# Plan for your best health

## 2023 Aetna Pharmacy Drug Guide

Standard Opt Out Plan with
ACSF: Texas Health | Aetna

Aetna.com

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## Table of Contents

INFORMATIONAL SECTION ..... 4
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION ..... 13
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS ..... 22
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER ..... 33
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS ..... 42
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS ..... 55
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES ..... 80
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS ..... 148
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS ..... 155
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS ..... 158
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM ..... 165
MEDICAL DEVICES ..... 176
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS ..... 177
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS ..... 187
OTHER ..... 193
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS ..... 193
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS ..... 202

# 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, and weight loss.

## 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 (TTY: 711)**.
- **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 (TTY: 711)**

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 (TTY: 711)**. If you need the help of a telephone device for the hard of hearing, call **1-877-833-2779 (TTY: 711)**.
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/prior authorization (PA)?

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 (ST)?

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 (QL)?

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**.
- Call the Aetna Pharmacy Precertification Unit: Non-Specialty **1-800-294-5979 (TTY: 711)** or Specialty **1-866-814-5506 (TTY: 711)**.
- Fax the completed request form to: Non-Specialty **1-888-836-0730** or Specialty **1-866-249-6155**.
- Mail the completed request form to: Medical Exception to Pharmacy Prior Authorization Unit 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 (TTY: 711)**, **1-800-537-7697 (TDD) (TTY: 711)**.

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TTY:711

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

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

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

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

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

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

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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 or insurer policies, changes to drug coverage are not effective for commercial fully insured plans (including HMOs) in Louisiana, New York, Texas, and in most circumstances Connecticut and Vermont, 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 accordance with state law, commercial fully insured (including HMO) members in Connecticut, Louisiana, New Mexico and Texas (except Federal Employee Health Benefit Plan members) who are receiving coverage for drugs that are added or removed from the Pharmacy Drug Guide and Specialty Drug List will continue to have those drugs covered at the same benefit level until their plan's renewal date. In Texas, preauthorization approval is known as "preservice utilization review." It is not "verification" as defined by Texas law. Preauthorization means a determination that healthcare services proposed to be provided to a patient are medically necessary and appropriate.

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

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**lowercase italics** = Generic drugs
**UPPERCASE** = Brand name drugs

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

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

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| **ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION** | | |
| **COX-2 INHIBITORS** | | |
| CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG (*celecoxib*) | NPB | |
| *celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg* | G | |
| ELYXYB ORAL SOLUTION 120 MG/4.8ML (*celecoxib (migraine)*) | NPB | |
| **GOUT** | | |
| *allopurinol oral tablet 100 mg, 300 mg* | G | |
| *colchicine oral capsule 0.6 mg* | G | |
| *colchicine oral tablet 0.6 mg* | G | |
| *colchicine-probenecid oral tablet 0.5-500 mg* | G | |
| COLCRYS ORAL TABLET 0.6 MG (*colchicine*) | NPB | |
| *febuxostat oral tablet 40 mg, 80 mg* | G | |
| KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML (*pegloticase*) | NPSP | |
| *probenecid oral tablet 500 mg* | G | |
| ULORIC ORAL TABLET 40 MG, 80 MG (*febuxostat*) | NPB | |
| **MISCELLANEOUS** | | |
| PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 500 MCG/20ML, 500 MCG/5ML (*ziconotide acetate*) | NPSP | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| **NON-OPIOID ANALGESICS** | | |
| ALLZITAL ORAL TABLET 25-325 MG (*butalbital-acetaminophen*) | NPB | |
| *butalbital-apap-caffeine* (Bac Oral Tablet 50-325-40 Mg) | G | |
| *butalbital-acetaminophen* (Bupap Oral Tablet 50-300 Mg) | G | |
| *butalbital-acetaminophen oral capsule 50-300 mg* | G | |
| *butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg* | G | |
| *butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg* | G | |
| *butalbital-apap-caffeine oral tablet 50-325-40 mg* | G | |
| *butalbital-aspirin-caffeine oral capsule 50-325-40 mg* | G | |
| *butalbital-apap-caffeine* (Esgic Oral Capsule 50-325-40 Mg) | G | |
| ESGIC ORAL TABLET 50-325-40 MG (*butalbital-apap-caffeine*) | NPB | |
| TENCON ORAL TABLET 50-325 MG (*butalbital-acetaminophen*) | G | |
| *butalbital-apap-caffeine* (Zebutal Oral Capsule 50-325-40 Mg) | G | |
| **NSAIDS** | | |
| CAMBIA ORAL PACKET 50 MG (*diclofenac potassium(migraine)*) | NPB | |
| DAYPRO ORAL TABLET 600 MG (*oxaprozin*) | NPB | |
| *diclofenac potassium oral tablet 25 mg* | NPB | |
| *diclofenac potassium oral tablet 50 mg* | G | |
| *diclofenac sodium er oral tablet extended release 24 hour 100 mg* | G | |
| *diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg* | G | |
| *etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg* | G | |
| *etodolac oral capsule 200 mg, 300 mg* | G | |
| *etodolac oral tablet 400 mg, 500 mg* | G | |
| *fenoprofen calcium oral capsule 200 mg* | NPB | |
| *fenoprofen calcium oral capsule 400 mg* | G | |
| *fenoprofen calcium oral tablet 600 mg* | G | |
| *flurbiprofen oral tablet 100 mg, 50 mg* | G | |
| *ibuprofen* (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg) | G | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *ibuprofen oral suspension 100 mg/5ml* | G | |
| *ibuprofen oral tablet 400 mg, 600 mg, 800 mg* | G | |
| INDOCIN ORAL SUSPENSION 25 MG/5ML (*indomethacin*) | NPB | |
| *indomethacin* (Indocin Rectal Suppository 50 Mg) | NPB | |
| *indomethacin er oral capsule extended release 75 mg* | G | |
| *indomethacin oral capsule 25 mg, 50 mg* | G | |
| *ketoprofen er oral capsule extended release 24 hour 200 mg* | G | |
| *ketoprofen oral capsule 25 mg* | NPB | |
| *ketorolac tromethamine oral tablet 10 mg* | G | |
| *meclofenamate sodium oral capsule 100 mg, 50 mg* | G | |
| *mefenamic acid oral capsule 250 mg* | G | |
| *meloxicam oral tablet 15 mg, 7.5 mg* | G | |
| *nabumetone oral tablet 500 mg, 750 mg* | G | |
| NALFON ORAL CAPSULE 400 MG (*fenoprofen calcium*) | NPB | |
| NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG (*naproxen sodium*) | NPB | |
| *naproxen oral suspension 125 mg/5ml* | G | |
| *naproxen oral tablet 250 mg, 375 mg, 500 mg* | G | |
| *naproxen oral tablet delayed release 375 mg, 500 mg* | G | |
| *naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg* | G | |
| *naproxen sodium oral tablet 275 mg, 550 mg* | G | |
| *oxaprozin oral tablet 600 mg* | G | |
| *piroxicam oral capsule 10 mg, 20 mg* | G | |
| RELAFEN DS ORAL TABLET 1000 MG (*nabumetone*) | NPB | |
| SPRIX NASAL SOLUTION 15.75 MG/SPRAY (*ketorolac tromethamine*) | NPB | |
| *sulindac oral tablet 150 mg, 200 mg* | G | |
| ZIPSOR ORAL CAPSULE 25 MG (*diclofenac potassium*) | NPB | |
| ZORVOLEX ORAL CAPSULE 18 MG, 35 MG (*diclofenac*) | NPB | |
| **NSAIDS, COMBINATIONS** | | |
| *diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg* | G | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| DUEXIS ORAL TABLET 800-26.6 MG (*ibuprofen-famotidine*) | NPB | |
| VIMOVO ORAL TABLET DELAYED RELEASE 375-20 MG, 500-20 MG (*naproxen-esomeprazole*) | NPB | |
| **OPIOID ANALGESICS** | | |
| *acetaminophen-codeine oral solution 120-12 mg/5ml* | G | |
| *acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg* | G | |
| APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (*benzhydrocodone-acetaminophen*) | NPB | |
| *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 | |
| *benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg* | NPB | |
| *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 0.2 MG/ML (*hydromorphone hcl*) | NPB | |
| DILAUDID ORAL LIQUID 1 MG/ML (*hydromorphone hcl*) | NPB | |
| DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG (*hydromorphone hcl*) | NPB | |
| DSUVIA SUBLINGUAL TABLET SUBLINGUAL 30 MCG (*sufentanil citrate*) | NPB | |
| *oxycodone-acetaminophen* (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg) | G | |
| *fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg* | G | |
| *fentanyl citrate buccal tablet 200 mcg, 400 mcg, 600 mcg, 800 mcg* | G | |
| *fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr* | G | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (*fentanyl citrate*) | NPB | |
| *hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg* | G | |
| *hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml* | G | |
| *hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg* | G | |
| *hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg* | G | |
| *hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg* | G | |
| *hydromorphone hcl injection solution 0.2 mg/ml, 1 mg/ml* | NPB | |
| *hydromorphone hcl oral liquid 1 mg/ml* | G | |
| *hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg* | G | |
| *hydromorphone hcl rectal suppository 3 mg* | NPB | |
| HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (*hydrocodone bitartrate*) | NPB | |
| *levorphanol tartrate oral tablet 2 mg, 3 mg* | G | |
| *meperidine hcl oral solution 50 mg/5ml* | G | |
| *meperidine hcl oral tablet 50 mg* | G | |
| *methadone hcl* (Methadone Hcl Intensol Oral Concentrate 10 Mg/Ml) | G | |
| *methadone hcl oral concentrate 10 mg/ml* | G | |
| *methadone hcl oral solution 10 mg/5ml, 5 mg/5ml* | G | |
| *methadone hcl oral tablet 10 mg, 5 mg* | G | |
| *methadone hcl oral tablet soluble 40 mg* | G | |
| *methadone hcl solution 10 mg/ml injection* | G | |
| *methadone hcl solution 10 mg/ml injection* | NPB | |
| METHADOSE ORAL CONCENTRATE 10 MG/ML (*methadone hcl*) | NPB | |
| *methadone hcl* (Methadose Oral Tablet Soluble 40 Mg) | G | |
| METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML (*methadone hcl*) | NPB | |
| *morphine sulfate (concentrate) oral solution 20 mg/ml* | G | |
| *morphine sulfate (pf) intravenous solution 1 mg/ml* | NPB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg* | G | |
| *morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg* | G | |
| *morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg* | G | |
| *morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml* | G | |
| *morphine sulfate oral tablet 15 mg, 30 mg* | G | |
| *morphine sulfate rectal suppository 10 mg, 20 mg, 30 mg, 5 mg* | G | |
| MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG (*morphine sulfate*) | NPB | |
| *nalocet oral tablet 2.5-300 mg* | NPB | |
| 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 | |
| OXAYDO ORAL TABLET 5 MG, 7.5 MG (*oxycodone hcl*) | NPB | |
| *oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg* | NPB | |
| *oxycodone hcl er oral tablet er 12 hour abuse-deterrent 80 mg* | G | |
| *oxycodone hcl oral capsule 5 mg* | G | |
| *oxycodone hcl oral concentrate 100 mg/5ml* | G | |
| *oxycodone hcl oral solution 5 mg/5ml* | G | |
| *oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg* | G | |
| *oxycodone-acetaminophen oral solution 5-325 mg/5ml* | NPB | |
| *oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg, 7.5-300 mg* | NPB | |
| *oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg* | G | |
| OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (*oxycodone hcl*) | NPB | |
| *oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg* | G | |
| *oxymorphone hcl oral tablet 10 mg, 5 mg* | G | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (*oxycodone-acetaminophen*) | NPB | |
| PROLATE ORAL SOLUTION 10-300 MG/5ML (*oxycodone-acetaminophen*) | NPB | |
| PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (*oxycodone-acetaminophen*) | NPB | |
| QDOLO ORAL SOLUTION 5 MG/ML (*tramadol hcl*) | NPB | |
| ROXICODONE ORAL TABLET 15 MG, 30 MG (*oxycodone hcl*) | NPB | |
| ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG (*oxycodone hcl*) | NPB | |
| SEGLENTIS ORAL TABLET 56-44 MG (*celecoxib-tramadol hcl*) | NPB | |
| SUBSYS SUBLINGUAL LIQUID 800 MCG (*fentanyl*) | NPB | |
| *tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg* | G | |
| *tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg* | G | |
| *tramadol hcl oral solution 5 mg/ml* | NPB | |
| *tramadol hcl oral tablet 100 mg* | NPB | |
| *tramadol hcl oral tablet 50 mg* | G | |
| *tramadol-acetaminophen oral tablet 37.5-325 mg* | G | |
| TREZIX ORAL CAPSULE 320.5-30-16 MG (*apap-caff-dihydrocodeine*) | G | |
| XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG (*oxycodone*) | PB | |
| **OPIOID PARTIAL AGONISTS** | | |
| BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (*buprenorphine hcl*) | PB | |
| *buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr* | G | |
| BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR (*buprenorphine*) | NPB | |
| *pentazocine-naloxone hcl oral tablet 50-0.5 mg* | G | |

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

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

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 30 MG/2ML (*hyaluronan*) | NF | |
| SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (*sodium hyaluronate (viscosup)*) | PSP | |
| SYNOJOYNT INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (*sodium hyaluronate (viscosup)*) | NF | |
| SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16 MG/2ML (*hylan g-f 20*) | NF | |
| SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 48 MG/6ML (*hylan g-f 20*) | NF | |
| TRIVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (*sodium hyaluronate (viscosup)*) | NF | |
| VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (*sodium hyaluronate (viscosup)*) | NF | |
| **ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS** | | |
| **ANTHELMINTICS - DRUGS FOR WORM INFECTION** | | |
| *albendazole oral tablet 200 mg* | G | |
| *benznidazole oral tablet 100 mg, 12.5 mg* | NPB | |
| EMVERM ORAL TABLET CHEWABLE 100 MG (*mebendazole*) | PB | |
| *ivermectin oral tablet 3 mg* | G | |
| *praziquantel oral tablet 600 mg* | G | |
| **ANTI-BACTERIALS - MISCELLANEOUS** | | |
| ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML (*amikacin sulfate liposome*) | NPSP | |
| BACTRIM DS ORAL TABLET 800-160 MG (*sulfamethoxazole-trimethoprim*) | NPB | |
| BACTRIM ORAL TABLET 400-80 MG (*sulfamethoxazole-trimethoprim*) | NPB | |
| MONUROL ORAL PACKET 3 GM (*fosfomycin tromethamine*) | NPB | |
| *neomycin sulfate oral tablet 500 mg* | G | |
| *sulfadiazine oral tablet 500 mg* | NPB | |
| *sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml* | G | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg* | G | |
| *sulfamethoxazole-trimethoprim* (Sulfatrim Pediatric Oral Suspension 200-40 Mg/5Ml) | G | |
| *tinidazole oral tablet 250 mg, 500 mg* | G | |
| **ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS** | | |
| BREXAFEMME ORAL TABLET 150 MG (*ibrexafungerp citrate*) | NPB | |
| CRESEMBA ORAL CAPSULE 186 MG (*isavuconazonium sulfate*) | NPB | |
| *fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml* | G | |
| *fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg* | G | |
| *flucytosine oral capsule 250 mg, 500 mg* | G | |
| *griseofulvin microsize oral suspension 125 mg/5ml* | G | |
| *griseofulvin microsize oral tablet 500 mg* | G | |
| *griseofulvin ultramicrosize oral tablet 125 mg, 250 mg* | G | |
| *itraconazole oral capsule 100 mg* | G | |
| *itraconazole oral solution 10 mg/ml* | G | |
| *ketoconazole oral tablet 200 mg* | G | |
| NOXAFIL ORAL SUSPENSION 40 MG/ML (*posaconazole*) | NPB | |
| NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG (*posaconazole*) | NPB | |
| *nystatin oral tablet 500000 unit* | G | |
| *terbinafine hcl oral tablet 250 mg* | G | |
| *tolsura oral capsule 65 mg* | NPB | |
| *voriconazole oral suspension reconstituted 40 mg/ml* | G | |
| *voriconazole oral tablet 200 mg, 50 mg* | G | |
| **ANTIMALARIALS - DRUGS TO TREAT MALARIA** | | |
| ARAKODA ORAL TABLET 100 MG (*tafenoquine succinate*) | NPB | |
| *atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg* | G | |
| *chloroquine phosphate oral tablet 250 mg, 500 mg* | G | |
| COARTEM ORAL TABLET 20-120 MG (*artemether-lumefantrine*) | NPB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| KRINTAFEL ORAL TABLET 150 MG (*tafenoquine succinate*) | NPB | |
| *mefloquine hcl oral tablet 250 mg* | G | |
| *primaquine phosphate oral tablet 26.3 (15 base) mg* | NPB | |
| *quinine sulfate oral capsule 324 mg* | G | |
| **ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTIO** | | |
| SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG (*lenacapavir sodium*) | NF | |
| SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML (*lenacapavir sodium*) | NF | |
| **ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION** | | |
| *abacavir sulfate oral solution 20 mg/ml* | G | |
| *abacavir sulfate oral tablet 300 mg* | G | |
| APTIVUS ORAL CAPSULE 250 MG (*tipranavir*) | NF | |
| *atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg* | G | |
| EDURANT ORAL TABLET 25 MG (*rilpivirine hcl*) | PSP | |
| *efavirenz oral capsule 200 mg, 50 mg* | G | |
| *efavirenz oral tablet 600 mg* | G | |
| EMTRIVA ORAL CAPSULE 200 MG (*emtricitabine*) | PSP | |
| EMTRIVA ORAL SOLUTION 10 MG/ML (*emtricitabine*) | PSP | |
| *fosamprenavir calcium oral tablet 700 mg* | G | |
| FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG (*enfuvirtide*) | PSP | |
| INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG (*etravirine*) | PSP | |
| ISENTRESS HD ORAL TABLET 600 MG (*raltegravir potassium*) | PSP | |
| ISENTRESS ORAL PACKET 100 MG (*raltegravir potassium*) | PSP | |
| ISENTRESS ORAL TABLET 400 MG (*raltegravir potassium*) | PSP | |
| ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (*raltegravir potassium*) | PSP | |
| *lamivudine oral solution 10 mg/ml* | G | |

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

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

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| SYMFI ORAL TABLET 600-300-300 MG (*efavirenz-lamivudine-tenofovir*) | NPSP | |
| SYMTUZA ORAL TABLET 800-150-200-10 MG (*darunc-obic-emtricit-tenofaf*) | PSP | |
| TRIUMEQ ORAL TABLET 600-50-300 MG (*abacavir-dolutegravir-lamivud*) | PSP | |
| TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG (*abacavir-dolutegravir-lamivud*) | PSP | |
| TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG (*emtricitabine-tenofovir df*) | NF | |
| **ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS** | | |
| *cycloserine oral capsule 250 mg* | G | |
| *ethambutol hcl oral tablet 100 mg, 400 mg* | G | |
| *isoniazid oral syrup 50 mg/5ml* | G | |
| *isoniazid oral tablet 100 mg, 300 mg* | G | |
| PRIFTIN ORAL TABLET 150 MG (*rifapentine*) | NPB | |
| *pyrazinamide oral tablet 500 mg* | G | |
| *rifabutin oral capsule 150 mg* | G | |
| *rifampin oral capsule 150 mg, 300 mg* | G | |
| TRECATOR ORAL TABLET 250 MG (*ethionamide*) | NPB | |
| **ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS** | | |
| *acyclovir oral capsule 200 mg* | G | |
| *acyclovir oral suspension 200 mg/5ml* | G | |
| *acyclovir oral tablet 400 mg, 800 mg* | G | |
| *adefovir dipivoxil oral tablet 10 mg* | G | |
| BARACLUDE ORAL SOLUTION 0.05 MG/ML (*entecavir*) | NPSP | |
| BARACLUDE ORAL TABLET 0.5 MG, 1 MG (*entecavir*) | NF | |
| *entecavir oral tablet 0.5 mg, 1 mg* | G | |
| *famciclovir oral tablet 125 mg, 250 mg, 500 mg* | G | |
| *lamivudine oral tablet 100 mg* | G | |
| LIVTENCITY ORAL TABLET 200 MG (*maribavir*) | NPSP | |
| *oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg* | G | |
| *oseltamivir phosphate oral suspension reconstituted 6 mg/ml* | G | |
| PREVYMIS ORAL TABLET 240 MG, 480 MG (*letermovir*) | NPB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| RAPIVAB INTRAVENOUS SOLUTION 200 MG/20ML (*peramivir*) | NPB | |
| RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT (*zanamivir*) | PB | |
| *rimantadine hcl oral tablet 100 mg* | G | |
| SITAVIG BUCCAL TABLET 50 MG (*acyclovir*) | NPB | |
| *valacyclovir hcl oral tablet 1 gm, 500 mg* | G | |
| *valganciclovir hcl oral solution reconstituted 50 mg/ml* | G | |
| *valganciclovir hcl oral tablet 450 mg* | G | |
| VEMLIDY ORAL TABLET 25 MG (*tenofovir alafenamide fumarate*) | PSP | |
| XERESE EXTERNAL CREAM 5-1 % (*acyclovir-hydrocortisone*) | NPB | |
| XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG (*baloxavir marboxil*) | NPB | |
| XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG (*baloxavir marboxil*) | NPB | |
| **CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS** | | |
| *cefaclor er oral tablet extended release 12 hour 500 mg* | NPB | |
| *cefaclor oral capsule 250 mg, 500 mg* | G | |
| *cefadroxil oral capsule 500 mg* | G | |
| *cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml* | G | |
| *cefadroxil oral tablet 1 gm* | G | |
| *cefdinir oral capsule 300 mg* | G | |
| *cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml* | G | |
| *cefixime oral capsule 400 mg* | G | |
| *cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml* | G | |
| *cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml* | G | |
| *cefpodoxime proxetil oral tablet 100 mg, 200 mg* | G | |
| *cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml* | G | |
| *cefprozil oral tablet 250 mg, 500 mg* | G | |
| *cefuroxime axetil oral tablet 250 mg, 500 mg* | G | |
| *cephalexin oral capsule 250 mg, 500 mg, 750 mg* | G | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml* | G | |
| *cephalexin oral tablet 250 mg, 500 mg* | G | |
| **ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS** | | |
| *azithromycin oral packet 1 gm* | G | |
| *azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml* | G | |
| *azithromycin oral tablet 250 mg, 500 mg, 600 mg* | G | |
| *clarithromycin er oral tablet extended release 24 hour 500 mg* | G | |
| *clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml* | G | |
| *clarithromycin oral tablet 250 mg, 500 mg* | G | |
| DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML (*fidaxomicin*) | PB | |
| DIFICID ORAL TABLET 200 MG (*fidaxomicin*) | PB | |
| E.E.S. 400 ORAL TABLET 400 MG (*erythromycin ethylsuccinate*) | G | |
| *erythromycin base* (Ery-Tab Oral Tablet Delayed Release 250 Mg, 333 Mg, 500 Mg) | G | |
| ERYTHROCIN STEARATE ORAL TABLET 250 MG (*erythromycin stearate*) | G | |
| *erythromycin base oral capsule delayed release particles 250 mg* | G | |
| *erythromycin base oral tablet 250 mg, 500 mg* | G | |
| *erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml* | G | |
| *erythromycin ethylsuccinate oral tablet 400 mg* | G | |
| *erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg* | G | |
| ZITHROMAX ORAL PACKET 1 GM (*azithromycin*) | NPB | |
| ZITHROMAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML (*azithromycin*) | NPB | |
| ZITHROMAX ORAL TABLET 250 MG, 500 MG (*azithromycin*) | NPB | |
| ZITHROMAX TRI-PAK ORAL TABLET 500 MG (*azithromycin*) | NPB | |

