPB	
INJECTAFER INTRAVENOUS SOLUTION 100 MG/2ML (*ferric carboxymaltose*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
INTEGRA PLUS ORAL CAPSULE (*fefum-fepoly-fa-b cmp-c-biot*)	NPB	
fefum-fepo-fa-b cmp-c-zn-mn-cu (K-Tan Plus Oral Capsule 162-115.2-1 Mg)	G	
LDL CARE ORAL POWDER (*dietary management product*)	NF	
multiple vitamins-minerals (Lysiplex Plus Oral Tablet)	G	
MULTIGEN FOLIC ORAL TABLET 70-150-2-1 MG (*fe asp gly-succ-c-thre-b12-fa*)	NPB	
MULTIGEN ORAL TABLET 70 MG (*fe-succ-c-thre-b12-des stomach*)	NPB	
MULTIGEN PLUS ORAL TABLET 50-101-1 MG (*feasp-fefum -suc-c-thre-b12-fa*)	NPB	
multipro oral capsule	NF	
multi-vit/iron/fluoride oral solution 0.25-10 mg/ml	G	
multivitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	G	
multi-vitamin/fluoride oral solution 0.5 mg/ml	G	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	G	
multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	G	
NEOKE BCAA4 ORAL POWDER (*dietary management product*)	NF	
neoke bhb oral powder	NF	
b complex-c-folic acid (Nephronex Oral Tablet)	G	
NICADAN ORAL TABLET (*multiple vitamins-minerals*)	NF	
NICAPRIN ORAL TABLET (*dietary management product*)	NF	
NICAZEL FORTE ORAL TABLET (*multiple vitamins-minerals*)	NF	
NICAZEL ORAL TABLET (*multiple vitamins-minerals*)	NF	
NICOMIDE ORAL TABLET 750-27-2-0.5 MG (*niacinamide-zn-cu-methfo-se-cr*)	NF	
nicotinamide oral tablet 750-27-2-0.5 mg	NF	
NUFERA ORAL TABLET (*iron combinations*)	NPB	
folic acid-vit b6-vit b12 (Nufol Oral Tablet 2.5-25-1 Mg)	G	
NUTRICAP ORAL TABLET (*multiple vitamins-minerals*)	NPB	
multiple vitamins-minerals (Nutrifac Zx Oral Tablet)	G	
OCUVEL ORAL CAPSULE (*multiple vitamins-minerals*)	NF	
onevite oral tablet	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
ortho df oral capsule 1-3775 mg-unit	NF	
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	G	
phytonadione injection solution 1 mg/0.5ml, 10 mg/ml	G	
phytonadione oral tablet 5 mg	G	
poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg	G	
polysaccharide iron forte oral capsule 150-25-1 mg-mcg-mg	G	
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (*pediatric multivitamins-fl*)	NPB	
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*pediatric multivitamins-fl*)	NPB	
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML (*ped multivitamins-fl-iron*)	NPB	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG (*ped multivitamins-fl-iron*)	NPB	
pyridoxine hcl injection solution 100 mg/ml	NPB	
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG (*multi vit-min-fluoride-fe-fa*)	NF	
QUFLORA FE PEDIATRIC ORAL LIQUID 0.25-9.5 MG/ML (*ped multivitamins-fl-iron*)	NF	
QUFLORA GUMMIES ORAL TABLET CHEWABLE 0.125 MG (*pediatric multivitamins-fl*)	NF	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML (*pediatric multivitamins-fl*)	NPB	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*pediatric multivitamins-fl*)	NPB	
REMEDIENT ORAL CAPSULE (*multiple vitamins-minerals*)	NF	
reno caps oral capsule 1 mg	G	
RHEUMATE ORAL CAPSULE (*dietary management product*)	NF	
sm folic acid oral tablet 400 mcg	CE	
STROVITE FORTE ORAL SYRUP (*multiple vitamins-minerals*)	NPB	
TALIVA ORAL CAPSULE 1 MG (*fa-b6-b12-omega 3-phytosterols*)	NF	
TOBAKIENT ORAL CAPSULE (*dietary management product*)	NF	
fe fumarate-b12-vit c-fa-ifc (Tricon Oral Capsule)	G	

Prescription Drug Name	Drug Tier	Drug Notes
tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	G	
tronvite oral tablet 1 mg	NF	
UDAMIN SP ORAL TABLET (*multiple vitamins-minerals*)	NPB	
VASCULERA ORAL TABLET (*dietary management product*)	NF	
vb6 p5p oral powder	NF	
v-c forte oral capsule	G	
multiple vitamins-minerals (Vic-Forte Oral Capsule)	G	
virt-caps oral capsule 1 mg	G	
folic acid-vit b6-vit b12 (Virt-Gard Oral Tablet 2.2-25-1 Mg)	G	
multiple vitamins-minerals (Vita S Forte Oral Tablet)	G	
multiple vitamins-minerals (Vitacel Oral Tablet)	G	
VITAMEZ ORAL CAPSULE 1 MG (*fa-b6-b12-omega 3-phytosterols*)	NPB	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	G	
vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml	G	
vita-min oral capsule	G	
vitamins acd-fluoride oral solution 0.25 mg/ml	G	
vitasure oral tablet 1 mg	NF	
vp-vite rx oral tablet 1 mg	G	
xvite oral tablet 1 mg	NF	
xyzbac oral tablet	NF	
yl folic acid oral tablet 400 mcg	CE	
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS		
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
ALOCRIL OPHTHALMIC SOLUTION 2 % (*nedocromil sodium*)	NPB	
ALOMIDE OPHTHALMIC SOLUTION 0.1 % (*lodoxamide tromethamine*)	NPB	
azelastine hcl ophthalmic solution 0.05 %	G	
BEPREVE OPHTHALMIC SOLUTION 1.5 % (*bepotastine besilate*)	NF	
cromolyn sodium ophthalmic solution 4 %	G	
epinastine hcl ophthalmic solution 0.05 %	G	
olopatadine hcl ophthalmic solution 0.1 %, 0.2 %	G	

Prescription Drug Name	Drug Tier	Drug Notes
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % (*brimonidine tartrate*)	PB	
apraclonidine hcl ophthalmic solution 0.5 %	G	
AZOPT OPHTHALMIC SUSPENSION 1 % (*brinzolamide*)	NF	
betaxolol hcl ophthalmic solution 0.5 %	G	
BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 % (*timolol hemihydrate*)	NF	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (*betaxolol hcl*)	NF	
bimatoprost ophthalmic solution 0.03 %	NF	
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	G	
carteolol hcl ophthalmic solution 1 %	G	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (*brimonidine tartrate-timolol*)	PB	
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 % (*dorzolamide hcl-timolol mal*)	NF	
dorzolamide hcl ophthalmic solution 2 %	NPB	
dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml	G	
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	G	
DURYSTA INTRAOCULAR IMPLANT 10 MCG (*bimatoprost*)	NF	
IOPIDINE OPHTHALMIC SOLUTION 1 % (*apraclonidine hcl*)	NPB	
ISTALOL OPHTHALMIC SOLUTION 0.5 % (*timolol maleate*)	NF	
latanoprost ophthalmic solution 0.005 %	G	
levobunolol hcl ophthalmic solution 0.5 %	G	
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (*bimatoprost*)	NF	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	G	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 % (*netarsudil dimesylate*)	PB	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (*netarsudil-latanoprost*)	NF	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (*brinzolamide-brimonidine*)	PB	

