

# Plan for your best health

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Aetna Standard Plan: Texas Health | Aetna

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# 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.

## Your plan includes

- Brand and generic drugs that are hand-picked for their quality and effectiveness
- A specialty pharmacy that fills specialty 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's 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:** the lowest cost
- **Preferred brand:** a slightly higher cost
- **Non-preferred brand:** a higher cost
- **Preferred Specialty:** lower cost for specialty drugs
- **Non-preferred Specialty:** higher cost for non-preferred specialty drugs

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 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.

\* Check your plan documents for coverage information. Your plan may not cover certain drugs such as infertility, erectile dysfunction, weight loss and smoking cessation.

## 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 you during your treatment, if needed. With this type of pharmacy, you can get this medicine sent right to your home.

## 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 by 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 pharmacy 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 precertification?

Precertification is one way that we can help you and your doctor find safe, appropriate drugs and keep costs down. Precertification means that you or your doctor need to get approval from the plan before certain drugs will be covered. Generally, precertification 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 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 precertification, 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 precertification, step therapy or quantity limits requirements or for a drug that's not covered on your plan. 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.

## How can your provider request a medical exception?

- Submit their request through our secure provider website on [www.availity.com](http://www.availity.com).
- Call the Aetna Pharmacy Precertification 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

## 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.

## Can the formulary change during the year?

The formulary can change throughout the year. Some reasons why it 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.

## **Commercial 1557 Nondiscrimination Notice**

Texas 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).

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TTY: 711

To access language services at no cost to you, call the number on your ID card.

Para acceder a los servicios de idiomas sin costo, llame al número que figura en su tarjeta de identificación. (Spanish)

如欲使用免費語言服務，請致電您 ID 卡上的電話號碼 (Chinese)

Afin d'accéder aux services langagiers sans frais, veuillez composer le numéro inscrit sur votre carte d'identité. (French)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tawagan ang numero sa inyong ID card. (Tagalog)

T'áá ni nizaad k'ehjí bee níká a'doowoł doo bááh ílínígóó naaltsoos bee atah níłíigo nanitinígíí bee néého'dółzinígíí béésh bee hane'í bikáá' áají' hólne'. (Navajo)

Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an. (German)

Për shërbime përkthimi falas për ju, telefononi në numrin që gjendet në kartën tuaj të identitetit. (Albanian)

የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በመታወቂያዎች ላይ ያለውን ቁጥር ይደውሉ። (Amharic)

للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقةك الشخصية. (Arabic)

Անվճար լեզվական ծառայություններին օգտվելու համար զանգահարեք ձեր ինքնության (ID) քարտի վրա նշված հեռախոսահամարով: (Armenian)

Kugira uronke serivisi z'indimi atakiguzi, Hamagara inumero iri kuri karangamuntu kawe. (Bantu)

আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে আপনার পরিচয়পত্রে দেওয়া নম্বরে টেলিফোন করুন। (Bengali)

Ngadto maakses ang mga serbisyo sa pinulongan alang libre, tawagan sa numero sa nimong ID card. (Bisayan-Visayan)

သင့်အနေဖြင့် အခကြေးငွေ မပေးရပဲ ဘာသာစကားဝန်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ်တွင်ရှိသော ဖုန်းနံပါတ်အား ခေါ်ဆိုပါ။ (Burmese)

Per accedir a serveis lingüístics sense cap cost per vostè, telefoni al número indicat a la seva targeta d'identificació. (Catalan)

Para un hago' i setbision lengguåhi ni dibåtde para hågu, ågang i numiru gi iyo-mu kard aidentifikasion. (Chamorro)

무료 언어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오. (Korean)

M dyi wuḍu-dù kà kò dò bě dyi móuń nì pídýi ní, nìí, dǎ nòbà nǎ nì ID káàò kǝ. (Kru-Bassa)

بۆ دەسپێر اگەشتن بە خزمەتگوزاری زمان بەی تێچوون بۆ تۆ، پەيوەندی بکە بە ژمارەى سەر ئای دى (ID) کارتی خۆت.  
(Kurdish)

ເພື່ອຂໍ້ໃຊ້ການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າຕໍ່ກັບທ່ານ,  
ໃຫ້ໂທຫາເບີໂທທົບອກໄວ້ໃນບັດປະຈຳຕົວຂອງທ່ານ. (Laotian)

कोणत्याही शुल्काशिवाय भाषा सेवा प्राप्त करण्यासाठी, तुमच्या ID कार्डवरील क्रमांकावर फोन करा. (Marathi)

Nan etal nan jikin jiban ko ikijen kajin ilo an ejelok onen nan kwe, kirlok nomba eo ilo ID kaat eo am.  
(Marshallese)

Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.  
(Micronesian-Pohnpeian)

ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរស័ព្ទទៅកាន់  
លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។ (Mon-Khmer, Cambodian)

निःशुल्क भाषा सेवा प्राप्त गर्न आफ्नो परिचयपत्रमा भएको नम्बरमा टेलिफोन गर्नुहोस् । (Nepali)

Tě kɔɔr yīn wěēr de thokic ke cīn wēu kɔr keek tēnɔŋ yīn. Ke cɔl kɔc ye kɔc kuɔny nē nɔmba de abac tō  
nē ID kard du kōu. (Nilotic-Dinka)

For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt. (Norwegian)

Um Schprooch Services zu griegie mitaus Koscht, ruff die Nummer uff dei ID Kaart. (Pennsylvania Dutch)

برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید. (Persian-Farsi)

Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonić numer telefonu na Twojej  
Karcie Identykującej (Polish)

Para acessar os serviços de idiomas sem custo para você, ligue para o número que consta na sua  
identidade. (Portuguese)

ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ ਤੇ ਫ਼ੋਨ  
ਕਰੋ। (Punjabi)

Pentru a accesa gratuit serviciile de limbă, apelați numărul de pe cardul dvs. de identificare.  
(Romanian)

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному  
на вашей карточке участника плана. (Russian)

Lati wonú awon ise ede l'ofe fun o, pe nomba ori kaadi idanimu re. (Yoruba)

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.

Health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company of New York, Aetna Health Assurance Pennsylvania Inc., Aetna Health Insurance company and/or Aetna Life Insurance Company (Aetna). In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. In Utah and Wyoming by Aetna Health of Utah Inc. and Aetna Life Insurance Company. In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products. Pharmacy benefits are administered through an affiliated pharmacy benefit manager, CVS Caremark. Aetna is part of the CVS Health family of companies. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. To check coverage and copay information for a specific medicine, log into your member website. For questions, please call the toll-free number on the back of your member ID card.

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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This material is for information only. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Information is subject to change. CVS Caremark Mail Service Pharmacy is part of the CVS Health family of companies.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                              | Drug Notes                                                                                                                                                                                                                                                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Drug Tier</b><br><b>CE</b> = 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.<br><b>G</b> = Generics<br><b>NF</b> = Non-formulary, not covered unless exception request granted<br><b>NPB</b> = Non-Preferred Brands<br><b>NPSP</b> = Non-Preferred Specialty<br><b>PB</b> = Preferred Brands<br><b>PSP</b> = Preferred Specialty |                              | <b>CE</b> = 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.<br><b>IBC</b> = Indication Based Coverage<br><b>LGC</b> = Lowest Generic Copay Applies<br><b>N8</b> = Drug Specific Coverage<br><b>SPC</b> = Select Plan Coverage: Only available for select plans. Refer to member plan documents for coverage. |
| lowercase <b>italics</b> = Generic drugs                                                                                                                                                                                                                                                                                                                                                                                                                 | UPPERCASE = Brand name drugs |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Prescription Drug Name                                                                                                                                                                                                                                                                                                                                                                                                                                   | Drug Tier                    | Drug Notes                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                 |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>COX-2 INHIBITORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG ( <i>celecoxib</i> )                                                                                                                                                                                                                                                                                                                                                                                 | NF                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>                                                                                                                                                                                                                                                                                                                                                                                              | G                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>GOUT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <i>allopurinol oral tablet 100 mg, 300 mg</i>                                                                                                                                                                                                                                                                                                                                                                                                            | G                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <i>colchicine oral capsule 0.6 mg</i>                                                                                                                                                                                                                                                                                                                                                                                                                    | G                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <i>colchicine oral tablet 0.6 mg</i>                                                                                                                                                                                                                                                                                                                                                                                                                     | G                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <i>colchicine-probenecid oral tablet 0.5-500 mg</i>                                                                                                                                                                                                                                                                                                                                                                                                      | G                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| COLCRYS ORAL TABLET 0.6 MG ( <i>colchicine</i> )                                                                                                                                                                                                                                                                                                                                                                                                         | NF                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <i>febuxostat oral tablet 40 mg, 80 mg</i>                                                                                                                                                                                                                                                                                                                                                                                                               | G                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML ( <i>pegloticase</i> )                                                                                                                                                                                                                                                                                                                                                                                            | NPSP                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| MITIGARE ORAL CAPSULE 0.6 MG ( <i>colchicine</i> )                                                                                                                                                                                                                                                                                                                                                                                                       | PB                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <i>probenecid oral tablet 500 mg</i>                                                                                                                                                                                                                                                                                                                                                                                                                     | G                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| ULORIC ORAL TABLET 40 MG, 80 MG ( <i>febuxostat</i> )                                                                                                                                                                                                                                                                                                                                                                                                    | NF                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| ZYLOPRIM ORAL TABLET 100 MG, 300 MG ( <i>allopurinol</i> )                                                                                                                                                                                                                                                                                                                                                                                               | NPB                          |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>MISCELLANEOUS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 500 MCG/20ML, 500 MCG/5ML ( <i>ziconotide acetate</i> )                                                                                                                                                                                                                                                                                                                                                          | NPSP                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |



| Prescription Drug Name                                                         | Drug Tier | Drug Notes |
|--------------------------------------------------------------------------------|-----------|------------|
| <b>NON-OPIOID ANALGESICS</b>                                                   |           |            |
| ALLZITAL ORAL TABLET 25-325 MG ( <i>butalbital-acetaminophen</i> )             | NF        |            |
| <i>butalbital-apap-caffeine</i> (Bac Oral Tablet 50-325-40 Mg)                 | G         |            |
| <i>butalbital-acetaminophen</i> (Bupap Oral Tablet 50-300 Mg)                  | NF        |            |
| <i>butalbital-acetaminophen oral capsule 50-300 mg</i>                         | NF        |            |
| <i>butalbital-acetaminophen oral tablet 50-300 mg</i>                          | NF        |            |
| <i>butalbital-acetaminophen oral tablet 50-325 mg</i>                          | G         |            |
| <i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>        | NF        |            |
| <i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>                       | G         |            |
| <i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>                   | G         |            |
| <i>butalbital-apap-caffeine</i> (Esgic Oral Capsule 50-325-40 Mg)              | NF        |            |
| ESGIC ORAL TABLET 50-325-40 MG ( <i>butalbital-apap-caffeine</i> )             | NPB       |            |
| FIORICET ORAL CAPSULE 50-300-40 MG ( <i>butalbital-apap-caffeine</i> )         | NF        |            |
| TENCON ORAL TABLET 50-325 MG ( <i>butalbital-acetaminophen</i> )               | G         |            |
| <i>butalbital-apap-caffeine</i> (Zebutal Oral Capsule 50-325-40 Mg)            | NF        |            |
| <b>NSAIDS</b>                                                                  |           |            |
| ANJESO INTRAVENOUS INJECTABLE 30 MG/ML ( <i>meloxicam</i> )                    | NF        |            |
| CALDOLOR INTRAVENOUS SOLUTION 800 MG/200ML ( <i>ibuprofen</i> )                | NPB       |            |
| CAMBIA ORAL PACKET 50 MG ( <i>diclofenac potassium(migraine)</i> )             | NF        |            |
| DAYPRO ORAL TABLET 600 MG ( <i>oxaprozin</i> )                                 | NPB       |            |
| <i>dfs drlms/menthlcap pak combination kit 75 mg</i>                           | NF        |            |
| <i>diclofenac potassium oral tablet 25 mg</i>                                  | NF        |            |
| <i>diclofenac potassium oral tablet 50 mg</i>                                  | G         |            |
| <i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>        | G         |            |
| <i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>       | G         |            |
| <i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i> | G         |            |

| Prescription Drug Name                                                                             | Drug Tier | Drug Notes |
|----------------------------------------------------------------------------------------------------|-----------|------------|
| <i>etodolac oral capsule 200 mg, 300 mg</i>                                                        | G         |            |
| <i>etodolac oral tablet 400 mg, 500 mg</i>                                                         | G         |            |
| <i>fenoprofen calcium oral capsule 200 mg, 400 mg</i>                                              | NF        |            |
| <i>fenoprofen calcium oral tablet 600 mg</i>                                                       | NF        |            |
| <i>flurbiprofen oral tablet 100 mg, 50 mg</i>                                                      | G         |            |
| <i>ibuprofen (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg)</i>                                          | G         |            |
| <i>ibuprofen oral suspension 100 mg/5ml</i>                                                        | G         |            |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>                                                | G         |            |
| INDOCIN ORAL SUSPENSION 25 MG/5ML<br>( <i>indomethacin</i> )                                       | NF        |            |
| INDOCIN RECTAL SUPPOSITORY 50 MG ( <i>indomethacin</i> )                                           | NF        |            |
| <i>indomethacin er oral capsule extended release 75 mg</i>                                         | G         |            |
| <i>indomethacin oral capsule 20 mg</i>                                                             | NF        |            |
| <i>indomethacin oral capsule 25 mg, 50 mg</i>                                                      | G         |            |
| <i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>                                  | NF        |            |
| <i>ketoprofen oral capsule 25 mg</i>                                                               | NF        |            |
| <i>ketorolac tromethamine oral tablet 10 mg</i>                                                    | G         |            |
| LODINE ORAL TABLET 400 MG ( <i>etodolac</i> )                                                      | NF        |            |
| <i>diclofenac potassium (Lofena Oral Tablet 25 Mg)</i>                                             | NF        |            |
| <i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>                                             | G         |            |
| <i>mefenamic acid oral capsule 250 mg</i>                                                          | NF        |            |
| <i>meloxicam oral capsule 10 mg, 5 mg</i>                                                          | NF        |            |
| <i>meloxicam oral tablet 15 mg, 7.5 mg</i>                                                         | G         |            |
| MOBIC ORAL TABLET 15 MG, 7.5 MG ( <i>meloxicam</i> )                                               | NPB       |            |
| <i>nabumetone oral tablet 500 mg, 750 mg</i>                                                       | G         |            |
| NALFON ORAL CAPSULE 400 MG ( <i>fenoprofen calcium</i> )                                           | NPB       |            |
| NAPRELAN ORAL TABLET EXTENDED RELEASE 24<br>HOUR 375 MG, 500 MG, 750 MG ( <i>naproxen sodium</i> ) | NF        |            |
| <i>naproxen oral suspension 125 mg/5ml</i>                                                         | NF        |            |
| <i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>                                                 | G         |            |
| <i>naproxen oral tablet delayed release 375 mg, 500 mg</i>                                         | G         |            |
| <i>naproxen sodium er oral tablet extended release 24 hour 375 mg,<br/>500 mg, 750 mg</i>          | NF        |            |
| <i>naproxen sodium oral tablet 275 mg, 550 mg</i>                                                  | G         |            |
| NUDROXIPAK DSDR-50 COMBINATION KIT 50 MG<br>( <i>diclofenac sodium-liniment</i> )                  | NF        |            |

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| Prescription Drug Name                                                                              | Drug Tier | Drug Notes |
|-----------------------------------------------------------------------------------------------------|-----------|------------|
| NUDROXIPAK DSDR-75 COMBINATION KIT 75 MG<br>(diclofenac sodium-liniment)                            | NF        |            |
| NUDROXIPAK E-400 COMBINATION KIT 400 MG<br>(etodolac-liniment)                                      | NF        |            |
| NUDROXIPAK I-800 COMBINATION KIT 800 MG<br>(ibuprofen-liniment)                                     | NF        |            |
| NUDROXIPAK M-15 COMBINATION KIT 15 MG<br>(meloxicam-liniment)                                       | NF        |            |
| NUDROXIPAK N-500 COMBINATION KIT 500 MG<br>(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)                                                    | NPB       |            |
| ZORVOLEX ORAL CAPSULE 18 MG, 35 MG (diclofenac)                                                     | NF        |            |
| <b>NSAIDS, COMBINATIONS</b>                                                                         |           |            |
| 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        |            |

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|---------------------------------------------------------------------------------------------------------------|-----------|------------|
| TORONOVA II SUIK COMBINATION KIT 30 MG/ML<br>(ketorolac trometh & anesthetic)                                 | NF        |            |
| TORONOVA SUIK COMBINATION KIT 30 MG/ML<br>(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        |            |
| <b>OPIOID ANALGESICS</b>                                                                                      |           |            |
| 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<br>(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 50-300-40-30 mg, 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<br>(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                                                            | G         |            |

| Prescription Drug Name                                                                                                                  | Drug Tier | Drug Notes |
|-----------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>                               | G         |            |
| <i>fentanyl citrate buccal tablet 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>                                                                | G         |            |
| <i>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</i> | G         |            |
| FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG ( <i>fentanyl citrate</i> )                                           | NPB       |            |
| <i>hydrocodone-acetaminophen oral solution 5-217 mg/10ml</i>                                                                            | G         |            |
| <i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>                           | G         |            |
| <i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>                                                                | G         |            |
| <i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg</i>                                              | G         |            |
| <i>hydromorphone hcl injection solution 1 mg/ml</i>                                                                                     | NPB       |            |
| <i>hydromorphone hcl oral liquid 1 mg/ml</i>                                                                                            | G         |            |
| <i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>                                                                                   | G         |            |
| <i>hydromorphone hcl rectal suppository 3 mg</i>                                                                                        | NPB       |            |
| HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG ( <i>hydrocodone bitartrate</i> )  | NF        |            |
| LAZANDA NASAL SOLUTION 100 MCG/ACT, 400 MCG/ACT ( <i>fentanyl citrate</i> )                                                             | NF        |            |
| <i>levorphanol tartrate oral tablet 2 mg, 3 mg</i>                                                                                      | NF        |            |
| LORTAB ORAL ELIXIR 10-300 MG/15ML ( <i>hydrocodone-acetaminophen</i> )                                                                  | NPB       |            |
| <i>meperidine hcl oral solution 50 mg/5ml</i>                                                                                           | G         |            |
| <i>meperidine hcl oral tablet 50 mg</i>                                                                                                 | G         |            |
| <i>methadone hcl (Methadone Hcl Intensol Oral Concentrate 10 Mg/ML)</i>                                                                 | G         |            |
| <i>methadone hcl oral concentrate 10 mg/ml</i>                                                                                          | G         |            |
| <i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>                                                                                  | G         |            |
| <i>methadone hcl oral tablet 10 mg, 5 mg</i>                                                                                            | G         |            |
| <i>methadone hcl oral tablet soluble 40 mg</i>                                                                                          | G         |            |
| <i>methadone hcl solution 10 mg/ml injection 10 mg/ml</i>                                                                               | G         |            |
| <i>methadone hcl solution 10 mg/ml injection 10 mg/ml</i>                                                                               | NPB       |            |

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|-------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>methadone hcl-nacl intravenous solution prefilled syringe 1-0.9 mg/ml-%</i>                                    | NPB       |            |
| METHADOSE ORAL CONCENTRATE 10 MG/ML<br>(methadone hcl)                                                            | NPB       |            |
| <i>methadone hcl (Methadose Oral Tablet Soluble 40 Mg)</i>                                                        | G         |            |
| METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML (methadone hcl)                                                    | NPB       |            |
| <i>morphine sulfate (concentrate) oral solution 20 mg/ml</i>                                                      | G         |            |
| <i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>  | G         |            |
| <i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i> | G         |            |
| <i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>                       | G         |            |
| <i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>                                                        | G         |            |
| <i>morphine sulfate oral tablet 15 mg, 30 mg</i>                                                                  | G         |            |
| <i>morphine sulfate rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>                                              | G         |            |
| MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG (morphine sulfate)                     | NPB       |            |
| <i>nalocet oral tablet 2.5-300 mg</i>                                                                             | 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        |            |
| <i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg, 80 mg</i>                         | NPB       |            |
| <i>oxycodone hcl oral capsule 5 mg</i>                                                                            | G         |            |
| <i>oxycodone hcl oral concentrate 100 mg/5ml</i>                                                                  | G         |            |
| <i>oxycodone hcl oral solution 5 mg/5ml</i>                                                                       | G         |            |
| <i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>                                                 | G         |            |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>                            | 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 ( <i>oxycodone hcl</i> )        | NF        |            |
| <i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>                   | NF        |            |
| <i>oxymorphone hcl oral tablet 10 mg, 5 mg</i>                                                                                   | G         |            |
| PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG ( <i>oxycodone-acetaminophen</i> )                              | NF        |            |
| ROXICODONE ORAL TABLET 15 MG, 30 MG ( <i>oxycodone hcl</i> )                                                                     | NPB       |            |
| ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG ( <i>oxycodone hcl</i> )                                                 | NF        |            |
| SUBSYS SUBLINGUAL LIQUID 100 MCG, 1200 (600 X 2) MCG, 1600 (800 X 2) MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG ( <i>fentanyl</i> ) | PB        |            |
| <i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>                                    | G         |            |
| <i>tramadol hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>                                              | NF        |            |
| <i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>                                               | G         |            |
| <i>tramadol hcl oral solution 5 mg/ml</i>                                                                                        | NF        |            |
| <i>tramadol hcl oral tablet 100 mg</i>                                                                                           | NF        |            |
| <i>tramadol hcl oral tablet 50 mg</i>                                                                                            | G         |            |
| <i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>                                                                            | G         |            |
| TREZIX ORAL CAPSULE 320.5-30-16 MG ( <i>apap-caff-dihydrocodeine</i> )                                                           | G         |            |
| XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG ( <i>oxycodone</i> )                       | PB        |            |
| <b>OPIOID PARTIAL AGONISTS</b>                                                                                                   |           |            |
| BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG ( <i>buprenorphine hcl</i> )                    | PB        |            |
| <i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>                              | G         |            |
| BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR ( <i>buprenorphine</i> )                  | NF        |            |

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



| Prescription Drug Name                                                                                      | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>ra aspirin ec adult low st oral tablet delayed release 81 mg</i>                                         | CE        |            |
| <i>salsalate oral tablet 500 mg, 750 mg</i>                                                                 | G         |            |
| <i>sb childrens aspirin oral tablet chewable 81 mg</i>                                                      | CE        |            |
| <i>sm aspirin adult low strength oral tablet chewable 81 mg</i>                                             | CE        |            |
| <i>sm aspirin adult low strength oral tablet delayed release 81 mg</i>                                      | CE        |            |
| <i>sm childrens aspirin oral tablet chewable 81 mg</i>                                                      | CE        |            |
| ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG ( <i>aspirin</i> )                                            | CE        |            |
| <b>VISCOSUPPLEMENTS</b>                                                                                     |           |            |
| DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE 60 MG/3ML ( <i>sodium hyaluronate (viscosup)</i> )               | PSP       |            |
| EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML ( <i>sodium hyaluronate (viscosup)</i> )      | PSP       |            |
| GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE 30 MG/3ML ( <i>cross-linked hyaluronate</i> )                     | NF        |            |
| GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16.8 MG/2ML ( <i>sodium hyaluronate (viscosup)</i> )    | PSP       |            |
| GENVISC 850 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML ( <i>sodium hyaluronate (viscosup)</i> ) | NF        |            |
| HYALGAN INTRA-ARTICULAR SOLUTION 20 MG/2ML ( <i>sodium hyaluronate (viscosup)</i> )                         | NF        |            |
| HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML ( <i>sodium hyaluronate (viscosup)</i> )       | NF        |            |
| HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 24 MG/3ML ( <i>hyaluronan</i> )                          | NF        |            |
| MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 88 MG/4ML ( <i>hyaluronan</i> )                         | NF        |            |
| ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 30 MG/2ML ( <i>hyaluronan</i> )                        | NF        |            |
| SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML ( <i>sodium hyaluronate (viscosup)</i> )  | PSP       |            |
| SYNOJOYNT INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML ( <i>sodium hyaluronate (viscosup)</i> )     | NF        |            |



| Prescription Drug Name                                                                                               | Drug Tier | Drug Notes |
|----------------------------------------------------------------------------------------------------------------------|-----------|------------|
| SYNVISC INTRA-ARTICULAR SOLUTION<br>PREFILLED SYRINGE 16 MG/2ML ( <i>hylan</i> )                                     | NF        |            |
| SYNVISC ONE INTRA-ARTICULAR SOLUTION<br>PREFILLED SYRINGE 48 MG/6ML ( <i>hylan</i> )                                 | NF        |            |
| TRILURON INTRA-ARTICULAR SOLUTION<br>PREFILLED SYRINGE 20 MG/2ML ( <i>sodium hyaluronate</i><br>( <i>viscosup</i> )) | NF        |            |
| TRIVISC INTRA-ARTICULAR SOLUTION PREFILLED<br>SYRINGE 25 MG/2.5ML ( <i>sodium hyaluronate</i> ( <i>viscosup</i> ))   | NF        |            |
| VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED<br>SYRINGE 25 MG/2.5ML ( <i>sodium hyaluronate</i> ( <i>viscosup</i> ))   | NF        |            |
| <b>ANESTHETICS - DRUGS FOR NUMBING</b>                                                                               |           |            |
| <b>LOCAL ANESTHETICS</b>                                                                                             |           |            |
| <i>bupivacaine hcl injection solution 0.125 %</i>                                                                    | NPB       |            |
| <i>lidomark 2/5 injection kit 2 %</i>                                                                                | NPB       |            |
| XARACOLL IMPLANT IMPLANT 3 X 100 MG<br>( <i>bupivacaine hcl</i> )                                                    | NF        |            |
| <b>ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS</b>                                                                   |           |            |
| <b>ANTHELMINTICS - DRUGS FOR WORM INFECTION</b>                                                                      |           |            |
| <i>albendazole oral tablet 200 mg</i>                                                                                | G         |            |
| <i>benznidazole oral tablet 100 mg, 12.5 mg</i>                                                                      | NPB       |            |
| EMVERM ORAL TABLET CHEWABLE 100 MG<br>( <i>mebendazole</i> )                                                         | PB        |            |
| <i>ivermectin oral tablet 3 mg</i>                                                                                   | G         |            |
| <i>praziquantel oral tablet 600 mg</i>                                                                               | G         |            |
| <b>ANTI-BACTERIALS - MISCELLANEOUS</b>                                                                               |           |            |
| ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML<br>( <i>amikacin sulfate liposome</i> )                                  | NPSP      |            |
| BACTRIM DS ORAL TABLET 800-160 MG<br>( <i>sulfamethoxazole-trimethoprim</i> )                                        | NPB       |            |
| BACTRIM ORAL TABLET 400-80 MG ( <i>sulfamethoxazole-</i><br><i>trimethoprim</i> )                                    | NPB       |            |
| HUMATIN ORAL CAPSULE 250 MG ( <i>paromomycin</i><br><i>sulfate</i> )                                                 | NF        |            |
| MONUROL ORAL PACKET 3 GM ( <i>fosfomycin</i><br><i>tromethamine</i> )                                                | NPB       |            |
| <i>neomycin sulfate oral tablet 500 mg</i>                                                                           | G         |            |
| <i>paromomycin sulfate oral capsule 250 mg</i>                                                                       | G         |            |

| Prescription Drug Name                                                                   | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------|-----------|------------|
| <i>sulfadiazine oral tablet 500 mg</i>                                                   | NPB       |            |
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>                       | G         |            |
| <i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>                   | G         |            |
| <i>sulfamethoxazole-trimethoprim (Sulfatrim Pediatric Oral Suspension 200-40 Mg/5Ml)</i> | G         |            |
| <i>tinidazole oral tablet 250 mg, 500 mg</i>                                             | G         |            |
| <b>ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS</b>                                    |           |            |
| <b>BREXAFEMME ORAL TABLET 150 MG (<i>ibrexafungerp citrate</i>)</b>                      | NPB       |            |
| <b>CRESEMBA ORAL CAPSULE 186 MG (<i>isavuconazonium sulfate</i>)</b>                     | NF        |            |
| <i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>                      | G         |            |
| <i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>                             | G         |            |
| <i>flucytosine oral capsule 250 mg</i>                                                   | G         |            |
| <i>flucytosine oral capsule 500 mg</i>                                                   | NF        |            |
| <i>griseofulvin microsize oral suspension 125 mg/5ml</i>                                 | G         |            |
| <i>griseofulvin microsize oral tablet 500 mg</i>                                         | G         |            |
| <i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>                            | G         |            |
| <i>itraconazole oral capsule 100 mg</i>                                                  | G         |            |
| <i>itraconazole oral solution 10 mg/ml</i>                                               | G         |            |
| <i>ketoconazole oral tablet 200 mg</i>                                                   | G         |            |
| <b>NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7ML (<i>posaconazole</i>)</b>                  | NF        |            |
| <b>NOXAFIL ORAL SUSPENSION 40 MG/ML (<i>posaconazole</i>)</b>                            | NF        |            |
| <b>NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG (<i>posaconazole</i>)</b>                  | NF        |            |
| <i>nystatin oral tablet 500000 unit</i>                                                  | G         |            |
| <i>posaconazole oral tablet delayed release 100 mg</i>                                   | NF        |            |
| <i>terbinafine hcl oral tablet 250 mg</i>                                                | G         |            |
| <i>tolsura oral capsule 65 mg</i>                                                        | NF        |            |
| <b>VIVJOA ORAL CAPSULE THERAPY PACK 150 MG (<i>oteseconazole</i>)</b>                    | NPSP      |            |
| <i>voriconazole oral suspension reconstituted 40 mg/ml</i>                               | G         |            |
| <i>voriconazole oral tablet 200 mg, 50 mg</i>                                            | G         |            |

| Prescription Drug Name                                                        | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------|-----------|------------|
| <b>ANTIMALARIALS - DRUGS TO TREAT MALARIA</b>                                 |           |            |
| ARAKODA ORAL TABLET 100 MG ( <i>tafenoquine succinate</i> )                   | NF        |            |
| <i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>            | G         |            |
| <i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>                       | G         |            |
| COARTEM ORAL TABLET 20-120 MG ( <i>artemether-lumefantrine</i> )              | NPB       |            |
| KRINTAFEL ORAL TABLET 150 MG ( <i>tafenoquine succinate</i> )                 | NF        |            |
| <i>mefloquine hcl oral tablet 250 mg</i>                                      | G         |            |
| <i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>                     | NPB       |            |
| <i>quinine sulfate oral capsule 324 mg</i>                                    | G         |            |
| <b>ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION</b>           |           |            |
| <i>abacavir sulfate oral solution 20 mg/ml</i>                                | G         |            |
| <i>abacavir sulfate oral tablet 300 mg</i>                                    | G         |            |
| APTIVUS ORAL CAPSULE 250 MG ( <i>tipranavir</i> )                             | NF        |            |
| <i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>                 | G         |            |
| EDURANT ORAL TABLET 25 MG ( <i>rilpivirine hcl</i> )                          | PSP       |            |
| <i>efavirenz oral capsule 200 mg, 50 mg</i>                                   | G         |            |
| <i>efavirenz oral tablet 600 mg</i>                                           | G         |            |
| EMTRIVA ORAL CAPSULE 200 MG ( <i>emtricitabine</i> )                          | PSP       |            |
| EMTRIVA ORAL SOLUTION 10 MG/ML ( <i>emtricitabine</i> )                       | PSP       |            |
| <i>fosamprenavir calcium oral tablet 700 mg</i>                               | G         |            |
| FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG ( <i>enfuvirtide</i> )       | PSP       |            |
| INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG ( <i>etravirine</i> )             | PSP       |            |
| ISENTRESS HD ORAL TABLET 600 MG ( <i>raltegravir potassium</i> )              | PSP       |            |
| ISENTRESS ORAL PACKET 100 MG ( <i>raltegravir potassium</i> )                 | PSP       |            |
| ISENTRESS ORAL TABLET 400 MG ( <i>raltegravir potassium</i> )                 | PSP       |            |
| ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG ( <i>raltegravir potassium</i> ) | PSP       |            |
| <i>lamivudine oral solution 10 mg/ml</i>                                      | G         |            |

| Prescription Drug Name                                                                     | Drug Tier | Drug Notes |
|--------------------------------------------------------------------------------------------|-----------|------------|
| <i>lamivudine oral tablet 150 mg, 300 mg</i>                                               | G         |            |
| LEXIVA ORAL SUSPENSION 50 MG/ML ( <i>fosamprenavir calcium</i> )                           | NF        |            |
| LEXIVA ORAL TABLET 700 MG ( <i>fosamprenavir calcium</i> )                                 | NF        |            |
| <i>nevirapine er oral tablet extended release 24 hour 100 mg, 400 mg</i>                   | G         |            |
| <i>nevirapine oral suspension 50 mg/5ml</i>                                                | G         |            |
| <i>nevirapine oral tablet 200 mg</i>                                                       | G         |            |
| NORVIR ORAL PACKET 100 MG ( <i>ritonavir</i> )                                             | PSP       |            |
| NORVIR ORAL SOLUTION 80 MG/ML ( <i>ritonavir</i> )                                         | PSP       |            |
| PIFELTRO ORAL TABLET 100 MG ( <i>doravirine</i> )                                          | NF        |            |
| PREZISTA ORAL SUSPENSION 100 MG/ML ( <i>darunavir</i> )                                    | PSP       |            |
| PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG ( <i>darunavir</i> )                    | PSP       |            |
| REYATAZ ORAL CAPSULE 200 MG, 300 MG ( <i>atazanavir sulfate</i> )                          | NPSP      |            |
| REYATAZ ORAL PACKET 50 MG ( <i>atazanavir sulfate</i> )                                    | NPSP      |            |
| <i>ritonavir oral tablet 100 mg</i>                                                        | G         |            |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG ( <i>fostemsavir tromethamine</i> )    | NPSP      |            |
| SELZENTRY ORAL SOLUTION 20 MG/ML ( <i>maraviroc</i> )                                      | NPSP      |            |
| SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG ( <i>maraviroc</i> )                    | NPSP      |            |
| <i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>                                   | G         |            |
| <i>tenofovir disoproxil fumarate oral tablet 300 mg</i>                                    | G         |            |
| TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG ( <i>dolutegravir sodium</i> )                     | PSP       |            |
| TIVICAY PD ORAL TABLET SOLUBLE 5 MG ( <i>dolutegravir sodium</i> )                         | PSP       |            |
| TYBOST ORAL TABLET 150 MG ( <i>cobicistat</i> )                                            | NPSP      |            |
| VIRACEPT ORAL TABLET 250 MG, 625 MG ( <i>nelfinavir mesylate</i> )                         | NF        |            |
| VIREAD ORAL POWDER 40 MG/GM ( <i>tenofovir disoproxil fumarate</i> )                       | NPSP      |            |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG ( <i>tenofovir disoproxil fumarate</i> ) | NPSP      |            |
| <i>zidovudine oral capsule 100 mg</i>                                                      | G         |            |

| Prescription Drug Name                                                                               | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>zidovudine oral syrup 50 mg/5ml</i>                                                               | G         |            |
| <i>zidovudine oral tablet 300 mg</i>                                                                 | G         |            |
| <b>ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION</b>                      |           |            |
| <i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>                                            | G         |            |
| ATRIPLA ORAL TABLET 600-200-300 MG ( <i>efavirenz-emtricitab-tenofovir</i> )                         | NF        |            |
| BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG ( <i>bictegravir-emtricitab-tenofovir</i> )          | PSP       |            |
| <i>cabenuva intramuscular suspension extended release 400 &amp; 600 mg/2ml, 600 &amp; 900 mg/3ml</i> | NF        |            |
| CIMDUO ORAL TABLET 300-300 MG ( <i>lamivudine-tenofovir</i> )                                        | PSP       |            |
| COMPLERA ORAL TABLET 200-25-300 MG ( <i>emtricitab-rilpivir-tenofovir</i> )                          | NF        |            |
| DELSTRIGO ORAL TABLET 100-300-300 MG ( <i>doravirin-lamivudin-tenofovir df</i> )                     | NF        |            |
| DESCOVY ORAL TABLET 120-15 MG, 200-25 MG ( <i>emtricitabine-tenofovir af</i> )                       | PSP       |            |
| DOVATO ORAL TABLET 50-300 MG ( <i>dolutegravir-lamivudine</i> )                                      | PSP       |            |
| <i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>                                             | CE        |            |
| EVOTAZ ORAL TABLET 300-150 MG ( <i>atazanavir-cobicistat</i> )                                       | PSP       |            |
| GENVOYA ORAL TABLET 150-150-200-10 MG ( <i>elviteg-cobic-emtricit-tenofaf</i> )                      | PSP       |            |
| JULUCA ORAL TABLET 50-25 MG ( <i>dolutegravir-rilpivirine</i> )                                      | NPSP      |            |
| KALETRA ORAL TABLET 100-25 MG, 200-50 MG ( <i>lopinavir-ritonavir</i> )                              | NPSP      |            |
| <i>lamivudine-zidovudine oral tablet 150-300 mg</i>                                                  | G         |            |
| <i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>                                              | G         |            |
| ODEFSEY ORAL TABLET 200-25-25 MG ( <i>emtricitab-rilpivir-tenofovir af</i> )                         | PSP       |            |
| PREZCOBIX ORAL TABLET 800-150 MG ( <i>darunavir-cobicistat</i> )                                     | PSP       |            |
| STRIBILD ORAL TABLET 150-150-200-300 MG ( <i>elviteg-cobic-emtricit-tenofdf</i> )                    | NF        |            |

| Prescription Drug Name                                                                                   | Drug Tier | Drug Notes |
|----------------------------------------------------------------------------------------------------------|-----------|------------|
| SYMFI LO ORAL TABLET 400-300-300 MG ( <i>efavirenz-lamivudine-tenofovir</i> )                            | NPSP      |            |
| SYMFI ORAL TABLET 600-300-300 MG ( <i>efavirenz-lamivudine-tenofovir</i> )                               | NPSP      |            |
| SYMTUZA ORAL TABLET 800-150-200-10 MG ( <i>darun-cobic-emtricit-tenofaf</i> )                            | PSP       |            |
| TRIUMEQ ORAL TABLET 600-50-300 MG ( <i>abacavir-dolutegravir-lamivud</i> )                               | PSP       |            |
| TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG ( <i>abacavir-dolutegravir-lamivud</i> )                       | PSP       |            |
| TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG ( <i>emtricitabine-tenofovir df</i> ) | NF        |            |
| <b>ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS</b>                                               |           |            |
| <i>cycloserine oral capsule 250 mg</i>                                                                   | G         |            |
| <i>ethambutol hcl oral tablet 100 mg, 400 mg</i>                                                         | G         |            |
| <i>isoniazid oral syrup 50 mg/5ml</i>                                                                    | G         |            |
| <i>isoniazid oral tablet 100 mg, 300 mg</i>                                                              | G         |            |
| PASER ORAL PACKET 4 GM ( <i>aminosalicylic acid</i> )                                                    | NPB       |            |
| <i>pretomanid oral tablet 200 mg</i>                                                                     | NPB       |            |
| PRIFTIN ORAL TABLET 150 MG ( <i>rifapentine</i> )                                                        | NPB       |            |
| <i>pyrazinamide oral tablet 500 mg</i>                                                                   | G         |            |
| <i>rifabutin oral capsule 150 mg</i>                                                                     | G         |            |
| <i>rifampin oral capsule 150 mg, 300 mg</i>                                                              | G         |            |
| RIFAMPIN+SYRSPEND SF ORAL SUSPENSION 25 MG/ML ( <i>rifampin</i> )                                        | NF        |            |
| SIRTURO ORAL TABLET 20 MG ( <i>bedaquiline fumarate</i> )                                                | NPB       |            |
| TRECATOR ORAL TABLET 250 MG ( <i>ethionamide</i> )                                                       | NPB       |            |
| <b>ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS</b>                                                      |           |            |
| <i>acyclovir oral capsule 200 mg</i>                                                                     | G         |            |
| <i>acyclovir oral suspension 200 mg/5ml</i>                                                              | G         |            |
| <i>acyclovir oral tablet 400 mg, 800 mg</i>                                                              | G         |            |
| <i>adefovir dipivoxil oral tablet 10 mg</i>                                                              | G         |            |
| BARACLUDE ORAL SOLUTION 0.05 MG/ML ( <i>entecavir</i> )                                                  | PSP       |            |
| BARACLUDE ORAL TABLET 0.5 MG, 1 MG ( <i>entecavir</i> )                                                  | NF        |            |
| <i>entecavir oral tablet 0.5 mg, 1 mg</i>                                                                | G         |            |



| Prescription Drug Name                                                                     | Drug Tier | Drug Notes |
|--------------------------------------------------------------------------------------------|-----------|------------|
| EPIVIR HBV ORAL SOLUTION 5 MG/ML ( <i>lamivudine</i> )                                     | NF        |            |
| EPIVIR HBV ORAL TABLET 100 MG ( <i>lamivudine</i> )                                        | NF        |            |
| <i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>                                      | G         |            |
| <i>favipiravir oral tablet 200 mg</i>                                                      | NPB       |            |
| <i>lamivudine oral tablet 100 mg</i>                                                       | G         |            |
| <i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>                              | G         |            |
| <i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>                         | G         |            |
| PREVYMIS ORAL TABLET 240 MG, 480 MG ( <i>letermovir</i> )                                  | NPB       |            |
| RAPIVAB INTRAVENOUS SOLUTION 200 MG/20ML ( <i>peramivir</i> )                              | NPB       |            |
| RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT ( <i>zanamivir</i> ) | PB        |            |
| <i>ribavirin inhalation solution reconstituted 6 gm</i>                                    | G         |            |
| <i>rimantadine hcl oral tablet 100 mg</i>                                                  | G         |            |
| SITAVIG BUCCAL TABLET 50 MG ( <i>acyclovir</i> )                                           | NPB       |            |
| TPOXX INTRAVENOUS SOLUTION 200 MG/20ML ( <i>tecovirimat</i> )                              | NPB       |            |
| TPOXX ORAL CAPSULE 200 MG ( <i>tecovirimat</i> )                                           | NPB       |            |
| <i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>                                           | G         |            |
| VALCYTE ORAL SOLUTION RECONSTITUTED 50 MG/ML ( <i>valganciclovir hcl</i> )                 | NF        |            |
| VALCYTE ORAL TABLET 450 MG ( <i>valganciclovir hcl</i> )                                   | NF        |            |
| <i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>                             | G         |            |
| <i>valganciclovir hcl oral tablet 450 mg</i>                                               | G         |            |
| VALTREX ORAL TABLET 1 GM, 500 MG ( <i>valacyclovir hcl</i> )                               | NF        |            |
| VEMLIDY ORAL TABLET 25 MG ( <i>tenofovir alafenamide fumarate</i> )                        | PSP       |            |
| XERESE EXTERNAL CREAM 5-1 % ( <i>acyclovir-hydrocortisone</i> )                            | NPB       |            |
| XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG ( <i>baloxavir marboxil</i> )      | NF        |            |
| XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG ( <i>baloxavir marboxil</i> )      | NF        |            |
| ZOVIRAX ORAL SUSPENSION 200 MG/5ML ( <i>acyclovir</i> )                                    | NPB       |            |
| <b>CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS</b>                                          |           |            |
| <i>cefaclor er oral tablet extended release 12 hour 500 mg</i>                             | NPB       |            |



| Prescription Drug Name                                                           | Drug Tier | Drug Notes |
|----------------------------------------------------------------------------------|-----------|------------|
| <i>cefaclor oral capsule 250 mg, 500 mg</i>                                      | G         |            |
| <i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i> | G         |            |
| <i>cefadroxil oral capsule 500 mg</i>                                            | G         |            |
| <i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>           | G         |            |
| <i>cefadroxil oral tablet 1 gm</i>                                               | G         |            |
| <i>cefazolin sodium injection solution reconstituted 2 gm</i>                    | NPB       |            |
| <i>cefdinir oral capsule 300 mg</i>                                              | G         |            |
| <i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>             | G         |            |
| <i>cefixime oral capsule 400 mg</i>                                              | G         |            |
| <i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>             | G         |            |
| <i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>  | G         |            |
| <i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>                           | G         |            |
| <i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>            | G         |            |
| <i>cefprozil oral tablet 250 mg, 500 mg</i>                                      | G         |            |
| <i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>                              | G         |            |
| <i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>                            | G         |            |
| <i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>           | G         |            |
| <i>cephalexin oral tablet 250 mg, 500 mg</i>                                     | G         |            |
| SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML ( <i>cefixime</i> )              | PB        |            |
| SUPRAX ORAL TABLET CHEWABLE 100 MG, 200 MG ( <i>cefixime</i> )                   | PB        |            |
| <b>ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS</b>                      |           |            |
| <i>azithromycin oral packet 1 gm</i>                                             | NPB       |            |
| <i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>         | G         |            |
| <i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>                           | G         |            |
| <i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>             | G         |            |
| <i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>       | G         |            |
| <i>clarithromycin oral tablet 250 mg, 500 mg</i>                                 | G         |            |

| Prescription Drug Name                                                                          | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------------------|-----------|------------|
| DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML ( <i>fidaxomicin</i> )                           | PB        |            |
| DIFICID ORAL TABLET 200 MG ( <i>fidaxomicin</i> )                                               | PB        |            |
| E.E.S. 400 ORAL TABLET 400 MG ( <i>erythromycin ethylsuccinate</i> )                            | G         |            |
| E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML ( <i>erythromycin ethylsuccinate</i> ) | NF        |            |
| ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML ( <i>erythromycin ethylsuccinate</i> )      | NF        |            |
| ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML ( <i>erythromycin ethylsuccinate</i> )      | NF        |            |
| <i>erythromycin base</i> (Ery-Tab Oral Tablet Delayed Release 250 Mg, 333 Mg, 500 Mg)           | G         |            |
| ERYTHROCIN STEARATE ORAL TABLET 250 MG ( <i>erythromycin stearate</i> )                         | G         |            |
| <i>erythromycin base oral capsule delayed release particles 250 mg</i>                          | G         |            |
| <i>erythromycin base oral tablet 250 mg, 500 mg</i>                                             | G         |            |
| <i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>         | G         |            |
| <i>erythromycin ethylsuccinate oral tablet 400 mg</i>                                           | G         |            |
| <i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg</i>                          | G         |            |
| ZITHROMAX ORAL PACKET 1 GM ( <i>azithromycin</i> )                                              | NPB       |            |
| ZITHROMAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML ( <i>azithromycin</i> )          | NPB       |            |
| ZITHROMAX ORAL TABLET 250 MG, 500 MG ( <i>azithromycin</i> )                                    | NPB       |            |
| ZITHROMAX TRI-PAK ORAL TABLET 500 MG ( <i>azithromycin</i> )                                    | NPB       |            |
| ZITHROMAX Z-PAK ORAL TABLET 250 MG ( <i>azithromycin</i> )                                      | NPB       |            |
| <b>FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS</b>                                             |           |            |
| BAXDELA ORAL TABLET 450 MG ( <i>delafloxacin meglumine</i> )                                    | NPB       |            |
| CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%) ( <i>ciprofloxacin</i> )                    | NPB       |            |
| <i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>                             | G         |            |

| Prescription Drug Name                                                                             | Drug Tier | Drug Notes                            |
|----------------------------------------------------------------------------------------------------|-----------|---------------------------------------|
| <i>levofloxacin oral solution 25 mg/ml</i>                                                         | G         |                                       |
| <i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>                                             | G         |                                       |
| <i>moxifloxacin hcl oral tablet 400 mg</i>                                                         | G         |                                       |
| <i>ofloxacin oral tablet 300 mg, 400 mg</i>                                                        | G         |                                       |
| <b>HEPATITIS C</b>                                                                                 |           |                                       |
| EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG<br>( <i>sofosbuvir-velpatasvir</i> )                    | PSP       | IBC (Preferred for all genotypes)     |
| EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG<br>( <i>sofosbuvir-velpatasvir</i> )                     | PSP       | IBC (Preferred for all genotypes)     |
| HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG<br>( <i>ledipasvir-sofosbuvir</i> )                    | PSP       |                                       |
| HARVONI ORAL TABLET 45-200 MG, 90-400 MG<br>( <i>ledipasvir-sofosbuvir</i> )                       | PSP       | IBC (Preferred for genotypes 1,4,5,6) |
| <i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>                                                 | NF        |                                       |
| MAVYRET ORAL PACKET 50-20 MG ( <i>glecaprevir-pibrentasvir</i> )                                   | NF        |                                       |
| MAVYRET ORAL TABLET 100-40 MG ( <i>glecaprevir-pibrentasvir</i> )                                  | NF        |                                       |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML<br>( <i>peginterferon alfa-2a</i> )                       | NF        |                                       |
| PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML ( <i>peginterferon alfa-2a</i> )     | NF        |                                       |
| <i>ribavirin oral capsule 200 mg</i>                                                               | G         |                                       |
| <i>ribavirin oral tablet 200 mg</i>                                                                | G         |                                       |
| <i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>                                               | NF        |                                       |
| SOVALDI ORAL PACKET 150 MG, 200 MG ( <i>sofosbuvir</i> )                                           | NPSP      |                                       |
| SOVALDI ORAL TABLET 200 MG, 400 MG ( <i>sofosbuvir</i> )                                           | NPSP      |                                       |
| VIEKIRA PAK ORAL TABLET THERAPY PACK 12.5-75-50 & 250 MG ( <i>ombitas-paritapre-ritona-dasab</i> ) | NF        |                                       |
| VOSEVI ORAL TABLET 400-100-100 MG ( <i>sofosbuv-velpatasv-voxilaprev</i> )                         | PSP       | IBC (Preferred for all genotypes)     |
| ZEPATIER ORAL TABLET 50-100 MG ( <i>elbasvir-grazoprevir</i> )                                     | NF        |                                       |
| <b>MISCELLANEOUS</b>                                                                               |           |                                       |
| ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML ( <i>nitazoxanide</i> )                            | NPB       |                                       |
| ALINIA ORAL TABLET 500 MG ( <i>nitazoxanide</i> )                                                  | NPB       |                                       |

| Prescription Drug Name                                                                                | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>atovaquone oral suspension 750 mg/5ml</i>                                                          | G         |            |
| <i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>                                             | G         |            |
| <i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>                                | G         |            |
| <i>dapsone oral tablet 100 mg, 25 mg</i>                                                              | G         |            |
| DARAPRIM ORAL TABLET 25 MG ( <i>pyrimethamine</i> )                                                   | NF        |            |
| FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML ( <i>metronidazole benzoate</i> )          | NF        |            |
| FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML ( <i>vancomycin hcl</i> )                      | NF        |            |
| KIMYRSA INTRAVENOUS SOLUTION RECONSTITUTED 1200 MG ( <i>oritavancin diphosphate</i> )                 | NF        |            |
| LAMPIT ORAL TABLET 120 MG, 30 MG ( <i>nifurtimox</i> )                                                | NPB       |            |
| <i>linezolid oral suspension reconstituted 100 mg/5ml</i>                                             | G         |            |
| <i>linezolid oral tablet 600 mg</i>                                                                   | G         |            |
| MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG ( <i>nitrofurantoin macrocrystal</i> )                  | NF        |            |
| <i>methenamine hippurate oral tablet 1 gm</i>                                                         | G         |            |
| <i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>                                                 | G         |            |
| METRONIDAZOLE BENZO+SYRSPEND ORAL SUSPENSION RECONSTITUTED 50 MG/ML ( <i>metronidazole benzoate</i> ) | NF        |            |
| <i>metronidazole oral capsule 375 mg</i>                                                              | G         |            |
| <i>metronidazole oral tablet 250 mg, 500 mg</i>                                                       | G         |            |
| NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG ( <i>pentamidine isethionate</i> )                  | NPB       |            |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>                                  | G         |            |
| <i>nitrofurantoin monohyd macro oral capsule 100 mg</i>                                               | G         |            |
| <i>nitrofurantoin oral suspension 25 mg/5ml</i>                                                       | G         |            |
| <i>pyrimethamine oral tablet 25 mg</i>                                                                | G         |            |
| SIVEXTRO ORAL TABLET 200 MG ( <i>tedizolid phosphate</i> )                                            | NPB       |            |
| SOLOSEC ORAL PACKET 2 GM ( <i>secnidazole</i> )                                                       | NF        |            |
| <i>trimethoprim oral tablet 100 mg</i>                                                                | G         |            |
| <i>vancomycin hcl intravenous solution 1250 mg/250ml, 1750 mg/350ml, 500 mg/100ml, 750 mg/150ml</i>   | NPB       |            |
| <i>vancomycin hcl intravenous solution reconstituted 100 gm</i>                                       | NPB       |            |
| <i>vancomycin hcl oral capsule 125 mg, 250 mg</i>                                                     | G         |            |

| Prescription Drug Name                                                                                                            | Drug Tier | Drug Notes |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| VANCOMYCIN+SYRSPEND SF ORAL SUSPENSION 50 MG/ML ( <i>vancomycin hcl</i> )                                                         | NF        |            |
| XIFAXAN ORAL TABLET 200 MG ( <i>rifaximin</i> )                                                                                   | NPB       |            |
| XIFAXAN ORAL TABLET 550 MG ( <i>rifaximin</i> )                                                                                   | PB        |            |
| <b>PENICILLINS - DRUGS TO TREAT INFECTIONS</b>                                                                                    |           |            |
| <i>amoxicillin oral capsule 250 mg, 500 mg</i>                                                                                    | G         |            |
| <i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>                                   | G         |            |
| <i>amoxicillin oral tablet 500 mg, 875 mg</i>                                                                                     | G         |            |
| <i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>                                                                            | G         |            |
| <i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>                                           | G         |            |
| <i>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</i> | G         |            |
| <i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>                                                 | G         |            |
| <i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>                                                    | G         |            |
| <i>ampicillin oral capsule 500 mg</i>                                                                                             | G         |            |
| <i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>                                                                           | G         |            |
| <i>nafcillin sodium intravenous solution reconstituted 10 gm</i>                                                                  | G         |            |
| <i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>                                                  | G         |            |
| <i>penicillin v potassium oral tablet 250 mg, 500 mg</i>                                                                          | G         |            |
| PFIZERPEN INJECTION SOLUTION RECONSTITUTED 20000000 UNIT, 5000000 UNIT ( <i>penicillin g potassium</i> )                          | NF        |            |
| <b>TETRACYCLINES - DRUGS TO TREAT INFECTIONS</b>                                                                                  |           |            |
| ACTICLATE ORAL TABLET 150 MG, 75 MG ( <i>doxycycline hyclate</i> )                                                                | NF        |            |
| <i>avidoxy oral tablet 100 mg</i>                                                                                                 | G         |            |
| <i>minocycline hcl</i> (Coremino Oral Tablet Extended Release 24 Hour 135 Mg, 45 Mg, 90 Mg)                                       | NF        |            |
| <i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>                                                                              | G         |            |
| DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG, 60 MG ( <i>doxycycline hyclate</i> )                                                | NF        |            |

| Prescription Drug Name                                                                                                   | Drug Tier | Drug Notes |
|--------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG, 80 MG ( <i>doxycycline hyclate</i> )                                    | NF        |            |
| <i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>                                                                    | G         |            |
| <i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>                                                                     | G         |            |
| <i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>                                                              | NF        |            |
| <i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg, 80 mg</i>                       | NF        |            |
| <i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>                                                                | G         |            |
| <i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>                                                                | NF        |            |
| <i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>                                                   | G         |            |
| <i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>                                                  | G         |            |
| MINOCIN ORAL CAPSULE 100 MG ( <i>minocycline hcl</i> )                                                                   | NF        |            |
| <i>minocycline hcl er oral capsule extended release 24 hour 135 mg, 45 mg, 90 mg</i>                                     | NF        |            |
| <i>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</i> | NF        |            |
| <i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>                                                                 | G         |            |
| <i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>                                                                  | G         |            |
| MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 135 MG ( <i>minocycline hcl</i> )                                  | NF        |            |
| <i>doxycycline monohydrate</i> (Mondoxyme NI Oral Capsule 100 Mg)                                                        | G         |            |
| NUZYRA ORAL TABLET 150 MG ( <i>omadacycline tosylate</i> )                                                               | NPB       |            |
| SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG ( <i>sarecycline hcl</i> )                                                     | NF        |            |
| <i>doxycycline hyclate</i> (Targadox Oral Tablet 50 Mg)                                                                  | NF        |            |
| <i>tetracycline hcl oral capsule 250 mg, 500 mg</i>                                                                      | G         |            |
| VIBRAMYCIN ORAL SYRUP 50 MG/5ML ( <i>doxycycline calcium</i> )                                                           | PB        |            |
| XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG ( <i>minocycline hcl</i> )                             | NF        |            |
| <b>ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER</b>                                                                     |           |            |
| <b>ALKYLATING AGENTS</b>                                                                                                 |           |            |
| <i>cyclophosphamide intravenous solution 1 gm/5ml, 500 mg/2.5ml</i>                                                      | NPSP      |            |



| Prescription Drug Name                                                                                                                                                                                                                                                        | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>cyclophosphamide intravenous solution 2 gm/10ml</i>                                                                                                                                                                                                                        | NPB       |            |
| <i>cyclophosphamide oral capsule 25 mg, 50 mg</i>                                                                                                                                                                                                                             | G         |            |
| EMCYT ORAL CAPSULE 140 MG ( <i>estramustine phosphate sodium</i> )                                                                                                                                                                                                            | PB        |            |
| EVOMELA INTRAVENOUS SOLUTION RECONSTITUTED 50 MG ( <i>melfhalan hcl</i> )                                                                                                                                                                                                     | NF        |            |
| GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG ( <i>lomustine</i> )                                                                                                                                                                                                              | NPSP      |            |
| GLIADEL WAFER IMPLANT WAFER 7.7 MG ( <i>carmustine in polifeprosan</i> )                                                                                                                                                                                                      | NPB       |            |
| LEUKERAN ORAL TABLET 2 MG ( <i>chlorambucil</i> )                                                                                                                                                                                                                             | PB        |            |
| MATULANE ORAL CAPSULE 50 MG ( <i>procarbazine hcl</i> )                                                                                                                                                                                                                       | PSP       |            |
| <i>melfhalan oral tablet 2 mg</i>                                                                                                                                                                                                                                             | G         |            |
| MYLERAN ORAL TABLET 2 MG ( <i>busulfan</i> )                                                                                                                                                                                                                                  | PB        |            |
| TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED 100 MG ( <i>temozolomide</i> )                                                                                                                                                                                                     | NPSP      |            |
| TEMODAR ORAL CAPSULE 250 MG ( <i>temozolomide</i> )                                                                                                                                                                                                                           | NPSP      |            |
| <i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>                                                                                                                                                                                                  | G         |            |
| ZEPZELCA INTRAVENOUS SOLUTION RECONSTITUTED 4 MG ( <i>lurbinectedin</i> )                                                                                                                                                                                                     | NF        |            |
| <b>ANTIMETABOLITES</b>                                                                                                                                                                                                                                                        |           |            |
| <i>capecitabine oral tablet 150 mg, 500 mg</i>                                                                                                                                                                                                                                | 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-% ( <i>gemcitabine hcl-nacl</i> ) | NF        |            |
| INQOVI ORAL TABLET 35-100 MG ( <i>decitabine-cedazuridine</i> )                                                                                                                                                                                                               | NPSP      |            |
| LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG ( <i>trifluridine-tipiracil</i> )                                                                                                                                                                                                  | PSP       |            |
| <i>mercaptopurine oral tablet 50 mg</i>                                                                                                                                                                                                                                       | G         |            |
| <i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>                                                                                                                                                                                          | G         |            |
| <i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>                                                                                                                                                                                                          | G         |            |
| <i>methotrexate sodium injection solution reconstituted 1 gm</i>                                                                                                                                                                                                              | G         |            |



| Prescription Drug Name                                                                             | Drug Tier | Drug Notes |
|----------------------------------------------------------------------------------------------------|-----------|------------|
| ONUREG ORAL TABLET 200 MG, 300 MG ( <i>azacitidine</i> )                                           | NPSP      |            |
| PEMFEXY INTRAVENOUS SOLUTION 500 MG/20ML ( <i>pemetrexed</i> )                                     | NF        |            |
| PURIXAN ORAL SUSPENSION 2000 MG/100ML ( <i>mercaptopurine</i> )                                    | NPSP      |            |
| TABLOID ORAL TABLET 40 MG ( <i>thioguanine</i> )                                                   | PB        |            |
| TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG ( <i>methotrexate sodium</i> )                      | PB        |            |
| XELODA ORAL TABLET 150 MG, 500 MG ( <i>capecitabine</i> )                                          | NPSP      |            |
| <b>ANTIMITOTIC, TAXOIDS</b>                                                                        |           |            |
| ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG ( <i>paclitaxel protein-bound part</i> )      | NPSP      |            |
| <b>ANTINEOPLASTIC, BCL-2 INHIBITORS</b>                                                            |           |            |
| VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG ( <i>venetoclax</i> )                                   | NPSP      |            |
| VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG ( <i>venetoclax</i> )            | NPSP      |            |
| <b>BIOLOGIC RESPONSE MODIFIERS</b>                                                                 |           |            |
| BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML ( <i>ropeginterferon alfa-2b-njft</i> ) | NPSP      |            |
| DAURISMO ORAL TABLET 100 MG, 25 MG ( <i>glasdegib maleate</i> )                                    | NF        |            |
| ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED 100 MG ( <i>fam-trastuzumab deruxtec-nxki</i> )         | NPSP      |            |
| ERIVEDGE ORAL CAPSULE 150 MG ( <i>vismodegib</i> )                                                 | PSP       |            |
| JEMPERLI INTRAVENOUS SOLUTION 500 MG/10ML ( <i>dostarlimab-gxly</i> )                              | NF        |            |
| LIBTAYO INTRAVENOUS SOLUTION 350 MG/7ML ( <i>cemiplimab-rwlc</i> )                                 | NPSP      |            |
| OPDIVO INTRAVENOUS SOLUTION 120 MG/12ML ( <i>nivolumab</i> )                                       | NPSP      |            |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG ( <i>pomalidomide</i> )                               | NPSP      |            |
| REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG ( <i>lenalidomide</i> )             | PSP       |            |
| RIABNI INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML ( <i>rituximab-arrx</i> )                     | NF        |            |

| Prescription Drug Name                                                                              | Drug Tier | Drug Notes |
|-----------------------------------------------------------------------------------------------------|-----------|------------|
| RITUXAN INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML ( <i>rituximab</i> )                          | NF        |            |
| RUXIENCE INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML ( <i>rituximab-pvvr</i> )                    | PSP       |            |
| THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG ( <i>thalidomide</i> )                          | PSP       |            |
| TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG ( <i>bcg live</i> )                            | NPB       |            |
| TIVDAK INTRAVENOUS SOLUTION RECONSTITUTED 40 MG ( <i>tisotumab vedotin-tftv</i> )                   | NPSP      |            |
| TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML ( <i>rituximab-abbs</i> )                     | NF        |            |
| <b>HORMONAL ANTINEOPLASTIC AGENTS</b>                                                               |           |            |
| <i>abiraterone acetate oral tablet 250 mg</i>                                                       | G         |            |
| <i>anastrozole oral tablet 1 mg</i>                                                                 | CE        |            |
| <i>bicalutamide oral tablet 50 mg</i>                                                               | G         |            |
| ELIGARD SUBCUTANEOUS KIT 30 MG ( <i>leuprolide acetate (4 month)</i> )                              | PSP       |            |
| ERLEADA ORAL TABLET 60 MG ( <i>apalutamide</i> )                                                    | PSP       |            |
| <i>exemestane oral tablet 25 mg</i>                                                                 | CE        |            |
| FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL ( <i>degarelix acetate</i> ) | PSP       |            |
| FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG ( <i>degarelix acetate</i> )                     | PSP       |            |
| <i>flutamide oral capsule 125 mg</i>                                                                | G         |            |
| <i>letrozole oral tablet 2.5 mg</i>                                                                 | G         |            |
| <i>leuprolide acetate injection kit 1 mg/0.2ml</i>                                                  | G         |            |
| LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG ( <i>leuprolide acetate</i> )              | NF        |            |
| LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG ( <i>leuprolide acetate (3 month)</i> )  | NF        |            |
| LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG ( <i>leuprolide acetate (4 month)</i> )              | NF        |            |
| LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG ( <i>leuprolide acetate (6 month)</i> )              | NF        |            |
| LYSODREN ORAL TABLET 500 MG ( <i>mitotane</i> )                                                     | PSP       |            |
| <i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml</i>                                      | G         |            |