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

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| VOSEVI ORAL TABLET 400-100-100 MG (*sofosbuv-velpatasv-voxilaprev*) | PSP | IBC (Preferred for all genotypes) |
| ZEPATIER ORAL TABLET 50-100 MG (*elbasvir-grazoprevir*) | NF | |
| **MISCELLANEOUS** | | |
| ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (*nitazoxanide*) | NPB | |
| ALINIA ORAL TABLET 500 MG (*nitazoxanide*) | NPB | |
| *atovaquone oral suspension 750 mg/5ml* | G | |
| *clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg* | G | |
| *clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml* | G | |
| *dapsone oral tablet 100 mg, 25 mg* | G | |
| DARAPRIM ORAL TABLET 25 MG (*pyrimethamine*) | NPB | |
| FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML (*vancomycin hcl*) | NPB | |
| *linezolid oral suspension reconstituted 100 mg/5ml* | G | |
| *linezolid oral tablet 600 mg* | G | |
| *methenamine hippurate oral tablet 1 gm* | G | |
| *methenamine mandelate oral tablet 0.5 gm, 1 gm* | G | |
| *metronidazole oral capsule 375 mg* | G | |
| *metronidazole oral tablet 250 mg, 500 mg* | G | |
| NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG (*pentamidine isethionate*) | NPB | |
| *nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg* | G | |
| *nitrofurantoin monohyd macro oral capsule 100 mg* | G | |
| *nitrofurantoin oral suspension 25 mg/5ml* | G | |
| *pyrimethamine oral tablet 25 mg* | G | |
| SIVEXTRO ORAL TABLET 200 MG (*tedizolid phosphate*) | NPB | |
| SOLOSEC ORAL PACKET 2 GM (*secnidazole*) | NPB | |
| *trimethoprim oral tablet 100 mg* | G | |
| *vancomycin hcl oral capsule 125 mg, 250 mg* | G | |
| *vancomycin hcl oral solution reconstituted 250 mg/5ml* | NPB | |
| XIFAXAN ORAL TABLET 200 MG (*rifaximin*) | NPB | |
| XIFAXAN ORAL TABLET 550 MG (*rifaximin*) | PB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| **PENICILLINS - DRUGS TO TREAT INFECTIONS** | | |
| *amoxicillin oral capsule 250 mg, 500 mg* | G | |
| *amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml* | G | |
| *amoxicillin oral tablet 500 mg, 875 mg* | G | |
| *amoxicillin oral tablet chewable 125 mg, 250 mg* | G | |
| *amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg* | G | |
| *amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml* | G | |
| *amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg* | G | |
| *amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg* | G | |
| *ampicillin oral capsule 500 mg* | G | |
| *dicloxacillin sodium oral capsule 250 mg, 500 mg* | G | |
| *penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml* | G | |
| *penicillin v potassium oral tablet 250 mg, 500 mg* | G | |
| **TETRACYCLINES - DRUGS TO TREAT INFECTIONS** | | |
| *avidoxy oral tablet 100 mg* | G | |
| *demeclocycline hcl oral tablet 150 mg, 300 mg* | G | |
| DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG (*doxycycline hyclate*) | NPB | |
| *doxycycline hyclate oral capsule 100 mg, 50 mg* | G | |
| *doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 50 mg, 75 mg* | G | |
| *doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg* | G | |
| *doxycycline hyclate oral tablet delayed release 80 mg* | NPB | |
| *doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg* | G | |
| *doxycycline monohydrate oral suspension reconstituted 25 mg/5ml* | G | |
| *doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg* | G | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *minocycline hcl er oral capsule extended release 24 hour 135 mg, 45 mg, 90 mg* | NPB | |
| *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* | G | |
| *minocycline hcl oral capsule 100 mg, 50 mg, 75 mg* | G | |
| *minocycline hcl oral tablet 100 mg, 50 mg, 75 mg* | G | |
| MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 135 MG (*minocycline hcl*) | NPB | |
| *doxycycline monohydrate* (Mondoxyne Nl Oral Capsule 100 Mg) | G | |
| NUZYRA ORAL TABLET 150 MG (*omadacycline tosylate*) | NPB | |
| SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG (*sarecycline hcl*) | NPB | |
| *tetracycline hcl oral capsule 250 mg, 500 mg* | G | |
| XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG (*minocycline hcl*) | NPB | |
| **ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER** | | |
| **ALKYLATING AGENTS** | | |
| *cyclophosphamide oral capsule 25 mg, 50 mg* | G | |
| EMCYT ORAL CAPSULE 140 MG (*estramustine phosphate sodium*) | PB | |
| GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (*lomustine*) | NPSP | |
| GLIADEL WAFER IMPLANT WAFER 7.7 MG (*carmustine in polifeprosan*) | NPB | |
| LEUKERAN ORAL TABLET 2 MG (*chlorambucil*) | PB | |
| MATULANE ORAL CAPSULE 50 MG (*procarbazine hcl*) | PSP | |
| *melphalan oral tablet 2 mg* | G | |
| MYLERAN ORAL TABLET 2 MG (*busulfan*) | PB | |
| TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*temozolomide*) | NPSP | |
| *temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg* | G | |
| **ANTIMETABOLITES** | | |
| *capecitabine oral tablet 150 mg, 500 mg* | G | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| INQOVI ORAL TABLET 35-100 MG (*decitabine-cedazuridine*) | NPSP | |
| LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG (*trifluridine-tipiracil*) | PSP | |
| *mercaptopurine oral tablet 50 mg* | G | |
| *methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml* | G | |
| *methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml* | G | |
| *methotrexate sodium injection solution reconstituted 1 gm* | G | |
| ONUREG ORAL TABLET 200 MG, 300 MG (*azacitidine*) | NPSP | |
| PURIXAN ORAL SUSPENSION 2000 MG/100ML (*mercaptopurine*) | NPSP | |
| TABLOID ORAL TABLET 40 MG (*thioguanine*) | PB | |
| TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (*methotrexate sodium*) | PB | |
| XELODA ORAL TABLET 150 MG, 500 MG (*capecitabine*) | NPSP | |
| **ANTINEOPLASTIC, BCL-2 INHIBITORS** | | |
| VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG (*venetoclax*) | NPSP | |
| VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (*venetoclax*) | NPSP | |
| **BIOLOGIC RESPONSE MODIFIERS** | | |
| BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (*ropeginterferon alfa-2b-njft*) | NPSP | |
| DAURISMO ORAL TABLET 100 MG, 25 MG (*glasdegib maleate*) | NF | |
| ERIVEDGE ORAL CAPSULE 150 MG (*vismodegib*) | PSP | |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (*pomalidomide*) | NPSP | |
| REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (*lenalidomide*) | PSP | |
| THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG (*thalidomide*) | PSP | |
| TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG (*bcg live*) | NPB | |
| TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (*rituximab-abbs*) | NF | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| **HORMONAL ANTINEOPLASTIC AGENTS** | | |
| *abiraterone acetate oral tablet 250 mg* | G | |
| *anastrozole oral tablet 1 mg* | CE | |
| *bicalutamide oral tablet 50 mg* | G | |
| ELIGARD SUBCUTANEOUS KIT 30 MG (*leuprolide acetate (4 month)*) | PSP | |
| ELIGARD SUBCUTANEOUS KIT 45 MG (*leuprolide acetate (6 month)*) | PSP | |
| ELIGARD SUBCUTANEOUS KIT 7.5 MG (*leuprolide acetate*) | PSP | |
| ERLEADA ORAL TABLET 240 MG, 60 MG (*apalutamide*) | PSP | |
| EULEXIN ORAL CAPSULE 125 MG (*flutamide*) | NPB | |
| *exemestane oral tablet 25 mg* | CE | |
| FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (*degarelix acetate*) | NF | |
| FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (*degarelix acetate*) | NF | |
| *letrozole oral tablet 2.5 mg* | G | |
| *leuprolide acetate injection kit 1 mg/0.2ml* | G | |
| LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG (*leuprolide acetate*) | NPSP | |
| LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG (*leuprolide acetate*) | NF | |
| LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (*leuprolide acetate (3 month)*) | NPSP | |
| LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG (*leuprolide acetate (3 month)*) | NF | |
| LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG (*leuprolide acetate (4 month)*) | NF | |
| LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG (*leuprolide acetate (6 month)*) | NF | |
| LYSODREN ORAL TABLET 500 MG (*mitotane*) | PSP | |
| *megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml* | G | |
| *megestrol acetate oral tablet 20 mg, 40 mg* | G | |
| *nilutamide oral tablet 150 mg* | G | |
| NUBEQA ORAL TABLET 300 MG (*darolutamide*) | PSP | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| ORGOVYX ORAL TABLET 120 MG (*relugolix*) | NPSP | |
| SOLTAMOX ORAL SOLUTION 10 MG/5ML (*tamoxifen citrate*) | NPB | |
| *tamoxifen citrate oral tablet 10 mg, 20 mg* | CE | |
| *toremifene citrate oral tablet 60 mg* | G | |
| TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG (*triptorelin pamoate*) | NF | |
| XTANDI ORAL CAPSULE 40 MG (*enzalutamide*) | PSP | |
| XTANDI ORAL TABLET 40 MG, 80 MG (*enzalutamide*) | PSP | |
| YONSA ORAL TABLET 125 MG (*abiraterone acetate micronized*) | PSP | |
| ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG (*goserelin acetate*) | NF | |
| ZYTIGA ORAL TABLET 250 MG, 500 MG (*abiraterone acetate*) | NF | |
| **KINASE INHIBITORS** | | |
| AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG (*everolimus*) | NF | |
| AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG (*everolimus*) | NF | |
| ALECENSA ORAL CAPSULE 150 MG (*alectinib hcl*) | PSP | |
| ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG (*brigatinib*) | PSP | |
| ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG (*brigatinib*) | PSP | |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (*avapritinib*) | NF | |
| BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG (*erdafitinib*) | NPSP | |
| BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG (*bosutinib*) | PSP | |
| BRAFTOVI ORAL CAPSULE 75 MG (*encorafenib*) | PSP | |
| BRUKINSA ORAL CAPSULE 80 MG (*zanubrutinib*) | PSP | |
| CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (*cabozantinib s-malate*) | PSP | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| CALQUENCE ORAL TABLET 100 MG (*acalabrutinib maleate*) | PSP | |
| CAPRELSA ORAL TABLET 100 MG, 300 MG (*vandetanib*) | NPSP | |
| COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG (*cabozantinib s-malate*) | NPSP | |
| COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG (*cabozantinib s-malate*) | NPSP | |
| COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG (*cabozantinib s-malate*) | NPSP | |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG (*duvelisib*) | PSP | |
| COTELLIC ORAL TABLET 20 MG (*cobimetinib fumarate*) | PSP | |
| *erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg* | G | |
| EXKIVITY ORAL CAPSULE 40 MG (*mobocertinib succinate*) | NF | |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG (*tivozanib hcl*) | NF | |
| GAVRETO ORAL CAPSULE 100 MG (*pralsetinib*) | PSP | |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (*afatinib dimaleate*) | NPSP | |
| GLEEVEC ORAL TABLET 100 MG, 400 MG (*imatinib mesylate*) | NF | |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (*palbociclib*) | PSP | |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (*palbociclib*) | PSP | |
| ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG (*ponatinib hcl*) | NF | |
| *imatinib mesylate oral tablet 100 mg, 400 mg* | G | |
| IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (*ibrutinib*) | PSP | |
| IMBRUVICA ORAL SUSPENSION 70 MG/ML (*ibrutinib*) | PSP | |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (*ibrutinib*) | PSP | |
| INLYTA ORAL TABLET 1 MG, 5 MG (*axitinib*) | PSP | |
| INREBIC ORAL CAPSULE 100 MG (*fedratinib hcl*) | NF | |
| IRESSA ORAL TABLET 250 MG (*gefitinib*) | PSP | |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (*ruxolitinib phosphate*) | NPSP | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| JAYPIRCA ORAL TABLET 100 MG, 50 MG (*pirtobrutinib*) | NF | |
| KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (*ribociclib succinate*) | PSP | |
| KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (*ribociclib succinate*) | PSP | |
| KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (*ribociclib succinate*) | PSP | |
| KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (*ribociclib-letrozole*) | PSP | |
| KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (*ribociclib-letrozole*) | PSP | |
| KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (*ribociclib-letrozole*) | PSP | |
| KOSELUGO ORAL CAPSULE 10 MG, 25 MG (*selumetinib sulfate*) | PSP | |
| LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG (*lenvatinib mesylate*) | PSP | |
| LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG (*lenvatinib mesylate*) | PSP | |
| LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG (*lenvatinib mesylate*) | PSP | |
| LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG (*lenvatinib mesylate*) | PSP | |
| LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG (*lenvatinib mesylate*) | PSP | |
| LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG (*lenvatinib mesylate*) | PSP | |
| LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG (*lenvatinib mesylate*) | PSP | |
| LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG (*lenvatinib mesylate*) | PSP | |
| LORBRENA ORAL TABLET 100 MG, 25 MG (*lorlatinib*) | NPSP | |
| LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (*futibatinib*) | NF | |
| LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (*futibatinib*) | NF | |
| LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (*futibatinib*) | NF | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| MARGENZA INTRAVENOUS SOLUTION 250 MG/10ML (*margetuximab-cmkb*) | NF | |
| MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML (*trametinib dimethyl sulfoxide*) | NF | |
| MEKINIST ORAL TABLET 0.5 MG, 2 MG (*trametinib dimethyl sulfoxide*) | NF | |
| MEKTOVI ORAL TABLET 15 MG (*binimetinib*) | PSP | |
| NERLYNX ORAL TABLET 40 MG (*neratinib maleate*) | NPSP | |
| NEXAVAR ORAL TABLET 200 MG (*sorafenib tosylate*) | PSP | |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (*pemigatinib*) | NF | |
| PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG (*alpelisib*) | NPSP | |
| PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG (*alpelisib*) | NPSP | |
| PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG (*alpelisib*) | NPSP | |
| QINLOCK ORAL TABLET 50 MG (*ripretinib*) | NF | |
| RETEVMO ORAL CAPSULE 40 MG, 80 MG (*selpercatinib*) | PSP | |
| ROZLYTREK ORAL CAPSULE 100 MG, 200 MG (*entrectinib*) | PSP | |
| RYDAPT ORAL CAPSULE 25 MG (*midostaurin*) | PSP | |
| SCEMBLIX ORAL TABLET 20 MG, 40 MG (*asciminib hcl*) | NF | |
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG (*dasatinib*) | PSP | |
| STIVARGA ORAL TABLET 40 MG (*regorafenib*) | PSP | |
| SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG (*sunitinib malate*) | NF | |
| TABRECTA ORAL TABLET 150 MG, 200 MG (*capmatinib hcl*) | NF | |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG (*dabrafenib mesylate*) | NF | |
| TAFINLAR ORAL TABLET SOLUBLE 10 MG (*dabrafenib mesylate*) | NF | |
| TAGRISSO ORAL TABLET 40 MG, 80 MG (*osimertinib mesylate*) | PSP | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG (*erlotinib hcl*) | NPSP | |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (*nilotinib hcl*) | NF | |
| TEPMETKO ORAL TABLET 225 MG (*tepotinib hcl*) | NF | |
| TUKYSA ORAL TABLET 150 MG, 50 MG (*tucatinib*) | NPSP | |
| TURALIO ORAL CAPSULE 125 MG (*pexidartinib hcl*) | NF | |
| TYKERB ORAL TABLET 250 MG (*lapatinib ditosylate*) | NPSP | |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (*abemaciclib*) | NPSP | |
| VITRAKVI ORAL CAPSULE 100 MG, 25 MG (*larotrectinib sulfate*) | PSP | |
| VITRAKVI ORAL SOLUTION 20 MG/ML (*larotrectinib sulfate*) | PSP | |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (*dacomitinib*) | NF | |
| VONJO ORAL CAPSULE 100 MG (*pacritinib citrate*) | NPSP | |
| VOTRIENT ORAL TABLET 200 MG (*pazopanib hcl*) | NF | |
| XALKORI ORAL CAPSULE 200 MG, 250 MG (*crizotinib*) | NF | |
| XOSPATA ORAL TABLET 40 MG (*gilteritinib fumarate*) | PSP | |
| ZELBORAF ORAL TABLET 240 MG (*vemurafenib*) | PSP | |
| ZYDELIG ORAL TABLET 100 MG, 150 MG (*idelalisib*) | PSP | |
| ZYKADIA ORAL TABLET 150 MG (*ceritinib*) | PSP | |
| **MISCELLANEOUS** | | |
| *bexarotene oral capsule 75 mg* | G | |
| HYDREA ORAL CAPSULE 500 MG (*hydroxyurea*) | PB | |
| *hydroxyurea oral capsule 500 mg* | G | |
| IDHIFA ORAL TABLET 100 MG, 50 MG (*enasidenib mesylate*) | NPSP | |
| KRAZATI ORAL TABLET 200 MG (*adagrasib*) | NPSP | |
| LUMAKRAS ORAL TABLET 120 MG, 320 MG (*sotorasib*) | NPSP | |
| LYNPARZA ORAL TABLET 100 MG, 150 MG (*olaparib*) | PSP | |
| ODOMZO ORAL CAPSULE 200 MG (*sonidegib phosphate*) | PSP | |
| SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG (*omacetaxine mepesuccinate*) | NPSP | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG (*talazoparib tosylate*) | NF | |
| TARGRETIN ORAL CAPSULE 75 MG (*bexarotene*) | NF | |
| TAZVERIK ORAL TABLET 200 MG (*tazemetostat hbr*) | NF | |
| TIBSOVO ORAL TABLET 250 MG (*ivosidenib*) | NPSP | |
| *tretinoin oral capsule 10 mg* | G | |
| VISTOGARD ORAL PACKET 10 GM (*uridine triacetate*) | PSP | |
| WELIREG ORAL TABLET 40 MG (*belzutifan*) | NF | |
| XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG (*selinexor*) | NPSP | |
| XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (*selinexor*) | NPSP | |
| XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (*selinexor*) | NPSP | |
| XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG (*selinexor*) | NPSP | |
| XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (*selinexor*) | NPSP | |
| XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (*selinexor*) | NPSP | |
| XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (*selinexor*) | NPSP | |
| ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG (*niraparib tosylate*) | PSP | |
| ZOLINZA ORAL CAPSULE 100 MG (*vorinostat*) | PSP | |
| **PROTEASOME INHIBITORS** | | |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (*ixazomib citrate*) | PSP | |
| **PROTECTIVE AGENTS** | | |
| *leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg* | G | |
| MESNEX ORAL TABLET 400 MG (*mesna*) | NPB | |
| **TOPOISOMERASE INHIBITORS** | | |
| *etoposide oral capsule 50 mg* | G | |
| HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (*topotecan hcl*) | NPSP | |
| ONIVYDE INTRAVENOUS INJECTABLE 43 MG/10ML (*irinotecan hcl liposome*) | NPSP | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| **CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS** | | |
| **ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE** | | |
| 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 | |
| *benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg* | G | |
| *enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg* | G | |
| *fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg* | G | |
| *lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg* | G | |
| PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (*perindopril arg-amlodipine*) | NPB | |
| *quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg* | G | |
| *trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg* | NPB | |
| **ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE** | | |
| *benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg* | G | |
| *captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg* | G | |
| *enalapril maleate oral solution 1 mg/ml* | G | |
| *enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg* | G | |
| EPANED ORAL SOLUTION 1 MG/ML (*enalapril maleate*) | NPB | |
| *fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg* | G | |
| *lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg* | G | |
| *moexipril hcl oral tablet 15 mg, 7.5 mg* | G | |
| *perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg* | G | |
| QBRELIS ORAL SOLUTION 1 MG/ML (*lisinopril*) | NPB | |
| *quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg* | G | |
| *ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg* | G | |
| *trandolapril oral tablet 1 mg, 2 mg, 4 mg* | G | |
| VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (*enalapril maleate*) | NPB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| **ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE** | | |
| *eplerenone oral tablet 25 mg, 50 mg* | G | |
| **ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE** | | |
| CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG (*doxazosin mesylate*) | NPB | |
| *doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg* | G | |
| *prazosin hcl oral capsule 1 mg, 2 mg, 5 mg* | G | |
| *terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg* | G | |
| **ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE** | | |
| *amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg* | G | |
| *amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg* | G | |
| *candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg* | G | |
| EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (*azilsartan-chlorthalidone*) | NPB | |
| HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG (*losartan potassium-hctz*) | NPB | |
| *irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg* | G | |
| *losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg* | G | |
| MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG (*telmisartan-hctz*) | NPB | |
| *olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg* | G | |
| *olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg* | G | |
| *telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg* | G | |
| *telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg* | G | |
| *valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg* | G | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| **ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE** | | |
| *candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg* | G | |
| COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG (*losartan potassium*) | NPB | |
| EDARBI ORAL TABLET 40 MG, 80 MG (*azilsartan medoxomil*) | NPB | |
| *irbesartan oral tablet 150 mg, 300 mg, 75 mg* | G | |
| *losartan potassium oral tablet 100 mg, 25 mg, 50 mg* | G | |
| *olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg* | G | |
| *telmisartan oral tablet 20 mg, 40 mg, 80 mg* | G | |
| *valsartan oral solution 4 mg/ml* | NPB | |
| *valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg* | G | |
| **ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM** | | |
| *amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg* | G | |
| *disopyramide phosphate oral capsule 100 mg, 150 mg* | G | |
| *dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg* | G | |
| *flecainide acetate oral tablet 100 mg, 150 mg, 50 mg* | G | |
| *mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg* | G | |
| MULTAQ ORAL TABLET 400 MG (*dronedarone hcl*) | PB | |
| NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG (*disopyramide phosphate*) | PB | |
| NORPACE ORAL CAPSULE 100 MG, 150 MG (*disopyramide phosphate*) | NPB | |
| *amiodarone hcl* (Pacerone Oral Tablet 100 Mg, 200 Mg, 400 Mg) | G | |
| *propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg* | G | |
| *propafenone hcl oral tablet 150 mg, 225 mg, 300 mg* | G | |
| *quinidine gluconate er oral tablet extended release 324 mg* | G | |
| *quinidine sulfate oral tablet 200 mg, 300 mg* | G | |
| *sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg* | G | |
| *sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg* | G | |
| SOTYLIZE ORAL SOLUTION 5 MG/ML (*sotalol hcl*) | NPB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG (*dofetilide*) | NPSP | |
| **ANTILIPEMICS, ACL INHIBITORS/COMBINATIONS - DRUGS TO TREAT HIGH CHOLESTEROL** | | |
| NEXLETOL ORAL TABLET 180 MG (*bempedoic acid*) | PB | |
| NEXLIZET ORAL TABLET 180-10 MG (*bempedoic acid-ezetimibe*) | PB | |
| **ANTILIPEMICS, BILE ACID RESINS - DRUGS TO TREAT HIGH CHOLESTEROL** | | |
| *cholestyramine light oral packet 4 gm* | G | |
| *cholestyramine light oral powder 4 gm/dose* | G | |
| *cholestyramine oral packet 4 gm* | G | |
| *cholestyramine oral powder 4 gm/dose* | G | |
| *colesevelam hcl oral packet 3.75 gm* | G | |
| *colesevelam hcl oral tablet 625 mg* | G | |
| *colestipol hcl oral granules 5 gm* | G | |
| *colestipol hcl oral packet 5 gm* | G | |
| *colestipol hcl oral tablet 1 gm* | G | |
| *cholestyramine light* (Prevalite Oral Packet 4 Gm) | G | |
| *cholestyramine light* (Prevalite Oral Powder 4 Gm/Dose) | G | |
| **ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR - DRUGS TO TREAT HIGH CHOLESTEROL** | | |
| *ezetimibe oral tablet 10 mg* | G | |
| ZETIA ORAL TABLET 10 MG (*ezetimibe*) | NPB | |
| **ANTILIPEMICS, FIBRATES** | | |
| *fenofibrate tablet 160 mg oral* | NPB | |
| **ANTILIPEMICS, FIBRATES - DRUGS TO TREAT HIGH CHOLESTEROL** | | |
| *fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg* | G | |
| *fenofibrate micronized oral capsule 90 mg* | NPB | |
| *fenofibrate oral capsule 150 mg, 50 mg* | G | |
| *fenofibrate oral tablet 120 mg, 145 mg, 40 mg, 48 mg, 54 mg* | G | |
| *fenofibrate tablet 160 mg oral* | G | |
| *fenofibric acid oral capsule delayed release 135 mg, 45 mg* | G | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *fenofibric acid oral tablet 105 mg* | G | |
| FIBRICOR ORAL TABLET 105 MG, 35 MG (*fenofibric acid*) | NPB | |
| *gemfibrozil oral tablet 600 mg* | G | |
| LIPOFEN ORAL CAPSULE 150 MG, 50 MG (*fenofibrate*) | NPB | |
| **ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL** | | |
| ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG (*lovastatin*) | NPB | |
| *atorvastatin calcium oral tablet 10 mg, 20 mg* | CE | |
| *atorvastatin calcium oral tablet 40 mg, 80 mg* | G | |
| CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (*rosuvastatin calcium*) | NPB | |
| EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (*rosuvastatin calcium*) | NPB | |
| *flolipid oral suspension 20 mg/5ml, 40 mg/5ml* | NPB | |
| *fluvastatin sodium er oral tablet extended release 24 hour 80 mg* | G | |
| *fluvastatin sodium oral capsule 20 mg, 40 mg* | G | |
| LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (*pitavastatin calcium*) | NPB | |
| *lovastatin oral tablet 10 mg, 20 mg, 40 mg* | G | |
| *pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg* | G | |
| *rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg* | G | |
| *simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg* | CE | |
| *simvastatin oral tablet 80 mg* | G | |
| ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG (*simvastatin*) | NPB | |
| ZYPITAMAG ORAL TABLET 2 MG, 4 MG (*pitavastatin magnesium*) | NPB | |
| **ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS - DRUGS TO TREAT HIGH CHOLESTEROL** | | |
| *ezetimibe-rosuvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-5 mg* | NPB | |
| *ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg* | G | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG (*ezetimibe-rosuvastatin*) | NPB | |
| VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG (*ezetimibe-simvastatin*) | NPB | |
| **ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL** | | |
| JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG (*lomitapide mesylate*) | NF | |
| *niacin (antihyperlipidemic) oral tablet 500 mg* | G | |
| *niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg* | G | |
| NIACOR ORAL TABLET 500 MG (*niacin (antihyperlipidemic)*) | G | |
| **ANTILIPEMICS, OMEGA-3 FATTY ACIDS - DRUGS TO TREAT HIGH CHOLESTEROL** | | |
| LOVAZA ORAL CAPSULE 1 GM (*omega-3-acid ethyl esters*) | NPB | |
| *omega-3-acid ethyl esters oral capsule 1 gm* | G | |
| VASCEPA ORAL CAPSULE 0.5 GM, 1 GM (*icosapent ethyl*) | PB | |
| **ANTILIPEMICS, PCSK9 INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL** | | |
| PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML (*alirocumab*) | NF | |
| REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML (*evolocumab*) | PSP | |
| REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (*evolocumab*) | PSP | |
| REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (*evolocumab*) | PSP | |
| **BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS** | | |
| *atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg* | G | |
| *bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg* | G | |
| *metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg* | G | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| **BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS** | | |
| *acebutolol hcl oral capsule 200 mg, 400 mg* | G | |
| *atenolol oral tablet 100 mg, 25 mg, 50 mg* | G | |
| *betaxolol hcl oral tablet 10 mg, 20 mg* | G | |
| *bisoprolol fumarate oral tablet 10 mg, 5 mg* | G | |
| BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (*nebivolol hcl*) | NPB | |
| *carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg* | G | |
| *carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg* | G | |
| COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (*carvedilol phosphate*) | NPB | |
| COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (*carvedilol*) | NPB | |
| CORGARD ORAL TABLET 20 MG, 40 MG (*nadolol*) | NPB | |
| HEMANGEOL ORAL SOLUTION 4.28 MG/ML (*propranolol hcl*) | NPB | |
| INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (*propranolol hcl*) | NPB | |
| INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (*propranolol hcl sr beads*) | NPB | |
| INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (*propranolol hcl sr beads*) | NPB | |
| KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (*metoprolol succinate*) | NPB | |
| *labetalol hcl oral tablet 100 mg, 200 mg, 300 mg* | G | |
| LOPRESSOR ORAL TABLET 100 MG, 50 MG (*metoprolol tartrate*) | NPB | |
| *metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg* | G | |
| *metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg* | G | |
| *nadolol oral tablet 20 mg, 40 mg, 80 mg* | G | |
| *nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg* | G | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *pindolol oral tablet 10 mg, 5 mg* | G | |
| *propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg* | G | |
| *propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml* | G | |
| *propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg* | G | |
| TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (*atenolol*) | NPB | |
| *timolol maleate oral tablet 10 mg, 20 mg, 5 mg* | G | |
| TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (*metoprolol succinate*) | NPB | |
| **CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS** | | |
| *amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg* | G | |
| **CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS** | | |
| *amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg* | G | |
| CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG (*diltiazem hcl*) | NPB | |
| *diltiazem hcl coated beads* (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg) | G | |
| CONJUPRI ORAL TABLET 2.5 MG, 5 MG (*levamlodipine maleate*) | NPB | |
| *diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg* | G | |
| *diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg* | G | |
| *diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg* | G | |
| *diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg* | G | |
| *diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg* | G | |
| *dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg* | G | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg* | G | |
| *isradipine oral capsule 2.5 mg, 5 mg* | G | |
| KATERZIA ORAL SUSPENSION 1 MG/ML (*amlodipine benzoate*) | NPB | |
| *diltiazem hcl* (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg) | G | |
| *nicardipine hcl oral capsule 20 mg, 30 mg* | G | |
| *nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg* | G | |
| *nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg* | G | |
| *nifedipine oral capsule 10 mg, 20 mg* | G | |
| *nimodipine oral capsule 30 mg* | G | |
| *nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg* | G | |
| NORLIQVA ORAL SOLUTION 1 MG/ML (*amlodipine besylate*) | NPB | |
| *diltiazem hcl er beads* (Taztia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg) | G | |
| *verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg* | G | |
| *verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg* | G | |
| *verapamil hcl oral tablet 120 mg, 40 mg, 80 mg* | G | |
| **DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS** | | |
| *digoxin* (Digox Oral Tablet 125 Mcg, 250 Mcg) | G | |
| *digoxin oral solution 0.05 mg/ml* | G | |
| *digoxin oral tablet 125 mcg, 250 mcg* | G | |
| LANOXIN ORAL TABLET 62.5 MCG (*digoxin*) | NPB | |
| **DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS** | | |
| *aliskiren fumarate oral tablet 150 mg, 300 mg* | G | |
| TEKTURNA ORAL TABLET 150 MG, 300 MG (*aliskiren fumarate*) | NPB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| **DIURETICS - DRUGS TO TREAT HEART CONDITIONS** | | |
| *acetazolamide er oral capsule extended release 12 hour 500 mg* | G | |
| *acetazolamide oral tablet 125 mg, 250 mg* | G | |
| *amiloride hcl oral tablet 5 mg* | G | |
| *amiloride-hydrochlorothiazide oral tablet 5-50 mg* | G | |
| *bumetanide oral tablet 0.5 mg, 1 mg, 2 mg* | G | |
| CAROSPIR ORAL SUSPENSION 25 MG/5ML (*spironolactone*) | NPB | |
| *chlorthalidone oral tablet 25 mg, 50 mg* | G | |
| DIURIL ORAL SUSPENSION 250 MG/5ML (*chlorothiazide*) | NPB | |
| *ethacrynic acid oral tablet 25 mg* | G | |
| *furosemide oral solution 10 mg/ml, 8 mg/ml* | G | |
| *furosemide oral tablet 20 mg, 40 mg, 80 mg* | G | |
| *hydrochlorothiazide oral capsule 12.5 mg* | G | |
| *hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg* | G | |
| *indapamide oral tablet 1.25 mg, 2.5 mg* | G | |
| KEVEYIS ORAL TABLET 50 MG (*dichlorphenamide*) | NPSP | |
| *methazolamide oral tablet 25 mg, 50 mg* | G | |
| *metolazone oral tablet 10 mg, 2.5 mg, 5 mg* | G | |
| SOAANZ ORAL TABLET 20 MG, 40 MG, 60 MG (*torsemide*) | NPB | |
| *spironolactone oral tablet 100 mg, 25 mg, 50 mg* | G | |
| *spironolactone-hctz oral tablet 25-25 mg* | G | |
| *torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg* | G | |
| *triamterene oral capsule 100 mg, 50 mg* | G | |
| *triamterene-hctz oral capsule 37.5-25 mg* | G | |
| *triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg* | G | |
| **HEART FAILURE** | | |
| BIDIL ORAL TABLET 20-37.5 MG (*isosorb dinitrate-hydralazine*) | PB | |
| CORLANOR ORAL SOLUTION 5 MG/5ML (*ivabradine hcl*) | NPB | |
| CORLANOR ORAL TABLET 5 MG, 7.5 MG (*ivabradine hcl*) | PB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (*sacubitril-valsartan*) | PB | |
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (*vericiguat*) | PB | |
| VYNDAMAX ORAL CAPSULE 61 MG (*tafamidis*) | NPSP | |
| VYNDAQEL ORAL CAPSULE 20 MG (*tafamidis meglumine (cardiac)*) | NF | |
| **MISCELLANEOUS** | | |
| CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (*mavacamten*) | NPSP | |
| CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR (*clonidine*) | PB | |
| CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24HR (*clonidine*) | PB | |
| CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24HR (*clonidine*) | PB | |
| *clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg* | G | |
| *clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr* | G | |
| DEMSER ORAL CAPSULE 250 MG (*metyrosine*) | NPB | |
| *guanfacine hcl oral tablet 1 mg, 2 mg* | G | |
| *hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg* | G | |
| *midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg* | G | |
| *minoxidil oral tablet 10 mg, 2.5 mg* | G | |
| NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG (*droxidopa*) | NF | |
| *phenoxybenzamine hcl oral capsule 10 mg* | G | |
| *ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg* | G | |
| VECAMYL ORAL TABLET 2.5 MG (*mecamylamine hcl*) | NPB | |
| **NITRATES - DRUGS TO TREAT HEART CONDITIONS** | | |
| ISORDIL TITRADOSE ORAL TABLET 40 MG, 5 MG (*isosorbide dinitrate*) | NPB | |
| *isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg* | G | |
| *isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg* | G | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *isosorbide mononitrate oral tablet 10 mg, 20 mg* | G | |
| NITRO-BID TRANSDERMAL OINTMENT 2 % (*nitroglycerin*) | NPB | |
| NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 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, 0.4 mg/hr, 0.6 mg/hr* | G | |
| *nitroglycerin translingual solution 0.4 mg/spray* | G | |
| NITROLINGUAL TRANSLINGUAL SOLUTION 0.4 MG/SPRAY (*nitroglycerin*) | NPB | |
| **PULMONARY ARTERIAL HYPERTENSION** | | |
| ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (*treprostinil diolamine*) | PSP | |
| ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (*treprostinil diolamine*) | PSP | |
| ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 &1 MG (*treprostinil diolamine*) | PSP | |
| **PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION** | | |
| ADCIRCA ORAL TABLET 20 MG (*tadalafil (pah)*) | NF | |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (*riociguat*) | PSP | |
| *tadalafil (pah)* (Alyq Oral Tablet 20 Mg) | G | |
| *ambrisentan oral tablet 10 mg, 5 mg* | G | |
| *bosentan oral tablet 125 mg, 62.5 mg* | G | |
| *epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg* | G | |
| FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (*epoprostenol sodium*) | NPSP | |
| LETAIRIS ORAL TABLET 10 MG, 5 MG (*ambrisentan*) | NF | |
| OPSUMIT ORAL TABLET 10 MG (*macitentan*) | PSP | |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (*treprostinil diolamine*) | PSP | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML (*treprostinil*) | 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 | |
| TADLIQ ORAL SUSPENSION 20 MG/5ML (*tadalafil (pah)*) | NPSP | |
| 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 16 MCG, 32 MCG, 48 MCG, 64 MCG (*treprostinil*) | NF | |
| TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG, 16 & 32 & 48 MCG (*treprostinil*) | NF | |
| 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 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| **CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS** | | |
| **ALCOHOL DETERRENTS** | | |
| *acamprosate calcium oral tablet delayed release 333 mg* | G | |
| *disulfiram oral tablet 250 mg, 500 mg* | G | |
| **ANTIANXIETY - DRUGS TO TREAT ANXIETY** | | |
| *alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg* | G | |
| ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (*alprazolam*) | NPB | |
| *alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg* | G | |
| *alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg* | G | |
| *alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg* | G | |
| ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (*lorazepam*) | NPB | |
| *buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg* | G | |
| *chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg* | G | |
| *clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg* | G | |
| *fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg* | G | |
| *fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg* | G | |
| *lorazepam oral concentrate 2 mg/ml* | G | |
| *lorazepam oral tablet 0.5 mg, 1 mg, 2 mg* | G | |
| LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG, 2 MG, 3 MG (*lorazepam*) | NPB | |
| *meprobamate oral tablet 200 mg, 400 mg* | G | |
| *oxazepam oral capsule 10 mg, 15 mg, 30 mg* | G | |
| **ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS** | | |
| ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/DAY, 5 MG/DAY (*donepezil hcl*) | NPB | |
| *donepezil hcl oral tablet 10 mg, 23 mg, 5 mg* | G | |
| *donepezil hcl oral tablet dispersible 10 mg, 5 mg* | G | |
| *ergoloid mesylates oral tablet 1 mg* | G | |