Prescription Drug Name	Drug Tier	Drug Notes
timolol maleate (once-daily) ophthalmic solution 0.5 %	G	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	G	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	G	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 % (*timolol maleate*)	NF	
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 % (*travoprost*)	NF	
VYZULTA OPHTHALMIC SOLUTION 0.024 % (*latanoprostene bunod*)	NF	
XELPROS OPHTHALMIC EMULSION 0.005 % (*latanoprost*)	NF	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % (*tafluprost*)	PB	
ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION		
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	G	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 % (*sulfacetamide-prednisolone*)	NPB	
double pm ophthalmic solution reconstituted 1-0.5 %	NF	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	G	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	G	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	G	
bacitracin-polymyx-neo-hc (Neo-Polycin Hc Ophthalmic Ointment 1 %)	G	
PRED-G OPHTHALMIC SUSPENSION 0.3-1 % (*gentamicin-prednisolone acet*)	NPB	
PRED-G S.O.P. OPHTHALMIC OINTMENT 0.3-0.6 % (*gentamicin-prednisolone acet*)	NPB	
prednisolone-gatifloxacin ophthalmic suspension 1-0.5 %	NF	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	G	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (*tobramycin-dexamethasone*)	NF	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 % (*tobramycin-dexamethasone*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (*tobramycin-dexamethasone*)	NF	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	G	
triple pmb ophthalmic solution reconstituted 1-0.5-0.09 %	NF	
triple pmk ophthalmic solution reconstituted 1-0.5-0.5 %	NF	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (*loteprednol-tobramycin*)	NPB	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
ak-poly-bac ophthalmic ointment 500-10000 unit/gm	G	
AZASITE OPHTHALMIC SOLUTION 1 % (*azithromycin*)	NF	
bacitracin ophthalmic ointment 500 unit/gm	G	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	G	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (*besifloxacin hcl*)	NF	
CILOXAN OPHTHALMIC OINTMENT 0.3 % (*ciprofloxacin hcl*)	NF	
ciprofloxacin hcl ophthalmic solution 0.3 %	G	
erythromycin ophthalmic ointment 5 mg/gm	G	
gatifloxacin ophthalmic solution 0.5 %	G	
GENTAK OPHTHALMIC OINTMENT 0.3 % (*gentamicin sulfate*)	G	
gentamicin sulfate ophthalmic solution 0.3 %	G	
KLARITY-A OPHTHALMIC SOLUTION 1 % (*azithromycin*)	NF	
levofloxacin ophthalmic solution 0.5 %	G	
MITOSOL OPHTHALMIC KIT 0.2 MG (*mitomycin*)	NPB	
moxifloxacin hcl ophthalmic solution 0.5 %	G	
NATACYN OPHTHALMIC SUSPENSION 5 % (*natamycin*)	NPB	
neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000	G	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	G	
neomycin-bacitracin zn-polymyx (Neo-Polycin Ophthalmic Ointment 3.5-400-10000)	G	
ofloxacin ophthalmic solution 0.3 %	G	

Prescription Drug Name	Drug Tier	Drug Notes
bacitracin-polymyxin b (Polycin Ophthalmic Ointment 500-10000 Unit/Gm)	G	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	G	
sulfacetamide sodium ophthalmic ointment 10 %	G	
sulfacetamide sodium ophthalmic solution 10 %	G	
tobramycin ophthalmic solution 0.3 %	G	
TOBREX OPHTHALMIC OINTMENT 0.3 % (*tobramycin*)	NPB	
trifluridine ophthalmic solution 1 %	G	
ZIRGAN OPHTHALMIC GEL 0.15 % (*ganciclovir*)	NF	
ZYMAXID OPHTHALMIC SOLUTION 0.5 % (*gatifloxacin*)	NF	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
ACUVAIL OPHTHALMIC SOLUTION 0.45 % (*ketorolac tromethamine*)	NF	
ALREX OPHTHALMIC SUSPENSION 0.2 % (*loteprednol etabonate*)	NPB	
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	G	
BROMSITE OPHTHALMIC SOLUTION 0.075 % (*bromfenac sodium*)	NF	
dexamethasone sodium phosphate ophthalmic solution 0.1 %	G	
DEXTENZA OPHTHALMIC INSERT 0.4 MG (*dexamethasone*)	NF	
DEXYCU INTRAOCULAR SUSPENSION 9 % (*dexamethasone*)	NF	
diclofenac sodium ophthalmic solution 0.1 %	G	
DUREZOL OPHTHALMIC EMULSION 0.05 % (*difluprednate*)	NPB	
EYSUVIS OPHTHALMIC SUSPENSION 0.25 % (*loteprednol etabonate*)	NPB	
FLAREX OPHTHALMIC SUSPENSION 0.1 % (*fluorometholone acetate*)	NF	
fluorometholone ophthalmic suspension 0.1 %	G	
flurbiprofen sodium ophthalmic solution 0.03 %	G	
FML FORTE OPHTHALMIC SUSPENSION 0.25 % (*fluorometholone*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
FML LIQUIFILM OPHTHALMIC SUSPENSION 0.1 % (*fluorometholone*)	NF	
FML OPHTHALMIC OINTMENT 0.1 % (*fluorometholone*)	NF	
ILEVRO OPHTHALMIC SUSPENSION 0.3 % (*nepafenac*)	NF	
INVELTYS OPHTHALMIC SUSPENSION 1 % (*loteprednol etabonate*)	NF	
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	G	
KLARITY-L OPHTHALMIC EMULSION 0.2 %, 0.5 % (*loteprednol etabonate*)	NF	
LOTEMAX OPHTHALMIC GEL 0.5 % (*loteprednol etabonate*)	NF	
LOTEMAX OPHTHALMIC OINTMENT 0.5 % (*loteprednol etabonate*)	NF	
LOTEMAX OPHTHALMIC SUSPENSION 0.5 % (*loteprednol etabonate*)	NF	
LOTEMAX SM OPHTHALMIC GEL 0.38 % (*loteprednol etabonate*)	NF	
loteprednol etabonate ophthalmic suspension 0.5 %	G	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % (*dexamethasone*)	NF	
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (*nepafenac*)	NF	
OZURDEX INTRAVITREAL IMPLANT 0.7 MG (*dexamethasone*)	NPSP	
PRED FORTE OPHTHALMIC SUSPENSION 1 % (*prednisolone acetate*)	NF	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (*prednisolone acetate*)	NF	
prednisolone acetate ophthalmic suspension 1 %	G	
prednisolone acetate p-f ophthalmic suspension 1 %	NF	
prednisolone sodium phosphate ophthalmic solution 1 %	NPB	
PROLENSA OPHTHALMIC SOLUTION 0.07 % (*bromfenac sodium*)	NF	
YUTIQ INTRAVITREAL IMPLANT 0.18 MG (*fluocinolone acetonide*)	NF	
DRY EYE DISEASE		
CEQUA OPHTHALMIC SOLUTION 0.09 % (*cyclosporine*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
cyclosporine ophthalmic emulsion 0.05 %	NF	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (*cyclosporine*)	PB	
RESTASIS OPHTHALMIC EMULSION 0.05 % (*cyclosporine*)	G	
XIIDRA OPHTHALMIC SOLUTION 5 % (*lifitegrast*)	PB	
MISCELLANEOUS		
AKTEN OPHTHALMIC GEL 3.5 % (*lidocaine hcl*)	NPB	
tetracaine hcl (Altacaine Ophthalmic Solution 0.5 %)	G	
phenylephrine hcl (Altafrin Ophthalmic Solution 10 %, 2.5 %)	G	
atropine sulfate ophthalmic ointment 1 %	G	
atropine sulfate ophthalmic solution 1 %	NPB	
cyclopentolate hcl ophthalmic solution 0.5 %, 1 %, 2 %	G	
CYCLOSPORINE IN KLARITY OPHTHALMIC EMULSION 0.1 % (*cyclosporine*)	NF	
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (*cysteamine hcl*)	NPB	
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 % (*atropine sulfate*)	NPB	
LACRISERT OPHTHALMIC INSERT 5 MG (*artificial tear insert*)	NF	
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	G	
proparacaine hcl ophthalmic solution 0.5 %	G	
tetracaine hcl ophthalmic solution 0.5 %	G	
tropicamide ophthalmic solution 0.5 %, 1 %	G	
TYRVAYA NASAL SOLUTION 0.03 MG/ACT (*varenicline tartrate*)	NF	
RETINAL DISORDERS		
BEOVU INTRAVITREAL SOLUTION 6 MG/0.05ML (*brolucizumab-dbll*)	NF	
BEOVU INTRAVITREAL SOLUTION PREFILLED SYRINGE 6 MG/0.05ML (*brolucizumab-dbll*)	NF	
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML (*aflibercept*)	PSP	
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML (*aflibercept*)	PSP	