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|-------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>megestrol acetate oral tablet 20 mg, 40 mg</i>                                                                 | G         |            |
| NILANDRON ORAL TABLET 150 MG ( <i>nilutamide</i> )                                                                | NF        |            |
| <i>nilutamide oral tablet 150 mg</i>                                                                              | G         |            |
| NUBEQA ORAL TABLET 300 MG ( <i>darolutamide</i> )                                                                 | PSP       |            |
| SOLTAMOX ORAL SOLUTION 10 MG/5ML ( <i>tamoxifen citrate</i> )                                                     | NPB       |            |
| <i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>                                                                 | CE        |            |
| <i>toremifene citrate oral tablet 60 mg</i>                                                                       | G         |            |
| TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG ( <i>triptorelin pamoate</i> ) | NF        |            |
| XTANDI ORAL CAPSULE 40 MG ( <i>enzalutamide</i> )                                                                 | PSP       |            |
| XTANDI ORAL TABLET 40 MG, 80 MG ( <i>enzalutamide</i> )                                                           | PSP       |            |
| YONSA ORAL TABLET 125 MG ( <i>abiraterone acetate</i> )                                                           | PSP       |            |
| ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG ( <i>goserelin acetate</i> )                                         | NF        |            |
| ZYTIGA ORAL TABLET 250 MG, 500 MG ( <i>abiraterone acetate</i> )                                                  | NF        |            |
| <b>KINASE INHIBITORS</b>                                                                                          |           |            |
| AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG ( <i>everolimus</i> )                                       | NF        |            |
| AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG ( <i>everolimus</i> )                                            | NF        |            |
| ALECENSA ORAL CAPSULE 150 MG ( <i>alectinib hcl</i> )                                                             | PSP       |            |
| ALIQOPA INTRAVENOUS SOLUTION RECONSTITUTED 60 MG ( <i>copanlisib hcl</i> )                                        | NF        |            |
| ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG ( <i>brigatinib</i> )                                                   | PSP       |            |
| ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG ( <i>brigatinib</i> )                                               | PSP       |            |
| AVASTIN INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML ( <i>bevacizumab</i> )                                       | NF        |            |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG ( <i>avapritinib</i> )                                   | NF        |            |
| BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG ( <i>erdafitinib</i> )                                                      | NPSP      |            |
| BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG ( <i>bosutinib</i> )                                                   | PSP       |            |

| Prescription Drug Name                                                                   | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------|-----------|------------|
| BRAFTOVI ORAL CAPSULE 75 MG ( <i>encorafenib</i> )                                       | PSP       |            |
| BRUKINSA ORAL CAPSULE 80 MG ( <i>zanubrutinib</i> )                                      | PSP       |            |
| CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG ( <i>cabozantinib s-malate</i> )               | PSP       |            |
| CALQUENCE ORAL CAPSULE 100 MG ( <i>acalabrutinib</i> )                                   | PSP       |            |
| CALQUENCE ORAL TABLET 100 MG ( <i>acalabrutinib maleate</i> )                            | PSP       |            |
| CAPRELSA ORAL TABLET 100 MG, 300 MG ( <i>vandetanib</i> )                                | NPSP      |            |
| COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG ( <i>cabozantinib s-malate</i> )        | NPSP      |            |
| COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG ( <i>cabozantinib s-malate</i> ) | NPSP      |            |
| COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG ( <i>cabozantinib s-malate</i> )              | NPSP      |            |
| COPIKTRA ORAL CAPSULE 15 MG ( <i>duvelisib</i> )                                         | PB        |            |
| COPIKTRA ORAL CAPSULE 25 MG ( <i>duvelisib</i> )                                         | PSP       |            |
| COTELLIC ORAL TABLET 20 MG ( <i>cobimetinib fumarate</i> )                               | PSP       |            |
| <i>erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg</i>                                   | G         |            |
| EXKIVITY ORAL CAPSULE 40 MG ( <i>mobocertinib succinate</i> )                            | NF        |            |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG ( <i>tivozanib hcl</i> )                           | NF        |            |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG ( <i>afatinib dimaleate</i> )                   | NPSP      |            |
| GLEEVEC ORAL TABLET 100 MG, 400 MG ( <i>imatinib mesylate</i> )                          | NF        |            |
| HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG ( <i>trastuzumab</i> )               | NF        |            |
| HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG ( <i>trastuzumab-pkrb</i> )    | NF        |            |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG ( <i>palbociclib</i> )                        | PSP       |            |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG ( <i>palbociclib</i> )                         | PSP       |            |
| ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG ( <i>ponatinib hcl</i> )                  | NF        |            |
| <i>imatinib mesylate oral tablet 100 mg, 400 mg</i>                                      | G         |            |
| IMBRUVICA ORAL CAPSULE 140 MG, 70 MG ( <i>ibrutinib</i> )                                | PSP       |            |

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|------------------------------------------------------------------------------------------------------|-----------|------------|
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG ( <i>ibrutinib</i> )                            | PSP       |            |
| INLYTA ORAL TABLET 1 MG, 5 MG ( <i>axitinib</i> )                                                    | NPSP      |            |
| INREBIC ORAL CAPSULE 100 MG ( <i>fedratinib hcl</i> )                                                | NF        |            |
| IRESSA ORAL TABLET 250 MG ( <i>gefitinib</i> )                                                       | PSP       |            |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG ( <i>ruxolitinib phosphate</i> )                 | NPSP      |            |
| KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG ( <i>trastuzumab-anms</i> )               | PSP       |            |
| KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG ( <i>ribociclib succinate</i> )                | PSP       |            |
| KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG ( <i>ribociclib succinate</i> )                | PSP       |            |
| KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG ( <i>ribociclib succinate</i> )                | PSP       |            |
| KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG ( <i>ribociclib-letrozole</i> )   | PSP       |            |
| KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG ( <i>ribociclib-letrozole</i> )   | PSP       |            |
| KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG ( <i>ribociclib-letrozole</i> )    | PSP       |            |
| KOSELUGO ORAL CAPSULE 10 MG, 25 MG ( <i>selumetinib sulfate</i> )                                    | PSP       |            |
| LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG ( <i>lenvatinib mesylate</i> )            | NPSP      |            |
| LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG ( <i>lenvatinib mesylate</i> )         | NPSP      |            |
| LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG ( <i>lenvatinib mesylate</i> )        | NPSP      |            |
| LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG ( <i>lenvatinib mesylate</i> ) | NPSP      |            |
| LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG ( <i>lenvatinib mesylate</i> )        | NPSP      |            |
| LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG ( <i>lenvatinib mesylate</i> ) | NPSP      |            |
| LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG ( <i>lenvatinib mesylate</i> )              | NPSP      |            |
| LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG ( <i>lenvatinib mesylate</i> )          | NPSP      |            |

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|-----------------------------------------------------------------------------------------|-----------|------------|
| LORBRENA ORAL TABLET 100 MG, 25 MG ( <i>lorlatinib</i> )                                | NPSP      |            |
| MEKINIST ORAL TABLET 0.5 MG, 2 MG ( <i>trametinib dimethyl sulfoxide</i> )              | NF        |            |
| MEKTOVI ORAL TABLET 15 MG ( <i>binimetinib</i> )                                        | PSP       |            |
| MVASI INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML ( <i>bevacizumab-awwb</i> )          | NF        |            |
| NERLYNX ORAL TABLET 40 MG ( <i>neratinib maleate</i> )                                  | NPSP      |            |
| NEXAVAR ORAL TABLET 200 MG ( <i>sorafenib tosylate</i> )                                | NPSP      |            |
| OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG ( <i>trastuzumab-dkst</i> )    | NF        |            |
| ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG ( <i>trastuzumab-dttb</i> ) | NF        |            |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG ( <i>pemigatinib</i> )                       | NF        |            |
| PERJETA INTRAVENOUS SOLUTION 420 MG/14ML ( <i>pertuzumab</i> )                          | PSP       |            |
| PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG ( <i>alpelisib</i> )         | NPSP      |            |
| PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG ( <i>alpelisib</i> )    | NPSP      |            |
| PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG ( <i>alpelisib</i> )     | NPSP      |            |
| QINLOCK ORAL TABLET 50 MG ( <i>ripretinib</i> )                                         | NF        |            |
| RETEVMO ORAL CAPSULE 40 MG, 80 MG ( <i>selpercatinib</i> )                              | NF        |            |
| ROZLYTREK ORAL CAPSULE 100 MG, 200 MG ( <i>entrectinib</i> )                            | PSP       |            |
| RYDAPT ORAL CAPSULE 25 MG ( <i>midostaurin</i> )                                        | PSP       |            |
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG ( <i>dasatinib</i> )     | PSP       |            |
| STIVARGA ORAL TABLET 40 MG ( <i>regorafenib</i> )                                       | PSP       |            |
| SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG ( <i>sunitinib malate</i> )          | NPSP      |            |
| TABRECTA ORAL TABLET 150 MG, 200 MG ( <i>capmatinib hcl</i> )                           | NF        |            |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG ( <i>dabrafenib mesylate</i> )                       | NF        |            |
| TAGRISSO ORAL TABLET 40 MG, 80 MG ( <i>osimertinib mesylate</i> )                       | PSP       |            |



| Prescription Drug Name                                                                                  | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------------------------------------|-----------|------------|
| TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG<br>( <i>erlotinib hcl</i> )                                   | NPSP      |            |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG<br>( <i>nilotinib hcl</i> )                                  | NF        |            |
| TEPMETKO ORAL TABLET 225 MG ( <i>tepotinib hcl</i> )                                                    | NF        |            |
| TRAZIMERA INTRAVENOUS SOLUTION<br>RECONSTITUTED 150 MG, 420 MG ( <i>trastuzumab-qyyp</i> )              | PSP       |            |
| TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE<br>THERAPY PACK 100 MG ( <i>infigratinib phosphate</i> )      | NF        |            |
| TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE<br>THERAPY PACK 100 & 25 MG ( <i>infigratinib phosphate</i> ) | NF        |            |
| TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE<br>THERAPY PACK 25 MG ( <i>infigratinib phosphate</i> )        | NF        |            |
| TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE<br>THERAPY PACK 25 MG ( <i>infigratinib phosphate</i> )        | NF        |            |
| TUKYSA ORAL TABLET 150 MG, 50 MG ( <i>tucatinib</i> )                                                   | NPSP      |            |
| TURALIO ORAL CAPSULE 200 MG ( <i>pexidartinib hcl</i> )                                                 | NF        |            |
| TYKERB ORAL TABLET 250 MG ( <i>lapatinib ditosylate</i> )                                               | NPSP      |            |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50<br>MG ( <i>abemaciclib</i> )                            | NPSP      |            |
| VITRAKVI ORAL CAPSULE 100 MG, 25 MG ( <i>larotrectinib<br/>sulfate</i> )                                | PSP       |            |
| VITRAKVI ORAL SOLUTION 20 MG/ML ( <i>larotrectinib<br/>sulfate</i> )                                    | PSP       |            |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG<br>( <i>dacomitinib</i> )                                      | NF        |            |
| VOTRIENT ORAL TABLET 200 MG ( <i>pazopanib hcl</i> )                                                    | PSP       |            |
| XALKORI ORAL CAPSULE 200 MG, 250 MG ( <i>crizotinib</i> )                                               | NF        |            |
| XOSPATA ORAL TABLET 40 MG ( <i>gilteritinib fumarate</i> )                                              | PSP       |            |
| ZELBORAF ORAL TABLET 240 MG ( <i>vemurafenib</i> )                                                      | PSP       |            |
| ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400<br>MG/16ML ( <i>bevacizumab-bvzr</i> )                     | PSP       |            |
| ZYDELIG ORAL TABLET 100 MG, 150 MG ( <i>idelalisib</i> )                                                | NF        |            |
| ZYKADIA ORAL TABLET 150 MG ( <i>ceritinib</i> )                                                         | PSP       |            |
| <b>MISCELLANEOUS</b>                                                                                    |           |            |
| ASPARLAS INTRAVENOUS SOLUTION 3750<br>UNIT/5ML ( <i>calaspargase pegol-mknl</i> )                       | NPSP      |            |



| Prescription Drug Name                                                                  | Drug Tier | Drug Notes |
|-----------------------------------------------------------------------------------------|-----------|------------|
| BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED 500 MG ( <i>belinostat</i> )                | NPSP      |            |
| <i>bexarotene oral capsule 75 mg</i>                                                    | G         |            |
| <i>hydroxyurea oral capsule 500 mg</i>                                                  | G         |            |
| IDHIFA ORAL TABLET 100 MG, 50 MG ( <i>enasidenib mesylate</i> )                         | NPSP      |            |
| LUMAKRAS ORAL TABLET 120 MG ( <i>sotorasib</i> )                                        | NPSP      |            |
| LYNPARZA ORAL TABLET 100 MG, 150 MG ( <i>olaparib</i> )                                 | PSP       |            |
| ODOMZO ORAL CAPSULE 200 MG ( <i>sonidegib phosphate</i> )                               | PSP       |            |
| ONCASPAR INJECTION SOLUTION 750 UNIT/ML ( <i>pegaspargase</i> )                         | NPSP      |            |
| <i>romidepsin intravenous solution 27.5 mg/5.5ml</i>                                    | NPSP      |            |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG ( <i>rucaparib camsylate</i> )               | PSP       |            |
| RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5ML ( <i>asparaginase erwinia chry-rywn</i> )     | NPSP      |            |
| SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG ( <i>omacetaxine mepesuccinate</i> ) | NPSP      |            |
| TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG ( <i>talazoparib tosylate</i> )    | NF        |            |
| TARGRETIN ORAL CAPSULE 75 MG ( <i>bexarotene</i> )                                      | NPSP      |            |
| TAZVERIK ORAL TABLET 200 MG ( <i>tazemetostat hbr</i> )                                 | NF        |            |
| TIBSOVO ORAL TABLET 250 MG ( <i>ivosidenib</i> )                                        | NPSP      |            |
| <i>tretinoin oral capsule 10 mg</i>                                                     | G         |            |
| VISTOGARD ORAL PACKET 10 GM ( <i>uridine triacetate</i> )                               | PSP       |            |
| WELIREG ORAL TABLET 40 MG ( <i>belzutifan</i> )                                         | NF        |            |
| XOFIGO INTRAVENOUS SOLUTION 30 MCCI/ML ( <i>radium ra 223 dichloride</i> )              | NF        |            |
| XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG ( <i>selinexor</i> )         | NPSP      |            |
| XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG ( <i>selinexor</i> )          | NPSP      |            |
| XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG ( <i>selinexor</i> )         | NPSP      |            |
| XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG ( <i>selinexor</i> )          | NPSP      |            |
| XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG ( <i>selinexor</i> )         | NPSP      |            |

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|----------------------------------------------------------------------------------------|-----------|------------|
| XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG ( <i>selinexor</i> )         | NPSP      |            |
| XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG ( <i>selinexor</i> )        | NPSP      |            |
| ZEJULA ORAL CAPSULE 100 MG ( <i>niraparib tosylate</i> )                               | PSP       |            |
| ZOLINZA ORAL CAPSULE 100 MG ( <i>vorinostat</i> )                                      | PSP       |            |
| <b>PLATINUM-BASED AGENTS</b>                                                           |           |            |
| PARAPLATIN INTRAVENOUS SOLUTION 1000 MG/100ML ( <i>carboplatin</i> )                   | NPSP      |            |
| <b>PROTEASOME INHIBITORS</b>                                                           |           |            |
| <i>bortezomib injection solution 3.5 mg/1.4ml</i>                                      | NF        |            |
| <i>bortezomib injection solution reconstituted 1 mg, 2.5 mg</i>                        | NF        |            |
| <i>bortezomib intravenous solution reconstituted 3.5 mg</i>                            | NF        |            |
| KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 30 MG, 60 MG ( <i>carfilzomib</i> ) | NF        |            |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG ( <i>ixazomib citrate</i> )                    | PSP       |            |
| VELCADE INJECTION SOLUTION RECONSTITUTED 3.5 MG ( <i>bortezomib</i> )                  | PSP       |            |
| <b>PROTECTIVE AGENTS</b>                                                               |           |            |
| KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED 175 MG, 300 MG ( <i>levoleucovorin</i> )   | NF        |            |
| <i>leucovorin calcium injection solution 100 mg/10ml</i>                               | NPB       |            |
| <i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>                        | G         |            |
| MESNEX ORAL TABLET 400 MG ( <i>mesna</i> )                                             | NPB       |            |
| PEDMARK INTRAVENOUS SOLUTION 12.5 % ( <i>sodium thiosulfate</i> )                      | NPSP      |            |
| TOTECT INTRAVENOUS SOLUTION RECONSTITUTED 500 MG ( <i>dexrazoxane hcl</i> )            | NF        |            |
| <b>TOPOISOMERASE INHIBITORS</b>                                                        |           |            |
| <i>etoposide oral capsule 50 mg</i>                                                    | G         |            |
| HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG ( <i>topotecan hcl</i> )                           | NPSP      |            |
| ONIVYDE INTRAVENOUS INJECTABLE 43 MG/10ML ( <i>irinotecan hcl liposome</i> )           | NPSP      |            |

| Prescription Drug Name                                                                               | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------------|-----------|------------|
| <b>CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS</b>                              |           |            |
| <b>ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>                               |           |            |
| ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG (quinapril-hydrochlorothiazide)                         | NPB       |            |
| 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, 5-6.25 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       |            |
| ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (lisinopril-hydrochlorothiazide)             | NF        |            |
| <b>ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>                                           |           |            |
| 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 solution 1 mg/ml                                                              | G         |            |
| 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        |

| Prescription Drug Name                                                                                                              | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>                                                                                    | G         | LGC        |
| VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG<br>( <i>enalapril maleate</i> )                                                      | NPB       |            |
| <b>ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>                                                        |           |            |
| <i>eplerenone oral tablet 25 mg, 50 mg</i>                                                                                          | G         |            |
| <b>ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>                                                                          |           |            |
| CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG<br>( <i>doxazosin mesylate</i> )                                                               | NPB       |            |
| <i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>                                                                        | G         |            |
| <i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>                                                                                   | G         |            |
| <i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>                                                                           | G         | LGC        |
| <b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>                                         |           |            |
| <i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>                                           | G         | LGC        |
| <i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>                                                       | G         | LGC        |
| ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG ( <i>candesartan cilexetil-hctz</i> )                                      | NF        |            |
| AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG ( <i>amlodipine-olmesartan</i> )                                              | NF        |            |
| BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG ( <i>olmesartan medoxomil-hctz</i> )                                       | NF        |            |
| <i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>                                                      | G         | LGC        |
| DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG ( <i>valsartan-hydrochlorothiazide</i> )          | NF        |            |
| EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG ( <i>azilsartan-chlorthalidone</i> )                                                    | 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 ( <i>amlodipine-valsartan-hctz</i> ) | NF        |            |
| EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG ( <i>amlodipine besylate-valsartan</i> )                               | NF        |            |

| Prescription Drug Name                                                                                           | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------------------------|-----------|------------|
| HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG ( <i>losartan potassium-hctz</i> )                         | NF        |            |
| <i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>                                       | G         | LGC        |
| <i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>                                    | G         | LGC        |
| MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG ( <i>telmisartan-hctz</i> )                            | NF        |            |
| <i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>                                    | G         | LGC        |
| <i>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</i> | G         | LGC        |
| <i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>                                   | G         | LGC        |
| <i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>                                             | G         | LGC        |
| <i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>      | G         | LGC        |
| <b>ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>                                  |           |            |
| ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG ( <i>candesartan cilexetil</i> )                                    | NF        |            |
| BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG ( <i>olmesartan medoxomil</i> )                                           | NF        |            |
| <i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>                                                | G         | LGC        |
| COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG ( <i>losartan potassium</i> )                                            | NF        |            |
| DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG ( <i>valsartan</i> )                                             | NF        |            |
| EDARBI ORAL TABLET 40 MG, 80 MG ( <i>azilsartan medoxomil</i> )                                                  | NF        |            |
| <i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>                                                              | G         | LGC        |
| <i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>                                                       | G         | LGC        |
| MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG ( <i>telmisartan</i> )                                                  | NF        |            |
| <i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>                                                       | G         | LGC        |
| <i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>                                                               | G         | LGC        |
| <i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>                                                        | G         | LGC        |

| Prescription Drug Name                                                                            | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------------------------------|-----------|------------|
| <b>ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM</b>                                            |           |            |
| <i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>                                          | G         |            |
| BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG ( <i>sotalol hcl af</i> )                           | NF        |            |
| BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG ( <i>sotalol hcl</i> )                                 | NF        |            |
| <i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>                                         | G         |            |
| <i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>                                          | G         |            |
| <i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>                                       | G         |            |
| <i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>                                         | G         |            |
| MULTAQ ORAL TABLET 400 MG ( <i>dronedarone hcl</i> )                                              | PB        |            |
| NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG ( <i>disopyramide phosphate</i> ) | PB        |            |
| NORPACE ORAL CAPSULE 100 MG, 150 MG ( <i>disopyramide phosphate</i> )                             | NF        |            |
| <i>amiodarone hcl</i> (Pacerone Oral Tablet 100 Mg, 200 Mg, 400 Mg)                               | G         |            |
| <i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>            | G         |            |
| <i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>                                         | G         |            |
| <i>quinidine gluconate er oral tablet extended release 324 mg</i>                                 | G         |            |
| <i>quinidine sulfate oral tablet 200 mg, 300 mg</i>                                               | G         |            |
| <i>sotalol hcl</i> (Sorine Oral Tablet 120 Mg, 80 Mg)                                             | G         | LGC        |
| <i>sotalol hcl</i> (Sorine Oral Tablet 160 Mg, 240 Mg)                                            | G         |            |
| <i>sotalol hcl (af) oral tablet 120 mg</i>                                                        | G         | LGC        |
| <i>sotalol hcl (af) oral tablet 160 mg, 80 mg</i>                                                 | G         |            |
| <i>sotalol hcl oral tablet 120 mg, 80 mg</i>                                                      | G         | LGC        |
| <i>sotalol hcl oral tablet 160 mg, 240 mg</i>                                                     | G         |            |
| SOTYLIZE ORAL SOLUTION 5 MG/ML ( <i>sotalol hcl</i> )                                             | NPB       |            |
| TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG ( <i>dofetilide</i> )                              | NPSP      |            |
| <b>ANTILIPEMICS, ACL INHIBITORS/COMBINATIONS - DRUGS TO TREAT HIGH CHOLESTEROL</b>                |           |            |
| NEXLETOL ORAL TABLET 180 MG ( <i>bempedoic acid</i> )                                             | PB        |            |
| NEXLIZET ORAL TABLET 180-10 MG ( <i>bempedoic acid-ezetimibe</i> )                                | PB        |            |



| Prescription Drug Name                                                                  | Drug Tier | Drug Notes |
|-----------------------------------------------------------------------------------------|-----------|------------|
| <b>ANTILIPEMICS, BILE ACID RESINS - DRUGS TO TREAT HIGH CHOLESTEROL</b>                 |           |            |
| <i>cholestyramine light oral packet 4 gm</i>                                            | G         |            |
| <i>cholestyramine light oral powder 4 gm/dose</i>                                       | G         |            |
| <i>cholestyramine oral packet 4 gm</i>                                                  | G         |            |
| <i>cholestyramine oral powder 4 gm/dose</i>                                             | G         |            |
| <i>colesevelam hcl oral packet 3.75 gm</i>                                              | G         |            |
| <i>colesevelam hcl oral tablet 625 mg</i>                                               | G         |            |
| <i>colestipol hcl oral granules 5 gm</i>                                                | G         |            |
| <i>colestipol hcl oral packet 5 gm</i>                                                  | G         |            |
| <i>colestipol hcl oral tablet 1 gm</i>                                                  | G         |            |
| <i>cholestyramine light (Prevalite Oral Packet 4 Gm)</i>                                | G         |            |
| <i>cholestyramine light (Prevalite Oral Powder 4 Gm/Dose)</i>                           | G         |            |
| <b>ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR - DRUGS TO TREAT HIGH CHOLESTEROL</b> |           |            |
| <i>ezetimibe oral tablet 10 mg</i>                                                      | G         |            |
| ZETIA ORAL TABLET 10 MG ( <i>ezetimibe</i> )                                            | NF        |            |
| <b>ANTILIPEMICS, FIBRATES - DRUGS TO TREAT HIGH CHOLESTEROL</b>                         |           |            |
| ANTARA ORAL CAPSULE 30 MG, 90 MG ( <i>fenofibrate micronized</i> )                      | NPB       |            |
| <i>fenofibrate micronized oral capsule 130 mg</i>                                       | NF        |            |
| <i>fenofibrate micronized oral capsule 134 mg, 200 mg, 30 mg, 43 mg, 67 mg, 90 mg</i>   | G         |            |
| <i>fenofibrate oral capsule 150 mg</i>                                                  | G         |            |
| <i>fenofibrate oral capsule 50 mg</i>                                                   | NF        |            |
| <i>fenofibrate oral tablet 120 mg, 40 mg</i>                                            | NF        |            |
| <i>fenofibrate oral tablet 145 mg, 48 mg, 54 mg</i>                                     | G         |            |
| <i>fenofibrate oral tablet 160 mg</i>                                                   | NPB       |            |
| <i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>                       | G         |            |
| <i>fenofibric acid oral tablet 105 mg</i>                                               | G         |            |
| FENOGLIDE ORAL TABLET 120 MG ( <i>fenofibrate</i> )                                     | NF        |            |
| FIBRICOR ORAL TABLET 105 MG, 35 MG ( <i>fenofibric acid</i> )                           | NPB       |            |
| <i>gemfibrozil oral tablet 600 mg</i>                                                   | G         | LGC        |



| Prescription Drug Name                                                                           | Drug Tier | Drug Notes |
|--------------------------------------------------------------------------------------------------|-----------|------------|
| LIPOFEN ORAL CAPSULE 150 MG, 50 MG ( <i>fenofibrate</i> )                                        | NPB       |            |
| TRICOR ORAL TABLET 145 MG, 48 MG ( <i>fenofibrate</i> )                                          | NF        |            |
| <b>ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS<br/>- DRUGS TO TREAT HIGH CHOLESTEROL</b>          |           |            |
| ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG ( <i>lovastatin</i> )          | NF        |            |
| <i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>                                             | CE        | LGC        |
| <i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>                                             | G         | LGC        |
| CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG ( <i>rosuvastatin calcium</i> )                    | NF        |            |
| EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG ( <i>rosuvastatin calcium</i> ) | NF        |            |
| <i>flolipid oral suspension 20 mg/5ml, 40 mg/5ml</i>                                             | NF        |            |
| <i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>                          | G         |            |
| <i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>                                              | G         |            |
| LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 80 MG ( <i>fluvastatin sodium</i> )               | NF        |            |
| LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG ( <i>atorvastatin calcium</i> )                   | NF        |            |
| LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG ( <i>pitavastatin calcium</i> )                              | NF        |            |
| <i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>                                                | G         | LGC        |
| <i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>                                 | G         | LGC        |
| <i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>                                | G         | LGC        |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>                                         | CE        | LGC        |
| <i>simvastatin oral tablet 80 mg</i>                                                             | G         | LGC        |
| ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG ( <i>simvastatin</i> )                                     | NPB       |            |
| ZYPITAMAG ORAL TABLET 2 MG, 4 MG ( <i>pitavastatin magnesium</i> )                               | NF        |            |
| <b>ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS - DRUGS TO TREAT HIGH CHOLESTEROL</b> |           |            |
| <i>ezetimibe-rosuvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-5 mg</i>                  | NF        |            |
| <i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>                  | G         |            |

| Prescription Drug Name                                                                              | Drug Tier | Drug Notes                                 |
|-----------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG ( <i>ezetimibe-rosuvastatin</i> )          | NF        |                                            |
| VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG ( <i>ezetimibe-simvastatin</i> )         | NPB       |                                            |
| <b>ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL</b>                                |           |                                            |
| JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG ( <i>lomitapide mesylate</i> )                      | NF        |                                            |
| <i>niacin (antihyperlipidemic) oral tablet 500 mg</i>                                               | NF        |                                            |
| <i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>          | G         |                                            |
| NIACOR ORAL TABLET 500 MG ( <i>niacin (antihyperlipidemic)</i> )                                    | NF        |                                            |
| <b>ANTILIPEMICS, OMEGA-3 FATTY ACIDS - DRUGS TO TREAT HIGH CHOLESTEROL</b>                          |           |                                            |
| <i>icosapent ethyl oral capsule 0.5 gm, 1 gm</i>                                                    | NF        | N8 (Listing does not include certain NDCs) |
| LOVAZA ORAL CAPSULE 1 GM ( <i>omega-3-acid ethyl esters</i> )                                       | NPB       |                                            |
| <i>omega-3-acid ethyl esters oral capsule 1 gm</i>                                                  | G         |                                            |
| VASCEPA ORAL CAPSULE 0.5 GM, 1 GM ( <i>icosapent ethyl</i> )                                        | PB        | N8 (Listing does not include certain NDCs) |
| <b>ANTILIPEMICS, PCSK9 INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL</b>                             |           |                                            |
| LEQVIO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML ( <i>inclisiran sodium</i> )            | NF        |                                            |
| PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML ( <i>alirocumab</i> )              | PSP       |                                            |
| REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML ( <i>evolocumab</i> )        | NF        |                                            |
| REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML ( <i>evolocumab</i> )                     | NF        |                                            |
| REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML ( <i>evolocumab</i> )               | NF        |                                            |
| <b>BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS</b> |           |                                            |
| <i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>                                      | G         |                                            |

| Prescription Drug Name                                                                                           | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>                             | G         | LGC        |
| <i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>                                 | G         |            |
| <b>BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS</b>                                   |           |            |
| <i>acebutolol hcl oral capsule 200 mg, 400 mg</i>                                                                | G         |            |
| <i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>                                                                 | G         | LGC        |
| ATENOLOL+SYRSPEND SF ORAL SUSPENSION 1 MG/ML ( <i>atenolol</i> )                                                 | NF        |            |
| <i>betaxolol hcl oral tablet 10 mg, 20 mg</i>                                                                    | G         |            |
| <i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>                                                               | G         |            |
| BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG ( <i>nebivolol hcl</i> )                                         | NPB       |            |
| <i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>                                                  | G         | LGC        |
| <i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>                  | G         |            |
| COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG ( <i>carvedilol phosphate</i> )        | NF        |            |
| COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG ( <i>carvedilol</i> )                                        | NPB       |            |
| CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG ( <i>nadolol</i> )                                                       | NPB       |            |
| HEMANGEOL ORAL SOLUTION 4.28 MG/ML ( <i>propranolol hcl</i> )                                                    | NPB       |            |
| INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG ( <i>propranolol hcl</i> )         | NF        |            |
| INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG ( <i>propranolol hcl sr beads</i> )               | NF        |            |
| INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG ( <i>propranolol hcl sr beads</i> )              | NF        |            |
| KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG ( <i>metoprolol succinate</i> ) | NF        |            |
| <i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>                                                          | G         |            |
| LOPRESSOR ORAL TABLET 100 MG, 50 MG ( <i>metoprolol tartrate</i> )                                               | NPB       |            |

| Prescription Drug Name                                                                                                                                 | Drug Tier | Drug Notes |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>                                                       | G         |            |
| <i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>                                                                                            | G         | LGC        |
| <i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>                                                                                                  | G         |            |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>                                                                                                         | G         |            |
| <i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>                                                                                            | G         |            |
| <i>pindolol oral tablet 10 mg, 5 mg</i>                                                                                                                | G         |            |
| <i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>                                                           | G         |            |
| <i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>                                                                                              | G         |            |
| <i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>                                                                                          | G         | LGC        |
| <i>propranolol hcl oral tablet 60 mg</i>                                                                                                               | G         |            |
| TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG ( <i>atenolol</i> )                                                                                          | NPB       |            |
| <i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>                                                                                                  | G         |            |
| TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG ( <i>metoprolol succinate</i> )                                            | NF        |            |
| <b>CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS</b>                                      |           |            |
| <i>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</i> | G         | LGC        |
| <b>CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS</b>                                                              |           |            |
| AMLODIPINE BES+SYRSPEND SF ORAL SUSPENSION 1 MG/ML ( <i>amlodipine besylate</i> )                                                                      | NF        |            |
| <i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>                                                                                             | G         | LGC        |
| CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG ( <i>verapamil hcl</i> )                                                                  | NPB       |            |
| CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG ( <i>diltiazem hcl coated beads</i> )                         | NF        |            |
| CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG ( <i>diltiazem hcl coated beads</i> )                  | NF        |            |
| CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG ( <i>diltiazem hcl</i> )                                                                                     | NF        |            |

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The formulary is updated the first week of each month

12/01/2022

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

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



| Prescription Drug Name                                                             | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------|-----------|------------|
| <i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>                                | G         | LGC        |
| <i>indapamide oral tablet 1.25 mg, 2.5 mg</i>                                      | G         |            |
| KEVEYIS ORAL TABLET 50 MG ( <i>dichlorphenamide</i> )                              | NPSP      |            |
| <i>methazolamide oral tablet 25 mg, 50 mg</i>                                      | G         |            |
| <i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>                                  | G         |            |
| <i>spironolactone oral tablet 100 mg, 50 mg</i>                                    | G         |            |
| <i>spironolactone oral tablet 25 mg</i>                                            | G         | LGC        |
| <i>spironolactone-hctz oral tablet 25-25 mg</i>                                    | G         |            |
| THALITONE ORAL TABLET 15 MG ( <i>chlorthalidone</i> )                              | NF        |            |
| <i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>                            | G         |            |
| <i>triamterene oral capsule 100 mg, 50 mg</i>                                      | G         |            |
| <i>triamterene-hctz oral capsule 37.5-25 mg</i>                                    | G         | LGC        |
| <i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>                           | G         | LGC        |
| <b>HEART FAILURE</b>                                                               |           |            |
| BIDIL ORAL TABLET 20-37.5 MG ( <i>isosorb dinitrate-hydralazine</i> )              | PB        |            |
| CORLANOR ORAL SOLUTION 5 MG/5ML ( <i>ivabradine hcl</i> )                          | NPB       |            |
| CORLANOR ORAL TABLET 5 MG, 7.5 MG ( <i>ivabradine hcl</i> )                        | PB        |            |
| ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG ( <i>sacubitril-valsartan</i> ) | PB        |            |
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG ( <i>vericiguat</i> )                      | PB        |            |
| VYNDAMAX ORAL CAPSULE 61 MG ( <i>tafamidis</i> )                                   | NPSP      |            |
| VYNDAQEL ORAL CAPSULE 20 MG ( <i>tafamidis meglumine (cardiac)</i> )               | NF        |            |
| <b>MISCELLANEOUS</b>                                                               |           |            |
| AKOVAZ INTRAVENOUS SOLUTION 50 MG/ML ( <i>ephedrine sulfate (pressors)</i> )       | NF        |            |
| BIORPHEN INTRAVENOUS SOLUTION 0.5 MG/5ML ( <i>phenylephrine hcl (pressors)</i> )   | NF        |            |
| CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG ( <i>mavacamten</i> )              | NPSP      |            |
| CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR ( <i>clonidine</i> )           | PB        |            |



| Prescription Drug Name                                                                                     | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------------------|-----------|------------|
| CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24HR ( <i>clonidine</i> )                                   | PB        |            |
| CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24HR ( <i>clonidine</i> )                                   | PB        |            |
| <i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>                                                    | G         | LGC        |
| <i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>                            | G         |            |
| DEMSEER ORAL CAPSULE 250 MG ( <i>metyrosine</i> )                                                          | NPB       |            |
| EMERPHED INTRAVENOUS SOLUTION 5 MG/ML ( <i>ephedrine sulfate (pressors)</i> )                              | NF        |            |
| <i>epinephrine injection solution 1 mg/ml</i>                                                              | NPB       |            |
| <i>epinephrine injection solution prefilled syringe 0.2 mg/0.2ml</i>                                       | NPB       |            |
| <i>epinephrine injection solution prefilled syringe 1 mg/10ml</i>                                          | NF        |            |
| <i>epinephrine intravenous solution 1 mg/10ml</i>                                                          | NPB       |            |
| <i>epinephrine intravenous solution prefilled syringe 0.1 mg/10ml, 1 mg/10ml</i>                           | NPB       |            |
| GIAPREZA INTRAVENOUS SOLUTION 2.5 MG/ML ( <i>angiotensin ii acetate</i> )                                  | NF        |            |
| <i>guanfacine hcl oral tablet 1 mg, 2 mg</i>                                                               | G         |            |
| <i>hydralazine hcl oral tablet 10 mg, 100 mg, 50 mg</i>                                                    | G         |            |
| <i>hydralazine hcl oral tablet 25 mg</i>                                                                   | G         | LGC        |
| <i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>                                                       | G         |            |
| <i>minoxidil oral tablet 10 mg, 2.5 mg</i>                                                                 | G         |            |
| NIPRIDE RTU INTRAVENOUS SOLUTION 20-0.9 MG/100ML-%, 50-0.9 MG/100ML-% ( <i>nitroprusside sodium-nacl</i> ) | NF        |            |
| NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG ( <i>droxidopa</i> )                                          | NF        |            |
| <i>phenoxybenzamine hcl oral capsule 10 mg</i>                                                             | G         |            |
| <i>phenylephrine hcl (pressors) intravenous solution 0.8 mg/10ml</i>                                       | NPB       |            |
| <i>phenylephrine hcl intravenous solution 1 mg/10ml</i>                                                    | NPB       |            |
| <i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>                                  | G         |            |
| VECAMEYL ORAL TABLET 2.5 MG ( <i>mecamylamine hcl</i> )                                                    | NPB       |            |
| <b>NITRATES - DRUGS TO TREAT HEART CONDITIONS</b>                                                          |           |            |
| GONITRO SUBLINGUAL PACKET 400 MCG ( <i>nitroglycerin</i> )                                                 | NF        |            |

| Prescription Drug Name                                                                                      | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------------------------------|-----------|------------|
| ISORDIL TITRADOSE ORAL TABLET 40 MG, 5 MG<br>(isosorbide dinitrate)                                         | NPB       |            |
| 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<br>120 mg, 30 mg, 60 mg                      | G         |            |
| isosorbide mononitrate oral tablet 10 mg, 20 mg                                                             | G         |            |
| NITRO-BID TRANSDERMAL OINTMENT 2 %<br>(nitroglycerin)                                                       | NPB       |            |
| NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3<br>MG/HR, 0.8 MG/HR (nitroglycerin)                                 | PB        |            |
| 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,<br>0.4 mg/hr, 0.6 mg/hr                       | G         |            |
| nitroglycerin translingual solution 0.4 mg/spray                                                            | G         |            |
| NITROLINGUAL TRANSLINGUAL SOLUTION 0.4<br>MG/SPRAY (nitroglycerin)                                          | NPB       |            |
| NITROMIST TRANSLINGUAL AEROSOL SOLUTION<br>400 MCG/SPRAY (nitroglycerin)                                    | NPB       |            |
| <b>PULMONARY ARTERIAL HYPERTENSION - DRUGS<br/>TO TREAT PULMONARY HYPERTENSION</b>                          |           |            |
| ADCIRCA ORAL TABLET 20 MG (tadalafil (pah))                                                                 | NF        |            |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG,<br>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,<br>1.5 mg                                    | G         |            |
| FLOLAN INTRAVENOUS SOLUTION<br>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<br>0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (treprostinil<br>diolamine) | PSP       |            |
| REMODULIN INJECTION SOLUTION 100 MG/20ML, 20<br>MG/20ML, 200 MG/20ML, 50 MG/20ML (treprostinil)             | NF        |            |

| Prescription Drug Name                                                                                               | Drug Tier | Drug Notes |
|----------------------------------------------------------------------------------------------------------------------|-----------|------------|
| REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML<br>(sildenafil citrate)                                                    | NF        |            |
| REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML (sildenafil citrate)                                                  | NF        |            |
| REVATIO ORAL TABLET 20 MG (sildenafil citrate)                                                                       | NF        |            |
| sildenafil citrate oral suspension reconstituted 10 mg/ml                                                            | G         |            |
| 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         |            |
| 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      |            |
| <b>CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS</b>                                              |           |            |
| <b>ALCOHOL DETERRENTS</b>                                                                                            |           |            |
| acamprosate calcium oral tablet delayed release 333 mg                                                               | G         |            |

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| Prescription Drug Name                                                                       | Drug Tier | Drug Notes |
|----------------------------------------------------------------------------------------------|-----------|------------|
| <i>disulfiram oral tablet 250 mg, 500 mg</i>                                                 | G         |            |
| <b>ANTIANXIETY - DRUGS TO TREAT ANXIETY</b>                                                  |           |            |
| <i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>           | G         |            |
| ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML ( <i>alprazolam</i> )                           | NPB       |            |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>                                    | G         |            |
| <i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>                        | G         |            |
| <i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>           | G         |            |
| ATIVAN INJECTION SOLUTION 2 MG/ML, 4 MG/ML ( <i>lorazepam</i> )                              | NF        |            |
| ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG ( <i>lorazepam</i> )                                   | NF        |            |
| <i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>                           | G         |            |
| <i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>                                  | G         |            |
| <i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>                                     | G         |            |
| <i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>           | G         |            |
| <i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>                                  | G         |            |
| <i>lorazepam oral concentrate 2 mg/ml</i>                                                    | G         |            |
| <i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>                                              | G         |            |
| LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG, 2 MG, 3 MG ( <i>lorazepam</i> )     | NF        |            |
| <i>meprobamate oral tablet 200 mg, 400 mg</i>                                                | G         |            |
| <i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>                                             | G         |            |
| XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG ( <i>alprazolam</i> )                          | NF        |            |
| XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 2 MG, 3 MG ( <i>alprazolam</i> ) | NF        |            |
| <b>ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS</b>                                |           |            |
| <i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i>                                          | G         |            |
| <i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>                                     | G         |            |
| <i>ergoloid mesylates oral tablet 1 mg</i>                                                   | G         |            |
| <i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>  | G         |            |

| Prescription Drug Name                                                                                                      | Drug Tier | Drug Notes |
|-----------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>galantamine hydrobromide oral solution 4 mg/ml</i>                                                                       | G         |            |
| <i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>                                                               | G         |            |
| <i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>                                     | G         |            |
| <i>memantine hcl oral solution 10 mg/5ml, 2 mg/ml</i>                                                                       | G         |            |
| <i>memantine hcl oral tablet 10 mg, 28 x 5 mg &amp; 21 x 10 mg, 5 mg</i>                                                    | G         |            |
| NAMENDA ORAL TABLET 10 MG, 5 MG ( <i>memantine hcl</i> )                                                                    | NPB       |            |
| NAMENDA TITRATION PAK ORAL TABLET 28 X 5 MG & 21 X 10 MG ( <i>memantine hcl</i> )                                           | NPB       |            |
| NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG ( <i>memantine hcl-donepezil hcl</i> )                | PB        |            |
| NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG ( <i>memantine hcl-donepezil hcl</i> ) | PB        |            |
| RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG ( <i>galantamine hydrobromide</i> )                    | NPB       |            |
| <i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>                                                        | G         |            |
| <i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>                                        | G         |            |
| <b>ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION</b>                                                                          |           |            |
| <i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>                                             | G         |            |
| <i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>                                                                   | G         |            |
| APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG ( <i>bupropion hbr</i> )                               | NPB       |            |
| <i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>                                    | G         |            |
| <i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>                                            | G         |            |
| <i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>                                                    | NF        |            |
| <i>bupropion hcl oral tablet 100 mg, 75 mg</i>                                                                              | G         |            |
| <i>citalopram hydrobromide oral capsule 30 mg</i>                                                                           | NF        |            |
| <i>citalopram hydrobromide oral solution 10 mg/5ml</i>                                                                      | G         |            |
| <i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>                                                              | G         | LGC        |

| Prescription Drug Name                                                                                   | Drug Tier | Drug Notes |
|----------------------------------------------------------------------------------------------------------|-----------|------------|
| CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 30 MG, 60 MG ( <i>duloxetine hcl</i> )            | NF        |            |
| <i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>                            | G         |            |
| <i>desvenlafaxine er tablet extended release 24 hour 100 mg oral 100 mg</i>                              | G         |            |
| <i>desvenlafaxine er tablet extended release 24 hour 100 mg oral 100 mg</i>                              | NPB       |            |
| <i>desvenlafaxine er tablet extended release 24 hour 50 mg oral 50 mg</i>                                | G         |            |
| <i>desvenlafaxine er tablet extended release 24 hour 50 mg oral 50 mg</i>                                | NPB       |            |
| <i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>             | G         |            |
| <i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>                               | G         |            |
| <i>doxepin hcl oral concentrate 10 mg/ml</i>                                                             | G         |            |
| <i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>                  | G         |            |
| EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 37.5 MG, 75 MG ( <i>venlafaxine hcl</i> )       | NF        |            |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR ( <i>selegiline</i> )                   | NPB       |            |
| <i>escitalopram oxalate oral solution 5 mg/5ml</i>                                                       | G         |            |
| <i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>                                               | G         |            |
| FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG ( <i>levomilnacipran hcl</i> ) | NPB       |            |
| FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG ( <i>levomilnacipran hcl</i> )         | NPB       |            |
| <i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>                                                   | G         | LGC        |
| <i>fluoxetine hcl oral capsule delayed release 90 mg</i>                                                 | G         |            |
| <i>fluoxetine hcl oral solution 20 mg/5ml</i>                                                            | G         |            |
| <i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>                                                           | G         |            |
| <i>fluoxetine hcl oral tablet 60 mg</i>                                                                  | NF        |            |
| <i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>                                                    | G         |            |
| <i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>                                     | G         |            |



| Prescription Drug Name                                                                       | Drug Tier | Drug Notes |
|----------------------------------------------------------------------------------------------|-----------|------------|
| LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG<br>(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        |            |
| 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        |            |
| REMERON ORAL TABLET 15 MG, 30 MG (mirtazapine)                                               | NPB       |            |
| REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG, 45 MG (mirtazapine)                     | NPB       |            |
| 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)              | NPB       |            |
| SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (esketamine hcl)              | NPB       |            |
| tranylcypromine sulfate oral tablet 10 mg                                                    | G         |            |
| trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg                                      | G         |            |

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| Prescription Drug Name                                                                                                                            | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>                                                                                     | G         |            |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG<br>(vortioxetine hbr)                                                                                   | PB        |            |
| <i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>                                                            | G         |            |
| <i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>                                                             | NF        |            |
| <i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i>                                                                             | G         |            |
| <i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>                                                                           | G         |            |
| VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG<br>(vilazodone hcl)                                                                                       | NF        |            |
| VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG<br>(vilazodone hcl)                                                                                      | NF        |            |
| ZOLOFT ORAL CONCENTRATE 20 MG/ML ( <i>sertraline hcl</i> )                                                                                        | NF        |            |
| ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG<br>( <i>sertraline hcl</i> )                                                                              | NF        |            |
| <b>ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE</b>                                                                                |           |            |
| <i>amantadine hcl oral capsule 100 mg</i>                                                                                                         | G         |            |
| <i>amantadine hcl oral tablet 100 mg</i>                                                                                                          | G         |            |
| APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE<br>30 MG/3ML ( <i>apomorphine hcl</i> )                                                                    | NF        |            |
| <i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>                                                                                        | G         |            |
| <i>bromocriptine mesylate oral capsule 5 mg</i>                                                                                                   | G         |            |
| <i>bromocriptine mesylate oral tablet 2.5 mg</i>                                                                                                  | G         |            |
| <i>carbidopa oral tablet 25 mg</i>                                                                                                                | G         |            |
| <i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>                                                                    | G         |            |
| <i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>                                                                             | G         |            |
| <i>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</i> | NPB       |            |
| COMTAN ORAL TABLET 200 MG ( <i>entacapone</i> )                                                                                                   | NPB       |            |
| DHIVY ORAL TABLET 25-100 MG ( <i>carbidopa-levodopa</i> )                                                                                         | NPB       |            |

| Prescription Drug Name                                                                                                               | Drug Tier | Drug Notes |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML<br>( <i>carbidopa-levodopa</i> )                                                              | NPSP      |            |
| <i>entacapone oral tablet 200 mg</i>                                                                                                 | G         |            |
| GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG ( <i>amantadine hcl</i> )                                              | NF        |            |
| INBRIJA INHALATION CAPSULE 42 MG ( <i>levodopa</i> )                                                                                 | PSP       |            |
| KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG ( <i>apomorphine hcl</i> )                                                 | PSP       |            |
| NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR ( <i>rotigotine</i> )              | PB        |            |
| NOURIANZ ORAL TABLET 20 MG, 40 MG ( <i>istradefylline</i> )                                                                          | NF        |            |
| OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK 129 & 193 MG ( <i>amantadine hcl</i> )                                                | NF        |            |
| OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG ( <i>amantadine hcl</i> )                                             | NF        |            |
| <i>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</i> | G         |            |
| <i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>                                      | G         |            |
| <i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>                                                                                  | G         |            |
| <i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>                                          | G         |            |
| <i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>                                                      | G         |            |
| RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG ( <i>carbidopa-levodopa</i> )             | NF        |            |
| <i>selegiline hcl oral capsule 5 mg</i>                                                                                              | G         |            |
| <i>selegiline hcl oral tablet 5 mg</i>                                                                                               | G         |            |
| SINEMET ORAL TABLET 10-100 MG, 25-100 MG ( <i>carbidopa-levodopa</i> )                                                               | NPB       |            |
| STALEVO 100 ORAL TABLET 25-100-200 MG ( <i>carbidopa-levodopa-entacapone</i> )                                                       | NPB       |            |
| STALEVO 125 ORAL TABLET 31.25-125-200 MG ( <i>carbidopa-levodopa-entacapone</i> )                                                    | NPB       |            |
| STALEVO 150 ORAL TABLET 37.5-150-200 MG ( <i>carbidopa-levodopa-entacapone</i> )                                                     | NPB       |            |

| Prescription Drug Name                                                                                                                   | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| STALEVO 200 ORAL TABLET 50-200-200 MG ( <i>carbidopa-levodopa-entacapone</i> )                                                           | NPB       |            |
| STALEVO 50 ORAL TABLET 12.5-50-200 MG ( <i>carbidopa-levodopa-entacapone</i> )                                                           | NPB       |            |
| STALEVO 75 ORAL TABLET 18.75-75-200 MG ( <i>carbidopa-levodopa-entacapone</i> )                                                          | NPB       |            |
| <i>tolcapone oral tablet 100 mg</i>                                                                                                      | G         |            |
| <i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>                                                                                       | G         |            |
| <i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>                                                                                        | G         |            |
| XADAGO ORAL TABLET 100 MG, 50 MG ( <i>safinamide mesylate</i> )                                                                          | NF        |            |
| ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG ( <i>selegiline hcl</i> )                                                                        | NPB       |            |
| <b>ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES</b>                                                                                         |           |            |
| ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG ( <i>aripiprazole</i> )                                                  | PB        |            |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG ( <i>aripiprazole</i> )                                        | PB        |            |
| ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG ( <i>aripiprazole w/ sens-strip-pod</i> ) | NF        |            |
| ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG ( <i>aripiprazole w/ sens-strip-pod</i> )     | NF        |            |
| ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG ( <i>aripiprazole</i> )                                                       | NF        |            |
| ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED 10 MG ( <i>loxapine</i> )                                                             | NPB       |            |
| <i>aripiprazole oral solution 1 mg/ml</i>                                                                                                | G         |            |
| <i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>                                                                   | G         |            |
| <i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>                                                                                 | G         |            |
| ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML ( <i>aripiprazole lauroxil</i> )                                            | NPB       |            |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML ( <i>aripiprazole lauroxil</i> )        | NPB       |            |
| CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG ( <i>lumateperone tosylate</i> )                                                              | PB        |            |