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

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

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg* | G | |
| PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG (*paroxetine hcl*) | NPB | |
| PAXIL ORAL SUSPENSION 10 MG/5ML (*paroxetine hcl*) | NPB | |
| PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (*paroxetine hcl*) | NPB | |
| *phenelzine sulfate oral tablet 15 mg* | G | |
| *protriptyline hcl oral tablet 10 mg, 5 mg* | G | |
| 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 capsule 150 mg, 200 mg* | NPB | |
| *sertraline hcl oral concentrate 20 mg/ml* | G | |
| *sertraline hcl oral tablet 100 mg, 25 mg, 50 mg* | G | |
| 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 | |
| *trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg* | G | |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (*vortioxetine hbr*) | PB | |
| *venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg* | G | |
| *venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg* | G | |
| *venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg* | G | |
| VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (*vilazodone hcl*) | PB | |
| VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG (*vilazodone hcl*) | PB | |
| **ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE** | | |
| *amantadine hcl oral capsule 100 mg* | G | |
| *amantadine hcl oral tablet 100 mg* | G | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML (*apomorphine hcl*) | NF | |
| *benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg* | G | |
| *bromocriptine mesylate oral capsule 5 mg* | G | |
| *bromocriptine mesylate oral tablet 2.5 mg* | G | |
| *carbidopa oral tablet 25 mg* | G | |
| *carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg* | G | |
| *carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg* | G | |
| *carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg* | G | |
| *carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg* | G | |
| COMTAN ORAL TABLET 200 MG (*entacapone*) | NPB | |
| DHIVY ORAL TABLET 25-100 MG (*carbidopa-levodopa*) | NPB | |
| DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML (*carbidopa-levodopa*) | NPSP | |
| *entacapone oral tablet 200 mg* | G | |
| GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG (*amantadine hcl*) | NPB | |
| INBRIJA INHALATION CAPSULE 42 MG (*levodopa*) | PSP | |
| NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR (*rotigotine*) | PB | |
| NOURIANZ ORAL TABLET 20 MG, 40 MG (*istradefylline*) | NPB | |
| ONGENTYS ORAL CAPSULE 25 MG, 50 MG (*opicapone*) | NPB | |
| OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG (*amantadine hcl*) | NPB | |
| *pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg* | G | |
| *pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg* | G | |
| *rasagiline mesylate oral tablet 0.5 mg, 1 mg* | G | |
| *ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg* | G | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg* | G | |
| RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG (*carbidopa-levodopa*) | PB | |
| *selegiline hcl oral capsule 5 mg* | G | |
| *selegiline hcl oral tablet 5 mg* | G | |
| SINEMET ORAL TABLET 10-100 MG, 25-100 MG (*carbidopa-levodopa*) | NPB | |
| STALEVO 100 ORAL TABLET 25-100-200 MG (*carbidopa-levodopa-entacapone*) | NPB | |
| STALEVO 125 ORAL TABLET 31.25-125-200 MG (*carbidopa-levodopa-entacapone*) | NPB | |
| STALEVO 150 ORAL TABLET 37.5-150-200 MG (*carbidopa-levodopa-entacapone*) | NPB | |
| STALEVO 200 ORAL TABLET 50-200-200 MG (*carbidopa-levodopa-entacapone*) | NPB | |
| STALEVO 50 ORAL TABLET 12.5-50-200 MG (*carbidopa-levodopa-entacapone*) | NPB | |
| STALEVO 75 ORAL TABLET 18.75-75-200 MG (*carbidopa-levodopa-entacapone*) | NPB | |
| *tolcapone oral tablet 100 mg* | G | |
| *trihexyphenidyl hcl oral solution 0.4 mg/ml* | G | |
| *trihexyphenidyl hcl oral tablet 2 mg, 5 mg* | G | |
| XADAGO ORAL TABLET 100 MG, 50 MG (*safinamide mesylate*) | NPB | |
| ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (*selegiline hcl*) | NPB | |
| **ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES** | | |
| ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (*aripiprazole*) | PB | |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (*aripiprazole*) | PB | |
| ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (*aripiprazole w/ sens-strip-pod*) | NPB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (*aripiprazole w/ sens-strip-pod*) | NPB | |
| ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (*aripiprazole*) | NPB | |
| ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED 10 MG (*loxapine*) | NPB | |
| *aripiprazole oral solution 1 mg/ml* | G | |
| *aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg* | G | |
| *aripiprazole oral tablet dispersible 10 mg, 15 mg* | G | |
| ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML (*aripiprazole lauroxil*) | PB | |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML (*aripiprazole lauroxil*) | PB | |
| CAPLYTA ORAL CAPSULE 42 MG (*lumateperone tosylate*) | NPB | |
| *chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml* | NPB | |
| *chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg* | G | |
| *clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg* | G | |
| *clozapine oral tablet dispersible 100 mg, 12.5 mg, 200 mg, 25 mg* | G | |
| *clozapine oral tablet dispersible 150 mg* | NPB | |
| CLOZARIL ORAL TABLET 200 MG, 50 MG (*clozapine*) | NPB | |
| EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (*carbamazepine (antipsychotic)*) | NPB | |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (*iloperidone*) | NPB | |
| FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG (*iloperidone*) | NPB | |
| *fluphenazine decanoate injection solution 25 mg/ml* | G | |
| *fluphenazine hcl injection solution 2.5 mg/ml* | G | |
| *fluphenazine hcl oral concentrate 5 mg/ml* | G | |
| *fluphenazine hcl oral elixir 2.5 mg/5ml* | G | |
| *fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg* | G | |
| GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG (*ziprasidone mesylate*) | NPB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (*ziprasidone hcl*) | NPB | |
| *haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml* | G | |
| *haloperidol lactate injection solution 5 mg/ml* | G | |
| *haloperidol lactate oral concentrate 2 mg/ml* | G | |
| *haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg* | G | |
| INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML (*paliperidone palmitate*) | NPB | |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML (*paliperidone palmitate*) | NPB | |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML (*paliperidone palmitate*) | NPB | |
| LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG (*lurasidone hcl*) | NPB | |
| *loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg* | G | |
| NUPLAZID ORAL CAPSULE 34 MG (*pimavanserin tartrate*) | NPSP | |
| NUPLAZID ORAL TABLET 10 MG (*pimavanserin tartrate*) | NPSP | |
| *olanzapine intramuscular solution reconstituted 10 mg* | G | |
| *olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg* | G | |
| *olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg* | G | |
| *paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg* | G | |
| *perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg* | G | |
| PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG (*risperidone*) | NPB | |
| *quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg* | G | |
| *quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg* | G | |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (*brexpiprazole*) | NPB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG (*risperidone microspheres*) | NPB | |
| *risperidone oral solution 1 mg/ml* | G | |
| *risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg* | G | |
| *risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg* | G | |
| SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG (*asenapine maleate*) | NPB | |
| SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR (*asenapine*) | NPB | |
| *thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg* | G | |
| *thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg* | G | |
| *trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg* | G | |
| VERSACLOZ ORAL SUSPENSION 50 MG/ML (*clozapine*) | NPB | |
| VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (*cariprazine hcl*) | PB | |
| VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG (*cariprazine hcl*) | PB | |
| *ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg* | G | |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG, 405 MG (*olanzapine pamoate*) | NPB | |
| **ANTISEIZURE AGENTS - DRUGS TO TREAT SEIZURES** | | |
| APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (*eslicarbazepine acetate*) | NPB | |
| BANZEL ORAL SUSPENSION 40 MG/ML (*rufinamide*) | NPB | |
| BANZEL ORAL TABLET 200 MG, 400 MG (*rufinamide*) | NPB | |
| BRIVIACT ORAL SOLUTION 10 MG/ML (*brivaracetam*) | NPB | |
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (*brivaracetam*) | NPB | |
| *carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg* | G | |
| *carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg* | G | |
| *carbamazepine oral suspension 100 mg/5ml* | G | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *carbamazepine oral tablet 200 mg* | G | |
| *carbamazepine oral tablet chewable 100 mg* | G | |
| CELONTIN ORAL CAPSULE 300 MG (*methsuximide*) | NPB | |
| *clobazam oral suspension 2.5 mg/ml* | G | |
| *clobazam oral tablet 10 mg, 20 mg* | G | |
| *clonazepam oral tablet 0.5 mg, 1 mg, 2 mg* | G | |
| *clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg* | G | |
| *clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg* | G | |
| DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (*divalproex sodium*) | NPB | |
| DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 500 MG (*divalproex sodium*) | NPB | |
| DIACOMIT ORAL CAPSULE 250 MG, 500 MG (*stiripentol*) | NF | |
| DIACOMIT ORAL PACKET 250 MG, 500 MG (*stiripentol*) | NF | |
| *diazepam oral concentrate 5 mg/ml* | G | |
| *diazepam oral solution 5 mg/5ml* | G | |
| *diazepam oral tablet 10 mg, 2 mg, 5 mg* | G | |
| *diazepam rectal gel 10 mg, 2.5 mg, 20 mg* | G | |
| DILANTIN ORAL CAPSULE 30 MG (*phenytoin sodium extended*) | NPB | |
| DILANTIN ORAL SUSPENSION 125 MG/5ML (*phenytoin*) | NPB | |
| *divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg* | G | |
| *divalproex sodium oral capsule delayed release sprinkle 125 mg* | G | |
| *divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg* | G | |
| ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 1500 MG (*levetiracetam*) | NPB | |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML (*cannabidiol*) | NPSP | |
| *carbamazepine* (Epitol Oral Tablet 200 Mg) | G | |
| EPRONTIA ORAL SOLUTION 25 MG/ML (*topiramate*) | NPB | |
| *ethosuximide oral capsule 250 mg* | G | |
| *ethosuximide oral solution 250 mg/5ml* | G | |
| *felbamate oral suspension 600 mg/5ml* | G | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *felbamate oral tablet 400 mg, 600 mg* | G | |
| FINTEPLA ORAL SOLUTION 2.2 MG/ML (*fenfluramine hcl*) | NF | |
| FYCOMPA ORAL SUSPENSION 0.5 MG/ML (*perampanel*) | PB | |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (*perampanel*) | PB | |
| *gabapentin oral capsule 100 mg, 300 mg, 400 mg* | G | |
| *gabapentin oral solution 250 mg/5ml, 300 mg/6ml* | G | |
| *gabapentin oral tablet 600 mg, 800 mg* | G | |
| KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (*clonazepam*) | NPB | |
| LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG (*lamotrigine*) | NPB | |
| LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG (*lamotrigine*) | NPB | |
| *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 oral solution 100 mg/ml* | G | |
| *levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg* | G | |
| LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (*pregabalin*) | NPB | |
| LYRICA ORAL SOLUTION 20 MG/ML (*pregabalin*) | NPB | |
| NAYZILAM NASAL SOLUTION 5 MG/0.1ML (*midazolam (anticonvulsant)*) | NPB | |
| NEURONTIN ORAL SOLUTION 250 MG/5ML (*gabapentin*) | NPB | |
| *oxcarbazepine oral suspension 300 mg/5ml* | G | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg* | G | |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG (*oxcarbazepine*) | PB | |
| *phenobarbital oral elixir 20 mg/5ml* | G | |
| *phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg* | G | |
| *phenytoin oral suspension 125 mg/5ml* | G | |
| *phenytoin oral tablet chewable 50 mg* | G | |
| *phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg* | G | |
| *pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg* | G | |
| *pregabalin oral solution 20 mg/ml* | G | |
| *primidone oral tablet 250 mg, 50 mg* | G | |
| *levetiracetam* (Roweepra Oral Tablet 500 Mg) | G | |
| *rufinamide oral suspension 40 mg/ml* | G | |
| SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG (*levetiracetam*) | NPB | |
| *lamotrigine* (Subvenite Oral Tablet 100 Mg, 150 Mg, 200 Mg, 25 Mg) | G | |
| *lamotrigine* (Subvenite Starter Kit-Blue Oral Kit 35 X 25 Mg) | G | |
| *lamotrigine* (Subvenite Starter Kit-Green Oral Kit 84 X 25 Mg & 14X100 Mg) | G | |
| *lamotrigine* (Subvenite Starter Kit-Orange Oral Kit 42 X 25 Mg & 7 X 100 Mg) | G | |
| SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (*clobazam*) | NPB | |
| *tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg* | G | |
| *topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg* | G | |
| *topiramate oral capsule sprinkle 15 mg, 25 mg* | G | |
| *topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg* | G | |
| TRILEPTAL ORAL SUSPENSION 300 MG/5ML (*oxcarbazepine*) | NPB | |
| TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (*oxcarbazepine*) | NPB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (*topiramate*) | PB | |
| VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG (*diazepam*) | NPB | |
| *valproic acid oral capsule 250 mg* | G | |
| *valproic acid oral solution 250 mg/5ml* | G | |
| *vigabatrin oral packet 500 mg* | G | |
| *vigabatrin oral tablet 500 mg* | G | |
| *vigabatrin* (Vigadrone Oral Packet 500 Mg) | G | |
| VIMPAT INTRAVENOUS SOLUTION 200 MG/20ML (*lacosamide*) | NPB | |
| VIMPAT ORAL SOLUTION 10 MG/ML (*lacosamide*) | NPB | |
| VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (*lacosamide*) | NPB | |
| XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG (*cenobamate*) | PB | |
| XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG (*cenobamate*) | PB | |
| XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (*cenobamate*) | PB | |
| XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG (*cenobamate*) | PB | |
| ZARONTIN ORAL SOLUTION 250 MG/5ML (*ethosuximide*) | NPB | |
| *zonisamide oral capsule 100 mg, 25 mg, 50 mg* | G | |
| ZTALMY ORAL SUSPENSION 50 MG/ML (*ganaxolone*) | NF | |
| **ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD** | | |
| ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (*amphetamine*) | NPB | |
| *amphetamine sulfate oral tablet 10 mg, 5 mg* | G | |
| *amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg* | G | |
| *amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg* | G | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (*methylphenidate hcl*) | NPB | |
| *atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg* | G | |
| AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG (*serdexmethylphen-dexmethylphen*) | PB | |
| *clonidine hcl er oral tablet extended release 12 hour 0.1 mg* | G | |
| CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG (*methylphenidate hcl*) | NPB | |
| COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG (*methylphenidate*) | NPB | |
| DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR (*methylphenidate*) | NPB | |
| *dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg* | G | |
| *dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg* | G | |
| *dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg* | G | |
| *dextroamphetamine sulfate oral solution 5 mg/5ml* | G | |
| *dextroamphetamine sulfate oral tablet 10 mg, 5 mg* | G | |
| DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML (*amphetamine*) | NPB | |
| EVEKEO ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG (*amphetamine sulfate*) | NPB | |
| EVEKEO ORAL TABLET 10 MG, 5 MG (*amphetamine sulfate*) | NPB | |
| *guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg* | G | |
| JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (*methylphenidate hcl*) | NPB | |
| KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG (*clonidine hcl*) | NPB | |
| *methamphetamine hcl oral tablet 5 mg* | G | |
| *methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg* | G | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg* | G | |
| *methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg* | G | |
| *methylphenidate hcl er (osm) oral tablet extended release 72 mg* | NPB | |
| *methylphenidate hcl er oral tablet extended release 10 mg, 20 mg* | G | |
| *methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg* | G | |
| *methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml* | G | |
| *methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg* | G | |
| *methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg* | G | |
| MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG, 50 MG (*amphetamine-dextroamphetamine*) | PB | |
| QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (*viloxazine hcl*) | PB | |
| QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG, 40 MG (*methylphenidate hcl*) | NPB | |
| QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML (*methylphenidate hcl*) | NPB | |
| RELEXXII ORAL TABLET EXTENDED RELEASE 72 MG (*methylphenidate hcl*) | NPB | |
| VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (*lisdexamfetamine dimesylate*) | NPB | |
| VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (*lisdexamfetamine dimesylate*) | NPB | |
| *dextroamphetamine sulfate* (Zenzedi Oral Tablet 10 Mg, 5 Mg) | G | |
| *dextroamphetamine sulfate* (Zenzedi Oral Tablet 15 Mg, 20 Mg, 30 Mg) | NPB | |
| ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG (*dextroamphetamine sulfate*) | NPB | |
| **FIBROMYALGIA** | | |
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (*milnacipran hcl*) | PB | |
| SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (*milnacipran hcl*) | PB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| **HYPNOTICS - DRUGS TO TREAT INSOMNIA** | | |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (*suvorexant*) | PB | |
| DAYVIGO ORAL TABLET 10 MG, 5 MG (*lemborexant*) | PB | |
| *doxepin hcl oral tablet 3 mg, 6 mg* | G | |
| EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG (*zolpidem tartrate*) | NPB | |
| *estazolam oral tablet 1 mg, 2 mg* | G | |
| *eszopiclone oral tablet 1 mg, 2 mg, 3 mg* | G | |
| HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (*tasimelteon*) | NPSP | |
| HETLIOZ ORAL CAPSULE 20 MG (*tasimelteon*) | NPSP | |
| *midazolam hcl oral syrup 2 mg/ml* | G | |
| *quazepam oral tablet 15 mg* | G | |
| QUVIVIQ ORAL TABLET 25 MG, 50 MG (*daridorexant hcl*) | PB | |
| *ramelteon oral tablet 8 mg* | G | |
| SILENOR ORAL TABLET 3 MG, 6 MG (*doxepin hcl*) | NPB | |
| *temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg* | G | |
| *triazolam oral tablet 0.125 mg, 0.25 mg* | G | |
| *zaleplon oral capsule 10 mg, 5 mg* | G | |
| *zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg* | G | |
| *zolpidem tartrate oral tablet 10 mg, 5 mg* | G | |
| *zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg* | G | |
| **MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES** | | |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML (*erenumab-aooe*) | NPB | |
| AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML (*fremanezumab-vfrm*) | PB | |
| AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML (*fremanezumab-vfrm*) | PB | |
| *almotriptan malate oral tablet 12.5 mg, 6.25 mg* | G | |
| *dihydroergotamine mesylate injection solution 1 mg/ml* | G | |
| *dihydroergotamine mesylate nasal solution 4 mg/ml* | G | |
| *eletriptan hydrobromide oral tablet 20 mg, 40 mg* | G | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*galcanezumab-gnlm*) | PB | |
| EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (*galcanezumab-gnlm*) | PB | |
| EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (*galcanezumab-gnlm*) | PB | |
| ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (*ergotamine tartrate*) | NPB | |
| *ergotamine-caffeine oral tablet 1-100 mg* | G | |
| *frovatriptan succinate oral tablet 2.5 mg* | G | |
| MAXALT ORAL TABLET 10 MG (*rizatriptan benzoate*) | NPB | |
| MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG (*rizatriptan benzoate*) | NPB | |
| MIGERGOT RECTAL SUPPOSITORY 2-100 MG (*ergotamine-caffeine*) | G | |
| MIGRANAL NASAL SOLUTION 4 MG/ML (*dihydroergotamine mesylate*) | NPB | |
| *naratriptan hcl oral tablet 1 mg, 2.5 mg* | G | |
| NURTEC ORAL TABLET DISPERSIBLE 75 MG (*rimegepant sulfate*) | PB | |
| ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC (*sumatriptan succinate*) | PB | |
| QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (*atogepant*) | PB | |
| REYVOW ORAL TABLET 100 MG, 50 MG (*lasmiditan succinate*) | NPB | |
| *rizatriptan benzoate oral tablet 10 mg, 5 mg* | G | |
| *rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg* | G | |
| *sumatriptan nasal solution 20 mg/act, 5 mg/act* | G | |
| *sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg* | G | |
| *sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml* | G | |
| *sumatriptan succinate subcutaneous solution 6 mg/0.5ml* | G | |
| *sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml* | G | |
| *sumatriptan-naproxen sodium oral tablet 85-500 mg* | G | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| TOSYMRA NASAL SOLUTION 10 MG/ACT (*sumatriptan*) | NPB | |
| TREXIMET ORAL TABLET 85-500 MG (*sumatriptan-naproxen sodium*) | NPB | |
| UBRELVY ORAL TABLET 100 MG, 50 MG (*ubrogepant*) | PB | |
| ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML (*sumatriptan succinate*) | PB | |
| *zolmitriptan oral tablet 2.5 mg, 5 mg* | G | |
| *zolmitriptan oral tablet dispersible 2.5 mg, 5 mg* | G | |
| ZOMIG NASAL SOLUTION 2.5 MG, 5 MG (*zolmitriptan*) | NPB | |
| **MISCELLANEOUS** | | |
| DAYBUE ORAL SOLUTION 200 MG/ML (*trofinetide*) | NPSP | |
| EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML (*risdiplam*) | NPSP | |
| FIRDAPSE ORAL TABLET 10 MG (*amifampridine phosphate*) | NPSP | |
| *lithium carbonate er oral tablet extended release 300 mg, 450 mg* | G | |
| *lithium carbonate oral capsule 150 mg, 300 mg, 600 mg* | G | |
| *lithium carbonate oral tablet 300 mg* | G | |
| MESTINON ORAL SOLUTION 60 MG/5ML (*pyridostigmine bromide*) | NPB | |
| MESTINON ORAL TABLET 60 MG (*pyridostigmine bromide*) | NPB | |
| *pyridostigmine bromide er oral tablet extended release 180 mg* | G | |
| *pyridostigmine bromide oral solution 60 mg/5ml* | G | |
| *pyridostigmine bromide oral tablet 30 mg* | NPB | |
| *pyridostigmine bromide oral tablet 60 mg* | G | |
| RADICAVA ORS ORAL SUSPENSION 105 MG/5ML (*edaravone*) | NPSP | |
| RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML (*edaravone*) | NPSP | |
| *riluzole oral tablet 50 mg* | G | |
| TIGLUTIK ORAL SUSPENSION 50 MG/10ML (*riluzole*) | NPB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| **MOVEMENT DISORDERS** | | |
| AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (*deutetrabenazine*) | PSP | |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 6 MG (*deutetrabenazine*) | PSP | |
| AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG (*deutetrabenazine*) | PSP | |
| INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (*valbenazine tosylate*) | PSP | |
| INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG (*valbenazine tosylate*) | PSP | |
| *tetrabenazine oral tablet 12.5 mg, 25 mg* | G | |
| XENAZINE ORAL TABLET 12.5 MG, 25 MG (*tetrabenazine*) | NF | |
| **MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS** | | |
| AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG (*dalfampridine*) | NPSP | |
| AUBAGIO ORAL TABLET 14 MG, 7 MG (*teriflunomide*) | NF | |
| AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (*interferon beta-1a*) | PSP | |
| AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (*interferon beta-1a*) | PSP | |
| BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (*monomethyl fumarate*) | NF | |
| BETASERON SUBCUTANEOUS KIT 0.3 MG (*interferon beta-1b*) | PSP | |
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML (*glatiramer acetate*) | PSP | |
| *dalfampridine er oral tablet extended release 12 hour 10 mg* | G | |
| *dimethyl fumarate oral capsule delayed release 120 mg, 240 mg* | G | |
| *dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg* | G | |
| EXTAVIA SUBCUTANEOUS KIT 0.3 MG (*interferon beta-1b*) | NF | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG (*fingolimod hcl*) | NF | |
| *glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml* | G | |
| KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (*ofatumumab*) | PSP | |
| MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*) | NPSP | |
| MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*) | NPSP | |
| MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*) | NPSP | |
| MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*) | NPSP | |
| MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*) | NPSP | |
| MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*) | NPSP | |
| MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*) | NPSP | |
| MAYZENT ORAL TABLET 1 MG (*siponimod fumarate*) | PSP | |
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG, 7 X 0.25 MG (*siponimod fumarate*) | PSP | |
| PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (*peginterferon beta-1a*) | NPSP | |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML (*peginterferon beta-1a*) | NPSP | |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML (*peginterferon beta-1a*) | NPSP | |
| PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML (*peginterferon beta-1a*) | NPSP | |
| PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (*peginterferon beta-1a*) | NPSP | |
| PONVORY ORAL TABLET 20 MG (*ponesimod*) | NPSP | |
| PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG (*ponesimod*) | NPSP | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML (*interferon beta-1a*) | PSP | |
| REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG (*interferon beta-1a*) | PSP | |
| REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (*interferon beta-1a*) | PSP | |
| REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (*interferon beta-1a*) | PSP | |
| TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG (*fingolimod lauryl sulfate*) | NF | |
| TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG (*dimethyl fumarate*) | NF | |
| TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK 120 & 240 MG (*dimethyl fumarate*) | NF | |
| TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML (*natalizumab*) | PSP | |
| VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG (*diroximel fumarate*) | PSP | |
| ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG (*ozanimod hcl*) | PSP | IBC (Preferred agent for Ulcerative Colitis) |
| ZEPOSIA ORAL CAPSULE 0.92 MG (*ozanimod hcl*) | PSP | IBC (Preferred agent for Ulcerative Colitis) |
| ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21) (*ozanimod hcl*) | PSP | IBC (Preferred agent for Ulcerative Colitis) |
| **MUSCULOSKELETAL THERAPY AGENTS** | | |
| *baclofen oral tablet 10 mg, 20 mg, 5 mg* | G | |
| *carisoprodol oral tablet 250 mg, 350 mg* | G | |
| *chlorzoxazone oral tablet 375 mg, 750 mg* | NPB | |
| *chlorzoxazone oral tablet 500 mg* | G | |
| *cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg* | G | |
| *cyclobenzaprine hcl oral tablet 10 mg, 5 mg, 7.5 mg* | G | |
| *dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg* | G | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (*abobotulinumtoxina*) | NPSP | |
| *chlorzoxazone* (Lorzone Oral Tablet 375 Mg, 750 Mg) | NPB | |
| LYVISPAH ORAL PACKET 10 MG, 20 MG, 5 MG (*baclofen*) | PB | |
| *metaxalone oral tablet 400 mg, 800 mg* | G | |
| *methocarbamol oral tablet 500 mg, 750 mg* | G | |
| *norgesic forte oral tablet 50-770-60 mg* | NPB | |
| *orphenadrine citrate er oral tablet extended release 12 hour 100 mg* | G | |
| *orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg* | NPB | |
| *tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg* | G | |
| *tizanidine hcl oral tablet 2 mg, 4 mg* | G | |
| XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT (*incobotulinumtoxina*) | NPSP | |
| ZANAFLEX ORAL CAPSULE 2 MG, 4 MG (*tizanidine hcl*) | NPB | |
| ZANAFLEX ORAL TABLET 4 MG (*tizanidine hcl*) | NPB | |
| **NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS** | | |
| *armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg* | G | |
| LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM (*sodium oxybate*) | NPSP | |
| *modafinil oral tablet 100 mg, 200 mg* | G | |
| *sodium oxybate oral solution 500 mg/ml* | NF | |
| SUNOSI ORAL TABLET 150 MG, 75 MG (*solriamfetol hcl*) | PB | |
| WAKIX ORAL TABLET 17.8 MG, 4.45 MG (*pitolisant hcl*) | PSP | |
| XYREM ORAL SOLUTION 500 MG/ML (*sodium oxybate*) | NPSP | |
| XYWAV ORAL SOLUTION 500 MG/ML (*ca, mg, k, and na oxybates*) | PSP | |
| **OPIOID AGONIST/ANTAGONIST** | | |
| *buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg* | G | |
| *buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg* | G | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG (*buprenorphine hcl-naloxone hcl*) | PB | |
| **OPIOID ANTAGONIST** | | |
| KLOXXADO NASAL LIQUID 8 MG/0.1ML (*naloxone hcl*) | PB | |
| *nalmefene hcl injection solution 1 mg/ml* | NPB | |
| *naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml* | G | |
| *naloxone hcl injection solution cartridge 0.4 mg/ml* | G | |
| *naloxone hcl injection solution prefilled syringe 2 mg/2ml* | G | |
| *naloxone hcl nasal liquid 4 mg/0.1ml* | G | |
| *naltrexone hcl oral tablet 50 mg* | G | |
| NARCAN NASAL LIQUID 4 MG/0.1ML (*naloxone hcl*) | NPB | |
| VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (*naltrexone*) | NPSP | |
| ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (*naloxone hcl*) | NPB | |
| **OPIOID PARTIAL AGONISTS** | | |
| *buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg* | G | |
| **POSTHERPETIC NEURALGIA (PHN)** | | |
| GRALISE ORAL TABLET 300 MG, 450 MG, 600 MG, 750 MG, 900 MG (*gabapentin (once-daily)*) | PB | |
| HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG (*gabapentin enacarbil*) | NPB | |
| LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG (*pregabalin*) | NPB | |
| **PSYCHOTHERAPEUTIC-MISC** | | |
| *chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg* | G | |
| *fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg* | G | |
| LUCEMYRA ORAL TABLET 0.18 MG (*lofexidine hcl*) | NPB | |
| LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (*olanzapine-samidorphan*) | NPB | |
| NUEDEXTA ORAL CAPSULE 20-10 MG (*dextromethorphan-quinidine*) | PB | |
| *olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg* | G | |
| *paroxetine mesylate oral capsule 7.5 mg* | G | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg* | G | |
| *pimozide oral tablet 1 mg, 2 mg* | G | |
| **SMOKING DETERRENTS** | | |
| *apo-varenicline oral tablet 0.5 mg, 1 mg* | CE | |
| *bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg* | CE | |
| *cvs nicotine mouth/throat gum 2 mg, 4 mg* | CE | |
| *cvs nicotine polacrilex mouth/throat gum 2 mg, 4 mg* | CE | |
| *cvs nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg* | CE | |
| *cvs nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr* | CE | |
| *eq nicotine mouth/throat lozenge 4 mg* | CE | |
| *eq nicotine polacrilex mouth/throat gum 2 mg, 4 mg* | CE | |
| *eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg* | CE | |
| *eq nicotine step 3 transdermal patch 24 hour 7 mg/24hr* | CE | |
| *eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr* | CE | |
| *gnp nicotine mini mouth/throat lozenge 2 mg, 4 mg* | CE | |
| *gnp nicotine mouth/throat gum 4 mg* | CE | |
| *gnp nicotine polacrilex mouth/throat gum 2 mg, 4 mg* | CE | |
| *gnp nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg* | CE | |
| *gnp nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr* | CE | |
| *goodsense nicotine mouth/throat gum 4 mg* | CE | |
| *goodsense nicotine mouth/throat lozenge 4 mg* | CE | |
| HABITROL TRANSDERMAL PATCH 24 HOUR 21 MG/24HR (*nicotine*) | CE | |
| *hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg* | CE | |
| *hm nicotine polacrilex mouth/throat lozenge 2 mg* | CE | |
| *hm nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr* | CE | |
| KLS QUIT2 MOUTH/THROAT GUM 2 MG (*nicotine polacrilex*) | CE | |
| KLS QUIT2 MOUTH/THROAT LOZENGE 2 MG (*nicotine polacrilex*) | CE | |
| KLS QUIT4 MOUTH/THROAT GUM 4 MG (*nicotine polacrilex*) | CE | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| KLS QUIT4 MOUTH/THROAT LOZENGE 4 MG (*nicotine polacrilex*) | CE | |
| NICORELIEF MOUTH/THROAT GUM 2 MG (*nicotine polacrilex*) | CE | |
| *nicotine mini mouth/throat lozenge 2 mg* | CE | |
| *nicotine polacrilex mini mouth/throat lozenge 2 mg* | CE | |
| *nicotine polacrilex mouth/throat gum 2 mg, 4 mg* | CE | |
| *nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg* | CE | |
| *nicotine step 1 transdermal patch 24 hour 21 mg/24hr* | CE | |
| *nicotine step 2 transdermal patch 24 hour 14 mg/24hr* | CE | |
| *nicotine step 3 transdermal patch 24 hour 7 mg/24hr* | CE | |
| *nicotine transdermal kit 21-14-7 mg/24hr* | CE | |
| *nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr* | CE | |
| NICOTROL INHALATION INHALER 10 MG (*nicotine*) | CE | |
| NICOTROL NS NASAL SOLUTION 10 MG/ML (*nicotine*) | CE | |
| *px stop smoking aid mouth/throat gum 2 mg, 4 mg* | CE | |
| *px stop smoking aid mouth/throat lozenge 2 mg, 4 mg* | CE | |
| *qc nicotine transdermal system transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr* | CE | |
| *ra mini nicotine mouth/throat lozenge 2 mg, 4 mg* | CE | |
| *ra nicotine mouth/throat gum 2 mg, 4 mg* | CE | |
| *ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr* | CE | |
| *sm nicotine mouth/throat gum 4 mg* | CE | |
| *sm nicotine mouth/throat lozenge 2 mg* | CE | |
| *sm nicotine polacrilex mouth/throat gum 2 mg, 4 mg* | CE | |
| *sm nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg* | CE | |
| *sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr* | CE | |
| THRIVE MOUTH/THROAT GUM 2 MG (*nicotine polacrilex*) | CE | |
| *varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42* | CE | |
| *varenicline tartrate oral tablet 0.5 mg, 1 mg* | CE | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| **ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES** | | |
| **ACROMEGALY - DRUGS TO TREAT CONDITIONS THAT CAUSE EXCESSIVE GROWTH** | | |
| *lanreotide acetate subcutaneous solution 120 mg/0.5ml* | NF | |
| MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG (*octreotide acetate*) | NF | |
| *octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml* | G | |
| *octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml* | G | |
| SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (*octreotide acetate*) | NPSP | |
| SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG (*octreotide acetate*) | NF | |
| SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML (*lanreotide acetate*) | PSP | |
| SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (*pegvisomant*) | NF | |
| **ANDROGENS** | | |
| TLANDO ORAL CAPSULE 112.5 MG (*testosterone undecanoate*) | NPB | |
| **ANDROGENS - DRUGS TO REGULATE MALE HORMONES** | | |
| ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR (*testosterone*) | NPB | |
| *testosterone cypionate* (Depo-Testosterone Intramuscular Solution 100 Mg/Ml, 200 Mg/Ml) | NPB | |
| INTRAROSA VAGINAL INSERT 6.5 MG (*prasterone*) | NPB | |
| JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG (*testosterone undecanoate*) | NPB | |
| *methitest oral tablet 10 mg* | NPB | |
| *methyltestosterone oral capsule 10 mg* | G | |
| NATESTO NASAL GEL 5.5 MG/ACT (*testosterone*) | PB | |
| TESTOPEL IMPLANT PELLET 75 MG (*testosterone*) | NPB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml* | G | |
| *testosterone enanthate intramuscular solution 200 mg/ml* | G | |
| *testosterone transdermal gel 1.62 %, 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)* | G | |
| *testosterone transdermal solution 30 mg/act* | G | |
| XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML (*testosterone enanthate*) | NPB | |
| **ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS** | | |
| *acarbose oral tablet 100 mg, 25 mg, 50 mg* | G | |
| *miglitol oral tablet 100 mg, 25 mg, 50 mg* | G | |
| **ANTIDIABETICS, AMYLIN ANALOGS** | | |
| SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML (*pramlintide acetate*) | PB | |
| SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML (*pramlintide acetate*) | PB | |
| **ANTIDIABETICS, BIGUANIDE** | | |
| *metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg* | G | |
| *metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg* | G | |
| *metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg* | G | |
| *metformin hcl oral solution 500 mg/5ml* | G | |
| *metformin hcl oral tablet 1000 mg, 500 mg* | G | |
| *metformin hcl oral tablet 625 mg* | NPB | |
| *metformin hcl oral tablet 850 mg* | CE | |
| RIOMET ORAL SOLUTION 500 MG/5ML (*metformin hcl*) | NPB | |
| **ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS** | | |
| *glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg* | G | |
| *glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg* | G | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| **ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS** | | |
| *alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg* | G | |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (*sitagliptin phosphate*) | PB | |
| ONGLYZA ORAL TABLET 2.5 MG, 5 MG (*saxagliptin hcl*) | NPB | |
| TRADJENTA ORAL TABLET 5 MG (*linagliptin*) | NPB | |
| **ANTIDIABETICS, DOPAMINE RECEPTOR AGONISTS** | | |
| CYCLOSET ORAL TABLET 0.8 MG (*bromocriptine mesylate*) | NPB | |
| **ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS** | | |
| *alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg* | G | |
| *alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg* | G | |
| JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (*sitagliptin-metformin hcl*) | PB | |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (*sitagliptin-metformin hcl*) | PB | |
| JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (*linagliptin-metformin hcl*) | NPB | |
| JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG (*linagliptin-metformin hcl*) | NPB | |
| KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG (*saxagliptin-metformin*) | NPB | |
| TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG (*empagliflozin-linaglip-metform*) | PB | |
| **ANTIDIABETICS, INCRETIN MIMETIC AGENTS** | | |
| BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML (*exenatide*) | NPB | |
| BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML (*exenatide*) | NPB | |
| BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML (*exenatide*) | NPB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| 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*) | PB | |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML (*semaglutide*) | PB | |
| OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML (*semaglutide*) | PB | |
| OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML (*semaglutide*) | PB | |
| RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (*semaglutide*) | PB | |
| TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML (*dulaglutide*) | PB | |
| VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (*liraglutide*) | PB | |
| **ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS** | | |
| SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (*insulin glargine-lixisenatide*) | PB | |
| XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (*insulin degludec-liraglutide*) | PB | |
| **ANTIDIABETICS, INSULIN** | | |
| ADMELOG INJECTION SOLUTION 100 UNIT/ML (*insulin lispro*) | NPB | |
| ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin lispro*) | NPB | |
| AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 &60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT (*insulin regular human*) | NPB | |
| APIDRA INJECTION SOLUTION 100 UNIT/ML (*insulin glulisine*) | NPB | |
| APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glulisine*) | NPB | |
| BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glargine*) | PB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin aspart (w/niacinamide)*) | PB | |
| FIASP INJECTION SOLUTION 100 UNIT/ML (*insulin aspart (w/niacinamide)*) | PB | |
| FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (*insulin aspart (w/niacinamide)*) | PB | |
| HUMALOG INJECTION SOLUTION 100 UNIT/ML (*insulin lispro*) | PB | |
| HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin lispro*) | PB | |
| HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (*insulin lispro*) | PB | |
| HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML (*insulin lispro prot & lispro*) | PB | |
| HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML (*insulin lispro prot & lispro*) | PB | |
| HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML (*insulin lispro prot & lispro*) | PB | |
| HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML (*insulin lispro prot & lispro*) | PB | |
| HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (*insulin lispro*) | PB | |
| HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin nph isophane & regular*) | NPB | |
| HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin nph isophane & regular*) | NPB | |
| HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (*insulin nph human (isophane)*) | NPB | |
| HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (*insulin nph human (isophane)*) | NPB | |
| HUMULIN R INJECTION SOLUTION 100 UNIT/ML (*insulin regular human*) | NPB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML (*insulin regular human*) | PB | |
| HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (*insulin regular human*) | PB | |
| *insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml* | PB | |
| *insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml* | PB | |
| *insulin aspart penfill subcutaneous solution cartridge 100 unit/ml* | PB | |
| *insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml* | PB | |
| *insulin glargine solostar subcutaneous solution pen-injector 100 unit/ml* | NPB | |
| *insulin glargine subcutaneous solution 100 unit/ml* | NPB | |
| *insulin glargine-yfgn subcutaneous solution 100 unit/ml* | NPB | |
| *insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml* | NPB | |
| *insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml* | PB | |
| *insulin lispro injection solution 100 unit/ml* | PB | |
| *insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml* | PB | |
| *insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml* | PB | |
| LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glargine*) | PB | |
| LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin glargine*) | NPB | |
| LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin detemir*) | PB | |
| LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin detemir*) | PB | |
| LYUMJEV INJECTION SOLUTION 100 UNIT/ML (*insulin lispro-aabc*) | NPB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (*insulin lispro-aabc*) | PB | |
| MYXREDLIN INTRAVENOUS SOLUTION 100-0.9 UT/100ML-% (*insulin regular(human) in nacl*) | NPB | |
| NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin nph isophane & regular*) | NPB | |
| NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin nph isophane & regular*) | PB | |
| NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin nph isophane & regular*) | NPB | |
| NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin nph isophane & regular*) | PB | |
| NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (*insulin nph human (isophane)*) | NPB | |
| NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (*insulin nph human (isophane)*) | PB | |
| NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML (*insulin nph human (isophane)*) | NPB | |
| NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (*insulin nph human (isophane)*) | PB | |
| NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin regular human*) | PB | |
| NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin regular human*) | NPB | |
| NOVOLIN R INJECTION SOLUTION 100 UNIT/ML (*insulin regular human*) | PB | |
| NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML (*insulin regular human*) | NPB | |
| NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin aspart prot & aspart*) | NPB | |
| NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin aspart*) | NPB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin aspart*) | PB | |
| NOVOLOG INJECTION SOLUTION 100 UNIT/ML (*insulin aspart*) | PB | |
| NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin aspart prot & aspart*) | PB | |
| NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin aspart prot & aspart*) | NPB | |
| NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin aspart prot & aspart*) | PB | |
| NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (*insulin aspart*) | PB | |
| NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML (*insulin aspart*) | NPB | |
| SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin glargine-yfgn*) | NPB | |
| SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glargine-yfgn*) | NPB | |
| TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (*insulin glargine*) | NPB | |
| TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (*insulin glargine*) | NPB | |
| TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (*insulin degludec*) | PB | |
| TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin degludec*) | PB | |
| **ANTIDIABETICS, INSULIN SENSITIZER** | | |
| *pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg* | G | |
| **ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION** | | |
| *pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg* | G | |
| **ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION** | | |
| *pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg* | G | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| **ANTIDIABETICS, MEGLITINIDE** | | |
| *nateglinide oral tablet 120 mg, 60 mg* | G | |
| *repaglinide oral tablet 0.5 mg, 1 mg, 2 mg* | G | |
| **ANTIDIABETICS, MISCELLANEOUS** | | |
| KORLYM ORAL TABLET 300 MG (*mifepristone*) | NF | |
| **ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2)/DPP-4 INHIBITOR COMBINATIONS** | | |
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (*empagliflozin-linagliptin*) | PB | |
| QTERN ORAL TABLET 10-5 MG, 5-5 MG (*dapagliflozin-saxagliptin*) | PB | |
| STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (*ertugliflozin-sitagliptin*) | NPB | |
| **ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGTL2) COMBINATIONS** | | |
| INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (*canagliflozin-metformin hcl*) | NPB | |
| INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (*canagliflozin-metformin hcl*) | NPB | |
| SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG (*ertugliflozin-metformin hcl*) | NPB | |
| SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (*empagliflozin-metformin hcl*) | PB | |
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG (*empagliflozin-metformin hcl*) | PB | |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG (*dapagliflozin prop-metformin*) | PB | |
| **ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER2 (SGLT2) INHIBITORS** | | |
| FARXIGA ORAL TABLET 10 MG, 5 MG (*dapagliflozin propanediol*) | PB | |
| INVOKANA ORAL TABLET 100 MG, 300 MG (*canagliflozin*) | NPB | |
| JARDIANCE ORAL TABLET 10 MG, 25 MG (*empagliflozin*) | PB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| STEGLATRO ORAL TABLET 15 MG, 5 MG (*ertugliflozin l-pyroglutamicac*) | NPB | |
| **ANTIDIABETICS, SULFONYLUREA** | | |
| *glimepiride oral tablet 1 mg, 2 mg, 4 mg* | G | |
| *glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg* | G | |
| *glipizide oral tablet 10 mg, 5 mg* | G | |
| *glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg* | G | |
| *glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg* | G | |
| *glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg* | G | |
| **ANTIOBESITY** | | |
| ADIPEX-P ORAL TABLET 37.5 MG (*phentermine hcl*) | NPB | |
| CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG (*naltrexone-bupropion hcl*) | NPB | |
| *phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg* | NPB | |
| QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG (*phentermine-topiramate*) | PB | |
| SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (*liraglutide -weight management*) | PB | |
| WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML, 1.7 MG/0.75ML, 2.4 MG/0.75ML (*semaglutide-weight management*) | PB | |
| **BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS** | | |
| *alendronate sodium oral solution 70 mg/75ml* | G | |
| *alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg* | G | |
| BINOSTO ORAL TABLET EFFERVESCENT 70 MG (*alendronate sodium*) | NPB | |
| FOSAMAX ORAL TABLET 70 MG (*alendronate sodium*) | NPB | |
| FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (*alendronate-cholecalciferol*) | NPB | |
| *ibandronate sodium oral tablet 150 mg* | G | |
| RECLAST INTRAVENOUS SOLUTION 5 MG/100ML (*zoledronic acid*) | NPSP | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg* | G | |
| *risedronate sodium oral tablet delayed release 35 mg* | G | |
| *zoledronic acid intravenous concentrate 4 mg/5ml* | G | |
| *zoledronic acid intravenous solution 5 mg/100ml* | G | |
| **CALCIUM RECEPTOR AGONISTS** | | |
| *cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg* | G | |
| SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG (*cinacalcet hcl*) | NPSP | |
| **CARNITINE DEFICIENCY AGENTS** | | |
| *levocarnitine oral solution 1 gm/10ml* | G | |
| *levocarnitine oral tablet 330 mg* | G | |
| **CHELATING AGENTS** | | |
| CHEMET ORAL CAPSULE 100 MG (*succimer*) | NPB | |
| CUPRIMINE ORAL CAPSULE 250 MG (*penicillamine*) | NF | |
| *deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg* | G | |
| *deferiprone oral tablet 500 mg* | G | |
| *deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg* | G | |
| DEPEN TITRATABS ORAL TABLET 250 MG (*penicillamine*) | NPSP | |
| DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG (*deferoxamine mesylate*) | NF | |
| EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG (*deferasirox*) | NF | |
| FERRIPROX ORAL SOLUTION 100 MG/ML (*deferiprone*) | NF | |
| FERRIPROX ORAL TABLET 1000 MG, 500 MG (*deferiprone*) | NF | |
| FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG (*deferiprone*) | NF | |
| JADENU ORAL TABLET 180 MG, 360 MG, 90 MG (*deferasirox*) | NF | |
| JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG (*deferasirox*) | NF | |
| LOKELMA ORAL PACKET 10 GM, 5 GM (*sodium zirconium cyclosilicate*) | PB | |
| *penicillamine oral capsule 250 mg* | G | |