Prescription Drug Name	Drug Tier	Drug Notes
LUCENTIS INTRAVITREAL SOLUTION 0.3 MG/0.05ML, 0.5 MG/0.05ML (*ranibizumab*)	PSP	
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML (*ranibizumab*)	PSP	
OTHER		
IRRIGATION SOLUTIONS		
water for irrigation, sterile (Argyle Sterile Water Irrigation Solution)	G	
lactated ringers irrigation solution	G	
irrigation solns physiological (Physiolyte Irrigation Solution)	G	
irrigation solns physiological (Physiosol Irrigation Irrigation Solution)	G	
ringers irrigation irrigation solution	G	
sterile water for irrigation irrigation solution	G	
ringers irrigation (Tis-U-Sol Irrigation Solution)	G	
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS		
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG (*alpha1-proteinase inhibitor*)	NF	
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML (*alpha1-proteinase inhibitor*)	NF	
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML (*alpha1-proteinase inhibitor*)	PSP	
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (*alpha1-proteinase inhibitor*)	PSP	
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (*alpha1-proteinase inhibitor*)	NF	
ANAPHYLAXIS TREATMENT AGENTS		
ADRENALIN INJECTION SOLUTION 1 MG/ML, 30 MG/30ML (*epinephrine*)	NF	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML (*epinephrine*)	PB	
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml	G	

Prescription Drug Name	Drug Tier	Drug Notes
epinephrine professional injection kit 1 mg/ml	NF	
EPINEPHRINESNAP-EMS INJECTION KIT 1 MG/ML (*epinephrine*)	NF	
EPINEPHRINESNAP-V INJECTION KIT 1 MG/ML (*epinephrine*)	NF	
EPISNAP INJECTION KIT 1 MG/ML (*epinephrine*)	NF	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML (*epinephrine*)	NF	
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD		
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT (*fluticasone-salmeterol*)	NF	
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT (*fluticasone-salmeterol*)	NF	
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT (*fluticasone-salmeterol*)	NF	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (*umeclidinium-vilanterol*)	PB	
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (*glycopyrrolate-formoterol*)	NF	
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (*budeson-glycopyrrol-formoterol*)	NPB	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (*ipratropium-albuterol*)	NPB	
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	NF	
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	G	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (*tiotropium bromide-olodaterol*)	PB	

Prescription Drug Name	Drug Tier	Drug Notes
ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (*fluticasone-umeclidin-vilant*)	PB	
ANTICHOLINERGICS		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (*ipratropium bromide hfa*)	NF	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT (*umeclidinium bromide*)	NF	
ipratropium bromide inhalation solution 0.02 %	G	
ipratropium bromide nasal solution 0.03 %, 0.06 %	G	
LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION 25 MCG/ML (*glycopyrrolate*)	NF	
LONHALA MAGNAIR STARTER KIT INHALATION SOLUTION 25 MCG/ML (*glycopyrrolate*)	NF	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (*tiotropium bromide monohydrate*)	PB	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (*tiotropium bromide monohydrate*)	PB	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT (*aclidinium bromide*)	NF	
YUPELRI INHALATION SOLUTION 175 MCG/3ML (*revefenacin*)	PB	
ANTIHISTAMINE COMBINATIONS		
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (*azelastine-fluticasone*)	NF	
ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES		
azelastine hcl nasal solution 0.15 %, 137 mcg/spray	G	
carbinoxamine maleate oral solution 4 mg/5ml	G	
carbinoxamine maleate oral tablet 4 mg	G	
carbinoxamine maleate oral tablet 6 mg	NF	
cetirizine hcl oral solution 1 mg/ml	G	
clemastine fumarate oral tablet 2.68 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
cyproheptadine hcl oral syrup 2 mg/5ml	G	
cyproheptadine hcl oral tablet 4 mg	G	
desloratadine oral tablet 5 mg	G	
desloratadine oral tablet dispersible 2.5 mg, 5 mg	G	
diphenhydramine hcl oral elixir 12.5 mg/5ml	G	
hydroxyzine hcl oral syrup 10 mg/5ml	G	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	G	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	G	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (*carbinoxamine maleate*)	NPB	
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	G	
levocetirizine dihydrochloride oral tablet 5 mg	G	
olopatadine hcl nasal solution 0.6 %	G	
RYCLORA ORAL SOLUTION 2 MG/5ML (*dexchlorpheniramine maleate*)	NF	
RYVENT ORAL TABLET 6 MG (*carbinoxamine maleate*)	G	
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	NF	
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	G	
albuterol sulfate oral syrup 2 mg/5ml	G	
albuterol sulfate oral tablet 2 mg, 4 mg	G	
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML (*arformoterol tartrate*)	NF	
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	G	
levalbuterol tartrate inhalation aerosol 45 mcg/act	G	
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (*formoterol fumarate*)	PB	
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (*albuterol sulfate (sensor)*)	NF	
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (*albuterol sulfate*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (*albuterol sulfate*)	NF	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (*salmeterol xinafoate*)	NF	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (*olodaterol hcl*)	PB	
terbutaline sulfate oral tablet 2.5 mg, 5 mg	G	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (*albuterol sulfate*)	NF	
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (*levalbuterol tartrate*)	NF	
COLD/COUGH		
ADRENALIN NASAL SOLUTION 0.1 % (*epinephrine hcl (nasal)*)	NPB	
benzonatate oral capsule 100 mg, 200 mg	G	
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG (*desloratadine-pseudoephedrine*)	NPB	
g tussin ac oral solution 100-10 mg/5ml	G	
GILPHEX TR ORAL TABLET 10-388 MG (*phenylephrine-guaifenesin*)	NPB	
guaiatussin ac oral syrup 100-10 mg/5ml	G	
guaifenesin-codeine oral solution 100-10 mg/5ml	G	
HYCODAN ORAL SOLUTION 5-1.5 MG/5ML (*hydrocodone bit-homatrop mbr*)	NF	
HYCODAN ORAL TABLET 5-1.5 MG (*hydrocodone bit-homatrop mbr*)	NF	
hydrocod polst-cpm polst er oral suspension extended release 10-8 mg/5ml	G	
hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml	G	
hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg	G	
hydromet oral solution 5-1.5 mg/5ml	G	
promethazine-codeine oral solution 6.25-10 mg/5ml	G	
promethazine-codeine oral syrup 6.25-10 mg/5ml	G	
promethazine-dm oral syrup 6.25-15 mg/5ml	G	
promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5ml	G	