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| Prescription Drug Name                                                                                                                                         | Drug Tier | Drug Notes |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml</i>                                                                                               | NPB       |            |
| <i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>                                                                                      | G         |            |
| <i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>                                                                                                      | G         |            |
| <i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>                                                                                | G         |            |
| CLOZARIL ORAL TABLET 200 MG, 50 MG ( <i>clozapine</i> )                                                                                                        | NPB       |            |
| EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG ( <i>carbamazepine (antipsychotic)</i> )                                                  | NPB       |            |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG ( <i>iloperidone</i> )                                                                           | NF        |            |
| FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG ( <i>iloperidone</i> )                                                                                      | NF        |            |
| <i>fluphenazine decanoate injection solution 25 mg/ml</i>                                                                                                      | G         |            |
| <i>fluphenazine hcl injection solution 2.5 mg/ml</i>                                                                                                           | G         |            |
| <i>fluphenazine hcl oral concentrate 5 mg/ml</i>                                                                                                               | G         |            |
| <i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>                                                                                                                 | G         |            |
| <i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>                                                                                                  | G         |            |
| GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG ( <i>ziprasidone mesylate</i> )                                                                              | NPB       |            |
| GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG ( <i>ziprasidone hcl</i> )                                                                                      | NPB       |            |
| <i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>                                                                                        | G         |            |
| <i>haloperidol lactate injection solution 5 mg/ml</i>                                                                                                          | G         |            |
| <i>haloperidol lactate oral concentrate 2 mg/ml</i>                                                                                                            | G         |            |
| <i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>                                                                                          | G         |            |
| INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML ( <i>paliperidone palmitate</i> )                                         | NF        |            |
| 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 ( <i>paliperidone palmitate</i> ) | NPB       |            |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML ( <i>paliperidone palmitate</i> )          | NF        |            |

| Prescription Drug Name                                                                                                        | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG ( <i>lurasidone hcl</i> )                                               | PB        |            |
| <i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>                                                              | G         |            |
| NUPLAZID ORAL CAPSULE 34 MG ( <i>pimavanserin tartrate</i> )                                                                  | NPSP      |            |
| NUPLAZID ORAL TABLET 10 MG ( <i>pimavanserin tartrate</i> )                                                                   | NPSP      |            |
| <i>olanzapine intramuscular solution reconstituted 10 mg</i>                                                                  | G         |            |
| <i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>                                                       | G         |            |
| <i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>                                                           | G         |            |
| <i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>                                          | G         |            |
| <i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>                                                                       | G         |            |
| PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG ( <i>risperidone</i> )                                                  | PB        |            |
| <i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>                      | G         |            |
| <i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>                                           | G         |            |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG ( <i>brexpiprazole</i> )                                          | NPB       |            |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG ( <i>risperidone microspheres</i> ) | NPB       |            |
| <i>risperidone oral solution 1 mg/ml</i>                                                                                      | G         |            |
| <i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>                                                        | G         |            |
| <i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>                                            | G         |            |
| SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG ( <i>asenapine maleate</i> )                                         | NPB       |            |
| SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR ( <i>asenapine</i> )                                  | NF        |            |
| SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG ( <i>quetiapine fumarate</i> )         | NF        |            |
| <i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>                                                               | G         |            |
| <i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>                                                                       | G         |            |
| <i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>                                                                | G         |            |



| Prescription Drug Name                                                                                       | Drug Tier | Drug Notes |
|--------------------------------------------------------------------------------------------------------------|-----------|------------|
| VERSACLOZ ORAL SUSPENSION 50 MG/ML ( <i>clozapine</i> )                                                      | NPB       |            |
| VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG ( <i>cariprazine hcl</i> )                                   | PB        |            |
| VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG ( <i>cariprazine hcl</i> )                                      | PB        |            |
| <i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>                                               | G         |            |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG, 405 MG ( <i>olanzapine pamoate</i> ) | NPB       |            |
| <b>ANTISEIZURE AGENTS - DRUGS TO TREAT SEIZURES</b>                                                          |           |            |
| APTOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG ( <i>eslicarbazepine acetate</i> )                          | PB        |            |
| BANZEL ORAL SUSPENSION 40 MG/ML ( <i>rufinamide</i> )                                                        | NF        |            |
| BANZEL ORAL TABLET 200 MG, 400 MG ( <i>rufinamide</i> )                                                      | NPB       |            |
| BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML ( <i>brivaracetam</i> )                                              | NPB       |            |
| BRIVIACT ORAL SOLUTION 10 MG/ML ( <i>brivaracetam</i> )                                                      | NPB       |            |
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG ( <i>brivaracetam</i> )                              | NPB       |            |
| <i>carbamazepine er oral capsule extended release 12 hour 100 mg, 300 mg</i>                                 | G         |            |
| <i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>                          | G         |            |
| <i>carbamazepine oral suspension 100 mg/5ml</i>                                                              | G         |            |
| <i>carbamazepine oral tablet 200 mg</i>                                                                      | G         |            |
| <i>carbamazepine oral tablet chewable 100 mg</i>                                                             | G         |            |
| CELONTIN ORAL CAPSULE 300 MG ( <i>methsuximide</i> )                                                         | NPB       |            |
| <i>clobazam oral suspension 2.5 mg/ml</i>                                                                    | G         |            |
| <i>clobazam oral tablet 10 mg, 20 mg</i>                                                                     | G         |            |
| <i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>                                                             | G         |            |
| <i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>                              | G         |            |
| <i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>                                            | G         |            |
| DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG ( <i>divalproex sodium</i> )                 | NPB       |            |
| DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 500 MG ( <i>divalproex sodium</i> )                             | NPB       |            |

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| Prescription Drug Name                                                                    | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------------|-----------|------------|
| DIACOMIT ORAL CAPSULE 250 MG, 500 MG<br>( <i>stiripentol</i> )                            | NPSP      |            |
| DIACOMIT ORAL PACKET 250 MG, 500 MG ( <i>stiripentol</i> )                                | NPSP      |            |
| DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG<br>( <i>diazepam</i> )                            | NPB       |            |
| DIASTAT PEDIATRIC RECTAL GEL 2.5 MG ( <i>diazepam</i> )                                   | NPB       |            |
| <i>diazepam oral concentrate 5 mg/ml</i>                                                  | G         |            |
| <i>diazepam oral solution 5 mg/5ml</i>                                                    | G         |            |
| <i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>                                             | G         |            |
| <i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>                                           | G         |            |
| DILANTIN ORAL CAPSULE 30 MG ( <i>phenytoin sodium extended</i> )                          | NPB       |            |
| DILANTIN ORAL SUSPENSION 125 MG/5ML ( <i>phenytoin</i> )                                  | NPB       |            |
| <i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>           | G         |            |
| <i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>                     | G         |            |
| <i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>               | G         |            |
| ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 1500 MG ( <i>levetiracetam</i> ) | NF        |            |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML ( <i>cannabidiol</i> )                                  | NPSP      |            |
| <i>carbamazepine (Eptol Oral Tablet 200 Mg)</i>                                           | G         |            |
| <i>ethosuximide oral capsule 250 mg</i>                                                   | G         |            |
| <i>ethosuximide oral solution 250 mg/5ml</i>                                              | G         |            |
| FANATREX FUSEPAQ ORAL SUSPENSION 25 MG/ML<br>( <i>gabapentin</i> )                        | NF        |            |
| <i>felbamate oral suspension 600 mg/5ml</i>                                               | G         |            |
| <i>felbamate oral tablet 400 mg, 600 mg</i>                                               | G         |            |
| FINTEPLA ORAL SOLUTION 2.2 MG/ML ( <i>fenfluramine hcl</i> )                              | NPSP      |            |
| FYCOMPA ORAL SUSPENSION 0.5 MG/ML ( <i>perampanel</i> )                                   | PB        |            |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG ( <i>perampanel</i> )            | PB        |            |
| <i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>                                     | G         |            |
| <i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>                                    | G         |            |
| <i>gabapentin oral tablet 600 mg, 800 mg</i>                                              | G         |            |

| Prescription Drug Name                                                                                      | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------------------------------|-----------|------------|
| KEPPRA INTRAVENOUS SOLUTION 500 MG/5ML<br>(levetiracetam)                                                   | NF        |            |
| 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, 1 MG, 2 MG<br>(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         |            |
| 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         |            |

| Prescription Drug Name                                                                                | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------------------------|-----------|------------|
| LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG ( <i>pregabalin</i> ) | NF        |            |
| LYRICA ORAL SOLUTION 20 MG/ML ( <i>pregabalin</i> )                                                   | NF        |            |
| NAYZILAM NASAL SOLUTION 5 MG/0.1ML ( <i>midazolam</i> ( <i>anticonvulsant</i> ))                      | PB        |            |
| NEURONTIN ORAL SOLUTION 250 MG/5ML ( <i>gabapentin</i> )                                              | NPB       |            |
| ONFI ORAL SUSPENSION 2.5 MG/ML ( <i>clobazam</i> )                                                    | NF        |            |
| ONFI ORAL TABLET 10 MG, 20 MG ( <i>clobazam</i> )                                                     | NF        |            |
| <i>oxcarbazepine oral suspension 300 mg/5ml</i>                                                       | G         |            |
| <i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>                                               | G         |            |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG ( <i>oxcarbazepine</i> )      | PB        |            |
| <i>phenobarbital oral elixir 20 mg/5ml</i>                                                            | G         |            |
| <i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>      | G         |            |
| <i>phenytoin oral suspension 125 mg/5ml</i>                                                           | G         |            |
| <i>phenytoin oral tablet chewable 50 mg</i>                                                           | G         |            |
| <i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>                                  | G         |            |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>            | G         |            |
| <i>pregabalin oral solution 20 mg/ml</i>                                                              | G         |            |
| <i>primidone oral tablet 250 mg, 50 mg</i>                                                            | G         |            |
| <i>levetiracetam</i> (Roweepra Oral Tablet 500 Mg)                                                    | G         |            |
| <i>rufinamide oral suspension 40 mg/ml</i>                                                            | G         |            |
| SABRIL ORAL PACKET 500 MG ( <i>vigabatrin</i> )                                                       | NF        |            |
| SABRIL ORAL TABLET 500 MG ( <i>vigabatrin</i> )                                                       | NF        |            |
| SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG ( <i>levetiracetam</i> )   | NF        |            |
| <i>lamotrigine</i> (Subvenite Oral Tablet 100 Mg, 150 Mg, 200 Mg, 25 Mg)                              | G         |            |
| <i>lamotrigine</i> (Subvenite Starter Kit-Blue Oral Kit 35 X 25 Mg)                                   | G         |            |
| <i>lamotrigine</i> (Subvenite Starter Kit-Green Oral Kit 84 X 25 Mg & 14X100 Mg)                      | G         |            |

| Prescription Drug Name                                                                                     | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>lamotrigine</i> (Subvenite Starter Kit-Orange Oral Kit 42 X 25 Mg & 7 X 100 Mg)                         | G         |            |
| SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG<br>( <i>clobazam</i> )                                               | NF        |            |
| <i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>                                                  | G         |            |
| <i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>                 | NF        |            |
| <i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>                                                       | G         |            |
| <i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>                                                 | G         |            |
| TRILEPTAL ORAL SUSPENSION 300 MG/5ML<br>( <i>oxcarbazepine</i> )                                           | NPB       |            |
| TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG<br>( <i>oxcarbazepine</i> )                                   | NPB       |            |
| TROKENDI XR ORAL CAPSULE EXTENDED<br>RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG<br>( <i>topiramate</i> ) | PB        |            |
| VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG ( <i>diazepam</i> )                                                   | NPB       |            |
| <i>valproic acid oral capsule 250 mg</i>                                                                   | G         |            |
| <i>valproic acid oral solution 250 mg/5ml</i>                                                              | G         |            |
| VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML<br>( <i>diazepam</i> )                                         | PB        |            |
| VALTOCO 15 MG DOSE NASAL LIQUID THERAPY<br>PACK 7.5 MG/0.1ML ( <i>diazepam</i> )                           | PB        |            |
| VALTOCO 20 MG DOSE NASAL LIQUID THERAPY<br>PACK 10 MG/0.1ML ( <i>diazepam</i> )                            | PB        |            |
| VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML<br>( <i>diazepam</i> )                                           | PB        |            |
| <i>vigabatrin oral packet 500 mg</i>                                                                       | G         |            |
| <i>vigabatrin oral tablet 500 mg</i>                                                                       | G         |            |
| <i>vigabatrin</i> (Vigadrone Oral Packet 500 Mg)                                                           | G         |            |
| VIMPAT ORAL SOLUTION 10 MG/ML ( <i>lacosamide</i> )                                                        | PB        |            |
| VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50<br>MG ( <i>lacosamide</i> )                                  | PB        |            |
| XCOPRI (250 MG DAILY DOSE) ORAL TABLET<br>THERAPY PACK 100 & 150 MG ( <i>cenobamate</i> )                  | PB        |            |
| XCOPRI (350 MG DAILY DOSE) ORAL TABLET<br>THERAPY PACK 150 & 200 MG ( <i>cenobamate</i> )                  | PB        |            |

| Prescription Drug Name                                                                                                             | Drug Tier | Drug Notes                                 |
|------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG ( <i>cenobamate</i> )                                                             | 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 ( <i>cenobamate</i> ) | PB        |                                            |
| ZARONTIN ORAL SOLUTION 250 MG/5ML ( <i>ethosuximide</i> )                                                                          | NPB       |                                            |
| ZONEGRAN ORAL CAPSULE 100 MG, 25 MG ( <i>zonisamide</i> )                                                                          | NF        |                                            |
| <i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>                                                                                | G         |                                            |
| <b>ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD</b>                                                              |           |                                            |
| ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG ( <i>amphetamine-dextroamphetamine</i> )                    | NF        |                                            |
| ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG ( <i>amphetamine-dextroamphetamine</i> ) | 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 ( <i>methylphenidate hcl</i> )          | 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 ( <i>amphetamine</i> )   | NF        |                                            |
| <i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>                                                                                 | G         |                                            |
| <i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>                   | G         | N8 (Listing does not include certain NDCs) |
| <i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>                                 | G         |                                            |
| APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG ( <i>methylphenidate hcl</i> )   | NF        |                                            |
| <i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>                                               | G         |                                            |
| AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG ( <i>serdexmethylphen-dexmethylphen</i> )                             | PB        |                                            |
| <i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>                                                                | G         |                                            |
| CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG ( <i>methylphenidate hcl</i> )                                    | 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 ( <i>methylphenidate</i> )                             | NF        |            |
| DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR ( <i>methylphenidate</i> )                                         | NF        |            |
| <i>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</i>             | G         |            |
| <i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>                                                                            | G         |            |
| <i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>                                             | G         |            |
| <i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>                                                                                  | G         |            |
| <i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>                                                                                 | G         |            |
| DYANAVAL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML ( <i>amphetamine</i> )                                                            | NPB       |            |
| DYANAVAL XR ORAL TABLET CHEWABLE EXTENDED RELEASE 10 MG, 15 MG, 20 MG, 5 MG ( <i>amphetamine</i> )                                       | NPB       |            |
| EVEKEO ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG ( <i>amphetamine sulfate</i> )                                              | NF        |            |
| EVEKEO ORAL TABLET 10 MG, 5 MG ( <i>amphetamine sulfate</i> )                                                                            | 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 ( <i>dexmethylphenidate hcl</i> ) | NF        |            |
| <i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>                                                     | G         |            |
| INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 2 MG, 3 MG, 4 MG ( <i>guanfacine hcl</i> )                                            | NF        |            |
| JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG ( <i>methylphenidate hcl</i> )                        | PB        |            |
| KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG ( <i>clonidine hcl</i> )                                                              | NPB       |            |
| <i>methamphetamine hcl oral tablet 5 mg</i>                                                                                              | G         |            |
| <i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>                                | G         |            |
| <i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>                               | G         |            |

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

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

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| Prescription Drug Name                                                                                | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>                                                | G         |            |
| CAFERGOT ORAL TABLET 1-100 MG ( <i>ergotamine-caffeine</i> )                                          | NF        |            |
| <i>dihydroergotamine mesylate injection solution 1 mg/ml</i>                                          | G         |            |
| <i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>                                              | NF        |            |
| <i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>                                               | G         |            |
| EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>galcanezumab-gnlm</i> ) | PB        |            |
| EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML ( <i>galcanezumab-gnlm</i> )                   | PB        |            |
| EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML ( <i>galcanezumab-gnlm</i> )               | PB        |            |
| ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG ( <i>ergotamine tartrate</i> )                              | NPB       |            |
| <i>ergotamine-caffeine oral tablet 1-100 mg</i>                                                       | NF        |            |
| <i>frovatriptan succinate oral tablet 2.5 mg</i>                                                      | G         |            |
| MAXALT ORAL TABLET 10 MG ( <i>rizatriptan benzoate</i> )                                              | NF        |            |
| MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG ( <i>rizatriptan benzoate</i> )                              | NF        |            |
| MIGERGOT RECTAL SUPPOSITORY 2-100 MG ( <i>ergotamine-caffeine</i> )                                   | NF        |            |
| MIGRANAL NASAL SOLUTION 4 MG/ML ( <i>dihydroergotamine mesylate</i> )                                 | NPB       |            |
| <i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>                                                       | G         |            |
| NURTEC ORAL TABLET DISPERSIBLE 75 MG ( <i>rimegepant sulfate</i> )                                    | PB        |            |
| ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC ( <i>sumatriptan succinate</i> )                      | PB        |            |
| QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG ( <i>atogepant</i> )                                          | NPB       |            |
| REYVOW ORAL TABLET 100 MG, 50 MG ( <i>lasmiditan succinate</i> )                                      | NPB       |            |
| <i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>                                                   | G         |            |
| <i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>                                       | G         |            |
| <i>sumatriptan nasal solution 20 mg/lact, 5 mg/lact</i>                                               | G         |            |
| <i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>                                         | G         |            |

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

| Prescription Drug Name                                                                                  | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------------------------------------|-----------|------------|
| RADICAVA ORS ORAL SUSPENSION 105 MG/5ML<br>(edaravone)                                                  | NPSP      |            |
| RADICAVA ORS STARTER KIT ORAL SUSPENSION<br>105 MG/5ML (edaravone)                                      | NPSP      |            |
| <i>riluzole oral tablet 50 mg</i>                                                                       | G         |            |
| TIGLUTIK ORAL SUSPENSION 50 MG/10ML ( <i>riluzole</i> )                                                 | NF        |            |
| <b>MOVEMENT DISORDERS</b>                                                                               |           |            |
| AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG<br>( <i>deutetrabenazine</i> )                                    | PSP       |            |
| INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG<br>( <i>valbenazine tosylate</i> )                            | PSP       |            |
| INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80<br>MG ( <i>valbenazine tosylate</i> )                        | PSP       |            |
| <i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>                                                         | G         |            |
| XENAZINE ORAL TABLET 12.5 MG, 25 MG<br>( <i>tetrabenazine</i> )                                         | NF        |            |
| <b>MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT<br/>MULTIPLE SCLEROSIS</b>                                |           |            |
| AMPYRA ORAL TABLET EXTENDED RELEASE 12<br>HOUR 10 MG ( <i>dalfampridine</i> )                           | NPSP      |            |
| AUBAGIO ORAL TABLET 14 MG, 7 MG ( <i>teriflunomide</i> )                                                | PSP       |            |
| AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR<br>KIT 30 MCG/0.5ML ( <i>interferon beta-1a</i> )                | PSP       |            |
| AVONEX PREFILLED INTRAMUSCULAR PREFILLED<br>SYRINGE KIT 30 MCG/0.5ML ( <i>interferon beta-1a</i> )      | PSP       |            |
| BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95<br>MG ( <i>monomethyl fumarate</i> )                          | NF        |            |
| BETASERON SUBCUTANEOUS KIT 0.3 MG ( <i>interferon<br/>beta-1b</i> )                                     | PSP       |            |
| COPAXONE SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 20 MG/ML, 40 MG/ML<br>( <i>glatiramer acetate</i> ) | PSP       |            |
| <i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>                                      | G         |            |
| <i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>                                    | G         |            |
| <i>dimethyl fumarate starter pack oral 120 &amp; 240 mg</i>                                             | G         |            |
| EXTAVIA SUBCUTANEOUS KIT 0.3 MG ( <i>interferon beta-<br/>1b</i> )                                      | NF        |            |
| GILENYA ORAL CAPSULE 0.5 MG ( <i>fingolimod hcl</i> )                                                   | PSP       |            |



| Prescription Drug Name                                                                                           | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>                             | G         |            |
| <i>glatiramer acetate (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/ML, 40 Mg/ML)</i>                   | G         |            |
| KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML ( <i>ofatumumab</i> )                                   | PSP       |            |
| LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2ML ( <i>alemtuzumab</i> )                                                 | NF        |            |
| MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )                                         | NPSP      |            |
| MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )                                          | NPSP      |            |
| MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )                                          | NPSP      |            |
| MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )                                          | NPSP      |            |
| MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )                                          | NPSP      |            |
| MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )                                          | NPSP      |            |
| MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )                                          | NPSP      |            |
| MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG ( <i>siponimod fumarate</i> )                                            | PSP       |            |
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG, 12 X 0.25 MG ( <i>siponimod fumarate</i> )                | PSP       |            |
| OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML ( <i>ocrelizumab</i> )                                                  | PSP       |            |
| PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML ( <i>peginterferon beta-1a</i> )                 | NPSP      |            |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML ( <i>peginterferon beta-1a</i> )      | NPSP      |            |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML ( <i>peginterferon beta-1a</i> ) | NPSP      |            |
| PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML ( <i>peginterferon beta-1a</i> )                       | NPSP      |            |

| Prescription Drug Name                                                                                           | Drug Tier | Drug Notes                                   |
|------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------|
| PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML ( <i>peginterferon beta-1a</i> )                  | NPSP      |                                              |
| PONVORY ORAL TABLET 20 MG ( <i>ponesimod</i> )                                                                   | NPSP      |                                              |
| PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG ( <i>ponesimod</i> )                       | NPSP      |                                              |
| REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML ( <i>interferon beta-1a</i> )      | PSP       |                                              |
| REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG ( <i>interferon beta-1a</i> ) | PSP       |                                              |
| REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML ( <i>interferon beta-1a</i> )           | PSP       |                                              |
| REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG ( <i>interferon beta-1a</i> )      | PSP       |                                              |
| TECFIDERA ORAL 120 & 240 MG ( <i>dimethyl fumarate</i> )                                                         | NF        |                                              |
| TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG ( <i>dimethyl fumarate</i> )                               | NF        |                                              |
| TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML ( <i>natalizumab</i> )                                               | PSP       |                                              |
| VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG ( <i>diroximel fumarate</i> )                                       | PSP       |                                              |
| ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG ( <i>ozanimod hcl</i> )             | PSP       | IBC (Preferred agent for Ulcerative Colitis) |
| ZEPOSIA ORAL CAPSULE 0.92 MG ( <i>ozanimod hcl</i> )                                                             | PSP       | IBC (Preferred agent for Ulcerative Colitis) |
| ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG ( <i>ozanimod hcl</i> )                   | PSP       | IBC (Preferred agent for Ulcerative Colitis) |
| <b>MUSCULOSKELETAL THERAPY AGENTS</b>                                                                            |           |                                              |
| AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 30 MG ( <i>cyclobenzaprine hcl</i> )                          | NF        |                                              |
| <i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>                                                                   | G         |                                              |
| <i>carisoprodol oral tablet 250 mg</i>                                                                           | NF        |                                              |
| <i>carisoprodol oral tablet 350 mg</i>                                                                           | G         |                                              |
| <i>chlorzoxazone oral tablet 250 mg, 375 mg, 500 mg, 750 mg</i>                                                  | NF        |                                              |

| Prescription Drug Name                                                                                 | Drug Tier | Drug Notes |
|--------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg</i>                       | NF        |            |
| <i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>                                                     | G         |            |
| <i>cyclobenzaprine hcl oral tablet 7.5 mg</i>                                                          | NF        |            |
| CYCLOPHENE RAPIDPAQ TRANSDERMAL CREAM 5 % ( <i>cyclobenzaprine hcl</i> )                               | NF        |            |
| <i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>                                             | G         |            |
| DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT ( <i>abobotulinumtoxinA</i> )          | NPSP      |            |
| <i>cyclobenzaprine hcl</i> (Fexmid Oral Tablet 7.5 Mg)                                                 | NF        |            |
| <i>chlorzoxazone</i> (Lorzone Oral Tablet 375 Mg, 750 Mg)                                              | NF        |            |
| METAXALL CP COMBINATION KIT 800 & 0.025 MG & % ( <i>metaxalone-capsaicin</i> )                         | NF        |            |
| <i>metaxalone oral tablet 400 mg</i>                                                                   | NF        |            |
| <i>metaxalone oral tablet 800 mg</i>                                                                   | G         |            |
| <i>methocarbamol oral tablet 500 mg, 750 mg</i>                                                        | NF        |            |
| <i>norgesic forte oral tablet 50-770-60 mg</i>                                                         | NF        |            |
| <i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>                             | G         |            |
| <i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>                                          | NF        |            |
| <i>orphenadrine-aspirin-caffeine</i> (Orphengesic Forte Oral Tablet 50-770-60 Mg)                      | NF        |            |
| TABRADOL FUSEPAQ ORAL SUSPENSION 1 MG/ML ( <i>cyclobenzaprine hcl-msm</i> )                            | NF        |            |
| TABRADOL RAPIDPAQ ORAL SUSPENSION 1 MG/ML ( <i>cyclobenzaprine hcl-msm</i> )                           | NF        |            |
| <i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>                                                    | G         |            |
| <i>tizanidine hcl oral tablet 2 mg, 4 mg</i>                                                           | G         |            |
| <i>carisoprodol</i> (Vanadom Oral Tablet 350 Mg)                                                       | NF        |            |
| XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT ( <i>incobotulinumtoxinA</i> ) | NPSP      |            |
| ZANAFLEX ORAL CAPSULE 2 MG, 4 MG ( <i>tizanidine hcl</i> )                                             | NPB       |            |
| ZANAFLEX ORAL TABLET 4 MG ( <i>tizanidine hcl</i> )                                                    | NPB       |            |

| Prescription Drug Name                                                                                                                                    | Drug Tier | Drug Notes |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <b>NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS</b>                                                                                                   |           |            |
| <i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>                                                                                              | G         |            |
| <i>modafinil oral tablet 100 mg, 200 mg</i>                                                                                                               | G         |            |
| NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG ( <i>armodafinil</i> )                                                                                  | NF        |            |
| PROVIGIL ORAL TABLET 100 MG, 200 MG ( <i>modafinil</i> )                                                                                                  | NF        |            |
| SUNOSI ORAL TABLET 150 MG, 75 MG ( <i>solriamfetol hcl</i> )                                                                                              | PB        |            |
| WAKIX ORAL TABLET 17.8 MG, 4.45 MG ( <i>pitolisant hcl</i> )                                                                                              | PSP       |            |
| XYREM ORAL SOLUTION 500 MG/ML ( <i>sodium oxybate</i> )                                                                                                   | NPSP      |            |
| XYWAV ORAL SOLUTION 500 MG/ML ( <i>ca, mg, k, and na oxybates</i> )                                                                                       | PSP       |            |
| <b>OPIOID AGONIST/ANTAGONIST</b>                                                                                                                          |           |            |
| <i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>                                                                   | G         |            |
| <i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>                                                                       | G         |            |
| SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG ( <i>buprenorphine hcl-naloxone hcl</i> )                                                      | 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 ( <i>buprenorphine hcl-naloxone hcl</i> ) | PB        |            |
| <b>OPIOID ANTAGONIST</b>                                                                                                                                  |           |            |
| KLOXXADO NASAL LIQUID 8 MG/0.1ML ( <i>naloxone hcl</i> )                                                                                                  | NPB       |            |
| <i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>                                                                                               | G         |            |
| <i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>                                                                                                | G         |            |
| <i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>                                                                                         | G         |            |
| <i>naloxone hcl nasal liquid 4 mg/0.1ml</i>                                                                                                               | G         |            |
| <i>naltrexone hcl oral tablet 50 mg</i>                                                                                                                   | G         |            |
| NARCAN NASAL LIQUID 4 MG/0.1ML ( <i>naloxone hcl</i> )                                                                                                    | PB        |            |
| VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG ( <i>naltrexone</i> )                                                                              | NPSP      |            |
| <b>OPIOID PARTIAL AGONISTS</b>                                                                                                                            |           |            |
| <i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>                                                                                          | G         |            |
| <b>POSTHERPETIC NEURALGIA (PHN)</b>                                                                                                                       |           |            |
| GRALISE ORAL TABLET 300 MG, 600 MG ( <i>gabapentin (once-daily)</i> )                                                                                     | PB        |            |

| Prescription Drug Name                                                                       | Drug Tier | Drug Notes |
|----------------------------------------------------------------------------------------------|-----------|------------|
| HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG ( <i>gabapentin enacarbil</i> )         | NF        |            |
| LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG ( <i>pregabalin</i> ) | NF        |            |
| <b>PSYCHOTHERAPEUTIC-MISC</b>                                                                |           |            |
| <i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>                        | G         |            |
| <i>fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg</i>                                        | NF        |            |
| LUCEMYRA ORAL TABLET 0.18 MG ( <i>lofexidine hcl</i> )                                       | NF        |            |
| NUEDEXTA ORAL CAPSULE 20-10 MG ( <i>dextromethorphan-quinidine</i> )                         | NF        |            |
| <i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>  | G         |            |
| <i>paroxetine mesylate oral capsule 7.5 mg</i>                                               | NF        |            |
| <i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>    | G         |            |
| <i>pimozide oral tablet 1 mg, 2 mg</i>                                                       | G         |            |
| VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML ( <i>bremelanotide acetate</i> )   | NF        |            |
| <b>SMOKING DETERRENTS</b>                                                                    |           |            |
| <i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>            | CE        |            |
| <i>cvs nicotine mouth/throat gum 2 mg, 4 mg</i>                                              | CE        |            |
| <i>cvs nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>                                   | CE        |            |
| <i>cvs nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>                               | CE        |            |
| <i>cvs nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>              | CE        |            |
| <i>eq nicotine mouth/throat lozenge 4 mg</i>                                                 | CE        |            |
| <i>eq nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>                                    | CE        |            |
| <i>eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>                                | CE        |            |
| <i>eq nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>                                | CE        |            |
| <i>eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>                          | CE        |            |
| <i>eql nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>                               | CE        |            |
| <i>gnp nicotine mini mouth/throat lozenge 2 mg</i>                                           | CE        |            |
| <i>gnp nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>                                   | CE        |            |
| <i>gnp nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>                               | CE        |            |
| <i>gnp nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr</i>                          | CE        |            |

| Prescription Drug Name                                                         | Drug Tier | Drug Notes |
|--------------------------------------------------------------------------------|-----------|------------|
| <i>goodsense nicotine mouth/throat gum 4 mg</i>                                | CE        |            |
| <i>goodsense nicotine mouth/throat lozenge 4 mg</i>                            | CE        |            |
| HABITROL TRANSDERMAL PATCH 24 HOUR 21 MG/24HR ( <i>nicotine</i> )              | CE        |            |
| <i>hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>                      | CE        |            |
| <i>hm nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>                  | CE        |            |
| <i>hm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i> | CE        |            |
| KLS QUIT2 MOUTH/THROAT GUM 2 MG ( <i>nicotine polacrilex</i> )                 | CE        |            |
| KLS QUIT2 MOUTH/THROAT LOZENGE 2 MG ( <i>nicotine polacrilex</i> )             | CE        |            |
| KLS QUIT4 MOUTH/THROAT GUM 4 MG ( <i>nicotine polacrilex</i> )                 | CE        |            |
| KLS QUIT4 MOUTH/THROAT LOZENGE 4 MG ( <i>nicotine polacrilex</i> )             | CE        |            |
| NICORELIEF MOUTH/THROAT GUM 2 MG ( <i>nicotine polacrilex</i> )                | CE        |            |
| <i>nicotine mini mouth/throat lozenge 2 mg</i>                                 | CE        |            |
| <i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>                         | CE        |            |
| <i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>                     | CE        |            |
| <i>nicotine step 1 transdermal patch 24 hour 21 mg/24hr</i>                    | CE        |            |
| <i>nicotine step 2 transdermal patch 24 hour 14 mg/24hr</i>                    | CE        |            |
| <i>nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>                     | CE        |            |
| <i>nicotine transdermal patch 24 hour 21 mg/24hr</i>                           | CE        |            |
| NICOTROL INHALATION INHALER 10 MG ( <i>nicotine</i> )                          | CE        |            |
| NICOTROL NS NASAL SOLUTION 10 MG/ML ( <i>nicotine</i> )                        | CE        |            |
| <i>ra mini nicotine mouth/throat lozenge 2 mg, 4 mg</i>                        | CE        |            |
| <i>ra nicotine mouth/throat gum 2 mg, 4 mg</i>                                 | CE        |            |
| <i>ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>            | CE        |            |
| <i>sm nicotine mouth/throat gum 4 mg</i>                                       | CE        |            |
| <i>sm nicotine mouth/throat lozenge 2 mg</i>                                   | CE        |            |
| <i>sm nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>                      | CE        |            |
| <i>sm nicotine polacrilex mouth/throat lozenge 4 mg</i>                        | CE        |            |
| <i>sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i> | CE        |            |



| Prescription Drug Name                                                                                      | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------------------------------|-----------|------------|
| THRIVE MOUTH/THROAT GUM 2 MG ( <i>nicotine polacrilex</i> )                                                 | CE        |            |
| <b>ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES</b>                              |           |            |
| <b>ACROMEGALY - DRUGS TO TREAT CONDITIONS THAT CAUSE EXCESSIVE GROWTH</b>                                   |           |            |
| <i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>     | G         |            |
| <i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>         | G         |            |
| SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML ( <i>octreotide acetate</i> )              | NPSP      |            |
| SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG ( <i>octreotide acetate</i> )                   | NF        |            |
| SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML ( <i>lanreotide acetate</i> ) | PSP       |            |
| SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG ( <i>pegvisomant</i> )       | NF        |            |
| <b>ANDROGENS - DRUGS TO REGULATE MALE HORMONES</b>                                                          |           |            |
| ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR ( <i>testosterone</i> )                            | PB        |            |
| ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%) ( <i>testosterone</i> )                                  | NF        |            |
| ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%) ( <i>testosterone</i> )                                           | NF        |            |
| DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML, 200 MG/ML ( <i>testosterone cypionate</i> )             | NPB       |            |
| <i>ec-rx testosterone transdermal cream 0.2 %, 0.4 %, 10 %, 20 %</i>                                        | NF        |            |
| FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%) ( <i>testosterone</i> )                                             | NF        |            |
| INTRAROSA VAGINAL INSERT 6.5 MG ( <i>prasterone</i> )                                                       | NF        |            |
| JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG ( <i>testosterone undecanoate</i> )                             | NPB       |            |
| <i>methitest oral tablet 10 mg</i>                                                                          | NPB       |            |
| <i>methyltestosterone oral capsule 10 mg</i>                                                                | G         |            |

| Prescription Drug Name                                                                                                        | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| NATESTO NASAL GEL 5.5 MG/ACT ( <i>testosterone</i> )                                                                          | PB        |            |
| <i>oxandrolone oral tablet 10 mg, 2.5 mg</i>                                                                                  | G         |            |
| TESTIM TRANSDERMAL GEL 50 MG/5GM (1%) ( <i>testosterone</i> )                                                                 | NF        |            |
| TESTONE CIK INTRAMUSCULAR KIT 200 MG/ML ( <i>testosterone cypionate</i> )                                                     | NF        |            |
| TESTOPEL IMPLANT PELLET 75 MG ( <i>testosterone</i> )                                                                         | NPB       |            |
| <i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>                                                     | G         |            |
| <i>testosterone enanthate intramuscular solution 200 mg/ml</i>                                                                | G         |            |
| <i>testosterone gel 12.5 mg/lact (1%) transdermal 12.5 mg/lact (1%)</i>                                                       | G         |            |
| <i>testosterone gel 12.5 mg/lact (1%) transdermal 12.5 mg/lact (1%)</i>                                                       | NF        |            |
| <i>testosterone gel 50 mg/5gm (1%) transdermal 50 mg/5gm (1%)</i>                                                             | G         |            |
| <i>testosterone gel 50 mg/5gm (1%) transdermal 50 mg/5gm (1%)</i>                                                             | NF        |            |
| <i>testosterone transdermal gel 1.62 %, 10 mg/lact (2%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%)</i> | G         |            |
| <i>testosterone transdermal solution 30 mg/lact</i>                                                                           | G         |            |
| VOGELXO GEL 50 MG/5GM (1%) TRANSDERMAL 50 MG/5GM (1%) ( <i>testosterone</i> )                                                 | NF        |            |
| VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%) ( <i>testosterone</i> )                                                         | NF        |            |
| VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%) ( <i>testosterone</i> )                                                                | NF        |            |
| XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML ( <i>testosterone enanthate</i> )          | NF        |            |
| <b>ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS</b>                                                                            |           |            |
| <i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>                                                                              | G         |            |
| <i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>                                                                              | G         |            |
| <b>ANTIDIABETICS, AMYLIN ANALOGS</b>                                                                                          |           |            |
| SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML ( <i>pramlintide acetate</i> )                                | PB        |            |
| SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML ( <i>pramlintide acetate</i> )                                 | PB        |            |

| Prescription Drug Name                                                                          | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------------------|-----------|------------|
| <b>ANTIDIABETICS, BIGUANIDE</b>                                                                 |           |            |
| GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG ( <i>metformin hcl</i> )          | NF        |            |
| <i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg</i>              | NF        |            |
| <i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg</i>              | NF        |            |
| <i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>                             | G         | LGC        |
| <i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>                             | G         |            |
| <i>metformin hcl oral solution 500 mg/5ml</i>                                                   | G         |            |
| <i>metformin hcl oral tablet 1000 mg, 500 mg</i>                                                | G         | LGC        |
| <i>metformin hcl oral tablet 850 mg</i>                                                         | CE        | LGC        |
| RIOMET ORAL SOLUTION 500 MG/5ML ( <i>metformin hcl</i> )                                        | NF        |            |
| <b>ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS</b>                                      |           |            |
| <i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>                     | G         | LGC        |
| <i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>                        | G         | LGC        |
| <b>ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS</b>                                         |           |            |
| <i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>                                  | NF        |            |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG ( <i>sitagliptin phosphate</i> )                       | PB        |            |
| NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG ( <i>alogliptin benzoate</i> )                       | NF        |            |
| ONGLYZA ORAL TABLET 2.5 MG, 5 MG ( <i>saxagliptin hcl</i> )                                     | NF        |            |
| TRADJENTA ORAL TABLET 5 MG ( <i>linagliptin</i> )                                               | NF        |            |
| <b>ANTIDIABETICS, DOPAMINE RECEPTOR AGONISTS</b>                                                |           |            |
| CYCLOSET ORAL TABLET 0.8 MG ( <i>bromocriptine mesylate</i> )                                   | NPB       |            |
| <b>ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS</b>                                              |           |            |
| <i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>                           | NF        |            |
| <i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg</i> | NF        |            |
| JANUMET ORAL TABLET 50-1000 MG, 50-500 MG ( <i>sitagliptin-metformin hcl</i> )                  | PB        |            |

| Prescription Drug Name                                                                                                                        | Drug Tier | Drug Notes |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG<br>(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        |            |
| 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        |            |
| <b>ANTIDIABETICS, INCRETIN MIMETIC AGENTS</b>                                                                                                 |           |            |
| 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        |            |

| Prescription Drug Name                                                                                                                | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG<br>( <i>semaglutide</i> )                                                                      | 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 ( <i>dulaglutide</i> )             | PB        |            |
| VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML ( <i>liraglutide</i> )                                                           | PB        |            |
| <b>ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS</b>                                                                             |           |            |
| SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML ( <i>insulin glargine-lixisenatide</i> )                                 | PB        |            |
| XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML ( <i>insulin degludec-liraglutide</i> )                                | PB        |            |
| <b>ANTIDIABETICS, INSULIN</b>                                                                                                         |           |            |
| ADMELOG INJECTION SOLUTION 100 UNIT/ML ( <i>insulin lispro</i> )                                                                      | NF        |            |
| AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT ( <i>insulin regular human</i> ) | NF        |            |
| APIDRA INJECTION SOLUTION 100 UNIT/ML ( <i>insulin glulisine</i> )                                                                    | NF        |            |
| APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin glulisine</i> )                                           | NF        |            |
| BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin glargine</i> )                                           | PB        |            |
| FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin aspart (w/niacinamide)</i> )                              | PB        |            |
| FIASP INJECTION SOLUTION 100 UNIT/ML ( <i>insulin aspart (w/niacinamide)</i> )                                                        | PB        |            |
| FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML ( <i>insulin aspart (w/niacinamide)</i> )                                   | PB        |            |
| HUMALOG INJECTION SOLUTION 100 UNIT/ML ( <i>insulin lispro</i> )                                                                      | NF        |            |
| HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML ( <i>insulin lispro</i> )                                              | NF        |            |

| Prescription Drug Name                                                                                                         | Drug Tier | Drug Notes |
|--------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML ( <i>insulin lispro prot &amp; lispro</i> ) | NF        |            |
| HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML ( <i>insulin lispro prot &amp; lispro</i> )                      | NF        |            |
| HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML ( <i>insulin lispro prot &amp; lispro</i> ) | NF        |            |
| HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML ( <i>insulin lispro prot &amp; lispro</i> )                      | NF        |            |
| HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML ( <i>insulin lispro</i> )                                                  | NF        |            |
| HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )   | NF        |            |
| HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )                        | NF        |            |
| HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML ( <i>insulin nph human (isophane)</i> )                     | NF        |            |
| HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML ( <i>insulin nph human (isophane)</i> )                                          | NF        |            |
| HUMULIN R INJECTION SOLUTION 100 UNIT/ML ( <i>insulin regular human</i> )                                                      | NF        |            |
| HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML ( <i>insulin regular human</i> )                              | PB        |            |
| HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML ( <i>insulin regular human</i> )                        | PB        |            |
| <i>insulin glargine solostar subcutaneous solution pen-injector 100 unit/ml</i>                                                | NF        |            |
| <i>insulin glargine subcutaneous solution 100 unit/ml</i>                                                                      | NF        |            |
| <i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>                                                                 | NF        |            |
| <i>insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml</i>                                                    | NF        |            |
| LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin glargine</i> )                                     | NF        |            |
| LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin glargine</i> )                                                           | NF        |            |

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| Prescription Drug Name                                                                                                              | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin detemir</i> )                                         | PB        |            |
| LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin detemir</i> )                                                                | PB        |            |
| MYXREDLIN INTRAVENOUS SOLUTION 100-0.9 UT/100ML-% ( <i>insulin regular (human) in nacl</i> )                                        | NF        |            |
| NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> ) | NF        |            |
| NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )        | PB        |            |
| NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )                      | NF        |            |
| NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )                             | PB        |            |
| NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML ( <i>insulin nph human (isophane)</i> )                   | NF        |            |
| NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML ( <i>insulin nph human (isophane)</i> )                          | PB        |            |
| NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML ( <i>insulin nph human (isophane)</i> )                                        | NF        |            |
| NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML ( <i>insulin nph human (isophane)</i> )                                               | PB        |            |
| NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin regular human</i> )                                      | PB        |            |
| NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin regular human</i> )                               | NF        |            |
| NOVOLIN R INJECTION SOLUTION 100 UNIT/ML ( <i>insulin regular human</i> )                                                           | PB        |            |
| NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML ( <i>insulin regular human</i> )                                                    | NF        |            |
| NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin aspart</i> )                                            | PB        |            |
| NOVOLOG INJECTION SOLUTION 100 UNIT/ML ( <i>insulin aspart</i> )                                                                    | PB        |            |

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| Prescription Drug Name                                                                                                         | Drug Tier | Drug Notes |
|--------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML ( <i>insulin aspart prot &amp; aspart</i> ) | PB        |            |
| NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML ( <i>insulin aspart prot &amp; aspart</i> )                      | PB        |            |
| NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML ( <i>insulin aspart</i> )                                          | PB        |            |
| SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin glargine-yfgn</i> )                                              | NF        |            |
| SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin glargine-yfgn</i> )                                 | NF        |            |
| TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML ( <i>insulin glargine</i> )                                 | PB        |            |
| TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML ( <i>insulin glargine</i> )                                     | PB        |            |
| TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML ( <i>insulin degludec</i> )                      | PB        |            |
| TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin degludec</i> )                                                          | PB        |            |
| <b>ANTIDIABETICS, INSULIN SENSITIZER</b>                                                                                       |           |            |
| ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG ( <i>pioglitazone hcl</i> )                                                              | NF        |            |
| <i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>                                                                        | G         | LGC        |
| <b>ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION</b>                                                                 |           |            |
| <i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>                                                         | G         | LGC        |
| <b>ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION</b>                                                              |           |            |
| <i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>                                                               | G         |            |
| <b>ANTIDIABETICS, MEGLITINIDE</b>                                                                                              |           |            |
| <i>nateglinide oral tablet 120 mg, 60 mg</i>                                                                                   | G         | LGC        |
| <i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>                                                                              | G         | LGC        |
| <b>ANTIDIABETICS, MISCELLANEOUS</b>                                                                                            |           |            |
| KORLYM ORAL TABLET 300 MG ( <i>mifepristone</i> )                                                                              | NF        |            |

| Prescription Drug Name                                                                                                                        | Drug Tier | Drug Notes |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <b>ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2)/DPP-4 INHIBITOR COMBINATIONS</b>                                                     |           |            |
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG<br>( <i>empagliflozin-linagliptin</i> )                                                                 | PB        |            |
| QTERN ORAL TABLET 10-5 MG, 5-5 MG ( <i>dapagliflozin-saxagliptin</i> )                                                                        | NF        |            |
| STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG<br>( <i>ertugliflozin-sitagliptin</i> )                                                             | NF        |            |
| <b>ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGTL2) COMBINATIONS</b>                                                                     |           |            |
| INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG ( <i>canagliflozin-metformin hcl</i> )                                   | NF        |            |
| INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG ( <i>canagliflozin-metformin hcl</i> )       | NF        |            |
| SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG ( <i>ertugliflozin-metformin hcl</i> )                                | NF        |            |
| SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG ( <i>empagliflozin-metformin hcl</i> )                                    | PB        |            |
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG ( <i>empagliflozin-metformin hcl</i> )       | 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 ( <i>dapagliflozin-metformin hcl</i> ) | PB        |            |
| <b>ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER2 (SGLT2) INHIBITORS</b>                                                                        |           |            |
| FARXIGA ORAL TABLET 10 MG, 5 MG ( <i>dapagliflozin propanediol</i> )                                                                          | PB        |            |
| INVOKANA ORAL TABLET 100 MG, 300 MG ( <i>canagliflozin</i> )                                                                                  | NF        |            |
| JARDIANCE ORAL TABLET 10 MG, 25 MG ( <i>empagliflozin</i> )                                                                                   | PB        |            |
| STEGLATRO ORAL TABLET 15 MG, 5 MG ( <i>ertugliflozin l-pyrogutamicac</i> )                                                                    | NF        |            |
| <b>ANTIDIABETICS, SULFONYLUREA</b>                                                                                                            |           |            |
| <i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>                                                                                               | G         | LGC        |
| <i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>                                                                  | G         | LGC        |

| Prescription Drug Name                                                                                                                                    | Drug Tier | Drug Notes |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>glipizide oral tablet 10 mg, 5 mg</i>                                                                                                                  | G         | LGC        |
| <i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>                                                                              | G         | LGC        |
| <i>glyburide micronized oral tablet 1.5 mg</i>                                                                                                            | G         |            |
| <i>glyburide micronized oral tablet 3 mg, 6 mg</i>                                                                                                        | G         | LGC        |
| <i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>                                                                                                        | G         | LGC        |
| <b>ANTI OBESITY</b>                                                                                                                                       |           |            |
| ADIPEX-P ORAL CAPSULE 37.5 MG ( <i>phentermine hcl</i> )                                                                                                  | NPB       |            |
| ADIPEX-P ORAL TABLET 37.5 MG ( <i>phentermine hcl</i> )                                                                                                   | NPB       |            |
| CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG ( <i>naltrexone-bupropion hcl</i> )                                                                 | NF        | SPC        |
| LOMAIRA ORAL TABLET 8 MG ( <i>phentermine hcl</i> )                                                                                                       | NF        |            |
| PLENITY ORAL CAPSULE ( <i>carboxymeth-cellulose-citricac</i> )                                                                                            | NF        |            |
| PLENITY WELCOME KIT ORAL CAPSULE ( <i>carboxymeth-cellulose-citricac</i> )                                                                                | NF        |            |
| QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG ( <i>phentermine-topiramate</i> )                               | PB        |            |
| SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML ( <i>liraglutide -weight management</i> )                                                            | 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 ( <i>semaglutide-weight management</i> ) | PB        |            |
| XENICAL ORAL CAPSULE 120 MG ( <i>orlistat</i> )                                                                                                           | NF        |            |
| <b>BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS</b>                                                                                                         |           |            |
| <i>alendronate sodium oral solution 70 mg/75ml</i>                                                                                                        | G         |            |
| <i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>                                                                                           | G         |            |
| BINOSTO ORAL TABLET EFFERVESCENT 70 MG ( <i>alendronate sodium</i> )                                                                                      | NPB       |            |
| FOSAMAX ORAL TABLET 70 MG ( <i>alendronate sodium</i> )                                                                                                   | NPB       |            |
| FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT ( <i>alendronate-cholecalciferol</i> )                                                        | NPB       |            |
| <i>ibandronate sodium oral tablet 150 mg</i>                                                                                                              | G         |            |
| RECLAST INTRAVENOUS SOLUTION 5 MG/100ML ( <i>zoledronic acid</i> )                                                                                        | NPSP      |            |
| <i>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg</i>                                                                                          | G         |            |

| Prescription Drug Name                                                                      | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------------------------|-----------|------------|
| <i>risedronate sodium oral tablet delayed release 35 mg</i>                                 | G         |            |
| <i>zoledronic acid intravenous concentrate 4 mg/5ml</i>                                     | G         |            |
| <i>zoledronic acid intravenous solution 5 mg/100ml</i>                                      | G         |            |
| <b>CALCIUM RECEPTOR AGONISTS</b>                                                            |           |            |
| <i>cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg</i>                                       | G         |            |
| PARSABIV INTRAVENOUS SOLUTION 10 MG/2ML, 2.5 MG/0.5ML, 5 MG/ML ( <i>etelcalcetide hcl</i> ) | NF        |            |
| SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG ( <i>cinacalcet hcl</i> )                          | NPSP      |            |
| <b>CARNITINE DEFICIENCY AGENTS</b>                                                          |           |            |
| CARNITOR ORAL SOLUTION 1 GM/10ML ( <i>levocarnitine</i> )                                   | NF        |            |
| CARNITOR ORAL TABLET 330 MG ( <i>levocarnitine</i> )                                        | NF        |            |
| CARNITOR SF ORAL SOLUTION 1 GM/10ML ( <i>levocarnitine</i> )                                | NF        |            |
| <i>levocarnitine oral solution 1 gm/10ml</i>                                                | G         |            |
| <i>levocarnitine oral tablet 330 mg</i>                                                     | G         |            |
| <b>CHELATING AGENTS</b>                                                                     |           |            |
| CHEMET ORAL CAPSULE 100 MG ( <i>succimer</i> )                                              | NPB       |            |
| CUPRIMINE ORAL CAPSULE 250 MG ( <i>penicillamine</i> )                                      | NF        |            |
| <i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>                               | G         |            |
| <i>deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg</i>                  | G         |            |
| DEPEN TITRATABS ORAL TABLET 250 MG ( <i>penicillamine</i> )                                 | NPSP      |            |
| DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG ( <i>deferoxamine mesylate</i> )           | NF        |            |
| EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG ( <i>deferasirox</i> )                    | NF        |            |
| FERRIPROX ORAL SOLUTION 100 MG/ML ( <i>deferiprone</i> )                                    | NF        |            |
| FERRIPROX ORAL TABLET 1000 MG, 500 MG ( <i>deferiprone</i> )                                | NF        |            |
| FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG ( <i>deferiprone</i> )                            | NF        |            |
| JADENU ORAL TABLET 180 MG, 360 MG, 90 MG ( <i>deferasirox</i> )                             | NF        |            |
| JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG ( <i>deferasirox</i> )                    | NF        |            |

| Prescription Drug Name                                                              | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------|-----------|------------|
| LOKELMA ORAL PACKET 10 GM, 5 GM ( <i>sodium zirconium cyclosilicate</i> )           | PB        |            |
| <i>penicillamine oral capsule 250 mg</i>                                            | G         |            |
| <i>sodium polystyrene sulfonate oral powder</i>                                     | G         |            |
| SPS ORAL SUSPENSION 15 GM/60ML ( <i>sodium polystyrene sulfonate</i> )              | G         |            |
| SYPRINE ORAL CAPSULE 250 MG ( <i>trientine hcl</i> )                                | NF        |            |
| <i>trientine hcl oral capsule 250 mg</i>                                            | G         |            |
| VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM ( <i>patiromer sorbitex calcium</i> ) | PB        |            |
| <b>CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL</b>                                  |           |            |
| <i>levonorgestrel-ethinyl estrad</i> (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)          | CE        |            |
| AFTERA ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )                                 | CE        |            |
| <i>levonorgestrel-ethinyl estrad</i> (Altavera Oral Tablet 0.15-30 Mg-Mcg)          | CE        |            |
| <i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>                                         | CE        |            |
| <i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>                               | CE        |            |
| <i>levonorgest-eth estrad 91-day</i> (Amethia Oral Tablet 0.15-0.03 & 0.01 Mg)      | CE        |            |
| <i>levonorgestrel-ethinyl estrad</i> (Amethyst Oral Tablet 90-20 Mcg)               | CE        |            |
| ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR ( <i>segesterone-ethinyl estradiol</i> )   | CE        |            |
| <i>desogestrel-ethinyl estradiol</i> (Apri Oral Tablet 0.15-30 Mg-Mcg)              | CE        |            |
| <i>norethin-eth estrad triphasic</i> (Aranelle Oral Tablet 0.5/1/0.5-35 Mg-Mcg)     | CE        |            |
| <i>levonorgest-eth estrad 91-day</i> (Ashlyna Oral Tablet 0.15-0.03 & 0.01 Mg)      | CE        |            |
| <i>levonorgestrel-ethinyl estrad</i> (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)           | CE        |            |
| <i>levonorgestrel-ethinyl estrad</i> (Aubra Oral Tablet 0.1-20 Mg-Mcg)              | CE        |            |
| <i>norethindrone acet-ethinyl est</i> (Aurovela 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)   | CE        |            |



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

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

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| Prescription Drug Name                                                          | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------------|-----------|------------|
| <i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>       | CE        |            |
| <i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>           | CE        |            |
| <i>levonorgestrel-ethinyl estrad</i> (Falmina Oral Tablet 0.1-20 Mg-Mcg)        | CE        |            |
| <i>levonorgest-eth estrad 91-day</i> (Fayosim Oral Tablet 42-21-21-7 Days)      | CE        |            |
| FC2 FEMALE CONDOM ( <i>condoms - female</i> )                                   | CE        |            |
| FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM ( <i>cervical caps</i> )              | CE        |            |
| <i>norgestimate-eth estradiol</i> (Femynor Oral Tablet 0.25-35 Mg-Mcg)          | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Gemmily Oral Capsule 1-20 Mg-Mcg(24))        | CE        |            |
| <i>norethindrone acet-ethinyl est</i> (Hailey 1.5/30 Oral Tablet 1.5-30 Mg-Mcg) | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Hailey 24 Fe Oral Tablet 1-20 Mg-Mcg(24))    | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Hailey Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)  | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Hailey Fe 1/20 Oral Tablet 1-20 Mg-Mcg)      | CE        |            |
| <i>norethindrone</i> (Heather Oral Tablet 0.35 Mg)                              | CE        |            |
| <i>levonorgest-eth estrad 91-day</i> (Iclevia Oral Tablet 0.15-0.03 Mg)         | CE        |            |
| <i>norethindrone</i> (Incassia Oral Tablet 0.35 Mg)                             | CE        |            |
| <i>levonorgest-eth estrad 91-day</i> (Introvale Oral Tablet 0.15-0.03 Mg)       | CE        |            |
| <i>desogestrel-ethinyl estradiol</i> (Isibloom Oral Tablet 0.15-30 Mg-Mcg)      | CE        |            |
| <i>levonorgest-eth estrad 91-day</i> (Jaimiess Oral Tablet 0.15-0.03 & 0.01 Mg) | CE        |            |
| <i>drospirenone-ethinyl estradiol</i> (Jasmiel Oral Tablet 3-0.02 Mg)           | CE        |            |
| <i>norethindrone</i> (Jencycla Oral Tablet 0.35 Mg)                             | CE        |            |
| <i>levonorgest-eth estrad 91-day</i> (Jolessa Oral Tablet 0.15-0.03 Mg)         | CE        |            |
| <i>desogestrel-ethinyl estradiol</i> (Juleber Oral Tablet 0.15-30 Mg-Mcg)       | CE        |            |

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

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

| Prescription Drug Name                                                                     | Drug Tier | Drug Notes |
|--------------------------------------------------------------------------------------------|-----------|------------|
| <i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>                      | CE        |            |
| <i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>    | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Merzee Oral Capsule 1-20 Mg-Mcg(24))                    | CE        |            |
| <i>norethindrone acet-ethinyl est</i> (Microgestin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)       | CE        |            |
| <i>norethindrone acet-ethinyl est</i> (Microgestin 1/20 Oral Tablet 1-20 Mg-Mcg)           | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Microgestin 24 Fe Oral Tablet 1-20 Mg-Mcg)              | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)        | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)            | CE        |            |
| <i>norgestimate-eth estradiol</i> (Mili Oral Tablet 0.25-35 Mg-Mcg)                        | CE        |            |
| MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24) ( <i>norethin ace-eth estrad-fe</i> ) | NF        |            |
| MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5) ( <i>desogestrel-ethinyl estradiol</i> )     | NPB       |            |
| MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY ( <i>levonorgestrel</i> )       | CE        |            |
| <i>norgestimate-eth estradiol</i> (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)                 | CE        |            |
| MY CHOICE ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )                                     | CE        |            |
| MY WAY ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )                                        | CE        |            |
| NATAZIA ORAL TABLET 3/2-2/2-3/1 MG ( <i>estradiol valerate-dienogest</i> )                 | CE        |            |
| <i>norethindrone-eth estradiol</i> (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)           | CE        |            |
| <i>norethindrone-eth estradiol</i> (Necon 1/35 (28) Oral Tablet 1-35 Mg-Mcg)               | CE        |            |
| NEW DAY ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )                                       | CE        |            |
| NEXPLANON SUBCUTANEOUS IMPLANT 68 MG ( <i>etonogestrel</i> )                               | CE        |            |
| NEXTSTELLIS ORAL TABLET 3-14.2 MG ( <i>drospirenone-estetrol</i> )                         | CE        |            |
| <i>drospirenone-ethinyl estradiol</i> (Nikki Oral Tablet 3-0.02 Mg)                        | CE        |            |