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

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

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *norethindrone-eth estradiol* (Dasetta 1/35 Oral Tablet 1-35 Mg-Mcg) | CE | |
| *norethin-eth estrad triphasic* (Dasetta 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg) | CE | |
| *levonorgest-eth estrad 91-day* (Daysee Oral Tablet 0.15-0.03 &0.01 Mg) | CE | |
| *norethindrone* (Deblitane Oral Tablet 0.35 Mg) | CE | |
| *levonorgestrel-ethinyl estrad* (Delyla Oral Tablet 0.1-20 Mg-Mcg) | CE | |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (*medroxyprogesterone acetate*) | CE | |
| *desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)* | CE | |
| *levonorgestrel-ethinyl estrad* (Dolishale Oral Tablet 90-20 Mcg) | CE | |
| *drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg* | CE | |
| *drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg* | CE | |
| ECONTRA ONE-STEP ORAL TABLET 1.5 MG (*levonorgestrel*) | CE | |
| *norgestrel-ethinyl estradiol* (Elinest Oral Tablet 0.3-30 Mg-Mcg) | CE | |
| ELLA ORAL TABLET 30 MG (*ulipristal acetate*) | CE | |
| *etonogestrel-ethinyl estradiol* (Eluryng Vaginal Ring 0.12-0.015 Mg/24Hr) | CE | |
| *levonorg-eth estrad triphasic* (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg) | CE | |
| *desogestrel-ethinyl estradiol* (Enskyce Oral Tablet 0.15-30 Mg-Mcg) | CE | |
| *norethindrone* (Errin Oral Tablet 0.35 Mg) | CE | |
| *norgestimate-eth estradiol* (Estarylla Oral Tablet 0.25-35 Mg-Mcg) | CE | |
| *ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg* | CE | |
| *etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr* | CE | |
| *levonorgestrel-ethinyl estrad* (Falmina Oral Tablet 0.1-20 Mg-Mcg) | CE | |
| FC2 FEMALE CONDOM (*condoms - female*) | CE | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (*cervical caps*) | CE | |
| *norethin ace-eth estrad-fe* (Finzala Oral Tablet Chewable 1-20 Mg-Mcg(24)) | CE | |
| *norethin ace-eth estrad-fe* (Gemmily Oral Capsule 1-20 Mg-Mcg(24)) | CE | |
| *norethindrone acet-ethinyl est* (Hailey 1.5/30 Oral Tablet 1.5-30 Mg-Mcg) | CE | |
| *norethin ace-eth estrad-fe* (Hailey 24 Fe Oral Tablet 1-20 Mg-Mcg(24)) | CE | |
| *norethin ace-eth estrad-fe* (Hailey Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg) | CE | |
| *norethin ace-eth estrad-fe* (Hailey Fe 1/20 Oral Tablet 1-20 Mg-Mcg) | CE | |
| *etonogestrel-ethinyl estradiol* (Haloette Vaginal Ring 0.12-0.015 Mg/24Hr) | CE | |
| *norethindrone* (Heather Oral Tablet 0.35 Mg) | CE | |
| HER STYLE ORAL TABLET 1.5 MG (*levonorgestrel*) | CE | |
| *levonorgest-eth estrad 91-day* (Iclevia Oral Tablet 0.15-0.03 Mg) | CE | |
| *norethindrone* (Incassia Oral Tablet 0.35 Mg) | CE | |
| *levonorgest-eth estrad 91-day* (Introvale Oral Tablet 0.15-0.03 Mg) | CE | |
| *desogestrel-ethinyl estradiol* (Isibloom Oral Tablet 0.15-30 Mg-Mcg) | CE | |
| *levonorgest-eth estrad 91-day* (Jaimiess Oral Tablet 0.15-0.03 &0.01 Mg) | CE | |
| *drospirenone-ethinyl estradiol* (Jasmiel Oral Tablet 3-0.02 Mg) | CE | |
| *norethindrone* (Jencycla Oral Tablet 0.35 Mg) | CE | |
| *levonorgest-eth estrad 91-day* (Jolessa Oral Tablet 0.15-0.03 Mg) | CE | |
| *desogestrel-ethinyl estradiol* (Juleber Oral Tablet 0.15-30 Mg-Mcg) | CE | |
| *norethindrone acet-ethinyl est* (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg) | CE | |
| *norethindrone acet-ethinyl est* (Junel 1/20 Oral Tablet 1-20 Mg-Mcg) | CE | |

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

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

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

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

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (*copper*) | CE | |
| *norethindrone-eth estradiol* (Philith Oral Tablet 0.4-35 Mg-Mcg) | CE | |
| *desogestrel-ethinyl estradiol* (Pimtrea Oral Tablet 0.15-0.02/0.01 Mg (21/5)) | CE | |
| *norethin-eth estrad triphasic* (Pirmella 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg) | CE | |
| *levonorgestrel-ethinyl estrad* (Portia-28 Oral Tablet 0.15-30 Mg-Mcg) | CE | |
| REACT ORAL TABLET 1.5 MG (*levonorgestrel*) | CE | |
| *desogestrel-ethinyl estradiol* (Reclipsen Oral Tablet 0.15-30 Mg-Mcg) | CE | |
| *levonorgest-eth estrad 91-day* (Rivelsa Oral Tablet 42-21-21-7 Days) | CE | |
| SAFYRAL ORAL TABLET 3-0.03-0.451 MG (*drospiren-eth estrad-levomefol*) | NPB | |
| *levonorgest-eth estrad 91-day* (Setlakin Oral Tablet 0.15-0.03 Mg) | CE | |
| *norethindrone* (Sharobel Oral Tablet 0.35 Mg) | CE | |
| *desogestrel-ethinyl estradiol* (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5)) | CE | |
| *levonorgest-eth estrad 91-day* (Simpesse Oral Tablet 0.15-0.03 &0.01 Mg) | CE | |
| SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (*levonorgestrel*) | CE | |
| SLYND ORAL TABLET 4 MG (*drospirenone*) | CE | |
| *desogestrel-ethinyl estradiol* (Solia Oral Tablet 0.15-30 Mg-Mcg) | CE | |
| *norgestimate-eth estradiol* (Sprintec 28 Oral Tablet 0.25-35 Mg-Mcg) | CE | |
| *levonorgestrel-ethinyl estrad* (Sronyx Oral Tablet 0.1-20 Mg-Mcg) | CE | |
| *drospirenone-ethinyl estradiol* (Syeda Oral Tablet 3-0.03 Mg) | CE | |
| TAKE ACTION ORAL TABLET 1.5 MG (*levonorgestrel*) | CE | |
| *norethin ace-eth estrad-fe* (Tarina 24 Fe Oral Tablet 1-20 Mg-Mcg(24)) | CE | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *norethin ace-eth estrad-fe* (Tarina Fe 1/20 Eq Oral Tablet 1-20 Mg-Mcg) | CE | |
| *norethin ace-eth estrad-fe* (Taysofy Oral Capsule 1-20 Mg-Mcg(24)) | CE | |
| TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) (*norethin ace-eth estrad-fe*) | NPB | |
| *norethindron-ethinyl estrad-fe* (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg) | CE | |
| *norgestim-eth estrad triphasic* (Tri Femynor Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg) | CE | |
| *norgestim-eth estrad triphasic* (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg) | CE | |
| *norethindron-ethinyl estrad-fe* (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg) | CE | |
| *norgestim-eth estrad triphasic* (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg) | CE | |
| *norgestim-eth estrad triphasic* (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg) | CE | |
| *norgestim-eth estrad triphasic* (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg) | CE | |
| *norgestim-eth estrad triphasic* (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg) | CE | |
| *norgestim-eth estrad triphasic* (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg) | CE | |
| *norgestim-eth estrad triphasic* (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg) | CE | |
| *norgestim-eth estrad triphasic* (Trinessa (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg) | CE | |
| *norgestim-eth estrad triphasic* (Tri-Nymyo Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg) | CE | |
| *norgestim-eth estrad triphasic* (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg) | CE | |
| *levonorg-eth estrad triphasic* (Trivora (28) Oral Tablet 50-30/75-40/ 125-30 Mcg) | CE | |
| *norgestim-eth estrad triphasic* (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg) | CE | |
| *norgestim-eth estrad triphasic* (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg) | CE | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (*levonorgestrel-eth estradiol*) | CE | |
| TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (*levonorgestrel-ethinyl estrad*) | CE | |
| *drospiren-eth estrad-levomefol* (Tydemy Oral Tablet 3-0.03-0.451 Mg) | CE | |
| VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG (*desogestrel-ethinyl estradiol*) | CE | |
| *drospirenone-ethinyl estradiol* (Vestura Oral Tablet 3-0.02 Mg) | CE | |
| *levonorgestrel-ethinyl estrad* (Vienva Oral Tablet 0.1-20 Mg-Mcg) | CE | |
| *viorele oral tablet 0.15-0.02/0.01 mg (21/5)* | CE | |
| *desogestrel-ethinyl estradiol* (Volnea Oral Tablet 0.15-0.02/0.01 Mg (21/5)) | CE | |
| *norethindrone-eth estradiol* (Vyfemla Oral Tablet 0.4-35 Mg-Mcg) | CE | |
| *norgestimate-eth estradiol* (Vylibra Oral Tablet 0.25-35 Mg-Mcg) | CE | |
| *norethindrone-eth estradiol* (Wera Oral Tablet 0.5-35 Mg-Mcg) | CE | |
| WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*) | CE | |
| WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*) | CE | |
| WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*) | CE | |
| WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*) | CE | |
| WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*) | CE | |
| WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*) | CE | |
| WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*) | CE | |
| WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*) | CE | |
| *norethin-eth estradiol-fe* (Wymzya Fe Oral Tablet Chewable 0.4-35 Mg-Mcg) | CE | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *norelgestromin-eth estradiol* (Xulane Transdermal Patch Weekly 150-35 Mcg/24Hr) | CE | |
| YASMIN 28 ORAL TABLET 3-0.03 MG (*drospirenone-ethinyl estradiol*) | NPB | |
| YAZ ORAL TABLET 3-0.02 MG (*drospirenone-ethinyl estradiol*) | NPB | |
| *norelgestromin-eth estradiol* (Zafemy Transdermal Patch Weekly 150-35 Mcg/24Hr) | CE | |
| *ethynodiol diac-eth estradiol* (Zovia 1/35 (28) Oral Tablet 1-35 Mg-Mcg) | CE | |
| *drospirenone-ethinyl estradiol* (Zumandimine Oral Tablet 3-0.03 Mg) | CE | |
| **CORTISOL SYNTHESIS INHIBITORS** | | |
| ISTURISA ORAL TABLET 1 MG, 5 MG (*osilodrostat phosphate*) | NF | |
| RECORLEV ORAL TABLET 150 MG (*levoketoconazole*) | NF | |
| **DIABETIC SUPPLIES** | | |
| 12-PANEL POC TOXICOLOGY SYSTEM IN VITRO KIT (*drug assay (urine)*) | NPB | |
| *1st tier unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm* | NPB | |
| *1st tier unifine pentips plus 31g x 8 mm* | NPB | |
| ABOUTTIME PEN NEEDLE 30G X 8 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*) | NPB | |
| ACCU-CHEK AVIVA PLUS IN VITRO STRIP (*glucose blood*) | PB | |
| ACCU-CHEK AVIVA PLUS KIT W/DEVICE (*blood glucose monitoring suppl*) | PB | |
| ACCU-CHEK FASTCLIX LANCET KIT (*lancets misc.*) | NPB | |
| ACCU-CHEK FASTCLIX LANCETS (*lancets*) | PB | |
| ACCU-CHEK GUIDE IN VITRO STRIP (*glucose blood*) | PB | |
| ACCU-CHEK GUIDE KIT W/DEVICE (*blood glucose monitoring suppl*) | PB | |
| ACCU-CHEK GUIDE ME KIT W/DEVICE (*blood glucose monitoring suppl*) | PB | |
| ACCU-CHEK LINKASSIST (*insulin pump accessories*) | NPB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| ACCU-CHEK PLASTIC CARTRIDGE (*insulin infusion pump supplies*) | NPB | |
| ACCU-CHEK SAFE-T PRO LANCETS (*lancets*) | PB | |
| ACCU-CHEK SMARTVIEW IN VITRO STRIP (*glucose blood*) | PB | |
| ACCU-CHEK SOFTCLIX LANCET DEV KIT (*lancets misc.*) | NPB | |
| ACCU-CHEK SOFTCLIX LANCETS (*lancets*) | PB | |
| ACCU-CHEK TENDER I SET 24" (*insulin infusion pump supplies*) | NPB | |
| ACCU-CHEK TENDER I SET 31" (*insulin infusion pump supplies*) | NPB | |
| ACCU-CHEK ULTRAFLEX INF SET (*insulin infusion pump supplies*) | NPB | |
| ACCU-CHEK ULTRAFLEX-1 INF SET (*insulin infusion pump supplies*) | NPB | |
| ACCUTREND GLUCOSE IN VITRO STRIP (*glucose blood*) | NPB | |
| *acti-lance 28g* | PB | |
| *acti-lance lite lancets 28g* | PB | |
| *acti-lance special lancets 17g* | PB | |
| *acti-lance universal 23g* | PB | |
| *adjustable lancing device* | NPB | |
| ADVOCATE BLOOD GLUCOSE MONITOR DEVICE (*blood glucose monitoring suppl*) | NPB | |
| ADVOCATE BLOOD GLUCOSE SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*) | NPB | |
| ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM (*insulin pen needle*) | NPB | |
| ADVOCATE LANCETS 30G (*lancets*) | PB | |
| ADVOCATE LANCING DEVICE (*lancet devices*) | NPB | |
| ADVOCATE RAPID-SAFE LANCING (*lancet devices*) | NPB | |
| ADVOCATE REDI-CODE DEVICE (*blood glucose monitoring suppl*) | NPB | |
| ADVOCATE REDI-CODE IN VITRO STRIP (*glucose blood*) | NPB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| ADVOCATE REDI-CODE KIT W/DEVICE (*blood glucose monitoring suppl*) | NPB | |
| ADVOCATE REDI-CODE+ DEVICE (*blood glucose monitoring suppl*) | NPB | |
| ADVOCATE REDI-CODE+ TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| ADVOCATE SAFETY LANCETS (*lancets*) | PB | |
| ADVOCATE SAFETY LANCETS 26G (*lancets*) | PB | |
| ADVOCATE TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| AGAMATRIX AMP DEVICE (*blood glucose monitoring suppl*) | NPB | |
| AGAMATRIX AMP TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| AGAMATRIX CONTROL LEVEL 2 IN VITRO SOLUTION (*blood glucose calibration*) | NPB | |
| AGAMATRIX CONTROL LEVEL 4 IN VITRO SOLUTION (*blood glucose calibration*) | NPB | |
| AGAMATRIX JAZZ TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| AGAMATRIX JAZZ WIRELESS 2 KIT W/DEVICE (*blood glucose monitoring suppl*) | NPB | |
| AGAMATRIX KEYNOTE TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| AGAMATRIX PRESTO KIT W/DEVICE (*blood glucose monitoring suppl*) | NPB | |
| AGAMATRIX PRESTO PRO METER DEVICE (*blood glucose monitoring suppl*) | NPB | |
| AGAMATRIX PRESTO TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| AGAMATRIX ULTRA-THIN LANCETS (*lancets*) | PB | |
| *aimsco twist lancets 32g* | PB | |
| AIMSCO TWIST LANCETS 33G (*lancets*) | PB | |
| AQUALANCE LANCETS 30G (*lancets*) | PB | |
| *assure comfort lancets 28g* | PB | |
| ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 1 ML (*insulin syringe-needle u-100*) | NPB | |
| ASSURE II CHECK IN VITRO STRIP (*glucose blood*) | NPB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| ASSURE PLATINUM IN VITRO STRIP (*glucose blood*) | NPB | |
| *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* | NPB | |
| AUM READYGARD DUO PEN NEEDLE 32G X 4 MM (*insulin pen needle*) | NPB | |
| AUM SAFETY PEN NEEDLE 31G X 4 MM , 31G X 5 MM (*insulin pen needle*) | NPB | |
| *aurora lancet super thin 30g* | PB | |
| *aurora lancet thin 23g* | PB | |
| AUTO-LANCET (*lancet devices*) | NPB | |
| AUTO-LANCET MINI (*lancet devices*) | NPB | |
| AUTOLET II CLINISAFE KIT (*lancets misc.*) | NPB | |
| AUTOLET LANCING DEVICE (*lancet devices*) | NPB | |
| AUTOLET LITE CLINISAFE KIT (*lancets misc.*) | NPB | |
| AUTOLET LITE STARTER PACK KIT (*lancets misc.*) | NPB | |
| AUTOLET MINI (*lancet devices*) | NPB | |
| AUTOLET PLATFORMS (*lancets misc.*) | PB | |
| AUTOLET PLUS (*lancet devices*) | NPB | |
| AUTOSOFT 30 INFUSION SET (*insulin infusion pump supplies*) | NPB | |
| AUTOSOFT 90 INFUSION SET (*insulin infusion pump supplies*) | NPB | |
| AUTOSOFT XC INFUSION SET (*insulin infusion pump supplies*) | NPB | |
| BD AUTOSHIELD DUO 30G X 5 MM (*insulin pen needle*) | PB | |
| BD INSULIN SYRINGE 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML (*insulin syringe-needle u-100*) | PB | |
| BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (*insulin syringe-needle u-100*) | PB | |
| BD INSULIN SYRINGE U/F 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*) | PB | |
| BD INSULIN SYRINGE U-100 1 ML (*insulin syringes (disposable)*) | PB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML (*insulin syringe/needle u-500*) | PB | |
| BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 0.5 ML (*insulin syringe-needle u-100*) | PB | |
| BD LATITUDE DIABETES KIT (*blood glucose monitoring suppl*) | NPB | |
| BD LOGIC BLOOD GLUCOSE MONITOR KIT W/DEVICE (*blood glucose monitoring suppl*) | NPB | |
| BD MICROTAINER LANCETS (*lancets*) | PB | |
| BD PEN NEEDLE MICRO U/F 32G X 6 MM (*insulin pen needle*) | PB | |
| BD PEN NEEDLE MINI U/F 31G X 5 MM (*insulin pen needle*) | PB | |
| BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM (*insulin pen needle*) | PB | |
| BD PEN NEEDLE NANO U/F 32G X 4 MM (*insulin pen needle*) | PB | |
| BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM (*insulin pen needle*) | PB | |
| BD PEN NEEDLE SHORT U/F 31G X 8 MM (*insulin pen needle*) | PB | |
| BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML, 31G X 15/64" 0.3 ML (*insulin syringe-needle u-100*) | PB | |
| BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML (*insulin syringe-needle u-100*) | PB | |
| BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML (*insulin syringe-needle u-100*) | PB | |
| BIOTEL CARE BLOOD GLUCOSE KIT W/DEVICE (*blood glucose monitoring suppl*) | NPB | |
| BIOTEL CARE BLOOD GLUCOSE SYST KIT W/DEVICE (*blood glucose monitoring suppl*) | NPB | |
| *blood glucose system pak kit* | NPB | |
| *blood glucose test in vitro strip* | NPB | |
| BLULINK CONTROL HIGH & LOW IN VITRO LIQUID (*blood glucose calibration*) | NPB | |
| BLULINK GLUCOSE MONITORING SYS DEVICE (*blood glucose monitoring suppl*) | NPB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| BLULINK GLUCOSE TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| CARDIOCOM LANCING DEVICE (*lancet devices*) | NPB | |
| CAREFINE PEN NEEDLES 29G X 12MM , 30G X 8 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM (*insulin pen needle*) | NPB | |
| *careone advanced lancing dev* | NPB | |
| CAREONE LANCET SUPER THIN 30G (*lancets*) | PB | |
| *careone lancet thin 23g* | PB | |
| *careone unifine pentips plus 33g x 4 mm* | NPB | |
| CARESENS LANCETS (*lancets*) | PB | |
| CARESENS LANCETS 30G (*lancets*) | PB | |
| CARETOUCH CONTROL SOL LEVEL 2 IN VITRO LIQUID (*blood glucose calibration*) | NPB | |
| CARETOUCH INSULIN SYRINGE 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*) | NPB | |
| CARETOUCH LANCING/EJECTOR (*lancet devices*) | NPB | |
| CARETOUCH MONITOR SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*) | NPB | |
| 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 (*insulin pen needle*) | NPB | |
| CARETOUCH SAFETY LANCETS (*lancets*) | PB | |
| CARETOUCH SAFETY LANCETS 26G (*lancets*) | PB | |
| CARETOUCH TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| CARETOUCH TWIST LANCETS 28G (*lancets*) | PB | |
| CARETOUCH TWIST LANCETS 30G (*lancets*) | PB | |
| CARETOUCH TWIST LANCETS 33G (*lancets*) | PB | |
| CARETOUCH TWIST MC LANCETS 30G (*lancets*) | PB | |
| CHEMSTRIP K IN VITRO STRIP (*acetone (urine) test*) | NPB | |
| CHEMSTRIP UGK IN VITRO STRIP (*urine glucose-ketones test*) | NPB | |
| CLEANLET LANCETS 28G (*lancets*) | PB | |
| CLEVER CHEK AUTO-CODE SYSTEM DEVICE (*blood glucose monitoring suppl*) | NPB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| CLEVER CHEK AUTO-CODE VOICE DEVICE (*blood glucose monitoring suppl*) | NPB | |
| CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP (*glucose blood*) | NPB | |
| CLEVER CHEK LANCETS (*lancets*) | PB | |
| CLEVER CHEK SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*) | NPB | |
| CLEVER CHEK TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| CLEVER CHOICE AUTO-CODE SYSTEM DEVICE (*blood glucose monitoring suppl*) | NPB | |
| CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| CLEVER CHOICE COMFORT EZ (*lancets*) | PB | |
| CLEVER CHOICE COMFORT EZ 29G X 12MM , 33G X 4 MM (*insulin pen needle*) | NPB | |
| CLEVER CHOICE LANCETS 21G (*lancets*) | PB | |
| CLEVER CHOICE LANCETS 23G (*lancets*) | PB | |
| CLEVER CHOICE LANCETS 28G (*lancets*) | PB | |
| CLEVER CHOICE MICRO SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*) | NPB | |
| CLEVER CHOICE MICRO TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| CLEVER CHOICE MINI SYSTEM DEVICE (*blood glucose monitoring suppl*) | NPB | |
| CLEVER CHOICE NO CODING IN VITRO STRIP (*glucose blood*) | NPB | |
| CLEVER CHOICE TALK SYSTEM DEVICE (*blood glucose monitoring suppl*) | NPB | |
| CLEVER CHOICE TALK SYSTEM IN VITRO STRIP (*glucose blood*) | NPB | |
| *clickfine pen needles 31g x 8 mm* | NPB | |
| COAGUCHEK LANCETS (*lancets*) | PB | |
| *comfort assured lancets 28g* | PB | |
| *comfort assured lancets 33g* | PB | |

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

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| CVS BLOOD GLUCOSE METER KIT W/DEVICE (*blood glucose monitoring suppl*) | NPB | |
| *cvs glucose meter test strips in vitro strip* | NPB | |
| CVS KETONE CARE IN VITRO STRIP (*urine glucose-ketones test*) | NPB | |
| *cvs lancets 21g* | PB | |
| *cvs lancets micro thin 33g* | PB | |
| *cvs lancets original* | PB | |
| *cvs lancets thin 26g* | PB | |
| *cvs lancets ultra thin 30g* | PB | |
| *cvs lancets ultra-thin 30g* | PB | |
| *cvs lancing device* | NPB | |
| *cvs ultra thin lancets* | PB | |
| D-CARE BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*) | NPB | |
| D-CARE GLUCOMETER KIT W/DEVICE (*blood glucose monitoring suppl*) | NPB | |
| DEXCOM G6 RECEIVER DEVICE (*continuous blood gluc receiver*) | PB | |
| DEXCOM G6 SENSOR (*continuous blood gluc sensor*) | PB | |
| DEXCOM G6 TRANSMITTER (*continuous blood gluc transmit*) | PB | |
| DEXCOM G7 RECEIVER DEVICE (*continuous blood gluc receiver*) | PB | |
| DEXCOM G7 SENSOR (*continuous blood gluc sensor*) | PB | |
| DIASTIX IN VITRO STRIP (*glucose urine test-glucose ox*) | NPB | |
| DIATHRIVE BLOOD GLUCOSE METER DEVICE (*blood glucose monitoring suppl*) | NPB | |
| DIATHRIVE GLUCOSE TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| DIATHRIVE LANCET ULTRA THIN 30 (*lancets*) | PB | |
| DIATHRIVE LANCETS (*lancets*) | PB | |
| DIATHRIVE LANCING DEVICE (*lancet devices*) | NPB | |
| DIATHRIVE PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*) | NPB | |

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

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| EASY TOUCH GLUCOSE SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*) | NPB | |
| EASY TOUCH HEALTHPRO GLUCOSE IN VITRO STRIP (*glucose blood*) | NPB | |
| EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML (*insulin syringe-needle u-100*) | NPB | |
| EASY TOUCH LANCETS 21G (*lancets*) | PB | |
| EASY TOUCH LANCETS 23G (*lancets*) | PB | |
| EASY TOUCH LANCETS 28G (*lancets*) | PB | |
| EASY TOUCH LANCETS 30G (*lancets*) | PB | |
| EASY TOUCH LANCETS 32G (*lancets*) | PB | |
| EASY TOUCH LANCING DEVICE (*lancet devices*) | NPB | |
| EASY TOUCH PEN NEEDLES 29G X 12MM , 30G X 5 MM , 30G X 6 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM (*insulin pen needle*) | NPB | |
| EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM , 29G X 8MM , 30G X 8 MM (*insulin pen needle*) | NPB | |
| *easy trak blood glucose system device* | NPB | |
| *easy trak blood glucose test in vitro strip* | NPB | |
| *easy trak ii blood glucose sys device* | NPB | |
| *easy trak ii glucose test in vitro strip* | NPB | |
| EASYMAX 15 LEVEL 2-3 CONTROL IN VITRO LIQUID (*blood glucose calibration*) | NPB | |
| EASYMAX 15 TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| EASYMAX CONTROL NORMAL/HIGH IN VITRO LIQUID (*blood glucose calibration*) | NPB | |
| EASYMAX NG BLOOD GLUCOSE DEVICE (*blood glucose monitoring suppl*) | NPB | |
| EASYMAX NG BLOOD GLUCOSE KIT W/DEVICE (*blood glucose monitoring suppl*) | NPB | |
| EASYMAX TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| EASYMAX V BLOOD GLUCOSE DEVICE (*blood glucose monitoring suppl*) | NPB | |
| EASYPRO BLOOD GLUCOSE MONITOR KIT W/DEVICE (*blood glucose monitoring suppl*) | NPB | |