Prescription Drug Name	Drug Tier	Drug Notes
promethazine-phenylephrine oral syrup 6.25-5 mg/5ml	G	
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	G	
TUSNEL C ORAL SYRUP 30-10-100 MG/5ML (*pseudoephedrine-codeine-gg*)	NPB	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (*chlorpheniramine-codeine*)	NF	
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE 14.7-2.8 MG/5ML (*codeine polst-chlorphen polst*)	NF	
virtussin a/c oral solution 100-10 mg/5ml	G	
CYSTIC FIBROSIS		
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML (*tobramycin*)	PSP	
BRONCHITOL INHALATION CAPSULE 40 MG (*mannitol (cystic fibrosis)*)	NF	
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG (*mannitol (cystic fibrosis)*)	NF	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (*aztreonam lysine*)	NF	
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG (*ivacaftor*)	NPB	
KITABIS PAK INHALATION NEBULIZATION SOLUTION 300 MG/5ML (*tobramycin*)	NPSP	
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG (*lumacaftor-ivacaftor*)	NPB	
ORKAMBI ORAL PACKET 75-94 MG (*lumacaftor-ivacaftor*)	NPSP	
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (*lumacaftor-ivacaftor*)	NPB	
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (*dornase alfa*)	NPSP	
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG (*tezacaftor-ivacaftor*)	NPB	
TOBI INHALATION NEBULIZATION SOLUTION 300 MG/5ML (*tobramycin*)	NF	
TOBI PODHALER INHALATION CAPSULE 28 MG (*tobramycin*)	NF	
tobramycin inhalation nebulization solution 300 mg/5ml	G	

Prescription Drug Name	Drug Tier	Drug Notes
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG (*elexacaftor-tezacaftor-ivacaft*)	NPB	
LEUKOTRIENE MODIFIERS		
zileuton er oral tablet extended release 12 hour 600 mg	NF	
ZYFLO ORAL TABLET 600 MG (*zileuton*)	NPB	
LEUKOTRIENE RECEPTOR ANTAGONISTS - DRUGS TO TREAT ASTHMA AND ALLERGIES		
montelukast sodium oral packet 4 mg	G	
montelukast sodium oral tablet 10 mg	G	
montelukast sodium oral tablet chewable 4 mg, 5 mg	G	
SINGULAIR ORAL PACKET 4 MG (*montelukast sodium*)	NF	
SINGULAIR ORAL TABLET 10 MG (*montelukast sodium*)	NF	
SINGULAIR ORAL TABLET CHEWABLE 4 MG, 5 MG (*montelukast sodium*)	NF	
zafirlukast oral tablet 10 mg, 20 mg	G	
MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES		
cromolyn sodium inhalation nebulization solution 20 mg/2ml	G	
MISCELLANEOUS		
acetylcysteine inhalation solution 10 %, 20 %	G	
DALIRESP ORAL TABLET 250 MCG, 500 MCG (*roflumilast*)	PB	
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 % (*sodium chloride*)	NPB	
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %	G	
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
BECONASE AQ NASAL SUSPENSION 42 MCG/SPRAY (*beclomethasone diprop monohyd*)	NF	
flunisolide nasal solution 25 mcg/act (0.025%)	G	
fluticasone propionate nasal suspension 50 mcg/act	G	
mometasone furoate nasal suspension 50 mcg/act	G	
OMNARIS NASAL SUSPENSION 50 MCG/ACT (*ciclesonide*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (*beclomethasone diprop (nasal)*)	NF	
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (*beclomethasone diprop (nasal)*)	NF	
SINUVA NASAL IMPLANT 1350 MCG (*mometasone furoate*)	NF	
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT (*fluticasone propionate*)	NPB	
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT (*ciclesonide*)	NF	
PULMONARY FIBROSIS AGENTS		
ESBRIET ORAL CAPSULE 267 MG (*pirfenidone*)	PSP	
ESBRIET ORAL TABLET 267 MG, 801 MG (*pirfenidone*)	PSP	
OFEV ORAL CAPSULE 100 MG, 150 MG (*nintedanib esylate*)	PSP	
SEVERE ASTHMA AGENTS		
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (*dupilumab*)	PSP	
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML (*benralizumab*)	PSP	
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML (*benralizumab*)	PSP	
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (*mepolizumab*)	PSP	
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG (*mepolizumab*)	PSP	
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML (*omalizumab*)	PSP	
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (*omalizumab*)	PSP	
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT (*ciclesonide*)	NF	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (*fluticasone furoate*)	PB	

Prescription Drug Name	Drug Tier	Drug Notes
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (*mometasone furoate*)	NF	
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (*mometasone furoate*)	NF	
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT (*mometasone furoate*)	NF	
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (*mometasone furoate*)	NF	
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (*mometasone furoate*)	NF	
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	G	
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT (*fluticasone propionate (inhal)*)	PB	
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT (*fluticasone propionate hfa*)	PB	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT (*budesonide*)	PB	
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML (*budesonide*)	NF	
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (*beclomethasone diprop hfa*)	PB	
STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT (*fluticasone-salmeterol*)	PB	
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (*fluticasone-salmeterol*)	PB	N8 (Listing does not include certain NDCs)

Prescription Drug Name	Drug Tier	Drug Notes
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT (*fluticasone furoate-vilanterol*)	PB	N8 (Listing does not include certain NDCs)
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT (*aclidinium br-formoterol fum*)	NF	
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT (*mometasone furo-formoterol fum*)	NF	
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	NF	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	NF	
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (*budesonide-formoterol fumarate*)	PB	
XANTHINES - DRUGS TO TREAT COPD		
theophylline (Elixophyllin Oral Elixir 80 Mg/15Ml)	NPB	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (*theophylline*)	NF	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	G	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	G	
theophylline oral elixir 80 mg/15ml	G	
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS		
DERMATOLOGY, ACNE		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG (*isotretinoin micronized*)	NF	
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG (*isotretinoin*)	NPB	
ACANYA EXTERNAL GEL 1.2-2.5 % (*clindamycin phos-benzoyl perox*)	NF	
ACZONE EXTERNAL GEL 7.5 % (*dapsone*)	NPB	
adainzde external gel 0.3-2.5-1 %	NF	
adainzoxia external gel 0.3-2.5-4 %	NF	
adapalene external cream 0.1 %	G	

Prescription Drug Name	Drug Tier	Drug Notes
adapalene external gel 0.1 %, 0.3 %	G	
adapalene external pad 0.1 %	NF	
adapalene external solution 0.1 %	NF	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	G	
AKLIEF EXTERNAL CREAM 0.005 % (*trifarotene*)	NPB	
ALTRENO EXTERNAL LOTION 0.05 % (*tretinoin*)	NF	
isotretinoin (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)	G	
AMZEEQ EXTERNAL FOAM 4 % (*minocycline hcl micronized*)	NF	
ARAZLO EXTERNAL LOTION 0.045 % (*tazarotene*)	NPB	
ATRALIN EXTERNAL GEL 0.05 % (*tretinoin*)	NF	
tretinoin (Avita External Cream 0.025 %)	G	
tretinoin (Avita External Gel 0.025 %)	G	
AZELEX EXTERNAL CREAM 20 % (*azelaic acid*)	NF	
benzoyl peroxide (Benzepro External Foam 5.3 %)	G	
benzoyl perox-hydrocortisone external lotion 5-0.5 %	G	
benzoyl peroxide external foam 9.8 %	G	
benzoyl peroxide-erythromycin external gel 5-3 %	G	
bp wash external liquid 2.5 %, 7 %	G	
isotretinoin (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	G	
CLENIA PLUS EXTERNAL SUSPENSION 9-4.25 % (*sulfacetamide sodium-sulfur*)	NF	
clindamycin phosphate (Clindacin Etz External Swab 1 %)	G	
clindamycin phosphate (Clindacin-P External Swab 1 %)	G	
CLINDAGEL EXTERNAL GEL 1 % (*clindamycin phosphate*)	NF	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %	G	
clindamycin phosphate external foam 1 %	G	
clindamycin phosphate external gel 1 %	NF	
clindamycin phosphate external lotion 1 %	G	
clindamycin phosphate external solution 1 %	G	
clindamycin phosphate external swab 1 %	G	
clindavix external kit 1 & 1.8-2 %	NF	