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

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| Prescription Drug Name                                                                              | Drug Tier | Drug Notes |
|-----------------------------------------------------------------------------------------------------|-----------|------------|
| ORTHO TRI-CYCLEN LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG ( <i>norgestim-eth estrad triphasic</i> ) | NF        |            |
| PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE ( <i>copper</i> )                     | CE        |            |
| <i>norethindrone-eth estradiol</i> (Philith Oral Tablet 0.4-35 Mg-Mcg)                              | CE        |            |
| <i>desogestrel-ethinyl estradiol</i> (Pimtrea Oral Tablet 0.15-0.02/0.01 Mg (21/5))                 | CE        |            |
| <i>norethindrone-eth estradiol</i> (Pirmella 1/35 Oral Tablet 1-35 Mg-Mcg)                          | CE        |            |
| <i>norethin-eth estrad triphasic</i> (Pirmella 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)              | CE        |            |
| <i>levonorgestrel-ethinyl estrad</i> (Portia-28 Oral Tablet 0.15-30 Mg-Mcg)                         | CE        |            |
| REACT ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )                                                  | CE        |            |
| <i>desogestrel-ethinyl estradiol</i> (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)                         | CE        |            |
| <i>levonorgest-eth estrad 91-day</i> (Rivelsa Oral Tablet 42-21-21-7 Days)                          | CE        |            |
| SAFYRAL ORAL TABLET 3-0.03-0.451 MG ( <i>drospiren-eth estrad-levomefol</i> )                       | NPB       |            |
| SEASONIQUE ORAL TABLET 0.15-0.03 &0.01 MG ( <i>levonorgest-eth estrad 91-day</i> )                  | NF        |            |
| <i>levonorgest-eth estrad 91-day</i> (Setlakin Oral Tablet 0.15-0.03 Mg)                            | CE        |            |
| <i>norethindrone</i> (Sharobel Oral Tablet 0.35 Mg)                                                 | CE        |            |
| <i>desogestrel-ethinyl estradiol</i> (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5))                 | CE        |            |
| <i>levonorgest-eth estrad 91-day</i> (Simpesse Oral Tablet 0.15-0.03 &0.01 Mg)                      | CE        |            |
| SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG ( <i>levonorgestrel</i> )                            | CE        |            |
| SLYND ORAL TABLET 4 MG ( <i>drospirenone</i> )                                                      | NF        |            |
| <i>desogestrel-ethinyl estradiol</i> (Solia Oral Tablet 0.15-30 Mg-Mcg)                             | CE        |            |
| <i>norgestimate-eth estradiol</i> (Sprintec 28 Oral Tablet 0.25-35 Mg-Mcg)                          | CE        |            |
| <i>levonorgestrel-ethinyl estrad</i> (Sronyx Oral Tablet 0.1-20 Mg-Mcg)                             | CE        |            |

| Prescription Drug Name                                                                         | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------|-----------|------------|
| <i>drospirenone-ethinyl estradiol</i> (Syeda Oral Tablet 3-0.03 Mg)                            | CE        |            |
| TAKE ACTION ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )                                       | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Tarina 24 Fe Oral Tablet 1-20 Mg-Mcg(24))                   | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Tarina Fe 1/20 Eq Oral Tablet 1-20 Mg-Mcg)                  | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Tarina Fe 1/20 Oral Tablet 1-20 Mg-Mcg)                     | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Taysofy Oral Capsule 1-20 Mg-Mcg(24))                       | CE        |            |
| TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24)<br>( <i>norethin ace-eth estrad-fe</i> )                 | NF        |            |
| <i>norethindron-ethinyl estrad-fe</i> (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)             | CE        |            |
| <i>norgestim-eth estrad triphasic</i> (Tri Femynor Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)      | CE        |            |
| <i>norgestim-eth estrad triphasic</i> (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)    | CE        |            |
| <i>norethindron-ethinyl estrad-fe</i> (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)        | CE        |            |
| <i>norgestim-eth estrad triphasic</i> (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)       | CE        |            |
| <i>norgestim-eth estrad triphasic</i> (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg) | CE        |            |
| <i>norgestim-eth estrad triphasic</i> (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)    | CE        |            |
| <i>norgestim-eth estrad triphasic</i> (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)      | CE        |            |
| <i>norgestim-eth estrad triphasic</i> (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)  | CE        |            |
| <i>norgestim-eth estrad triphasic</i> (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)         | CE        |            |
| <i>norgestim-eth estrad triphasic</i> (Trinessa (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)    | CE        |            |
| <i>norgestim-eth estrad triphasic</i> (Tri-Nymyo Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)        | CE        |            |
| <i>norgestim-eth estrad triphasic</i> (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)     | CE        |            |

| Prescription Drug Name                                                                       | Drug Tier | Drug Notes |
|----------------------------------------------------------------------------------------------|-----------|------------|
| <i>levonorg-eth estrad triphasic</i> (Trivora (28) Oral Tablet 50-30/75-40/ 125-30 Mcg)      | CE        |            |
| <i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg) | CE        |            |
| <i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)    | CE        |            |
| TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR ( <i>levonorgestrel-eth estradiol</i> )      | NF        |            |
| TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG ( <i>levonorgestrel-ethinyl estrad</i> )          | NF        |            |
| <i>drospiren-eth estrad-levomefol</i> (Tydemy Oral Tablet 3-0.03-0.451 Mg)                   | CE        |            |
| VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG ( <i>desogestrel-ethinyl estradiol</i> )        | CE        |            |
| <i>drospirenone-ethinyl estradiol</i> (Vestura Oral Tablet 3-0.02 Mg)                        | CE        |            |
| <i>levonorgestrel-ethinyl estrad</i> (Vienva Oral Tablet 0.1-20 Mg-Mcg)                      | CE        |            |
| <i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>                                          | CE        |            |
| <i>desogestrel-ethinyl estradiol</i> (Volnea Oral Tablet 0.15-0.02/0.01 Mg (21/5))           | CE        |            |
| <i>norethindrone-eth estradiol</i> (Vyfemla Oral Tablet 0.4-35 Mg-Mcg)                       | CE        |            |
| <i>norgestimate-eth estradiol</i> (Vylibra Oral Tablet 0.25-35 Mg-Mcg)                       | CE        |            |
| <i>norethindrone-eth estradiol</i> (Wera Oral Tablet 0.5-35 Mg-Mcg)                          | CE        |            |
| WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )                  | CE        |            |
| WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )                  | CE        |            |
| WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )                  | CE        |            |
| WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )                  | CE        |            |
| WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )                  | CE        |            |
| WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )                  | CE        |            |
| WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )                  | CE        |            |

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

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



| Prescription Drug Name                                                                                                                                                                                                                     | Drug Tier | Drug Notes |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 33G X 4 MM ( <i>insulin pen needle</i> )                                                                                                                             | 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 ( <i>insulin syringe-needle u-100</i> ) | NF        |            |
| ADVOCATE LANCETS 30G ( <i>lancets</i> )                                                                                                                                                                                                    | PB        |            |
| ADVOCATE LANCING DEVICE ( <i>lancet devices</i> )                                                                                                                                                                                          | NPB       |            |
| ADVOCATE RAPID-SAFE LANCING ( <i>lancet devices</i> )                                                                                                                                                                                      | NPB       |            |
| ADVOCATE REDI-CODE DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                        | NF        |            |
| ADVOCATE REDI-CODE IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                                 | NF        |            |
| ADVOCATE REDI-CODE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                  | NF        |            |
| ADVOCATE REDI-CODE+ DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                       | NF        |            |
| ADVOCATE REDI-CODE+ TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                           | NF        |            |
| ADVOCATE SAFETY LANCETS ( <i>lancets</i> )                                                                                                                                                                                                 | PB        |            |
| ADVOCATE SAFETY LANCETS 26G ( <i>lancets</i> )                                                                                                                                                                                             | PB        |            |
| ADVOCATE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                                      | NF        |            |
| AGAMATRIX AMP DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                             | NF        |            |
| AGAMATRIX AMP TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                                 | NF        |            |
| AGAMATRIX CONTROL LEVEL 2 IN VITRO SOLUTION ( <i>blood glucose calibration</i> )                                                                                                                                                           | NPB       |            |
| AGAMATRIX CONTROL LEVEL 4 IN VITRO SOLUTION ( <i>blood glucose calibration</i> )                                                                                                                                                           | NPB       |            |
| AGAMATRIX JAZZ TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                                | NF        |            |
| AGAMATRIX JAZZ WIRELESS 2 KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                           | NF        |            |
| AGAMATRIX KEYNOTE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                             | NF        |            |

| Prescription Drug Name                                                                                                      | Drug Tier | Drug Notes |
|-----------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| AGAMATRIX PRESTO KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                     | NF        |            |
| AGAMATRIX PRESTO PRO METER DEVICE ( <i>blood glucose monitoring suppl</i> )                                                 | NF        |            |
| AGAMATRIX PRESTO TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                               | NF        |            |
| AGAMATRIX ULTRA-THIN LANCETS ( <i>lancets</i> )                                                                             | PB        |            |
| <i>aimsco twist lancets 32g</i>                                                                                             | PB        |            |
| AIMSCO TWIST LANCETS 33G ( <i>lancets</i> )                                                                                 | PB        |            |
| AQUALANCE LANCETS 30G ( <i>lancets</i> )                                                                                    | PB        |            |
| ASSURE 3 METER KIT ( <i>blood glucose monitoring suppl</i> )                                                                | NF        |            |
| ASSURE 3 TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                       | NF        |            |
| ASSURE 4 METER DEVICE ( <i>blood glucose monitoring suppl</i> )                                                             | NF        |            |
| ASSURE 4 TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                       | NF        |            |
| <i>assure comfort lancets 28g</i>                                                                                           | PB        |            |
| ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML ( <i>insulin syringe-needle u-100</i> )                 | NF        |            |
| ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM ( <i>insulin pen needle</i> )                                                       | NF        |            |
| ASSURE II CHECK IN VITRO STRIP ( <i>glucose blood</i> )                                                                     | NF        |            |
| ASSURE II IN VITRO STRIP ( <i>glucose blood</i> )                                                                           | NF        |            |
| ASSURE PLATINUM IN VITRO STRIP ( <i>glucose blood</i> )                                                                     | NF        |            |
| ASSURE PLATINUM METER DEVICE ( <i>blood glucose monitoring suppl</i> )                                                      | NF        |            |
| ASSURE PRISM MULTI TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                             | NF        |            |
| ASSURE PRO BLOOD GLUCOSE METER DEVICE ( <i>blood glucose monitoring suppl</i> )                                             | NF        |            |
| ASSURE PRO TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                     | NF        |            |
| <i>aum mini insulin pen needle 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</i> | NF        |            |
| AUM READYGARD DUO PEN NEEDLE 32G X 4 MM ( <i>insulin pen needle</i> )                                                       | NF        |            |
| AUM SAFETY PEN NEEDLE 31G X 4 MM , 31G X 5 MM ( <i>insulin pen needle</i> )                                                 | NF        |            |
| <i>aurora lancet super thin 30g</i>                                                                                         | PB        |            |

| Prescription Drug Name                                                                                                                                                                                | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>aurora lancet thin 23g</i>                                                                                                                                                                         | PB        |            |
| <i>aurora pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm</i>                                                                                                                                        | NF        |            |
| <i>aurora unifine pentips 31g x 5 mm , 32g x 4 mm</i>                                                                                                                                                 | NF        |            |
| AUTO-LANCET ( <i>lancet devices</i> )                                                                                                                                                                 | NPB       |            |
| AUTO-LANCET MINI ( <i>lancet devices</i> )                                                                                                                                                            | NPB       |            |
| AUTOLET II CLINISAFE KIT ( <i>lancets misc.</i> )                                                                                                                                                     | NPB       |            |
| AUTOLET LANCING DEVICE ( <i>lancet devices</i> )                                                                                                                                                      | NPB       |            |
| AUTOLET LITE CLINISAFE KIT ( <i>lancets misc.</i> )                                                                                                                                                   | NPB       |            |
| AUTOLET LITE STARTER PACK KIT ( <i>lancets misc.</i> )                                                                                                                                                | NPB       |            |
| AUTOLET MINI ( <i>lancet devices</i> )                                                                                                                                                                | NPB       |            |
| AUTOLET PLATFORMS ( <i>lancets misc.</i> )                                                                                                                                                            | PB        |            |
| AUTOLET PLUS ( <i>lancet devices</i> )                                                                                                                                                                | NPB       |            |
| AUTOSOFT 30 INFUSION SET ( <i>insulin infusion pump supplies</i> )                                                                                                                                    | NPB       |            |
| AUTOSOFT 90 INFUSION SET ( <i>insulin infusion pump supplies</i> )                                                                                                                                    | NPB       |            |
| AUTOSOFT XC INFUSION SET ( <i>insulin infusion pump supplies</i> )                                                                                                                                    | NPB       |            |
| BD AUTOSHIELD 29G X 5MM , 29G X 8MM ( <i>insulin pen needle</i> )                                                                                                                                     | PB        |            |
| BD AUTOSHIELD DUO 30G X 5 MM ( <i>insulin pen needle</i> )                                                                                                                                            | 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 ( <i>insulin syringe-needle u-100</i> ) | PB        |            |
| BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML ( <i>insulin syringe-needle u-100</i> )                                                                              | 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 ( <i>insulin syringe-needle u-100</i> )                                                                | PB        |            |
| BD INSULIN SYRINGE U-100 1 ML ( <i>insulin syringes (disposable)</i> )                                                                                                                                | PB        |            |
| BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML ( <i>insulin syringe/needle u-500</i> )                                                                                                                     | PB        |            |
| BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 0.5 ML ( <i>insulin syringe-needle u-100</i> )                                                                                                               | PB        |            |
| BD LANCET ULTRAFINE 30G ( <i>lancets</i> )                                                                                                                                                            | PB        |            |

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| Prescription Drug Name                                                                                                                      | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| BD LANCET ULTRAFINE 33G ( <i>lancets</i> )                                                                                                  | PB        |            |
| BD LATITUDE DIABETES KIT ( <i>blood glucose monitoring suppl</i> )                                                                          | NF        |            |
| BD LOGIC BLOOD GLUCOSE MONITOR KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                       | NF        |            |
| BD MICROTAINER LANCETS ( <i>lancets</i> )                                                                                                   | PB        |            |
| BD PEN NEEDLE MICRO U/F 32G X 6 MM ( <i>insulin pen needle</i> )                                                                            | PB        |            |
| BD PEN NEEDLE MINI U/F 31G X 5 MM ( <i>insulin pen needle</i> )                                                                             | PB        |            |
| BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM ( <i>insulin pen needle</i> )                                                                         | PB        |            |
| BD PEN NEEDLE NANO U/F 32G X 4 MM ( <i>insulin pen needle</i> )                                                                             | PB        |            |
| BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM ( <i>insulin pen needle</i> )                                                                       | PB        |            |
| BD PEN NEEDLE SHORT U/F 31G X 8 MM ( <i>insulin pen needle</i> )                                                                            | PB        |            |
| BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML, 31G X 15/64" 0.3 ML ( <i>insulin syringe-needle u-100</i> )                              | PB        |            |
| BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML ( <i>insulin syringe-needle u-100</i> )                                                  | PB        |            |
| BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML ( <i>insulin syringe-needle u-100</i> )                                                      | PB        |            |
| BIOTEL CARE BLOOD GLUCOSE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                            | NF        |            |
| BIOTEL CARE BLOOD GLUCOSE SYST KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                       | NF        |            |
| <i>blood glucose monitor system kit w/device</i>                                                                                            | NF        |            |
| <i>blood glucose system pak kit</i>                                                                                                         | NF        |            |
| <i>blood glucose test in vitro strip</i>                                                                                                    | NF        |            |
| BLULINK CONTROL HIGH & LOW IN VITRO LIQUID ( <i>blood glucose calibration</i> )                                                             | NPB       |            |
| CARDIOCOM LANCING DEVICE ( <i>lancet devices</i> )                                                                                          | 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 ( <i>insulin pen needle</i> ) | NF        |            |
| <i>careone advanced lancing dev</i>                                                                                                         | NPB       |            |

| Prescription Drug Name                                                                                                                                                                         | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| CAREONE BLOOD GLUCOSE SYSTEM KIT W/DEVICE<br>(blood glucose monitoring suppl)                                                                                                                  | NF        |            |
| CAREONE BLOOD GLUCOSE TEST IN VITRO STRIP<br>(glucose blood)                                                                                                                                   | NF        |            |
| 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)                                                                                                                                                        | PB        |            |
| careone lancet thin 23g                                                                                                                                                                        | PB        |            |
| 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 , 33g x 4 mm                                                                                       | NF        |            |
| CARESENS LANCETS (lancets)                                                                                                                                                                     | PB        |            |
| 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 CONTROL SOL LEVEL 2 IN VITRO LIQUID (blood glucose calibration)                                                                                                                      | NPB       |            |
| CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML, 29G X 5/16" 1 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<br>(insulin syringe-needle u-100) | NF        |            |
| CARETOUCH LANCING/EJECTOR (lancet devices)                                                                                                                                                     | NPB       |            |
| CARETOUCH MONITOR SYSTEM KIT W/DEVICE<br>(blood glucose monitoring suppl)                                                                                                                      | NF        |            |
| CARETOUCH PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 33G X 4 MM (insulin pen needle)                                                            | NF        |            |
| CARETOUCH SAFETY LANCETS (lancets)                                                                                                                                                             | PB        |            |
| CARETOUCH SAFETY LANCETS 26G (lancets)                                                                                                                                                         | PB        |            |
| CARETOUCH TEST IN VITRO STRIP (glucose blood)                                                                                                                                                  | NF        |            |
| CARETOUCH TWIST LANCETS 28G (lancets)                                                                                                                                                          | PB        |            |
| CARETOUCH TWIST LANCETS 30G (lancets)                                                                                                                                                          | PB        |            |
| CARETOUCH TWIST LANCETS 33G (lancets)                                                                                                                                                          | PB        |            |

| Prescription Drug Name                                                            | Drug Tier | Drug Notes |
|-----------------------------------------------------------------------------------|-----------|------------|
| CARETOUCH TWIST MC LANCETS 30G ( <i>lancets</i> )                                 | PB        |            |
| CHEMSTRIP K IN VITRO STRIP ( <i>acetone (urine) test</i> )                        | NPB       |            |
| CHEMSTRIP UGK IN VITRO STRIP ( <i>urine glucose-ketones test</i> )                | NPB       |            |
| CLEANLET LANCETS 28G ( <i>lancets</i> )                                           | PB        |            |
| CLEVER CHEK AUTO-CODE SYSTEM DEVICE ( <i>blood glucose monitoring suppl</i> )     | NF        |            |
| CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP ( <i>glucose blood</i> )                | NF        |            |
| CLEVER CHEK AUTO-CODE VOICE DEVICE ( <i>blood glucose monitoring suppl</i> )      | NF        |            |
| CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP ( <i>glucose blood</i> )               | NF        |            |
| CLEVER CHEK LANCETS ( <i>lancets</i> )                                            | PB        |            |
| CLEVER CHEK SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )         | NF        |            |
| CLEVER CHEK TEST IN VITRO STRIP ( <i>glucose blood</i> )                          | NF        |            |
| CLEVER CHOICE AUTO-CODE SYSTEM DEVICE ( <i>blood glucose monitoring suppl</i> )   | NF        |            |
| CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP ( <i>glucose blood</i> )              | NF        |            |
| CLEVER CHOICE COMFORT EZ 29G X 12MM , 33G X 4 MM ( <i>insulin pen needle</i> )    | NF        |            |
| CLEVER CHOICE LANCETS 21G ( <i>lancets</i> )                                      | PB        |            |
| CLEVER CHOICE LANCETS 23G ( <i>lancets</i> )                                      | PB        |            |
| CLEVER CHOICE LANCETS 28G ( <i>lancets</i> )                                      | PB        |            |
| CLEVER CHOICE MICRO SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> ) | NF        |            |
| CLEVER CHOICE MICRO TEST IN VITRO STRIP ( <i>glucose blood</i> )                  | NF        |            |
| CLEVER CHOICE MINI SYSTEM DEVICE ( <i>blood glucose monitoring suppl</i> )        | NF        |            |
| CLEVER CHOICE NO CODING IN VITRO STRIP ( <i>glucose blood</i> )                   | NF        |            |
| CLEVER CHOICE TALK SYSTEM DEVICE ( <i>blood glucose monitoring suppl</i> )        | NF        |            |
| CLEVER CHOICE TALK SYSTEM IN VITRO STRIP ( <i>glucose blood</i> )                 | NF        |            |



| Prescription Drug Name                                                                                                                                                                                                                                                                                                                  | Drug Tier | Drug Notes |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| CLICKFINE PEN NEEDLES 31G X 5 MM , 31G X 6 MM<br>( <i>insulin pen needle</i> )                                                                                                                                                                                                                                                          | NF        |            |
| <i>clickfine pen needles 31g x 8 mm , 32g x 4 mm</i>                                                                                                                                                                                                                                                                                    | NF        |            |
| COAGUCHEK LANCETS ( <i>lancets</i> )                                                                                                                                                                                                                                                                                                    | PB        |            |
| COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ML<br>( <i>insulin syringe-needle u-100</i> )                                                                                                                                                                                                                                            | NF        |            |
| <i>comfort assured lancets 28g</i>                                                                                                                                                                                                                                                                                                      | PB        |            |
| <i>comfort assured lancets 33g</i>                                                                                                                                                                                                                                                                                                      | PB        |            |
| 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 ( <i>insulin syringe-needle u-100</i> ) | NF        |            |
| COMFORT EZ MICRO PEN NEEDLES 32G X 4 MM<br>( <i>insulin pen needle</i> )                                                                                                                                                                                                                                                                | 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 ( <i>insulin pen needle</i> )                                                                                                                                       | NF        |            |
| COMFORT EZ SHORT PEN NEEDLES 31G X 8 MM<br>( <i>insulin pen needle</i> )                                                                                                                                                                                                                                                                | NF        |            |
| <i>comfort lancets</i>                                                                                                                                                                                                                                                                                                                  | PB        |            |
| 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 , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM ( <i>insulin pen needle</i> )                                                                                                                               | NF        |            |
| COMFORT TOUCH LANCETS 31G ( <i>lancets</i> )                                                                                                                                                                                                                                                                                            | PB        |            |
| COMFORT TOUCH PLUS LANCETS 30G ( <i>lancets</i> )                                                                                                                                                                                                                                                                                       | PB        |            |
| CONTOUR MONITOR DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                                                                                                                        | NF        |            |
| CONTOUR NEXT EZ KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                                                                                                                  | NF        |            |
| CONTOUR NEXT GEN MONITOR KIT W/DEVICE<br>( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                                                                                                      | NF        |            |
| CONTOUR NEXT LINK KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                                                                                                                | NF        |            |
| CONTOUR NEXT MONITOR KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                                                                                                             | NF        |            |

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

| Prescription Drug Name                                                                                                                                                                                                                                                                                                                                                                                                     | Drug Tier | Drug Notes |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| DIATHRIVE BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                                                                                                                                                                                                       | NF        |            |
| DIATHRIVE GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                                                                                                                                                                                                             | NF        |            |
| DIATHRIVE LANCET ULTRA THIN 30 ( <i>lancets</i> )                                                                                                                                                                                                                                                                                                                                                                          | PB        |            |
| DIATHRIVE LANCETS ( <i>lancets</i> )                                                                                                                                                                                                                                                                                                                                                                                       | PB        |            |
| DIATHRIVE LANCING DEVICE ( <i>lancet devices</i> )                                                                                                                                                                                                                                                                                                                                                                         | NPB       |            |
| DIATHRIVE PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )                                                                                                                                                                                                                                                                                                                       | NF        |            |
| DIATHRIVE+ GLUCOSE MONITOR DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                                                                                                                                                                                                | NF        |            |
| DIATHRIVE+ GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                                                                                                                                                                                                            | NF        |            |
| <i>diatrue plus blood glucose device</i>                                                                                                                                                                                                                                                                                                                                                                                   | NF        |            |
| <i>diatrue plus test in vitro strip</i>                                                                                                                                                                                                                                                                                                                                                                                    | NF        |            |
| DROPLET GENTEEL LANCING DEVICE ( <i>lancet devices</i> )                                                                                                                                                                                                                                                                                                                                                                   | NPB       |            |
| 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 15/64" 0.3 ML, 30G X 15/64" 0.5 ML, 30G X 15/64" 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 ( <i>insulin syringe-needle u-100</i> ) | NF        |            |
| DROPLET LANCETS ULTRA THIN 30G ( <i>lancets</i> )                                                                                                                                                                                                                                                                                                                                                                          | PB        |            |
| DROPLET LANCING DEVICE ( <i>lancet devices</i> )                                                                                                                                                                                                                                                                                                                                                                           | NPB       |            |
| DROPLET MICRON 34G X 3.5 MM ( <i>insulin pen needle</i> )                                                                                                                                                                                                                                                                                                                                                                  | NF        |            |
| DROPLET 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 5 MM , 32G X 6 MM , 32G X 8 MM ( <i>insulin pen needle</i> )                                                                                                                                                                                                                                                       | NF        |            |
| DROPLET PERSONAL LANCETS 30G ( <i>lancets</i> )                                                                                                                                                                                                                                                                                                                                                                            | PB        |            |
| <i>dropsafe safety pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm</i>                                                                                                                                                                                                                                                                                                                                                    | NF        |            |
| <i>drug mart lancets thin 26g</i>                                                                                                                                                                                                                                                                                                                                                                                          | PB        |            |
| DRUG MART ON-THE-GO LANCET 30G ( <i>lancets</i> )                                                                                                                                                                                                                                                                                                                                                                          | PB        |            |
| <i>drug mart unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>                                                                                                                                                                                                                                                                                                                            | NF        |            |
| <i>drug mart unifine pentips plus 32g x 4 mm</i>                                                                                                                                                                                                                                                                                                                                                                           | NF        |            |

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| Prescription Drug Name                                                                                                                                                                                                                                                                                                                                                    | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| DUO-CARE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                                                                                                                                                                     | NF        |            |
| <i>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</i>                                                                                                                                                                                  | NF        |            |
| <i>easy comfort lancets</i>                                                                                                                                                                                                                                                                                                                                               | PB        |            |
| <i>easy comfort lancets twist top</i>                                                                                                                                                                                                                                                                                                                                     | PB        |            |
| <i>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</i>                                                                                                                                                                                                                                                  | NF        |            |
| <i>easy glide pen needles 33g x 4 mm</i>                                                                                                                                                                                                                                                                                                                                  | NF        |            |
| <i>easy mini eject lancing device</i>                                                                                                                                                                                                                                                                                                                                     | NPB       |            |
| <i>easy mini lancing device</i>                                                                                                                                                                                                                                                                                                                                           | NPB       |            |
| <i>easy plus ii glucose system device</i>                                                                                                                                                                                                                                                                                                                                 | NF        |            |
| <i>easy plus ii glucose test in vitro strip</i>                                                                                                                                                                                                                                                                                                                           | NF        |            |
| EASY STEP GLUCOSE MONITOR DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                                                                                                                                                | NF        |            |
| EASY STEP TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                                                                                                                                                                    | NF        |            |
| <i>easy talk blood glucose system device</i>                                                                                                                                                                                                                                                                                                                              | NF        |            |
| <i>easy talk blood glucose test in vitro strip</i>                                                                                                                                                                                                                                                                                                                        | NF        |            |
| <i>easy talk plus ii test strips in vitro strip</i>                                                                                                                                                                                                                                                                                                                       | 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 ( <i>insulin syringe-needle u-100</i> )                                                                                                                                                                                                                               | NF        |            |
| EASY TOUCH GLUCOSE SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                                                                                                                                          | 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 ( <i>insulin syringe-needle u-100</i> )                                                                                                                                                                                                                             | 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 ( <i>insulin syringe-needle u-100</i> ) | NF        |            |
| EASY TOUCH LANCETS 21G ( <i>lancets</i> )                                                                                                                                                                                                                                                                                                                                 | PB        |            |
| EASY TOUCH LANCETS 23G ( <i>lancets</i> )                                                                                                                                                                                                                                                                                                                                 | PB        |            |
| EASY TOUCH LANCETS 28G ( <i>lancets</i> )                                                                                                                                                                                                                                                                                                                                 | PB        |            |
| EASY TOUCH LANCETS 30G ( <i>lancets</i> )                                                                                                                                                                                                                                                                                                                                 | PB        |            |

| Prescription Drug Name                                                                                                                                     | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| EASY TOUCH LANCETS 32G ( <i>lancets</i> )                                                                                                                  | PB        |            |
| EASY TOUCH LANCING DEVICE ( <i>lancet devices</i> )                                                                                                        | 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 ( <i>insulin pen needle</i> ) | NF        |            |
| EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM , 29G X 8MM , 30G X 8 MM ( <i>insulin pen needle</i> )                                                             | 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 ( <i>insulin syringe-needle u-100</i> )                 | NF        |            |
| EASY TOUCH TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                    | NF        |            |
| <i>easy trak blood glucose system device</i>                                                                                                               | NF        |            |
| <i>easy trak blood glucose test in vitro strip</i>                                                                                                         | NF        |            |
| <i>easy trak ii blood glucose sys device</i>                                                                                                               | NF        |            |
| <i>easy trak ii glucose test in vitro strip</i>                                                                                                            | NF        |            |
| EASYGLUCO IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                          | NF        |            |
| EASYGLUCO KIT ( <i>blood glucose monitoring suppl</i> )                                                                                                    | NF        |            |
| EASYMAX 15 LEVEL 2-3 CONTROL IN VITRO LIQUID ( <i>blood glucose calibration</i> )                                                                          | NPB       |            |
| EASYMAX 15 TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                    | NF        |            |
| EASYMAX CONTROL NORMAL/HIGH IN VITRO LIQUID ( <i>blood glucose calibration</i> )                                                                           | NPB       |            |
| EASYMAX NG BLOOD GLUCOSE DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                  | NF        |            |
| EASYMAX NG BLOOD GLUCOSE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                            | NF        |            |
| EASYMAX TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                       | NF        |            |
| EASYMAX V BLOOD GLUCOSE DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                   | NF        |            |
| EASYPRO BLOOD GLUCOSE MONITOR KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                       | NF        |            |
| EASYPRO BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                         | NF        |            |
| EASYPRO PLUS IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                       | NF        |            |
| EASYPRO PLUS KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                        | NF        |            |
| ELEMENT AUTOCODE SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                             | NF        |            |

| Prescription Drug Name                                                                                                                                                                              | Drug Tier | Drug Notes |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>element compact glucose system device</i>                                                                                                                                                        | NF        |            |
| <i>element compact test in vitro strip</i>                                                                                                                                                          | NF        |            |
| <i>element compact v glucose sys device</i>                                                                                                                                                         | NF        |            |
| ELEMENT PLUS DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                       | NF        |            |
| ELEMENT TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                | NF        |            |
| EMBRACE BLOOD GLUCOSE MONITOR DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                      | NF        |            |
| EMBRACE BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                  | NF        |            |
| EMBRACE EVO BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                              | NF        |            |
| EMBRACE EVO GLUCOSE MONITOR DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                        | NF        |            |
| EMBRACE EVO GLUCOSE MONITORING KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                               | NF        |            |
| EMBRACE LANCETS ULTRA THIN 30G ( <i>lancets</i> )                                                                                                                                                   | PB        |            |
| EMBRACE PRESSURE ACTIVATED 21G ( <i>lancets</i> )                                                                                                                                                   | PB        |            |
| EMBRACE PRESSURE ACTIVATED 28G ( <i>lancets</i> )                                                                                                                                                   | PB        |            |
| EMBRACE PRO GLUCOSE METER DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                          | NF        |            |
| EMBRACE PRO GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                    | NF        |            |
| EMBRACE TALK BLOOD GLUCOSE DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                         | NF        |            |
| EMBRACE TALK GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                   | NF        |            |
| EMBRACE TALK MONITORING SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                               | NF        |            |
| ENLITE GLUCOSE SENSOR ( <i>continuous blood gluc sensor</i> )                                                                                                                                       | NF        |            |
| ENLITE SERTER ( <i>insulin infusion pump supplies</i> )                                                                                                                                             | NPB       |            |
| <i>eq blood glucose test in vitro strip</i>                                                                                                                                                         | NF        |            |
| <i>eq color lancets 21g</i>                                                                                                                                                                         | PB        |            |
| <i>eq color lancets micro 33g</i>                                                                                                                                                                   | PB        |            |
| <i>eq 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</i> | NF        |            |
| <i>eq super thin lancets 30g</i>                                                                                                                                                                    | PB        |            |



| Prescription Drug Name                                                                                                                                                                                                     | Drug Tier | Drug Notes |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>eql thin lancets 26g</i>                                                                                                                                                                                                | PB        |            |
| EVERSENSE SENSOR/HOLDER ( <i>continuous blood gluc sensor</i> )                                                                                                                                                            | NF        |            |
| EVERSENSE SMART TRANSMITTER ( <i>continuous blood gluc transmit</i> )                                                                                                                                                      | NF        |            |
| EVOLUTION AUTOCODE DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                        | NF        |            |
| EVOLUTION AUTOCODE IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                 | NF        |            |
| 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 ( <i>insulin syringe-needle u-100</i> ) | NF        |            |
| EXEL COMFORT POINT PEN NEEDLE 29G X 12MM , 31G X 4 MM , 31G X 6 MM , 31G X 8 MM ( <i>insulin pen needle</i> )                                                                                                              | NF        |            |
| E-Z JECT LANCET MICRO-THIN 33G ( <i>lancets</i> )                                                                                                                                                                          | PB        |            |
| E-Z JECT LANCET SUPER THIN 30G ( <i>lancets</i> )                                                                                                                                                                          | PB        |            |
| E-Z JECT LANCETS ( <i>lancets</i> )                                                                                                                                                                                        | PB        |            |
| E-Z JECT LANCETS 21G ( <i>lancets</i> )                                                                                                                                                                                    | PB        |            |
| E-Z JECT LANCETS THIN 26G ( <i>lancets</i> )                                                                                                                                                                               | PB        |            |
| EZ-LETS LANCETS 21G ( <i>lancets</i> )                                                                                                                                                                                     | PB        |            |
| EZ-LETS LANCETS 26G ( <i>lancets</i> )                                                                                                                                                                                     | PB        |            |
| EZ-LETS LANCETS 28G ( <i>lancets</i> )                                                                                                                                                                                     | PB        |            |
| EZ-LETS LANCETS 30G ( <i>lancets</i> )                                                                                                                                                                                     | PB        |            |
| FIFTY50 GLUCOSE METER 2.0 KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                           | NF        |            |
| FIFTY50 GLUCOSE TEST 2.0 IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                           | NF        |            |
| FIFTY50 PEN NEEDLES 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM ( <i>insulin pen needle</i> )                                                                                                                        | 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 ( <i>insulin syringe-needle u-100</i> )                                                                                              | NF        |            |
| FIFTY50 UNILET LANCETS 33G ( <i>lancets</i> )                                                                                                                                                                              | PB        |            |
| FINGERSTIX LANCETS ( <i>lancets</i> )                                                                                                                                                                                      | PB        |            |
| FORA 6 CONNECT IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                     | NF        |            |

| Prescription Drug Name                                                         | Drug Tier | Drug Notes |
|--------------------------------------------------------------------------------|-----------|------------|
| FORA BLOOD GLUCOSE TEST IN VITRO STRIP<br>(glucose blood)                      | NF        |            |
| FORA D15G BLOOD GLUCOSE TEST IN VITRO STRIP<br>(glucose blood)                 | NF        |            |
| FORA D20 BLOOD GLUCOSE TEST IN VITRO STRIP<br>(glucose blood)                  | NF        |            |
| FORA D40/G31 BLOOD GLUCOSE IN VITRO STRIP<br>(glucose blood)                   | NF        |            |
| FORA G20 BLOOD GLUCOSE SYSTEM KIT W/DEVICE<br>(blood glucose monitoring suppl) | NF        |            |
| FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP<br>(glucose blood)                  | NF        |            |
| FORA G30/PREM V10 GLUCOSE TEST IN VITRO STRIP<br>(glucose blood)               | NF        |            |
| FORA G30A BLOOD GLUCOSE SYSTEM DEVICE (blood<br>glucose monitoring suppl)      | NF        |            |
| FORA GD20 BLOOD GLUCOSE SYSTEM DEVICE (blood<br>glucose monitoring suppl)      | NF        |            |
| FORA GD20 TEST IN VITRO STRIP (glucose blood)                                  | NF        |            |
| FORA GD50 BLOOD GLUCOSE SYSTEM DEVICE (blood<br>glucose monitoring suppl)      | NF        |            |
| FORA GD50 BLOOD GLUCOSE TEST IN VITRO STRIP<br>(glucose blood)                 | NF        |            |
| FORA GTEL BLOOD GLUCOSE SYSTEM DEVICE<br>(blood glucose monitoring suppl)      | NF        |            |
| FORA GTEL BLOOD GLUCOSE TEST IN VITRO STRIP<br>(glucose blood)                 | NF        |            |
| FORA GTEL BLOOD KETONE TEST IN VITRO STRIP<br>(ketone blood test)              | NPB       |            |
| FORA LANCETS (lancets)                                                         | PB        |            |
| FORA LANCING DEVICE (lancet devices)                                           | NPB       |            |
| FORA PREMIUM V10 BLE SYSTEM DEVICE (blood<br>glucose monitoring suppl)         | NF        |            |
| FORA TEST N' GO MONITOR DEVICE (blood glucose<br>monitoring suppl)             | NF        |            |
| FORA TN'G ADVANCE PRO IN VITRO STRIP (glucose<br>blood)                        | NF        |            |
| FORA TN'G VOICE KIT W/DEVICE (blood glucose<br>monitoring suppl)               | NF        |            |

| Prescription Drug Name                                                                | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------------------|-----------|------------|
| FORA TN'G/TN'G VOICE IN VITRO STRIP ( <i>glucose blood</i> )                          | NF        |            |
| FORA V10 BLOOD GLUCOSE SYSTEM DEVICE ( <i>blood glucose monitoring suppl</i> )        | NF        |            |
| FORA V10 BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )                   | NF        |            |
| FORA V10/V12/D10/D20 TEST KIT ( <i>blood glucose monitoring suppl</i> )               | NF        |            |
| FORA V12 BLOOD GLUCOSE SYSTEM DEVICE ( <i>blood glucose monitoring suppl</i> )        | NF        |            |
| FORA V12 BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )                   | NF        |            |
| FORA V20 BLOOD GLUCOSE SYSTEM DEVICE ( <i>blood glucose monitoring suppl</i> )        | NF        |            |
| FORA V20 BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )                   | NF        |            |
| FORA V30A BLOOD GLUCOSE SYSTEM DEVICE ( <i>blood glucose monitoring suppl</i> )       | NF        |            |
| FORA V30A BLOOD GLUCOSE SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> ) | NF        |            |
| FORA V30A BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )                  | NF        |            |
| FORACARE GD40 MONITOR DEVICE ( <i>blood glucose monitoring suppl</i> )                | NF        |            |
| FORACARE GD40 TEST IN VITRO STRIP ( <i>glucose blood</i> )                            | NF        |            |
| FORACARE PREMIUM V10 DEVICE ( <i>blood glucose monitoring suppl</i> )                 | NF        |            |
| FORACARE PREMIUM V10 TEST IN VITRO STRIP ( <i>glucose blood</i> )                     | NF        |            |
| FORACARE TEST N GO MONITOR DEVICE ( <i>blood glucose monitoring suppl</i> )           | NF        |            |
| FORACARE TEST N GO TEST IN VITRO STRIP ( <i>glucose blood</i> )                       | NF        |            |
| FORTISCARE T1 GLUCOSE SYSTEM DEVICE ( <i>blood glucose monitoring suppl</i> )         | NF        |            |
| FORTISCARE TEST IN VITRO STRIP ( <i>glucose blood</i> )                               | NF        |            |
| <i>freds pharmacy autolet lancing</i>                                                 | NPB       |            |
| <i>freds pharmacy unifine pentip+ 31g x 5 mm , 31g x 8 mm</i>                         | NF        |            |
| <i>freds pharmacy unifine pentips 32g x 4 mm</i>                                      | NF        |            |

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The formulary is updated the first week of each month

12/01/2022

| Prescription Drug Name                                                                | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------------------|-----------|------------|
| FREESTYLE FREEDOM LITE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )         | NF        |            |
| FREESTYLE INSULINX TEST IN VITRO STRIP ( <i>glucose blood</i> )                       | NF        |            |
| FREESTYLE LIBRE 14 DAY READER DEVICE ( <i>continuous blood gluc receiver</i> )        | NF        |            |
| FREESTYLE LIBRE 14 DAY SENSOR ( <i>continuous blood gluc sensor</i> )                 | NF        |            |
| FREESTYLE LIBRE 2 READER DEVICE ( <i>continuous blood gluc receiver</i> )             | NF        |            |
| FREESTYLE LIBRE 2 SENSOR ( <i>continuous blood gluc sensor</i> )                      | NF        |            |
| freestyle libre 3 sensor                                                              | NF        |            |
| FREESTYLE LIBRE READER DEVICE ( <i>continuous blood gluc receiver</i> )               | NF        |            |
| FREESTYLE LITE DEVICE ( <i>blood glucose monitoring suppl</i> )                       | NF        |            |
| FREESTYLE LITE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                 | NF        |            |
| FREESTYLE LITE TEST IN VITRO STRIP ( <i>glucose blood</i> )                           | NF        |            |
| FREESTYLE PRECISION NEO SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> ) | NF        |            |
| FREESTYLE PRECISION NEO TEST IN VITRO STRIP ( <i>glucose blood</i> )                  | NF        |            |
| FREESTYLE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                | NF        |            |
| FREESTYLE UNISTICK II LANCETS ( <i>lancets</i> )                                      | PB        |            |
| 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 ( <i>lancets</i> )                                     | PB        |            |
| GENTEEL CONTACT TIPS (BLUE) ( <i>lancets misc.</i> )                                  | PB        |            |
| GENTEEL CONTACT TIPS (CLEAR) ( <i>lancets misc.</i> )                                 | PB        |            |
| GENTEEL CONTACT TIPS (GREEN) ( <i>lancets misc.</i> )                                 | PB        |            |
| GENTEEL CONTACT TIPS (ORANGE) ( <i>lancets misc.</i> )                                | PB        |            |
| GENTEEL CONTACT TIPS (RAINBOW) ( <i>lancets misc.</i> )                               | PB        |            |
| GENTEEL CONTACT TIPS (VIOLET) ( <i>lancets misc.</i> )                                | PB        |            |
| GENTEEL CONTACT TIPS (YELLOW) ( <i>lancets misc.</i> )                                | PB        |            |
| GENTEEL LANCING KIT (BLUE) KIT ( <i>lancets misc.</i> )                               | NPB       |            |

| Prescription Drug Name                                                                                                                                                                                                                                                                                     | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| GENTEEL NOZZLES ( <i>lancets misc.</i> )                                                                                                                                                                                                                                                                   | PB        |            |
| GENTEEL PLUS LANCING (BLACK) ( <i>lancet devices</i> )                                                                                                                                                                                                                                                     | NPB       |            |
| GENTEEL PLUS LANCING (PURPLE) ( <i>lancet devices</i> )                                                                                                                                                                                                                                                    | NPB       |            |
| GENTEEL PLUS LANCING (WHITE) ( <i>lancet devices</i> )                                                                                                                                                                                                                                                     | NPB       |            |
| GENTEEL PLUS LANCING DEV(BLUE) ( <i>lancet devices</i> )                                                                                                                                                                                                                                                   | NPB       |            |
| GENTEEL PLUS LANCING DEV(PINK) ( <i>lancet devices</i> )                                                                                                                                                                                                                                                   | NPB       |            |
| GENTLE-LET GP LANCETS ( <i>lancets</i> )                                                                                                                                                                                                                                                                   | PB        |            |
| GENTLE-LET LANCETS ( <i>lancets</i> )                                                                                                                                                                                                                                                                      | PB        |            |
| GENTLE-LET PLATFORMS ( <i>lancets misc.</i> )                                                                                                                                                                                                                                                              | PB        |            |
| GENULTIMATE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                                                                                                   | NPB       |            |
| <i>ght blood glucose monitor kit w/device</i>                                                                                                                                                                                                                                                              | NF        |            |
| <i>ght test in vitro strip</i>                                                                                                                                                                                                                                                                             | NF        |            |
| <i>global ease inject pen needles 29g x 12mm , 31g x 5 mm , 31g x 8 mm , 32g x 4 mm</i>                                                                                                                                                                                                                    | NF        |            |
| <i>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</i>                                                                                                                                                                                       | NF        |            |
| <i>global easy glide pen needles 32g x 4 mm</i>                                                                                                                                                                                                                                                            | NF        |            |
| <i>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</i> | NF        |            |
| <i>global inject ease lancets 28g</i>                                                                                                                                                                                                                                                                      | PB        |            |
| <i>global inject ease lancets 30g</i>                                                                                                                                                                                                                                                                      | PB        |            |
| <i>global insulin syringes 30g x 1/2" 0.3 ml, 30g x 5/16" 0.3 ml</i>                                                                                                                                                                                                                                       | NF        |            |
| <i>global lancing device</i>                                                                                                                                                                                                                                                                               | NPB       |            |
| GLUCO PERFECT 3 METER DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                                                                                     | NF        |            |
| GLUCO PERFECT 3 TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                                                                                               | NF        |            |
| GLUCOCARD 01 BLOOD GLUCOSE DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                                                                                | NF        |            |
| GLUCOCARD 01 BLOOD GLUCOSE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                                                                          | NF        |            |
| GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                                                                                           | NF        |            |

| Prescription Drug Name                                                                                                                                                                                                                        | Drug Tier | Drug Notes |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| GLUCOCARD 01-MINI GLUCOSE KIT W/DEVICE<br>(blood glucose monitoring suppl)                                                                                                                                                                    | NF        |            |
| GLUCOCARD EXPRESSION MONITOR KIT<br>W/DEVICE (blood glucose monitoring suppl)                                                                                                                                                                 | NF        |            |
| GLUCOCARD EXPRESSION TEST IN VITRO STRIP<br>(glucose blood)                                                                                                                                                                                   | NF        |            |
| GLUCOCARD SHINE CONNEX KIT W/DEVICE (blood<br>glucose monitoring suppl)                                                                                                                                                                       | NF        |            |
| GLUCOCARD SHINE EXPRESS KIT W/DEVICE (blood<br>glucose monitoring suppl)                                                                                                                                                                      | NF        |            |
| GLUCOCARD SHINE TEST IN VITRO STRIP (glucose<br>blood)                                                                                                                                                                                        | NF        |            |
| GLUCOCARD SHINE XL DEVICE (blood glucose<br>monitoring suppl)                                                                                                                                                                                 | NF        |            |
| GLUCOCARD VITAL MONITOR KIT W/DEVICE (blood<br>glucose monitoring suppl)                                                                                                                                                                      | NF        |            |
| GLUCOCARD VITAL TEST IN VITRO STRIP (glucose<br>blood)                                                                                                                                                                                        | NF        |            |
| GLUCOCARD X-METER KIT W/DEVICE (blood glucose<br>monitoring suppl)                                                                                                                                                                            | NF        |            |
| GLUCOCARD X-SENSOR IN VITRO STRIP (glucose<br>blood)                                                                                                                                                                                          | NF        |            |
| GLUCOCOM BLOOD GLUCOSE MONITOR DEVICE<br>(blood glucose monitoring suppl)                                                                                                                                                                     | NF        |            |
| GLUCOCOM LANCETS 28G (lancets)                                                                                                                                                                                                                | PB        |            |
| GLUCOCOM LANCETS 30G (lancets)                                                                                                                                                                                                                | PB        |            |
| GLUCOCOM LANCETS 33G (lancets)                                                                                                                                                                                                                | PB        |            |
| GLUCOCOM MONITOR KIT W/DEVICE (blood glucose<br>monitoring suppl)                                                                                                                                                                             | NF        |            |
| GLUCOCOM TEST IN VITRO STRIP (glucose blood)                                                                                                                                                                                                  | NF        |            |
| GLUCONAVII BLOOD GLUCOSE SYS KIT W/DEVICE<br>(blood glucose monitoring suppl)                                                                                                                                                                 | NF        |            |
| GLUCONAVII BLOOD GLUCOSE TEST IN VITRO<br>STRIP (glucose blood)                                                                                                                                                                               | NF        |            |
| GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G<br>X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G<br>X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML,<br>31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (insulin syringe-needle<br>u-100) | NF        |            |



| Prescription Drug Name                                                                                                                                                                                                  | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| GLUCOPRO SYR RES 3ML 22GX3/8" ( <i>insulin infusion pump supplies</i> )                                                                                                                                                 | NPB       |            |
| <i>glucose meter test in vitro strip</i>                                                                                                                                                                                | NF        |            |
| <i>gnp clickfine pen needles 31g x 6 mm , 31g x 8 mm</i>                                                                                                                                                                | NF        |            |
| GNP EASY TOUCH CONT HIGH/LOW IN VITRO LIQUID ( <i>blood glucose calibration</i> )                                                                                                                                       | NPB       |            |
| GNP EASY TOUCH GLUCOSE METER DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                           | NF        |            |
| <i>gnp easy touch glucose test in vitro strip</i>                                                                                                                                                                       | NF        |            |
| <i>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</i> | NF        |            |
| <i>gnp insulin syringes 28gx1/2" 28g x 1/2" 1 ml</i>                                                                                                                                                                    | NF        |            |
| <i>gnp insulin syringes 29gx1/2" 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml</i>                                                                                                                                                 | NF        |            |
| <i>gnp insulin syringes 30g x 5/16" 1 ml</i>                                                                                                                                                                            | NF        |            |
| <i>gnp insulin syringes 30gx5/16" 30g x 5/16" 0.3 ml</i>                                                                                                                                                                | NF        |            |
| <i>gnp insulin syringes 31gx5/16" 31g x 5/16" 0.3 ml</i>                                                                                                                                                                | NF        |            |
| <i>gnp lancets 21g</i>                                                                                                                                                                                                  | PB        |            |
| <i>gnp lancets thin 26g</i>                                                                                                                                                                                             | PB        |            |
| <i>gnp sterile lancets 28g</i>                                                                                                                                                                                          | PB        |            |
| <i>gnp sterile lancets 30g</i>                                                                                                                                                                                          | PB        |            |
| <i>gnp sterile lancets 33g</i>                                                                                                                                                                                          | PB        |            |
| GNP TRUE METRIX AIR METER KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                        | NF        |            |
| GNP TRUE METRIX GLUCOSE METER KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                    | NF        |            |
| GNP TRUE METRIX GLUCOSE STRIPS IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                  | NF        |            |
| GNP TRUETRACK SMART SYSTEM IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                      | NF        |            |
| GNP TRUETRACK TEST STRIPS IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                       | NF        |            |
| <i>gnp ulticare pen needles 31g x 5 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm</i>                                                                                                                                       | NF        |            |
| GNP ULTIGUARD SAFEPAK NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM ( <i>insulin pen needle</i> )                                                                                                            | NF        |            |

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| Prescription Drug Name                                                                                                                                  | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>gnp ultra com insulin syringe 28g x 1/2" 1 ml</i>                                                                                                    | NF        |            |
| GOJJI LANCING DEVICE/CLEAR CAP ( <i>lancet devices</i> )                                                                                                | NPB       |            |
| GOJJI STERILE LANCETS ( <i>lancets</i> )                                                                                                                | PB        |            |
| <i>goodsense blood glucose in vitro strip</i>                                                                                                           | NF        |            |
| <i>goodsense blood glucose kit w/device</i>                                                                                                             | NF        |            |
| <i>goodsense clickfine pen needle 31g x 5 mm</i>                                                                                                        | NF        |            |
| <i>goodsense lancets 26g univ</i>                                                                                                                       | PB        |            |
| <i>goodsense lancets 30g univ</i>                                                                                                                       | PB        |            |
| <i>goodsense lancets 33g</i>                                                                                                                            | NPB       |            |
| <i>goodsense lancets 33g univ</i>                                                                                                                       | PB        |            |
| <i>goodsense lancing device</i>                                                                                                                         | NPB       |            |
| GOODSENSE PEN NEEDLE PENFINE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM ( <i>insulin pen needle</i> )                                            | NF        |            |
| GUARDIAN LINK 3 TRANSMITTER ( <i>continuous blood gluc transmit</i> )                                                                                   | NF        |            |
| GUARDIAN REAL-TIME CHARGER ( <i>continuous glucose monitor sup</i> )                                                                                    | NPB       |            |
| GUARDIAN REAL-TIME REPLACE PED DEVICE ( <i>continuous blood gluc receiver</i> )                                                                         | NF        |            |
| GUARDIAN REAL-TIME TEST PLUG ( <i>continuous glucose monitor sup</i> )                                                                                  | NPB       |            |
| GUARDIAN SENSOR (3) ( <i>continuous blood gluc sensor</i> )                                                                                             | NF        |            |
| HEALTH CARE LANCING DEVICE ( <i>lancet devices</i> )                                                                                                    | NPB       |            |
| <i>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</i> | NF        |            |
| <i>healthwise micron pen needles 32g x 4 mm</i>                                                                                                         | NF        |            |
| <i>healthwise mini pen needles 31g x 6 mm</i>                                                                                                           | NF        |            |
| <i>healthwise pen needles 29g x 12mm</i>                                                                                                                | NF        |            |
| <i>healthwise short pen needles 31g x 5 mm , 31g x 8 mm</i>                                                                                             | NF        |            |
| <i>healthwise unifine pentips 32g x 4 mm</i>                                                                                                            | NF        |            |
| <i>healthy accents lancing device</i>                                                                                                                   | NPB       |            |
| <i>healthy accents unifine pentip 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>                                                    | NF        |            |
| <i>healthy accents unilet lancets</i>                                                                                                                   | PB        |            |
| <i>h-e-b incontrol adv lancing</i>                                                                                                                      | NPB       |            |