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

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *eql super thin lancets 30g* | PB | |
| *eql thin lancets 26g* | PB | |
| EVERSENSE SENSOR/HOLDER (*continuous blood gluc sensor*) | NPB | |
| EVERSENSE SMART TRANSMITTER (*continuous blood gluc transmit*) | NPB | |
| EVOLUTION AUTOCODE DEVICE (*blood glucose monitoring suppl*) | NPB | |
| EVOLUTION AUTOCODE IN VITRO STRIP (*glucose blood*) | NPB | |
| E-Z JECT LANCET MICRO-THIN 33G (*lancets*) | PB | |
| E-Z JECT LANCET SUPER THIN 30G (*lancets*) | PB | |
| E-Z JECT LANCETS (*lancets*) | PB | |
| E-Z JECT LANCETS 21G (*lancets*) | PB | |
| E-Z JECT LANCETS THIN 26G (*lancets*) | PB | |
| EZ-LETS LANCETS 21G (*lancets*) | PB | |
| EZ-LETS LANCETS 26G (*lancets*) | PB | |
| EZ-LETS LANCETS 28G (*lancets*) | PB | |
| EZ-LETS LANCETS 30G (*lancets*) | PB | |
| FIFTY50 GLUCOSE METER 2.0 KIT W/DEVICE (*blood glucose monitoring suppl*) | NPB | |
| FIFTY50 GLUCOSE TEST 2.0 IN VITRO STRIP (*glucose blood*) | NPB | |
| FIFTY50 PEN NEEDLES 31G X 5 MM , 31G X 8 MM , 32G X 6 MM (*insulin pen needle*) | NPB | |
| FIFTY50 UNILET LANCETS 33G (*lancets*) | PB | |
| FINGERSTIX LANCETS (*lancets*) | PB | |
| FORA 6 CONNECT IN VITRO STRIP (*glucose blood*) | NPB | |
| FORA D15G BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| FORA D20 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| FORA D40/G31 BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*) | NPB | |
| FORA G20 BLOOD GLUCOSE SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*) | NPB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| FORA G30A BLOOD GLUCOSE SYSTEM DEVICE (*blood glucose monitoring suppl*) | NPB | |
| FORA GD20 BLOOD GLUCOSE SYSTEM DEVICE (*blood glucose monitoring suppl*) | NPB | |
| FORA GD20 TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| FORA GD50 BLOOD GLUCOSE SYSTEM DEVICE (*blood glucose monitoring suppl*) | NPB | |
| FORA GD50 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| FORA GTEL BLOOD GLUCOSE SYSTEM DEVICE (*blood glucose monitoring suppl*) | NPB | |
| FORA GTEL BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| FORA GTEL BLOOD KETONE TEST IN VITRO STRIP (*ketone blood test*) | NPB | |
| FORA LANCETS (*lancets*) | PB | |
| FORA LANCING DEVICE (*lancet devices*) | NPB | |
| FORA PREMIUM V10 BLE SYSTEM DEVICE (*blood glucose monitoring suppl*) | NPB | |
| FORA TEST N' GO MONITOR DEVICE (*blood glucose monitoring suppl*) | NPB | |
| FORA TN'G ADVANCE PRO IN VITRO STRIP (*glucose blood*) | NPB | |
| FORA TN'G VOICE KIT W/DEVICE (*blood glucose monitoring suppl*) | NPB | |
| FORA TN'G/TN'G VOICE IN VITRO STRIP (*glucose blood*) | NPB | |
| FORA V10 BLOOD GLUCOSE SYSTEM DEVICE (*blood glucose monitoring suppl*) | NPB | |
| FORA V10 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| FORA V10/V12/D10/D20 TEST KIT (*blood glucose monitoring suppl*) | NPB | |
| FORA V12 BLOOD GLUCOSE SYSTEM DEVICE (*blood glucose monitoring suppl*) | NPB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| FORA V12 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| FORA V20 BLOOD GLUCOSE SYSTEM DEVICE (*blood glucose monitoring suppl*) | NPB | |
| FORA V20 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| FORA V30A BLOOD GLUCOSE SYSTEM DEVICE (*blood glucose monitoring suppl*) | NPB | |
| FORA V30A BLOOD GLUCOSE SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*) | NPB | |
| FORA V30A BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| FORACARE GD40 MONITOR DEVICE (*blood glucose monitoring suppl*) | NPB | |
| FORACARE GD40 TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| FORACARE PREMIUM V10 DEVICE (*blood glucose monitoring suppl*) | NPB | |
| FORACARE PREMIUM V10 TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| FORACARE TEST N GO MONITOR DEVICE (*blood glucose monitoring suppl*) | NPB | |
| FORACARE TEST N GO TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| FORTISCARE G1 TEST STRIP IN VITRO STRIP (*glucose blood*) | NPB | |
| FORTISCARE T1 GLUCOSE SYSTEM DEVICE (*blood glucose monitoring suppl*) | NPB | |
| FORTISCARE TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| FREESTYLE FREEDOM LITE KIT W/DEVICE (*blood glucose monitoring suppl*) | NPB | |
| FREESTYLE INSULINX TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| FREESTYLE LIBRE 14 DAY READER DEVICE (*continuous blood gluc receiver*) | PB | |
| FREESTYLE LIBRE 14 DAY SENSOR (*continuous blood gluc sensor*) | PB | |
| FREESTYLE LIBRE 2 READER DEVICE (*continuous blood gluc receiver*) | PB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| FREESTYLE LIBRE 2 SENSOR (*continuous blood gluc sensor*) | PB | |
| *freestyle libre 3 sensor* | PB | |
| FREESTYLE LITE DEVICE (*blood glucose monitoring suppl*) | NPB | |
| FREESTYLE LITE TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| FREESTYLE PRECISION NEO SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*) | NPB | |
| FREESTYLE PRECISION NEO TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| FREESTYLE TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| FREESTYLE UNISTICK II LANCETS (*lancets*) | PB | |
| GENTEEL BUTTERFLY TOUCH LANCET (*lancets*) | PB | |
| GENTEEL CONTACT TIPS (BLUE) (*lancets misc.*) | PB | |
| GENTEEL CONTACT TIPS (CLEAR) (*lancets misc.*) | PB | |
| GENTEEL CONTACT TIPS (GREEN) (*lancets misc.*) | PB | |
| GENTEEL CONTACT TIPS (ORANGE) (*lancets misc.*) | PB | |
| GENTEEL CONTACT TIPS (RAINBOW) (*lancets misc.*) | PB | |
| GENTEEL CONTACT TIPS (VIOLET) (*lancets misc.*) | PB | |
| GENTEEL CONTACT TIPS (YELLOW) (*lancets misc.*) | PB | |
| GENTEEL LANCING KIT (BLUE) KIT (*lancets misc.*) | NPB | |
| GENTEEL NOZZLES (*lancets misc.*) | PB | |
| GENTEEL PLUS LANCING (BLACK) (*lancet devices*) | NPB | |
| GENTEEL PLUS LANCING (PURPLE) (*lancet devices*) | NPB | |
| GENTEEL PLUS LANCING (WHITE) (*lancet devices*) | NPB | |
| GENTEEL PLUS LANCING DEV(BLUE) (*lancet devices*) | NPB | |
| GENTEEL PLUS LANCING DEV(PINK) (*lancet devices*) | NPB | |
| GENTLE-LET GP LANCETS (*lancets*) | PB | |
| GENTLE-LET LANCETS (*lancets*) | PB | |
| GENTLE-LET PLATFORMS (*lancets misc.*) | PB | |
| GENULTIMATE TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| *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* | NPB | |
| *global inject ease lancets 28g* | PB | |
| *global inject ease lancets 30g* | PB | |
| *global lancing device* | NPB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| GLUCO PERFECT 3 METER DEVICE (*blood glucose monitoring suppl*) | NPB | |
| GLUCO PERFECT 3 TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| GLUCOCARD SHINE TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| GLUCOCARD SHINE XL DEVICE (*blood glucose monitoring suppl*) | NPB | |
| GLUCOCOM BLOOD GLUCOSE MONITOR DEVICE (*blood glucose monitoring suppl*) | NPB | |
| GLUCOCOM LANCETS 28G (*lancets*) | PB | |
| GLUCOCOM LANCETS 30G (*lancets*) | PB | |
| GLUCOCOM LANCETS 33G (*lancets*) | PB | |
| GLUCOCOM MONITOR KIT W/DEVICE (*blood glucose monitoring suppl*) | NPB | |
| GLUCOCOM TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| GLUCONAVII BLOOD GLUCOSE SYS KIT W/DEVICE (*blood glucose monitoring suppl*) | NPB | |
| GLUCONAVII BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML (*insulin syringe-needle u-100*) | NPB | |
| GLUCOPRO SYR RES 3ML 22GX3/8" (*insulin infusion pump supplies*) | NPB | |
| *glucose meter test in vitro strip* | NPB | |
| *gnp clickfine pen needles 31g x 6 mm , 31g x 8 mm* | NPB | |
| GNP EASY TOUCH CONT HIGH/LOW IN VITRO LIQUID (*blood glucose calibration*) | NPB | |
| GNP EASY TOUCH GLUCOSE METER DEVICE (*blood glucose monitoring suppl*) | NPB | |
| *gnp easy touch glucose test in vitro strip* | NPB | |
| *gnp insulin syringes 28gx1/2" 28g x 1/2" 1 ml* | NPB | |
| *gnp insulin syringes 29gx1/2" 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml* | NPB | |
| *gnp insulin syringes 30g x 5/16" 1 ml* | NPB | |
| *gnp insulin syringes 30gx5/16" 30g x 5/16" 0.3 ml* | NPB | |
| *gnp insulin syringes 31gx5/16" 31g x 5/16" 0.3 ml* | NPB | |
| *gnp lancets 21g* | PB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *gnp lancets thin 26g* | PB | |
| *gnp sterile lancets 28g* | PB | |
| *gnp sterile lancets 30g* | PB | |
| *gnp sterile lancets 33g* | PB | |
| GNP TRUE METRIX AIR METER KIT W/DEVICE (*blood glucose monitoring suppl*) | NPB | |
| GNP TRUE METRIX GLUCOSE METER KIT W/DEVICE (*blood glucose monitoring suppl*) | NPB | |
| GNP TRUE METRIX GLUCOSE STRIPS IN VITRO STRIP (*glucose blood*) | NPB | |
| GNP TRUETRACK TEST STRIPS IN VITRO STRIP (*glucose blood*) | NPB | |
| *gnp ulticare pen needles 31g x 5 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm* | NPB | |
| GNP ULTIGUARD SAFEPACK NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (*insulin pen needle*) | NPB | |
| GOJJI BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| GOJJI BLOOD TEST STRIP/LANCETS IN VITRO STRIP (*glucose blood*) | NPB | |
| GOJJI LANCING DEVICE/CLEAR CAP (*lancet devices*) | NPB | |
| GOJJI STERILE LANCETS (*lancets*) | PB | |
| *goodsense lancets 26g univ* | PB | |
| *goodsense lancets 30g univ* | PB | |
| *goodsense lancets 33g* | NPB | |
| *goodsense lancets 33g univ* | PB | |
| *goodsense lancing device* | NPB | |
| GOODSENSE PEN NEEDLE PENFINE 32G X 6 MM (*insulin pen needle*) | NPB | |
| GUARDIAN LINK 3 TRANSMITTER (*continuous blood gluc transmit*) | NPB | |
| GUARDIAN REAL-TIME CHARGER (*continuous glucose monitor sup*) | NPB | |
| GUARDIAN REAL-TIME REPLACE PED DEVICE (*continuous blood gluc receiver*) | NPB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| GUARDIAN REAL-TIME TEST PLUG (*continuous glucose monitor sup*) | NPB | |
| GUARDIAN SENSOR (3) (*continuous blood gluc sensor*) | NPB | |
| *guardian sensor 3* | NPB | |
| HEALTH CARE LANCING DEVICE (*lancet devices*) | NPB | |
| *healthwise insulin syr/needle 31g x 5/16" 0.3 ml* | NPB | |
| *healthwise micron pen needles 32g x 4 mm* | NPB | |
| *healthwise short pen needles 31g x 5 mm , 31g x 8 mm* | NPB | |
| *h-e-b incontrol adv lancing* | NPB | |
| *h-e-b incontrol lancets 28g* | PB | |
| *h-e-b incontrol lancets 30g* | PB | |
| *h-e-b incontrol lancets 33g* | PB | |
| *h-e-b incontrol pen needles 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm* | NPB | |
| 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 (*insulin pen needle*) | NPB | |
| HM EMBRACE TALK SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*) | NPB | |
| HM ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML (*insulin syringe-needle u-100*) | NPB | |
| HM ULTICARE MINI PEN NEEDLES 31G X 5 MM (*insulin pen needle*) | NPB | |
| HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM (*insulin pen needle*) | NPB | |
| HW EMBRACE PRO GLUCOSE METER DEVICE (*blood glucose monitoring suppl*) | NPB | |
| HW EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| HW EMBRACE TALK BLOOD GLUCOSE DEVICE (*blood glucose monitoring suppl*) | NPB | |
| HW EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| HY-VEE LANCETS (*lancets*) | PB | |
| *hy-vee thin lancets* | PB | |
| IN TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*) | NPB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| IN TOUCH DEVICE (*blood glucose monitoring suppl*) | NPB | |
| IN TOUCH LANCING DEVICE (*lancet devices*) | NPB | |
| IN TOUCH STERILE LANCETS 30G (*lancets*) | PB | |
| INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| INFINITY VOICE IN VITRO STRIP (*glucose blood*) | NPB | |
| INFINITY VOICE KIT W/DEVICE (*blood glucose monitoring suppl*) | NPB | |
| *insulin syringe 29g x 1/2" 0.3 ml* | NPB | |
| *insulin syringe-needle u-100 27g x 1/2" 0.5 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 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* | NPB | |
| *insupen pen needles 29g x 12mm , 31g x 5 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm* | NPB | |
| KETO-DIASTIX IN VITRO STRIP (*urine glucose-ketones test*) | NPB | |
| *ketone test in vitro strip* | NPB | |
| KETOSTIX IN VITRO STRIP (*acetone (urine) test*) | NPB | |
| *kinney lancets* | PB | |
| *kinney thin lancets* | PB | |
| *kmart valu insulin syringe 29g u-100 0.5 ml, u-100 1 ml* | NPB | |
| *kmart valu insulin syringe 30g u-100 0.3 ml, u-100 0.5 ml* | NPB | |
| KROGER AUTOLET LANCING DEVICE (*lancet devices*) | NPB | |
| *kroger blood glucose test in vitro strip* | NPB | |
| KROGER HEALTHPRO GLUCOSE TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| *kroger lancets* | PB | |
| *kroger lancets super thin* | PB | |
| *kroger lancets thin* | PB | |
| *kroger pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm* | NPB | |
| *kroger premium blood glucose kit w/device* | NPB | |
| *lancet device* | NPB | |
| *lancet device with ejector* | NPB | |
| *lancet transporter case* | PB | |
| *lancets* | PB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *lancets 30g* | PB | |
| *lancets 33g* | PB | |
| *lancets micro thin 33g* | PB | |
| *lancets thin* | PB | |
| LANCETS ULTRA THIN (*lancets*) | PB | |
| *lancets ultra thin 30g* | PB | |
| *lancing device* | NPB | |
| LANZO (*lancet devices*) | NPB | |
| LEADER UNIFINE PENTIPS PLUS 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*) | NPB | |
| *liberty blood glucose meter device* | NPB | |
| LIBERTY NEXT GENERATION TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| LIBERTY NXT GENERATION MONITOR DEVICE (*blood glucose monitoring suppl*) | NPB | |
| *liberty test in vitro strip* | NPB | |
| *lite touch lancets* | PB | |
| LITE TOUCH LANCING PEN (*lancet devices*) | NPB | |
| LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.3 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*) | NPB | |
| LITETOUCH LANCETS (*lancets*) | PB | |
| LITETOUCH PEN NEEDLES 29G X 12.7MM , 31G X 8 MM (*insulin pen needle*) | NPB | |
| *longs lancets standard* | PB | |
| *longs lancets thin* | PB | |
| *longs lancets ultra thin* | PB | |
| MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML (*insulin syringe-needle u-100*) | NPB | |
| MARATHON MEDICAL PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*) | NPB | |
| MAXICOMFORT II PEN NEEDLE 31G X 6 MM (*insulin pen needle*) | NPB | |
| MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM , 29G X 8MM (*insulin pen needle*) | NPB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML (*insulin syringe-needle u-100*) | NPB | |
| *medichoice safety lancet norm* | PB | |
| MEDLANCE PLUS EXTRA 21G (*lancets*) | PB | |
| MEDLANCE PLUS LANCETS (*lancets*) | PB | |
| MEDLANCE PLUS LITE 25G (*lancets*) | PB | |
| MEDLANCE PLUS SPECIAL 0.8MM (*lancets*) | PB | |
| MEDLANCE PLUS SUPERLITE 30G (*lancets*) | PB | |
| MEDLANCE PLUS UNIVERSAL 21G (*lancets*) | PB | |
| *meijer blood glucose kit w/device* | NPB | |
| *meijer essential blood glucose kit w/device* | NPB | |
| *meijer essential glucose test in vitro strip* | NPB | |
| MEIJER LANCETS THIN (*lancets*) | PB | |
| MEIJER LANCETS UNIVERSAL 21G (*lancets*) | PB | |
| MEIJER LANCETS UNIVERSAL 30G (*lancets*) | PB | |
| MEIJER LANCETS UNIVERSAL 33G (*lancets*) | PB | |
| *meijer premium blood glucose kit w/device* | NPB | |
| MEIJER SUPER THIN LANCETS (*lancets*) | PB | |
| MEIJER TRUE2GO BLOOD GLUCOSE KIT W/DEVICE (*blood glucose monitoring suppl*) | NPB | |
| MEIJER TRUETEST TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| MEIJER TRUETRACK GLUCOSE SYS KIT W/DEVICE (*blood glucose monitoring suppl*) | NPB | |
| MEIJER TRUETRACK TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| MICRODOT BLOOD GLUCOSE SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*) | NPB | |
| MICRODOT PEN NEEDLE 31G X 6 MM , 32G X 4 MM , 33G X 4 MM (*insulin pen needle*) | NPB | |
| MICRODOT TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| MICROLET LANCETS (*lancets*) | PB | |
| MICROLET NEXT LANCING DEVICE (*lancet devices*) | NPB | |
| *mini lancing device* | NPB | |
| MINILINK REAL-TIME TRANSMITTER (*continuous blood gluc transmit*) | NPB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| MINIMED 630G GUARDIAN PRESS (*continuous blood gluc transmit*) | NPB | |
| MINIMED PUMP RESERVOIR 3ML (*insulin infusion pump supplies*) | NPB | |
| MINIMED RESERVOIR 1.8ML (*insulin infusion pump supplies*) | NPB | |
| MINIMED RESERVOIR 3ML (*insulin infusion pump supplies*) | NPB | |
| 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 (*insulin syringe-needle u-100*) | NPB | |
| MONOJECT INSULIN SYRINGE U-100 1 ML (*insulin syringes (disposable)*) | NPB | |
| MONOLET LANCETS (*lancets*) | PB | |
| MONOLET OPD LANCETS (*lancets*) | PB | |
| MONOLETTOR SAFETY LANCETS (*lancets*) | PB | |
| *mpd safety lancet 21g* | PB | |
| *mpd safety lancet 23g* | PB | |
| *mpd safety lancet 28g* | PB | |
| *mpd safety lancet 30g* | PB | |
| MULTI-LANCET DEVICE 2 KIT (*lancets misc.*) | NPB | |
| MYGLUCOHEALTH BLOOD GLUCOSE KIT W/DEVICE (*blood glucose monitoring suppl*) | NPB | |
| MYGLUCOHEALTH LANCETS 30G (*lancets*) | PB | |
| MYGLUCOHEALTH TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| NEUTEK 2TEK TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| NOVA MAX BLOOD GLUCOSE SYSTEM DEVICE (*blood glucose monitoring suppl*) | NPB | |
| NOVA MAX BLOOD GLUCOSE SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*) | NPB | |
| NOVA MAX GLUCOSE TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| NOVA MAX PLUS KETONE TEST IN VITRO STRIP (*ketone blood test*) | NPB | |
| NOVA SAFETY LANCETS 23G (*lancets*) | PB | |
| NOVA SAFETY LANCETS 28G (*lancets*) | PB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| NOVA SUREFLEX LANCETS (*lancets*) | PB | |
| NOVA SUREFLEX LANCING DEVICE (*lancet devices*) | NPB | |
| NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM (*insulin pen needle*) | NF | |
| NOVOFINE PEN NEEDLE 32G X 6 MM (*insulin pen needle*) | NF | |
| NOVOFINE PLUS PEN NEEDLE 32G X 4 MM (*insulin pen needle*) | NF | |
| OMNIPOD 5 G6 INTRO (GEN 5) KIT (*insulin disposable pump*) | PB | |
| OMNIPOD 5 G6 POD (GEN 5) (*insulin disposable pump*) | PB | |
| OMNIPOD DASH INTRO (GEN 4) KIT (*insulin disposable pump*) | PB | |
| OMNIPOD DASH PDM (GEN 4) KIT (*insulin disposable pump*) | PB | |
| OMNIPOD DASH PODS (GEN 4) (*insulin disposable pump*) | PB | |
| *one drop blood glucose monitor kit w/device* | NPB | |
| *one drop test in vitro strip* | NPB | |
| ONETOUCH DELICA PLUS LANCET30G (*lancets*) | PB | |
| ONETOUCH DELICA PLUS LANCET33G (*lancets*) | PB | |
| ONETOUCH DELICA PLUS LANCING (*lancet devices*) | NPB | |
| ONETOUCH DELICA SAFETY LANCING (*lancet devices*) | NPB | |
| ONETOUCH ULTRA 2 KIT W/DEVICE (*blood glucose monitoring suppl*) | PB | |
| ONETOUCH ULTRA IN VITRO STRIP (*glucose blood*) | PB | |
| ONETOUCH ULTRASOFT 2 LANCETS (*lancets*) | PB | |
| ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*) | PB | |
| ONETOUCH VERIO IN VITRO STRIP (*glucose blood*) | PB | |
| ONETOUCH VERIO REFLECT KIT W/DEVICE (*blood glucose monitoring suppl*) | PB | |
| OPTIUMEZ TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| PARADIGM PUMP RESERVOIR 1.8ML (*insulin infusion pump supplies*) | NPB | |
| PARADIGM PUMP RESERVOIR 3ML (*insulin infusion pump supplies*) | NPB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| PARADIGM REAL-TIME TRANSMITTER (*continuous blood gluc transmit*) | NPB | |
| PARADIGM SILHOUETTE COMBO 43" (*insulin infusion pump supplies*) | NPB | |
| *pen needles 29g x 12mm , 30g x 5 mm , 30g x 8 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm* | NPB | |
| PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (*insulin pen needle*) | NPB | |
| PERFECT LANCETS 28G (*lancets*) | PB | |
| PERFECT LANCETS 30G (*lancets*) | PB | |
| *ph strips in vitro diagnostic test* | NPB | |
| PHARMACIST CHOICE AUTOCODE IN VITRO STRIP (*glucose blood*) | NPB | |
| PHARMACIST CHOICE AUTOCODE SYS KIT W/DEVICE (*blood glucose monitoring suppl*) | NPB | |
| PHARMACIST CHOICE LANCETS (*lancets*) | PB | |
| PHARMACIST CHOICE MINI SYSTEM DEVICE (*blood glucose monitoring suppl*) | NPB | |
| *pharmacist choice no coding in vitro strip* | NPB | |
| PHARMACY COUNTER LANCETS (*lancets*) | PB | |
| *pip lancets 28g* | PB | |
| *pip lancets 30g* | PB | |
| POGO AUTOMATIC BLOOD GLUCOSE DEVICE (*blood glucose monitoring suppl*) | NPB | |
| POGO AUTOMATIC TEST CARTRIDGES IN VITRO DIAGNOSTIC TEST (*glucose blood*) | NPB | |
| PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*) | NPB | |
| PRECISION XTRA KETONE IN VITRO STRIP (*ketone blood test*) | NPB | |
| PRECISION XTRA KIT W/DEVICE (*blood glucose monitoring suppl*) | NPB | |
| *preferred plus lancets colored* | PB | |
| *preferred plus lancets thin* | PB | |
| *premium blood glucose test in vitro strip* | NPB | |

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

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *qc advanced lancing device* | NPB | |
| *qc lancets super thin 30g* | PB | |
| *qc lancets ultra thin* | PB | |
| *qc unifine pentips 32g x 4 mm* | NPB | |
| *qc unilet lancets 28g* | PB | |
| *qc unilet lancets micro thin* | PB | |
| QUICKTEK/METER KIT (*blood glucose monitoring suppl*) | NPB | |
| QUINTET AC BLOOD GLUCOSE DEVICE (*blood glucose monitoring suppl*) | NPB | |
| QUINTET AC BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| QUINTET BLOOD GLUCOSE SYSTEM DEVICE (*blood glucose monitoring suppl*) | NPB | |
| QUINTET BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| RA E-ZJECT LANCETS 28G (*lancets*) | PB | |
| RA E-ZJECT LANCETS THIN 26G (*lancets*) | PB | |
| RA E-ZJECT LANCETS THIN 28G (*lancets*) | PB | |
| RA E-ZJECT LANCETS ULTRA THIN (*lancets*) | PB | |
| *ra pen needles 31g x 5 mm , 31g x 8 mm* | NPB | |
| READYLANCE SAFETY LANCETS (*lancets*) | PB | |
| *reality lancets* | PB | |
| *reality trigger lancets* | PB | |
| REFUAH PLUS BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| REFUAH PLUS MONITORING SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*) | NPB | |
| RELION ALL-IN-ONE DEVICE (*blood gluc meter disp-strips*) | NPB | |
| RELION BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| RELION INSULIN SYRINGE 31G X 15/64" 0.3 ML (*insulin syringe-needle u-100*) | NPB | |
| RELION INSULIN SYRINGE 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML (*insulin syringe-needle u-100*) | PB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| RELION KETONE TEST IN VITRO STRIP (*acetone (urine) test*) | NPB | |
| RELION LANCET DEVICES 30G (*lancet devices*) | NPB | |
| RELION LANCETS MICRO-THIN 33G (*lancets*) | PB | |
| RELION LANCETS THIN 26G (*lancets*) | PB | |
| RELION LANCETS ULTRA-THIN 30G (*lancets*) | PB | |
| RELION LANCING DEVICE (*lancet devices*) | NPB | |
| RELION LANCING DEVICE KIT (*lancets misc.*) | NPB | |
| RELION PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*) | NPB | |
| RELION PREMIER VOICE MONITOR DEVICE (*blood glucose monitoring suppl*) | NPB | |
| RELION TRUE MET AIR GLUC METER KIT W/DEVICE (*blood glucose monitoring suppl*) | NPB | |
| RELION TRUE METRIX TEST STRIPS IN VITRO STRIP (*glucose blood*) | NPB | |
| RELION ULTIMA GLUCOSE SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*) | NPB | |
| RELION ULTIMA TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| RELION ULTRA THIN LANCETS 30G (*lancets*) | PB | |
| RELION ULTRA THIN PLUS LANCETS (*lancets*) | PB | |
| RIGHTEST ALTERNATE SITE ADAPT (*lancets misc.*) | PB | |
| RIGHTEST GD500 LANCING DEVICE (*lancet devices*) | NPB | |
| RIGHTEST GL300 LANCETS (*lancets*) | PB | |
| RIGHTEST GM100 BLOOD GLUCOSE KIT W/DEVICE (*blood glucose monitoring suppl*) | NPB | |
| RIGHTEST GM300 BLOOD GLUCOSE KIT W/DEVICE (*blood glucose monitoring suppl*) | NPB | |
| RIGHTEST GM550 BLOOD GLUCOSE KIT W/DEVICE (*blood glucose monitoring suppl*) | NPB | |
| RIGHTEST GS100 BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*) | NPB | |
| RIGHTEST GS300 BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*) | NPB | |
| RIGHTEST GS550 BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*) | NPB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| RIGHTEST GT333 BLOOD GLUCOSE DEVICE (*blood glucose monitoring suppl*) | NPB | |
| RIGHTEST GT333 BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*) | NPB | |
| SAFE-T-LANCE (*lancets*) | PB | |
| SAFE-T-LANCE PLUS (*lancets*) | PB | |
| *safety lancet 30g/pressure act* | PB | |
| SAFETY LANCETS 21G (*lancets*) | PB | |
| SAFETY LANCETS 23G (*lancets*) | PB | |
| *safety lancets 28g* | PB | |
| *saps health twist top lancets* | PB | |
| *saps twist top lancets* | PB | |
| *sapscare twist top lancets* | PB | |
| *sb lancets thin* | PB | |
| *sb lancets ultra thin* | PB | |
| SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML (*insulin syringe-needle u-100*) | NPB | |
| SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM (*insulin pen needle*) | NPB | |
| *select-lite lancing device* | NPB | |
| SIMPLE DIAGNOSTICS LANCING DEV (*lancet devices*) | NPB | |
| SINGLE-LET (*lancets*) | PB | |
| *sm lancets 33g* | PB | |
| SM TRUEDRAW LANCING DEVICE (*lancet devices*) | NPB | |
| SMART DIABETES VANTAGE LANCING (*lancet devices*) | NPB | |
| SMART SENSE COLOR LANCETS 33G (*lancets*) | PB | |
| SMART SENSE PREMIUM SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*) | NPB | |
| SMART SENSE PREMIUM TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| SMART SENSE STANDARD LANCETS (*lancets*) | PB | |
| SMART SENSE SUPER THIN LANCETS (*lancets*) | PB | |
| SMART SENSE THIN LANCETS 26G (*lancets*) | PB | |
| SMARTEST BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*) | NPB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| SMARTEST EJECT DEVICE (*blood glucose monitoring suppl*) | NPB | |
| SMARTEST EJECT STARTER KIT W/DEVICE (*blood glucose monitoring suppl*) | NPB | |
| SMARTEST LANCETS 28G (*lancets*) | PB | |
| SMARTEST PERSONA STARTER KIT W/DEVICE (*blood glucose monitoring suppl*) | NPB | |
| SMARTEST PRONTO STARTER KIT W/DEVICE (*blood glucose monitoring suppl*) | NPB | |
| SMARTEST PROTEGE DEVICE (*blood glucose monitoring suppl*) | NPB | |
| SMARTEST PROTEGE STARTER KIT W/DEVICE (*blood glucose monitoring suppl*) | NPB | |
| SOLUS V2 BLOOD GLUCOSE SYSTEM DEVICE (*blood glucose monitoring suppl*) | NPB | |
| SOLUS V2 BLOOD GLUCOSE SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*) | NPB | |
| SOLUS V2 LANCETS 28G (*lancets*) | PB | |
| SOLUS V2 LANCING DEVICE (*lancet devices*) | NPB | |
| SOLUS V2 TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| SOLUS V2 TWIST LANCETS 30G (*lancets*) | PB | |
| STERILANCE PA (*lancets misc.*) | PB | |
| STERILANCE TL (*lancets*) | PB | |
| *super thin lancets* | PB | |
| *sure comfort insulin syringe 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml* | NPB | |
| *sure comfort lancets 18g* | PB | |
| *sure comfort lancets 21g* | PB | |
| *sure comfort lancets 23g* | PB | |
| *sure comfort lancets 28g* | PB | |
| *sure comfort lancets 30g* | PB | |
| *sure comfort lancing pen* | NPB | |
| *sure comfort pen needles 29g x 12.7mm , 30g x 8 mm , 31g x 5 mm , 31g x 8 mm , 32g x 6 mm* | NPB | |
| SURELITE LANCETS (*lancets*) | PB | |
| T:FLEX T:LOCK CARTRIDGE 4.8ML (*insulin infusion pump supplies*) | NPB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| TECHLITE PEN NEEDLES 32G X 8 MM (*insulin pen needle*) | NPB | |
| *tgt lancet micro thin 33g* | PB | |
| *tgt lancet thin 26g* | PB | |
| *tgt lancet ultra thin 30g* | PB | |
| *tgt lancing device* | NPB | |
| THINLETS GP LANCETS (*lancets*) | PB | |
| *topcare lancets micro-thin 33g* | PB | |
| TOXICOLOGY MED COLLECTION SYS IN VITRO KIT (*drug assay (urine)*) | NPB | |
| TRAVEL LANCETS ADVANCED 28G (*lancets*) | PB | |
| *true comfort pro insulin syr 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 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* | NPB | |
| *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* | NPB | |
| *true comfort safety lancets* | PB | |
| *true comfort twist top lancets* | PB | |
| TRUE FOCUS BLOOD GLUCOSE METER DEVICE (*blood glucose monitoring suppl*) | NPB | |
| TRUE METRIX AIR GLUCOSE METER KIT W/DEVICE (*blood glucose monitoring suppl*) | NPB | |
| TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| TRUE METRIX GO GLUCOSE METER KIT W/DEVICE (*blood glucose monitoring suppl*) | NPB | |
| TRUE METRIX METER DEVICE (*blood glucose monitoring suppl*) | NPB | |
| TRUE METRIX METER KIT W/DEVICE (*blood glucose monitoring suppl*) | NPB | |
| TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*) | NPB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML (*insulin syringe-needle u-100*) | NPB | |
| 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*) | NPB | |
| TRUEPLUS SAFETY LANCETS 28G (*lancets*) | PB | |
| TRUERESULT BLOOD GLUCOSE KIT W/DEVICE (*blood glucose monitoring suppl*) | NPB | |
| TRUETEST TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| TRUETRACK BLOOD GLUCOSE DEVICE (*blood glucose monitoring suppl*) | NPB | |
| TRUETRACK BLOOD GLUCOSE KIT W/DEVICE (*blood glucose monitoring suppl*) | NPB | |
| TRUETRACK TEST IN VITRO STRIP (*glucose blood*) | NPB | |
| TRUSTEEL INFUSION SET (*insulin infusion pump supplies*) | NPB | |
| *twist top lancets 30g* | PB | |
| ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML (*insulin syringe-needle u-100*) | NPB | |
| ULTICARE MINI PEN NEEDLES 30G X 5 MM , 32G X 6 MM (*insulin pen needle*) | NPB | |
| ULTICARE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM (*insulin pen needle*) | NPB | |
| ULTICARE SHORT PEN NEEDLES 30G X 8 MM (*insulin pen needle*) | NPB | |
| 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 (*insulin pen needle*) | NPB | |
| 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 (*insulin syringe-needle u-100*) | NPB | |
| ULTI-LANCE AUTOMATIC (*lancet devices*) | NPB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| ULTILET CLASSIC LANCETS (*lancets*) | PB | |
| ULTILET LANCETS (*lancets*) | PB | |
| ULTILET PEN NEEDLE 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*) | NPB | |
| ULTILET SAFETY LANCETS (*lancets*) | PB | |
| ULTILET SAFETY LANCETS 23G (*lancets*) | PB | |
| ULTRA FLO INSULIN PEN NEEDLES 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM (*insulin pen needle*) | NPB | |
| 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 (*insulin syringe-needle u-100*) | NPB | |
| 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 (*insulin syringe-needle u-100*) | NPB | |
| *ultra thin lancets 31g* | PB | |
| ULTRA THIN PEN NEEDLES 32G X 4 MM (*insulin pen needle*) | NPB | |
| *ultra-care lancets 30g* | PB | |
| *ultracare pen needles 32g x 5 mm , 33g x 4 mm* | NPB | |
| ULTRA-THIN II AUTO LANCET (*lancets*) | PB | |
| ULTRA-THIN II LANCETS (*lancets*) | PB | |
| ULTRA-THIN II PEN NEEDLES 29G X 12.7MM (*insulin pen needle*) | NPB | |
| 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 (*insulin pen needle*) | NPB | |
| UNIFINE PENTIPS PLUS 30G X 5 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM (*insulin pen needle*) | NPB | |
| UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 32G X 4 MM (*insulin pen needle*) | NPB | |
| UNIFINE ULTRA PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*) | NPB | |
| UNILET COMFORTOUCH LANCET (*lancets*) | PB | |
| UNILET EXCELITE (*lancets*) | PB | |