Prescription Drug Name	Drug Tier	Drug Notes
CLINOIN EXTERNAL CREAM 1.25-0.025-1 % (*clindamycin-tretinoin-cholesty*)	NF	
dapsone external gel 5 %	G	
DIFFERIN EXTERNAL LOTION 0.1 % (*adapalene*)	NF	
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (*adapalene-benzoyl peroxide*)	PB	
ery external pad 2 %	G	
erythromycin external gel 2 %	G	
erythromycin external solution 2 %	G	
FABIOR EXTERNAL FOAM 0.1 % (*tazarotene*)	NF	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	G	
isotretinoin (Myorisan Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	G	
clindamycin-benzoyl per (refr) (Neuac External Gel 1.2-5 %)	G	
NEUAC EXTERNAL KIT 1.2-5 % (*clindamycin-benzoyl per-moist*)	NF	
NUCARACLINPAK EXTERNAL KIT 1 % (*clindamycin phos- moisturizer*)	NF	
NUCARARXPAK EXTERNAL KIT 1-2.5 % (*clindamycin-benzoyl per-moist*)	NF	
ONEXTON EXTERNAL GEL 1.2-3.75 % (*clindamycin phos-benzoyl perox*)	PB	
PR BENZOYL PEROXIDE EXTERNAL LIQUID 6.9 % (*benzoyl peroxide*)	NPB	
benzoyl peroxide (Pr Benzoyl Peroxide Wash External Liquid 7 %)	G	
resorcinol-sulfur external lotion 2-5 %	G	
RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 % (*tretinoin microsphere*)	NPB	
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.06 %, 0.08 %, 0.1 % (*tretinoin microsphere*)	NPB	
sulfacetamide sodium (acne) external lotion 10 %	G	
sulfacetamide sodium-sulfur external pad 10-4 %	G	
sulfacetamide sodium-sulfur external pad 9.8-4.8 %	NF	
sulfamez wash external emulsion 10-1 %	G	
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	G	

Prescription Drug Name	Drug Tier	Drug Notes
tretinoin external gel 0.01 %, 0.025 %, 0.05 %	G	
tretinoin microsphere external gel 0.04 %, 0.1 %	G	
tretinoin microsphere pump external gel 0.04 %	G	
TWYNEO EXTERNAL CREAM 0.1-3 % (*tretinoin-benzoyl peroxide*)	NF	
benzoyl perox-hydrocortisone (Vanoxide-Hc External Lotion 5-0.5 %)	NF	
VELTIN EXTERNAL GEL 1.2-0.025 % (*clindamycin-tretinoin*)	NF	
WINLEVI EXTERNAL CREAM 1 % (*clascoterone*)	NPB	
zaclir cleansing external lotion 8 %	NPB	
isotretinoin (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	G	
ZIANA EXTERNAL GEL 1.2-0.025 % (*clindamycin-tretinoin*)	NF	
DERMATOLOGY, ACTINIC KERATOSIS		
CARAC EXTERNAL CREAM 0.5 % (*fluorouracil*)	NF	
fluorouracil external cream 0.5 %	NF	
fluorouracil external cream 5 %	G	
fluorouracil external solution 2 %, 5 %	G	
imiquimod external cream 5 %	G	
imiquimod pump external cream 3.75 %	G	
ZYCLARA EXTERNAL CREAM 3.75 % (*imiquimod*)	NF	
ZYCLARA PUMP EXTERNAL CREAM 2.5 %, 3.75 % (*imiquimod*)	NF	
DERMATOLOGY, ANTIBIOTICS		
ALTABAX EXTERNAL OINTMENT 1 % (*retapamulin*)	NPB	
CENTANY EXTERNAL OINTMENT 2 % (*mupirocin*)	NPB	
gentamicin sulfate external cream 0.1 %	G	
gentamicin sulfate external ointment 0.1 %	G	
mafenide acetate external packet 5 %	G	
mupirocin calcium external cream 2 %	NF	
mupirocin external ointment 2 %	G	
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % (*neomycin-fluocinolone*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
NEO-SYNALAR EXTERNAL KIT 0.5-0.025 % (*neo-fluocinolone & emollient*)	NF	
silver sulfadiazine external cream 1 %	G	
silver sulfadiazine (Ssd External Cream 1 %)	G	
SULFAMYLON EXTERNAL CREAM 85 MG/GM (*mafenide acetate*)	NPB	
XEPI EXTERNAL CREAM 1 % (*ozenoxacin*)	NPB	
DERMATOLOGY, ANTIFUNGALS		
ciclopirox (Ciclodan External Solution 8 %)	G	
ciclopirox external gel 0.77 %	G	
ciclopirox external shampoo 1 %	G	
ciclopirox external solution 8 %	G	
ciclopirox olamine external cream 0.77 %	G	
ciclopirox olamine external suspension 0.77 %	G	
clotrimazole external cream 1 %	G	
clotrimazole external solution 1 %	G	
clotrimazole-betamethasone external cream 1-0.05 %	G	
clotrimazole-betamethasone external lotion 1-0.05 %	G	
DERMACINRX THERAZOLE PAK EXTERNAL THERAPY PACK 1-0.05 & 20 % (*clotrimazole-betameth & zn ox*)	NF	
econazole nitrate external cream 1 %	G	
ECOZA EXTERNAL FOAM 1 % (*econazole nitrate*)	NF	
ERTACZO EXTERNAL CREAM 2 % (*sertaconazole nitrate*)	NF	
EXELDERM EXTERNAL CREAM 1 % (*sulconazole nitrate*)	NPB	
EXELDERM EXTERNAL SOLUTION 1 % (*sulconazole nitrate*)	NPB	
EXTINA EXTERNAL FOAM 2 % (*ketoconazole*)	NPB	
fungimez external solution	NF	
g-myco nail external solution	NF	
JUBLIA EXTERNAL SOLUTION 10 % (*efinaconazole*)	NF	
KERYDIN EXTERNAL SOLUTION 5 % (*tavaborole*)	NF	
ketoconazole external cream 2 %	G	
ketoconazole external foam 2 %	NF	