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| Prescription Drug Name                                                                                                      | Drug Tier | Drug Notes |
|-----------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>h-e-b incontrol lancets 28g</i>                                                                                          | PB        |            |
| <i>h-e-b incontrol lancets 30g</i>                                                                                          | PB        |            |
| <i>h-e-b incontrol lancets 33g</i>                                                                                          | PB        |            |
| <i>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</i>                           | NF        |            |
| H-E-B INCONTROL UNIFINE PENTIP 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM ( <i>insulin pen needle</i> ) | NF        |            |
| HM EMBRACE TALK SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                               | NF        |            |
| HM ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML ( <i>insulin syringe-needle u-100</i> )                     | NF        |            |
| HM ULTICARE MINI PEN NEEDLES 31G X 5 MM ( <i>insulin pen needle</i> )                                                       | NF        |            |
| HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM ( <i>insulin pen needle</i> )                                                      | NF        |            |
| HW EMBRACE PRO GLUCOSE METER DEVICE ( <i>blood glucose monitoring suppl</i> )                                               | NF        |            |
| HW EMBRACE PRO GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                         | NF        |            |
| HW EMBRACE TALK BLOOD GLUCOSE DEVICE ( <i>blood glucose monitoring suppl</i> )                                              | NF        |            |
| HW EMBRACE TALK GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                        | NF        |            |
| HY-VEE LANCETS ( <i>lancets</i> )                                                                                           | PB        |            |
| <i>hy-vee thin lancets</i>                                                                                                  | PB        |            |
| IGLUCOSE MONITORING SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                           | NF        |            |
| IGLUCOSE TEST STRIPS IN VITRO STRIP ( <i>glucose blood</i> )                                                                | NF        |            |
| IN TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                         | NF        |            |
| IN TOUCH DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                   | NF        |            |
| IN TOUCH LANCING DEVICE ( <i>lancet devices</i> )                                                                           | NPB       |            |
| IN TOUCH STERILE LANCETS 30G ( <i>lancets</i> )                                                                             | PB        |            |
| INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )                           | NF        |            |

| Prescription Drug Name                                                                                                                                                                                                                                                                         | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| INFINITY BLOOD GLUCOSE SYSTEM KIT W/DEVICE<br>(blood glucose monitoring suppl)                                                                                                                                                                                                                 | NF        |            |
| INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP<br>(glucose blood)                                                                                                                                                                                                                                  | NF        |            |
| INFINITY VOICE IN VITRO STRIP (glucose blood)                                                                                                                                                                                                                                                  | NF        |            |
| INFINITY VOICE KIT W/DEVICE (blood glucose<br>monitoring suppl)                                                                                                                                                                                                                                | NF        |            |
| insulin syringe 27g x 1/2" 0.5 ml, 27g x 1/2" 1 ml, 28g x 1/2" 0.5<br>ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x<br>1/2" 1 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5<br>ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g<br>x 5/16" 1 ml | NF        |            |
| insulin syringeneedle 27g x 1/2" 0.5 ml, 28g x 1/2" 0.5 ml, 28g x<br>1/2" 1 ml                                                                                                                                                                                                                 | NF        |            |
| insulin syringe-needle u-100 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml,<br>30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x<br>1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml, 31g x 5/16" 0.3<br>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 ,<br>32g x 4 mm , 33g x 4 mm                                                                                                                                                                                                          | NF        |            |
| INSUPEN SENSITIVE 32G X 6 MM , 32G X 8 MM (insulin<br>pen needle)                                                                                                                                                                                                                              | NF        |            |
| INSUPEN ULTRAFIN 30G X 8 MM , 31G X 6 MM , 31G<br>X 8 MM (insulin pen needle)                                                                                                                                                                                                                  | NF        |            |
| KETO-DIASTIX IN VITRO STRIP (urine glucose-ketones<br>test)                                                                                                                                                                                                                                    | NPB       |            |
| ketone test in vitro strip                                                                                                                                                                                                                                                                     | NPB       |            |
| KETOSTIX IN VITRO STRIP (acetone (urine) test)                                                                                                                                                                                                                                                 | NPB       |            |
| kinney lancets                                                                                                                                                                                                                                                                                 | PB        |            |
| kinney thin lancets                                                                                                                                                                                                                                                                            | PB        |            |
| kinray insulin syringe 29g x 1/2" 0.5 ml, 31g x 5/16" 0.3 ml, 31g<br>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<br>1 ml                                                                                                                                                                                                                       | NF        |            |
| KROGER AUTOLET LANCING DEVICE (lancet devices)                                                                                                                                                                                                                                                 | NPB       |            |
| croger blood glucose kit w/device                                                                                                                                                                                                                                                              | NF        |            |
| croger blood glucose test in vitro strip                                                                                                                                                                                                                                                       | NF        |            |

| Prescription Drug Name                                                                                                                                                                                                                       | Drug Tier | Drug Notes |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <i> 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</i>                                     | NF        |            |
| <i> Kroger lancets</i>                                                                                                                                                                                                                       | PB        |            |
| <i> Kroger lancets super thin</i>                                                                                                                                                                                                            | PB        |            |
| <i> Kroger lancets thin</i>                                                                                                                                                                                                                  | PB        |            |
| <i> 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</i>                                                                                                                                       | NF        |            |
| <i> Kroger premium blood glucose kit w/device</i>                                                                                                                                                                                            | NF        |            |
| <i> Kroger premium glucose test in vitro strip</i>                                                                                                                                                                                           | NF        |            |
| <i> lancet device</i>                                                                                                                                                                                                                        | NPB       |            |
| <i> lancet device with ejector</i>                                                                                                                                                                                                           | NPB       |            |
| <i> lancet transporter case</i>                                                                                                                                                                                                              | PB        |            |
| <i> lancets</i>                                                                                                                                                                                                                              | PB        |            |
| <i> lancets 30g</i>                                                                                                                                                                                                                          | PB        |            |
| <i> lancets 33g</i>                                                                                                                                                                                                                          | PB        |            |
| <i> lancets micro thin 33g</i>                                                                                                                                                                                                               | PB        |            |
| <i> lancets thin</i>                                                                                                                                                                                                                         | PB        |            |
| LANCETS ULTRA THIN ( <i>lancets</i> )                                                                                                                                                                                                        | PB        |            |
| <i> lancets ultra thin 30g</i>                                                                                                                                                                                                               | PB        |            |
| <i> lancet device</i>                                                                                                                                                                                                                        | NPB       |            |
| LANZO ( <i>lancet devices</i> )                                                                                                                                                                                                              | NPB       |            |
| <i> 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</i> | NF        |            |
| LEADER UNIFINE PENTIPS 31G X 5 MM , 32G X 4 MM ( <i>insulin pen needle</i> )                                                                                                                                                                 | NF        |            |
| LEADER UNIFINE PENTIPS PLUS 31G X 5 MM , 31G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )                                                                                                                                               | NF        |            |
| <i> liberty blood glucose meter device</i>                                                                                                                                                                                                   | NF        |            |
| LIBERTY NEXT GENERATION TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                         | NF        |            |
| LIBERTY NXT GENERATION MONITOR DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                              | NF        |            |
| <i> liberty test in vitro strip</i>                                                                                                                                                                                                          | NF        |            |
| LIFESCAN UNISTIK 2 ( <i>lancets</i> )                                                                                                                                                                                                        | PB        |            |

| Prescription Drug Name                                                                                                                                                                                                                                                          | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| LIFESCAN UNISTIK II LANCETS ( <i>lancets</i> )                                                                                                                                                                                                                                  | PB        |            |
| <i>lite touch lancets</i>                                                                                                                                                                                                                                                       | PB        |            |
| LITE TOUCH LANCING PEN ( <i>lancet devices</i> )                                                                                                                                                                                                                                | 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 ( <i>insulin syringe-needle u-100</i> ) | NF        |            |
| LITETOUCH LANCETS ( <i>lancets</i> )                                                                                                                                                                                                                                            | PB        |            |
| LITETOUCH PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )                                                                                                                                                            | NF        |            |
| <i>live better adv lancing device</i>                                                                                                                                                                                                                                           | NPB       |            |
| <i>live better lancet ultra thin</i>                                                                                                                                                                                                                                            | PB        |            |
| <i>longs insulin syringe 31g x 5/16" 0.5 ml</i>                                                                                                                                                                                                                                 | NF        |            |
| <i>longs lancets standard</i>                                                                                                                                                                                                                                                   | PB        |            |
| <i>longs lancets thin</i>                                                                                                                                                                                                                                                       | PB        |            |
| <i>longs lancets ultra thin</i>                                                                                                                                                                                                                                                 | PB        |            |
| 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 ( <i>insulin syringe-needle u-100</i> )                                                                                             | NF        |            |
| MARATHON MEDICAL PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )                                                                                                                                                                        | NF        |            |
| MAXICOMFORT II PEN NEEDLE 31G X 6 MM ( <i>insulin pen needle</i> )                                                                                                                                                                                                              | NF        |            |
| MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML ( <i>insulin syringe-needle u-100</i> )                                                                                                                                                                         | NF        |            |
| MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM , 29G X 8MM ( <i>insulin pen needle</i> )                                                                                                                                                                                              | NF        |            |
| MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML ( <i>insulin syringe-needle u-100</i> )                                                                                                                                                                           | NF        |            |
| <i>medic insulin syringe 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml</i>                                                                                                                                                                                                             | NF        |            |
| <i>medichoice safety lancet extra</i>                                                                                                                                                                                                                                           | PB        |            |
| <i>medicine shoppe pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm</i>                                                                                                                                                                                                         | NF        |            |
| MEDLANCE PLUS EXTRA 21G ( <i>lancets</i> )                                                                                                                                                                                                                                      | PB        |            |
| MEDLANCE PLUS LANCETS ( <i>lancets</i> )                                                                                                                                                                                                                                        | PB        |            |



| Prescription Drug Name                                                                  | Drug Tier | Drug Notes |
|-----------------------------------------------------------------------------------------|-----------|------------|
| MEDLANCE PLUS LITE 25G ( <i>lancets</i> )                                               | PB        |            |
| MEDLANCE PLUS SPECIAL 0.8MM ( <i>lancets</i> )                                          | PB        |            |
| MEDLANCE PLUS SUPERLITE 30G ( <i>lancets</i> )                                          | PB        |            |
| MEDLANCE PLUS UNIVERSAL 21G ( <i>lancets</i> )                                          | PB        |            |
| <i>meijer blood glucose kit w/device</i>                                                | NF        |            |
| <i>meijer blood glucose test in vitro strip</i>                                         | NF        |            |
| <i>meijer essential blood glucose kit w/device</i>                                      | NF        |            |
| <i>meijer essential glucose test in vitro strip</i>                                     | NF        |            |
| MEIJER LANCETS THIN ( <i>lancets</i> )                                                  | PB        |            |
| MEIJER LANCETS UNIVERSAL 21G ( <i>lancets</i> )                                         | PB        |            |
| MEIJER LANCETS UNIVERSAL 30G ( <i>lancets</i> )                                         | PB        |            |
| MEIJER LANCETS UNIVERSAL 33G ( <i>lancets</i> )                                         | PB        |            |
| <i>meijer pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm</i>                          | NF        |            |
| <i>meijer premium blood glucose kit w/device</i>                                        | NF        |            |
| MEIJER SUPER THIN LANCETS ( <i>lancets</i> )                                            | PB        |            |
| MEIJER TRUE2GO BLOOD GLUCOSE KIT W/DEVICE<br>( <i>blood glucose monitoring suppl</i> )  | NF        |            |
| MEIJER TRUERESULT GLUCOSE SYS KIT W/DEVICE<br>( <i>blood glucose monitoring suppl</i> ) | NF        |            |
| MEIJER TRUETEST TEST IN VITRO STRIP ( <i>glucose blood</i> )                            | NF        |            |
| MEIJER TRUETRACK GLUCOSE SYS KIT W/DEVICE<br>( <i>blood glucose monitoring suppl</i> )  | NF        |            |
| MEIJER TRUETRACK TEST IN VITRO STRIP ( <i>glucose blood</i> )                           | NF        |            |
| MICRODOT BLOOD GLUCOSE SYSTEM KIT<br>W/DEVICE ( <i>blood glucose monitoring suppl</i> ) | NF        |            |
| MICRODOT TEST IN VITRO STRIP ( <i>glucose blood</i> )                                   | NF        |            |
| MICROLET LANCETS ( <i>lancets</i> )                                                     | PB        |            |
| MICROLET NEXT LANCING DEVICE ( <i>lancet devices</i> )                                  | NPB       |            |
| <i>mini lancing device</i>                                                              | NPB       |            |
| MINILINK REAL-TIME TRANSMITTER ( <i>continuous blood gluc transmit</i> )                | NF        |            |
| MINIMED 630G GUARDIAN PRESS ( <i>continuous blood gluc transmit</i> )                   | NPB       |            |
| MINIMED PUMP RESERVOIR 3ML ( <i>insulin infusion pump supplies</i> )                    | NPB       |            |

| Prescription Drug Name                                                                                                                                                                                                                                                   | Drug Tier | Drug Notes |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| MINIMED RESERVOIR 1.8ML ( <i>insulin infusion pump supplies</i> )                                                                                                                                                                                                        | NPB       |            |
| MINIMED RESERVOIR 3ML ( <i>insulin infusion pump supplies</i> )                                                                                                                                                                                                          | NPB       |            |
| MM EASY TOUCH GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                                                            | NF        |            |
| MM EASY TOUCH GLUCOSE METER KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                                       | NF        |            |
| <i>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</i>                                                                                                                      | NF        |            |
| MM PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )                                                                                                                                                                           | NF        |            |
| 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 ( <i>insulin syringe-needle u-100</i> ) | NF        |            |
| MONOJECT INSULIN SYRINGE U-100 1 ML ( <i>insulin syringes (disposable)</i> )                                                                                                                                                                                             | 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 ( <i>insulin syringe-needle u-100</i> )                         | NF        |            |
| MONOLET LANCETS ( <i>lancets</i> )                                                                                                                                                                                                                                       | PB        |            |
| MONOLET OPD LANCETS ( <i>lancets</i> )                                                                                                                                                                                                                                   | PB        |            |
| MONOLETTOR SAFETY LANCETS ( <i>lancets</i> )                                                                                                                                                                                                                             | PB        |            |
| <i>mpd safety lancet 21g</i>                                                                                                                                                                                                                                             | PB        |            |
| <i>mpd safety lancet 23g</i>                                                                                                                                                                                                                                             | PB        |            |
| <i>mpd safety lancet 28g</i>                                                                                                                                                                                                                                             | PB        |            |
| <i>mpd safety lancet 30g</i>                                                                                                                                                                                                                                             | PB        |            |
| <i>ms insulin syringe 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>                                                                                                                                                                                       | NF        |            |
| MULTI-LANCET DEVICE 2 KIT ( <i>lancets misc.</i> )                                                                                                                                                                                                                       | NPB       |            |
| MYGLUCOHEALTH BLOOD GLUCOSE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                                       | NF        |            |
| MYGLUCOHEALTH LANCETS 30G ( <i>lancets</i> )                                                                                                                                                                                                                             | PB        |            |

| Prescription Drug Name                                                               | Drug Tier | Drug Notes |
|--------------------------------------------------------------------------------------|-----------|------------|
| MYGLUCOHEALTH TEST IN VITRO STRIP ( <i>glucose blood</i> )                           | NF        |            |
| NEUTEK 2TEK TEST IN VITRO STRIP ( <i>glucose blood</i> )                             | NF        |            |
| NOVA MAX BLOOD GLUCOSE SYSTEM DEVICE ( <i>blood glucose monitoring suppl</i> )       | NF        |            |
| NOVA MAX BLOOD GLUCOSE SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> ) | NF        |            |
| NOVA MAX GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )                        | NF        |            |
| NOVA MAX PLUS KETONE TEST IN VITRO STRIP ( <i>ketone blood test</i> )                | NPB       |            |
| NOVA SAFETY LANCETS 23G ( <i>lancets</i> )                                           | PB        |            |
| NOVA SAFETY LANCETS 28G ( <i>lancets</i> )                                           | PB        |            |
| NOVA SUREFLEX LANCETS ( <i>lancets</i> )                                             | PB        |            |
| NOVA SUREFLEX LANCING DEVICE ( <i>lancet devices</i> )                               | NPB       |            |
| NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM ( <i>insulin pen needle</i> )               | NF        |            |
| NOVOFINE PEN NEEDLE 32G X 6 MM ( <i>insulin pen needle</i> )                         | NF        |            |
| NOVOFINE PLUS PEN NEEDLE 32G X 4 MM ( <i>insulin pen needle</i> )                    | NF        |            |
| OMNIPOD 5 G6 INTRO (GEN 5) KIT ( <i>insulin disposable pump</i> )                    | PB        |            |
| OMNIPOD 5 G6 POD (GEN 5) ( <i>insulin disposable pump</i> )                          | PB        |            |
| OMNIPOD CLASSIC PDM (GEN 3) KIT ( <i>insulin disposable pump</i> )                   | PB        |            |
| OMNIPOD DASH INTRO (GEN 4) KIT ( <i>insulin disposable pump</i> )                    | PB        |            |
| OMNIPOD DASH PODS (GEN 4) ( <i>insulin disposable pump</i> )                         | PB        |            |
| <i>one drop blood glucose monitor kit w/device</i>                                   | NF        |            |
| <i>one drop test in vitro strip</i>                                                  | NF        |            |
| ONETOUCH CLUB LANCETS FINE PT ( <i>lancets</i> )                                     | PB        |            |
| ONETOUCH DELICA LANCETS 30G ( <i>lancets</i> )                                       | PB        |            |
| ONETOUCH DELICA LANCETS 33G ( <i>lancets</i> )                                       | PB        |            |
| ONETOUCH DELICA LANCING DEV ( <i>lancet devices</i> )                                | NPB       |            |
| ONETOUCH DELICA PLUS LANCET30G ( <i>lancets</i> )                                    | PB        |            |
| ONETOUCH DELICA PLUS LANCET33G ( <i>lancets</i> )                                    | PB        |            |

| Prescription Drug Name                                                                                                                | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| ONETOUCH DELICA PLUS LANCING ( <i>lancet devices</i> )                                                                                | NPB       |            |
| ONETOUCH DELICA SAFETY LANCING ( <i>lancet devices</i> )                                                                              | NPB       |            |
| ONETOUCH SOLUTIONS STARTER KIT KIT W/ WELL DEVICE ( <i>blood glucose monitoring suppl</i> )                                           | PB        |            |
| ONETOUCH SURESOFT LANCING DEV ( <i>lancets misc.</i> )                                                                                | NPB       |            |
| ONETOUCH ULTRA IN VITRO STRIP ( <i>glucose blood</i> )                                                                                | PB        |            |
| ONETOUCH ULTRASOFT LANCETS ( <i>lancets</i> )                                                                                         | PB        |            |
| ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                     | PB        |            |
| ONETOUCH VERIO IN VITRO STRIP ( <i>glucose blood</i> )                                                                                | PB        |            |
| ONETOUCH VERIO KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                 | PB        |            |
| ONETOUCH VERIO REFLECT KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                         | PB        |            |
| OPTIUMEZ TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                 | NF        |            |
| PARADIGM PUMP RESERVOIR 1.8ML ( <i>insulin infusion pump supplies</i> )                                                               | NPB       |            |
| PARADIGM PUMP RESERVOIR 3ML ( <i>insulin infusion pump supplies</i> )                                                                 | NPB       |            |
| PARADIGM REAL-TIME TRANSMITTER ( <i>continuous blood gluc transmit</i> )                                                              | NF        |            |
| PARADIGM SILHOUETTE COMBO 23" ( <i>insulin infusion pump supplies</i> )                                                               | NPB       |            |
| <i>pc lancets super thin 30g</i>                                                                                                      | PB        |            |
| <i>pc unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm</i>                                                           | NF        |            |
| <i>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</i> | NF        |            |
| <i>pen needles 5/16" 31g x 8 mm</i>                                                                                                   | NF        |            |
| PENLET II BLOOD SAMPLER KIT ( <i>lancets misc.</i> )                                                                                  | NPB       |            |
| PENLET II REPLACEMENT CAP ( <i>lancets misc.</i> )                                                                                    | PB        |            |
| PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM ( <i>insulin pen needle</i> )                     | NF        |            |
| PERFECT LANCETS 28G ( <i>lancets</i> )                                                                                                | PB        |            |
| PERFECT LANCETS 30G ( <i>lancets</i> )                                                                                                | PB        |            |
| <i>ph strips in vitro diagnostic test</i>                                                                                             | NPB       |            |

| Prescription Drug Name                                                                                                                                                                            | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| PHARMACIST CHOICE AUTOCODE IN VITRO STRIP<br>( <i>glucose blood</i> )                                                                                                                             | NF        |            |
| PHARMACIST CHOICE AUTOCODE SYS KIT<br>W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                          | NF        |            |
| PHARMACIST CHOICE LANCETS ( <i>lancets</i> )                                                                                                                                                      | PB        |            |
| PHARMACIST CHOICE MINI SYSTEM DEVICE ( <i>blood<br/>glucose monitoring suppl</i> )                                                                                                                | NF        |            |
| <i>pharmacist choice no coding in vitro strip</i>                                                                                                                                                 | NF        |            |
| PHARMACY COUNTER LANCETS ( <i>lancets</i> )                                                                                                                                                       | PB        |            |
| <i>pip lancets 28g</i>                                                                                                                                                                            | PB        |            |
| <i>pip lancets 30g</i>                                                                                                                                                                            | PB        |            |
| POCKETCHEM EZ SYSTEM KIT W/DEVICE ( <i>blood<br/>glucose monitoring suppl</i> )                                                                                                                   | NF        |            |
| POCKETCHEM EZ TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                        | NF        |            |
| POGO AUTOMATIC BLOOD GLUCOSE DEVICE ( <i>blood<br/>glucose monitoring suppl</i> )                                                                                                                 | NF        |            |
| POGO AUTOMATIC TEST CARTRIDGES IN VITRO<br>DIAGNOSTIC TEST ( <i>glucose blood</i> )                                                                                                               | NF        |            |
| PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ML<br>( <i>insulin syringe-needle u-100</i> )                                                                                                         | NF        |            |
| PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP<br>( <i>glucose blood</i> )                                                                                                                           | NF        |            |
| PRECISION XTRA KETONE IN VITRO STRIP ( <i>ketone<br/>blood test</i> )                                                                                                                             | NPB       |            |
| PRECISION XTRA KIT W/DEVICE ( <i>blood glucose<br/>monitoring suppl</i> )                                                                                                                         | NF        |            |
| <i>preferred plus insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml,<br/>29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x<br/>5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml</i> | NF        |            |
| <i>preferred plus lancets colored</i>                                                                                                                                                             | PB        |            |
| <i>preferred plus lancets thin</i>                                                                                                                                                                | PB        |            |
| <i>preferred plus unifine pentips 29g x 12mm , 31g x 5 mm , 31g x<br/>6 mm , 31g x 8 mm , 32g x 4 mm</i>                                                                                          | NF        |            |
| <i>premium blood glucose test in vitro strip</i>                                                                                                                                                  | NF        |            |
| PREVENT DROPSAFE PEN NEEDLES 31G X 6 MM ,<br>31G X 8 MM ( <i>insulin pen needle</i> )                                                                                                             | NF        |            |
| PREVENT SAFETY PEN NEEDLES 31G X 6 MM , 31G X<br>8 MM ( <i>insulin pen needle</i> )                                                                                                               | NF        |            |

| Prescription Drug Name                                                                                                                                                             | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| 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 ( <i>insulin syringe-needle u-100</i> ) | NF        |            |
| <i>pro comfort lancets 30g</i>                                                                                                                                                     | PB        |            |
| <i>pro comfort lancets 31g</i>                                                                                                                                                     | PB        |            |
| <i>pro comfort pen needles 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm</i>                                                                                                   | NF        |            |
| <i>pro voice v8 glucose system device</i>                                                                                                                                          | NF        |            |
| <i>pro voice v8/v9 glucose in vitro strip</i>                                                                                                                                      | NF        |            |
| <i>pro voice v9 glucose system device</i>                                                                                                                                          | NF        |            |
| PRODIGY AUTOCODE BLOOD GLUCOSE DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                    | NF        |            |
| PRODIGY AUTOCODE BLOOD GLUCOSE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                              | NF        |            |
| PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML ( <i>insulin syringe-needle u-100</i> )                                                            | NF        |            |
| PRODIGY LANCETS 28G ( <i>lancets</i> )                                                                                                                                             | PB        |            |
| PRODIGY LANCING DEVICE ( <i>lancet devices</i> )                                                                                                                                   | NPB       |            |
| PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                               | NF        |            |
| PRODIGY POCKET BLOOD GLUCOSE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                | NF        |            |
| PRODIGY SAFETY LANCETS 26G ( <i>lancets</i> )                                                                                                                                      | PB        |            |
| PRODIGY VOICE BLOOD GLUCOSE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                 | NF        |            |
| PSS SELECT GP LANCETS ( <i>lancets</i> )                                                                                                                                           | PB        |            |
| PSS SELECT PLATFORMS ( <i>lancets misc.</i> )                                                                                                                                      | PB        |            |
| PSS SELECT SAFETY LANCETS ( <i>lancets</i> )                                                                                                                                       | PB        |            |
| PTS PANELS EGLU TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                       | NF        |            |
| <i>pure comfort lancets 30g</i>                                                                                                                                                    | PB        |            |
| <i>px extra short pen needles 31g x 6 mm</i>                                                                                                                                       | NF        |            |
| <i>px insulin syringe 30g x 1/2" 0.5 ml</i>                                                                                                                                        | NF        |            |
| <i>px lancet auto injector</i>                                                                                                                                                     | NPB       |            |
| <i>px lancets microthin 33g</i>                                                                                                                                                    | PB        |            |



| Prescription Drug Name                                                                                | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>px lancets ultra thin</i>                                                                          | PB        |            |
| <i>px mini pen needles 31g x 5 mm</i>                                                                 | NF        |            |
| <i>px pen needle 29g x 12mm , 31g x 8 mm</i>                                                          | NF        |            |
| <i>px shortlength pen needles 31g x 8 mm</i>                                                          | NF        |            |
| <i>qc advanced lancing device</i>                                                                     | NPB       |            |
| <i>qc lancets super thin 30g</i>                                                                      | PB        |            |
| <i>qc lancets ultra thin</i>                                                                          | PB        |            |
| <i>qc pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm</i>                                            | NF        |            |
| <i>qc unifine pentips 32g x 4 mm</i>                                                                  | NF        |            |
| <i>qc unilet lancets 28g</i>                                                                          | PB        |            |
| <i>qc unilet lancets micro thin</i>                                                                   | PB        |            |
| QUICKTEK KIT ( <i>blood glucose monitoring suppl</i> )                                                | NF        |            |
| QUICKTEK TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                 | NF        |            |
| QUICKTEK/METER KIT ( <i>blood glucose monitoring suppl</i> )                                          | NF        |            |
| QUINTET AC BLOOD GLUCOSE DEVICE ( <i>blood glucose monitoring suppl</i> )                             | NF        |            |
| QUINTET AC BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                 | NF        |            |
| QUINTET BLOOD GLUCOSE SYSTEM DEVICE ( <i>blood glucose monitoring suppl</i> )                         | NF        |            |
| QUINTET BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                    | NF        |            |
| RA E-ZJECT LANCETS 28G ( <i>lancets</i> )                                                             | PB        |            |
| RA E-ZJECT LANCETS THIN 26G ( <i>lancets</i> )                                                        | PB        |            |
| RA E-ZJECT LANCETS THIN 28G ( <i>lancets</i> )                                                        | PB        |            |
| RA E-ZJECT LANCETS ULTRA THIN ( <i>lancets</i> )                                                      | PB        |            |
| <i>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</i>    | NF        |            |
| <i>ra pen needles 31g x 5 mm , 31g x 8 mm</i>                                                         | NF        |            |
| <i>raya sure pen needle 29g x 12mm , 31g x 4 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm</i>            | NF        |            |
| READYLANCE SAFETY LANCETS ( <i>lancets</i> )                                                          | PB        |            |
| <i>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</i> | NF        |            |
| <i>reality lancets</i>                                                                                | PB        |            |
| <i>reality trigger lancets</i>                                                                        | PB        |            |

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

| Prescription Drug Name                                                                | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------------------|-----------|------------|
| RELION PRIME TEST IN VITRO STRIP ( <i>glucose blood</i> )                             | NF        |            |
| RELION SHORT PEN NEEDLES 31G X 8 MM ( <i>insulin pen needle</i> )                     | NF        |            |
| RELION TRUE MET AIR GLUC METER KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> ) | NF        |            |
| RELION TRUE METRIX TEST STRIPS IN VITRO STRIP ( <i>glucose blood</i> )                | NF        |            |
| RELION ULTIMA GLUCOSE SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )   | NF        |            |
| RELION ULTIMA TEST IN VITRO STRIP ( <i>glucose blood</i> )                            | NF        |            |
| RELION ULTRA THIN LANCETS 30G ( <i>lancets</i> )                                      | PB        |            |
| RELION ULTRA THIN PLUS LANCETS ( <i>lancets</i> )                                     | PB        |            |
| REXALL BLOOD GLUCOSE SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )    | NF        |            |
| REXALL BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )                     | NF        |            |
| RIGHTEST ALTERNATE SITE ADAPT ( <i>lancets misc.</i> )                                | PB        |            |
| RIGHTEST GD500 LANCING DEVICE ( <i>lancet devices</i> )                               | NPB       |            |
| RIGHTEST GL300 LANCETS ( <i>lancets</i> )                                             | PB        |            |
| RIGHTEST GM100 BLOOD GLUCOSE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )   | NF        |            |
| RIGHTEST GM300 BLOOD GLUCOSE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )   | NF        |            |
| RIGHTEST GM550 BLOOD GLUCOSE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )   | NF        |            |
| RIGHTEST GS100 BLOOD GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )                  | NF        |            |
| RIGHTEST GS300 BLOOD GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )                  | NF        |            |
| RIGHTEST GS550 BLOOD GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )                  | NF        |            |
| RIGHTEST GT333 BLOOD GLUCOSE DEVICE ( <i>blood glucose monitoring suppl</i> )         | NF        |            |
| RIGHTEST GT333 BLOOD GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )                  | NF        |            |
| SAFE-T-LANCE ( <i>lancets</i> )                                                       | PB        |            |
| SAFE-T-LANCE PLUS ( <i>lancets</i> )                                                  | PB        |            |
| <i>safety lancet 30g/pressure act</i>                                                 | PB        |            |

2022 Pharmacy Drug Guide - Aetna Standard Plan: Texas Health | Aetna

The formulary is updated the first week of each month

12/01/2022

| Prescription Drug Name                                                                                               | Drug Tier | Drug Notes |
|----------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>safety pen needles 30g x 5 mm , 30g x 8 mm</i>                                                                    | NF        |            |
| <i>saps health twist top lancets</i>                                                                                 | NPB       |            |
| <i>saps twist top lancets</i>                                                                                        | PB        |            |
| <i>sapscare twist top lancets</i>                                                                                    | PB        |            |
| <i>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</i> | NF        |            |
| <i>sb lancets thin</i>                                                                                               | PB        |            |
| <i>sb lancets ultra thin</i>                                                                                         | PB        |            |
| SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM<br>( <i>insulin pen needle</i> )                                            | NF        |            |
| <i>select-lite lancing device</i>                                                                                    | NPB       |            |
| SHOPKO AUTOLET LANCING DEVICE ( <i>lancet devices</i> )                                                              | NPB       |            |
| SHOPKO UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )               | NF        |            |
| SHOPKO UNIFINE PENTIPS PLUS 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )          | NF        |            |
| SIMPLE DIAGNOSTICS LANCING DEV ( <i>lancet devices</i> )                                                             | NPB       |            |
| SINGLE-LET ( <i>lancets</i> )                                                                                        | PB        |            |
| <i>sm lancets 33g</i>                                                                                                | PB        |            |
| SM TRUEDRAW LANCING DEVICE ( <i>lancet devices</i> )                                                                 | NPB       |            |
| SMART DIABETES VANTAGE LANCING ( <i>lancet devices</i> )                                                             | NPB       |            |
| SMART SENSE COLOR LANCETS 33G ( <i>lancets</i> )                                                                     | PB        |            |
| SMART SENSE PREMIUM SYSTEM KIT W/DEVICE<br>( <i>blood glucose monitoring suppl</i> )                                 | NF        |            |
| SMART SENSE PREMIUM TEST IN VITRO STRIP<br>( <i>glucose blood</i> )                                                  | NF        |            |
| SMART SENSE STANDARD LANCETS ( <i>lancets</i> )                                                                      | PB        |            |
| SMART SENSE SUPER THIN LANCETS ( <i>lancets</i> )                                                                    | PB        |            |
| SMART SENSE THIN LANCETS 26G ( <i>lancets</i> )                                                                      | PB        |            |
| SMART SENSE VALUE GLUCOSE SYS KIT W/DEVICE<br>( <i>blood glucose monitoring suppl</i> )                              | NF        |            |
| SMART SENSE VALUE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                       | NF        |            |
| SMARTEST BLOOD GLUCOSE TEST IN VITRO STRIP<br>( <i>glucose blood</i> )                                               | NF        |            |
| SMARTEST EJECT DEVICE ( <i>blood glucose monitoring suppl</i> )                                                      | NF        |            |

| Prescription Drug Name                                                                                                                                                                                                                                                                                                                                          | Drug Tier | Drug Notes |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| SMARTEST EJECT STARTER KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                                                                                                                                   | NF        |            |
| SMARTEST LANCETS 28G ( <i>lancets</i> )                                                                                                                                                                                                                                                                                                                         | PB        |            |
| SMARTEST PERSONA STARTER KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                                                                                                                                 | NF        |            |
| SMARTEST PRONTO STARTER KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                                                                                                                                  | NF        |            |
| SMARTEST PROTEGE DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                                                                                                                                               | NF        |            |
| SMARTEST PROTEGE STARTER KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                                                                                                                                 | NF        |            |
| SOLUS V2 BLOOD GLUCOSE SYSTEM DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                                                                                                                                  | NF        |            |
| SOLUS V2 BLOOD GLUCOSE SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                                                                                                                            | NF        |            |
| SOLUS V2 LANCETS 28G ( <i>lancets</i> )                                                                                                                                                                                                                                                                                                                         | PB        |            |
| SOLUS V2 LANCING DEVICE ( <i>lancet devices</i> )                                                                                                                                                                                                                                                                                                               | NPB       |            |
| SOLUS V2 TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                                                                                                                                                           | NF        |            |
| SOLUS V2 TWIST LANCETS 30G ( <i>lancets</i> )                                                                                                                                                                                                                                                                                                                   | PB        |            |
| STERILANCE PA ( <i>lancets misc.</i> )                                                                                                                                                                                                                                                                                                                          | PB        |            |
| STERILANCE TL ( <i>lancets</i> )                                                                                                                                                                                                                                                                                                                                | PB        |            |
| <i>super thin lancets</i>                                                                                                                                                                                                                                                                                                                                       | PB        |            |
| SUPREME TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                                                                                                                                                            | NF        |            |
| <i>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</i> | NF        |            |
| <i>sure comfort lancets 18g</i>                                                                                                                                                                                                                                                                                                                                 | PB        |            |
| <i>sure comfort lancets 21g</i>                                                                                                                                                                                                                                                                                                                                 | PB        |            |
| <i>sure comfort lancets 23g</i>                                                                                                                                                                                                                                                                                                                                 | PB        |            |
| <i>sure comfort lancets 30g</i>                                                                                                                                                                                                                                                                                                                                 | PB        |            |
| <i>sure comfort lancing pen</i>                                                                                                                                                                                                                                                                                                                                 | NPB       |            |
| <i>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</i>                                                                                                                                                                                                                                      | NF        |            |
| SURELITE LANCETS ( <i>lancets</i> )                                                                                                                                                                                                                                                                                                                             | PB        |            |

| Prescription Drug Name                                                                                                                                                                                                                                                                   | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| T:FLEX T:LOCK CARTRIDGE 4.8ML ( <i>insulin infusion pump supplies</i> )                                                                                                                                                                                                                  | NPB       |            |
| <i>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</i> | 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 ( <i>insulin pen needle</i> )                                                                                                                                 | NF        |            |
| <i>tgt blood glucose monitoring kit w/device</i>                                                                                                                                                                                                                                         | NF        |            |
| <i>tgt blood glucose test in vitro strip</i>                                                                                                                                                                                                                                             | NF        |            |
| <i>tgt lancet micro thin 33g</i>                                                                                                                                                                                                                                                         | PB        |            |
| <i>tgt lancet thin 26g</i>                                                                                                                                                                                                                                                               | PB        |            |
| <i>tgt lancet ultra thin 30g</i>                                                                                                                                                                                                                                                         | PB        |            |
| <i>tgt lancing device</i>                                                                                                                                                                                                                                                                | NPB       |            |
| THINLETS GP LANCETS ( <i>lancets</i> )                                                                                                                                                                                                                                                   | PB        |            |
| <i>today's health mini pen needles 31g x 6 mm</i>                                                                                                                                                                                                                                        | NF        |            |
| <i>today's health pen needles 29g x 12mm</i>                                                                                                                                                                                                                                             | NF        |            |
| <i>today's health short pen needle 31g x 8 mm</i>                                                                                                                                                                                                                                        | NF        |            |
| <i>topcare clickfine pen needles 31g x 6 mm , 31g x 8 mm</i>                                                                                                                                                                                                                             | NF        |            |
| <i>topcare lancets micro-thin 33g</i>                                                                                                                                                                                                                                                    | PB        |            |
| <i>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</i>                                                                           | NF        |            |
| TOXICOLOGY MED COLLECTION SYS IN VITRO KIT ( <i>drug assay (urine)</i> )                                                                                                                                                                                                                 | NPB       |            |
| <i>travel lancets</i>                                                                                                                                                                                                                                                                    | PB        |            |
| TRAVEL LANCETS ADVANCED 28G ( <i>lancets</i> )                                                                                                                                                                                                                                           | PB        |            |
| <i>true comfort insulin syringe 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>                                                                                                                                                                                                                 | NF        |            |
| <i>true comfort pen needles 31g x 5 mm , 31g x 6 mm , 32g x 4 mm</i>                                                                                                                                                                                                                     | NF        |            |
| <i>true comfort pro insulin syr 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 32g x 5/16" 0.5 ml</i>                                                                                                                                                                                             | NF        |            |
| <i>true comfort pro 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 , 33g x 5 mm , 33g x 6 mm</i>                                                                                                                                   | NF        |            |
| <i>true comfort twist top lancets</i>                                                                                                                                                                                                                                                    | PB        |            |



| Prescription Drug Name                                                                                                                                                                                                                                                | Drug Tier | Drug Notes |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| TRUE FOCUS BLOOD GLUCOSE METER DEVICE<br>(blood glucose monitoring suppl)                                                                                                                                                                                             | NF        |            |
| true focus blood glucose strip in vitro strip                                                                                                                                                                                                                         | NF        |            |
| TRUE METRIX AIR GLUCOSE METER KIT W/DEVICE<br>(blood glucose monitoring suppl)                                                                                                                                                                                        | NF        |            |
| TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)                                                                                                                                                                                                         | NF        |            |
| TRUE METRIX GO GLUCOSE METER KIT W/DEVICE<br>(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<br>(insulin pen needle)                                                                                                                                                 | NF        |            |
| 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)                                                                                                                                                                                                                                        | PB        |            |
| TRUEPLUS LANCETS 28G (lancets)                                                                                                                                                                                                                                        | PB        |            |
| TRUEPLUS LANCETS 30G (lancets)                                                                                                                                                                                                                                        | PB        |            |
| TRUEPLUS LANCETS 33G (lancets)                                                                                                                                                                                                                                        | PB        |            |
| TRUEPLUS PEN NEEDLES 31G X 6 MM (insulin pen needle)                                                                                                                                                                                                                  | NF        |            |
| TRUEPLUS SAFETY LANCETS 28G (lancets)                                                                                                                                                                                                                                 | PB        |            |
| TRUERESULT BLOOD GLUCOSE KIT W/DEVICE<br>(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       |            |

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The formulary is updated the first week of each month

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| Prescription Drug Name                                                                                                                                                                                                                                                                                                                                                                       | Drug Tier | Drug Notes |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML ( <i>insulin syringe-needle u-100</i> )                                                                                                                                                                                                                                                                                       | 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 ( <i>insulin syringe-needle u-100</i> ) | NF        |            |
| ULTICARE MICRO PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )                                                                                                                                                                                                                                                                                                | NF        |            |
| ULTICARE MINI PEN NEEDLES 30G X 5 MM , 31G X 6 MM , 32G X 6 MM ( <i>insulin pen needle</i> )                                                                                                                                                                                                                                                                                                 | NF        |            |
| ULTICARE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM ( <i>insulin pen needle</i> )                                                                                                                                                                                                                                                                                                                 | NF        |            |
| ULTICARE SHORT PEN NEEDLES 30G X 8 MM , 31G X 8 MM ( <i>insulin pen needle</i> )                                                                                                                                                                                                                                                                                                             | NF        |            |
| <i>ultiguard safepack pen needle 29g x 12.7mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm</i>                                                                                                                                                                                                                                                                           | NF        |            |
| ULTIGUARD SAFEPACK SYR/NEEDLE 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 ( <i>insulin syringe-needle u-100</i> )                                                                                                                                                                                                        | NF        |            |
| ULTI-LANCE AUTOMATIC ( <i>lancet devices</i> )                                                                                                                                                                                                                                                                                                                                               | NPB       |            |
| ULTILET CLASSIC LANCETS ( <i>lancets</i> )                                                                                                                                                                                                                                                                                                                                                   | PB        |            |
| ULTILET LANCETS ( <i>lancets</i> )                                                                                                                                                                                                                                                                                                                                                           | PB        |            |
| ULTILET PEN NEEDLE 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )                                                                                                                                                                                                                                                                                         | NF        |            |
| ULTILET SAFETY LANCETS ( <i>lancets</i> )                                                                                                                                                                                                                                                                                                                                                    | PB        |            |
| ULTILET SAFETY LANCETS 23G ( <i>lancets</i> )                                                                                                                                                                                                                                                                                                                                                | PB        |            |
| <i>ultra comfort insulin syringe 30g x 5/16" 0.3 ml</i>                                                                                                                                                                                                                                                                                                                                      | NF        |            |
| ULTRA FLO INSULIN PEN NEEDLES 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM ( <i>insulin pen needle</i> )                                                                                                                                                                                                                                                                                | NF        |            |
| ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 1/2" 0.3 ML, 30G X 5/16" 0.3 ML, 31G X 5/16" 0.3 ML ( <i>insulin syringe-needle u-100</i> )                                                                                                                                                                                                                                                             | NF        |            |

| Prescription Drug Name                                                                                                                                                                                                                                                          | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| ULTRA FLO INSULIN SYRINGE 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 ( <i>insulin syringe-needle u-100</i> ) | NF        |            |
| <i>ultra thin lancets 31g</i>                                                                                                                                                                                                                                                   | PB        |            |
| ULTRA THIN PEN NEEDLES 32G X 4 MM ( <i>insulin pen needle</i> )                                                                                                                                                                                                                 | NF        |            |
| <i>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</i>                                                                                         | NF        |            |
| <i>ultra-care lancets 30g</i>                                                                                                                                                                                                                                                   | PB        |            |
| <i>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</i>                                                                                                                                                           | NF        |            |
| ULTRA-THIN II AUTO LANCET ( <i>lancets</i> )                                                                                                                                                                                                                                    | PB        |            |
| 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 ( <i>insulin syringe-needle u-100</i> )                                                                                          | NF        |            |
| ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML ( <i>insulin syringe-needle u-100</i> )                                                                                                                                                                        | NF        |            |
| ULTRA-THIN II LANCETS ( <i>lancets</i> )                                                                                                                                                                                                                                        | PB        |            |
| ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM ( <i>insulin pen needle</i> )                                                                                                                                                                                                          | NF        |            |
| ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM ( <i>insulin pen needle</i> )                                                                                                                                                                                                         | NF        |            |
| ULTRA-THIN II PEN NEEDLES 29G X 12.7MM ( <i>insulin pen needle</i> )                                                                                                                                                                                                            | 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 ( <i>insulin pen needle</i> )                                                                                                                             | NF        |            |
| 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 ( <i>insulin pen needle</i> )                                                                                                                                     | NF        |            |
| UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )                                                                                                                                                                               | NF        |            |
| UNIFINE ULTRA PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )                                                                                                                                                                        | NF        |            |
| UNILET COMFORTOUCH LANCET ( <i>lancets</i> )                                                                                                                                                                                                                                    | PB        |            |
| UNILET EXCELITE ( <i>lancets</i> )                                                                                                                                                                                                                                              | PB        |            |

| Prescription Drug Name                                    | Drug Tier | Drug Notes |
|-----------------------------------------------------------|-----------|------------|
| UNILET EXCELITE II ( <i>lancets</i> )                     | PB        |            |
| UNILET G.P. LANCET ( <i>lancets</i> )                     | PB        |            |
| UNILET G.P. SUPERLITE LANCET ( <i>lancets</i> )           | PB        |            |
| UNILET GP 28 ULTRA THIN ( <i>lancets</i> )                | PB        |            |
| UNILET LANCET ( <i>lancets</i> )                          | PB        |            |
| UNILET MICRO-THIN 33G ( <i>lancets</i> )                  | PB        |            |
| UNILET SUPERLITE LANCET ( <i>lancets</i> )                | PB        |            |
| UNILET SUPER-THIN 30G ( <i>lancets</i> )                  | PB        |            |
| UNILET ULTRA-THIN 28G ( <i>lancets</i> )                  | PB        |            |
| UNISTIK 1 ( <i>lancets misc.</i> )                        | PB        |            |
| UNISTIK 2 ( <i>lancets misc.</i> )                        | PB        |            |
| UNISTIK 2 COMFORT ( <i>lancets misc.</i> )                | PB        |            |
| UNISTIK 2 EXTRA ( <i>lancets misc.</i> )                  | PB        |            |
| UNISTIK 2 NEONATAL ( <i>lancets misc.</i> )               | PB        |            |
| UNISTIK 2 NORMAL ( <i>lancets misc.</i> )                 | PB        |            |
| UNISTIK 2 SUPER ( <i>lancets misc.</i> )                  | PB        |            |
| UNISTIK 3 ( <i>lancets misc.</i> )                        | PB        |            |
| UNISTIK 3 COMFORT ( <i>lancets misc.</i> )                | PB        |            |
| UNISTIK 3 EXTRA ( <i>lancets misc.</i> )                  | PB        |            |
| UNISTIK 3 GENTLE ( <i>lancets</i> )                       | PB        |            |
| UNISTIK 3 NEONATAL ( <i>lancets misc.</i> )               | PB        |            |
| UNISTIK 3 NORMAL ( <i>lancets misc.</i> )                 | PB        |            |
| UNISTIK CZT COMFORT ( <i>lancets misc.</i> )              | PB        |            |
| UNISTIK CZT NORMAL ( <i>lancets misc.</i> )               | PB        |            |
| UNISTIK NORMAL ( <i>lancets misc.</i> )                   | PB        |            |
| UNISTIK PRO SAFETY LANCET ( <i>lancets</i> )              | PB        |            |
| UNISTIK SAFETY LANCETS 28G ( <i>lancets</i> )             | PB        |            |
| UNISTIK SAFETY LANCETS 30G ( <i>lancets</i> )             | PB        |            |
| UNISTIK TOUCH SAFETY LANC 21G ( <i>lancets</i> )          | PB        |            |
| UNISTIK TOUCH SAFETY LANC 23G ( <i>lancets</i> )          | PB        |            |
| UNISTIK TOUCH SAFETY LANC 28G ( <i>lancets</i> )          | PB        |            |
| UNISTIK TOUCH SAFETY LANC 30G ( <i>lancets</i> )          | PB        |            |
| UNISTRIP1 GENERIC IN VITRO STRIP ( <i>glucose blood</i> ) | NF        |            |
| UNIVERSAL 1 LANCETS THIN 26G ( <i>lancets</i> )           | PB        |            |
| UNIVERSAL 1 LANCETS THIN 33G ( <i>lancets</i> )           | PB        |            |

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| Prescription Drug Name                                                                                                                                                                               | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| UNIVERSAL 1 LANCETS ULTRA THIN ( <i>lancets</i> )                                                                                                                                                    | PB        |            |
| <i>value health insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml</i>                                                                                                                               | NF        |            |
| <i>value plus lancet standard 21g</i>                                                                                                                                                                | PB        |            |
| <i>value plus lancets super thin</i>                                                                                                                                                                 | PB        |            |
| <i>valumark lancet ultra thin 28g</i>                                                                                                                                                                | PB        |            |
| <i>valumark pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm</i>                                                                                                                                     | 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 ( <i>insulin syringe-needle u-100</i> ) | NF        |            |
| VARISOFT INFUSION SET ( <i>insulin infusion pump supplies</i> )                                                                                                                                      | NPB       |            |
| <i>verasens blood glucose meter device</i>                                                                                                                                                           | NF        |            |
| <i>verasens blood glucose system kit w/device</i>                                                                                                                                                    | NF        |            |
| <i>verasens blood glucose test in vitro strip</i>                                                                                                                                                    | NF        |            |
| V-GO 20 KIT ( <i>insulin disposable pump</i> )                                                                                                                                                       | PB        |            |
| V-GO 30 KIT ( <i>insulin disposable pump</i> )                                                                                                                                                       | PB        |            |
| V-GO 40 KIT ( <i>insulin disposable pump</i> )                                                                                                                                                       | PB        |            |
| VIDA MIA UNIFINE PENTIPS 29G X 12MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )                                                                                             | NF        |            |
| VIVAGUARD INO CONTROL SOLUTION IN VITRO LIQUID ( <i>blood glucose calibration</i> )                                                                                                                  | NPB       |            |
| VIVAGUARD INO GLUCOSE METER DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                         | NF        |            |
| VIVAGUARD INO SMART GLUC METER DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                      | NF        |            |
| VIVAGUARD INO TEST STRIPS IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                    | NF        |            |
| VIVAGUARD LANCETS ( <i>lancets</i> )                                                                                                                                                                 | PB        |            |
| VIVAGUARD LANCING DEVICE ( <i>lancet devices</i> )                                                                                                                                                   | NPB       |            |
| <i>vp insulin syringe 29g x 1/2" 0.3 ml</i>                                                                                                                                                          | NF        |            |
| <i>walgreens adv travel lancets</i>                                                                                                                                                                  | PB        |            |
| WALGREENS LANCETS ( <i>lancets</i> )                                                                                                                                                                 | PB        |            |
| <i>walgreens lancets micro thin</i>                                                                                                                                                                  | PB        |            |
| <i>walgreens lancets super thin</i>                                                                                                                                                                  | PB        |            |
| WALGREENS THIN LANCETS ( <i>lancets</i> )                                                                                                                                                            | PB        |            |
| WALGREENS ULTRA THIN LANCETS ( <i>lancets</i> )                                                                                                                                                      | PB        |            |

| Prescription Drug Name                                                                         | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------|-----------|------------|
| WAVESENSE AMP KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                           | 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                                                                    | PB        |            |
| <b>ENDOMETRIOSIS</b>                                                                           |           |            |
| CETROTIDE SUBCUTANEOUS KIT 0.25 MG ( <i>cetorelix acetate</i> )                                | PSP       | SPC        |
| danazol oral capsule 100 mg, 200 mg, 50 mg                                                     | G         |            |
| ORILISSA ORAL TABLET 150 MG, 200 MG ( <i>elagolix sodium</i> )                                 | PB        |            |
| <b>ENZYME REPLACEMENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT</b>                    |           |            |
| betaine oral powder                                                                            | G         |            |
| BUPHENYL ORAL POWDER 3 GM/TSP ( <i>sodium phenylbutyrate</i> )                                 | NF        |            |
| BUPHENYL ORAL TABLET 500 MG ( <i>sodium phenylbutyrate</i> )                                   | NF        |            |
| CARBAGLU ORAL TABLET SOLUBLE 200 MG ( <i>carglumic acid</i> )                                  | NPSP      |            |
| carglumic acid oral tablet soluble 200 mg                                                      | NPSP      |            |
| CERDELGA ORAL CAPSULE 84 MG ( <i>eliglustat tartrate</i> )                                     | PSP       |            |
| CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT ( <i>imiglucerase</i> )                   | PSP       |            |
| CYSTADANE ORAL POWDER ( <i>betaine</i> )                                                       | NPSP      |            |
| CYSTAGON ORAL CAPSULE 150 MG, 50 MG ( <i>cysteamine bitartrate</i> )                           | PSP       |            |
| ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT ( <i>taliglucerase alfa</i> )              | NF        |            |
| KUVAN ORAL PACKET 100 MG, 500 MG ( <i>sapropterin dihydrochloride</i> )                        | NF        |            |
| KUVAN ORAL TABLET 100 MG ( <i>sapropterin dihydrochloride</i> )                                | NF        |            |
| miglustat oral capsule 100 mg                                                                  | G         |            |



| Prescription Drug Name                                                                                               | Drug Tier | Drug Notes |
|----------------------------------------------------------------------------------------------------------------------|-----------|------------|
| MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG ( <i>metreleptin</i> )                                           | NPSP      |            |
| ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG ( <i>nitisinone</i> )                                                  | PSP       |            |
| ORFADIN ORAL SUSPENSION 4 MG/ML ( <i>nitisinone</i> )                                                                | PSP       |            |
| PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML ( <i>pegvaliase-pqpz</i> )      | NF        |            |
| PHEBURANE ORAL PELLETT 483 MG/GM ( <i>sodium phenylbutyrate</i> )                                                    | NPB       |            |
| RAVICTI ORAL LIQUID 1.1 GM/ML ( <i>glycerol phenylbutyrate</i> )                                                     | NF        |            |
| <i>sodium phenylbutyrate oral powder 3 gml/tsp</i>                                                                   | G         |            |
| <i>sodium phenylbutyrate oral tablet 500 mg</i>                                                                      | G         |            |
| STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML ( <i>asfotase alfa</i> )             | NPSP      |            |
| VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT ( <i>velaglucerase alfa</i> )                                      | NPSP      |            |
| ZAVESCA ORAL CAPSULE 100 MG ( <i>miglustat</i> )                                                                     | NPSP      |            |
| <b>ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES</b>                                                                 |           |            |
| ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ( <i>estradiol</i> )                  | NPB       |            |
| <i>estradiol-norethindrone acet</i> (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 ( <i>drospirenone-estradiol</i> )                                          | NPB       |            |
| BIJUVA ORAL CAPSULE 1-100 MG ( <i>estradiol-progesterone</i> )                                                       | NPB       |            |
| CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY ( <i>estradiol-levonorgestrel</i> )                          | PB        |            |
| CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR ( <i>estradiol</i> )     | NPB       |            |
| COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY ( <i>estradiol-norethindrone acet</i> ) | PB        |            |

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

| Prescription Drug Name                                                                                                                  | Drug Tier | Drug Notes |
|-----------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR ( <i>estradiol</i> )                                                                      | NPB       |            |
| <i>estradiol-norethindrone acet</i> (Mimvey Oral Tablet 1-0.5 Mg)                                                                       | G         |            |
| 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 ( <i>estradiol</i> )   | NF        |            |
| MYFEMBREE ORAL TABLET 40-1-0.5 MG ( <i>relugolix-estradiol-norethind</i> )                                                              | PB        |            |
| <i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>                                                               | G         |            |
| ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG ( <i>elagolix-estradiol-norethind</i> )                                            | PB        |            |
| PREFEST ORAL TABLET 1/1-0.09 MG (15/15) ( <i>estradiol-norgestimate</i> )                                                               | NPB       |            |
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG ( <i>estrogens conjugated</i> )                                         | NF        |            |
| PREMARIN VAGINAL CREAM 0.625 MG/GM ( <i>estrogens, conjugated</i> )                                                                     | NF        |            |
| PREMPHASE ORAL TABLET 0.625-5 MG ( <i>conj estrog-medroxyprogest ace</i> )                                                              | PB        |            |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG ( <i>conj estrog-medroxyprogest ace</i> )                         | PB        |            |
| VAGIFEM VAGINAL TABLET 10 MCG ( <i>estradiol</i> )                                                                                      | 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 ( <i>estradiol</i> ) | NF        |            |
| <i>estradiol</i> (YuvaFem Vaginal Tablet 10 Mcg)                                                                                        | G         |            |
| <b>FERTILITY REGULATORS</b>                                                                                                             |           |            |
| <i>clomiphene citrate oral tablet 50 mg</i>                                                                                             | G         | SPC        |
| FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML ( <i>follitropin beta</i> )                           | NF        |            |
| <i>ganirelix acetate subcutaneous solution prefilled syringe 250 mcg/0.5ml</i>                                                          | NPSP      |            |
| GONAL-F INJECTION SOLUTION RECONSTITUTED 1050 UNIT, 450 UNIT ( <i>follitropin alfa</i> )                                                | PSP       | SPC        |
| GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/0.5ML, 450 UNT/0.75ML, 900 UNIT/1.5ML ( <i>follitropin alfa</i> )      | PSP       |            |

| Prescription Drug Name                                                                           | Drug Tier | Drug Notes |
|--------------------------------------------------------------------------------------------------|-----------|------------|
| GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT ( <i>follitropin alfa</i> )              | PSP       | SPC        |
| MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT ( <i>menotropins</i> )                       | NPSP      | SPC        |
| OVIDREL SUBCUTANEOUS INJECTABLE 250 MCG/0.5ML ( <i>choriogonadotropin alfa</i> )                 | PSP       | SPC        |
| <b>GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE</b>                                    |           |            |
| ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG ( <i>hydrocortisone</i> )        | NF        |            |
| <i>dexamethasone (la) injection suspension 8 mg/ml</i>                                           | NF        |            |
| DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML ( <i>dexamethasone</i> )                         | NPB       |            |
| <i>dexamethasone oral elixir 0.5 mg/5ml</i>                                                      | G         |            |
| <i>dexamethasone oral solution 0.5 mg/5ml</i>                                                    | G         |            |
| <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>                 | G         |            |
| <i>dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)</i>              | G         |            |
| DEXONTO 0.4% IONTOPHORESIS SOLUTION 20 MG/5ML ( <i>dexamethasone sodium phosphate</i> )          | NF        |            |
| DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG ( <i>dexamethasone</i> )                            | NF        |            |
| EMFLAZA ORAL SUSPENSION 22.75 MG/ML ( <i>deflazacort</i> )                                       | NF        |            |
| EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG ( <i>deflazacort</i> )                             | NF        |            |
| <i>fludrocortisone acetate oral tablet 0.1 mg</i>                                                | G         |            |
| <i>dexamethasone (Hidex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21))</i>                          | G         |            |
| <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>                                             | G         |            |
| MEDROL ORAL TABLET 2 MG ( <i>methylprednisolone</i> )                                            | NPB       |            |
| <i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>                                   | G         |            |
| <i>methylprednisolone oral tablet therapy pack 4 mg</i>                                          | G         |            |
| MILLIPRED ORAL TABLET 5 MG ( <i>prednisolone</i> )                                               | NF        |            |
| ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG ( <i>prednisolone sodium phosphate</i> ) | NPB       |            |
| <i>prednisolone oral solution 15 mg/5ml</i>                                                      | G         |            |

| Prescription Drug Name                                                                               | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml</i>                              | NF        |            |
| <i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>         | G         |            |
| <i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>                     | G         |            |
| PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML ( <i>prednisone</i> )                                   | NPB       |            |
| <i>prednisone oral solution 5 mg/5ml</i>                                                             | G         |            |
| <i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>                                | G         |            |
| <i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>              | G         |            |
| RAYOS ORAL TABLET DELAYED RELEASE 1 MG, 2 MG, 5 MG ( <i>prednisone</i> )                             | NF        |            |
| TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) ( <i>dexamethasone</i> )                        | NF        |            |
| <i>dexamethasone</i> (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) ( <i>dexamethasone</i> )                         | NF        |            |
| <b>GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR</b>                                     |           |            |
| BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE ( <i>glucagon</i> )                                          | PB        |            |
| BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE ( <i>glucagon</i> )                                          | PB        |            |
| GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG ( <i>glucagon hcl (rdna)</i> )                | NF        |            |
| <i>glucagon emergency injection kit 1 mg</i>                                                         | NF        |            |
| GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML ( <i>glucagon</i> ) | PB        |            |
| GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML ( <i>glucagon</i> ) | PB        |            |
| GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML ( <i>glucagon</i> )       | PB        |            |
| PROGLYCEM ORAL SUSPENSION 50 MG/ML ( <i>diazoxide</i> )                                              | NPB       |            |

| Prescription Drug Name                                                                                                                               | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML ( <i>dasiglucagon hcl</i> )                                                               | PB        |            |
| ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML ( <i>dasiglucagon hcl</i> )                                                           | PB        |            |
| <b>GROWTH IMPROVEMENT AGENTS - DRUGS TO PROMOTE GROWTH</b>                                                                                           |           |            |
| VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG ( <i>vosoritide</i> )                                                            | NPSP      |            |
| <b>HEREDITARY TYROSINEMIA TYPE 1 AGENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT</b>                                                         |           |            |
| NITYR ORAL TABLET 10 MG, 2 MG, 5 MG ( <i>nitisinone</i> )                                                                                            | NPSP      |            |
| <b>HUMAN GROWTH HORMONES - DRUGS TO REGULATE PITUITARY HORMONES</b>                                                                                  |           |            |
| GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG ( <i>somatropin</i> ) | NF        |            |
| GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG ( <i>somatropin</i> )                                                                                  | NF        |            |
| HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG ( <i>somatropin</i> )                                                                               | NF        |            |
| NORDIPEN 5 INJECTION DEVICE ( <i>injection device</i> )                                                                                              | NF        |            |
| NORDIPEN DELIVERY SYSTEM ( <i>injection device</i> )                                                                                                 | NF        |            |
| NORDITROPIN FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML ( <i>somatropin</i> )                         | PSP       |            |
| NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML ( <i>somatropin</i> )                                                             | NF        |            |
| NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML ( <i>somatropin</i> )                                                             | NF        |            |
| NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML ( <i>somatropin</i> )                                                               | NF        |            |
| OMNITROPE PEN 10 INJ DEVICE ( <i>injection device</i> )                                                                                              | NF        |            |
| OMNITROPE PEN 5 INJ DEVICE ( <i>injection device</i> )                                                                                               | NF        |            |
| OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML ( <i>somatropin</i> )                                                              | NF        |            |
| OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG ( <i>somatropin</i> )                                                                           | NF        |            |



| Prescription Drug Name                                                                                                | Drug Tier | Drug Notes |
|-----------------------------------------------------------------------------------------------------------------------|-----------|------------|
| SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG, 8.8 MG ( <i>somatropin (non-refrigerated)</i> )                         | NF        |            |
| SAIZENPREP INJECTION SOLUTION RECONSTITUTED 8.8 MG ( <i>somatropin (non-refrigerated)</i> )                           | NF        |            |
| SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG ( <i>somatropin (non-refrigerated)</i> )                | NPSP      |            |
| ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG ( <i>somatropin</i> )                                        | NF        |            |
| ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG ( <i>somatropin (non-refrigerated)</i> )                          | NPSP      |            |
| <b>LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS</b>                                                          |           |            |
| FENSOLVI (6 MONTH) SUBCUTANEOUS KIT 45 MG ( <i>leuprolide acetate (6 month)</i> )                                     | NPSP      |            |
| LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG ( <i>leuprolide acetate</i> )                    | PSP       |            |
| LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED), 30 MG (PED) ( <i>leuprolide acetate (3 month)</i> )      | PSP       |            |
| SYNAREL NASAL SOLUTION 2 MG/ML ( <i>nafarelin acetate</i> )                                                           | NPB       |            |
| TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG ( <i>triptorelin pamoate</i> )                            | PSP       |            |
| <b>MINERALOCORTICOID RECEPTOR ANTAGONISTS - DRUGS TO TREAT CHRONIC KIDNEY DISEASE ASSOCIATED WITH TYPE 2 DIABETES</b> |           |            |
| KERENDIA ORAL TABLET 10 MG, 20 MG ( <i>finerenone</i> )                                                               | PB        |            |
| <b>MISCELLANEOUS</b>                                                                                                  |           |            |
| ACTHAR INJECTION GEL 80 UNIT/ML ( <i>corticotropin</i> )                                                              | NPSP      |            |
| <i>cabergoline oral tablet 0.5 mg</i>                                                                                 | G         |            |
| <i>calcitonin (salmon) nasal solution 200 unit/lact</i>                                                               | G         |            |
| EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML ( <i>romosozumab-aqqg</i> )                             | NF        |            |
| FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML ( <i>teriparatide (recombinant)</i> )                         | PSP       |            |
| GALAFOLD ORAL CAPSULE 123 MG ( <i>migalastat hcl</i> )                                                                | NPSP      |            |
| INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML ( <i>mecasermin</i> )                                                        | NPSP      |            |

| Prescription Drug Name                                                                                                  | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| JYNARQUE ORAL TABLET 15 MG, 30 MG ( <i>tolvaptan</i> )                                                                  | NPSP      |            |
| JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG ( <i>tolvaptan</i> )            | NPSP      |            |
| <i>methylergonovine maleate</i> (Methergine Oral Tablet 0.2 Mg)                                                         | G         |            |
| <i>methylergonovine maleate oral tablet 0.2 mg</i>                                                                      | G         |            |
| MIACALCIN INJECTION SOLUTION 200 UNIT/ML ( <i>calcitonin (salmon)</i> )                                                 | NF        |            |
| NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG ( <i>parathyroid hormone (recomb)</i> )                  | NPSP      |            |
| OSPHENA ORAL TABLET 60 MG ( <i>ospemifene</i> )                                                                         | NF        |            |
| PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML ( <i>denosumab</i> )                                            | PSP       |            |
| <i>raloxifene hcl oral tablet 60 mg</i>                                                                                 | CE        |            |
| SAMSCA ORAL TABLET 15 MG, 30 MG ( <i>tolvaptan</i> )                                                                    | NPSP      |            |
| SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG ( <i>pasireotide pamoate</i> ) | NPSP      |            |
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML ( <i>pasireotide diaspartate</i> )                       | NPSP      |            |
| SUPPRELIN LA SUBCUTANEOUS KIT 50 MG ( <i>histrelin acetate (cpp)</i> )                                                  | PSP       |            |
| <i>teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml</i>                                     | NF        |            |
| TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML ( <i>abaloparatide</i> )                                      | PSP       |            |
| XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML ( <i>denosumab</i> )                                                           | NPSP      |            |
| XURIDEN ORAL PACKET 2 GM ( <i>uridine triacetate</i> )                                                                  | NPSP      |            |
| ZOKINVY ORAL CAPSULE 50 MG, 75 MG ( <i>lonafarnib</i> )                                                                 | NPSP      |            |
| <b>PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS</b>                                        |           |            |
| AURYXIA ORAL TABLET 1 GM 210 MG(FE) ( <i>ferric citrate</i> )                                                           | PB        |            |
| <i>calcium acetate (phos binder) oral capsule 667 mg</i>                                                                | G         |            |
| <i>calcium acetate (phos binder) oral tablet 667 mg</i>                                                                 | G         |            |
| FOSRENOL ORAL PACKET 1000 MG, 750 MG ( <i>lanthanum carbonate</i> )                                                     | NF        |            |