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

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| UNIVERSAL 1 LANCETS THIN 33G (*lancets*) | PB | |
| UNIVERSAL 1 LANCETS ULTRA THIN (*lancets*) | PB | |
| *value plus lancet standard 21g* | PB | |
| *value plus lancets super thin* | PB | |
| VANISHPOINT INSULIN SYRINGE 29G X 5/16" 1 ML, 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML (*insulin syringe-needle u-100*) | NPB | |
| VARISOFT INFUSION SET (*insulin infusion pump supplies*) | NPB | |
| *verasens blood glucose meter device* | NPB | |
| *verasens blood glucose system kit w/device* | NPB | |
| *verasens blood glucose test in vitro strip* | NPB | |
| VERIFINE SAFE LANCET MINI 21G (*lancets*) | PB | |
| VERIFINE SAFE LANCET MINI 23G (*lancets*) | PB | |
| VERIFINE SAFE LANCET MINI 28G (*lancets*) | PB | |
| VERIFINE SAFE LANCET MINI 30G (*lancets*) | PB | |
| VERIFINE UNIVERSAL LANCETS 28G (*lancets*) | PB | |
| VERIFINE UNIVERSAL LANCETS 30G (*lancets*) | PB | |
| VERIFINE UNIVERSAL LANCETS 33G (*lancets*) | PB | |
| V-GO 20 KIT 20 UNIT/24HR (*insulin disposable pump*) | PB | |
| V-GO 30 KIT 30 UNIT/24HR (*insulin disposable pump*) | PB | |
| V-GO 40 KIT 40 UNIT/24HR (*insulin disposable pump*) | PB | |
| VIVAGUARD INO CONTROL SOLUTION IN VITRO LIQUID (*blood glucose calibration*) | NPB | |
| VIVAGUARD INO GLUCOSE METER DEVICE (*blood glucose monitoring suppl*) | NPB | |
| VIVAGUARD INO SMART GLUC METER DEVICE (*blood glucose monitoring suppl*) | NPB | |
| VIVAGUARD INO TEST STRIPS IN VITRO STRIP (*glucose blood*) | NPB | |
| VIVAGUARD LANCETS (*lancets*) | PB | |
| VIVAGUARD LANCING DEVICE (*lancet devices*) | NPB | |
| WALGREENS LANCETS (*lancets*) | PB | |
| *walgreens lancets micro thin* | PB | |
| *walgreens lancets super thin* | PB | |
| WALGREENS THIN LANCETS (*lancets*) | PB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| WALGREENS ULTRA THIN LANCETS (*lancets*) | PB | |
| WAVESENSE AMP KIT W/DEVICE (*blood glucose monitoring suppl*) | NPB | |
| *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* | NPB | |
| *zevrx pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm* | NPB | |
| *zevrx twist top lancets 30g* | PB | |
| **ENDOMETRIOSIS** | | |
| CETROTIDE SUBCUTANEOUS KIT 0.25 MG (*cetrorelix acetate*) | PSP | |
| *danazol oral capsule 100 mg, 200 mg, 50 mg* | G | |
| ORILISSA ORAL TABLET 150 MG, 200 MG (*elagolix sodium*) | PB | |
| **ENZYME REPLACEMENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT** | | |
| *betaine oral powder* | G | |
| BUPHENYL ORAL POWDER 3 GM/TSP (*sodium phenylbutyrate*) | NF | |
| BUPHENYL ORAL TABLET 500 MG (*sodium phenylbutyrate*) | NF | |
| CARBAGLU ORAL TABLET SOLUBLE 200 MG (*carglumic acid*) | NF | |
| *carglumic acid oral tablet soluble 200 mg* | G | |
| CERDELGA ORAL CAPSULE 84 MG (*eliglustat tartrate*) | PSP | |
| CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (*imiglucerase*) | PSP | |
| *citrulline easy oral tablet extended release 1 gm* | NPB | |
| CYSTADANE ORAL POWDER (*betaine*) | NF | |
| CYSTAGON ORAL CAPSULE 150 MG, 50 MG (*cysteamine bitartrate*) | PSP | |
| ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT (*taliglucerase alfa*) | NF | |
| KUVAN ORAL PACKET 100 MG, 500 MG (*sapropterin dihydrochloride*) | NF | |
| KUVAN ORAL TABLET 100 MG (*sapropterin dihydrochloride*) | NF | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *miglustat oral capsule 100 mg* | G | |
| MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG (*metreleptin*) | NPSP | |
| OLPRUVA (2 GM DOSE) ORAL THERAPY PACK 2 GM (*sodium phenylbutyrate*) | NF | |
| OLPRUVA (3 GM DOSE) ORAL THERAPY PACK 3 GM (*sodium phenylbutyrate*) | NF | |
| OLPRUVA (4 GM DOSE) ORAL THERAPY PACK 2 & 2 GM (*sodium phenylbutyrate*) | NF | |
| OLPRUVA (5 GM DOSE) ORAL THERAPY PACK 2 & 3 GM (*sodium phenylbutyrate*) | NF | |
| OLPRUVA (6 GM DOSE) ORAL THERAPY PACK 3 & 3 GM (*sodium phenylbutyrate*) | NF | |
| OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK 3 & 3.67 GM (*sodium phenylbutyrate*) | NF | |
| ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (*nitisinone*) | PSP | |
| ORFADIN ORAL SUSPENSION 4 MG/ML (*nitisinone*) | PSP | |
| PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML (*pegvaliase-pqpz*) | NF | |
| PHEBURANE ORAL PELLET 483 MG/GM (*sodium phenylbutyrate*) | NPSP | |
| RAVICTI ORAL LIQUID 1.1 GM/ML (*glycerol phenylbutyrate*) | NF | |
| *sodium phenylbutyrate oral powder 3 gm/tsp* | G | |
| *sodium phenylbutyrate oral tablet 500 mg* | G | |
| STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML (*asfotase alfa*) | NPSP | |
| VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (*velaglucerase alfa*) | NPSP | |
| ZAVESCA ORAL CAPSULE 100 MG (*miglustat*) | NPSP | |
| **ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES** | | |
| ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (*estradiol*) | NPB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *estradiol-norethindrone acet* (Amabelz Oral Tablet 0.5-0.1 Mg, 1-0.5 Mg) | G | |
| ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (*drospirenone-estradiol*) | NPB | |
| BIJUVA ORAL CAPSULE 1-100 MG (*estradiol-progesterone*) | NPB | |
| CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (*estradiol-levonorgestrel*) | PB | |
| CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR (*estradiol*) | NPB | |
| COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (*estradiol-norethindrone acet*) | PB | |
| DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML (*estradiol valerate*) | NPB | |
| DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (*estradiol cypionate*) | NPB | |
| DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM (*estradiol*) | PB | |
| *estradiol* (Dotti Transdermal Patch Twice Weekly 0.025 Mg/24Hr, 0.0375 Mg/24Hr, 0.05 Mg/24Hr, 0.075 Mg/24Hr, 0.1 Mg/24Hr) | G | |
| DUAVEE ORAL TABLET 0.45-20 MG (*conj estrogens-bazedoxifene*) | PB | |
| ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (*estradiol*) | NPB | |
| *estradiol oral tablet 0.5 mg, 1 mg, 2 mg* | G | |
| *estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr* | G | |
| *estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr* | G | |
| *estradiol vaginal cream 0.1 mg/gm* | G | |
| *estradiol vaginal tablet 10 mcg* | G | |
| *estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml* | G | |
| *estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg* | G | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| ESTRING VAGINAL RING 7.5 MCG/24HR (*estradiol*) | PB | |
| ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (*estradiol*) | NPB | |
| EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (*estradiol*) | PB | |
| *norethindrone-eth estradiol* (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg) | G | |
| IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG (*estradiol*) | NPB | |
| IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG (*estradiol*) | NPB | |
| *norethindrone-eth estradiol* (Jinteli Oral Tablet 1-5 Mg-Mcg) | G | |
| MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG (*esterified estrogens*) | NPB | |
| MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (*estradiol*) | NPB | |
| *estradiol-norethindrone acet* (Mimvey Oral Tablet 1-0.5 Mg) | G | |
| MYFEMBREE ORAL TABLET 40-1-0.5 MG (*relugolix-estradiol-norethind*) | PB | |
| *norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg* | G | |
| ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (*elagolix-estradiol-norethind*) | PB | |
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (*estrogens conjugated*) | PB | |
| PREMARIN VAGINAL CREAM 0.625 MG/GM (*estrogens, conjugated*) | PB | |
| PREMPHASE ORAL TABLET 0.625-5 MG (*conj estrog-medroxyprogest ace*) | PB | |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (*conj estrog-medroxyprogest ace*) | PB | |
| *estradiol* (Yuvafem Vaginal Tablet 10 Mcg) | G | |
| **FERTILITY REGULATORS** | | |
| FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML (*follitropin beta*) | NF | |
| *ganirelix acetate subcutaneous solution prefilled syringe 250 mcg/0.5ml* | NPSP | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| GONAL-F INJECTION SOLUTION RECONSTITUTED 1050 UNIT, 450 UNIT (*follitropin alfa*) | PSP | |
| GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/0.5ML, 450 UNT/0.75ML, 900 UNIT/1.5ML (*follitropin alfa*) | PSP | |
| GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (*follitropin alfa*) | PSP | |
| MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (*menotropins*) | PSP | |
| OVIDREL SUBCUTANEOUS INJECTABLE 250 MCG/0.5ML (*choriogonadotropin alfa*) | PSP | |
| PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT (*chorionic gonadotropin*) | NF | |
| **GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE** | | |
| *dexabliss oral tablet therapy pack 1.5 mg (39)* | NPB | |
| DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML (*dexamethasone*) | NPB | |
| *dexamethasone oral elixir 0.5 mg/5ml* | G | |
| *dexamethasone oral solution 0.5 mg/5ml* | G | |
| *dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg* | G | |
| *dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)* | G | |
| DEXONTO 0.4% IONTOPHORESIS SOLUTION 20 MG/5ML (*dexamethasone sodium phosphate*) | NPB | |
| EMFLAZA ORAL SUSPENSION 22.75 MG/ML (*deflazacort*) | NF | |
| EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (*deflazacort*) | NF | |
| *fludrocortisone acetate oral tablet 0.1 mg* | G | |
| HEMADY ORAL TABLET 20 MG (*dexamethasone*) | NPB | |
| *dexamethasone* (Hidex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21)) | G | |
| *hydrocortisone oral tablet 10 mg, 20 mg, 5 mg* | G | |
| MEDROL ORAL TABLET 2 MG (*methylprednisolone*) | NPB | |
| *methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg* | G | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *methylprednisolone oral tablet therapy pack 4 mg* | G | |
| ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG (*prednisolone sodium phosphate*) | NPB | |
| *prednisolone oral solution 15 mg/5ml* | G | |
| *prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml* | G | |
| *prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg* | G | |
| PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML (*prednisone*) | NPB | |
| *prednisone oral solution 5 mg/5ml* | G | |
| *prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg* | G | |
| *prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)* | G | |
| RAYOS ORAL TABLET DELAYED RELEASE 1 MG, 2 MG, 5 MG (*prednisone*) | NPB | |
| TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (*dexamethasone*) | G | |
| TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (*dexamethasone*) | G | |
| **GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR** | | |
| BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (*glucagon*) | PB | |
| BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (*glucagon*) | PB | |
| GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG (*glucagon hcl (rdna)*) | PB | |
| *glucagon emergency injection kit 1 mg* | NPB | |
| *glucagon emergency injection solution reconstituted 1 mg/ml* | NPB | |
| GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (*glucagon*) | PB | |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (*glucagon*) | PB | |
| GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML (*glucagon*) | PB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| PROGLYCEM ORAL SUSPENSION 50 MG/ML (*diazoxide*) | NPB | |
| ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML (*dasiglucagon hcl*) | PB | |
| ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (*dasiglucagon hcl*) | PB | |
| **GROWTH IMPROVEMENT AGENTS - DRUGS TO PROMOTE GROWTH** | | |
| VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG (*vosoritide*) | NPSP | |
| **HEREDITARY TYROSINEMIA TYPE 1 AGENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT** | | |
| NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (*nitisinone*) | NF | |
| **HUMAN GROWTH HORMONES - DRUGS TO REGULATE PITUITARY HORMONES** | | |
| 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 (*somatropin*) | PSP | |
| GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG (*somatropin*) | PSP | |
| HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG (*somatropin*) | NF | |
| NORDIPEN 5 INJECTION DEVICE (*injection device*) | NF | |
| NORDIPEN DELIVERY SYSTEM (*injection device*) | NF | |
| NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML (*somatropin*) | PSP | |
| NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML (*somatropin*) | NF | |
| NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML (*somatropin*) | NF | |
| NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML (*somatropin*) | NF | |
| OMNITROPE PEN 10 INJ DEVICE (*injection device*) | NF | |
| OMNITROPE PEN 5 INJ DEVICE (*injection device*) | NF | |
| OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML (*somatropin*) | NF | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (*somatropin*) | NF | |
| SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG, 8.8 MG (*somatropin (non-refrigerated)*) | NF | |
| SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (*somatropin (non-refrigerated)*) | NPSP | |
| SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG (*lonapegsomatropin-tcgd*) | NF | |
| SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML (*somapacitan-beco*) | PSP | |
| ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG (*somatropin*) | NF | |
| ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG (*somatropin (non-refrigerated)*) | NPSP | |
| **LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS** | | |
| FENSOLVI (6 MONTH) SUBCUTANEOUS KIT 45 MG (*leuprolide acetate (6 month)*) | PSP | |
| LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (*leuprolide acetate*) | PSP | |
| LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED), 30 MG (*leuprolide acetate (3 month)*) | PSP | |
| SYNAREL NASAL SOLUTION 2 MG/ML (*nafarelin acetate*) | NPB | |
| TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG (*triptorelin pamoate*) | PSP | |
| **MINERALOCORTICOID RECEPTOR ANTAGONISTS - DRUGS TO TREAT CHRONIC KIDNEY DISEASE ASSOCIATED WITH TYPE 2 DIABETES** | | |
| KERENDIA ORAL TABLET 10 MG, 20 MG (*finerenone*) | PB | |
| **MISCELLANEOUS** | | |
| ACTHAR INJECTION GEL 80 UNIT/ML (*corticotropin*) | NPSP | |
| *cabergoline oral tablet 0.5 mg* | G | |
| *calcitonin (salmon) nasal solution 200 unit/act* | G | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| CORTROPHIN INJECTION GEL 80 UNIT/ML (*corticotropin*) | NPSP | |
| EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML (*romosozumab-aqqg*) | NF | |
| FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML (*teriparatide (recombinant)*) | PSP | |
| GALAFOLD ORAL CAPSULE 123 MG (*migalastat hcl*) | NPSP | |
| IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (*setmelanotide acetate*) | NF | |
| INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (*mecasermin*) | NPSP | |
| JYNARQUE ORAL TABLET 15 MG, 30 MG (*tolvaptan*) | NF | |
| JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG (*tolvaptan*) | NF | |
| *methylergonovine maleate* (Methergine Oral Tablet 0.2 Mg) | G | |
| *methylergonovine maleate oral tablet 0.2 mg* | G | |
| OSPHENA ORAL TABLET 60 MG (*ospemifene*) | PB | |
| PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (*denosumab*) | PSP | |
| *raloxifene hcl oral tablet 60 mg* | CE | |
| SAMSCA ORAL TABLET 15 MG, 30 MG (*tolvaptan*) | NPSP | |
| SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG (*pasireotide pamoate*) | NPSP | |
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML (*pasireotide diaspartate*) | NPSP | |
| SUPPRELIN LA SUBCUTANEOUS KIT 50 MG (*histrelin acetate (cpp)*) | PSP | |
| *teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml* | NF | |
| TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (*abaloparatide*) | PSP | |
| XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (*denosumab*) | NPSP | |
| XURIDEN ORAL PACKET 2 GM (*uridine triacetate*) | NPSP | |
| ZOKINVY ORAL CAPSULE 50 MG, 75 MG (*lonafarnib*) | NPSP | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| **PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS** | | |
| AURYXIA ORAL TABLET 1 GM 210 MG(FE) (*ferric citrate*) | PB | |
| *calcium acetate (phos binder) oral capsule 667 mg* | G | |
| *calcium acetate (phos binder) oral tablet 667 mg* | G | |
| FOSRENOL ORAL PACKET 1000 MG, 750 MG (*lanthanum carbonate*) | NPB | |
| *lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg* | G | |
| *sevelamer carbonate oral packet 0.8 gm, 2.4 gm* | G | |
| *sevelamer carbonate oral tablet 800 mg* | G | |
| *sevelamer hcl oral tablet 400 mg, 800 mg* | G | |
| VELPHORO ORAL TABLET CHEWABLE 500 MG (*sucroferric oxyhydroxide*) | PB | |
| **POLYNEUROPATHY** | | |
| TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML (*inotersen sodium*) | PSP | |
| **PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES** | | |
| CRINONE VAGINAL GEL 4 %, 8 % (*progesterone*) | PB | |
| *medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg* | G | |
| *megestrol acetate oral suspension 625 mg/5ml* | G | |
| *norethindrone acetate oral tablet 5 mg* | G | |
| *progesterone intramuscular oil 50 mg/ml* | G | |
| *progesterone oral capsule 100 mg, 200 mg* | G | |
| PROMETRIUM ORAL CAPSULE 100 MG, 200 MG (*progesterone*) | NPB | |
| PROVERA ORAL TABLET 10 MG (*medroxyprogesterone acetate*) | NPB | |
| **THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS** | | |
| ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG (*thyroid*) | NPB | |
| CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG (*liothyronine sodium*) | NPB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *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 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* | NPB | |
| *levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg* | G | |
| *levothyroxine sodium* (Levoxyl Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg) | G | |
| *liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg* | G | |
| *methimazole oral tablet 10 mg, 5 mg* | G | |
| NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (*thyroid*) | NPB | |
| *propylthiouracil oral tablet 50 mg* | G | |
| SYNTHROID 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 (*levothyroxine sodium*) | PB | |
| THYQUIDITY ORAL SOLUTION 100 MCG/5ML (*levothyroxine sodium*) | NPB | |
| 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*) | NPB | |
| 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*) | NPB | |
| *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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| **VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES** | | |
| 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 | |
| NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG (*desmopressin acetate*) | NPB | |
| **VITAMINS - VITAMINS AND SUPPLEMENTS** | | |
| RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG (*calcifediol*) | NPB | |
| **GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS** | | |
| **ANTICHOLINERGICS** | | |
| CUVPOSA ORAL SOLUTION 1 MG/5ML (*glycopyrrolate*) | NPB | |
| DARTISLA ODT ORAL TABLET DISPERSIBLE 1.7 MG (*glycopyrrolate*) | NPB | |
| *dicyclomine hcl oral capsule 10 mg* | G | |
| *dicyclomine hcl oral solution 10 mg/5ml* | G | |
| *dicyclomine hcl oral tablet 20 mg* | G | |
| GLYCATE ORAL TABLET 1.5 MG (*glycopyrrolate*) | NPB | |
| *glycopyrrolate oral tablet 1 mg, 2 mg* | G | |
| *glycopyrrolate oral tablet 1.5 mg* | NPB | |
| *hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg* | G | |
| *hyoscyamine sulfate oral elixir 0.125 mg/5ml* | G | |
| *hyoscyamine sulfate oral solution 0.125 mg/ml* | G | |
| *hyoscyamine sulfate oral tablet 0.125 mg* | G | |
| *hyoscyamine sulfate oral tablet dispersible 0.125 mg* | G | |
| *hyoscyamine sulfate sublingual tablet sublingual 0.125 mg* | G | |
| LEVBID ORAL TABLET EXTENDED RELEASE 12 HOUR 0.375 MG (*hyoscyamine sulfate*) | NPB | |
| *methscopolamine bromide oral tablet 2.5 mg, 5 mg* | G | |
| *hyoscyamine sulfate* (Nulev Oral Tablet Dispersible 0.125 Mg) | G | |
| *oscimin oral tablet 0.125 mg* | G | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *oscimin sublingual tablet sublingual 0.125 mg* | G | |
| ROBINUL ORAL TABLET 1 MG (*glycopyrrolate*) | NPB | |
| ROBINUL-FORTE ORAL TABLET 2 MG (*glycopyrrolate*) | NPB | |
| **ANTIDIARRHEALS** | | |
| *diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml* | G | |
| *diphenoxylate-atropine oral tablet 2.5-0.025 mg* | G | |
| *loperamide hcl oral capsule 2 mg* | G | |
| MOTOFEN ORAL TABLET 1-0.025 MG (*difenoxin-atropine*) | NPB | |
| MYTESI ORAL TABLET DELAYED RELEASE 125 MG (*crofelemer*) | NPB | |
| *zelac oral capsule* | NPB | |
| **ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING** | | |
| AKYNZEO ORAL CAPSULE 300-0.5 MG (*netupitant-palonosetron*) | NPB | |
| ANTIVERT ORAL TABLET 50 MG (*meclizine hcl*) | NPB | |
| ANTIVERT ORAL TABLET CHEWABLE 25 MG (*meclizine hcl*) | NPB | |
| ANZEMET ORAL TABLET 50 MG (*dolasetron mesylate*) | NPB | |
| *aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg* | G | |
| BONJESTA ORAL TABLET EXTENDED RELEASE 20-20 MG (*doxylamine-pyridoxine*) | NPB | |
| *prochlorperazine* (Compro Rectal Suppository 25 Mg) | G | |
| DICLEGIS ORAL TABLET DELAYED RELEASE 10-10 MG (*doxylamine-pyridoxine*) | NPB | |
| *doxylamine-pyridoxine oral tablet delayed release 10-10 mg* | G | |
| *dronabinol oral capsule 10 mg, 2.5 mg, 5 mg* | G | |
| EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML (*aprepitant*) | NPB | |
| *granisetron hcl oral tablet 1 mg* | G | |
| MARINOL ORAL CAPSULE 2.5 MG (*dronabinol*) | NPB | |
| *meclizine hcl oral tablet 12.5 mg, 25 mg* | G | |
| *metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml* | G | |
| *metoclopramide hcl oral tablet 10 mg, 5 mg* | G | |
| *metoclopramide hcl oral tablet dispersible 5 mg* | G | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *ondansetron hcl oral solution 4 mg/5ml* | G | |
| *ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg* | G | |
| *ondansetron oral tablet dispersible 4 mg, 8 mg* | G | |
| *prochlorperazine edisylate injection solution 10 mg/2ml* | G | |
| *prochlorperazine maleate oral tablet 10 mg, 5 mg* | G | |
| *prochlorperazine rectal suppository 25 mg* | G | |
| *promethazine hcl oral syrup 6.25 mg/5ml* | G | |
| *promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg* | G | |
| *promethazine hcl rectal suppository 12.5 mg, 25 mg* | G | |
| *promethazine hcl* (Promethegan Rectal Suppository 12.5 Mg, 25 Mg) | G | |
| PROMETHEGAN RECTAL SUPPOSITORY 50 MG (*promethazine hcl*) | G | |
| SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR (*granisetron*) | PB | |
| *scopolamine transdermal patch 72 hour 1 mg/3days* | G | |
| SYNDROS ORAL SOLUTION 5 MG/ML (*dronabinol*) | NPB | |
| *trimethobenzamide hcl oral capsule 300 mg* | G | |
| VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG (*rolapitant hcl*) | PB | |
| **ANTISPASMODICS - DRUGS FOR MUSCLE SPASM** | | |
| *belladonna alkaloids-opium rectal suppository 16.2-60 mg* | NPB | |
| *chlordiazepoxide-clidinium oral capsule 5-2.5 mg* | G | |
| **H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID** | | |
| *cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg* | G | |
| *eq famotidine max st oral tablet 20 mg* | G | |
| *famotidine oral suspension reconstituted 40 mg/5ml* | G | |
| *famotidine oral tablet 20 mg, 40 mg* | G | |
| *nizatidine oral capsule 150 mg, 300 mg* | G | |
| **INFLAMMATORY BOWEL DISEASE - BOWEL, INTESTINE, AND STOMACH CONDITION DRUGS** | | |
| APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM (*mesalamine*) | NPB | |
| AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (*sulfasalazine*) | NPB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| AZULFIDINE ORAL TABLET 500 MG (*sulfasalazine*) | NPB | |
| *balsalazide disodium oral capsule 750 mg* | G | |
| *budesonide er oral tablet extended release 24 hour 9 mg* | G | |
| *budesonide oral capsule delayed release particles 3 mg* | G | |
| CORTIFOAM EXTERNAL FOAM 10 % (*hydrocortisone acetate*) | PB | |
| DIPENTUM ORAL CAPSULE 250 MG (*olsalazine sodium*) | NPB | |
| *hydrocortisone rectal enema 100 mg/60ml* | G | |
| LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM (*mesalamine*) | NPB | |
| *mesalamine er oral capsule extended release 24 hour 0.375 gm* | G | |
| *mesalamine oral capsule delayed release 400 mg* | G | |
| *mesalamine oral tablet delayed release 1.2 gm, 800 mg* | G | |
| *mesalamine rectal enema 4 gm* | G | |
| *mesalamine rectal suppository 1000 mg* | G | |
| *mesalamine-cleanser rectal kit 4 gm* | G | |
| ORTIKOS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 6 MG, 9 MG (*budesonide*) | NPB | |
| PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG (*mesalamine*) | PB | |
| SFROWASA RECTAL ENEMA 4 GM/60ML (*mesalamine*) | NPB | |
| *sulfasalazine oral tablet 500 mg* | G | |
| *sulfasalazine oral tablet delayed release 500 mg* | G | |
| UCERIS RECTAL FOAM 2 MG/ACT (*budesonide*) | NPB | |
| **IRRITABLE BOWEL SYNDROME** | | |
| TRULANCE ORAL TABLET 3 MG (*plecanatide*) | NPB | |
| VIBERZI ORAL TABLET 100 MG, 75 MG (*eluxadoline*) | PB | |
| **IRRITABLE BOWEL SYNDROME WITH CONSTIPATION** | | |
| AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (*lubiprostone*) | NPB | |
| IBSRELA ORAL TABLET 50 MG (*tenapanor hcl*) | NPB | |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (*linaclotide*) | PB | |
| *lubiprostone oral capsule 24 mcg, 8 mcg* | G | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| **IRRITABLE BOWEL SYNDROME WITH DIARRHEA** | | |
| *alosetron hcl oral tablet 0.5 mg, 1 mg* | G | |
| LOTRONEX ORAL TABLET 0.5 MG, 1 MG (*alosetron hcl*) | NPB | |
| **LAXATIVES - DRUGS FOR CONSTIPATION** | | |
| CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM - GM/160ML (*sod picosulfate-mag ox-cit acd*) | CE | |
| *constulose oral solution 10 gm/15ml* | G | |
| *enulose oral solution 10 gm/15ml* | G | |
| *generlac oral solution 10 gm/15ml* | G | |
| KRISTALOSE ORAL PACKET 10 GM, 20 GM (*lactulose*) | NPB | |
| *lactulose oral packet 10 gm* | NPB | |
| *lactulose oral solution 10 gm/15ml* | G | |
| *na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml* | CE | |
| *peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm* | CE | |
| *peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm* | CE | |
| PEG-PREP ORAL KIT 5-210 MG-GM (*bisacodyl-peg-kcl-nabicar-nacl*) | CE | |
| PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (*peg-kcl-nacl-nasulf-na asc-c*) | CE | |
| SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML (*na sulfate-k sulfate-mg sulf*) | PB | |
| SUTAB ORAL TABLET 1479-225-188 MG (*sodium sulfate-mag sulfate-kcl*) | CE | |
| **MISCELLANEOUS** | | |
| BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG (*odevixibat*) | NF | |
| BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG (*odevixibat*) | NF | |
| CARAFATE ORAL SUSPENSION 1 GM/10ML (*sucralfate*) | NPB | |
| CHENODAL ORAL TABLET 250 MG (*chenodiol*) | NPSP | |
| CHOLBAM ORAL CAPSULE 250 MG, 50 MG (*cholic acid*) | NPSP | |
| *cromolyn sodium oral concentrate 100 mg/5ml* | G | |
| ENTEREG ORAL CAPSULE 12 MG (*alvimopan*) | NPB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| GATTEX SUBCUTANEOUS KIT 5 MG (*teduglutide (rdna)*) | NPSP | |
| GIMOTI NASAL SOLUTION 15 MG/ACT (*metoclopramide hcl*) | NPB | |
| LIVMARLI ORAL SOLUTION 9.5 MG/ML (*maralixibat chloride*) | NPSP | |
| *misoprostol oral tablet 100 mcg, 200 mcg* | G | |
| MOTEGRITY ORAL TABLET 1 MG, 2 MG (*prucalopride succinate*) | NPB | |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG (*naloxegol oxalate*) | PB | |
| OCALIVA ORAL TABLET 10 MG, 5 MG (*obeticholic acid*) | NPSP | |
| RELISTOR ORAL TABLET 150 MG (*methylnaltrexone bromide*) | NPB | |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML (*methylnaltrexone bromide*) | NPB | |
| SUCRAID ORAL SOLUTION 8500 UNIT/ML (*sacrosidase*) | NPSP | |
| *sucralfate oral tablet 1 gm* | G | |
| SYMPROIC ORAL TABLET 0.2 MG (*naldemedine tosylate*) | PB | |
| *ursodiol oral capsule 300 mg* | G | |
| *ursodiol oral tablet 250 mg, 500 mg* | G | |
| VOWST ORAL CAPSULE (*fecal microb spores, live-brpk*) | NPSP | |
| XERMELO ORAL TABLET 250 MG (*telotristat etiprate*) | NPSP | |
| **PANCREATIC ENZYMES** | | |
| CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (*pancrelipase (lip-prot-amyl)*) | PB | |
| PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT (*pancrelipase (lip-prot-amyl)*) | NPB | |
| PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT (*pancrelipase (lip-prot-amyl)*) | NPB | |
| VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT (*pancrelipase (lip-prot-amyl)*) | PB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT (*pancrelipase (lip-prot-amyl)*) | PB | |
| **PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID** | | |
| DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG (*dexlansoprazole*) | NPB | |
| *esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg* | G | |
| *lansoprazole oral capsule delayed release 15 mg, 30 mg* | G | |
| *lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg* | G | |
| NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG (*esomeprazole magnesium*) | NPB | |
| *omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg* | G | |
| *omeprazole-sodium bicarbonate oral capsule 20-1100 mg, 40-1100 mg* | G | |
| *omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg* | G | |
| *pantoprazole sodium oral tablet delayed release 20 mg, 40 mg* | G | |
| PRILOSEC ORAL PACKET 10 MG, 2.5 MG (*omeprazole magnesium*) | NPB | |
| PROTONIX ORAL PACKET 40 MG (*pantoprazole sodium*) | NPB | |
| *rabeprazole sodium oral capsule sprinkle 10 mg* | NPB | |
| *rabeprazole sodium oral tablet delayed release 20 mg* | G | |
| **RECTAL, CORTICOSTEROIDS** | | |
| *hydrocortisone (perianal) external cream 1 %, 2.5 %* | G | |
| *hydrocortisone ace-pramoxine external cream 1-1 %* | G | |
| *hydrocortisone ace-pramoxine rectal suppository 25-18 mg* | NPB | |
| PROCORT EXTERNAL CREAM 1.85-1.15 % (*hydrocortisone ace-pramoxine*) | NPB | |
| PROCTOFOAM HC EXTERNAL FOAM 1-1 % (*hydrocortisone ace-pramoxine*) | PB | |
| *hydrocortisone* (Procto-Med Hc External Cream 2.5 %) | G | |
| *hydrocortisone* (Proctozone-Hc External Cream 2.5 %) | G | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| **ULCER THERAPY COMBINATIONS** | | |
| *amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg* | G | |
| HELIDAC THERAPY ORAL (*metronid-tetracyc-bis subsal*) | NPB | |
| OMECLAMOX-PAK ORAL 500-500-20 MG (*amoxicill-clarithro-omeprazole*) | NPB | |
| PYLERA ORAL CAPSULE 140-125-125 MG (*bis subcit-metronid-tetracyc*) | PB | |
| TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG (*amoxicill-rifabutin-omeprazole*) | PB | |
| **GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS** | | |
| **BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE** | | |
| *alfuzosin hcl er oral tablet extended release 24 hour 10 mg* | G | |
| CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (*doxazosin mesylate*) | NPB | |
| *dutasteride oral capsule 0.5 mg* | G | |
| *dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg* | G | |
| *finasteride oral tablet 5 mg* | G | |
| PROSCAR ORAL TABLET 5 MG (*finasteride*) | NPB | |
| *silodosin oral capsule 4 mg, 8 mg* | G | |
| *tamsulosin hcl oral capsule 0.4 mg* | G | |
| **CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL** | | |
| ENCARE VAGINAL SUPPOSITORY 100 MG (*nonoxynol-9*) | CE | |
| OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (*nonoxynol-9*) | CE | |
| PHEXXI VAGINAL GEL 1.8-1-0.4 % (*lactic ac-citric ac-pot bitart*) | CE | |
| TODAY SPONGE VAGINAL 1000 MG (*nonoxynol-9*) | CE | |
| VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (*nonoxynol-9*) | CE | |
| VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % (*nonoxynol-9*) | CE | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| **ERECTILE DYSFUNCTION** | | |
| STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG (*avanafil*) | NPB | |
| **ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES** | | |
| FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (*estradiol acetate*) | NPB | |
| **MISCELLANEOUS** | | |
| *cytra k crystals oral packet 3300-1002 mg* | G | |
| ELMIRON ORAL CAPSULE 100 MG (*pentosan polysulfate sodium*) | NPB | |
| LITHOSTAT ORAL TABLET 250 MG (*acetohydroxamic acid*) | NPB | |
| ORACIT ORAL SOLUTION 490-640 MG/5ML (*sod citrate-citric acid*) | NPB | |
| *phenazopyridine hcl* (Phenazo Oral Tablet 200 Mg) | G | |
| *pot & sod cit-cit ac oral solution 550-500-334 mg/5ml* | G | |
| *potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)* | G | |
| *potassium citrate-citric acid oral solution 1100-334 mg/5ml* | G | |
| PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG (*cysteamine bitartrate*) | NF | |
| PROCYSBI ORAL PACKET 300 MG, 75 MG (*cysteamine bitartrate*) | NF | |
| RIMSO-50 INTRAVESICAL SOLUTION 50 % (*dimethyl sulfoxide*) | NPB | |
| *sod citrate-citric acid oral solution 500-334 mg/5ml* | G | |
| TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG (*budesonide*) | NF | |
| THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG (*tiopronin*) | NF | |
| THIOLA ORAL TABLET 100 MG (*tiopronin*) | NF | |
| *tricitrates oral solution 550-500-334 mg/5ml* | G | |
| **PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES** | | |
| ENDOMETRIN VAGINAL INSERT 100 MG (*progesterone*) | PB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| **URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE** | | |
| *bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg* | G | |
| *darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg* | G | |
| *flavoxate hcl oral tablet 100 mg* | G | |
| GELNIQUE TRANSDERMAL GEL 10 % (*oxybutynin chloride*) | NPB | |
| GEMTESA ORAL TABLET 75 MG (*vibegron*) | NPB | |
| MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML (*mirabegron*) | PB | |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG (*mirabegron*) | PB | |
| *oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg* | G | |
| *oxybutynin chloride oral solution 5 mg/5ml* | G | |
| *oxybutynin chloride oral tablet 5 mg* | G | |
| OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR (*oxybutynin*) | NPB | |
| *solifenacin succinate oral tablet 10 mg, 5 mg* | G | |
| *tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg* | G | |
| *tolterodine tartrate oral tablet 1 mg, 2 mg* | G | |
| TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (*fesoterodine fumarate*) | NPB | |
| *trospium chloride er oral capsule extended release 24 hour 60 mg* | G | |
| *trospium chloride oral tablet 20 mg* | G | |
| **VAGINAL ANTI-INFECTIVES - DRUGS TO TREAT VAGINAL INFECTIONS** | | |
| CLEOCIN VAGINAL SUPPOSITORY 100 MG (*clindamycin phosphate*) | NPB | |
| *clindamycin phosphate vaginal cream 2 %* | G | |
| CLINDESSE VAGINAL CREAM 2 % (*clindamycin phosphate (1 dose)*) | NPB | |
| GYNAZOLE-1 VAGINAL CREAM 2 % (*butoconazole nitrate (1 dose)*) | NPB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *metronidazole vaginal gel 0.75 %* | G | |
| *miconazole 3 vaginal suppository 200 mg* | G | |
| NUVESSA VAGINAL GEL 1.3 % (*metronidazole*) | NPB | |
| *terconazole vaginal cream 0.4 %, 0.8 %* | G | |
| *terconazole vaginal suppository 80 mg* | G | |
| VANDAZOLE VAGINAL GEL 0.75 % (*metronidazole*) | G | |
| **HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS** | | |
| **ANTICOAGULANTS - BLOOD THINNERS** | | |
| ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (*apixaban*) | PB | |
| ELIQUIS ORAL TABLET 2.5 MG, 5 MG (*apixaban*) | PB | |
| *enoxaparin sodium injection solution 300 mg/3ml* | G | |
| *enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml* | G | |
| *fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml* | G | |
| FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML (*dalteparin sodium*) | PB | |
| FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML (*dalteparin sodium*) | PB | |
| *heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%* | NPB | |
| *heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml* | G | |
| *heparin sodium (porcine) pf injection solution 5000 unit/0.5ml* | G | |
| *warfarin sodium* (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg) | G | |
| LOVENOX INJECTION SOLUTION 300 MG/3ML (*enoxaparin sodium*) | 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 (*enoxaparin sodium*) | NPB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG (*dabigatran etexilate mesylate*) | NPB | |
| SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (*edoxaban tosylate*) | NPB | |
| *warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg* | G | |
| XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML (*rivaroxaban*) | PB | |
| XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG (*rivaroxaban*) | PB | |
| XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (*rivaroxaban*) | PB | |
| **BLEEDING DISORDERS AGENTS** | | |
| ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (*antihemophilic factor-vwf*) | NPSP | |
| CABLIVI INJECTION KIT 11 MG (*caplacizumab-yhdp*) | NF | |
| COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT (*coagulation factor x (human)*) | NPSP | |
| FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT (*antiinhibitor coagulant cmplx*) | NF | |
| HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT (*antihemophilic factor-vwf*) | NPSP | |
| NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG (*coagulation factor viia recomb*) | PSP | |
| SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG (*coagulation factor viia-jncw*) | PSP | |
| VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT (*von willebrand factor (recomb)*) | NF | |
| WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT (*antihemophilic factor-vwf*) | NPSP | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| **HEMATOPOIETIC GROWTH FACTORS** | | |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (*darbepoetin alfa*) | PSP | |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML (*darbepoetin alfa*) | PSP | |
| DOPTELET ORAL TABLET 20 MG (*avatrombopag maleate*) | PSP | |
| EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (*epoetin alfa*) | NF | |
| FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-jmdb*) | NF | |
| FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-pbbk*) | PSP | |
| GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML (*tbo-filgrastim*) | NF | |
| GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (*tbo-filgrastim*) | NF | |
| LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG (*sargramostim*) | NF | |
| MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 120 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML (*methoxy peg-epoetin beta*) | NF | |
| MULPLETA ORAL TABLET 3 MG (*lusutrombopag*) | NPSP | |
| NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML (*pegfilgrastim*) | NF | |
| NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim*) | NF | |
| NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (*filgrastim*) | NF | |
| NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (*filgrastim*) | NF | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (*filgrastim-aafi*) | PSP | |
| NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (*filgrastim-aafi*) | PSP | |
| NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG, 250 MCG, 500 MCG (*romiplostim*) | NF | |
| NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-apgf*) | PSP | |
| PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (*epoetin alfa*) | PSP | |
| PROMACTA ORAL PACKET 12.5 MG, 25 MG (*eltrombopag olamine*) | PSP | |
| PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (*eltrombopag olamine*) | PSP | |
| RELEUKO INJECTION SOLUTION 300 MCG/ML (*filgrastim-ayow*) | NF | |
| *releuko injection solution 480 mcg/1.6ml* | NF | |
| *releuko subcutaneous solution prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml* | NF | |
| RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (*epoetin alfa-epbx*) | PSP | |
| ROLVEDON SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 13.2 MG/0.6ML (*eflapegrastim-xnst*) | NF | |
| STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-fpgk*) | NF | |
| UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML (*pegfilgrastim-cbqv*) | NF | |
| UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-cbqv*) | NF | |
| ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (*filgrastim-sndz*) | NF | |
| ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-bmez*) | NF | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| **HEMOPHILIA A AGENTS** | | |
| ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (*antihemophil factor (rahf-pfm)*) | PSP | |
| *adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 3000 unit, 500 unit, 750 unit* | PSP | |
| AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT (*antihemophil fact single chain*) | PSP | |
| ALTUVIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (*antihem fact fc-vwf-xten-ehtl*) | NF | |
| ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT (*antihem fact (bdd-rfviiifc)*) | PSP | |
| ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (*antihemoph fact rcmb gpeg-exei*) | PSP | |
| HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML (*emicizumab-kxwh*) | NPSP | |
| HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT (*antihemophilic factor*) | NPSP | |
| JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (*ahf (bdd-rfviii peg-aucl)*) | PSP | |
| KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (*antihemophilic factor*) | NPSP | |
| KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT (*antihemophilic factor*) | NPSP | |
| KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*antihem factor recomb (rfviii)*) | PSP | |