Prescription Drug Name	Drug Tier	Drug Notes
ketoconazole (Ketodan External Foam 2 %)	NF	
LOPROX EXTERNAL CREAM 0.77 % (*ciclopirox olamine*)	NF	
LOPROX EXTERNAL KIT 0.77 % (SUSP) (*ciclopirox olamine-cleanser*)	NF	
LOPROX EXTERNAL SUSPENSION 0.77 % (*ciclopirox olamine*)	NF	
luliconazole external cream 1 %	NF	
LUZU EXTERNAL CREAM 1 % (*luliconazole*)	NF	
MENTAX EXTERNAL CREAM 1 % (*butenafine hcl*)	NPB	
miconazole-zinc oxide-petrolat external ointment 0.25-15-81.35 %	G	
MYCO NAIL EXTERNAL SOLUTION , 25 % (*misc antifungal combo products*)	NF	
naftifine hcl external cream 1 %, 2 %	G	
NAFTIN EXTERNAL GEL 1 %, 2 % (*naftifine hcl*)	NF	
nystatin (Nyamyc External Powder 100000 Unit/Gm)	G	
nystatin external cream 100000 unit/gm	G	
nystatin external ointment 100000 unit/gm	G	
nystatin external powder 100000 unit/gm	G	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	G	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	G	
nystatin (Nystop External Powder 100000 Unit/Gm)	G	
oxiconazole nitrate external cream 1 %	NF	
OXISTAT EXTERNAL CREAM 1 % (*oxiconazole nitrate*)	NF	
OXISTAT EXTERNAL LOTION 1 % (*oxiconazole nitrate*)	NF	
RECURA EXTERNAL CREAM (*misc antifungal combo products*)	NF	
tavaborole external solution 5 %	NF	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (*miconazole-zinc oxide-petrolat*)	NF	
XOLEGEL COREPAK EXTERNAL KIT 2 & 1 % (*ketoconazole-hydrocortisone*)	NF	
XOLEGEL DUO/HEAD & SHOULDERS EXTERNAL KIT 2 & 1 % (*ketoconazole & pyrithione zinc*)	NF	
XOLEGEL DUO/XOLEX EXTERNAL KIT 2 & 1 % (*ketoconazole & pyrithione zinc*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
XOLEGEL EXTERNAL GEL 2 % (*ketoconazole*)	NF	
DERMATOLOGY, ANTIPRURITIC		
doxepin hcl external cream 5 %	NF	
DERMATOLOGY, ANTIPSORIATICS		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	G	
calcipotriene external cream 0.005 %	NF	
calcipotriene external foam 0.005 %	NF	
calcipotriene external ointment 0.005 %	G	
calcipotriene external solution 0.005 %	G	
calcipotriene (Calcitrene External Ointment 0.005 %)	G	
calcitriol external ointment 3 mcg/gm	NF	
methoxsalen rapid oral capsule 10 mg	G	
SORILUX EXTERNAL FOAM 0.005 % (*calcipotriene*)	NF	
tazarotene external cream 0.1 %	G	
TAZORAC EXTERNAL CREAM 0.05 %, 0.1 % (*tazarotene*)	NF	
TAZORAC EXTERNAL GEL 0.05 %, 0.1 % (*tazarotene*)	NF	
VECTICAL EXTERNAL OINTMENT 3 MCG/GM (*calcitriol*)	NF	
WYNZORA EXTERNAL CREAM 0.005-0.064 % (*calcipotriene-betameth diprop*)	NF	
DERMATOLOGY, ANTISEBORRHEICS		
glycolic acid solution 70 %	NPB	
ketoconazole external shampoo 2 %	G	
OVACE PLUS EXTERNAL FOAM 9.8 % (*sulfacetamide sodium*)	NF	
selenium sulfide external lotion 2.5 %	G	
sodium sulfacetamide wash external liquid 10 %	NPB	
DERMATOLOGY, ATOPIC DERMATITIS		
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*tralokinumab-ldrm*)	PSP	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (*abrocitinib*)	PSP	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML, 300 MG/2ML (*dupilumab*)	PSP	

Prescription Drug Name	Drug Tier	Drug Notes
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML (*dupilumab*)	PSP	
OPZELURA EXTERNAL CREAM 1.5 % (*ruxolitinib phosphate*)	NPB	
DERMATOLOGY, CORTICOSTEROIDS		
ADVANCED ALLERGY COLLECTION EXTERNAL KIT 2.5 % (*hydrocortisone*)	NF	
ALA SCALP EXTERNAL LOTION 2 % (*hydrocortisone*)	NPB	
ala-cort external cream 1 %, 2.5 %	G	
alclometasone dipropionate external cream 0.05 %	G	
alclometasone dipropionate external ointment 0.05 %	G	
amcinonide external lotion 0.1 %	G	
amcinonide external ointment 0.1 %	NPB	
APEXICON E EXTERNAL CREAM 0.05 % (*diflorasone diacet emoll base*)	NF	
betamethasone dipropionate aug external cream 0.05 %	G	
betamethasone dipropionate aug external gel 0.05 %	G	
betamethasone dipropionate aug external lotion 0.05 %	G	
betamethasone dipropionate aug external ointment 0.05 %	G	
betamethasone dipropionate external cream 0.05 %	G	
betamethasone dipropionate external lotion 0.05 %	G	
betamethasone dipropionate external ointment 0.05 %	NF	
betamethasone valerate external cream 0.1 %	G	
betamethasone valerate external foam 0.12 %	G	
betamethasone valerate external lotion 0.1 %	G	
betamethasone valerate external ointment 0.1 %	G	
BRYHALI EXTERNAL LOTION 0.01 % (*halobetasol propionate*)	PB	
calcipotriene-betameth diprop external ointment 0.005-0.064 %	NF	
calcipotriene-betameth diprop external suspension 0.005-0.064 %	NF	
CAPEX EXTERNAL SHAMPOO 0.01 % (*fluocinolone acetonide*)	NF	
clobetasol prop emollient base external cream 0.05 %	G	
clobetasol propionate e external cream 0.05 %	G	

Prescription Drug Name	Drug Tier	Drug Notes
clobetasol propionate emulsion external foam 0.05 %	NF	
clobetasol propionate external cream 0.05 %	G	
clobetasol propionate external foam 0.05 %	G	
clobetasol propionate external gel 0.05 %	G	
clobetasol propionate external liquid 0.05 %	NF	
clobetasol propionate external lotion 0.05 %	G	
clobetasol propionate external ointment 0.05 %	G	
clobetasol propionate external shampoo 0.05 %	G	
clobetasol propionate external solution 0.05 %	G	
CLOBEX SPRAY EXTERNAL LIQUID 0.05 % (*clobetasol propionate*)	NF	
clocortolone pivalate external cream 0.1 %	NF	
clobetasol propionate (Clodan External Shampoo 0.05 %)	G	
CLODERM EXTERNAL CREAM 0.1 % (*clocortolone pivalate*)	NPB	
CORDRAN EXTERNAL CREAM 0.025 %, 0.05 % (*flurandrenolide*)	NF	
CORDRAN EXTERNAL LOTION 0.05 % (*flurandrenolide*)	NF	
CORDRAN EXTERNAL OINTMENT 0.05 % (*flurandrenolide*)	NF	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM (*flurandrenolide*)	NF	
desonide external cream 0.05 %	G	
desonide external gel 0.05 %	NF	
desonide external lotion 0.05 %	G	
desonide external ointment 0.05 %	G	
desoximetasone external cream 0.05 %, 0.25 %	G	
desoximetasone external gel 0.05 %	G	
desoximetasone external liquid 0.25 %	G	
desoximetasone external ointment 0.05 %	NF	
desoximetasone external ointment 0.25 %	G	
desonide (Desrx External Gel 0.05 %)	NF	
diflorasone diacetate external cream 0.05 %	NF	
diflorasone diacetate external ointment 0.05 %	NF	

Prescription Drug Name	Drug Tier	Drug Notes
DUOBRII EXTERNAL LOTION 0.01-0.045 % (*halobetasol prop-tazarotene*)	NF	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (*calcipotriene-betameth diprop*)	PB	
fluocinolone acetonide body external oil 0.01 %	G	
fluocinolone acetonide external cream 0.01 %, 0.025 %	G	
fluocinolone acetonide external ointment 0.025 %	G	
fluocinolone acetonide external solution 0.01 %	G	
fluocinolone acetonide scalp external oil 0.01 %	G	
fluocinonide emulsified base external cream 0.05 %	G	
fluocinonide external cream 0.05 %	G	
fluocinonide external cream 0.1 %	NF	
fluocinonide external gel 0.05 %	G	
fluocinonide external ointment 0.05 %	G	
fluocinonide external solution 0.05 %	G	
flurandrenolide external cream 0.05 %	NF	
flurandrenolide external lotion 0.05 %	NF	
fluticasone propionate external cream 0.05 %	G	
fluticasone propionate external lotion 0.05 %	G	
fluticasone propionate external ointment 0.005 %	G	
halcinonide external cream 0.1 %	NF	
halobetasol propionate external cream 0.05 %	G	
halobetasol propionate external foam 0.05 %	NF	
halobetasol propionate external ointment 0.05 %	G	
HALOG EXTERNAL CREAM 0.1 % (*halcinonide*)	NF	
HALOG EXTERNAL OINTMENT 0.1 % (*halcinonide*)	NF	
HALOG EXTERNAL SOLUTION 0.1 % (*halcinonide*)	NF	
hydrocortisone butyr lipo base external cream 0.1 %	NF	
hydrocortisone butyrate external cream 0.1 %	NF	
hydrocortisone butyrate external lotion 0.1 %	NF	
hydrocortisone butyrate external ointment 0.1 %	G	
hydrocortisone butyrate external solution 0.1 %	G	
hydrocortisone external cream 1 %, 2.5 %	G	
hydrocortisone external lotion 2.5 %	G	