| Prescription Drug Name                                                                          | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------------------|-----------|------------|
| FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG ( <i>lanthanum carbonate</i> )            | NF        |            |
| <i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>                         | NF        |            |
| PHOSLYRA ORAL SOLUTION 667 MG/5ML ( <i>calcium acetate (phos binder)</i> )                      | PB        |            |
| <i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>                                           | G         |            |
| <i>sevelamer carbonate oral tablet 800 mg</i>                                                   | G         |            |
| <i>sevelamer hcl oral tablet 400 mg, 800 mg</i>                                                 | G         |            |
| VELPHORO ORAL TABLET CHEWABLE 500 MG ( <i>sucroferric oxyhydroxide</i> )                        | PB        |            |
| <b>POLYNEUROPATHY</b>                                                                           |           |            |
| AMVUTTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML ( <i>vutrisiran sodium</i> )       | NF        |            |
| TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML ( <i>inotersen sodium</i> )        | PSP       |            |
| <b>PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES</b>                                           |           |            |
| CRINONE VAGINAL GEL 4 %, 8 % ( <i>progesterone</i> )                                            | PB        |            |
| <i>ec-rx progesterone transdermal cream 10 %, 20 %</i>                                          | NF        |            |
| <i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>                                 | G         |            |
| MAKENA INTRAMUSCULAR OIL 250 MG/ML ( <i>hydroxyprogesterone caproate</i> )                      | NPSP      |            |
| MAKENA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 275 MG/1.1ML ( <i>hydroxyprogesterone caproate</i> ) | NPSP      |            |
| <i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>                              | G         |            |
| <i>megestrol acetate oral suspension 625 mg/5ml</i>                                             | G         |            |
| <i>norethindrone acetate oral tablet 5 mg</i>                                                   | G         |            |
| <i>progesterone intramuscular oil 50 mg/ml</i>                                                  | G         |            |
| <i>progesterone oral capsule 100 mg, 200 mg</i>                                                 | G         |            |
| PROMETRIUM ORAL CAPSULE 100 MG, 200 MG ( <i>progesterone</i> )                                  | NF        |            |
| PROVERA ORAL TABLET 10 MG ( <i>medroxyprogesterone acetate</i> )                                | NPB       |            |
| <b>THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS</b>                                        |           |            |
| ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG ( <i>thyroid</i> )                            | NPB       |            |

| Prescription Drug Name                                                                                                                                                                                                           | Drug Tier | Drug Notes |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG<br>(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 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         |            |
| THYQUIDITY ORAL SOLUTION 100 MCG/5ML<br>(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         |            |
| <b>VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES</b>                                                                                                                                                                       |           |            |
| DDAVP ORAL TABLET 0.1 MG, 0.2 MG (desmopressin acetate)                                                                                                                                                                          | NPB       |            |
| 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         |            |

| Prescription Drug Name                                                                       | Drug Tier | Drug Notes |
|----------------------------------------------------------------------------------------------|-----------|------------|
| NOC DURNA SUBLINGUAL TABLET SUBLINGUAL<br>27.7 MCG, 55.3 MCG ( <i>desmopressin acetate</i> ) | NPB       |            |
| VASOSTRICT INTRAVENOUS SOLUTION 0.2<br>UNIT/ML, 0.4 UNIT/ML ( <i>vasopressin</i> )           | NPB       |            |
| <b>VITAMINS - VITAMINS AND SUPPLEMENTS</b>                                                   |           |            |
| RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30<br>MCG ( <i>calcifediol</i> )                      | NPB       |            |
| <b>GASTROINTESTINAL - DRUGS TO TREAT STOMACH<br/>AND INTESTINAL DISORDERS</b>                |           |            |
| <b>ANTICHOLINERGICS</b>                                                                      |           |            |
| CUVPOSA ORAL SOLUTION 1 MG/5ML ( <i>glycopyrrolate</i> )                                     | NPB       |            |
| <i>dicyclomine hcl oral capsule 10 mg</i>                                                    | G         |            |
| <i>dicyclomine hcl oral solution 10 mg/5ml</i>                                               | G         |            |
| <i>dicyclomine hcl oral tablet 20 mg</i>                                                     | G         |            |
| <i>ed-spaz oral tablet dispersible 0.125 mg</i>                                              | G         |            |
| <i>glycopyrrolate oral tablet 1 mg, 2 mg</i>                                                 | G         |            |
| <i>glycopyrrolate oral tablet 1.5 mg</i>                                                     | NF        |            |
| GLYRX-PF INJECTION SOLUTION 0.2 MG/ML, 0.4<br>MG/2ML ( <i>glycopyrrolate</i> )               | NF        |            |
| <i>hyoscyamine sulfate er oral tablet extended release 12 hour<br/>0.375 mg</i>              | NF        |            |
| <i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>                                          | G         |            |
| <i>hyoscyamine sulfate oral solution 0.125 mg/ml</i>                                         | G         |            |
| <i>hyoscyamine sulfate oral tablet 0.125 mg</i>                                              | G         |            |
| <i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>                                  | G         |            |
| <i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>                             | G         |            |
| LEVBIID ORAL TABLET EXTENDED RELEASE 12<br>HOUR 0.375 MG ( <i>hyoscyamine sulfate</i> )      | NPB       |            |
| <i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>                                      | G         |            |
| <i>hyoscyamine sulfate (Nulev Oral Tablet Dispersible 0.125 Mg)</i>                          | G         |            |
| <i>oscimin oral tablet 0.125 mg</i>                                                          | G         |            |
| <i>oscimin sublingual tablet sublingual 0.125 mg</i>                                         | G         |            |
| <b>ANTIDIARRHEALS</b>                                                                        |           |            |
| <i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>                                   | G         |            |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>                                       | G         |            |
| LACTEROL ORAL CAPSULE ( <i>probiotic product</i> )                                           | NF        |            |

| Prescription Drug Name                                                                       | Drug Tier | Drug Notes |
|----------------------------------------------------------------------------------------------|-----------|------------|
| <i>loperamide hcl oral capsule 2 mg</i>                                                      | G         |            |
| MOTOFEN ORAL TABLET 1-0.025 MG ( <i>difenoxin-atropine</i> )                                 | NF        |            |
| MYTESI ORAL TABLET DELAYED RELEASE 125 MG ( <i>crofelemer</i> )                              | NF        |            |
| <i>opium oral tincture 10 mg/ml (1%)</i>                                                     | G         |            |
| VSL#3 DS ORAL PACKET ( <i>probiotic product</i> )                                            | NPB       |            |
| <i>zelac oral capsule</i>                                                                    | NF        |            |
| <b>ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING</b>                                           |           |            |
| AKYNZEO INTRAVENOUS SOLUTION 235-0.25 MG/20ML ( <i>fosnetupitant-palonosetron</i> )          | NPB       |            |
| AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED 235-0.25 MG ( <i>fosnetupitant-palonosetron</i> ) | NPB       |            |
| AKYNZEO ORAL CAPSULE 300-0.5 MG ( <i>netupitant-palonosetron</i> )                           | NPB       |            |
| ANZEMET ORAL TABLET 50 MG ( <i>dolasetron mesylate</i> )                                     | NPB       |            |
| <i>aprepitant oral capsule 125 mg, 40 mg, 80 &amp; 125 mg, 80 mg</i>                         | G         |            |
| BONJESTA ORAL TABLET EXTENDED RELEASE 20-20 MG ( <i>doxylamine-pyridoxine</i> )              | NPB       |            |
| CINVANTI INTRAVENOUS EMULSION 130 MG/18ML ( <i>aprepitant</i> )                              | NF        |            |
| <i>prochlorperazine</i> (Compro Rectal Suppository 25 Mg)                                    | G         |            |
| DICLEGIS ORAL TABLET DELAYED RELEASE 10-10 MG ( <i>doxylamine-pyridoxine</i> )               | NPB       |            |
| <i>doxylamine-pyridoxine oral tablet delayed release 10-10 mg</i>                            | G         |            |
| <i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>                                           | G         |            |
| EMEND INTRAVENOUS SOLUTION RECONSTITUTED 150 MG ( <i>fosaprepitant dimeglumine</i> )         | NPB       |            |
| EMEND ORAL CAPSULE 80 MG ( <i>aprepitant</i> )                                               | NPB       |            |
| EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML ( <i>aprepitant</i> )                         | NPB       |            |
| EMEND TRI-PACK ORAL CAPSULE 80 & 125 MG ( <i>aprepitant</i> )                                | NPB       |            |
| <i>granisetron hcl oral tablet 1 mg</i>                                                      | G         |            |
| MARINOL ORAL CAPSULE 2.5 MG ( <i>dronabinol</i> )                                            | NPB       |            |
| <i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>                                              | G         |            |



| Prescription Drug Name                                                               | Drug Tier | Drug Notes |
|--------------------------------------------------------------------------------------|-----------|------------|
| <i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>                         | G         |            |
| <i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>                                    | G         |            |
| <i>metoclopramide hcl oral tablet dispersible 5 mg</i>                               | G         |            |
| <i>ondansetron hcl oral solution 4 mg/5ml</i>                                        | G         |            |
| <i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>                                 | G         |            |
| <i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>                                | G         |            |
| <i>prochlorperazine edisylate injection solution 10 mg/2ml</i>                       | G         |            |
| <i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>                              | G         |            |
| <i>prochlorperazine rectal suppository 25 mg</i>                                     | G         |            |
| <i>promethazine hcl oral syrup 6.25 mg/5ml</i>                                       | G         |            |
| <i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>                            | G         |            |
| <i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>                            | G         |            |
| <i>promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg)</i>              | G         |            |
| PROMETHEGAN RECTAL SUPPOSITORY 50 MG<br>( <i>promethazine hcl</i> )                  | G         |            |
| SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR<br>( <i>granisetron</i> )                      | PB        |            |
| <i>scopolamine transdermal patch 72 hour 1 mg/3days</i>                              | G         |            |
| SUSTOL SUBCUTANEOUS PREFILLED SYRINGE 10<br>MG/0.4ML ( <i>granisetron</i> )          | NF        |            |
| SYNDROS ORAL SOLUTION 5 MG/ML ( <i>dronabinol</i> )                                  | NF        |            |
| TRANSDERM-SCOP TRANSDERMAL PATCH 72<br>HOUR 1 MG/3DAYS ( <i>scopolamine base</i> )   | NF        |            |
| <i>trimethobenzamide hcl oral capsule 300 mg</i>                                     | G         |            |
| VARUBI (180 MG DOSE) ORAL TABLET THERAPY<br>PACK 2 X 90 MG ( <i>rolapitant hcl</i> ) | NPB       |            |
| <b>ANTISPASMODICS - DRUGS FOR MUSCLE SPASM</b>                                       |           |            |
| <i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>          | NPB       |            |
| <i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>                              | NF        |            |
| LIBRAX ORAL CAPSULE 5-2.5 MG ( <i>chlordiazepoxide-clidinium</i> )                   | NF        |            |
| <b>H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID</b>                   |           |            |
| <i>cimetidine hcl oral solution 300 mg/5ml</i>                                       | G         |            |
| <i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>                         | G         |            |

2022 Pharmacy Drug Guide - Aetna Standard Plan: Texas Health | Aetna

The formulary is updated the first week of each month

12/01/2022

| Prescription Drug Name                                                            | Drug Tier | Drug Notes |
|-----------------------------------------------------------------------------------|-----------|------------|
| <i>eq famotidine max st oral tablet 20 mg</i>                                     | G         |            |
| <i>famotidine oral suspension reconstituted 40 mg/5ml</i>                         | G         |            |
| <i>famotidine oral tablet 20 mg, 40 mg</i>                                        | G         |            |
| <i>nizatidine oral capsule 150 mg, 300 mg</i>                                     | G         |            |
| <b>INFLAMMATORY BOWEL DISEASE - BOWEL, INTESTINE, AND STOMACH CONDITION DRUGS</b> |           |            |
| APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM ( <i>mesalamine</i> )       | NPB       |            |
| ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG ( <i>mesalamine</i> )                | PB        |            |
| AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG ( <i>sulfasalazine</i> )    | NPB       |            |
| AZULFIDINE ORAL TABLET 500 MG ( <i>sulfasalazine</i> )                            | NPB       |            |
| <i>balsalazide disodium oral capsule 750 mg</i>                                   | G         |            |
| <i>budesonide er oral tablet extended release 24 hour 9 mg</i>                    | NF        |            |
| <i>budesonide oral capsule delayed release particles 3 mg</i>                     | G         |            |
| COLAZAL ORAL CAPSULE 750 MG ( <i>balsalazide disodium</i> )                       | NF        |            |
| CORTIFOAM EXTERNAL FOAM 10 % ( <i>hydrocortisone acetate</i> )                    | PB        |            |
| DELZICOL ORAL CAPSULE DELAYED RELEASE 400 MG ( <i>mesalamine</i> )                | NF        |            |
| DIPENTUM ORAL CAPSULE 250 MG ( <i>olsalazine sodium</i> )                         | NPB       |            |
| <i>hydrocortisone rectal enema 100 mg/60ml</i>                                    | G         |            |
| LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM ( <i>mesalamine</i> )                   | NF        |            |
| <i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>               | G         |            |
| <i>mesalamine oral capsule delayed release 400 mg</i>                             | G         |            |
| <i>mesalamine oral tablet delayed release 1.2 gm, 800 mg</i>                      | G         |            |
| <i>mesalamine rectal enema 4 gm</i>                                               | G         |            |
| <i>mesalamine rectal suppository 1000 mg</i>                                      | G         |            |
| <i>mesalamine-cleanser rectal kit 4 gm</i>                                        | G         |            |
| ORTIKOS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 6 MG, 9 MG ( <i>budesonide</i> )    | NF        |            |
| PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG ( <i>mesalamine</i> )        | NF        |            |
| SFROWASA RECTAL ENEMA 4 GM/60ML ( <i>mesalamine</i> )                             | NPB       |            |
| <i>sulfasalazine oral tablet 500 mg</i>                                           | G         |            |

| Prescription Drug Name                                                                     | Drug Tier | Drug Notes |
|--------------------------------------------------------------------------------------------|-----------|------------|
| <i>sulfasalazine oral tablet delayed release 500 mg</i>                                    | G         |            |
| UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG ( <i>budesonide</i> )                     | PB        |            |
| UCERIS RECTAL FOAM 2 MG/ACT ( <i>budesonide</i> )                                          | NPB       |            |
| <b>IRRITABLE BOWEL SYNDROME</b>                                                            |           |            |
| TRULANCE ORAL TABLET 3 MG ( <i>plecanatide</i> )                                           | NPB       |            |
| VIBERZI ORAL TABLET 100 MG, 75 MG ( <i>eluxadoline</i> )                                   | PB        |            |
| <b>IRRITABLE BOWEL SYNDROME WITH CONSTIPATION</b>                                          |           |            |
| AMITIZA ORAL CAPSULE 24 MCG, 8 MCG ( <i>lubiprostone</i> )                                 | NF        |            |
| IBSRELA ORAL TABLET 50 MG ( <i>tenapanor hcl</i> )                                         | NF        |            |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG ( <i>linaclotide</i> )                       | PB        |            |
| <i>lubiprostone oral capsule 24 mcg, 8 mcg</i>                                             | G         |            |
| <b>IRRITABLE BOWEL SYNDROME WITH DIARRHEA</b>                                              |           |            |
| <i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>                                              | G         |            |
| LOTRONEX ORAL TABLET 0.5 MG, 1 MG ( <i>alosetron hcl</i> )                                 | NPB       |            |
| <b>LAXATIVES - DRUGS FOR CONSTIPATION</b>                                                  |           |            |
| CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM - GM/160ML ( <i>sod picosulfate-mag ox-cit acd</i> ) | CE        |            |
| <i>constulose oral solution 10 gm/15ml</i>                                                 | G         |            |
| <i>enulose oral solution 10 gm/15ml</i>                                                    | G         |            |
| <i>generlac oral solution 10 gm/15ml</i>                                                   | G         |            |
| GIALAX ORAL KIT ( <i>polyethylene glycol 3350</i> )                                        | NF        |            |
| GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM ( <i>peg 3350-kcl-nabcb-nacl-nasulf</i> )      | NF        |            |
| KRISTALOSE ORAL PACKET 10 GM, 20 GM ( <i>lactulose</i> )                                   | NPB       |            |
| <i>lactulose encephalopathy oral solution 10 gm/15ml</i>                                   | G         |            |
| <i>lactulose oral packet 10 gm</i>                                                         | NF        |            |
| <i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>                                      | G         |            |
| MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM ( <i>peg-kcl-nacl-nasulf-na asc-c</i> )        | NF        |            |
| <i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>                   | CE        |            |
| OSMOPREP ORAL TABLET 1.102-0.398 GM ( <i>sod phos mono-sod phos dibasic</i> )              | NF        |            |

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The formulary is updated the first week of each month

12/01/2022

| Prescription Drug Name                                                                             | Drug Tier | Drug Notes |
|----------------------------------------------------------------------------------------------------|-----------|------------|
| <i>peg-3350/electrolytes/ascorbic acid oral solution reconstituted 100 gm</i>                      | CE        |            |
| <i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>                             | CE        |            |
| PEG-PREP ORAL KIT 5-210 MG-GM ( <i>bisacodyl-peg-kcl-nabicate-nacl</i> )                           | CE        |            |
| PLENVU ORAL SOLUTION RECONSTITUTED 140 GM ( <i>peg-kcl-nacl-nasulf-na asc-c</i> )                  | CE        |            |
| SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML ( <i>na sulfate-k sulfate-mg sulf</i> ) | NF        |            |
| SUTAB ORAL TABLET 1479-225-188 MG ( <i>sodium sulfate-mag sulfate-kcl</i> )                        | CE        |            |
| <b>MISCELLANEOUS</b>                                                                               |           |            |
| BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG ( <i>odevixibat</i> )                      | NF        |            |
| BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG ( <i>odevixibat</i> )                                        | NF        |            |
| CARAFATE ORAL SUSPENSION 1 GM/10ML ( <i>sucralfate</i> )                                           | NF        |            |
| CARAFATE ORAL TABLET 1 GM ( <i>sucralfate</i> )                                                    | NF        |            |
| CHENODAL ORAL TABLET 250 MG ( <i>chenodiol</i> )                                                   | NPSP      |            |
| CHOLBAM ORAL CAPSULE 250 MG, 50 MG ( <i>cholic acid</i> )                                          | NPSP      |            |
| <i>cromolyn sodium oral concentrate 100 mg/5ml</i>                                                 | G         |            |
| ENTEREG ORAL CAPSULE 12 MG ( <i>alvimopan</i> )                                                    | NPB       |            |
| GATTEX SUBCUTANEOUS KIT 5 MG ( <i>teduglutide (rdna)</i> )                                         | NPSP      |            |
| LIVMARLI ORAL SOLUTION 9.5 MG/ML ( <i>maralixibat chloride</i> )                                   | NPSP      |            |
| <i>misoprostol oral tablet 100 mcg, 200 mcg</i>                                                    | G         |            |
| MOTEGRITY ORAL TABLET 1 MG, 2 MG ( <i>prucalopride succinate</i> )                                 | NF        |            |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG ( <i>naloxegol oxalate</i> )                                   | NF        |            |
| OALIVA ORAL TABLET 10 MG, 5 MG ( <i>obeticholic acid</i> )                                         | NPSP      |            |
| RELISTOR ORAL TABLET 150 MG ( <i>methylnaltrexone bromide</i> )                                    | NPB       |            |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML ( <i>methylnaltrexone bromide</i> )         | NPB       |            |
| RELTONE ORAL CAPSULE 200 MG, 400 MG ( <i>ursodiol</i> )                                            | NF        |            |
| SUCRAID ORAL SOLUTION 8500 UNIT/ML ( <i>sacrosidase</i> )                                          | NPSP      |            |

| Prescription Drug Name                                                                                                                                                                                            | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>sucralfate oral suspension 1 gm/10ml</i>                                                                                                                                                                       | NF        |            |
| <i>sucralfate oral tablet 1 gm</i>                                                                                                                                                                                | G         |            |
| SYMPROIC ORAL TABLET 0.2 MG ( <i>naldemedine tosylate</i> )                                                                                                                                                       | PB        |            |
| <i>ursodiol oral capsule 200 mg, 400 mg</i>                                                                                                                                                                       | NF        |            |
| <i>ursodiol oral capsule 300 mg</i>                                                                                                                                                                               | G         |            |
| <i>ursodiol oral tablet 250 mg, 500 mg</i>                                                                                                                                                                        | G         |            |
| URSODIOL+SYRSPEND SF ORAL SUSPENSION 30 MG/ML ( <i>ursodiol</i> )                                                                                                                                                 | NF        |            |
| XERMELO ORAL TABLET 250 MG ( <i>telotristat etiprate</i> )                                                                                                                                                        | NPSP      |            |
| <b>PANCREATIC ENZYMES</b>                                                                                                                                                                                         |           |            |
| CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> )                                       | 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 ( <i>pancrelipase (lip-prot-amyl)</i> )                  | NPB       |            |
| PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> )                                                       | NPB       |            |
| VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> )                                                                                                                    | PB        |            |
| 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 ( <i>pancrelipase (lip-prot-amyl)</i> ) | PB        |            |
| <b>PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID</b>                                                                                                                                                 |           |            |
| ACIPHEX ORAL TABLET DELAYED RELEASE 20 MG ( <i>rabeprazole sodium</i> )                                                                                                                                           | NF        |            |
| DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG ( <i>dexlansoprazole</i> )                                                                                                                                     | NF        |            |
| <i>dexlansoprazole oral capsule delayed release 30 mg, 60 mg</i>                                                                                                                                                  | NF        |            |
| <i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>                                                                                                                                           | G         |            |
| <i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>                                                                                                                                                     | G         |            |
| <i>lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg</i>                                                                                                                                          | NF        |            |

| Prescription Drug Name                                                                        | Drug Tier | Drug Notes |
|-----------------------------------------------------------------------------------------------|-----------|------------|
| NEXIUM ORAL CAPSULE DELAYED RELEASE 20 MG, 40 MG ( <i>esomeprazole magnesium</i> )            | NF        |            |
| NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG ( <i>esomeprazole magnesium</i> )        | NF        |            |
| <i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>                            | G         |            |
| <i>omeprazole-sodium bicarbonate oral capsule 20-1100 mg, 40-1100 mg</i>                      | NF        |            |
| <i>omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg</i>                       | NF        |            |
| <i>pantoprazole sodium oral packet 40 mg</i>                                                  | NF        |            |
| <i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>                           | G         |            |
| PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG ( <i>lansoprazole</i> )                           | NF        |            |
| PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG, 30 MG ( <i>lansoprazole</i> ) | NF        |            |
| PRILOSEC ORAL PACKET 10 MG, 2.5 MG ( <i>omeprazole magnesium</i> )                            | NF        |            |
| PROTONIX ORAL PACKET 40 MG ( <i>pantoprazole sodium</i> )                                     | NF        |            |
| PROTONIX ORAL TABLET DELAYED RELEASE 20 MG, 40 MG ( <i>pantoprazole sodium</i> )              | NF        |            |
| <i>rabeprazole sodium oral capsule sprinkle 10 mg</i>                                         | NPB       |            |
| <i>rabeprazole sodium oral tablet delayed release 20 mg</i>                                   | G         |            |
| ZEGERID ORAL CAPSULE 20-1100 MG, 40-1100 MG ( <i>omeprazole-sodium bicarbonate</i> )          | NF        |            |
| ZEGERID ORAL PACKET 20-1680 MG, 40-1680 MG ( <i>omeprazole-sodium bicarbonate</i> )           | NF        |            |
| <b>RECTAL, CORTICOSTEROIDS</b>                                                                |           |            |
| <i>hydrocortisone (perianal) external cream 1 %, 2.5 %</i>                                    | G         |            |
| <i>hydrocortisone ace-pramoxine external cream 1-1 %</i>                                      | G         |            |
| PROCORT EXTERNAL CREAM 1.85-1.15 % ( <i>hydrocortisone ace-pramoxine</i> )                    | NPB       |            |
| PROCTOFOAM HC EXTERNAL FOAM 1-1 % ( <i>hydrocortisone ace-pramoxine</i> )                     | PB        |            |
| <i>hydrocortisone (Procto-Med Hc External Cream 2.5 %)</i>                                    | G         |            |
| <i>hydrocortisone (Procto-Pak External Cream 1 %)</i>                                         | G         |            |
| <i>hydrocortisone (Proctozone-Hc External Cream 2.5 %)</i>                                    | G         |            |



| Prescription Drug Name                                                                        | Drug Tier | Drug Notes |
|-----------------------------------------------------------------------------------------------|-----------|------------|
| <b>ULCER THERAPY COMBINATIONS</b>                                                             |           |            |
| <i>amoxicill-clarithro-lansopraz oral</i>                                                     | G         |            |
| OMECLAMOX-PAK ORAL 500-500-20 MG ( <i>amoxicill-clarithro-omeprazole</i> )                    | NPB       |            |
| PYLERA ORAL CAPSULE 140-125-125 MG ( <i>bis subcit-metronid-tetracyc</i> )                    | PB        |            |
| TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG ( <i>amoxicill-rifabutin-omeprazole</i> ) | PB        |            |
| VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG ( <i>amoxicillin-vonoprazan</i> )               | NPB       |            |
| VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG ( <i>amoxicill-clarithro-vonoprazan</i> ) | NPB       |            |
| <b>GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS</b>                    |           |            |
| <b>BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE</b>                        |           |            |
| <i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>                            | G         |            |
| CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG ( <i>doxazosin mesylate</i> )      | NPB       |            |
| <i>dutasteride oral capsule 0.5 mg</i>                                                        | G         |            |
| <i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>                                     | G         |            |
| <i>finasteride oral tablet 5 mg</i>                                                           | G         |            |
| JALYN ORAL CAPSULE 0.5-0.4 MG ( <i>dutasteride-tamsulosin hcl</i> )                           | NF        |            |
| PROSCAR ORAL TABLET 5 MG ( <i>finasteride</i> )                                               | NPB       |            |
| RAPAFLO ORAL CAPSULE 4 MG, 8 MG ( <i>silodosin</i> )                                          | NF        |            |
| <i>silodosin oral capsule 4 mg, 8 mg</i>                                                      | G         |            |
| <i>tamsulosin hcl oral capsule 0.4 mg</i>                                                     | G         |            |
| UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG ( <i>alfuzosin hcl</i> )                 | NF        |            |
| <b>CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL</b>                                            |           |            |
| ENCARE VAGINAL SUPPOSITORY 100 MG ( <i>nonoxynol-9</i> )                                      | CE        |            |
| OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % ( <i>nonoxynol-9</i> )                         | CE        |            |
| PHEXXI VAGINAL GEL 1.8-1-0.4 % ( <i>lactic ac-citric ac-pot bitart</i> )                      | CE        |            |

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| Prescription Drug Name                                                           | Drug Tier | Drug Notes |
|----------------------------------------------------------------------------------|-----------|------------|
| SHUR-SEAL CONTRACEPTIVE VAGINAL GEL 2 %<br>( <i>nonoxynol-9</i> )                | CE        |            |
| TODAY SPONGE VAGINAL 1000 MG ( <i>nonoxynol-9</i> )                              | CE        |            |
| VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 %<br>( <i>nonoxynol-9</i> )            | CE        |            |
| VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM 12.5 %<br>( <i>nonoxynol-9</i> )          | CE        |            |
| VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 %<br>( <i>nonoxynol-9</i> )              | CE        |            |
| <b>ERECTILE DYSFUNCTION</b>                                                      |           |            |
| <i>bi-mix intracavernosal solution reconstituted 150-5 mg</i>                    | NF        | SPC        |
| CIALIS ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG<br>( <i>tadalafil</i> )            | NF        | SPC        |
| <i>quad-mix intracavernosal solution reconstituted 150-10-0.1-1 mg</i>           | NF        |            |
| STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG<br>( <i>avanafil</i> )                 | NF        | SPC        |
| <i>super bi-mix intracavernosal solution reconstituted 150-10 mg</i>             | NF        | SPC        |
| <i>super quad-mix intracavernosal solution reconstituted 150-20-0.2-2 mg</i>     | NF        | SPC        |
| <i>super tri-mix intracavernosal solution reconstituted 150-10-100 mg-mg-mcg</i> | NF        | SPC        |
| <i>tri-mix intracavernosal solution reconstituted 150-5-50 mg-mg-mcg</i>         | NF        |            |
| VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG<br>( <i>sildenafil citrate</i> )         | NF        | SPC        |
| <b>ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES</b>                             |           |            |
| FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR ( <i>estradiol acetate</i> )      | NF        |            |
| <b>MISCELLANEOUS</b>                                                             |           |            |
| <i>cytra k crystals oral packet 3300-1002 mg</i>                                 | G         |            |
| ELMIRON ORAL CAPSULE 100 MG ( <i>pentosan polysulfate sodium</i> )               | NF        |            |
| LITHOSTAT ORAL TABLET 250 MG ( <i>acetohydroxamic acid</i> )                     | NF        |            |
| ORACIT ORAL SOLUTION 490-640 MG/5ML ( <i>sod citrate-citric acid</i> )           | NPB       |            |

| Prescription Drug Name                                                                                      | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>phenazopyridine hcl</i> (Phenazo Oral Tablet 200 Mg)                                                     | G         |            |
| <i>pot &amp; sod cit-cit ac oral solution</i> 550-500-334 mg/5ml                                            | G         |            |
| <i>potassium citrate er oral tablet extended release</i> 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg) | G         |            |
| <i>potassium citrate-citric acid oral solution</i> 1100-334 mg/5ml                                          | G         |            |
| PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG ( <i>cysteamine bitartrate</i> )                         | NF        |            |
| PROCYSBI ORAL PACKET 300 MG, 75 MG ( <i>cysteamine bitartrate</i> )                                         | NF        |            |
| RIMSO-50 INTRAVESICAL SOLUTION 50 % ( <i>dimethyl sulfoxide</i> )                                           | NF        |            |
| <i>sod citrate-citric acid oral solution</i> 500-334 mg/5ml                                                 | G         |            |
| THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG ( <i>tiopronin</i> )                                   | NF        |            |
| THIOLA ORAL TABLET 100 MG ( <i>tiopronin</i> )                                                              | NF        |            |
| <i>tricitrates oral solution</i> 550-500-334 mg/5ml                                                         | G         |            |
| <b>PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES</b>                                                       |           |            |
| ENDOMETRIN VAGINAL INSERT 100 MG ( <i>progesterone</i> )                                                    | PB        |            |
| <b>URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE</b>                                         |           |            |
| <i>bethanechol chloride oral tablet</i> 10 mg, 25 mg, 5 mg, 50 mg                                           | G         |            |
| <i>darifenacin hydrobromide er oral tablet extended release</i> 24 hour 15 mg, 7.5 mg                       | G         |            |
| DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG ( <i>tolterodine tartrate</i> )                  | NF        |            |
| <i>flavoxate hcl oral tablet</i> 100 mg                                                                     | G         |            |
| GELNIQUE TRANSDERMAL GEL 10 % ( <i>oxybutynin chloride</i> )                                                | NPB       |            |
| GEMTESA ORAL TABLET 75 MG ( <i>vibegron</i> )                                                               | PB        |            |
| MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML ( <i>mirabegron</i> )                                    | NF        |            |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG ( <i>mirabegron</i> )                           | NF        |            |
| <i>oxybutynin chloride er oral tablet extended release</i> 24 hour 10 mg, 15 mg, 5 mg                       | G         |            |
| <i>oxybutynin chloride oral syrup</i> 5 mg/5ml                                                              | G         |            |

| Prescription Drug Name                                                                  | Drug Tier | Drug Notes |
|-----------------------------------------------------------------------------------------|-----------|------------|
| <i>oxybutynin chloride oral tablet 5 mg</i>                                             | G         |            |
| OXYTROL FOR WOMEN TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR ( <i>oxybutynin</i> )      | NF        |            |
| OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR ( <i>oxybutynin</i> )                | NF        |            |
| <i>solifenacin succinate oral tablet 10 mg, 5 mg</i>                                    | G         |            |
| <i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>         | G         |            |
| <i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>                                      | G         |            |
| TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG ( <i>fesoterodine fumarate</i> ) | PB        |            |
| <i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>                 | G         |            |
| <i>trospium chloride oral tablet 20 mg</i>                                              | G         |            |
| VESICARE LS ORAL SUSPENSION 5 MG/5ML ( <i>solifenacin succinate</i> )                   | NPB       |            |
| <b>VAGINAL ANTI-INFECTIVES - DRUGS TO TREAT VAGINAL INFECTIONS</b>                      |           |            |
| CLEOCIN VAGINAL SUPPOSITORY 100 MG ( <i>clindamycin phosphate</i> )                     | NPB       |            |
| <i>clindamycin phosphate vaginal cream 2 %</i>                                          | G         |            |
| CLINDESSE VAGINAL CREAM 2 % ( <i>clindamycin phosphate (1 dose)</i> )                   | NPB       |            |
| GYNAZOLE-1 VAGINAL CREAM 2 % ( <i>butoconazole nitrate (1 dose)</i> )                   | NPB       |            |
| <i>metronidazole vaginal gel 0.75 %</i>                                                 | G         |            |
| <i>miconazole 3 vaginal suppository 200 mg</i>                                          | G         |            |
| NUVESSA VAGINAL GEL 1.3 % ( <i>metronidazole</i> )                                      | NF        |            |
| <i>terconazole vaginal cream 0.4 %, 0.8 %</i>                                           | G         |            |
| <i>terconazole vaginal suppository 80 mg</i>                                            | G         |            |
| <b>HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS</b>                                     |           |            |
| <b>ANTICOAGULANTS - BLOOD THINNERS</b>                                                  |           |            |
| ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG ( <i>apixaban</i> )           | PB        |            |
| ELIQUIS ORAL TABLET 2.5 MG, 5 MG ( <i>apixaban</i> )                                    | PB        |            |
| <i>enoxaparin sodium injection solution 300 mg/3ml</i>                                  | G         |            |

| Prescription Drug Name                                                                                                                                                                               | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>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</i>                                                 | G         |            |
| <i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>                                                                                                 | G         |            |
| FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML ( <i>dalteparin sodium</i> )                                                                                                                          | PB        |            |
| FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNIT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML ( <i>dalteparin sodium</i> ) | PB        |            |
| <i>heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%</i>                                                                                                             | NF        |            |
| <i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>                                                                                          | G         |            |
| <i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</i>                                                                                                                                | G         |            |
| <i>hepmed combination kit 100&amp;0.9&amp;2.5-2.5 ut/ml&amp;%</i>                                                                                                                                    | NF        |            |
| <i>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)</i>                                                                                              | G         | LGC        |
| LOVENOX INJECTION SOLUTION 300 MG/3ML ( <i>enoxaparin sodium</i> )                                                                                                                                   | NPB       |            |
| LOVENOX 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 ( <i>enoxaparin sodium</i> )                                     | NPB       |            |
| PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG ( <i>dabigatran etexilate mesylate</i> )                                                                                                                  | NF        |            |
| SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG ( <i>edoxaban tosylate</i> )                                                                                                                                 | NF        |            |
| <i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>                                                                                                         | G         | LGC        |
| XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML ( <i>rivaroxaban</i> )                                                                                                                                 | PB        |            |
| XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG ( <i>rivaroxaban</i> )                                                                                                                               | PB        |            |
| XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG ( <i>rivaroxaban</i> )                                                                                                                      | PB        |            |

| Prescription Drug Name                                                                                                                                                                                                              | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <b>BLEEDING DISORDERS AGENTS</b>                                                                                                                                                                                                    |           |            |
| ALPHANATE INTRAVENOUS SOLUTION<br>RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT,<br>250 UNIT, 500 UNIT ( <i>antihemophilic factor-vwf</i> )                                                                                         | NPSP      |            |
| CABLIVI INJECTION KIT 11 MG ( <i>caplacizumab-yhdp</i> )                                                                                                                                                                            | NF        |            |
| COAGADEX INTRAVENOUS SOLUTION<br>RECONSTITUTED 250 UNIT, 500 UNIT ( <i>coagulation<br/>factor x (human)</i> )                                                                                                                       | NPSP      |            |
| FEIBA INTRAVENOUS SOLUTION RECONSTITUTED<br>1000 UNIT, 2500 UNIT, 500 UNIT ( <i>antiinhibitor coagulant<br/>cmplx</i> )                                                                                                             | NF        |            |
| HUMATE-P INTRAVENOUS SOLUTION<br>RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-<br>1200 UNIT ( <i>antihemophilic factor-vwf</i> )                                                                                                 | NPSP      |            |
| NOVOSEVEN RT INTRAVENOUS SOLUTION<br>RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG ( <i>coagulation<br/>factor viia recomb</i> )                                                                                                             | PSP       |            |
| SEVENFACT INTRAVENOUS SOLUTION<br>RECONSTITUTED 1 MG, 5 MG ( <i>coagulation factor viia-<br/>jncw</i> )                                                                                                                             | PSP       |            |
| VONVENDI INTRAVENOUS SOLUTION<br>RECONSTITUTED 1300 UNIT, 650 UNIT ( <i>von willebrand<br/>factor (recomb)</i> )                                                                                                                    | NF        |            |
| WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500<br>UNIT ( <i>antihemophilic factor-vwf</i> )                                                                                                                                         | NPSP      |            |
| <b>HEMATOPOIETIC GROWTH FACTORS</b>                                                                                                                                                                                                 |           |            |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION<br>100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML,<br>60 MCG/ML ( <i>darbepoetin alfa</i> )                                                                                                 | NF        |            |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION<br>PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML,<br>150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300<br>MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60<br>MCG/0.3ML ( <i>darbepoetin alfa</i> ) | NF        |            |
| DOPTELET ORAL TABLET 20 MG ( <i>avatrombopag<br/>maleate</i> )                                                                                                                                                                      | NPSP      |            |
| EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000<br>UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000<br>UNIT/ML ( <i>epoetin alfa</i> )                                                                                                      | NF        |            |
| FULPHILA SUBCUTANEOUS SOLUTION PREFILLED<br>SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim-jmdb</i> )                                                                                                                                        | NF        |            |



| Prescription Drug Name                                                                                                                                                 | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML ( <i>tbo-filgrastim</i> )                                                                                       | NF        |            |
| GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML ( <i>tbo-filgrastim</i> )                                                                  | NF        |            |
| LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG ( <i>sargramostim</i> )                                                                                               | 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 ( <i>methoxy peg-epoetin beta</i> ) | NF        |            |
| MULPLETA ORAL TABLET 3 MG ( <i>lusutrombopag</i> )                                                                                                                     | NF        |            |
| NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML ( <i>pegfilgrastim</i> )                                                                                  | NF        |            |
| NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim</i> )                                                                                   | NF        |            |
| NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML ( <i>filgrastim</i> )                                                                                            | NF        |            |
| NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML ( <i>filgrastim</i> )                                                                       | NF        |            |
| NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML ( <i>filgrastim-aafi</i> )                                                                                       | PSP       |            |
| NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML ( <i>filgrastim-aafi</i> )                                                                  | PSP       |            |
| NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG, 250 MCG, 500 MCG ( <i>romiplostim</i> )                                                                            | NF        |            |
| NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim-apgf</i> )                                                                              | NF        |            |
| PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML ( <i>epoetin alfa</i> )                               | NF        |            |
| PROMACTA ORAL PACKET 12.5 MG, 25 MG ( <i>eltrombopag olamine</i> )                                                                                                     | PSP       |            |
| PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG ( <i>eltrombopag olamine</i> )                                                                                       | PSP       |            |
| RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML ( <i>epoetin alfa-epbx</i> )                         | PSP       |            |

| Prescription Drug Name                                                                                                                                                                        | Drug Tier | Drug Notes |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim-cbqv</i> )                                                                                                      | NF        |            |
| ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML ( <i>filgrastim-sndz</i> )                                                                                           | NF        |            |
| ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim-bmez</i> )                                                                                                    | PSP       |            |
| <b>HEMOPHILIA A AGENTS</b>                                                                                                                                                                    |           |            |
| ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT ( <i>antihemophil factor (rahf-pfm)</i> )                                 | PSP       |            |
| <i>adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 3000 unit, 500 unit, 750 unit</i>                                                                  | PSP       |            |
| AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT ( <i>antihemophil fact single chain</i> )                                                   | 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 ( <i>antihem fact (bdd-rfviiiifc)</i> ) | PSP       |            |
| ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT ( <i>antihemoph fact rcmb gpeg-exei</i> )                                                    | PSP       |            |
| HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML ( <i>emicizumab-kxwh</i> )                                                                                      | NPSP      |            |
| HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT ( <i>antihemophilic factor</i> )                                                                        | NPSP      |            |
| JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT ( <i>ahf (bdd-rfviii peg-aucl)</i> )                                                                        | PSP       |            |
| KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT ( <i>antihemophilic factor</i> )                                                                                       | NPSP      |            |
| KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT ( <i>antihemophilic factor</i> )                                                                                             | NPSP      |            |

| Prescription Drug Name                                                                                                                                                 | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT ( <i>antihem factor recomb (rfviii)</i> )                                              | PSP       |            |
| KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT ( <i>antihemophil factor (rahf-pfm)</i> )                              | PSP       |            |
| NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT ( <i>antihemophil fact bd truncated</i> )                  | PSP       |            |
| NUWIK INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT ( <i>antihem fact (bdd-rfviii,sim)</i> )                    | PSP       |            |
| NUWIK INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT ( <i>antihem fact (bdd-rfviii,sim)</i> ) | PSP       |            |
| <i>obizur intravenous solution reconstituted 500 unit</i>                                                                                                              | NF        |            |
| RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT ( <i>antihem factor recomb (rfviii)</i> )     | NPSP      |            |
| XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT ( <i>antihem fact (bdd-rfviii,mor)</i> )                                                               | NPSP      |            |
| XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT ( <i>antihem fact (bdd-rfviii,mor)</i> )                                           | NPSP      |            |
| <b>HEMOPHILIA B AGENTS</b>                                                                                                                                             |           |            |
| ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT ( <i>coagulation factor ix</i> )                                                        | NPSP      |            |
| ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT ( <i>coagulation factor ix (rfixfc)</i> )                   | NF        |            |
| BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT ( <i>coagulation factor ix (recomb)</i> )                                                  | NPSP      |            |
| IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT ( <i>coagulation factor ix (rix-fp)</i> )                              | NPSP      |            |

| Prescription Drug Name                                                                                                                                        | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| IXINITY INTRAVENOUS SOLUTION<br>RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT,<br>250 UNIT, 3000 UNIT, 500 UNIT ( <i>coagulation factor ix<br/>(recomb)</i> ) | NPSP      |            |
| PROFILNINE INTRAVENOUS SOLUTION<br>RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT<br>( <i>factor ix complex</i> )                                               | NPSP      |            |
| REBINYN INTRAVENOUS SOLUTION<br>RECONSTITUTED 1000 UNIT, 2000 UNIT, 500 UNIT<br>( <i>coagulation factor ix glycopeg</i> )                                     | PSP       |            |
| <i>rixubis intravenous solution reconstituted 1000 unit, 2000 unit,<br/>250 unit, 3000 unit, 500 unit</i>                                                     | NPSP      |            |
| <b>MISCELLANEOUS</b>                                                                                                                                          |           |            |
| AMICAR ORAL SOLUTION 0.25 GM/ML ( <i>aminocaproic<br/>acid</i> )                                                                                              | NF        |            |
| <i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>                                                                                                          | G         |            |
| <i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>                                                                                                               | G         |            |
| <i>cilostazol oral tablet 100 mg, 50 mg</i>                                                                                                                   | G         |            |
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG<br>( <i>hydroxyurea</i> )                                                                                          | NPB       |            |
| ENDARI ORAL PACKET 5 GM ( <i>glutamine (sickle cell)</i> )                                                                                                    | NPSP      |            |
| OXBRYTA ORAL TABLET 500 MG ( <i>voxelotor</i> )                                                                                                               | NF        |            |
| OXBRYTA ORAL TABLET SOLUBLE 300 MG ( <i>voxelotor</i> )                                                                                                       | NF        |            |
| <i>pentoxifylline er oral tablet extended release 400 mg</i>                                                                                                  | G         |            |
| SIKLOS ORAL TABLET 100 MG, 1000 MG ( <i>hydroxyurea</i> )                                                                                                     | NPB       |            |
| TAVALISSE ORAL TABLET 100 MG, 150 MG<br>( <i>fostamatinib disodium</i> )                                                                                      | PSP       |            |
| TAVNEOS ORAL CAPSULE 10 MG ( <i>avacopan</i> )                                                                                                                | NPSP      |            |
| <i>tranexamic acid oral tablet 650 mg</i>                                                                                                                     | G         |            |
| <b>PAROXYSMAL NOCTURNAL HEMOGLOBINURIA<br/>(PNH) AGENTS</b>                                                                                                   |           |            |
| EMPAVELI SUBCUTANEOUS SOLUTION 1080<br>MG/20ML ( <i>pegcetacoplan</i> )                                                                                       | PSP       |            |
| ULTOMIRIS INTRAVENOUS SOLUTION 1100<br>MG/11ML, 300 MG/30ML, 300 MG/3ML ( <i>ravulizumab-cwvz</i> )                                                           | NPSP      |            |

| Prescription Drug Name                                                                  | Drug Tier | Drug Notes |
|-----------------------------------------------------------------------------------------|-----------|------------|
| <b>PLATELET AGGREGATION INHIBITORS - BLOOD THINNERS</b>                                 |           |            |
| <i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>          | G         |            |
| BRILINTA ORAL TABLET 60 MG, 90 MG ( <i>ticagrelor</i> )                                 | PB        |            |
| <i>clopidogrel bisulfate oral tablet 300 mg, 75 mg</i>                                  | G         |            |
| <i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>                                     | G         |            |
| EFFIENT ORAL TABLET 10 MG, 5 MG ( <i>prasugrel hcl</i> )                                | NPB       |            |
| PLAVIX ORAL TABLET 75 MG ( <i>clopidogrel bisulfate</i> )                               | NF        |            |
| <i>prasugrel hcl oral tablet 10 mg, 5 mg</i>                                            | G         |            |
| YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG ( <i>aspirin-omeprazole</i> )  | NF        |            |
| ZONTIVITY ORAL TABLET 2.08 MG ( <i>vorapaxar sulfate</i> )                              | NF        |            |
| <b>VITAMINS - VITAMINS AND SUPPLEMENTS</b>                                              |           |            |
| NASCOBAL NASAL SOLUTION 500 MCG/0.1ML ( <i>cyanocobalamin</i> )                         | NPB       |            |
| <b>IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM</b>               |           |            |
| <b>ALLERGENIC EXTRACTS</b>                                                              |           |            |
| GRASSTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU ( <i>timothy grass pollen allergen</i> ) | PB        |            |
| ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM ( <i>dust mite mixed allergen ext</i> )  | NPB       |            |
| ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR ( <i>grass mix pollens allergen ext</i> )   | PB        |            |
| PALFORZIA (12 MG DAILY DOSE) ORAL 2 X 1 MG & 10 MG ( <i>peanut powder-dnfp</i> )        | NF        |            |
| PALFORZIA (120 MG DAILY DOSE) ORAL 20 MG & 100 MG ( <i>peanut powder-dnfp</i> )         | NF        |            |
| PALFORZIA (160 MG DAILY DOSE) ORAL 3 X 20 MG & 100 MG ( <i>peanut powder-dnfp</i> )     | NF        |            |
| PALFORZIA (20 MG DAILY DOSE) ORAL 20 MG ( <i>peanut powder-dnfp</i> )                   | NF        |            |
| PALFORZIA (200 MG DAILY DOSE) ORAL 2 X 100 MG ( <i>peanut powder-dnfp</i> )             | NF        |            |
| PALFORZIA (240 MG DAILY DOSE) ORAL 2 X 20 MG & 2 X 100 MG ( <i>peanut powder-dnfp</i> ) | NF        |            |

| Prescription Drug Name                                                             | Drug Tier | Drug Notes                                                   |
|------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------|
| PALFORZIA (3 MG DAILY DOSE) ORAL 3 X 1 MG<br>(peanut powder-dnfp)                  | NF        |                                                              |
| PALFORZIA (300 MG MAINTENANCE) ORAL PACKET<br>300 MG (peanut powder-dnfp)          | NF        |                                                              |
| PALFORZIA (300 MG TITRATION) ORAL PACKET 300<br>MG (peanut powder-dnfp)            | NF        |                                                              |
| PALFORZIA (40 MG DAILY DOSE) ORAL 2 X 20 MG<br>(peanut powder-dnfp)                | NF        |                                                              |
| PALFORZIA (6 MG DAILY DOSE) ORAL 6 X 1 MG<br>(peanut powder-dnfp)                  | NF        |                                                              |
| PALFORZIA (80 MG DAILY DOSE) ORAL 4 X 20 MG<br>(peanut powder-dnfp)                | NF        |                                                              |
| PALFORZIA INITIAL ESCALATION ORAL 0.5 & 1 & 1.5<br>& 3 & 6 MG (peanut powder-dnfp) | NF        |                                                              |
| RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12<br>AMB A 1-U (short ragweed pollen ext)   | PB        |                                                              |
| sorrelldock mix subcutaneous solution 1:20                                         | NF        |                                                              |
| <b>AUTOIMMUNE AGENTS (PHYSICIAN-<br/>ADMINISTERED)</b>                             |           |                                                              |
| ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML,<br>400 MG/20ML, 80 MG/4ML (tocilizumab)  | NF        |                                                              |
| AVSOLA INTRAVENOUS SOLUTION<br>RECONSTITUTED 100 MG (infliximab-axxq)              | NF        |                                                              |
| ENTYVIO INTRAVENOUS SOLUTION<br>RECONSTITUTED 300 MG (vedolizumab)                 | NF        | IBC (Available as NPSP<br>with PA for Ulcerative<br>Colitis) |
| ILUMYA SUBCUTANEOUS SOLUTION PREFILLED<br>SYRINGE 100 MG/ML (tildrakizumab-asmn)   | NF        |                                                              |
| INFLECTRA INTRAVENOUS SOLUTION<br>RECONSTITUTED 100 MG (infliximab-dyyb)           | NF        |                                                              |
| ORENCIA INTRAVENOUS SOLUTION<br>RECONSTITUTED 250 MG (abatacept)                   | NF        |                                                              |
| REMICADE INTRAVENOUS SOLUTION<br>RECONSTITUTED 100 MG (infliximab)                 | PSP       |                                                              |
| RENFLEXIS INTRAVENOUS SOLUTION<br>RECONSTITUTED 100 MG (infliximab-abda)           | NF        |                                                              |
| SIMPONI ARIA INTRAVENOUS SOLUTION 50<br>MG/4ML (golimumab)                         | PSP       |                                                              |



| Prescription Drug Name                                                                                | Drug Tier | Drug Notes                                                                                                                                                                                                                        |
|-------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML<br>( <i>risankizumab-rzaa</i> )                              | PSP       |                                                                                                                                                                                                                                   |
| STELARA INTRAVENOUS SOLUTION 130 MG/26ML<br>( <i>ustekinumab</i> )                                    | PSP       |                                                                                                                                                                                                                                   |
| <b>AUTOIMMUNE AGENTS (SELF-ADMINISTERED)</b>                                                          |           |                                                                                                                                                                                                                                   |
| ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION<br>AUTO-INJECTOR 162 MG/0.9ML ( <i>tocilizumab</i> )             | NF        |                                                                                                                                                                                                                                   |
| ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED<br>SYRINGE 162 MG/0.9ML ( <i>tocilizumab</i> )                | NF        |                                                                                                                                                                                                                                   |
| CIMZIA PREFILLED SUBCUTANEOUS PREFILLED<br>SYRINGE KIT 2 X 200 MG/ML ( <i>certolizumab pegol</i> )    | 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<br>SYRINGE KIT 6 X 200 MG/ML ( <i>certolizumab pegol</i> )  | 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 SUBCUTANEOUS KIT 2 X 200 MG ( <i>certolizumab pegol</i> )                                      | NF        |                                                                                                                                                                                                                                   |
| COSENTYX (300 MG DOSE) SUBCUTANEOUS<br>SOLUTION PREFILLED SYRINGE 150 MG/ML<br>( <i>secukinumab</i> ) | PSP       | IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Non-radiographical Axial Spondyloarthritis. Not covered for Psoriasis)                                                                                   |
| COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS<br>SOLUTION AUTO-INJECTOR 150 MG/ML ( <i>secukinumab</i> )  | 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 ( <i>secukinumab</i> )                                 | 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 ( <i>secukinumab</i> )                               | 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 ( <i>etanercept</i> )                                                   | PSP       | IBC (Preferred agent for all conditions except Psoriasis)                                                                                       |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML ( <i>etanercept</i> )                                                               | PSP       | IBC (Preferred agent for all conditions except Psoriasis)                                                                                       |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML ( <i>etanercept</i> )                                   | PSP       | IBC (Preferred agent for all conditions except Psoriasis)                                                                                       |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML ( <i>etanercept</i> )                                          | 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 ( <i>adalimumab</i> ) | PSP       |                                                                                                                                                 |
| HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML ( <i>adalimumab</i> )                                      | PSP       |                                                                                                                                                 |
| HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML ( <i>adalimumab</i> )                     | PSP       |                                                                                                                                                 |
| HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML ( <i>adalimumab</i> )                                | PSP       |                                                                                                                                                 |
| HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab</i> )                               | PSP       |                                                                                                                                                 |
| HUMIRA PEN-PSOR/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML ( <i>adalimumab</i> )                    | PSP       |                                                                                                                                                 |
| HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab</i> )           | PSP       |                                                                                                                                                 |

| Prescription Drug Name                                                                                     | Drug Tier | Drug Notes                                                                                                                                                                     |
|------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML ( <i>sarilumab</i> )              | PSP       | IBC (Preferred agent for Rheumatoid Arthritis)                                                                                                                                 |
| KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML ( <i>sarilumab</i> )          | PSP       | IBC (Preferred agent for Rheumatoid Arthritis)                                                                                                                                 |
| KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML ( <i>anakinra</i> )                          | NF        |                                                                                                                                                                                |
| OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG ( <i>baricitinib</i> )                                               | NF        |                                                                                                                                                                                |
| ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML ( <i>abatacept</i> )                       | 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 ( <i>abatacept</i> ) | PSP       | IBC (Preferred agent for Rheumatoid Arthritis. Not covered for other conditions)                                                                                               |
| OTEZLA ORAL TABLET 30 MG ( <i>apremilast</i> )                                                             | PSP       | IBC (Preferred agent for Psoriasis and Psoriatic Arthritis)                                                                                                                    |
| OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG ( <i>apremilast</i> )                                      | PSP       | IBC (Preferred agent for Psoriasis and Psoriatic Arthritis)                                                                                                                    |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG ( <i>upadacitinib</i> )                                  | 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 ( <i>upadacitinib</i> )                                  | 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 ( <i>upadacitinib</i> )                                  | PSP       | IBC (Preferred agent for Ulcerative Colitis after failure of Humira)                                                                                                           |
| SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML ( <i>brodalumab</i> )                           | NF        |                                                                                                                                                                                |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML ( <i>golimumab</i> )                    | NF        |                                                                                                                                                                                |

| Prescription Drug Name                                                                             | Drug Tier | Drug Notes                                                                                                                                   |
|----------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------|
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML ( <i>golimumab</i> )        | NF        |                                                                                                                                              |
| SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML ( <i>risankizumab-rzaa</i> ) | PSP       | IBC (Preferred agent for Psoriasis and Psoriatic Arthritis)                                                                                  |
| SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML ( <i>risankizumab-rzaa</i> )             | PSP       | IBC (Preferred agent for Psoriasis and Psoriatic Arthritis)                                                                                  |
| SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML ( <i>risankizumab-rzaa</i> )                  | PSP       |                                                                                                                                              |
| SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>risankizumab-rzaa</i> )             | PSP       | IBC (Preferred agent for Psoriasis and Psoriatic Arthritis)                                                                                  |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML ( <i>ustekinumab</i> )                                   | 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 ( <i>ustekinumab</i> )       | PSP       | IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis)                                                |
| TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML ( <i>ixekizumab</i> )                           | 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 ( <i>ixekizumab</i> )                       | 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 ( <i>guselkumab</i> )                         | PSP       | IBC (Preferred agent for Psoriasis and Psoriatic Arthritis)                                                                                  |
| TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>guselkumab</i> )                    | PSP       | IBC (Preferred agent for Psoriasis and Psoriatic Arthritis)                                                                                  |

| Prescription Drug Name                                                                                                                                                                                             | Drug Tier | Drug Notes                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| XELJANZ ORAL SOLUTION 1 MG/ML ( <i>tofacitinib citrate</i> )                                                                                                                                                       | 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 ( <i>tofacitinib citrate</i> )                                                                                                                                                     | 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 ( <i>tofacitinib citrate</i> )                                                                                                                        | PSP       | IBC (Preferred agent for Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis after failure of Humira. Not covered for Psoriatic Arthritis, Ankylosing Spondylitis) |
| <b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS</b>                                                                                                                       |           |                                                                                                                                                                             |
| <i>hydroxychloroquine sulfate oral tablet 200 mg</i>                                                                                                                                                               | G         |                                                                                                                                                                             |
| <i>leflunomide oral tablet 10 mg, 20 mg</i>                                                                                                                                                                        | G         |                                                                                                                                                                             |
| <i>methotrexate sodium oral tablet 2.5 mg</i>                                                                                                                                                                      | G         |                                                                                                                                                                             |
| OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML ( <i>methotrexate (anti-rheumatic)</i> )                               | NF        |                                                                                                                                                                             |
| PLAQUENIL ORAL TABLET 200 MG ( <i>hydroxychloroquine sulfate</i> )                                                                                                                                                 | PB        |                                                                                                                                                                             |
| 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 ( <i>methotrexate (anti-rheumatic)</i> ) | PSP       |                                                                                                                                                                             |

| Prescription Drug Name                                                                                                                                                                               | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| 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 ( <i>methotrexate (anti-rheumatic)</i> ) | NF        |            |
| <b>HEREDITARY ANGIOEDEMA</b>                                                                                                                                                                         |           |            |
| BERINERT INTRAVENOUS KIT 500 UNIT ( <i>c1 esterase inhibitor (human)</i> )                                                                                                                           | NF        |            |
| CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT ( <i>c1 esterase inhibitor (human)</i> )                                                                                                         | NF        |            |
| FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML ( <i>icatibant acetate</i> )                                                                                                                                 | NPSP      |            |
| HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT ( <i>c1 esterase inhibitor (human)</i> )                                                                                           | NPSP      |            |
| <i>icatibant acetate subcutaneous solution 30 mg/3ml</i>                                                                                                                                             | G         |            |
| ORLADEYO ORAL CAPSULE 110 MG, 150 MG ( <i>berotralstat hcl</i> )                                                                                                                                     | PSP       |            |
| RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT ( <i>c1 esterase inhibitor (recomb)</i> )                                                                                                      | PSP       |            |
| TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML ( <i>lanadelumab-flyo</i> )                                                                                                                                | PSP       |            |
| TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML ( <i>lanadelumab-flyo</i> )                                                                                                              | PSP       |            |
| <b>IMMUNOGLOBULIN</b>                                                                                                                                                                                |           |            |
| ASCENIV INTRAVENOUS SOLUTION 5 GM/50ML ( <i>immune globulin (human)-slra</i> )                                                                                                                       | NF        |            |
| BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML ( <i>immune globulin (human)</i> )                                                                                                               | NPSP      |            |
| CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML, 1.65 GM/10ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML ( <i>immune globulin (human)-hipp</i> )                                                          | PSP       |            |
| CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML ( <i>immune globulin (human)</i> )                                                                               | NF        |            |
| CYTOGAM INTRAVENOUS INJECTABLE 50 MG/ML ( <i>cytomegalovirus immune glob</i> )                                                                                                                       | NPSP      |            |