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

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*coagulation factor ix (recomb)*) | NF | |
| PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (*factor ix complex*) | NPSP | |
| REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (*coagulation factor ix glycopeg*) | PSP | |
| *rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit* | NF | |
| **MISCELLANEOUS** | | |
| *aminocaproic acid oral tablet 1000 mg, 500 mg* | G | |
| *anagrelide hcl oral capsule 0.5 mg, 1 mg* | G | |
| *cilostazol oral tablet 100 mg, 50 mg* | G | |
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (*hydroxyurea*) | NPB | |
| ENDARI ORAL PACKET 5 GM (*glutamine (sickle cell)*) | PSP | |
| OXBRYTA ORAL TABLET 500 MG (*voxelotor*) | NF | |
| OXBRYTA ORAL TABLET SOLUBLE 300 MG (*voxelotor*) | NF | |
| *pentoxifylline er oral tablet extended release 400 mg* | G | |
| PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG (*mitapivat sulfate*) | NF | |
| PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG (*mitapivat sulfate*) | NF | |
| SIKLOS ORAL TABLET 100 MG, 1000 MG (*hydroxyurea*) | PB | |
| TAVALISSE ORAL TABLET 100 MG, 150 MG (*fostamatinib disodium*) | PSP | |
| TAVNEOS ORAL CAPSULE 10 MG (*avacopan*) | NPSP | |
| *tranexamic acid oral tablet 650 mg* | G | |
| **PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS** | | |
| EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML (*pegcetacoplan*) | PSP | |
| ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/3ML (*ravulizumab-cwvz*) | NPSP | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| **PLATELET AGGREGATION INHIBITORS - BLOOD THINNERS** | | |
| *aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg* | G | |
| BRILINTA ORAL TABLET 60 MG, 90 MG (*ticagrelor*) | PB | |
| *clopidogrel bisulfate oral tablet 300 mg, 75 mg* | G | |
| *dipyridamole oral tablet 25 mg, 50 mg, 75 mg* | G | |
| EFFIENT ORAL TABLET 10 MG, 5 MG (*prasugrel hcl*) | NPB | |
| PLAVIX ORAL TABLET 75 MG (*clopidogrel bisulfate*) | NPB | |
| *prasugrel hcl oral tablet 10 mg, 5 mg* | G | |
| YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG (*aspirin-omeprazole*) | NPB | |
| ZONTIVITY ORAL TABLET 2.08 MG (*vorapaxar sulfate*) | NPB | |
| **SICKLE CELL DISEASE** | | |
| OXBRYTA ORAL TABLET 300 MG (*voxelotor*) | NF | |
| **VITAMINS - VITAMINS AND SUPPLEMENTS** | | |
| NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (*cyanocobalamin*) | NPB | |
| **IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM** | | |
| **ALLERGENIC EXTRACTS** | | |
| GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU (*timothy grass pollen allergen*) | PB | |
| ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM (*dust mite mixed allergen ext*) | NPB | |
| ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR (*grass mix pollens allergen ext*) | PB | |
| RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U (*short ragweed pollen ext*) | PB | |
| **AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)** | | |
| ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (*tocilizumab*) | NF | |
| AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-axxq*) | NF | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (*vedolizumab*) | NF | IBC (Available as NPSP with PA for Ulcerative Colitis) |
| ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*tildrakizumab-asmn*) | PSP | |
| INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-dyyb*) | NF | |
| *infliximab intravenous solution reconstituted 100 mg* | NF | |
| ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (*abatacept*) | NF | |
| REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab*) | PSP | |
| RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-abda*) | NF | |
| SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (*golimumab*) | PSP | |
| **AUTOIMMUNE AGENTS (SELF-ADMINISTERED)** | | |
| ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (*tocilizumab*) | NF | |
| ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (*tocilizumab*) | NF | |
| *adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml* | PSP | |
| *adalimumab-adaz subcutaneous solution prefilled syringe 40 mg/0.4ml* | PSP | |
| *adalimumab-adbm subcutaneous auto-injector kit 40 mg/0.8ml* | NF | |
| *adalimumab-adbm subcutaneous prefilled syringe kit 10 mg/0.2ml, 20 mg/0.4ml, 40 mg/0.8ml* | NF | |
| *adalimumab-fkjp subcutaneous auto-injector kit 40 mg/0.8ml* | NF | |
| *adalimumab-fkjp subcutaneous prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml* | NF | |
| AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (*adalimumab-atto*) | NPSP | |
| AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML (*adalimumab-atto*) | NPSP | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML (*certolizumab pegol*) | PSP | IBC (Preferred agent for Non-radiographical Axial Spondyloarthritis and preferred agent for Ankylosing Spondylitis, Crohn's, Psoriasis, Psoriatic Arthritis, and Rheumatoid Arthritis after the failure of two preferred agents.) |
| CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML (*certolizumab pegol*) | PSP | IBC (Preferred agent for Non-radiographical Axial Spondyloarthritis and preferred agent for Ankylosing Spondylitis, Crohn's, Psoriasis, Psoriatic Arthritis, and Rheumatoid Arthritis after the failure of two preferred agents.) |
| COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*secukinumab*) | PSP | IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Non-radiographical Axial Spondyloarthritis. Not covered for Psoriasis) |
| COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*secukinumab*) | PSP | IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Non-radiographical Axial Spondyloarthritis. Not covered for Psoriasis) |
| COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*secukinumab*) | PSP | IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Non-radiographical Axial Spondyloarthritis. Not covered for Psoriasis) |
| COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML (*secukinumab*) | PSP | IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Non-radiographical Axial Spondyloarthritis. Not covered for Psoriasis) |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (*secukinumab*) | PSP | IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Non-radiographical Axial Spondyloarthritis. Not covered for Psoriasis.) |
| CYLTEZO SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-adbm*) | NF | |
| CYLTEZO SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML (*adalimumab-adbm*) | NF | |
| CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-adbm*) | NF | |
| CYLTEZO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-adbm*) | NF | |
| ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (*etanercept*) | PSP | IBC (Preferred agent for all conditions except Psoriasis) |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (*etanercept*) | PSP | IBC (Preferred agent for all conditions except Psoriasis) |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (*etanercept*) | PSP | IBC (Preferred agent for all conditions except Psoriasis) |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (*etanercept*) | PSP | IBC (Preferred agent for all conditions except Psoriasis) |
| HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab-bwwd*) | NF | |
| HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab-bwwd*) | NF | |
| HULIO SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-fkjp*) | NF | |
| HULIO SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (*adalimumab-fkjp*) | NF | |
| HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML (*adalimumab*) | PSP | |
| HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML (*adalimumab*) | PSP | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML (*adalimumab*) | PSP | |
| HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (*adalimumab*) | PSP | |
| HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (*adalimumab*) | PSP | |
| HUMIRA PEN-PSOR/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (*adalimumab*) | PSP | |
| HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab*) | PSP | |
| HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (*adalimumab-adaz*) | PSP | |
| HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab-adaz*) | PSP | |
| HYRIMOZ-CROHNS/UC STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (*adalimumab-adaz*) | PSP | |
| HYRIMOZ-PED CROHNS STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML (*adalimumab-adaz*) | PSP | |
| HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML (*adalimumab-adaz*) | PSP | |
| IDACIO FOR CROHNS DISEASE/UC SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-aacf*) | NF | |
| IDACIO FOR PLAQUE PSORIASIS SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-aacf*) | NF | |
| IDACIO SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-aacf*) | NF | |
| IDACIO SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (*adalimumab-aacf*) | NF | |
| KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (*sarilumab*) | PSP | IBC (Preferred agent for Rheumatoid Arthritis) |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (*sarilumab*) | PSP | IBC (Preferred agent for Rheumatoid Arthritis) |
| KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (*anakinra*) | NF | |
| LITFULO ORAL CAPSULE 50 MG (*ritlecitinib tosylate*) | NPSP | |
| OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (*baricitinib*) | NF | |
| ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (*abatacept*) | PSP | IBC (Preferred agent for Rheumatoid Arthritis. Not covered for other conditions) |
| ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML (*abatacept*) | PSP | IBC (Preferred agent for Rheumatoid Arthritis. Not covered for other conditions) |
| OTEZLA ORAL TABLET 30 MG (*apremilast*) | PSP | IBC (Preferred agent for Psoriasis and Psoriatic Arthritis) |
| OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (*apremilast*) | PSP | IBC (Preferred agent for Psoriasis and Psoriatic Arthritis) |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG (*upadacitinib*) | PSP | IBC (Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Atopic Dermatitis, Ankylosing Spondylitis, Ulcerative Colitis, Non-radiographical Axial Spondyloarthritis, and Crohn's Disease) |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG (*upadacitinib*) | PSP | IBC (Preferred agent for Atopic Dermatitis, Ulcerative Colitis, and Crohn's Disease) |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG (*upadacitinib*) | PSP | IBC (Preferred agent for Ulcerative Colitis and Crohn's Disease) |
| SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML (*brodalumab*) | NF | |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (*golimumab*) | NF | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (*golimumab*) | NF | |
| SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*risankizumab-rzaa*) | PSP | IBC (Preferred agent for Psoriasis and Psoriatic Arthritis) |
| SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML (*risankizumab-rzaa*) | PSP | IBC (Preferred agent for Crohn's Disease) |
| SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*risankizumab-rzaa*) | PSP | IBC (Preferred agent for Psoriasis and Psoriatic Arthritis) |
| SOTYKTU ORAL TABLET 6 MG (*deucravacitinib*) | PSP | IBC (Preferred agent for Psoriasis) |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (*ustekinumab*) | PSP | IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis) |
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (*ustekinumab*) | PSP | IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis) |
| TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML (*ixekizumab*) | PSP | IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis, Non-Radiographic Axial Spondyloarthritis or Ankylosing Spondylitis) |
| TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML (*ixekizumab*) | PSP | IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis, Non-Radiographic Axial Spondyloarthritis or Ankylosing Spondylitis) |
| TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (*guselkumab*) | PSP | IBC (Preferred agent for Psoriasis and Psoriatic Arthritis) |
| TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*guselkumab*) | PSP | IBC (Preferred agent for Psoriasis and Psoriatic Arthritis) |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| XELJANZ ORAL SOLUTION 1 MG/ML (*tofacitinib citrate*) | PSP | IBC (Preferred agent for Rheumatoid Arthritis, Ulcerative Colitis. Not covered for Psoriatic Arthritis, Ankylosing Spondylitis) |
| XELJANZ ORAL TABLET 10 MG, 5 MG (*tofacitinib citrate*) | PSP | IBC (Preferred agent for Rheumatoid Arthritis, Ulcerative Colitis. Not covered for Psoriatic Arthritis, Ankylosing Spondylitis) |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG (*tofacitinib citrate*) | PSP | IBC (Preferred agent for Rheumatoid Arthritis, Ulcerative Colitis. Not covered for Psoriatic Arthritis, Ankylosing Spondylitis) |
| YUFLYMA 1-PEN KIT SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-aaty*) | NF | |
| YUFLYMA 2-PEN KIT SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-aaty*) | NF | |
| YUFLYMA 2-SYRINGE KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (*adalimumab-aaty*) | NF | |
| YUSIMRY SUBCUTANEOUS SOLUTION PEN-INJECTOR 40 MG/0.8ML (*adalimumab-aqvh*) | NF | |
| **DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS** | | |
| *hydroxychloroquine sulfate oral tablet 200 mg* | G | |
| *leflunomide oral tablet 10 mg, 20 mg* | G | |
| *methotrexate sodium oral tablet 2.5 mg* | G | |
| 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 (*methotrexate (anti-rheumatic)*) | NF | |
| PLAQUENIL ORAL TABLET 200 MG (*hydroxychloroquine sulfate*) | PB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML (*methotrexate (anti-rheumatic)*) | PSP | |
| **HEREDITARY ANGIOEDEMA** | | |
| BERINERT INTRAVENOUS KIT 500 UNIT (*c1 esterase inhibitor (human)*) | NF | |
| CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (*c1 esterase inhibitor (human)*) | NF | |
| FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML (*icatibant acetate*) | NF | |
| HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (*c1 esterase inhibitor (human)*) | NPSP | |
| *icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml* | G | |
| ORLADEYO ORAL CAPSULE 110 MG, 150 MG (*berotralstat hcl*) | PSP | |
| RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (*c1 esterase inhibitor (recomb)*) | PSP | |
| TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (*lanadelumab-flyo*) | PSP | |
| TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*lanadelumab-flyo*) | PSP | |
| **IMMUNOGLOBULIN** | | |
| ASCENIV INTRAVENOUS SOLUTION 5 GM/50ML (*immune globulin (human)-slra*) | NF | |
| BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML (*immune globulin (human)*) | NPSP | |
| CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML, 1.65 GM/10ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML (*immune globulin (human)-hipp*) | PSP | |
| CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML (*immune globulin (human)*) | NF | |