Prescription Drug Name	Drug Tier	Drug Notes
hydrocortisone external ointment 1 %, 2.5 %	G	
hydrocortisone valerate external cream 0.2 %	G	
hydrocortisone valerate external ointment 0.2 %	G	
IMPEKLO EXTERNAL LOTION 0.15 MG/ACT (0.05%) (*clobetasol propionate*)	NF	
IMPOYZ EXTERNAL CREAM 0.025 % (*clobetasol propionate*)	NF	
KENALOG EXTERNAL AEROSOL SOLUTION 0.147 MG/GM (*triamcinolone acetonide*)	NF	
LEXETTE EXTERNAL FOAM 0.05 % (*halobetasol propionate*)	NF	
LUXIQ EXTERNAL FOAM 0.12 % (*betamethasone valerate*)	NF	
mometasone furoate external cream 0.1 %	G	
mometasone furoate external ointment 0.1 %	G	
mometasone furoate external solution 0.1 %	G	
OLUX-E EXTERNAL FOAM 0.05 % (*clobetasol propionate emulsion*)	NF	
PANDEL EXTERNAL CREAM 0.1 % (*hydrocortisone probutate*)	NPB	
prednicarbate external ointment 0.1 %	G	
SERNIVO EXTERNAL EMULSION 0.05 % (*betamethasone dipropionate*)	NPB	
TACLONEX EXTERNAL OINTMENT 0.005-0.064 % (*calcipotriene-betameth diprop*)	PB	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (*calcipotriene-betameth diprop*)	PB	
TASOPROL EXTERNAL KIT 0.05 % (*clobetasol propionate*)	NF	
TEXACORT EXTERNAL SOLUTION 2.5 % (*hydrocortisone*)	NPB	
clobetasol propionate emulsion (Tovet External Foam 0.05 %)	NF	
triamcinolone acetonide external aerosol solution 0.147 mg/gm	NF	
triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %	G	
triamcinolone acetonide external lotion 0.025 %, 0.1 %	G	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	G	
triamcinolone acetonide external ointment 0.05 %	NF	

Prescription Drug Name	Drug Tier	Drug Notes
triamcinolone in absorbase external ointment 0.05 %	NF	
triamcinolone acetonide (Trianex External Ointment 0.05 %)	NF	
triamcinolone acetonide (Triderm External Cream 0.1 %, 0.5 %)	G	
ULTRAVATE EXTERNAL LOTION 0.05 % (*halobetasol propionate*)	NF	
VANOS EXTERNAL CREAM 0.1 % (*fluocinonide*)	NF	
VERDESO EXTERNAL FOAM 0.05 % (*desonide*)	NF	
DERMATOLOGY, LOCAL ANESTHETICS		
1st relief spray external liquid 4-1 %	NF	
lidocaine hcl (7T Lido External Gel 2 %)	G	
ACCUCAINE COMBINATION KIT 1 % (*lido-pentaf-tetrafl-ultrasound*)	NF	
ALOCANE EMERGENCY BURN MAX STR EXTERNAL GEL 4 % (*lidocaine hcl*)	NF	
ANACAINE EXTERNAL OINTMENT 10 % (*benzocaine*)	NPB	
APRIZIO PAK EXTERNAL KIT 2.5-2.5 % (*lidocaine-prilocaine-dressing*)	NF	
ASTERO EXTERNAL GEL 4 % (*lidocaine hcl*)	NF	
CADIRAMD EXTERNAL KIT 2.5-2.5 % (*lido-prilocaine-blood collect*)	NF	
CETACAINE EXTERNAL GEL 2-2-14 % (*butamben-tetracaine-benzocaine*)	NF	
CETACAINE EXTERNAL LIQUID 2-2-14 % (*butamben-tetracaine-benzocaine*)	NF	
DERMACINRX PHN EXTERNAL THERAPY PACK 5 & 5 % (*lidocaine-dimethicone*)	NF	
DERMACINRX ZRM EXTERNAL THERAPY PACK 5 % (*lidocaine-emollient*)	NF	
dermalid external therapy pack 5 %	NF	
lidocaine hcl (Glydo External Prefilled Syringe 2 %)	G	
ICY HOT PM EXTERNAL PATCH 0.025-5 % (*capsaicin-menthol*)	NF	
L.E.T. EXTERNAL GEL 4-0.05-0.5 % (*lido-epinephrine-tetracaine*)	NF	
LDO PLUS EXTERNAL GEL 4 % (*lidocaine hcl*)	NF	
lidocaine external ointment 5 %	G	