| Prescription Drug Name                                                                                                                                                     | Drug Tier | Drug Notes |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| 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 ( <i>immune globulin (human)</i> ) | NPSP      |            |
| GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML ( <i>immune globulin (human)</i> )                                   | NPSP      |            |
| GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM ( <i>immune globulin (human)</i> )                                                                   | NPSP      |            |
| GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML ( <i>immune globulin (human)</i> )                                                              | NPSP      |            |
| GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML ( <i>immune globulin (human)</i> )                                | NPSP      |            |
| GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML ( <i>immune globulin (human)</i> )                                   | NPSP      |            |
| HEPAGAM B INJECTION SOLUTION 312 UNIT/ML ( <i>hepatitis b immune globulin</i> )                                                                                            | NPSP      |            |
| HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML ( <i>immune globulin (human)</i> )                                                               | NPSP      |            |
| HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML ( <i>immune globulin (human)</i> )                                                         | NPSP      |            |
| HYPERRAB INJECTION SOLUTION 900 UNIT/3ML ( <i>rabies immune globulin</i> )                                                                                                 | NF        |            |
| HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML ( <i>immune globulin-hyaluronidase</i> )                                             | NF        |            |
| OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 5 GM/100ML, 5 GM/50ML ( <i>immune globulin (human)</i> )            | NPSP      |            |
| OCTAGAM INTRAVENOUS SOLUTION 30 GM/300ML ( <i>immune globulin (human)</i> )                                                                                                | NPB       |            |
| PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML ( <i>immune globulin (human)-ifas</i> )                              | NF        |            |

| Prescription Drug Name                                                                                            | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------------------------------------|-----------|------------|
| PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML ( <i>immune globulin (human)</i> ) | NPSP      |            |
| RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML ( <i>rho d immune globulin</i> )                     | NPSP      |            |
| WINRHO SDF INJECTION SOLUTION 15000 UNIT/13ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML ( <i>rho d immune globulin</i> )  | NPSP      |            |
| XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML ( <i>immune globulin (human)-klhw</i> )  | NF        |            |
| <b>IMMUNOMODULATORS</b>                                                                                           |           |            |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML ( <i>interferon gamma-1b</i> )                                 | NPSP      |            |
| ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG ( <i>rilonacept</i> )                                         | NPSP      |            |
| INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 50000000 UNIT ( <i>interferon alfa-2b</i> )              | NPSP      |            |
| <b>IMMUNOSUPPRESSANTS</b>                                                                                         |           |            |
| ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG ( <i>tacrolimus</i> )                        | NPSP      |            |
| <i>azathioprine</i> (Azasan Oral Tablet 100 Mg, 75 Mg)                                                            | G         |            |
| <i>azathioprine oral tablet 50 mg</i>                                                                             | G         |            |
| BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG ( <i>belimumab</i> )                                   | NPSP      |            |
| BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML ( <i>belimumab</i> )                                       | NPSP      |            |
| BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML ( <i>belimumab</i> )                                   | NPSP      |            |
| CELLCEPT INTRAVENOUS INTRAVENOUS SOLUTION RECONSTITUTED 500 MG ( <i>mycophenolate mofetil hcl</i> )               | NPSP      |            |
| CELLCEPT ORAL CAPSULE 250 MG ( <i>mycophenolate mofetil</i> )                                                     | NPSP      |            |
| CELLCEPT ORAL SUSPENSION RECONSTITUTED 200 MG/ML ( <i>mycophenolate mofetil</i> )                                 | NPSP      |            |
| CELLCEPT ORAL TABLET 500 MG ( <i>mycophenolate mofetil</i> )                                                      | NPSP      |            |
| <i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>                                                    | G         |            |

| Prescription Drug Name                                                                      | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------------------------|-----------|------------|
| <i>cyclosporine modified oral solution 100 mg/ml</i>                                        | G         |            |
| <i>cyclosporine oral capsule 100 mg, 25 mg</i>                                              | G         |            |
| ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML ( <i>satralizumab-mwge</i> )     | PSP       |            |
| ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG ( <i>tacrolimus</i> )  | NPSP      |            |
| GAMIFANT INTRAVENOUS SOLUTION 10 MG/2ML, 100 MG/20ML, 50 MG/10ML ( <i>emapalumab-lzsg</i> ) | NPSP      |            |
| <i>cyclosporine modified</i> (Gengraf Oral Capsule 100 Mg, 25 Mg)                           | G         |            |
| <i>cyclosporine modified</i> (Gengraf Oral Solution 100 Mg/ML)                              | G         |            |
| <i>mycophenolate mofetil oral capsule 250 mg</i>                                            | G         |            |
| <i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>                        | G         |            |
| <i>mycophenolate mofetil oral tablet 500 mg</i>                                             | G         |            |
| <i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>                      | G         |            |
| MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG, 360 MG ( <i>mycophenolate sodium</i> )         | NPSP      |            |
| PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG ( <i>tacrolimus</i> )                               | NPSP      |            |
| PROGRAF ORAL PACKET 0.2 MG, 1 MG ( <i>tacrolimus</i> )                                      | NPSP      |            |
| RAPAMUNE ORAL SOLUTION 1 MG/ML ( <i>sirolimus</i> )                                         | NPSP      |            |
| RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG ( <i>sirolimus</i> )                                | NPSP      |            |
| REZUROCK ORAL TABLET 200 MG ( <i>belumosudil mesylate</i> )                                 | NF        |            |
| SANDIMMUNE ORAL SOLUTION 100 MG/ML ( <i>cyclosporine</i> )                                  | NPSP      |            |
| <i>sirolimus oral solution 1 mg/ml</i>                                                      | G         |            |
| <i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>                                             | G         |            |
| <i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>                                           | G         |            |
| UPLIZNA INTRAVENOUS SOLUTION 100 MG/10ML ( <i>inebilizumab-cdon</i> )                       | NF        |            |
| ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG ( <i>everolimus</i> )                   | NPSP      |            |
| <b>MISCELLANEOUS</b>                                                                        |           |            |
| ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML ( <i>canakinumab</i> )                               | NPSP      |            |

| Prescription Drug Name                                                                     | Drug Tier | Drug Notes |
|--------------------------------------------------------------------------------------------|-----------|------------|
| SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML ( <i>palivizumab</i> )               | NPSP      |            |
| <b>MEDICAL DEVICES</b>                                                                     |           |            |
| <b>THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS</b>                                   |           |            |
| <i>d-xylose powder</i>                                                                     | NPB       |            |
| GLEOLAN ORAL SOLUTION RECONSTITUTED 1.5 GM ( <i>aminolevulinic acid hcl</i> )              | NPB       |            |
| <b>NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS</b>                                  |           |            |
| <b>ELECTROLYTES</b>                                                                        |           |            |
| <i>potassium bicarbonate</i> (Effer-K Oral Tablet Effervescent 25 Meq)                     | G         |            |
| <i>fluoritab oral solution 0.275 (0.125 f) mg/drop</i>                                     | CE        |            |
| <i>potassium chloride</i> (Klor-Con 10 Oral Tablet Extended Release 10 Meq)                | G         |            |
| <i>potassium chloride crys er</i> (Klor-Con M10 Oral Tablet Extended Release 10 Meq)       | G         |            |
| <i>potassium chloride crys er</i> (Klor-Con M15 Oral Tablet Extended Release 15 Meq)       | G         |            |
| <i>potassium chloride crys er</i> (Klor-Con M20 Oral Tablet Extended Release 20 Meq)       | G         |            |
| <i>potassium chloride</i> (Klor-Con Oral Packet 20 Meq)                                    | G         |            |
| <i>potassium chloride</i> (Klor-Con Oral Tablet Extended Release 8 Meq)                    | G         |            |
| <i>potassium bicarbonate</i> (Klor-Con/Ef Oral Tablet Effervescent 25 Meq)                 | G         |            |
| K-PHOS ORAL TABLET 500 MG ( <i>potassium phosphate monobasic</i> )                         | NPB       |            |
| <i>potassium bicarbonate</i> (K-Prime Oral Tablet Effervescent 25 Meq)                     | G         |            |
| K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ ( <i>potassium chloride</i> )                    | PB        |            |
| <i>sodium fluoride</i> (Nafrinse Drops Oral Solution 0.275 (0.125 F) Mg/Drop)              | CE        |            |
| <i>k phos mono-sod phos di &amp; mono</i> (Phospha 250 Neutral Oral Tablet 155-852-130 Mg) | G         |            |
| <i>phosphorous oral tablet 155-852-130 mg</i>                                              | G         |            |

| Prescription Drug Name                                                                          | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------------------|-----------|------------|
| <i>k phos mono-sod phos di &amp; mono</i> (Phospho-Trin 250 Neutral Oral Tablet 155-852-130 Mg) | G         |            |
| <i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>                   | G         |            |
| <i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>                        | G         |            |
| <i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>                 | G         |            |
| <i>potassium chloride oral packet 20 meq</i>                                                    | G         |            |
| <i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>                    | G         |            |
| <i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>                                          | CE        |            |
| <i>sodium fluoride oral tablet 1.1 (0.5 f) mg</i>                                               | CE        |            |
| <i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg</i>                    | CE        |            |
| <b>PRENATAL VITAMINS</b>                                                                        |           |            |
| ATABEX EC ORAL TABLET DELAYED RELEASE 29-1 MG ( <i>prenatal vit-dss-fe cbn-fa</i> )             | NF        |            |
| ATABEX OB ORAL TABLET 29-1 MG ( <i>prenatal vit w/ fe bisg-fa</i> )                             | NF        |            |
| <i>azesco oral tablet 13-1 mg</i>                                                               | NF        |            |
| <i>cadeau dha oral capsule 29-0.4-0.8-375 mg</i>                                                | NF        |            |
| CITRANATAL 90 DHA ORAL 90-1 & 300 MG ( <i>prenat w/o a-fecbgl-dss-fa-dha</i> )                  | NF        |            |
| CITRANATAL ASSURE ORAL 35-1 & 300 MG ( <i>prenat w/o a-fecbgl-dss-fa-dha</i> )                  | NF        |            |
| CITRANATAL B-CALM ORAL 20-1 MG & 2 X 25 MG ( <i>prenat w/o a fecbnfeglu-fa &amp;b6</i> )        | NF        |            |
| CITRANATAL BLOOM ORAL TABLET 90-1 MG ( <i>prenatal-dss-fecb-fegl-fa</i> )                       | NF        |            |
| CITRANATAL DHA ORAL 27-1 & 250 MG ( <i>prenat w/o a-fecbgl-dss-fa-dha</i> )                     | NF        |            |
| CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG ( <i>prenat-fefmcb-dss-fa-dha w/o a</i> )           | NF        |            |
| <i>c-nate dha oral capsule 28-1-200 mg</i>                                                      | NF        |            |
| <i>complete natal dha oral 29-1-200 &amp; 200 mg</i>                                            | NF        |            |
| <i>completenate oral tablet chewable 29-1 mg</i>                                                | NF        |            |

| Prescription Drug Name                                                          | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------------|-----------|------------|
| CO-NATAL FA ORAL TABLET ( <i>prenatal vit-fe fumarate-fa</i> )                  | NF        |            |
| CONCEPT DHA ORAL CAPSULE 53.5-38-1 MG ( <i>prenat-fefum-fepo-fa-omega 3</i> )   | NF        |            |
| CONCEPT OB ORAL CAPSULE 130-92.4-1 MG ( <i>prenat wlo a vit-fefum-fepo-fa</i> ) | NF        |            |
| <i>cvs prenatal gummy oral tablet chewable 0.4-25 mg</i>                        | NF        |            |
| DERMACINRX PRETRATE ORAL TABLET 1 MG ( <i>prenatal multivit-min-fe-fa</i> )     | NF        |            |
| DUET DHA 400 ORAL 25-1 & 400 MG ( <i>prenat-fepoly-fered-fa-omega 3</i> )       | NF        |            |
| DUET DHA BALANCED ORAL 25-1 & 267 MG ( <i>prenat-fepoly-fered-fa-omega 3</i> )  | NF        |            |
| ENBRACE HR ORAL CAPSULE ( <i>prenat vit-fe gly cys-fa-omega</i> )               | NF        |            |
| FOLIVANE-OB ORAL CAPSULE 85-1 MG ( <i>prenat wlo a vit-fefum-fepo-fa</i> )      | NF        |            |
| INATAL GT ORAL TABLET ( <i>prenatal vit-dss-fe cbn-fa</i> )                     | G         |            |
| <i>jenliva prenatal/postnatal oral capsule 1 mg</i>                             | NF        |            |
| <i>kosher prenatal plus iron oral tablet 30-1 mg</i>                            | NF        |            |
| <i>m-natal plus oral tablet 27-1 mg</i>                                         | NF        |            |
| <i>multi-mac oral tablet 15-0.75-1 mg</i>                                       | NF        |            |
| NATACHEW ORAL TABLET CHEWABLE 28-1 MG ( <i>prenatal vit-fe fum-fe bisg-fa</i> ) | NF        |            |
| NATALVIT ORAL TABLET ( <i>prenatal vit-fe fumarate-fa</i> )                     | NF        |            |
| NEEVO DHA ORAL CAPSULE 27-1.13 MG ( <i>prenat wloa-fefum-methf-omegas</i> )     | NF        |            |
| <i>neonatal + dha oral 29-1 &amp; 200 mg</i>                                    | NF        |            |
| <i>neonatal 19 oral tablet 1 mg</i>                                             | NF        |            |
| <i>neonatal complete oral tablet 27-1 mg, 29-1 mg</i>                           | NF        |            |
| <i>neonatal fe oral tablet 90-1 mg</i>                                          | NF        |            |
| NEONATAL PLUS ORAL TABLET 27-1 MG ( <i>prenatal vit-fe fumarate-fa</i> )        | NF        |            |
| NESTABS DHA ORAL 32-1 MG ( <i>prenat-wloa-fe bisgly-fa-omega</i> )              | NF        |            |
| NESTABS ONE ORAL CAPSULE 38-1-225 MG ( <i>prenat-fe-methylfol-dha wlo a</i> )   | NF        |            |



| Prescription Drug Name                                                                          | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------------------|-----------|------------|
| NESTABS ORAL TABLET 32-1 MG ( <i>prenat-fe bisgly-fa-w/o vit a</i> )                            | NF        |            |
| NIVA-PLUS ORAL TABLET 27-1 MG ( <i>prenatal vit-fe fumarate-fa</i> )                            | NF        |            |
| OB COMPLETE ONE ORAL CAPSULE 50-1-476 MG ( <i>prenat-fecbn-feasppl-fa-fish</i> )                | NF        |            |
| OB COMPLETE ORAL TABLET 50-1.25 MG ( <i>prenatal vit-iron carbonyl-fa</i> )                     | NF        |            |
| OB COMPLETE PETITE ORAL CAPSULE 35-5-1-200 MG ( <i>prenat-fecbn-feasppl-fa-omega</i> )          | NF        |            |
| OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG ( <i>prenatal-fe cbn-fe asp gly-fa</i> )             | NF        |            |
| OB COMPLETE/DHA ORAL CAPSULE 30-10-1-200 MG ( <i>prenat-fecbn-feasppl-fa-omega</i> )            | NF        |            |
| OBSTETRIX DHA ORAL 29-1 & 387 MG ( <i>prenatal-fecbn-fa-dss-omega 3</i> )                       | NF        |            |
| OBSTETRIX EC ORAL TABLET 29-1 MG ( <i>prenatal vit-dss-fe cbn-fa</i> )                          | NF        |            |
| OBSTETRIX ONE ORAL CAPSULE 38-1-225 MG ( <i>prenat-fe-methyl-dss-dha w/o a</i> )                | NF        |            |
| ONE A DAY PRENATAL ORAL TABLET CHEWABLE 0.4-25 MG ( <i>prenatal mv &amp; min w/fd-dha</i> )     | NF        |            |
| <i>one vite womens plus oral tablet 27-1 mg</i>                                                 | NF        |            |
| ONE-A-DAY WOMENS PRENATAL 1 ORAL CAPSULE 28-0.8-235 MG ( <i>prenat-fe carbonyl-fa-omega 3</i> ) | NF        |            |
| <i>pnv tabs 20-1 oral tablet 20-1 mg</i>                                                        | NF        |            |
| <i>pnv-dha oral capsule 27-0.6-0.4-300 mg</i>                                                   | G         |            |
| <i>pnv-dha+docusate oral capsule 27-1.25-300 mg</i>                                             | NF        |            |
| <i>pnv-omega oral capsule 28-0.6-0.4-340 mg</i>                                                 | NF        |            |
| <i>pnv-select oral tablet 27-0.6-0.4 mg</i>                                                     | G         |            |
| <i>pregen dha oral capsule 28-1-35 mg</i>                                                       | NF        |            |
| <i>pregenna oral tablet 20-1 mg</i>                                                             | NF        |            |
| PREMESISRX ORAL TABLET 1 MG ( <i>prenatal ca-b6-b12-fa-ginger</i> )                             | NF        |            |
| <i>prena 1 true oral 30-1.4 &amp; 300 mg</i>                                                    | NF        |            |
| <i>prenal oral tablet chewable 1.4 mg</i>                                                       | NF        |            |
| <i>prenal pearl oral capsule extended release 30-1.4-200 mg</i>                                 | NF        |            |
| <i>prenaissance oral capsule 29-1.25-325 mg</i>                                                 | NF        |            |

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|--------------------------------------------------------------------------------------------|-----------|------------|
| <i>prenaissance plus oral capsule 28-1-250 mg</i>                                          | NF        |            |
| PRENATABS RX ORAL TABLET 29-1 MG ( <i>prenatal vit-iron carbonyl-fa</i> )                  | G         |            |
| <i>prenatal + complete multi oral therapy pack 0.267 &amp; 373 mg</i>                      | NF        |            |
| <i>prenatal 19 oral tablet</i>                                                             | NPB       |            |
| <i>prenatal 19 oral tablet 29-1 mg</i>                                                     | NF        |            |
| <i>prenatal 19 oral tablet chewable</i>                                                    | G         |            |
| <i>prenatal 19 oral tablet chewable 29-1 mg</i>                                            | NF        |            |
| <i>prenatal gummies/dha &amp; fa oral tablet chewable 0.4-32.5 mg</i>                      | NF        |            |
| <i>prenatal multi +dha oral capsule 27-0.8-200 mg</i>                                      | NF        |            |
| <i>prenatal oral tablet 27-1 mg</i>                                                        | NF        |            |
| <i>prenatal plus oral tablet 27-1 mg</i>                                                   | NF        |            |
| <i>prenatal vitamin plus low iron oral tablet 27-1 mg</i>                                  | NF        |            |
| PRENATAL-U ORAL CAPSULE 106.5-1 MG ( <i>prenatal w/o a vit-fe fum-fa</i> )                 | NF        |            |
| PRENATE AM ORAL TABLET 1 MG ( <i>prenatal ca-b6-b12-fa-ginger</i> )                        | NF        |            |
| PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG ( <i>prenat-feasp-meth-fa-dha w/o a</i> )       | NF        |            |
| PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG ( <i>prenatal-feaspgly-methylfol-fa</i> )          | NF        |            |
| PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG ( <i>prenat w/o a-fe-methfol-fa-dha</i> )   | NF        |            |
| PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG ( <i>prenat-feasp-meth-fa-dha w/o a</i> ) | NF        |            |
| PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG ( <i>prenat-fecbn-feasp-meth-fa-dha</i> )      | NF        |            |
| PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG ( <i>prenat mv-min-methylfolate-fa</i> )           | NF        |            |
| PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG ( <i>prenat-feasp-meth-fa-dha w/o a</i> )     | NF        |            |
| PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG ( <i>prenat w/o a-fe-methfol-fa-dha</i> )   | NF        |            |
| PRENATRIX ORAL TABLET 27-1 MG ( <i>prenatal vit-fe fumarate-fa</i> )                       | NF        |            |
| PRENATRYL ORAL TABLET 27-1 MG ( <i>prenatal vit-fe fumarate-fa</i> )                       | NF        |            |
| <i>prenatvite complete oral tablet 1 mg</i>                                                | NF        |            |

| Prescription Drug Name                                                                 | Drug Tier | Drug Notes |
|----------------------------------------------------------------------------------------|-----------|------------|
| <i>prenatvite plus oral tablet 1 mg</i>                                                | NF        |            |
| <i>prenatvite rx oral tablet 0.8 mg</i>                                                | NF        |            |
| PRIMACARE ORAL CAPSULE 30-1-470 MG ( <i>pren-fe-meth-fa-omeg w/o a</i> )               | NF        |            |
| PROVIDA OB ORAL CAPSULE 20-20-1.25 MG ( <i>prenat w/o a vit-fefum-fepo-fa</i> )        | NF        |            |
| <i>relnate dha oral capsule 28-1-200 mg</i>                                            | NF        |            |
| SELECT-OB ORAL TABLET CHEWABLE 29-0.6-0.4 MG ( <i>prenat vit-fepoly-methylfol-fa</i> ) | NF        |            |
| SELECT-OB ORAL TABLET CHEWABLE 29-1 MG ( <i>prenatal vit-fe psac cmplx-fa</i> )        | NF        |            |
| SELECT-OB+DHA ORAL 29-1 & 250 MG ( <i>prenatal vit-fepoly-fa-dha</i> )                 | NF        |            |
| <i>se-natal 19 oral tablet 29-1 mg</i>                                                 | NF        |            |
| <i>se-natal 19 oral tablet chewable 29-1 mg</i>                                        | NF        |            |
| TARON-C DHA ORAL CAPSULE 35-1 MG ( <i>prenat-fefum-fepo-fa-omega 3</i> )               | NF        |            |
| THERANATAL ONE ORAL CAPSULE 27-1-300 MG ( <i>prenatal-fefum-fa-dha w/o a</i> )         | NF        |            |
| <i>thrivite rx oral tablet 29-1 mg</i>                                                 | NF        |            |
| TRICARE ORAL TABLET ( <i>prenatal vit-fe fumarate-fa</i> )                             | NF        |            |
| <i>trinatal rx 1 oral tablet 60-1 mg</i>                                               | NF        |            |
| TRINATE ORAL TABLET ( <i>prenatal vit-fe fumarate-fa</i> )                             | G         |            |
| <i>tristart dha oral capsule 31-0.6-0.4-200 mg</i>                                     | NF        |            |
| TRISTART FREE ORAL CAPSULE 33-1 MG ( <i>prenat w/o a-fecbn-meth-fa-dha</i> )           | NF        |            |
| TRISTART ONE ORAL CAPSULE 35-1-215 MG ( <i>prenat w/o a-fecbn-meth-fa-dha</i> )        | NF        |            |
| VINATE DHA RF ORAL CAPSULE 27-1.13 MG ( <i>prenat w/oa-fefum-methf-omegas</i> )        | NF        |            |
| VINATE II ORAL TABLET 29-1 MG ( <i>prenatal vit wl fe bisg-fa</i> )                    | NF        |            |
| VINATE ONE ORAL TABLET 60-1 MG ( <i>prenatal vit-fe fumarate-fa</i> )                  | NF        |            |
| <i>virt-nate dha oral capsule 28-1-200 mg</i>                                          | NF        |            |
| <i>virt-pn dha oral capsule 27-0.6-0.4-300 mg</i>                                      | NF        |            |
| VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG ( <i>prenat-fe poly-methfol-fa-dha</i> )    | NF        |            |

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|--------------------------------------------------------------------------------------------------|-----------|------------|
| VITAFOL GUMMIES ORAL TABLET CHEWABLE 3.33-0.333-34.8 MG ( <i>prenatal vit-fe phos-fa-omega</i> ) | NF        |            |
| VITAFOL STRIPS ORAL FILM 1 MG ( <i>prenatal-b6-b12-d3-folic acid</i> )                           | NF        |            |
| VITAFOL ULTRA ORAL CAPSULE 29-0.6-0.4-200 MG ( <i>prenat-fe poly-methfol-fa-dha</i> )            | NF        |            |
| VITAFOL-NANO ORAL TABLET 18-0.6-0.4 MG ( <i>prenatal-fe fum-methf-fa wlo a</i> )                 | NF        |            |
| VITAFOL-OB ORAL TABLET ( <i>prenatal vit-fe fumarate-fa</i> )                                    | NF        |            |
| VITAFOL-OB+DHA ORAL 65-1 & 250 MG ( <i>prenatal mv-min-fe fum-fa-dha</i> )                       | NF        |            |
| VITAFOL-ONE ORAL CAPSULE 29-1-200 MG ( <i>prenatal vit-fepoly-fa-dha</i> )                       | NF        |            |
| VITAMEDMD REDICHEW RX ORAL TABLET CHEWABLE 1.4 MG ( <i>prenat-b2-b6-b12-d3-fa</i> )              | NF        |            |
| VITAPEARL ORAL CAPSULE EXTENDED RELEASE 30-1.4-200 MG ( <i>prenat-fefum-fered-fa-dha wloa</i> )  | NF        |            |
| VITATHELY WITH GINGER ORAL TABLET 27-1 MG ( <i>prenatal vit-fe fumarate-fa</i> )                 | NF        |            |
| VITATRUE ORAL 30-1.4 & 300 MG ( <i>prenat-fechel-fa-dha wlo vit a</i> )                          | NF        |            |
| VIVA DHA ORAL CAPSULE 28-1-200 MG ( <i>prenatal vit-fe fum-fa-omega</i> )                        | 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 ( <i>prenat wlo a-fe-methfol-fa-dha</i> )           | NF        |            |
| ziphex oral tablet 13-1 mg                                                                       | NF        |            |
| <b>VITAMINS - VITAMINS AND SUPPLEMENTS</b>                                                       |           |            |
| active fe oral tablet 75-1.25 mg                                                                 | NPB       |            |
| activite oral tablet 1 mg                                                                        | NF        |            |
| adelf (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         |            |

| Prescription Drug Name                                                                 | Drug Tier | Drug Notes |
|----------------------------------------------------------------------------------------|-----------|------------|
| AMLADEX ORAL TABLET ( <i>multiple vitamin</i> )                                        | NF        |            |
| ASCOR INTRAVENOUS SOLUTION 25000 MG/50ML ( <i>ascorbic acid</i> )                      | NF        |            |
| ASTAMED MYO ORAL CAPSULE ( <i>astaxanthin-tocotrienol-zn-d3</i> )                      | NF        |            |
| <i>b-6 folic acid oral capsule 8.333-100-1 mg</i>                                      | NPB       |            |
| <i>biocel oral tablet</i>                                                              | G         |            |
| <i>bp vit 3 oral capsule 1 mg</i>                                                      | NPB       |            |
| <i>b-plex oral tablet</i>                                                              | G         |            |
| <i>b-plex plus oral tablet</i>                                                         | G         |            |
| CALCIFOL ORAL WAFER 1342-1.6 MG ( <i>ca carb-fa-d-b6-b12-boron-mg</i> )                | NPB       |            |
| <i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>                                       | G         |            |
| <i>calcitriol oral solution 1 mcg/ml</i>                                               | G         |            |
| CENFOL ORAL TABLET 2.3-24.5-2 MG ( <i>folic acid-vit b6-vit b12</i> )                  | NPB       |            |
| CIFEREX ORAL CAPSULE 1-3775 MG-UNIT ( <i>folic acid-cholecalciferol</i> )              | NPB       |            |
| CORVITE 150 ORAL TABLET ( <i>iron combinations</i> )                                   | NPB       |            |
| <i>corvite fe oral tablet</i>                                                          | NPB       |            |
| <i>cvs folic acid oral tablet 800 mcg</i>                                              | CE        |            |
| <i>cyanocobalamin injection solution 1000 mcg/ml</i>                                   | G         |            |
| DERMACINRX DOTREM IN ORAL TABLET 1-10000 MG-UNIT ( <i>folic acid-cholecalciferol</i> ) | NF        |            |
| <i>b complex-c-folic acid (Dexifol Oral Tablet 5 Mg)</i>                               | NF        |            |
| <i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>                            | G         |            |
| DRISDOL ORAL CAPSULE 1.25 MG (50000 UT) ( <i>ergocalciferol</i> )                      | NPB       |            |
| ELFOLATE PLUS ORAL TABLET 3-35-2 MG ( <i>l-methylfolate-b6-b12</i> )                   | NF        |            |
| <i>ergocalciferol oral capsule 1.25 mg (50000 ut)</i>                                  | G         |            |
| FA-8 ORAL CAPSULE 0.8 MG ( <i>folic acid</i> )                                         | CE        |            |
| <i>fabb oral tablet 2.2-25-1 mg</i>                                                    | G         |            |
| <i>fa-vitamin b-6-vitamin b-12 oral tablet 2.2-25-0.5 mg</i>                           | G         |            |
| <i>ferocon oral capsule</i>                                                            | G         |            |
| <i>ferotinsic oral capsule</i>                                                         | G         |            |

| Prescription Drug Name                                                                     | Drug Tier | Drug Notes |
|--------------------------------------------------------------------------------------------|-----------|------------|
| <i>fe fum-fa-b cmp-c-zn-mg-mn-cu</i> (Ferrocite Plus Oral Tablet 106-1 Mg)                 | G         |            |
| FLORIVA ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG ( <i>ped multiple vit-minerals-fl</i> ) | NPB       |            |
| FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML ( <i>pediatric multivitamins-fl</i> )                | NPB       |            |
| <i>folagent dha oral capsule</i>                                                           | NF        |            |
| <i>folbee oral tablet 2.5-25-1 mg</i>                                                      | G         |            |
| <i>folbee plus oral tablet</i>                                                             | G         |            |
| FOLDITAM ORAL TABLET 1-10000 MG-UNIT ( <i>folic acid-cholecalciferol</i> )                 | NF        |            |
| <i>folic acid injection solution 5 mg/ml</i>                                               | G         |            |
| <i>folic acid oral capsule 0.8 mg</i>                                                      | CE        |            |
| FOLI-D ORAL TABLET 1-2000 MG-UNIT ( <i>folic acid-cholecalciferol</i> )                    | NF        |            |
| <i>folite oral tablet</i>                                                                  | NF        |            |
| <i>folplex 2.2 oral tablet 2.2-25-0.5 mg</i>                                               | G         |            |
| <i>foltrin oral capsule</i>                                                                | G         |            |
| <i>folic acid-cholecalciferol</i> (Folvite-D Oral Tablet 1-3775 Mg-Unit)                   | NF        |            |
| FOSTEUM ORAL CAPSULE 27-20-200 MG-MG-UNIT ( <i>genistein-zn chelate-vit d</i> )            | NF        |            |
| FOSTEUM PLUS ORAL CAPSULE ( <i>dietary management product</i> )                            | NF        |            |
| FUSION PLUS ORAL CAPSULE ( <i>iron-fa-b cmp-c-biot-probiotic</i> )                         | NPB       |            |
| GENICIN VITA-D ORAL TABLET 1-3775 MG-UNIT ( <i>folic acid-cholecalciferol</i> )            | NF        |            |
| GENICIN VITA-Q ORAL TABLET ( <i>multiple vitamin</i> )                                     | NF        |            |
| <i>b complex-c-folic acid</i> (Genicin Vita-S Oral Tablet 1 Mg)                            | NF        |            |
| <i>hematinic plus vit/minerals oral tablet 106-1 mg</i>                                    | G         |            |
| HEMOCYTE PLUS ORAL CAPSULE 106-1 MG ( <i>fe fum-fa-b cmp-c-zn-mg-mn-cu</i> )               | NPB       |            |
| <i>hylavite oral tablet</i>                                                                | NF        |            |
| ICAR-C PLUS ORAL TABLET 100-250-0.025-1 MG ( <i>iron-vit c-vit b12-folic acid</i> )        | NF        |            |
| <i>iron polysacch cmplx-b12-fa</i> (IfereX 150 Forte Oral Capsule 150-25-1 Mg-Mcg-Mg)      | G         |            |



| Prescription Drug Name                                                   | Drug Tier | Drug Notes |
|--------------------------------------------------------------------------|-----------|------------|
| INFUVITE ADULT INTRAVENOUS INJECTABLE<br>(multiple vitamin)              | NPB       |            |
| INFUVITE PEDIATRIC INTRAVENOUS SOLUTION<br>(pediatric multiple vitamins) | NPB       |            |
| INJECTAFER INTRAVENOUS SOLUTION 100 MG/2ML<br>(ferric carboxymaltose)    | NPB       |            |
| 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       |            |
| multi-pro 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 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       |            |

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|-------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>multiple vitamins-minerals</i> (Nutrifac Zx Oral Tablet)                                           | G         |            |
| <i>onevite oral tablet</i>                                                                            | NPB       |            |
| <i>ortho df oral capsule 1-3775 mg-unit</i>                                                           | NF        |            |
| <i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>                                                  | G         |            |
| <i>phytonadione injection solution 1 mg/0.5ml, 10 mg/ml</i>                                           | G         |            |
| <i>phytonadione oral tablet 5 mg</i>                                                                  | G         |            |
| <i>poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg</i>                                            | G         |            |
| <i>polysaccharide iron forte oral capsule 150-25-1 mg-mcg-mg</i>                                      | G         |            |
| POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML<br>( <i>pediatric multivitamins-fl</i> )                      | NPB       |            |
| POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG,<br>0.5 MG, 1 MG ( <i>pediatric multivitamins-fl</i> )      | NPB       |            |
| POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7<br>MG/ML ( <i>ped multivitamins-fl-iron</i> )                | NPB       |            |
| POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-<br>10 MG ( <i>ped multivitamins-fl-iron</i> )             | NPB       |            |
| <i>pro-critic oral packet</i>                                                                         | NPB       |            |
| <i>pyridoxine hcl injection solution 100 mg/ml</i>                                                    | G         |            |
| QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG<br>( <i>multi vit-min-fluoride-fe-fa</i> )                    | NF        |            |
| QUFLORA FE PEDIATRIC ORAL LIQUID 0.25-9.5<br>MG/ML ( <i>ped multivitamins-fl-iron</i> )               | NF        |            |
| QUFLORA GUMMIES ORAL TABLET CHEWABLE<br>0.125 MG ( <i>pediatric multivitamins-fl</i> )                | NF        |            |
| QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML,<br>0.5 MG/ML ( <i>pediatric multivitamins-fl</i> )        | NPB       |            |
| QUFLORA PEDIATRIC ORAL TABLET CHEWABLE<br>0.25 MG, 0.5 MG, 1 MG ( <i>pediatric multivitamins-fl</i> ) | NPB       |            |
| <i>reno caps oral capsule 1 mg</i>                                                                    | G         |            |
| RHEUMATE ORAL CAPSULE ( <i>dietary management<br/>product</i> )                                       | NF        |            |
| <i>sm folic acid oral tablet 400 mcg</i>                                                              | CE        |            |
| STROVITE FORTE ORAL SYRUP ( <i>multiple vitamins-<br/>minerals</i> )                                  | NPB       |            |
| TALIVA ORAL CAPSULE 1 MG ( <i>fa-b6-b12-omega 3-<br/>phytosterols</i> )                               | NF        |            |
| TOBAKIENT ORAL CAPSULE ( <i>dietary management<br/>product</i> )                                      | NF        |            |

| Prescription Drug Name                                               | Drug Tier | Drug Notes |
|----------------------------------------------------------------------|-----------|------------|
| <i>fe fumarate-b12-vit c-fa-ifc</i> (Tricon Oral Capsule)            | G         |            |
| <i>tri-vitelfluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>         | G         |            |
| <i>tronvite oral tablet 1 mg</i>                                     | NF        |            |
| UDAMIN SP ORAL TABLET ( <i>multiple vitamins-minerals</i> )          | NPB       |            |
| VASCULERA ORAL TABLET ( <i>dietary management product</i> )          | NF        |            |
| <i>vb6 p5p oral powder</i>                                           | NF        |            |
| <i>v-c forte oral capsule</i>                                        | G         |            |
| <i>multiple vitamins-minerals</i> (Vic-Forte Oral Capsule)           | G         |            |
| <i>virt-caps oral capsule 1 mg</i>                                   | G         |            |
| <i>folic acid-vit b6-vit b12</i> (Virt-Gard Oral Tablet 2.2-25-1 Mg) | G         |            |
| <i>multiple vitamins-minerals</i> (Vita S Forte Oral Tablet)         | G         |            |
| <i>multiple vitamins-minerals</i> (Vitacel Oral Tablet)              | G         |            |
| VITAMEZ ORAL CAPSULE 1 MG ( <i>fa-b6-b12-omega 3-phytosterols</i> )  | NPB       |            |
| <i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>    | G         |            |
| <i>vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml</i>            | G         |            |
| <i>vita-min oral capsule</i>                                         | G         |            |
| <i>vitamins acd-fluoride oral solution 0.25 mg/ml</i>                | G         |            |
| <i>vitasure oral tablet 1 mg</i>                                     | NF        |            |
| <i>vp-vite rx oral tablet 1 mg</i>                                   | G         |            |
| <i>westab max oral tablet 2.5-25-2 mg</i>                            | NPB       |            |
| <i>xvite oral tablet 1 mg</i>                                        | NF        |            |
| <i>xyzbac oral tablet</i>                                            | NF        |            |
| <i>yl folic acid oral tablet 400 mcg</i>                             | CE        |            |
| <b>OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS</b>                    |           |            |
| <b>ANTIALLERGICS - DRUGS TO TREAT ALLERGIES</b>                      |           |            |
| ALOCRILOPHTHALMIC SOLUTION 2 % ( <i>nedocromil sodium</i> )          | NPB       |            |
| ALOMIDE OPHTHALMIC SOLUTION 0.1 % ( <i>lodoxamide tromethamine</i> ) | NPB       |            |
| <i>azelastine hcl ophthalmic solution 0.05 %</i>                     | G         |            |
| BEPREVE OPHTHALMIC SOLUTION 1.5 % ( <i>bepotastine besilate</i> )    | NF        |            |
| <i>cromolyn sodium ophthalmic solution 4 %</i>                       | G         |            |
| <i>epinastine hcl ophthalmic solution 0.05 %</i>                     | G         |            |

| Prescription Drug Name                                                           | Drug Tier | Drug Notes |
|----------------------------------------------------------------------------------|-----------|------------|
| <i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>                          | G         |            |
| ZERVIAE OPHTHALMIC SOLUTION 0.24 % ( <i>cetirizine hcl</i> )                     | NF        |            |
| <b>ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA</b>                                    |           |            |
| ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % ( <i>brimonidine tartrate</i> )             | PB        |            |
| <i>apraclonidine hcl ophthalmic solution 0.5 %</i>                               | G         |            |
| AZOPT OPHTHALMIC SUSPENSION 1 % ( <i>brinzolamide</i> )                          | NPB       |            |
| <i>betaxolol hcl ophthalmic solution 0.5 %</i>                                   | G         |            |
| BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 % ( <i>timolol hemihydrate</i> )         | NF        |            |
| BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % ( <i>betaxolol hcl</i> )                 | PB        |            |
| <i>bimatoprost ophthalmic solution 0.03 %</i>                                    | NF        |            |
| <i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>                    | G         |            |
| <i>brinzolamide ophthalmic suspension 1 %</i>                                    | G         |            |
| <i>carteolol hcl ophthalmic solution 1 %</i>                                     | G         |            |
| COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % ( <i>brimonidine tartrate-timolol</i> )   | PB        |            |
| COSOPT OPHTHALMIC SOLUTION 22.3-6.8 MG/ML ( <i>dorzolamide hcl-timolol mal</i> ) | NPB       |            |
| <i>dorzolamide hcl ophthalmic solution 2 %</i>                                   | NPB       |            |
| <i>dorzolamide hcl solution 2 % ophthalmic 2 %</i>                               | NPB       |            |
| <i>dorzolamide hcl solution 2 % ophthalmic 2 %</i>                               | G         |            |
| <i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>            | G         |            |
| <i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>                | G         |            |
| DURYSTA INTRAOCULAR IMPLANT 10 MCG ( <i>bimatoprost</i> )                        | NF        |            |
| IOPIDINE OPHTHALMIC SOLUTION 1 % ( <i>apraclonidine hcl</i> )                    | NPB       |            |
| <i>latanoprost ophthalmic solution 0.005 %</i>                                   | G         |            |
| <i>levobunolol hcl ophthalmic solution 0.5 %</i>                                 | G         |            |
| LUMIGAN OPHTHALMIC SOLUTION 0.01 % ( <i>bimatoprost</i> )                        | PB        |            |
| <i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>                         | G         |            |
| RHOPRESSA OPHTHALMIC SOLUTION 0.02 % ( <i>netarsudil dimesylate</i> )            | PB        |            |

| Prescription Drug Name                                                                   | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------|-----------|------------|
| ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %<br>(netarsudil-latanoprost)                   | NF        |            |
| SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %<br>(brinzolamide-brimonidine)                    | PB        |            |
| 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<br>%, 0.5 % (timolol maleate)                  | NF        |            |
| TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %<br>(timolol maleate)                          | NPB       |            |
| TRAVATAN Z OPHTHALMIC SOLUTION 0.004 %<br>(travoprost)                                   | NF        |            |
| travoprost (bak free) ophthalmic solution 0.004 %                                        | G         |            |
| TRUSOPT OPHTHALMIC SOLUTION 2 % (dorzolamide<br>hcl)                                     | NPB       |            |
| VYZULTA OPHTHALMIC SOLUTION 0.024 %<br>(latanoprostene bunod)                            | NPB       |            |
| XALATAN OPHTHALMIC SOLUTION 0.005 %<br>(latanoprost)                                     | NPB       |            |
| XELPROS OPHTHALMIC EMULSION 0.005 %<br>(latanoprost)                                     | NF        |            |
| ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %<br>(tafluprost)                                     | PB        |            |
| <b>ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS<br/>TO TREAT INFECTIONS AND INFLAMMATION</b> |           |            |
| bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %                                    | G         |            |
| BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2<br>% (sulfacetamide-prednisolone)           | NPB       |            |
| double pm ophthalmic solution reconstituted 1-0.5 %                                      | NF        |            |
| MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1<br>(neomycin-polymyxin-dexameth)              | NPB       |            |
| neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-<br>0.1                        | G         |            |
| neomycin-polymyxin-dexameth ophthalmic suspension 3.5-<br>10000-0.1                      | G         |            |
| neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1                                  | G         |            |

| Prescription Drug Name                                                                 | Drug Tier | Drug Notes |
|----------------------------------------------------------------------------------------|-----------|------------|
| <i>bacitracin-polymyx-neo-hc</i> (Neo-Polycin Hc Ophthalmic Ointment 1 %)              | G         |            |
| PRED-G OPHTHALMIC SUSPENSION 0.3-1 %<br>( <i>gentamicin-prednisolone acet</i> )        | NPB       |            |
| PRED-G S.O.P. OPHTHALMIC OINTMENT 0.3-0.6 %<br>( <i>gentamicin-prednisolone acet</i> ) | NPB       |            |
| <i>prednisolone-gatifloxacin ophthalmic suspension 1-0.5 %</i>                         | NF        |            |
| <i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>                        | G         |            |
| TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %<br>( <i>tobramycin-dexamethasone</i> )          | PB        |            |
| TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 %<br>( <i>tobramycin-dexamethasone</i> )    | NF        |            |
| <i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>                        | G         |            |
| <i>triple pmb ophthalmic solution reconstituted 1-0.5-0.09 %</i>                       | NF        |            |
| <i>triple pmk ophthalmic solution reconstituted 1-0.5-0.5 %</i>                        | NF        |            |
| ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %<br>( <i>loteprednol-tobramycin</i> )             | NF        |            |
| <b>ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS</b>                                     |           |            |
| <i>ak-poly-bac ophthalmic ointment 500-10000 unit/gm</i>                               | G         |            |
| AZASITE OPHTHALMIC SOLUTION 1 % ( <i>azithromycin</i> )                                | NF        |            |
| <i>bacitracin ophthalmic ointment 500 unit/gm</i>                                      | G         |            |
| <i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>                    | G         |            |
| BESIVANCE OPHTHALMIC SUSPENSION 0.6 %<br>( <i>besifloxacin hcl</i> )                   | PB        |            |
| CILOXAN OPHTHALMIC OINTMENT 0.3 %<br>( <i>ciprofloxacin hcl</i> )                      | NF        |            |
| <i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>                                     | G         |            |
| <i>erythromycin ophthalmic ointment 5 mg/gm</i>                                        | G         |            |
| <i>gatifloxacin ophthalmic solution 0.5 %</i>                                          | G         |            |
| GENTAK OPHTHALMIC OINTMENT 0.3 % ( <i>gentamicin sulfate</i> )                         | G         |            |
| <i>gentamicin sulfate ophthalmic solution 0.3 %</i>                                    | G         |            |
| KLARITY-A OPHTHALMIC SOLUTION 1 %<br>( <i>azithromycin</i> )                           | NF        |            |
| <i>levofloxacin ophthalmic solution 0.5 %</i>                                          | G         |            |
| MITOSOL OPHTHALMIC KIT 0.2 MG ( <i>mitomycin</i> )                                     | NPB       |            |
| <i>moxifloxacin hcl ophthalmic solution 0.5 %</i>                                      | G         |            |



| Prescription Drug Name                                                                | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------------------|-----------|------------|
| NATACYN OPHTHALMIC SUSPENSION 5 %<br>( <i>natamycin</i> )                             | NPB       |            |
| <i>neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000</i> | G         |            |
| <i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>              | G         |            |
| <i>neomycin-bacitracin zn-polymyx (Neo-Polycin Ophthalmic Ointment 3.5-400-10000)</i> | G         |            |
| <i>ofloxacin ophthalmic solution 0.3 %</i>                                            | G         |            |
| <i>bacitracin-polymyxin b (Polycin Ophthalmic Ointment 500-10000 Unit/Gm)</i>         | G         |            |
| <i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>               | G         |            |
| <i>sulfacetamide sodium ophthalmic ointment 10 %</i>                                  | G         |            |
| <i>sulfacetamide sodium ophthalmic solution 10 %</i>                                  | G         |            |
| <i>tobramycin ophthalmic solution 0.3 %</i>                                           | G         |            |
| TOBREX OPHTHALMIC OINTMENT 0.3 % ( <i>tobramycin</i> )                                | NPB       |            |
| <i>trifluridine ophthalmic solution 1 %</i>                                           | G         |            |
| VIGAMOX OPHTHALMIC SOLUTION 0.5 %<br>( <i>moxifloxacin hcl</i> )                      | NPB       |            |
| ZIRGAN OPHTHALMIC GEL 0.15 % ( <i>ganciclovir</i> )                                   | NF        |            |
| <b>ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION</b>                              |           |            |
| ACULAR OPHTHALMIC SOLUTION 0.5 % ( <i>ketorolac tromethamine</i> )                    | NPB       |            |
| ACUVAIL OPHTHALMIC SOLUTION 0.45 % ( <i>ketorolac tromethamine</i> )                  | NF        |            |
| ALREX OPHTHALMIC SUSPENSION 0.2 % ( <i>loteprednol etabonate</i> )                    | NF        |            |
| <i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>                       | G         |            |
| BROMSITE OPHTHALMIC SOLUTION 0.075 %<br>( <i>bromfenac sodium</i> )                   | NF        |            |
| <i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>                       | G         |            |
| DEXTENZA OPHTHALMIC INSERT 0.4 MG<br>( <i>dexamethasone</i> )                         | NF        |            |
| DEXYCU INTRAOCULAR SUSPENSION 9 %<br>( <i>dexamethasone</i> )                         | NF        |            |
| <i>diclofenac sodium ophthalmic solution 0.1 %</i>                                    | G         |            |

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|--------------------------------------------------------------------------------|-----------|------------|
| <i>difluprednate ophthalmic emulsion 0.05 %</i>                                | G         |            |
| DUREZOL OPHTHALMIC EMULSION 0.05 %<br>( <i>difluprednate</i> )                 | NPB       |            |
| EYSUVIS OPHTHALMIC SUSPENSION 0.25 %<br>( <i>loteprednol etabonate</i> )       | NPB       |            |
| FLAREX OPHTHALMIC SUSPENSION 0.1 %<br>( <i>fluorometholone acetate</i> )       | NF        |            |
| <i>fluorometholone ophthalmic suspension 0.1 %</i>                             | G         |            |
| <i>flurbiprofen sodium ophthalmic solution 0.03 %</i>                          | G         |            |
| FML FORTE OPHTHALMIC SUSPENSION 0.25 %<br>( <i>fluorometholone</i> )           | NF        |            |
| FML LIQUIFILM OPHTHALMIC SUSPENSION 0.1 %<br>( <i>fluorometholone</i> )        | NF        |            |
| FML OPHTHALMIC OINTMENT 0.1 % ( <i>fluorometholone</i> )                       | NF        |            |
| ILEVRO OPHTHALMIC SUSPENSION 0.3 % ( <i>nepafenac</i> )                        | PB        |            |
| INVELTYS OPHTHALMIC SUSPENSION 1 % ( <i>loteprednol etabonate</i> )            | NF        |            |
| <i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>                 | G         |            |
| KLARITY-L OPHTHALMIC EMULSION 0.2 %, 0.5 %<br>( <i>loteprednol etabonate</i> ) | NF        |            |
| LOTEMAX OPHTHALMIC GEL 0.5 % ( <i>loteprednol etabonate</i> )                  | NF        |            |
| LOTEMAX OPHTHALMIC OINTMENT 0.5 % ( <i>loteprednol etabonate</i> )             | NF        |            |
| LOTEMAX OPHTHALMIC SUSPENSION 0.5 %<br>( <i>loteprednol etabonate</i> )        | NF        |            |
| LOTEMAX SM OPHTHALMIC GEL 0.38 % ( <i>loteprednol etabonate</i> )              | NF        |            |
| <i>loteprednol etabonate ophthalmic suspension 0.5 %</i>                       | G         |            |
| MAXIDEX OPHTHALMIC SUSPENSION 0.1 %<br>( <i>dexamethasone</i> )                | NF        |            |
| NEVANAC OPHTHALMIC SUSPENSION 0.1 %<br>( <i>nepafenac</i> )                    | NF        |            |
| OZURDEX INTRAVITREAL IMPLANT 0.7 MG<br>( <i>dexamethasone</i> )                | NPSP      |            |
| PRED FORTE OPHTHALMIC SUSPENSION 1 %<br>( <i>prednisolone acetate</i> )        | NF        |            |

| Prescription Drug Name                                                       | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------|-----------|------------|
| PRED MILD OPHTHALMIC SUSPENSION 0.12 %<br>(prednisolone acetate)             | NF        |            |
| <i>prednisolone acetate ophthalmic suspension 1 %</i>                        | G         |            |
| <i>prednisolone acetate p-f ophthalmic suspension 1 %</i>                    | NPB       |            |
| <i>prednisolone sodium phosphate ophthalmic solution 1 %</i>                 | NPB       |            |
| PROLENSA OPHTHALMIC SOLUTION 0.07 %<br>(bromfenac sodium)                    | PB        |            |
| YUTIQ INTRAVITREAL IMPLANT 0.18 MG ( <i>fluocinolone acetonide</i> )         | NF        |            |
| <b>DRY EYE DISEASE</b>                                                       |           |            |
| CEQUA OPHTHALMIC SOLUTION 0.09 % ( <i>cyclosporine</i> )                     | NF        |            |
| <i>cyclosporine ophthalmic emulsion 0.05 %</i>                               | NF        |            |
| RESTASIS MULTIDOSE OPHTHALMIC EMULSION<br>0.05 % ( <i>cyclosporine</i> )     | PB        |            |
| RESTASIS OPHTHALMIC EMULSION 0.05 %<br>( <i>cyclosporine</i> )               | G         |            |
| XIIDRA OPHTHALMIC SOLUTION 5 % ( <i>lifitegrast</i> )                        | PB        |            |
| <b>MISCELLANEOUS</b>                                                         |           |            |
| AKTEN OPHTHALMIC GEL 3.5 % ( <i>lidocaine hcl</i> )                          | NPB       |            |
| <i>tetracaine hcl</i> (Altacaine Ophthalmic Solution 0.5 %)                  | G         |            |
| <i>phenylephrine hcl</i> (Altafrin Ophthalmic Solution 10 %, 2.5 %)          | G         |            |
| <i>atropine sulfate ophthalmic ointment 1 %</i>                              | G         |            |
| <i>atropine sulfate ophthalmic solution 1 %</i>                              | NPB       |            |
| <i>cyclopentolate hcl ophthalmic solution 0.5 %, 1 %, 2 %</i>                | G         |            |
| CYCLOSPORINE IN KLARITY OPHTHALMIC<br>EMULSION 0.1 % ( <i>cyclosporine</i> ) | NF        |            |
| CYSTARAN OPHTHALMIC SOLUTION 0.44 %<br>( <i>cysteamine hcl</i> )             | NPSP      |            |
| ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %<br>( <i>atropine sulfate</i> )       | NPB       |            |
| LACRISERT OPHTHALMIC INSERT 5 MG ( <i>artificial tear insert</i> )           | NF        |            |
| OXERVATE OPHTHALMIC SOLUTION 0.002 %<br>( <i>cenegermin-bkbj</i> )           | NPSP      |            |
| <i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>                     | G         |            |
| <i>proparacaine hcl ophthalmic solution 0.5 %</i>                            | G         |            |
| <i>tetracaine hcl ophthalmic solution 0.5 %</i>                              | G         |            |

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|------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>tropicamide ophthalmic solution 0.5 %, 1 %</i>                                                    | G         |            |
| TYRVAYA NASAL SOLUTION 0.03 MG/ACT ( <i>varenicline tartrate</i> )                                   | NF        |            |
| <b>RETINAL DISORDERS</b>                                                                             |           |            |
| BEOVU INTRAVITREAL SOLUTION 6 MG/0.05ML ( <i>brolocizumab-dbll</i> )                                 | NF        |            |
| BEOVU INTRAVITREAL SOLUTION PREFILLED SYRINGE 6 MG/0.05ML ( <i>brolocizumab-dbll</i> )               | NF        |            |
| EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML ( <i>aflibercept</i> )                                       | PSP       |            |
| EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML ( <i>aflibercept</i> )                     | PSP       |            |
| LUCENTIS INTRAVITREAL SOLUTION 0.3 MG/0.05ML, 0.5 MG/0.05ML ( <i>ranibizumab</i> )                   | PSP       |            |
| LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML ( <i>ranibizumab</i> ) | PSP       |            |
| <b>OTHER</b>                                                                                         |           |            |
| <b>IRRIGATION SOLUTIONS</b>                                                                          |           |            |
| <i>water for irrigation, sterile</i> (Argyle Sterile Water Irrigation Solution)                      | G         |            |
| <i>lactated ringers irrigation solution</i>                                                          | G         |            |
| <i>irrigation solns physiological</i> (Physiolyte Irrigation Solution)                               | G         |            |
| <i>irrigation solns physiological</i> (Physiosol Irrigation Irrigation Solution)                     | G         |            |
| <i>ringers irrigation irrigation solution</i>                                                        | G         |            |
| <i>sterile water for irrigation irrigation solution</i>                                              | G         |            |
| <i>ringers irrigation</i> (Tis-U-Sol Irrigation Solution)                                            | G         |            |
| <b>MUSCULOSKELETAL THERAPY AGENTS</b>                                                                |           |            |
| XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG ( <i>collagenase clostrid histolyt</i> )             | NPSP      |            |
| <b>RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS</b>                                              |           |            |
| <b>ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT</b>        |           |            |
| ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG ( <i>alpha1-proteinase inhibitor</i> ) | NF        |            |

| Prescription Drug Name                                                                                                     | Drug Tier | Drug Notes |
|----------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML<br>( <i>alpha1-proteinase inhibitor</i> )                                        | NF        |            |
| PROLASTIN-C INTRAVENOUS SOLUTION 1000<br>MG/20ML ( <i>alpha1-proteinase inhibitor</i> )                                    | PB        |            |
| PROLASTIN-C INTRAVENOUS SOLUTION<br>RECONSTITUTED 1000 MG ( <i>alpha1-proteinase inhibitor</i> )                           | PSP       |            |
| ZEMAIRA INTRAVENOUS SOLUTION<br>RECONSTITUTED 1000 MG ( <i>alpha1-proteinase inhibitor</i> )                               | NF        |            |
| <b>ANAPHYLAXIS TREATMENT AGENTS</b>                                                                                        |           |            |
| ADRENALIN INJECTION SOLUTION 1 MG/ML, 30<br>MG/30ML ( <i>epinephrine</i> )                                                 | NF        |            |
| AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1<br>MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML ( <i>epinephrine</i> )               | PB        |            |
| <i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15<br/>mg/0.3ml, 0.3 mg/0.3ml</i>                        | G         |            |
| <i>epinephrine professional injection kit 1 mg/ml</i>                                                                      | NF        |            |
| EPINEPHRINESNAP-EMS INJECTION KIT 1 MG/ML<br>( <i>epinephrine</i> )                                                        | NF        |            |
| EPINEPHRINESNAP-V INJECTION KIT 1 MG/ML<br>( <i>epinephrine</i> )                                                          | NF        |            |
| EPISNAP INJECTION KIT 1 MG/ML ( <i>epinephrine</i> )                                                                       | NF        |            |
| SYMJEPI INJECTION SOLUTION PREFILLED<br>SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML ( <i>epinephrine</i> )                         | NF        |            |
| <b>ANTICHOLINERGIC/BETA AGONIST<br/>COMBINATIONS - DRUGS TO TREAT COPD</b>                                                 |           |            |
| AIRDUO RESPICLICK 113/14 INHALATION AEROSOL<br>POWDER BREATH ACTIVATED 113-14 MCG/ACT<br>( <i>fluticasone-salmeterol</i> ) | NF        |            |
| AIRDUO RESPICLICK 232/14 INHALATION AEROSOL<br>POWDER BREATH ACTIVATED 232-14 MCG/ACT<br>( <i>fluticasone-salmeterol</i> ) | NF        |            |
| AIRDUO RESPICLICK 55/14 INHALATION AEROSOL<br>POWDER BREATH ACTIVATED 55-14 MCG/ACT<br>( <i>fluticasone-salmeterol</i> )   | NF        |            |
| ANORO ELLIPTA INHALATION AEROSOL POWDER<br>BREATH ACTIVATED 62.5-25 MCG/ACT ( <i>umeclidinium-<br/>vilanterol</i> )        | PB        |            |
| BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8<br>MCG/ACT ( <i>glycopyrrolate-formoterol</i> )                                | NF        |            |

| Prescription Drug Name                                                                                                                      | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT ( <i>budeson-glycopyrrol-formoterol</i> )                                           | NPB       |            |
| COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT ( <i>ipratropium-albuterol</i> )                                              | NPB       |            |
| <i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcglact, 232-14 mcglact, 55-14 mcglact</i>                      | NF        |            |
| <i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>                                                                         | G         |            |
| STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT ( <i>tiotropium bromide-olodaterol</i> )                                       | PB        |            |
| <b>ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD</b>                                                   |           |            |
| TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT ( <i>fluticasone-umeclidin-vilant</i> ) | PB        |            |
| <b>ANTICHOLINERGICS</b>                                                                                                                     |           |            |
| ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT ( <i>ipratropium bromide hfa</i> )                                                      | NPB       |            |
| INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT ( <i>umeclidinium bromide</i> )                                     | NF        |            |
| <i>ipratropium bromide inhalation solution 0.02 %</i>                                                                                       | G         |            |
| <i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>                                                                                    | G         |            |
| LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION 25 MCG/ML ( <i>glycopyrrolate</i> )                                                          | NF        |            |
| LONHALA MAGNAIR STARTER KIT INHALATION SOLUTION 25 MCG/ML ( <i>glycopyrrolate</i> )                                                         | NF        |            |
| SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG ( <i>tiotropium bromide monohydrate</i> )                                                      | PB        |            |
| SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT ( <i>tiotropium bromide monohydrate</i> )                            | PB        |            |
| TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT ( <i>aclidinium bromide</i> )                                       | NF        |            |
| YUPELRI INHALATION SOLUTION 175 MCG/3ML ( <i>revefenacin</i> )                                                                              | PB        |            |



| Prescription Drug Name                                                                                                | Drug Tier | Drug Notes |
|-----------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <b>ANTI-HISTAMINE COMBINATIONS</b>                                                                                    |           |            |
| <i>azelastine-fluticasone nasal suspension 137-50 mcg/act</i>                                                         | G         |            |
| <b>DYMISTA NASAL SUSPENSION 137-50 MCG/ACT</b><br>( <i>azelastine-fluticasone</i> )                                   | NF        |            |
| <b>ANTI-HISTAMINES - DRUGS TO TREAT ALLERGIES</b>                                                                     |           |            |
| <i>azelastine hcl nasal solution 0.15 %, 137 mcg/spray</i>                                                            | G         |            |
| <i>carbinoxamine maleate oral solution 4 mg/5ml</i>                                                                   | G         |            |
| <i>carbinoxamine maleate oral tablet 4 mg</i>                                                                         | G         |            |
| <i>carbinoxamine maleate oral tablet 6 mg</i>                                                                         | NF        |            |
| <i>cetirizine hcl oral solution 1 mg/ml</i>                                                                           | G         |            |
| <b>CLARINEX ORAL TABLET 5 MG</b> ( <i>desloratadine</i> )                                                             | NPB       |            |
| <i>clemastine fumarate oral tablet 2.68 mg</i>                                                                        | G         |            |
| <i>cyproheptadine hcl oral syrup 2 mg/5ml</i>                                                                         | G         |            |
| <i>cyproheptadine hcl oral tablet 4 mg</i>                                                                            | G         |            |
| <i>desloratadine oral tablet 5 mg</i>                                                                                 | G         |            |
| <i>desloratadine oral tablet dispersible 2.5 mg, 5 mg</i>                                                             | G         |            |
| <i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>                                                                    | G         |            |
| <i>hydroxyzine hcl oral syrup 10 mg/5ml</i>                                                                           | G         |            |
| <i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>                                                                | G         |            |
| <i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>                                                          | G         |            |
| <b>KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML</b> ( <i>carbinoxamine maleate</i> )                         | NPB       |            |
| <i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>                                                        | G         |            |
| <i>levocetirizine dihydrochloride oral tablet 5 mg</i>                                                                | G         |            |
| <i>olopatadine hcl nasal solution 0.6 %</i>                                                                           | G         |            |
| <b>PATANASE NASAL SOLUTION 0.6 %</b> ( <i>olopatadine hcl</i> )                                                       | NPB       |            |
| <b>RYCLORA ORAL SOLUTION 2 MG/5ML</b><br>( <i>dexchlorpheniramine maleate</i> )                                       | NF        |            |
| <b>RYVENT ORAL TABLET 6 MG</b> ( <i>carbinoxamine maleate</i> )                                                       | G         |            |
| <b>BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD</b>                                                                 |           |            |
| <i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>                                        | NF        |            |
| <i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i> | G         |            |
| <i>albuterol sulfate oral syrup 2 mg/5ml</i>                                                                          | G         |            |

| Prescription Drug Name                                                                                                  | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>albuterol sulfate oral tablet 2 mg, 4 mg</i>                                                                         | G         |            |
| <i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>                                                | G         |            |
| BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML ( <i>arformoterol tartrate</i> )                                    | NPB       |            |
| <i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>           | G         |            |
| <i>levalbuterol tartrate inhalation aerosol 45 mcg/lact</i>                                                             | NPB       |            |
| PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML ( <i>formoterol fumarate</i> )                                  | PB        |            |
| PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT ( <i>albuterol sulfate (sensor)</i> ) | NF        |            |
| PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT ( <i>albuterol sulfate</i> )         | NF        |            |
| PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT ( <i>albuterol sulfate</i> )                            | NF        |            |
| SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT ( <i>salmeterol xinafoate</i> )                   | PB        |            |
| STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT ( <i>olodaterol hcl</i> )                                    | PB        |            |
| <i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>                                                                     | G         |            |
| VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT ( <i>albuterol sulfate</i> )                             | NF        |            |
| XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT ( <i>levalbuterol tartrate</i> )                                              | NF        |            |
| <b>COLD/COUGH</b>                                                                                                       |           |            |
| ADRENALIN NASAL SOLUTION 0.1 % ( <i>epinephrine hcl (nasal)</i> )                                                       | NPB       |            |
| <i>benzonatate capsule 150 mg oral 150 mg</i>                                                                           | G         |            |
| <i>benzonatate capsule 150 mg oral 150 mg</i>                                                                           | NF        |            |
| <i>benzonatate oral capsule 100 mg, 200 mg</i>                                                                          | G         |            |
| CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG ( <i>desloratadine-pseudoephedrine</i> )             | NPB       |            |
| <i>g tussin ac oral solution 100-10 mg/5ml</i>                                                                          | G         |            |

| Prescription Drug Name                                                                                | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------------------------|-----------|------------|
| GILPHEX TR ORAL TABLET 10-388 MG ( <i>phenylephrine-guaifenesin</i> )                                 | NPB       |            |
| <i>guaiaitussin ac oral syrup 100-10 mg/5ml</i>                                                       | G         |            |
| <i>guaifenesin-codeine oral solution 100-10 mg/5ml</i>                                                | G         |            |
| HYCODAN ORAL SOLUTION 5-1.5 MG/5ML ( <i>hydrocodone bit-homatrop mbr</i> )                            | NF        |            |
| HYCODAN ORAL TABLET 5-1.5 MG ( <i>hydrocodone bit-homatrop mbr</i> )                                  | NF        |            |
| <i>hydrocod polst-cpm polst er oral suspension extended release 10-8 mg/5ml</i>                       | G         |            |
| <i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>                                        | G         |            |
| <i>hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg</i>                                              | G         |            |
| <i>hydromet oral solution 5-1.5 mg/5ml</i>                                                            | G         |            |
| <i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>                                              | G         |            |
| <i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>                                                 | G         |            |
| <i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>                                                      | G         |            |
| <i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5ml</i>                                     | G         |            |
| <i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>                                            | G         |            |
| <i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>                                                | G         |            |
| TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG ( <i>chlorpheniramine-codeine</i> )         | NF        |            |
| TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE 14.7-2.8 MG/5ML ( <i>codeine polst-chlorphen polst</i> ) | NPB       |            |
| <i>virtussin alc oral solution 100-10 mg/5ml</i>                                                      | G         |            |
| <b>CYSTIC FIBROSIS</b>                                                                                |           |            |
| BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML ( <i>tobramycin</i> )                             | PSP       |            |
| BRONCHITOL INHALATION CAPSULE 40 MG ( <i>mannitol (cystic fibrosis)</i> )                             | NF        |            |
| BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG ( <i>mannitol (cystic fibrosis)</i> )              | NF        |            |
| CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG ( <i>aztreonam lysine</i> )                           | NF        |            |
| KALYDECO ORAL PACKET 25 MG ( <i>ivacaftor</i> )                                                       | NPSP      |            |
| KALYDECO ORAL PACKET 50 MG, 75 MG ( <i>ivacaftor</i> )                                                | NPB       |            |
| KITABIS PAK INHALATION NEBULIZATION SOLUTION 300 MG/5ML ( <i>tobramycin</i> )                         | NPSP      |            |

| Prescription Drug Name                                                                                               | Drug Tier | Drug Notes |
|----------------------------------------------------------------------------------------------------------------------|-----------|------------|
| ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG ( <i>lumacaftor-ivacaftor</i> )                                 | NPSP      |            |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG ( <i>lumacaftor-ivacaftor</i> )                                           | NPB       |            |
| PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML ( <i>dornase alfa</i> )                                                   | NPSP      |            |
| SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG ( <i>tezacaftor-ivacaftor</i> )                     | NPSP      |            |
| TOBI INHALATION NEBULIZATION SOLUTION 300 MG/5ML ( <i>tobramycin</i> )                                               | NF        |            |
| TOBI PODHALER INHALATION CAPSULE 28 MG ( <i>tobramycin</i> )                                                         | NF        |            |
| <i>tobramycin inhalation nebulization solution 300 mg/5ml</i>                                                        | G         |            |
| TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG ( <i>ellexacaftor-tezacaftor-ivacafti</i> ) | NPSP      |            |
| <b>LEUKOTRIENE MODIFIERS</b>                                                                                         |           |            |
| <i>zileuton er oral tablet extended release 12 hour 600 mg</i>                                                       | NF        |            |
| ZYFLO ORAL TABLET 600 MG ( <i>zileuton</i> )                                                                         | NPB       |            |
| <b>LEUKOTRIENE RECEPTOR ANTAGONISTS - DRUGS TO TREAT ASTHMA AND ALLERGIES</b>                                        |           |            |
| <i>montelukast sodium oral packet 4 mg</i>                                                                           | G         |            |
| <i>montelukast sodium oral tablet 10 mg</i>                                                                          | G         |            |
| <i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>                                                            | G         |            |
| SINGULAIR ORAL PACKET 4 MG ( <i>montelukast sodium</i> )                                                             | NF        |            |
| SINGULAIR ORAL TABLET 10 MG ( <i>montelukast sodium</i> )                                                            | NF        |            |
| SINGULAIR ORAL TABLET CHEWABLE 4 MG, 5 MG ( <i>montelukast sodium</i> )                                              | NF        |            |
| <i>zafirlukast oral tablet 10 mg, 20 mg</i>                                                                          | G         |            |
| <b>MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES</b>                                                              |           |            |
| <i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>                                                    | G         |            |
| <b>MISCELLANEOUS</b>                                                                                                 |           |            |
| <i>acetylcysteine inhalation solution 10 %, 20 %</i>                                                                 | G         |            |
| DALIRESP ORAL TABLET 250 MCG, 500 MCG ( <i>roflumilast</i> )                                                         | PB        |            |
| HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 % ( <i>sodium chloride</i> )                                           | NPB       |            |

| Prescription Drug Name                                                               | Drug Tier | Drug Notes |
|--------------------------------------------------------------------------------------|-----------|------------|
| sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %               | G         |            |
| <b>NASAL STEROIDS - DRUGS TO TREAT ALLERGIES</b>                                     |           |            |
| BECONASE AQ NASAL SUSPENSION 42 MCG/SPRAY<br>(beclomethasone diprop monohyd)         | NF        |            |
| flunisolide nasal solution 25 mcg/lact (0.025%)                                      | G         |            |
| fluticasone propionate nasal suspension 50 mcg/lact                                  | G         |            |
| mometasone furoate nasal suspension 50 mcg/lact                                      | G         |            |
| OMNARIS NASAL SUSPENSION 50 MCG/ACT<br>(ciclesonide)                                 | NF        |            |
| QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT<br>(beclomethasone diprop (nasal)) | NF        |            |
| QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT<br>(beclomethasone diprop (nasal))           | NF        |            |
| SINUVA NASAL IMPLANT 1350 MCG (mometasone furoate)                                   | NF        |            |
| XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT<br>(fluticasone propionate)               | NPB       |            |
| ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT<br>(ciclesonide)                           | NF        |            |
| <b>PULMONARY FIBROSIS AGENTS</b>                                                     |           |            |
| 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       |            |
| <b>SEVERE ASTHMA AGENTS</b>                                                          |           |            |
| CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML<br>(reslizumab)                             | NF        |            |
| 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 AUTO-INJECTOR 100 MG/ML (mepolizumab)                   | PSP       |            |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 40 MG/0.4ML (mepolizumab)  | PSP       |            |

| Prescription Drug Name                                                                                                                   | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG ( <i>mepolizumab</i> )                                                                 | PSP       |            |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML ( <i>omalizumab</i> )                                              | PSP       |            |
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG ( <i>omalizumab</i> )                                                                  | PSP       |            |
| <b>STEROID INHALANTS - DRUGS TO TREAT ASTHMA</b>                                                                                         |           |            |
| ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT ( <i>ciclesonide</i> )                                                       | NF        |            |
| ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT ( <i>fluticasone furoate</i> )           | PB        |            |
| ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT ( <i>mometasone furoate</i> )                         | NF        |            |
| ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT ( <i>mometasone furoate</i> )                          | NF        |            |
| ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT ( <i>mometasone furoate</i> )             | NF        |            |
| ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT ( <i>mometasone furoate</i> )                          | NF        |            |
| ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT ( <i>mometasone furoate</i> )                                        | NF        |            |
| <i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>                                                                | G         |            |
| FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT ( <i>fluticasone propionate (inhal)</i> ) | PB        |            |
| FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT ( <i>fluticasone propionate hfa</i> )                                | PB        |            |
| PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT ( <i>budesonide</i> )                             | PB        |            |
| QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT ( <i>beclomethasone diprop hfa</i> )                           | PB        |            |

2022 Pharmacy Drug Guide - Aetna Standard Plan: Texas Health | Aetna

The formulary is updated the first week of each month

12/01/2022



| Prescription Drug Name                                                                                                                    | Drug Tier | Drug Notes                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <b>STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD</b>                                                                 |           |                                            |
| ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT ( <i>fluticasone-salmeterol</i> ) | PB        |                                            |
| ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT ( <i>fluticasone-salmeterol</i> )                             | PB        | N8 (Listing does not include certain NDCs) |
| BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT ( <i>fluticasone furoate-vilanterol</i> )          | PB        | N8 (Listing does not include certain NDCs) |
| DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT ( <i>aclidinium br-formoterol fum</i> )                        | NF        |                                            |
| DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT ( <i>mometasone furo-formoterol fum</i> )                            | NF        |                                            |
| <i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/lact, 200-25 mcg/lact</i>                         | NF        |                                            |
| <i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/lact, 250-50 mcg/lact, 500-50 mcg/lact</i>                | NF        |                                            |
| SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT ( <i>budesonide-formoterol fumarate</i> )                                    | PB        |                                            |
| <b>XANTHINES - DRUGS TO TREAT COPD</b>                                                                                                    |           |                                            |
| <i>theophylline</i> (Elixophyllin Oral Elixir 80 Mg/15Ml)                                                                                 | NPB       |                                            |
| THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG ( <i>theophylline</i> )                                      | NF        |                                            |
| <i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>                                                                | G         |                                            |
| <i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>                                                                | G         |                                            |
| <i>theophylline oral elixir 80 mg/15ml</i>                                                                                                | PB        |                                            |
| <b>TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS</b>                                                                                   |           |                                            |
| <b>DERMATOLOGY, ACNE</b>                                                                                                                  |           |                                            |
| ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG ( <i>isotretinoin micronized</i> )                                                     | NF        |                                            |
| ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG ( <i>isotretinoin</i> )                                                    | NPB       |                                            |

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|---------------------------------------------------------------------------------|-----------|------------|
| ACANYA EXTERNAL GEL 1.2-2.5 % ( <i>clindamycin phos-benzoyl perox</i> )         | NF        |            |
| ACZONE EXTERNAL GEL 5 %, 7.5 % ( <i>dapsone</i> )                               | NPB       |            |
| <i>adainzde external gel 0.3-2.5-1 %</i>                                        | NF        |            |
| <i>adainzoxia external gel 0.3-2.5-4 %</i>                                      | NF        |            |
| <i>adapalene external cream 0.1 %</i>                                           | G         |            |
| <i>adapalene external gel 0.1 %, 0.3 %</i>                                      | G         |            |
| <i>adapalene external pad 0.1 %</i>                                             | NF        |            |
| <i>adapalene external solution 0.1 %</i>                                        | NF        |            |
| <i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>                        | G         |            |
| AKLIEF EXTERNAL CREAM 0.005 % ( <i>trifarotene</i> )                            | NPB       |            |
| ALTRENO EXTERNAL LOTION 0.05 % ( <i>tretinoin</i> )                             | NF        |            |
| <i>isotretinoin</i> (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)                | G         |            |
| AMZEEQ EXTERNAL FOAM 4 % ( <i>minocycline hcl micronized</i> )                  | NF        |            |
| ARAZLO EXTERNAL LOTION 0.045 % ( <i>tazarotene</i> )                            | NPB       |            |
| <i>tretinoin</i> (Avita External Cream 0.025 %)                                 | G         |            |
| <i>tretinoin</i> (Avita External Gel 0.025 %)                                   | G         |            |
| AZELEX EXTERNAL CREAM 20 % ( <i>azelaic acid</i> )                              | NF        |            |
| BENZEPRO EXTERNAL 5.8 % ( <i>benzoyl peroxide</i> )                             | NF        |            |
| BENZEPRO EXTERNAL FOAM 5.2 %, 9.7 % ( <i>benzoyl peroxide</i> )                 | NF        |            |
| <i>benzoyl peroxide</i> (Benzepro External Foam 5.3 %)                          | G         |            |
| BENZEPRO EXTERNAL LIQUID 6.8 % ( <i>benzoyl peroxide</i> )                      | NF        |            |
| <i>benzoyl perox-hydrocortisone external lotion 5-0.5 %</i>                     | G         |            |
| <i>benzoyl peroxide external foam 9.8 %</i>                                     | G         |            |
| <i>benzoyl peroxide-erythromycin external gel 5-3 %</i>                         | G         |            |
| <i>bp wash external liquid 2.5 %, 7 %</i>                                       | G         |            |
| <i>isotretinoin</i> (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)          | G         |            |
| CLENIA PLUS EXTERNAL SUSPENSION 9-4.25 % ( <i>sulfacetamide sodium-sulfur</i> ) | NF        |            |
| <i>clindamycin phosphate</i> (Clindacin Etz External Swab 1 %)                  | G         |            |
| <i>clindamycin phosphate</i> (Clindacin-P External Swab 1 %)                    | G         |            |
| <i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>    | G         |            |

| Prescription Drug Name                                                                         | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------|-----------|------------|
| <i>clindamycin phosphate external foam 1 %</i>                                                 | G         |            |
| <i>clindamycin phosphate external gel 1 %</i>                                                  | NF        |            |
| <i>clindamycin phosphate external lotion 1 %</i>                                               | G         |            |
| <i>clindamycin phosphate external solution 1 %</i>                                             | G         |            |
| <i>clindamycin phosphate external swab 1 %</i>                                                 | G         |            |
| <i>clindamycin-tretinoin external gel 1.2-0.025 %</i>                                          | G         |            |
| <i>clindavix external kit 1 &amp; 1.8-2 %</i>                                                  | NF        |            |
| <i>dapsone external gel 5 %</i>                                                                | G         |            |
| DIFFERIN EXTERNAL LOTION 0.1 % ( <i>adapalene</i> )                                            | NF        |            |
| EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % ( <i>adapalene-benzoyl peroxide</i> )                      | PB        |            |
| <i>ery external pad 2 %</i>                                                                    | G         |            |
| <i>erythromycin external gel 2 %</i>                                                           | G         |            |
| <i>erythromycin external solution 2 %</i>                                                      | G         |            |
| FABIOR EXTERNAL FOAM 0.1 % ( <i>tazarotene</i> )                                               | NF        |            |
| <i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>                                    | G         |            |
| <i>isotretinoin (Myorisan Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)</i>                         | G         |            |
| <i>clindamycin-benzoyl per (refr)</i> (Neuac External Gel 1.2-5 %)                             | G         |            |
| NUCARACLINPAK EXTERNAL KIT 1 % ( <i>clindamycin phos- moisturizer</i> )                        | NF        |            |
| NUCARARXPAK EXTERNAL KIT 1-2.5 % ( <i>clindamycin-benzoyl per-moist</i> )                      | NF        |            |
| ONEXTON EXTERNAL GEL 1.2-3.75 % ( <i>clindamycin phos-benzoyl perox</i> )                      | PB        |            |
| PR BENZOYL PEROXIDE EXTERNAL LIQUID 6.9 % ( <i>benzoyl peroxide</i> )                          | NF        |            |
| <i>benzoyl peroxide</i> (Pr Benzoyl Peroxide Wash External Liquid 7 %)                         | G         |            |
| <i>resorcinol-sulfur external lotion 2-5 %</i>                                                 | G         |            |
| RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 % ( <i>tretinoin microsphere</i> )                      | NPB       |            |
| RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.06 %, 0.08 %, 0.1 % ( <i>tretinoin microsphere</i> ) | NPB       |            |
| <i>sulfacetamide sodium (acne) external lotion 10 %</i>                                        | G         |            |
| <i>sulfacetamide sodium-sulfur external pad 10-4 %</i>                                         | G         |            |
| <i>sulfacetamide sodium-sulfur external pad 9.8-4.8 %</i>                                      | NF        |            |

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|---------------------------------------------------------------------------|-----------|------------|
| <i>sulfamez wash external emulsion 10-1 %</i>                             | G         |            |
| <i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>                    | G         |            |
| <i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i>                     | G         |            |
| <i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>                   | G         |            |
| <i>tretinoin microsphere pump external gel 0.04 %</i>                     | G         |            |
| TWYNEO EXTERNAL CREAM 0.1-3 % ( <i>tretinoin-benzoyl peroxide</i> )       | NPB       |            |
| <i>benzoyl perox-hydrocortisone</i> (Vanoxide-Hc External Lotion 5-0.5 %) | NF        |            |
| VELTIN EXTERNAL GEL 1.2-0.025 % ( <i>clindamycin-tretinoin</i> )          | NF        |            |
| WINLEVI EXTERNAL CREAM 1 % ( <i>clascoterone</i> )                        | NPB       |            |
| <i>zaclir cleansing external lotion 8 %</i>                               | NPB       |            |
| <i>isotretinoin</i> (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)    | G         |            |
| ZIANA EXTERNAL GEL 1.2-0.025 % ( <i>clindamycin-tretinoin</i> )           | NF        |            |
| <b>DERMATOLOGY, ACTINIC KERATOSIS</b>                                     |           |            |
| CARAC EXTERNAL CREAM 0.5 % ( <i>fluorouracil</i> )                        | NF        |            |
| <i>fluorouracil external cream 0.5 %</i>                                  | NF        |            |
| <i>fluorouracil external cream 5 %</i>                                    | G         |            |
| <i>fluorouracil external solution 2 %, 5 %</i>                            | G         |            |
| <i>imiquimod external cream 5 %</i>                                       | G         |            |
| <i>imiquimod pump external cream 3.75 %</i>                               | G         |            |
| KLISYRI EXTERNAL OINTMENT 1 % ( <i>tirbanibulin</i> )                     | NF        |            |
| ZYCLARA EXTERNAL CREAM 3.75 % ( <i>imiquimod</i> )                        | PB        |            |
| ZYCLARA PUMP EXTERNAL CREAM 2.5 % ( <i>imiquimod</i> )                    | PB        |            |
| <b>DERMATOLOGY, ANTIBIOTICS</b>                                           |           |            |
| ALTABAX EXTERNAL OINTMENT 1 % ( <i>retapamulin</i> )                      | NPB       |            |
| CENTANY EXTERNAL OINTMENT 2 % ( <i>mupirocin</i> )                        | NPB       |            |
| <i>gentamicin sulfate external cream 0.1 %</i>                            | G         |            |
| <i>gentamicin sulfate external ointment 0.1 %</i>                         | G         |            |
| <i>mafenide acetate external packet 5 %</i>                               | G         |            |
| <i>mupirocin calcium external cream 2 %</i>                               | NF        |            |
| <i>mupirocin external ointment 2 %</i>                                    | G         |            |

| Prescription Drug Name                                                                          | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------------------|-----------|------------|
| NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 %<br>(neomycin-fluocinolone)                               | NF        |            |
| 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<br>(mafenide acetate)                                        | NPB       |            |
| XEPI EXTERNAL CREAM 1 % (ozenoxacin)                                                            | NPB       |            |
| <b>DERMATOLOGY, ANTIFUNGALS</b>                                                                 |           |            |
| 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<br>THERAPY PACK 1-0.05 & 20 % (clotrimazole-betameth & zn ox) | NF        |            |
| econazole nitrate external cream 1 %                                                            | G         |            |
| ECOZA EXTERNAL FOAM 1 % (econazole nitrate)                                                     | NPB       |            |
| ERTACZO EXTERNAL CREAM 2 % (sertaconazole nitrate)                                              | NPB       |            |
| EXELDERM EXTERNAL CREAM 1 % (sulconazole nitrate)                                               | NPB       |            |
| EXELDERM EXTERNAL SOLUTION 1 % (sulconazole nitrate)                                            | NPB       |            |
| EXTINA EXTERNAL FOAM 2 % (ketoconazole)                                                         | NPB       |            |
| fungimez external solution                                                                      | NF        |            |
| JUBLIA EXTERNAL SOLUTION 10 % (efinaconazole)                                                   | NPB       |            |
| KERYDIN EXTERNAL SOLUTION 5 % (tavaborole)                                                      | NPB       |            |
| ketoconazole external cream 2 %                                                                 | G         |            |
| ketoconazole external foam 2 %                                                                  | NF        |            |

| Prescription Drug Name                                                             | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------|-----------|------------|
| <i>ketoconazole</i> (Ketodan External Foam 2 %)                                    | NF        |            |
| LOPROX EXTERNAL CREAM 0.77 % ( <i>ciclopirox olamine</i> )                         | NF        |            |
| LOPROX EXTERNAL KIT 0.77 % (SUSP) ( <i>ciclopirox olamine-cleanser</i> )           | NF        |            |
| LOPROX EXTERNAL SUSPENSION 0.77 % ( <i>ciclopirox olamine</i> )                    | NF        |            |
| <i>luliconazole external cream 1 %</i>                                             | NF        |            |
| MENTAX EXTERNAL CREAM 1 % ( <i>butenafine hcl</i> )                                | NPB       |            |
| <i>miconazole-zinc oxide-petrolat external ointment 0.25-15-81.35 %</i>            | G         |            |
| <i>naftifine hcl external cream 1 %, 2 %</i>                                       | G         |            |
| NAFTIN EXTERNAL GEL 1 %, 2 % ( <i>naftifine hcl</i> )                              | PB        |            |
| <i>nystatin</i> (Nyamyc External Powder 100000 Unit/Gm)                            | G         |            |
| <i>nystatin external cream 100000 unit/gm</i>                                      | G         |            |
| <i>nystatin external ointment 100000 unit/gm</i>                                   | G         |            |
| <i>nystatin external powder 100000 unit/gm</i>                                     | G         |            |
| <i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>                  | G         |            |
| <i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>               | G         |            |
| <i>nystatin</i> (Nystop External Powder 100000 Unit/Gm)                            | G         |            |
| <i>oxiconazole nitrate external cream 1 %</i>                                      | NF        |            |
| OXISTAT EXTERNAL LOTION 1 % ( <i>oxiconazole nitrate</i> )                         | NPB       |            |
| RECURA EXTERNAL CREAM ( <i>misc antifungal combo products</i> )                    | NF        |            |
| <i>sulconazole nitrate external solution 1 %</i>                                   | NPB       |            |
| <i>tavaborole external solution 5 %</i>                                            | NF        |            |
| VUSION EXTERNAL OINTMENT 0.25-15-81.35 % ( <i>miconazole-zinc oxide-petrolat</i> ) | NPB       |            |
| XOLEGEL EXTERNAL GEL 2 % ( <i>ketoconazole</i> )                                   | NF        |            |
| <b>DERMATOLOGY, ANTIPRURITIC</b>                                                   |           |            |
| <i>doxepin hcl external cream 5 %</i>                                              | NF        |            |
| <b>DERMATOLOGY, ANTIPSORIATICS</b>                                                 |           |            |
| <i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>                                | G         |            |
| <i>calcipotriene external cream 0.005 %</i>                                        | NF        |            |
| <i>calcipotriene external foam 0.005 %</i>                                         | NF        |            |
| <i>calcipotriene external ointment 0.005 %</i>                                     | G         |            |
| <i>calcipotriene external solution 0.005 %</i>                                     | G         |            |



| Prescription Drug Name                                                                          | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------------------|-----------|------------|
| <i>calcipotriene</i> (Calcitrene External Ointment 0.005 %)                                     | G         |            |
| <i>calcitriol external ointment 3 mcg/gm</i>                                                    | NF        |            |
| <i>methoxsalen rapid oral capsule 10 mg</i>                                                     | NPB       |            |
| SORILUX EXTERNAL FOAM 0.005 % ( <i>calcipotriene</i> )                                          | NF        |            |
| <i>tazarotene external cream 0.1 %</i>                                                          | G         |            |
| TAZORAC EXTERNAL CREAM 0.05 %, 0.1 % ( <i>tazarotene</i> )                                      | NF        |            |
| TAZORAC EXTERNAL GEL 0.05 % ( <i>tazarotene</i> )                                               | NF        |            |
| TAZORAC EXTERNAL GEL 0.1 % ( <i>tazarotene</i> )                                                | PB        |            |
| VECTICAL EXTERNAL OINTMENT 3 MCG/GM ( <i>calcitriol</i> )                                       | NF        |            |
| WYNZORA EXTERNAL CREAM 0.005-0.064 % ( <i>calcipotriene-betameth diprop</i> )                   | NF        |            |
| <b>DERMATOLOGY, ANTISEBORRHEICS</b>                                                             |           |            |
| <i>glycolic acid solution 70 %</i>                                                              | NPB       |            |
| <i>ketoconazole external shampoo 2 %</i>                                                        | G         |            |
| OVACE PLUS EXTERNAL FOAM 9.8 % ( <i>sulfacetamide sodium</i> )                                  | NF        |            |
| <i>selenium sulfide external lotion 2.5 %</i>                                                   | G         |            |
| <i>sodium sulfacetamide wash external liquid 10 %</i>                                           | NPB       |            |
| <b>DERMATOLOGY, ATOPIC DERMATITIS</b>                                                           |           |            |
| ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>tralokinumab-ldrm</i> )            | PSP       |            |
| CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG ( <i>abrocitinib</i> )                                | PSP       |            |
| DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML, 300 MG/2ML ( <i>dupilumab</i> )      | PSP       |            |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML ( <i>dupilumab</i> ) | PSP       |            |
| OPZELURA EXTERNAL CREAM 1.5 % ( <i>ruxolitinib phosphate</i> )                                  | NPB       |            |
| <b>DERMATOLOGY, CORTICOSTEROIDS</b>                                                             |           |            |
| ADVANCED ALLERGY COLLECTION EXTERNAL KIT 2.5 % ( <i>hydrocortisone</i> )                        | NF        |            |
| <i>ala-cort external cream 1 %, 2.5 %</i>                                                       | G         |            |
| <i>alclometasone dipropionate external cream 0.05 %</i>                                         | G         |            |
| <i>alclometasone dipropionate external ointment 0.05 %</i>                                      | G         |            |
| <i>amcinonide external lotion 0.1 %</i>                                                         | G         |            |

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|---------------------------------------------------------------------------|-----------|------------|
| <i>amcinonide external ointment 0.1 %</i>                                 | NPB       |            |
| APEXICON E EXTERNAL CREAM 0.05 % ( <i>diflorasone diacet emoll base</i> ) | NF        |            |
| <i>betamethasone dipropionate aug external cream 0.05 %</i>               | G         |            |
| <i>betamethasone dipropionate aug external gel 0.05 %</i>                 | G         |            |
| <i>betamethasone dipropionate aug external lotion 0.05 %</i>              | G         |            |
| <i>betamethasone dipropionate aug external ointment 0.05 %</i>            | G         |            |
| <i>betamethasone dipropionate external cream 0.05 %</i>                   | G         |            |
| <i>betamethasone dipropionate external lotion 0.05 %</i>                  | G         |            |
| <i>betamethasone dipropionate external ointment 0.05 %</i>                | NF        |            |
| <i>betamethasone valerate external cream 0.1 %</i>                        | G         |            |
| <i>betamethasone valerate external foam 0.12 %</i>                        | G         |            |
| <i>betamethasone valerate external lotion 0.1 %</i>                       | G         |            |
| <i>betamethasone valerate external ointment 0.1 %</i>                     | G         |            |
| BRYHALI EXTERNAL LOTION 0.01 % ( <i>halobetasol propionate</i> )          | PB        |            |
| <i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>      | NF        |            |
| <i>calcipotriene-betameth diprop external suspension 0.005-0.064 %</i>    | NF        |            |
| CAPEX EXTERNAL SHAMPOO 0.01 % ( <i>fluocinolone acetonide</i> )           | PB        |            |
| <i>clobetasol prop emollient base external cream 0.05 %</i>               | G         |            |
| <i>clobetasol propionate e external cream 0.05 %</i>                      | G         |            |
| <i>clobetasol propionate emulsion external foam 0.05 %</i>                | NF        |            |
| <i>clobetasol propionate external cream 0.05 %</i>                        | G         |            |
| <i>clobetasol propionate external foam 0.05 %</i>                         | G         |            |
| <i>clobetasol propionate external gel 0.05 %</i>                          | G         |            |
| <i>clobetasol propionate external liquid 0.05 %</i>                       | NF        |            |
| <i>clobetasol propionate external lotion 0.05 %</i>                       | G         |            |
| <i>clobetasol propionate external ointment 0.05 %</i>                     | G         |            |
| <i>clobetasol propionate external shampoo 0.05 %</i>                      | G         |            |
| <i>clobetasol propionate external solution 0.05 %</i>                     | G         |            |
| CLOBEX SPRAY EXTERNAL LIQUID 0.05 % ( <i>clobetasol propionate</i> )      | NF        |            |
| <i>clocortolone pivalate external cream 0.1 %</i>                         | NF        |            |
| <i>clobetasol propionate (Clodan External Shampoo 0.05 %)</i>             | G         |            |

| Prescription Drug Name                                                        | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------|-----------|------------|
| CLODERM EXTERNAL CREAM 0.1 % ( <i>clocortolone pivalate</i> )                 | NPB       |            |
| CORDRAN EXTERNAL CREAM 0.025 %, 0.05 % ( <i>flurandrenolide</i> )             | NF        |            |
| CORDRAN EXTERNAL LOTION 0.05 % ( <i>flurandrenolide</i> )                     | NF        |            |
| CORDRAN EXTERNAL OINTMENT 0.05 % ( <i>flurandrenolide</i> )                   | NF        |            |
| CORDRAN EXTERNAL TAPE 4 MCG/SQCM ( <i>flurandrenolide</i> )                   | NF        |            |
| <i>desonide external cream 0.05 %</i>                                         | G         |            |
| <i>desonide external gel 0.05 %</i>                                           | NF        |            |
| <i>desonide external lotion 0.05 %</i>                                        | G         |            |
| <i>desonide external ointment 0.05 %</i>                                      | G         |            |
| DESOWEN EXTERNAL CREAM 0.05 % ( <i>desonide</i> )                             | NPB       |            |
| <i>desoximetasone external cream 0.05 %, 0.25 %</i>                           | G         |            |
| <i>desoximetasone external gel 0.05 %</i>                                     | G         |            |
| <i>desoximetasone external liquid 0.25 %</i>                                  | G         |            |
| <i>desoximetasone external ointment 0.05 %</i>                                | NF        |            |
| <i>desoximetasone external ointment 0.25 %</i>                                | G         |            |
| <i>desonide (Desrx External Gel 0.05 %)</i>                                   | NF        |            |
| <i>diflorasone diacetate external cream 0.05 %</i>                            | NF        |            |
| <i>diflorasone diacetate external ointment 0.05 %</i>                         | NF        |            |
| DIPROLENE EXTERNAL OINTMENT 0.05 % ( <i>betamethasone dipropionate aug</i> )  | NPB       |            |
| DUOBRII EXTERNAL LOTION 0.01-0.045 % ( <i>halobetasol prop-tazarotene</i> )   | NF        |            |
| ENSTILAR EXTERNAL FOAM 0.005-0.064 % ( <i>calcipotriene-betameth diprop</i> ) | PB        |            |
| <i>fluocinolone acetonide body external oil 0.01 %</i>                        | G         |            |
| <i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>                  | G         |            |
| <i>fluocinolone acetonide external ointment 0.025 %</i>                       | G         |            |
| <i>fluocinolone acetonide external solution 0.01 %</i>                        | G         |            |
| <i>fluocinolone acetonide scalp external oil 0.01 %</i>                       | G         |            |
| <i>fluocinonide emulsified base external cream 0.05 %</i>                     | G         |            |
| <i>fluocinonide external cream 0.05 %</i>                                     | G         |            |
| <i>fluocinonide external cream 0.1 %</i>                                      | NF        |            |

| Prescription Drug Name                                                       | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------|-----------|------------|
| <i>fluocinonide external gel 0.05 %</i>                                      | G         |            |
| <i>fluocinonide external ointment 0.05 %</i>                                 | G         |            |
| <i>fluocinonide external solution 0.05 %</i>                                 | G         |            |
| <i>flurandrenolide external cream 0.05 %</i>                                 | NF        |            |
| <i>flurandrenolide external lotion 0.05 %</i>                                | NF        |            |
| <i>fluticasone propionate external cream 0.05 %</i>                          | G         |            |
| <i>fluticasone propionate external lotion 0.05 %</i>                         | G         |            |
| <i>fluticasone propionate external ointment 0.005 %</i>                      | G         |            |
| <i>halcinonide external cream 0.1 %</i>                                      | NF        |            |
| <i>halobetasol propionate external cream 0.05 %</i>                          | G         |            |
| <i>halobetasol propionate external foam 0.05 %</i>                           | NF        |            |
| <i>halobetasol propionate external ointment 0.05 %</i>                       | G         |            |
| HALOG EXTERNAL CREAM 0.1 % ( <i>halcinonide</i> )                            | NF        |            |
| HALOG EXTERNAL OINTMENT 0.1 % ( <i>halcinonide</i> )                         | NF        |            |
| HALOG EXTERNAL SOLUTION 0.1 % ( <i>halcinonide</i> )                         | NF        |            |
| <i>hydrocortisone butyr lipo base external cream 0.1 %</i>                   | NF        |            |
| <i>hydrocortisone butyrate external cream 0.1 %</i>                          | NF        |            |
| <i>hydrocortisone butyrate external lotion 0.1 %</i>                         | NF        |            |
| <i>hydrocortisone butyrate external ointment 0.1 %</i>                       | G         |            |
| <i>hydrocortisone butyrate external solution 0.1 %</i>                       | G         |            |
| <i>hydrocortisone external cream 1 %, 2.5 %</i>                              | G         |            |
| <i>hydrocortisone external lotion 2.5 %</i>                                  | G         |            |
| <i>hydrocortisone external ointment 1 %, 2.5 %</i>                           | G         |            |
| <i>hydrocortisone valerate external cream 0.2 %</i>                          | G         |            |
| <i>hydrocortisone valerate external ointment 0.2 %</i>                       | G         |            |
| IMPEKLO EXTERNAL LOTION 0.15 MG/ACT (0.05%) ( <i>clobetasol propionate</i> ) | NF        |            |
| IMPOYZ EXTERNAL CREAM 0.025 % ( <i>clobetasol propionate</i> )               | NF        |            |
| LEXETTE EXTERNAL FOAM 0.05 % ( <i>halobetasol propionate</i> )               | NF        |            |
| <i>mometasone furoate external cream 0.1 %</i>                               | G         |            |
| <i>mometasone furoate external ointment 0.1 %</i>                            | G         |            |
| <i>mometasone furoate external solution 0.1 %</i>                            | G         |            |
| OLUX-E EXTERNAL FOAM 0.05 % ( <i>clobetasol propionate emulsion</i> )        | NF        |            |

| Prescription Drug Name                                                              | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------|-----------|------------|
| PANDEL EXTERNAL CREAM 0.1 % ( <i>hydrocortisone probutate</i> )                     | NPB       |            |
| <i>prednicarbate external ointment 0.1 %</i>                                        | G         |            |
| SERNIVO EXTERNAL EMULSION 0.05 % ( <i>betamethasone dipropionate</i> )              | NPB       |            |
| SYNALAR EXTERNAL SOLUTION 0.01 % ( <i>fluocinolone acetonide</i> )                  | NPB       |            |
| TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % ( <i>calcipotriene-betameth diprop</i> ) | NPB       |            |
| TASOPROL EXTERNAL KIT 0.05 % ( <i>clobetasol propionate</i> )                       | NF        |            |
| TEXACORT EXTERNAL SOLUTION 2.5 % ( <i>hydrocortisone</i> )                          | PB        |            |
| TOPICORT EXTERNAL CREAM 0.25 % ( <i>desoximetasone</i> )                            | NPB       |            |
| TOPICORT EXTERNAL GEL 0.05 % ( <i>desoximetasone</i> )                              | NPB       |            |
| TOPICORT EXTERNAL OINTMENT 0.25 % ( <i>desoximetasone</i> )                         | NPB       |            |
| <i>clobetasol propionate emulsion</i> (Tovet External Foam 0.05 %)                  | NF        |            |
| <i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>                | NF        |            |
| <i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>                 | G         |            |
| <i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>                       | G         |            |
| <i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>              | G         |            |
| <i>triamcinolone acetonide external ointment 0.05 %</i>                             | NF        |            |
| <i>triamcinolone in absorbase external ointment 0.05 %</i>                          | NF        |            |
| <i>triamcinolone acetonide</i> (Trianex External Ointment 0.05 %)                   | NF        |            |
| <i>triamcinolone acetonide</i> (Triderm External Cream 0.1 %, 0.5 %)                | G         |            |
| TRIDESILON EXTERNAL CREAM 0.05 % ( <i>desonide</i> )                                | NPB       |            |
| ULTRAVATE EXTERNAL LOTION 0.05 % ( <i>halobetasol propionate</i> )                  | NF        |            |
| VERDESO EXTERNAL FOAM 0.05 % ( <i>desonide</i> )                                    | NPB       |            |
| <b>DERMATOLOGY, LOCAL ANESTHETICS</b>                                               |           |            |
| <i>lidocaine hcl</i> (7T Lido External Gel 2 %)                                     | G         |            |
| ACCUCAINE COMBINATION KIT 1 % ( <i>lido-pentaf-tetrafl-ultrasound</i> )             | NF        |            |
| <i>aftertest topical pain relief external stick 10 %</i>                            | NF        |            |
| ANACAINE EXTERNAL OINTMENT 10 % ( <i>benzocaine</i> )                               | NPB       |            |

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| Prescription Drug Name                                                        | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------|-----------|------------|
| APRIZIO PAK EXTERNAL KIT 2.5-2.5 % ( <i>lidocaine-prilocaine-dressing</i> )   | NF        |            |
| ASTERO EXTERNAL GEL 4 % ( <i>lidocaine hcl</i> )                              | NF        |            |
| CADIRAMD EXTERNAL KIT 2.5-2.5 % ( <i>lido-prilocaine-blood collect</i> )      | NF        |            |
| CETACAINE EXTERNAL GEL 2-2-14 % ( <i>butamben-tetracaine-benzocaine</i> )     | NF        |            |
| CETACAINE EXTERNAL LIQUID 2-2-14 % ( <i>butamben-tetracaine-benzocaine</i> )  | NF        |            |
| DERMACINRX PHN EXTERNAL THERAPY PACK 5 & 5 % ( <i>lidocaine-dimethicone</i> ) | NF        |            |
| DERMACINRX ZRM EXTERNAL THERAPY PACK 5 % ( <i>lidocaine-emollient</i> )       | NF        |            |
| <i>dermalid external therapy pack 5 %</i>                                     | NF        |            |
| <i>gen7t external lotion 3.5 %</i>                                            | NF        |            |
| <i>gen7t external patch 3.5 %</i>                                             | NF        |            |
| <i>gen7t plus external lotion 3.5-7 %</i>                                     | NF        |            |
| <i>gen7t plus external patch 3.5-7 %</i>                                      | NF        |            |
| <i>lidocaine hcl</i> (Glydo External Prefilled Syringe 2 %)                   | G         |            |
| L.E.T. EXTERNAL GEL 4-0.05-0.5 % ( <i>lido-epinephrine-tetracaine</i> )       | NF        |            |
| LDO PLUS EXTERNAL GEL 4 % ( <i>lidocaine hcl</i> )                            | NF        |            |
| <i>levatio external patch 0.03-5 %</i>                                        | NF        |            |
| <i>lidocaine external ointment 5 %</i>                                        | G         |            |
| <i>lidocaine external patch 5 %</i>                                           | G         |            |
| <i>lidocaine hcl external solution 4 %</i>                                    | G         |            |
| <i>lidocaine hcl urethral/mucosal external gel 2 %</i>                        | G         |            |
| <i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i>          | G         |            |
| <i>lidocaine-prilocaine external cream 2.5-2.5 %</i>                          | G         |            |
| LIDODERM EXTERNAL PATCH 5 % ( <i>lidocaine</i> )                              | PB        |            |
| LIDOPURE PATCH EXTERNAL KIT 5 % ( <i>lidocaine-adhesive sheets</i> )          | NF        |            |
| LIDOTHOL EXTERNAL GEL 4.5-5 % ( <i>lidocaine-menthol</i> )                    | NF        |            |
| LIDOTHOL EXTERNAL PATCH 4.5-5 % ( <i>lidocaine-menthol</i> )                  | NF        |            |
| LIDOTRAL EXTERNAL CREAM 3.88 % ( <i>lidocaine hcl</i> )                       | NF        |            |



| Prescription Drug Name                                                                      | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------------------------|-----------|------------|
| LMR PLUS EXTERNAL KIT 5 & 0.5-0.5 % ( <i>lidocaine-camphor-menthol</i> )                    | NF        |            |
| <i>paingo kft external kit 2.5-2.5-10-30 %</i>                                              | NF        |            |
| PLIAGLIS EXTERNAL CREAM 7-7 % ( <i>lidocaine-tetracaine</i> )                               | NF        |            |
| PRAMOX EXTERNAL GEL 1 % ( <i>pramoxine hcl</i> )                                            | G         |            |
| <i>premium scar external patch 2-4-30 %</i>                                                 | NF        |            |
| <i>prepiv supply combination kit 2.5-2.5 &amp; 0.9 %</i>                                    | NF        |            |
| QUTENZA (2 PATCH) EXTERNAL KIT 8 % ( <i>capsaicin-cleansing gel</i> )                       | NPSP      |            |
| QUTENZA (4 PATCH) EXTERNAL KIT 8 % ( <i>capsaicin-cleansing gel</i> )                       | NPSP      |            |
| QUTENZA EXTERNAL KIT 8 % ( <i>capsaicin-cleansing gel</i> )                                 | NPSP      |            |
| SOOTHEE EXTERNAL PATCH 0.5-0.0375-5-2 % ( <i>lido-capsaicin-men-methyl sal</i> )            | NF        |            |
| SX1 MEDICATED POST-OPERATIVE EXTERNAL KIT 2 % ( <i>lidocaine hcl &amp; post-op system</i> ) | NF        |            |
| SYNERA EXTERNAL PATCH 70-70 MG ( <i>lidocaine-tetracaine</i> )                              | NPB       |            |
| VENIPUNCTURE PX1 PHLEBOTOMY EXTERNAL KIT 2 % ( <i>lidocaine hcl-blood collection</i> )      | NF        |            |
| <i>wpr plus wound healing system external therapy pack 4 &amp; 10-30 %</i>                  | NF        |            |
| ZILACAINE PATCH EXTERNAL THERAPY PACK 5 % ( <i>lidocaine-silicone</i> )                     | NF        |            |
| ZTLIDO EXTERNAL PATCH 1.8 % ( <i>lidocaine</i> )                                            | NPB       |            |
| <b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>                                  |           |            |
| ACNESIC EXTERNAL GEL 0.5 % ( <i>salicylic acid</i> )                                        | NF        |            |
| ACUICYN EXTERNAL SOLUTION ( <i>eyelid cleansers</i> )                                       | NF        |            |
| <i>acyclovir external cream 5 %</i>                                                         | NF        |            |
| <i>acyclovir external ointment 5 %</i>                                                      | G         |            |
| AMELUZ EXTERNAL GEL 10 % ( <i>aminolevulinic acid hcl</i> )                                 | NF        |            |
| <i>ammonium lactate external cream 12 %</i>                                                 | G         |            |
| <i>ammonium lactate external lotion 12 %</i>                                                | G         |            |
| AVENOVA EXTERNAL SOLUTION 0.01 % ( <i>eyelid cleansers</i> )                                | NF        |            |

| Prescription Drug Name                                                                                  | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>bensal hp external ointment 3 %</i>                                                                  | NF        |            |
| CONDYLOX EXTERNAL GEL 0.5 % ( <i>podofilox</i> )                                                        | PB        |            |
| DENAVIR EXTERNAL CREAM 1 % ( <i>penciclovir</i> )                                                       | NPB       |            |
| DERMACINRX CLORHEXACIN EXTERNAL KIT 4 & 2 & 5 % (OINT) ( <i>chlorhex-mupir-dimeth-silicone</i> )        | NF        |            |
| <i>dermacinrx surgical combopak combination kit</i>                                                     | NF        |            |
| <i>diclofenac epolamine external patch 1.3 %</i>                                                        | G         |            |
| <i>diclofenac sodium external gel 3 %</i>                                                               | G         |            |
| <i>diclofenac sodium external solution 1.5 %</i>                                                        | G         |            |
| <i>diclofenac sodium gel 1 % external (rx) 1 %</i>                                                      | G         |            |
| <i>diclofenac sodium gel 1 % external (rx) 1 %</i>                                                      | NF        |            |
| DICLOFONO EXTERNAL GEL 1.6 % ( <i>diclofenac sodium</i> )                                               | NF        |            |
| ELIDEL EXTERNAL CREAM 1 % ( <i>pimecrolimus</i> )                                                       | NF        |            |
| <i>enovarx-diclofenac sodium external cream 2.5 %</i>                                                   | NF        |            |
| EUCRISA EXTERNAL OINTMENT 2 % ( <i>crisaborole</i> )                                                    | PB        |            |
| FROTEK EXTERNAL CREAM 10 % ( <i>ketoprofen</i> )                                                        | NF        |            |
| <i>iodine tincture external tincture 2 %</i>                                                            | NPB       |            |
| KETOPHENE RAPIDPAQ EXTERNAL CREAM 20 % ( <i>ketoprofen</i> )                                            | NF        |            |
| <i>lactic acid external lotion 10 %</i>                                                                 | G         |            |
| NUSURGEPAK SURGICAL PREP/CARE EXTERNAL KIT 4 & 2 & 5 % (OINT) ( <i>chlorhex-mupir-dimeth-silicone</i> ) | NF        |            |
| PENNSAID EXTERNAL SOLUTION 2 % ( <i>diclofenac sodium</i> )                                             | NF        |            |
| <i>pimecrolimus external cream 1 %</i>                                                                  | G         |            |
| <i>podofilox external solution 0.5 %</i>                                                                | G         |            |
| PROTOPIC EXTERNAL OINTMENT 0.03 %, 0.1 % ( <i>tacrolimus</i> )                                          | NPB       |            |
| RECTIV RECTAL OINTMENT 0.4 % ( <i>nitroglycerin</i> )                                                   | NPB       |            |
| <i>salicylic acid external ointment 3 %</i>                                                             | NF        |            |
| <i>salimez external cream 6 %</i>                                                                       | NPB       |            |
| <i>salimez forte external cream 10 %</i>                                                                | NPB       |            |
| SANTYL EXTERNAL OINTMENT 250 UNIT/GM ( <i>collagenase</i> )                                             | NPB       |            |
| <i>tacrolimus external ointment 0.03 %, 0.1 %</i>                                                       | G         |            |
| TARGRETIN EXTERNAL GEL 1 % ( <i>bexarotene</i> )                                                        | NPSP      |            |

| Prescription Drug Name                                                    | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------|-----------|------------|
| VALCHLOR EXTERNAL GEL 0.016 % ( <i>mechlorethamine hcl (topical)</i> )    | NPSP      |            |
| VEREGEN EXTERNAL OINTMENT 15 % ( <i>sinecatechins</i> )                   | NF        |            |
| VOLTAREN EXTERNAL GEL 1 % ( <i>diclofenac sodium</i> )                    | NPB       |            |
| XALIX EXTERNAL SOLUTION 28 % ( <i>salicylic acid</i> )                    | NF        |            |
| XERAC AC EXTERNAL SOLUTION 6.25 % ( <i>aluminum chloride in alcohol</i> ) | NPB       |            |
| <b>DERMATOLOGY, ROSACEA</b>                                               |           |            |
| <i>azelaic acid external gel 15 %</i>                                     | G         |            |
| <i>doxycycline oral capsule delayed release 40 mg</i>                     | NF        |            |
| EPSOLAY EXTERNAL CREAM 5 % ( <i>benzoyl peroxide</i> )                    | NF        |            |
| FINACEA EXTERNAL FOAM 15 % ( <i>azelaic acid</i> )                        | PB        |            |
| FINACEA EXTERNAL GEL 15 % ( <i>azelaic acid</i> )                         | NF        |            |
| <i>ivermectin external cream 1 %</i>                                      | NF        |            |
| <i>metronidazole external cream 0.75 %</i>                                | G         |            |
| <i>metronidazole external gel 0.75 %, 1 %</i>                             | G         |            |
| <i>metronidazole external lotion 0.75 %</i>                               | G         |            |
| MIRVASO EXTERNAL GEL 0.33 % ( <i>brimonidine tartrate</i> )               | NF        |            |
| NORITATE EXTERNAL CREAM 1 % ( <i>metronidazole</i> )                      | NF        |            |
| ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG ( <i>doxycycline</i> )          | PB        |            |
| RHOFADE EXTERNAL CREAM 1 % ( <i>oxymetazoline hcl</i> )                   | NPB       |            |
| <i>metronidazole (Rosadan External Cream 0.75 %)</i>                      | G         |            |
| <i>metronidazole (Rosadan External Gel 0.75 %)</i>                        | G         |            |
| SOOLANTRA EXTERNAL CREAM 1 % ( <i>ivermectin</i> )                        | PB        |            |
| ZILXI EXTERNAL FOAM 1.5 % ( <i>minocycline hcl micronized</i> )           | NF        |            |
| <b>DERMATOLOGY, SCABICIDES AND PEDICULICIDES</b>                          |           |            |
| CROTAN EXTERNAL LOTION 10 % ( <i>crotamiton</i> )                         | G         |            |
| <i>lindane external shampoo 1 %</i>                                       | G         |            |
| <i>malathion external lotion 0.5 %</i>                                    | G         |            |
| <i>permethrin external cream 5 %</i>                                      | G         |            |
| <i>spinosad external suspension 0.9 %</i>                                 | G         |            |
| <i>sulfurated lime external solution</i>                                  | NPB       |            |
| <b>DERMATOLOGY, WOUND CARE AGENTS</b>                                     |           |            |
| <i>acetic acid irrigation solution 0.25 %</i>                             | G         |            |

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| Prescription Drug Name                                                                 | Drug Tier | Drug Notes |
|----------------------------------------------------------------------------------------|-----------|------------|
| <i>sodium chloride (gu irrigant)</i> (Argyle Sterile Saline Irrigation Solution 0.9 %) | G         |            |
| <i>sodium chloride (gu irrigant)</i> (Curity Sterile Saline Irrigation Solution 0.9 %) | G         |            |
| <i>glycine irrigation solution 1.5 %</i>                                               | G         |            |
| REGRANEX EXTERNAL GEL 0.01 % ( <i>becaplermin</i> )                                    | NPB       |            |
| RENACIDIN IRRIGATION SOLUTION ( <i>citric ac-gluconolact-mg carb</i> )                 | NPB       |            |
| <i>sodium chloride irrigation solution 0.9 %</i>                                       | G         |            |
| <i>sorbitol irrigation solution 3 %</i>                                                | NPB       |            |
| <i>sorbitol-mannitol irrigation solution 2.7-0.54 gm/100ml</i>                         | NPB       |            |
| <b>MOUTH/THROAT/DENTAL AGENTS</b>                                                      |           |            |
| <i>cevimeline hcl oral capsule 30 mg</i>                                               | G         |            |
| <i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>                            | G         |            |
| <i>clotrimazole mouth/throat troche 10 mg</i>                                          | G         |            |
| EVOXAC ORAL CAPSULE 30 MG ( <i>cevimeline hcl</i> )                                    | PB        |            |
| <i>lidocaine hcl mouth/throat solution 4 %</i>                                         | G         |            |
| <i>lidocaine viscous hcl mouth/throat solution 2 %</i>                                 | G         |            |
| <i>nystatin mouth/throat suspension 100000 unit/ml</i>                                 | G         |            |
| <i>triamcinolone acetonide</i> (Oralene Mouth/Throat Paste 0.1 %)                      | G         |            |
| ORAVIG BUCCAL TABLET 50 MG ( <i>miconazole</i> )                                       | NPB       |            |
| <i>chlorhexidine gluconate</i> (Periogard Mouth/Throat Solution 0.12 %)                | G         |            |
| <i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>                                        | G         |            |
| PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 % ( <i>sodium fluoride</i> )              | NF        |            |
| PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 % ( <i>sodium fluoride</i> )                   | NF        |            |
| PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 % ( <i>sodium fluoride</i> )             | NF        |            |
| PREVIDENT 5000 PLUS DENTAL CREAM 1.1 % ( <i>sodium fluoride</i> )                      | NF        |            |
| PREVIDENT DENTAL GEL 1.1 % ( <i>sodium fluoride</i> )                                  | NF        |            |
| PREVIDENT MOUTH/THROAT SOLUTION 0.2 % ( <i>sodium fluoride</i> )                       | NF        |            |
| SALAGEN ORAL TABLET 5 MG, 7.5 MG ( <i>pilocarpine hcl</i> )                            | PB        |            |
| <i>triamcinolone acetonide mouth/throat paste 0.1 %</i>                                | G         |            |

| Prescription Drug Name                                                                            | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------------------------------|-----------|------------|
| <b>OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR</b>                                                |           |            |
| <i>acetic acid otic solution 2 %</i>                                                              | G         |            |
| <b>CIPRO HC OTIC SUSPENSION 0.2-1 %</b> ( <i>ciprofloxacin-hydrocortisone</i> )                   | NF        |            |
| <b>CIPRODEX OTIC SUSPENSION 0.3-0.1 %</b> ( <i>ciprofloxacin-dexamethasone</i> )                  | NF        |            |
| <i>ciprofloxacin hcl otic solution 0.2 %</i>                                                      | G         |            |
| <i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>                                      | G         |            |
| <i>ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %</i>                                    | NF        |            |
| <b>CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML</b> ( <i>neomycin-colist-hc-thonzonium</i> ) | NPB       |            |
| <i>fluocinolone acetonide</i> (Flac Otic Oil 0.01 %)                                              | G         |            |
| <i>fluocinolone acetonide otic oil 0.01 %</i>                                                     | G         |            |
| <i>hydrocortisone-acetic acid otic solution 1-2 %</i>                                             | G         |            |
| <i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>                                       | G         |            |
| <i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>                                          | G         |            |
| <i>ofloxacin otic solution 0.3 %</i>                                                              | G         |            |
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