Prescription Drug Name	Drug Tier	Drug Notes
lidocaine external patch 5 %	G	
lidocaine hcl external solution 4 %	G	
lidocaine hcl urethral/mucosal external gel 2 %	G	
lidocaine hcl urethral/mucosal external prefilled syringe 2 %	G	
lidocaine-prilocaine external cream 2.5-2.5 %	G	
LIDOCARE ARM/NECK/LEG EXTERNAL PATCH 4 % (*lidocaine*)	NF	
LIDOCARE BACK/SHOULDER EXTERNAL PATCH 4 % (*lidocaine*)	NF	
LIDODERM EXTERNAL PATCH 5 % (*lidocaine*)	NPB	
lidopin external cream 3.25 %	NF	
LIDOPURE PATCH EXTERNAL KIT 5 % (*lidocaine-adhesive sheets*)	NF	
LIDOTHOL EXTERNAL GEL 4.5-5 % (*lidocaine-menthol*)	NF	
LIDOTHOL EXTERNAL PATCH 4.5-5 % (*lidocaine-menthol*)	NF	
LIDOTRAL EXTERNAL CREAM 3.88 % (*lidocaine hcl*)	NF	
LMR PLUS EXTERNAL KIT 5 & 0.5-0.5 % (*lidocaine-camphor-menthol*)	NF	
paingo kft external kit 2.5-2.5-10-30 %	NF	
PLIAGLIS EXTERNAL CREAM 7-7 % (*lidocaine-tetracaine*)	NF	
premium scar external patch 2-4-30 %	NF	
prepiv supply combination kit 2.5-2.5 & 0.9 %	NF	
QUTENZA (2 PATCH) EXTERNAL KIT 8 % (*capsaicin-cleansing gel*)	NPB	
QUTENZA EXTERNAL KIT 8 % (*capsaicin-cleansing gel*)	NPB	
SX1 MEDICATED POST-OPERATIVE EXTERNAL KIT 2 % (*lidocaine hcl & post-op system*)	NF	
SYNERA EXTERNAL PATCH 70-70 MG (*lidocaine-tetracaine*)	NPB	
VENIPUNCTURE PX1 PHLEBOTOMY EXTERNAL KIT 2 % (*lidocaine hcl-blood collection*)	NF	
wpr plus wound healing system external therapy pack 4 & 10-30 %	NF	
ZILACAINE PATCH EXTERNAL THERAPY PACK 5 % (*lidocaine-silicone*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
ZTLIDO EXTERNAL PATCH 1.8 % (*lidocaine*)	NPB	
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
ACNESIC EXTERNAL GEL 0.5 % (*salicylic acid*)	NF	
ACUICYN EXTERNAL SOLUTION (*eyelid cleansers*)	NF	
acyclovir external cream 5 %	NF	
acyclovir external ointment 5 %	G	
AMELUZ EXTERNAL GEL 10 % (*aminolevulinic acid hcl*)	NF	
ammonium lactate external cream 12 %	G	
ammonium lactate external lotion 12 %	G	
AVENOVA EXTERNAL SOLUTION 0.01 % (*eyelid cleansers*)	NF	
bensal hp external ointment 3 %	NF	
CONDYLOX EXTERNAL GEL 0.5 % (*podofilox*)	NPB	
DENAVIR EXTERNAL CREAM 1 % (*penciclovir*)	NF	
DERMACINRX CLORHEXACIN EXTERNAL KIT 4 & 2 & 5 % (OINT) (*chlorhex-mupir-dimeth-silicone*)	NF	
dermacinrx surgical combopak combination kit	NF	
diclofenac epolamine external patch 1.3 %	G	
diclofenac sodium external gel 3 %	G	
diclofenac sodium external solution 1.5 %	G	
DICLOFONO EXTERNAL GEL 1.6 % (*diclofenac sodium*)	NF	
ELIDEL EXTERNAL CREAM 1 % (*pimecrolimus*)	NPB	
enovarx-diclofenac sodium external cream 2.5 %	NF	
EUCRISA EXTERNAL OINTMENT 2 % (*crisaborole*)	PB	
FLECTOR EXTERNAL PATCH 1.3 % (*diclofenac epolamine*)	NF	
iodine tincture external tincture 2 %	NPB	
KETOPHENE RAPIDPAQ EXTERNAL CREAM 20 % (*ketoprofen*)	NF	
lactic acid external lotion 10 %	NPB	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % (*aminolevulinic acid hcl*)	NPB	
NUSURGEPAK SURGICAL PREP/CARE EXTERNAL KIT 4 & 2 & 5 % (OINT) (*chlorhex-mupir-dimeth-silicone*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
PENNSAID EXTERNAL SOLUTION 2 % (*diclofenac sodium*)	NF	
pimecrolimus external cream 1 %	G	
podofilox external solution 0.5 %	G	
PROTOPIC EXTERNAL OINTMENT 0.03 %, 0.1 % (*tacrolimus*)	NPB	
RECTIV RECTAL OINTMENT 0.4 % (*nitroglycerin*)	NPB	
salicylic acid external ointment 3 %	NF	
salimez forte external cream 10 %	NPB	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (*collagenase*)	NPB	
tacrolimus external ointment 0.03 %, 0.1 %	G	
TARGRETIN EXTERNAL GEL 1 % (*bexarotene*)	NPSP	
VALCHLOR EXTERNAL GEL 0.016 % (*mechlorethamine hcl (topical)*)	NPB	
VEREGEN EXTERNAL OINTMENT 15 % (*sinecatechins*)	NF	
VOLTAREN EXTERNAL GEL 1 % (*diclofenac sodium*)	NPB	
XALIX EXTERNAL SOLUTION 28 % (*salicylic acid*)	NF	
XERAC AC EXTERNAL SOLUTION 6.25 % (*aluminum chloride in alcohol*)	NPB	
ZOVIRAX EXTERNAL CREAM 5 % (*acyclovir*)	NF	
ZOVIRAX EXTERNAL OINTMENT 5 % (*acyclovir*)	NF	
DERMATOLOGY, ROSACEA		
azelaic acid external gel 15 %	G	
doxycycline oral capsule delayed release 40 mg	NF	
EPSOLAY EXTERNAL CREAM 5 % (*benzoyl peroxide*)	NF	
FINACEA EXTERNAL FOAM 15 % (*azelaic acid*)	PB	
FINACEA EXTERNAL GEL 15 % (*azelaic acid*)	NF	
ivermectin external cream 1 %	NF	
METROGEL EXTERNAL GEL 1 % (*metronidazole*)	NF	
metronidazole external cream 0.75 %	G	
metronidazole external gel 0.75 %, 1 %	G	
metronidazole external lotion 0.75 %	G	
MIRVASO EXTERNAL GEL 0.33 % (*brimonidine tartrate*)	NF	
NORITATE EXTERNAL CREAM 1 % (*metronidazole*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG (*doxycycline*)	PB	
RHOFADE EXTERNAL CREAM 1 % (*oxymetazoline hcl*)	NF	
metronidazole (Rosadan External Cream 0.75 %)	G	
metronidazole (Rosadan External Gel 0.75 %)	G	
SOOLANTRA EXTERNAL CREAM 1 % (*ivermectin*)	PB	
ZILXI EXTERNAL FOAM 1.5 % (*minocycline hcl micronized*)	NF	
DERMATOLOGY, SCABICIDES AND PEDICULICIDES		
CROTAN EXTERNAL LOTION 10 % (*crotamiton*)	G	
lindane external shampoo 1 %	G	
malathion external lotion 0.5 %	G	
permethrin external cream 5 %	G	
spinosad external suspension 0.9 %	G	
sulfurated lime external solution	NPB	
DERMATOLOGY, WOUND CARE AGENTS		
acetic acid irrigation solution 0.25 %	G	
sodium chloride (gu irrigant) (Argyle Sterile Saline Irrigation Solution 0.9 %)	G	
sodium chloride (gu irrigant) (Curity Sterile Saline Irrigation Solution 0.9 %)	G	
glycine irrigation solution 1.5 %	G	
REGRANEX EXTERNAL GEL 0.01 % (*becaplermin*)	NPB	
RENACIDIN IRRIGATION SOLUTION (*citric ac-gluconolact-mg carb*)	NPB	
sodium chloride irrigation solution 0.9 %	G	
sorbitol irrigation solution 3 %	NPB	
sorbitol-mannitol irrigation solution 2.7-0.54 gm/100ml	NPB	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl oral capsule 30 mg	G	
chlorhexidine gluconate mouth/throat solution 0.12 %	G	
clotrimazole mouth/throat troche 10 mg	G	
lidocaine hcl mouth/throat solution 4 %	G	
lidocaine viscous hcl mouth/throat solution 2 %	G	
nystatin mouth/throat suspension 100000 unit/ml	G	

Prescription Drug Name	Drug Tier	Drug Notes
triamcinolone acetonide (Oralone Mouth/Throat Paste 0.1 %)	G	
ORAVIG BUCCAL TABLET 50 MG (*miconazole*)	NPB	
chlorhexidine gluconate (Periogard Mouth/Throat Solution 0.12 %)	G	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	G	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 % (*sodium fluoride*)	NF	
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 % (*sodium fluoride*)	NF	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 % (*sodium fluoride*)	NF	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 % (*sodium fluoride*)	NF	
PREVIDENT DENTAL GEL 1.1 % (*sodium fluoride*)	NF	
PREVIDENT MOUTH/THROAT SOLUTION 0.2 % (*sodium fluoride*)	NF	
triamcinolone acetonide mouth/throat paste 0.1 %	G	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
acetic acid otic solution 2 %	G	
CIPRO HC OTIC SUSPENSION 0.2-1 % (*ciprofloxacin-hydrocortisone*)	NF	
CIPRODEX OTIC SUSPENSION 0.3-0.1 % (*ciprofloxacin-dexamethasone*)	NF	
ciprofloxacin hcl otic solution 0.2 %	G	
ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %	NF	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (*neomycin-colist-hc-thonzonium*)	NPB	
fluocinolone acetonide (Flac Otic Oil 0.01 %)	G	
fluocinolone acetonide otic oil 0.01 %	G	
hydrocortisone-acetic acid otic solution 1-2 %	G	
neomycin-polymyxin-hc otic solution 3.5-10000-1	G	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	G	
ofloxacin otic solution 0.3 %	G	
OTIPRIO INTRATYMPANIC SUSPENSION 6 % (*ciprofloxacin*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
OTOVEL OTIC SOLUTION 0.3-0.025 % (*ciprofloxacin-fluocinolone*)	NF	

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