| 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/400ML, 5 GM/100ML, 5 GM/50ML (*immune globulin (human)*) | NPSP | |
| GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (*immune globulin (human)*) | NPSP | |
| GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM (*immune globulin (human)*) | NPSP | |
| GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (*immune globulin (human)*) | NPSP | |
| GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML (*immune globulin (human)*) | NPSP | |
| GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML (*immune globulin (human)*) | NPSP | |
| HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (*immune globulin (human)*) | NPSP | |
| HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML (*immune globulin (human)*) | NPSP | |
| HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (*immune globulin-hyaluronidase*) | NF | |
| OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 5 GM/100ML, 5 GM/50ML (*immune globulin (human)*) | NPSP | |
| OCTAGAM INTRAVENOUS SOLUTION 30 GM/300ML (*immune globulin (human)*) | NPB | |
| PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (*immune globulin (human)-ifas*) | NF | |
| PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 40 GM/400ML, 5 GM/50ML (*immune globulin (human)*) | NPSP | |
| RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML (*rho d immune globulin*) | NPSP | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML, 15000 UNIT/13ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML (*rho d immune globulin*) | NPSP | |
| XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (*immune globulin (human)-klhw*) | NF | |
| **IMMUNOMODULATORS** | | |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML (*interferon gamma-1b*) | NPSP | |
| ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (*rilonacept*) | NF | |
| **IMMUNOSUPPRESSANTS** | | |
| ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG (*tacrolimus*) | NPSP | |
| *azathioprine* (Azasan Oral Tablet 100 Mg, 75 Mg) | G | |
| *azathioprine oral tablet 50 mg* | G | |
| BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG (*belimumab*) | NPSP | |
| BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (*belimumab*) | NPSP | |
| BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (*belimumab*) | NPSP | |
| CELLCEPT ORAL CAPSULE 250 MG (*mycophenolate mofetil*) | NPSP | |
| CELLCEPT ORAL SUSPENSION RECONSTITUTED 200 MG/ML (*mycophenolate mofetil*) | NPSP | |
| CELLCEPT ORAL TABLET 500 MG (*mycophenolate mofetil*) | NPSP | |
| *cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg* | G | |
| *cyclosporine modified oral solution 100 mg/ml* | G | |
| *cyclosporine oral capsule 100 mg, 25 mg* | G | |
| ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (*satralizumab-mwge*) | PSP | |
| ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG (*tacrolimus*) | NPSP | |
| *cyclosporine modified* (Gengraf Oral Capsule 100 Mg, 25 Mg) | G | |
| *cyclosporine modified* (Gengraf Oral Solution 100 Mg/Ml) | G | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| LUPKYNIS ORAL CAPSULE 7.9 MG (*voclosporin*) | NF | |
| *mycophenolate mofetil oral capsule 250 mg* | G | |
| *mycophenolate mofetil oral suspension reconstituted 200 mg/ml* | G | |
| *mycophenolate mofetil oral tablet 500 mg* | G | |
| *mycophenolate sodium oral tablet delayed release 180 mg, 360 mg* | G | |
| MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG, 360 MG (*mycophenolate sodium*) | NPSP | |
| PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (*tacrolimus*) | NPSP | |
| PROGRAF ORAL PACKET 0.2 MG, 1 MG (*tacrolimus*) | NPSP | |
| RAPAMUNE ORAL SOLUTION 1 MG/ML (*sirolimus*) | NPSP | |
| RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG (*sirolimus*) | NPSP | |
| REZUROCK ORAL TABLET 200 MG (*belumosudil mesylate*) | NF | |
| SANDIMMUNE ORAL SOLUTION 100 MG/ML (*cyclosporine*) | NPSP | |
| *sirolimus oral solution 1 mg/ml* | G | |
| *sirolimus oral tablet 0.5 mg, 1 mg, 2 mg* | G | |
| *tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg* | G | |
| ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (*everolimus*) | NPSP | |
| **MISCELLANEOUS** | | |
| ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (*canakinumab*) | PSP | |
| SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML (*palivizumab*) | NPSP | |
| **MEDICAL DEVICES** | | |
| **THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS** | | |
| *d-xylose powder* | NPB | |
| GLEOLAN ORAL SOLUTION RECONSTITUTED 1.5 GM (*aminolevulinic acid hcl*) | NPB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| **NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS** | | |
| **ELECTROLYTES** | | |
| *potassium bicarbonate* (Effer-K Oral Tablet Effervescent 25 Meq) | G | |
| *potassium chloride* (Klor-Con 10 Oral Tablet Extended Release 10 Meq) | G | |
| *potassium chloride crys er* (Klor-Con M10 Oral Tablet Extended Release 10 Meq) | G | |
| *potassium chloride crys er* (Klor-Con M15 Oral Tablet Extended Release 15 Meq) | G | |
| *potassium chloride crys er* (Klor-Con M20 Oral Tablet Extended Release 20 Meq) | G | |
| *potassium chloride* (Klor-Con Oral Packet 20 Meq) | G | |
| *potassium chloride* (Klor-Con Oral Tablet Extended Release 8 Meq) | G | |
| *potassium bicarbonate* (Klor-Con/Ef Oral Tablet Effervescent 25 Meq) | G | |
| K-PHOS ORAL TABLET 500 MG (*potassium phosphate monobasic*) | NPB | |
| *potassium bicarbonate* (K-Prime Oral Tablet Effervescent 25 Meq) | G | |
| K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ (*potassium chloride*) | PB | |
| *k phos mono-sod phos di & mono* (Phospha 250 Neutral Oral Tablet 155-852-130 Mg) | G | |
| *phosphorous oral tablet 155-852-130 mg* | G | |
| *k phos mono-sod phos di & mono* (Phospho-Trin 250 Neutral Oral Tablet 155-852-130 Mg) | G | |
| *potassium chloride crys er oral tablet extended release 10 meq, 20 meq* | G | |
| *potassium chloride er oral capsule extended release 10 meq, 8 meq* | G | |
| *potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq* | G | |
| *potassium chloride oral packet 20 meq* | G | |
| *potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)* | G | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *sodium fluoride oral solution 1.1 (0.5 f) mg/ml* | CE | |
| *sodium fluoride oral tablet 1.1 (0.5 f) mg* | CE | |
| *sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg* | CE | |
| **PRENATAL VITAMINS** | | |
| ATABEX EC ORAL TABLET DELAYED RELEASE 29-1 MG (*prenatal vit-dss-fe cbn-fa*) | NPB | |
| ATABEX OB ORAL TABLET 29-1 MG (*prenatal vit w/ fe bisg-fa*) | NPB | |
| *azesco oral tablet 13-1 mg* | NPB | |
| CITRANATAL 90 DHA ORAL 90-1 & 300 MG (*prenat w/o a-fecbgl-dss-fa-dha*) | NPB | |
| CITRANATAL ASSURE ORAL 35-1 & 300 MG (*prenat w/o a-fecbgl-dss-fa-dha*) | NPB | |
| CITRANATAL B-CALM ORAL 20-1 MG & 2 X 25 MG (*prenat w/o a fecbnfeglu-fa &b6*) | NPB | |
| CITRANATAL BLOOM ORAL TABLET 90-1 MG (*prenatal-dss-fecb-fegl-fa*) | NPB | |
| CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG (*prenat-fefmcb-dss-fa-dha w/o a*) | NPB | |
| *c-nate dha oral capsule 28-1-200 mg* | NPB | |
| CO-NATAL FA ORAL TABLET (*prenatal vit-fe fumarate-fa*) | NPB | |
| CONCEPT DHA ORAL CAPSULE 53.5-38-1 MG (*prenat-fefum-fepo-fa-omega 3*) | NPB | |
| CONCEPT OB ORAL CAPSULE 130-92.4-1 MG (*prenat w/o a vit-fefum-fepo-fa*) | NPB | |
| DERMACINRX PRETRATE ORAL TABLET 1 MG (*prenatal multivit-min-fe-fa*) | NPB | |
| DUET DHA 400 ORAL 25-1 & 400 MG (*prenat-fepoly-fered-fa-omega 3*) | NPB | |
| ENBRACE HR ORAL CAPSULE (*prenat vit-fe gly cys-fa-omega*) | NPB | |
| INATAL GT ORAL TABLET (*prenatal vit-dss-fe cbn-fa*) | G | |
| *jenliva prenatal/postnatal oral capsule 1 mg* | NPB | |
| *kosher prenatal plus iron oral tablet 30-1 mg* | NPB | |
| *m-natal plus oral tablet 27-1 mg* | NPB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| NATACHEW ORAL TABLET CHEWABLE 28-1 MG (*prenatal vit-fe fum-fe bisg-fa*) | NPB | |
| NATALVIT ORAL TABLET (*prenatal vit-fe fumarate-fa*) | NPB | |
| NEEVO DHA ORAL CAPSULE 27-1.13 MG (*prenat w/oa-fefum-methf-omegas*) | NPB | |
| *neonatal + dha oral 29-1 & 200 mg* | NPB | |
| *neonatal 19 oral tablet 1 mg* | NPB | |
| *neonatal complete oral tablet 27-1 mg, 29-1 mg* | NPB | |
| *neonatal fe oral tablet 90-1 mg* | NPB | |
| NEONATAL PLUS ORAL TABLET 27-1 MG (*prenatal vit-fe fumarate-fa*) | NPB | |
| NESTABS DHA ORAL 32-1 MG (*prenat-w/oa-fe bisgly-fa-omega*) | NPB | |
| NESTABS ONE ORAL CAPSULE 38-1-225 MG (*prenat-fe-methylfol-dha w/o a*) | NPB | |
| NESTABS ORAL TABLET 32-1 MG (*prenat-fe bisgly-fa-w/o vit a*) | NPB | |
| NIVA-PLUS ORAL TABLET 27-1 MG (*prenatal vit-fe fumarate-fa*) | NPB | |
| OB COMPLETE ONE ORAL CAPSULE 50-1-476 MG (*prenat-fecbn-feaspgl-fa-fish*) | NPB | |
| OB COMPLETE ORAL TABLET 50-1.25 MG (*prenatal vit-iron carbonyl-fa*) | NPB | |
| OB COMPLETE PETITE ORAL CAPSULE 35-5-1-200 MG (*prenat-fecbn-feaspgl-fa-omega*) | NPB | |
| OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG (*prenatal-fe cbn-fe asp gly-fa*) | NPB | |
| OB COMPLETE/DHA ORAL CAPSULE 30-10-1-200 MG (*prenat-fecbn-feaspgl-fa-omega*) | NPB | |
| OBSTETRIX DHA ORAL 29-1 & 350 MG (*prenatal mv-min-fe cbn-fa-dha*) | NPB | |
| OBSTETRIX ONE ORAL CAPSULE 38-1-225 MG (*prenatal-fe cbn-fa-dha w/o a*) | NPB | |
| *one vite womens plus oral tablet 27-1 mg* | NPB | |
| *pnv prenatal plus multivitamin oral tablet 27-1 mg* | NPB | |
| *pnv tabs 20-1 oral tablet 20-1 mg* | NPB | |
| *pnv-dha oral capsule 27-0.6-0.4-300 mg* | G | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *pnv-dha+docusate oral capsule 27-1.25-300 mg* | NPB | |
| *pnv-omega oral capsule 28-0.6-0.4-340 mg* | NPB | |
| *pnv-select oral tablet 27-0.6-0.4 mg* | G | |
| *pregen dha oral capsule 28-1-35 mg* | NPB | |
| PREMESISRX ORAL TABLET 1 MG (*prenatal ca-b6-b12-fa-ginger*) | NPB | |
| *prena 1 true oral 30-1.4 & 300 mg* | NPB | |
| *prena1 oral tablet chewable 1.4 mg* | NPB | |
| *prena1 pearl oral capsule extended release 30-1.4-200 mg* | NPB | |
| *prenaissance oral capsule 29-1.25-325 mg* | NPB | |
| *prenaissance plus oral capsule 28-1-250 mg* | NPB | |
| PRENATABS RX ORAL TABLET 29-1 MG (*prenatal vit-iron carbonyl-fa*) | G | |
| *prenatal 19 oral tablet , 29-1 mg* | NPB | |
| *prenatal 19 oral tablet chewable* | G | |
| *prenatal 19 oral tablet chewable 29-1 mg* | NPB | |
| *prenatal oral tablet 27-1 mg* | NPB | |
| *prenatal plus oral tablet 27-1 mg* | NPB | |
| PRENATAL-U ORAL CAPSULE 106.5-1 MG (*prenatal w/o a vit-fe fum-fa*) | NPB | |
| PRENATE AM ORAL TABLET 1 MG (*prenatal ca-b6-b12-fa-ginger*) | NPB | |
| PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (*prenat-feasp-meth-fa-dha w/o a*) | NPB | |
| PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG (*prenatal-feaspgly-methylfol-fa*) | NPB | |
| PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (*prenat w/o a-fe-methfol-fa-dha*) | NPB | |
| PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (*prenat-feasp-meth-fa-dha w/o a*) | NPB | |
| PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (*prenat-fecbn-feasp-meth-fa-dha*) | NPB | |
| PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (*prenat mv-min-methylfolate-fa*) | NPB | |
| PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (*prenat-feasp-meth-fa-dha w/o a*) | NPB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (*prenat w/o a-fe-methfol-fa-dha*) | NPB | |
| PRENATRIX ORAL TABLET 27-1 MG (*prenatal vit-fe fumarate-fa*) | NPB | |
| PRENATRYL ORAL TABLET 27-1 MG (*prenatal vit-fe fumarate-fa*) | NPB | |
| *prenatvite complete oral tablet 1 mg* | NPB | |
| *prenatvite plus oral tablet 1 mg* | NPB | |
| *prenatvite rx oral tablet 0.8 mg* | NPB | |
| PRIMACARE ORAL CAPSULE 30-1-470 MG (*pren-fe-meth-fa-omeg w/o a*) | NPB | |
| PROVIDA OB ORAL CAPSULE 20-20-1.25 MG (*prenat w/o a vit-fefum-fepo-fa*) | NPB | |
| *relnate dha oral capsule 28-1-200 mg* | NPB | |
| SELECT-OB ORAL TABLET CHEWABLE 29-0.6-0.4 MG (*prenat vit-fepoly-methylfol-fa*) | NPB | |
| SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (*prenatal vit-fe psac cmplx-fa*) | NPB | |
| SELECT-OB+DHA ORAL 29-1 & 250 MG (*prenatal vit-fepoly-fa-dha*) | NPB | |
| *se-natal 19 oral tablet 29-1 mg* | NPB | |
| *se-natal 19 oral tablet chewable 29-1 mg* | NPB | |
| *thrivite rx oral tablet 29-1 mg* | NPB | |
| TRINATE ORAL TABLET (*prenatal vit-fe fumarate-fa*) | G | |
| *tristart dha oral capsule 31-0.6-0.4-200 mg* | NPB | |
| VINATE DHA RF ORAL CAPSULE 27-1.13 MG (*prenat w/oa-fefum-methf-omegas*) | NPB | |
| VINATE II ORAL TABLET 29-1 MG (*prenatal vit w/ fe bisg-fa*) | NPB | |
| VINATE ONE ORAL TABLET 60-1 MG (*prenatal vit-fe fumarate-fa*) | NPB | |
| VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (*prenat-fe poly-methfol-fa-dha*) | NPB | |
| VITAFOL GUMMIES ORAL TABLET CHEWABLE 3.33-0.333-34.8 MG (*prenatal vit-fe phos-fa-omega*) | NPB | |
| VITAFOL ULTRA ORAL CAPSULE 29-0.6-0.4-200 MG (*prenat-fe poly-methfol-fa-dha*) | NPB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| VITAFOL-NANO ORAL TABLET 18-0.6-0.4 MG (*prenatal-fe fum-methf-fa w/o a*) | NPB | |
| VITAFOL-OB ORAL TABLET (*prenatal vit-fe fumarate-fa*) | NPB | |
| VITAFOL-OB+DHA ORAL 65-1 & 250 MG (*prenatal mv-min-fe fum-fa-dha*) | NPB | |
| VITAFOL-ONE ORAL CAPSULE 29-1-200 MG (*prenatal vit-fepoly-fa-dha*) | NPB | |
| VITAMEDMD REDICHEW RX ORAL TABLET CHEWABLE 1.4 MG (*prenat-b2-b6-b12-d3-fa*) | NPB | |
| VITAPEARL ORAL CAPSULE EXTENDED RELEASE 30-1.4-200 MG (*prenat-fefum-fered-fa-dha w/oa*) | NPB | |
| VITATHELY WITH GINGER ORAL TABLET 27-1 MG (*prenatal vit-fe fumarate-fa*) | NPB | |
| VITATRUE ORAL 30-1.4 & 300 MG (*prenat-fechel-fa-dha w/o vit a*) | NPB | |
| VIVA DHA ORAL CAPSULE 28-1-200 MG (*prenatal vit-fe fum-fa-omega*) | NPB | |
| *wescap-c dha oral capsule 53.5-38-1 mg* | NPB | |
| *wescap-pn dha oral capsule 27-0.6-0.4-300 mg* | NPB | |
| *wesnate dha oral capsule 28-1-200 mg* | NPB | |
| *westab plus oral tablet 27-1 mg* | NPB | |
| *westgel dha oral capsule 31-0.6-0.4-200 mg* | NPB | |
| *zalvit oral tablet 13-1 mg* | NPB | |
| *ziphex oral tablet 13-1 mg* | NPB | |
| **VITAMINS - VITAMINS AND SUPPLEMENTS** | | |
| *active fe oral tablet 75-1.25 mg* | NPB | |
| *activite oral tablet 1 mg* | G | |
| *adc/f (0.5mg/ml) oral solution 0.5 mg/ml* | G | |
| *folic acid-vit b6-vit b12* (Airavite Oral Tablet 2.5-25-1 Mg) | G | |
| *b-6 folic acid oral capsule 8.333-100-1 mg* | NPB | |
| *biocel oral tablet* | G | |
| *bp vit 3 oral capsule 1 mg* | NPB | |
| *b-plex oral tablet* | G | |
| *b-plex plus oral tablet* | G | |
| CALCIFOL ORAL WAFER 1342-1.6 MG (*ca carb-fa-d-b6-b12-boron-mg*) | NPB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *calcitriol oral capsule 0.25 mcg, 0.5 mcg* | G | |
| *calcitriol oral solution 1 mcg/ml* | G | |
| CENFOL ORAL TABLET 2.3-24.5-2 MG (*folic acid-vit b6-vit b12*) | NPB | |
| CIFEREX ORAL CAPSULE 1-3775 MG-UNIT (*folic acid-cholecalciferol*) | NPB | |
| CORVITE 150 ORAL TABLET (*iron combinations*) | NPB | |
| *corvite fe oral tablet* | NPB | |
| *cvs folic acid oral tablet 800 mcg* | CE | |
| *cyanocobalamin injection solution 1000 mcg/ml* | G | |
| *b complex-c-folic acid* (Dexifol Oral Tablet 5 Mg) | G | |
| *doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg* | G | |
| DRISDOL ORAL CAPSULE 1.25 MG (50000 UT) (*ergocalciferol*) | NPB | |
| ELFOLATE PLUS ORAL TABLET 3-35-2 MG (*l-methylfolate-b6-b12*) | NPB | |
| *ergocalciferol oral capsule 1.25 mg (50000 ut)* | G | |
| FA-8 ORAL CAPSULE 0.8 MG (*folic acid*) | CE | |
| *fabb oral tablet 2.2-25-1 mg* | G | |
| *fa-vitamin b-6-vitamin b-12 oral tablet 2.2-25-0.5 mg* | G | |
| *ferocon oral capsule* | G | |
| *ferotrinsic oral capsule* | G | |
| *fe fum-fa-b cmp-c-zn-mg-mn-cu* (Ferrocite Plus Oral Tablet 106-1 Mg) | G | |
| FLORIVA ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*ped multiple vit-minerals-fl*) | NPB | |
| FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML (*pediatric multivitamins-fl*) | NPB | |
| *folate oral tablet 400 mcg* | CE | |
| *folbee oral tablet 2.5-25-1 mg* | G | |
| *folbee plus oral tablet* | G | |
| *folic acid injection solution 5 mg/ml* | G | |
| *folic acid oral capsule 0.8 mg* | CE | |
| *folic acid oral tablet 400 mcg* | CE | |
| FOLI-D ORAL TABLET 1-2000 MG-UNIT (*folic acid-cholecalciferol*) | NPB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *folite oral tablet* | NPB | |
| *folplex 2.2 oral tablet 2.2-25-0.5 mg* | G | |
| *foltrin oral capsule* | G | |
| *folic acid-cholecalciferol* (Folvite-D Oral Tablet 1-3775 Mg-Unit) | G | |
| FUSION PLUS ORAL CAPSULE (*iron-fa-b cmp-c-biot-probiotic*) | NPB | |
| GENICIN VITA-Q ORAL TABLET (*multiple vitamin*) | NPB | |
| *b complex-c-folic acid* (Genicin Vita-S Oral Tablet 1 Mg) | G | |
| *gnp folic acid oral tablet 400 mcg* | CE | |
| *hematinic plus vit/minerals oral tablet 106-1 mg* | G | |
| HEMOCYTE PLUS ORAL CAPSULE 106-1 MG (*fe fum-fa-b cmp-c-zn-mg-mn-cu*) | NPB | |
| *hm folic acid oral tablet 400 mcg* | CE | |
| *hylavite oral tablet* | G | |
| *iron polysacch cmplx-b12-fa* (Iferex 150 Forte Oral Capsule 150-25-1 Mg-Mcg-Mg) | G | |
| INFUVITE ADULT INTRAVENOUS INJECTABLE (*multiple vitamin*) | NPB | |
| INFUVITE PEDIATRIC INTRAVENOUS SOLUTION (*pediatric multiple vitamins*) | NPB | |
| 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 | |
| *l-methylfolate-b6-b12 oral tablet 3-35-2 mg* | NPB | |
| *lormate oral capsule* | NPB | |
| *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-vit/iron/fluoride oral solution 0.25-10 mg/ml* | G | |
| *multivitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml* | G | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *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 | |
| *b complex-c-folic acid* (Nephronex Oral Tablet) | G | |
| NICADAN ORAL TABLET (*multiple vitamins-minerals*) | NPB | |
| NICAZEL FORTE ORAL TABLET (*multiple vitamins-minerals*) | NPB | |
| NICAZEL ORAL TABLET (*multiple vitamins-minerals*) | NPB | |
| NICOMIDE ORAL TABLET 750-27-2-0.5 MG (*niacinamide-zn-cu-methfo-se-cr*) | NPB | |
| *nicotinamide oral tablet 750-27-2-0.5 mg* | NPB | |
| *folic acid-vit b6-vit b12* (Nufol Oral Tablet 2.5-25-1 Mg) | G | |
| NUTRICAP ORAL TABLET (*multiple vitamins-minerals*) | NPB | |
| *multiple vitamins-minerals* (Nutrifac Zx Oral Tablet) | G | |
| *onevite oral tablet* | NPB | |
| *ortho df oral capsule 1-3775 mg-unit* | NPB | |
| *paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg* | G | |
| *phytonadione injection solution 1 mg/0.5ml, 10 mg/ml* | G | |
| *phytonadione oral tablet 5 mg* | G | |
| *poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg* | G | |
| *polysaccharide iron forte oral capsule 150-25-1 mg-mcg-mg* | G | |
| POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (*pediatric multivitamins-fl*) | NPB | |
| POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*pediatric multivitamins-fl*) | NPB | |
| POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML (*ped multivitamins-fl-iron*) | NPB | |
| POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG (*ped multivitamins-fl-iron*) | NPB | |
| *pro-critic oral packet* | NPB | |
| PROLEEVA ORAL CAPSULE (*dietary management product*) | NPB | |
| *px folic acid oral tablet 400 mcg* | CE | |
| *pyridoxine hcl injection solution 100 mg/ml* | G | |
| QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG (*multi vit-min-fluoride-fe-fa*) | NPB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| QUFLORA FE PEDIATRIC ORAL LIQUID 0.25-9.5 MG/ML (*ped multivitamins-fl-iron*) | NPB | |
| QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML (*pediatric multivitamins-fl*) | NPB | |
| QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*pediatric multivitamins-fl*) | NPB | |
| *ra folic acid oral tablet 400 mcg* | CE | |
| REMEDIENT ORAL CAPSULE (*multiple vitamins-minerals*) | NPB | |
| *reno caps oral capsule 1 mg* | G | |
| RHEUMATE ORAL CAPSULE (*dietary management product*) | NPB | |
| *sm folic acid oral tablet 400 mcg* | CE | |
| STROVITE FORTE ORAL SYRUP (*multiple vitamins-minerals*) | NPB | |
| TALIVA ORAL CAPSULE 1 MG (*fa-b6-b12-omega 3-phytosterols*) | NPB | |
| *fe fumarate-b12-vit c-fa-ifc* (Tricon Oral Capsule) | G | |
| *tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml* | G | |
| *tronvite oral tablet 1 mg* | G | |
| UDAMIN SP ORAL TABLET (*multiple vitamins-minerals*) | NPB | |
| *v-c forte oral capsule* | G | |
| *multiple vitamins-minerals* (Vic-Forte Oral Capsule) | G | |
| *virt-caps oral capsule 1 mg* | G | |
| *multiple vitamins-minerals* (Vita S Forte Oral Tablet) | G | |
| *multiple vitamins-minerals* (Vitacel Oral Tablet) | G | |
| VITAMEZ ORAL CAPSULE 1 MG (*fa-b6-b12-omega 3-phytosterols*) | NPB | |
| *vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)* | G | |
| *vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml* | G | |
| *vita-min oral capsule* | G | |
| *vitamins acd-fluoride oral solution 0.25 mg/ml* | G | |
| *vitasure oral tablet 1 mg* | G | |
| *westab max oral tablet 2.5-25-2 mg* | G | |
| *yl folic acid oral tablet 400 mcg* | CE | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| **OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS** | | |
| **ANTIALLERGICS - DRUGS TO TREAT ALLERGIES** | | |
| ALOCRIL OPHTHALMIC SOLUTION 2 % (*nedocromil sodium*) | NPB | |
| ALOMIDE OPHTHALMIC SOLUTION 0.1 % (*lodoxamide tromethamine*) | NPB | |
| *azelastine hcl ophthalmic solution 0.05 %* | G | |
| BEPREVE OPHTHALMIC SOLUTION 1.5 % (*bepotastine besilate*) | NPB | |
| *cromolyn sodium ophthalmic solution 4 %* | G | |
| *epinastine hcl ophthalmic solution 0.05 %* | G | |
| *olopatadine hcl ophthalmic solution 0.1 %, 0.2 %* | G | |
| ZERVIATE OPHTHALMIC SOLUTION 0.24 % (*cetirizine hcl*) | PB | |
| **ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA** | | |
| ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % (*brimonidine tartrate*) | PB | |
| *apraclonidine hcl ophthalmic solution 0.5 %* | G | |
| AZOPT OPHTHALMIC SUSPENSION 1 % (*brinzolamide*) | NPB | |
| *betaxolol hcl ophthalmic solution 0.5 %* | G | |
| BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 % (*timolol hemihydrate*) | PB | |
| BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (*betaxolol hcl*) | PB | |
| *bimatoprost ophthalmic solution 0.03 %* | G | |
| *brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %* | G | |
| *brimonidine-dorzolamide ophthalmic solution 0.15-2 %* | NPB | |
| *brinzolamide ophthalmic suspension 1 %* | G | |
| *carteolol hcl ophthalmic solution 1 %* | G | |
| COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (*brimonidine tartrate-timolol*) | NPB | |
| COSOPT OPHTHALMIC SOLUTION 2-0.5 % (*dorzolamide hcl-timolol mal*) | NPB | |
| *dorzolamide hcl ophthalmic solution 2 %* | NPB | |
| *dorzolamide hcl solution 2 % ophthalmic* | NPB | |
| *dorzolamide hcl solution 2 % ophthalmic* | G | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %* | NPB | |
| *dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %* | G | |
| IOPIDINE OPHTHALMIC SOLUTION 1 % (*apraclonidine hcl*) | NPB | |
| *latanoprost ophthalmic solution 0.005 %* | NPB | |
| *latanoprost-timolol maleate ophthalmic solution 0.005-0.5 %* | NPB | |
| *levobunolol hcl ophthalmic solution 0.5 %* | G | |
| LUMIGAN OPHTHALMIC SOLUTION 0.01 % (*bimatoprost*) | PB | |
| *pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %* | G | |
| RHOPRESSA OPHTHALMIC SOLUTION 0.02 % (*netarsudil dimesylate*) | PB | |
| ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (*netarsudil-latanoprost*) | NPB | |
| SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (*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 | |
| *timolol-brimon-dorzol-latanopr ophthalmic solution 0.5-0.15-2 - 0.005%* | NPB | |
| *timolol-brimonidine-dorzolamid ophthalmic solution 0.5-0.15-2 %* | NPB | |
| *timolol-dorzolamid-latanoprost ophthalmic solution 0.5-0.15-0.005 %* | NPB | |
| TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 % (*timolol maleate*) | NPB | |
| TRAVATAN Z OPHTHALMIC SOLUTION 0.004 % (*travoprost*) | NPB | |
| *travoprost (bak free) ophthalmic solution 0.004 %* | G | |
| VYZULTA OPHTHALMIC SOLUTION 0.024 % (*latanoprostene bunod*) | NPB | |
| XALATAN OPHTHALMIC SOLUTION 0.005 % (*latanoprost*) | NPB | |
| XELPROS OPHTHALMIC EMULSION 0.005 % (*latanoprost*) | NPB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % (*tafluprost*) | PB | |
| **ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION** | | |
| *bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %* | G | |
| MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 (*neomycin-polymyxin-dexameth*) | NPB | |
| *neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1* | G | |
| *neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1* | G | |
| *neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1* | G | |
| *bacitracin-polymyx-neo-hc* (Neo-Polycin Hc Ophthalmic Ointment 1 %) | G | |
| *prednisol ace-moxiflox-bromfen ophthalmic suspension 1-0.5-0.075 %* | NPB | |
| *prednisolone acetate-nepafenac ophthalmic suspension 1-0.1 %* | NPB | |
| *prednisolone acet-moxifloxacin ophthalmic suspension 1-0.5 %* | NPB | |
| *prednisolone-moxifloxacin ophthalmic solution 1-0.5 %* | NPB | |
| *prednisolon-moxiflox-bromfenac ophthalmic solution 1-0.5-0.075 %* | NPB | |
| *prednisolon-moxiflox-nepafenac ophthalmic suspension 1-0.5-0.1 %* | NPB | |
| *sulfacetamide-prednisolone ophthalmic solution 10-0.23 %* | G | |
| TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (*tobramycin-dexamethasone*) | PB | |
| TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (*tobramycin-dexamethasone*) | PB | |
| *tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %* | G | |
| ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (*loteprednol-tobramycin*) | NPB | |
| **ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS** | | |
| AZASITE OPHTHALMIC SOLUTION 1 % (*azithromycin*) | NPB | |
| *bacitracin ophthalmic ointment 500 unit/gm* | G | |
| *bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm* | G | |
| BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (*besifloxacin hcl*) | PB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| CILOXAN OPHTHALMIC OINTMENT 0.3 % (*ciprofloxacin hcl*) | PB | |
| *ciprofloxacin hcl ophthalmic solution 0.3 %* | G | |
| *erythromycin ophthalmic ointment 5 mg/gm* | G | |
| *gatifloxacin ophthalmic solution 0.5 %* | G | |
| *gentamicin sulfate ophthalmic solution 0.3 %* | G | |
| KLARITY-A OPHTHALMIC SOLUTION 1 % (*azithromycin*) | NPB | |
| MITOSOL OPHTHALMIC KIT 0.2 MG (*mitomycin*) | NPB | |
| *moxifloxacin hcl ophthalmic solution 0.5 %* | G | |
| *moxifloxacin hcl-bss intravitreal solution 1 mg/ml* | NPB | |
| NATACYN OPHTHALMIC SUSPENSION 5 % (*natamycin*) | NPB | |
| *neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000* | G | |
| *neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025* | G | |
| *neomycin-bacitracin zn-polymyx* (Neo-Polycin Ophthalmic Ointment 3.5-400-10000) | G | |
| *ofloxacin ophthalmic solution 0.3 %* | G | |
| *bacitracin-polymyxin b* (Polycin Ophthalmic Ointment 500-10000 Unit/Gm) | G | |
| *polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%* | G | |
| *sulfacetamide sodium ophthalmic ointment 10 %* | G | |
| *sulfacetamide sodium ophthalmic solution 10 %* | G | |
| *tobramycin ophthalmic solution 0.3 %* | G | |
| TOBREX OPHTHALMIC OINTMENT 0.3 % (*tobramycin*) | NPB | |
| *trifluridine ophthalmic solution 1 %* | G | |
| VIGAMOX OPHTHALMIC SOLUTION 0.5 % (*moxifloxacin hcl*) | NPB | |
| ZIRGAN OPHTHALMIC GEL 0.15 % (*ganciclovir*) | NPB | |
| **ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION** | | |
| ACUVAIL OPHTHALMIC SOLUTION 0.45 % (*ketorolac tromethamine*) | PB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| ALREX OPHTHALMIC SUSPENSION 0.2 % (*loteprednol etabonate*) | NPB | |
| *bromfenac sodium (once-daily) ophthalmic solution 0.09 %* | G | |
| BROMSITE OPHTHALMIC SOLUTION 0.075 % (*bromfenac sodium*) | NPB | |
| *dexamethasone sodium phosphate ophthalmic solution 0.1 %* | G | |
| DEXTENZA OPHTHALMIC INSERT 0.4 MG (*dexamethasone*) | NPB | |
| *diclofenac sodium ophthalmic solution 0.1 %* | G | |
| *difluprednate ophthalmic emulsion 0.05 %* | G | |
| DUREZOL OPHTHALMIC EMULSION 0.05 % (*difluprednate*) | NPB | |
| FLAREX OPHTHALMIC SUSPENSION 0.1 % (*fluorometholone acetate*) | NPB | |
| *fluorometholone ophthalmic suspension 0.1 %* | G | |
| *flurbiprofen sodium ophthalmic solution 0.03 %* | G | |
| FML FORTE OPHTHALMIC SUSPENSION 0.25 % (*fluorometholone*) | PB | |
| ILEVRO OPHTHALMIC SUSPENSION 0.3 % (*nepafenac*) | PB | |
| INVELTYS OPHTHALMIC SUSPENSION 1 % (*loteprednol etabonate*) | NPB | |
| *ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %* | G | |
| KLARITY-L OPHTHALMIC EMULSION 0.2 %, 0.5 % (*loteprednol etabonate*) | NPB | |
| LOTEMAX OPHTHALMIC GEL 0.5 % (*loteprednol etabonate*) | NPB | |
| LOTEMAX OPHTHALMIC OINTMENT 0.5 % (*loteprednol etabonate*) | NPB | |
| LOTEMAX SM OPHTHALMIC GEL 0.38 % (*loteprednol etabonate*) | NPB | |
| *loteprednol etabonate ophthalmic suspension 0.5 %* | G | |
| MAXIDEX OPHTHALMIC SUSPENSION 0.1 % (*dexamethasone*) | PB | |
| NEVANAC OPHTHALMIC SUSPENSION 0.1 % (*nepafenac*) | PB | |
| OZURDEX INTRAVITREAL IMPLANT 0.7 MG (*dexamethasone*) | NPSP | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| PRED MILD OPHTHALMIC SUSPENSION 0.12 % (*prednisolone acetate*) | PB | |
| *prednisolone acetate ophthalmic suspension 1 %* | G | |
| *prednisolone acetate p-f ophthalmic suspension 1 %* | NPB | |
| *prednisolone sodium phosphate ophthalmic solution 1 %* | NPB | |
| PROLENSA OPHTHALMIC SOLUTION 0.07 % (*bromfenac sodium*) | NPB | |
| **DRY EYE DISEASE** | | |
| CEQUA OPHTHALMIC SOLUTION 0.09 % (*cyclosporine*) | NPB | |
| RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (*cyclosporine*) | PB | |
| RESTASIS OPHTHALMIC EMULSION 0.05 % (*cyclosporine*) | PB | |
| XIIDRA OPHTHALMIC SOLUTION 5 % (*lifitegrast*) | PB | |
| **MISCELLANEOUS** | | |
| AKTEN OPHTHALMIC GEL 3.5 % (*lidocaine hcl*) | NPB | |
| *tetracaine hcl* (Altacaine Ophthalmic Solution 0.5 %) | G | |
| *phenylephrine hcl* (Altafrin Ophthalmic Solution 10 %, 2.5 %) | G | |
| *atropine sulfate ophthalmic ointment 1 %* | G | |
| *atropine sulfate ophthalmic solution 0.01 %, 1 %* | NPB | |
| *cyclopentolate hcl ophthalmic solution 1 %* | G | |
| CYSTADROPS OPHTHALMIC SOLUTION 0.37 % (*cysteamine hcl*) | NF | |
| CYSTARAN OPHTHALMIC SOLUTION 0.44 % (*cysteamine hcl*) | NPSP | |
| ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 % (*atropine sulfate*) | NPB | |
| LACRISERT OPHTHALMIC INSERT 5 MG (*artificial tear insert*) | NPB | |
| OXERVATE OPHTHALMIC SOLUTION 0.002 % (*cenegermin-bkbj*) | NPSP | |
| *phenylephrine hcl ophthalmic solution 10 %, 2.5 %* | G | |
| *proparacaine hcl ophthalmic solution 0.5 %* | G | |
| *tetracaine hcl ophthalmic solution 0.5 %* | G | |
| *tropicamide ophthalmic solution 0.5 %, 1 %* | G | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| TYRVAYA NASAL SOLUTION 0.03 MG/ACT (*varenicline tartrate*) | NPB | |
| VERKAZIA OPHTHALMIC EMULSION 0.1 % (*cyclosporine*) | NPB | |
| **RETINAL DISORDERS** | | |
| BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05ML (*ranibizumab-nuna*) | NF | |
| EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML (*aflibercept*) | PSP | |
| EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML (*aflibercept*) | PSP | |
| LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML (*ranibizumab*) | PSP | |
| **OTHER** | | |
| **IRRIGATION SOLUTIONS** | | |
| *water for irrigation, sterile* (Argyle Sterile Water Irrigation Solution) | G | |
| *lactated ringers irrigation solution* | G | |
| *irrigation solns physiological* (Physiolyte Irrigation Solution) | G | |
| *irrigation solns physiological* (Physiosol Irrigation Irrigation Solution) | G | |
| *ringers irrigation irrigation solution* | G | |
| *sterile water for irrigation irrigation solution* | G | |
| *ringers irrigation* (Tis-U-Sol Irrigation Solution) | G | |
| **RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS** | | |
| **ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT** | | |
| ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (*alpha1-proteinase inhibitor*) | PSP | |
| ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (*alpha1-proteinase inhibitor*) | NF | |
| GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML (*alpha1-proteinase inhibitor*) | NF | |
| PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML (*alpha1-proteinase inhibitor*) | PSP | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (*alpha1-proteinase inhibitor*) | PB | |
| ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (*alpha1-proteinase inhibitor*) | NF | |
| **ANAPHYLAXIS TREATMENT AGENTS** | | |
| ADRENALIN INJECTION SOLUTION 1 MG/ML, 30 MG/30ML (*epinephrine*) | NPB | |
| AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML (*epinephrine*) | PB | |
| *epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml* | G | |
| *epinephrine professional injection kit 1 mg/ml* | NPB | |
| EPINEPHRINESNAP-EMS INJECTION KIT 1 MG/ML (*epinephrine*) | NPB | |
| EPINEPHRINESNAP-V INJECTION KIT 1 MG/ML (*epinephrine*) | NPB | |
| SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML (*epinephrine*) | NPB | |
| **ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD** | | |
| ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (*umeclidinium-vilanterol*) | PB | |
| BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (*glycopyrrolate-formoterol*) | PB | |
| BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (*budeson-glycopyrrol-formoterol*) | PB | |
| COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (*ipratropium-albuterol*) | NPB | |
| *fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act* | G | |
| *ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml* | G | |
| STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (*tiotropium bromide-olodaterol*) | PB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| **ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD** | | |
| TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (*fluticasone-umeclidin-vilant*) | PB | |
| **ANTICHOLINERGICS** | | |
| ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (*ipratropium bromide hfa*) | PB | |
| INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT (*umeclidinium bromide*) | PB | |
| *ipratropium bromide inhalation solution 0.02 %* | G | |
| *ipratropium bromide nasal solution 0.03 %, 0.06 %* | G | |
| SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (*tiotropium bromide monohydrate*) | PB | |
| SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (*tiotropium bromide monohydrate*) | PB | |
| TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT (*aclidinium bromide*) | NPB | |
| YUPELRI INHALATION SOLUTION 175 MCG/3ML (*revefenacin*) | PB | |
| **ANTIHISTAMINE COMBINATIONS** | | |
| *azelastine-fluticasone nasal suspension 137-50 mcg/act* | G | |
| DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (*azelastine-fluticasone*) | NPB | |
| **ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES** | | |
| *azelastine hcl nasal solution 0.15 %, 137 mcg/spray* | G | |
| *carbinoxamine maleate oral solution 4 mg/5ml* | G | |
| *carbinoxamine maleate oral tablet 4 mg* | G | |
| *carbinoxamine maleate oral tablet 6 mg* | NPB | |
| *cetirizine hcl oral solution 1 mg/ml* | G | |
| CLARINEX ORAL TABLET 5 MG (*desloratadine*) | NPB | |
| *clemastine fumarate oral tablet 2.68 mg* | G | |
| *cyproheptadine hcl oral syrup 2 mg/5ml* | G | |

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

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (*albuterol sulfate*) | NPB | |
| SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (*salmeterol xinafoate*) | PB | |
| STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (*olodaterol hcl*) | PB | |
| *terbutaline sulfate oral tablet 2.5 mg, 5 mg* | G | |
| **COLD/COUGH** | | |
| ADRENALIN NASAL SOLUTION 0.1 % (*epinephrine hcl (nasal)*) | NPB | |
| *benzonatate oral capsule 100 mg, 200 mg* | G | |
| CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG (*desloratadine-pseudoephedrine*) | NPB | |
| *g tussin ac oral solution 100-10 mg/5ml* | G | |
| GILPHEX TR ORAL TABLET 10-388 MG (*phenylephrine-guaifenesin*) | NPB | |
| *guaiatussin ac oral syrup 100-10 mg/5ml* | G | |
| *guaifenesin-codeine oral solution 100-10 mg/5ml* | G | |
| *hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml* | G | |
| *hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml* | G | |
| *hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg* | G | |
| *hydromet oral solution 5-1.5 mg/5ml* | G | |
| *promethazine-codeine oral solution 6.25-10 mg/5ml* | G | |
| *promethazine-codeine oral syrup 6.25-10 mg/5ml* | G | |
| *promethazine-dm oral syrup 6.25-15 mg/5ml* | G | |
| *pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml* | G | |
| TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (*chlorpheniramine-codeine*) | NPB | |
| *virtussin a/c oral solution 100-10 mg/5ml* | G | |
| **CYSTIC FIBROSIS** | | |
| BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML (*tobramycin*) | NF | |
| BRONCHITOL INHALATION CAPSULE 40 MG (*mannitol (cystic fibrosis)*) | NF | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG (*mannitol (cystic fibrosis)*) | NF | |
| CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (*aztreonam lysine*) | NF | |
| KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG (*ivacaftor*) | NPSP | |
| KALYDECO ORAL PACKET 50 MG, 75 MG (*ivacaftor*) | NPB | |
| KITABIS PAK INHALATION NEBULIZATION SOLUTION 300 MG/5ML (*tobramycin*) | NF | |
| ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG (*lumacaftor-ivacaftor*) | NPSP | |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (*lumacaftor-ivacaftor*) | NPB | |
| PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (*dornase alfa*) | NPSP | |
| SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG (*tezacaftor-ivacaftor*) | NPSP | |
| TOBI INHALATION NEBULIZATION SOLUTION 300 MG/5ML (*tobramycin*) | NF | |
| TOBI PODHALER INHALATION CAPSULE 28 MG (*tobramycin*) | NF | |
| *tobramycin inhalation nebulization solution 300 mg/5ml* | G | |
| TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG (*elexacaftor-tezacaftor-ivacaft*) | NPSP | |
| TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG (*elexacaftor-tezacaftor-ivacaft*) | NPSP | |
| **LEUKOTRIENE MODIFIERS** | | |
| *zileuton er oral tablet extended release 12 hour 600 mg* | G | |
| ZYFLO ORAL TABLET 600 MG (*zileuton*) | NPB | |
| **LEUKOTRIENE RECEPTOR ANTAGONISTS - DRUGS TO TREAT ASTHMA AND ALLERGIES** | | |
| *montelukast sodium oral packet 4 mg* | G | |
| *montelukast sodium oral tablet 10 mg* | G | |
| *montelukast sodium oral tablet chewable 4 mg, 5 mg* | G | |
| SINGULAIR ORAL PACKET 4 MG (*montelukast sodium*) | NPB | |
| SINGULAIR ORAL TABLET 10 MG (*montelukast sodium*) | NPB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| SINGULAIR ORAL TABLET CHEWABLE 4 MG, 5 MG (*montelukast sodium*) | NPB | |
| *zafirlukast oral tablet 10 mg, 20 mg* | G | |
| **MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES** | | |
| *cromolyn sodium inhalation nebulization solution 20 mg/2ml* | G | |
| **MISCELLANEOUS** | | |
| *acetylcysteine inhalation solution 10 %, 20 %* | G | |
| DALIRESP ORAL TABLET 250 MCG, 500 MCG (*roflumilast*) | NPB | |
| HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 % (*sodium chloride*) | NPB | |
| *sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %* | G | |
| **NASAL STEROIDS - DRUGS TO TREAT ALLERGIES** | | |
| BECONASE AQ NASAL SUSPENSION 42 MCG/SPRAY (*beclomethasone diprop monohyd*) | NPB | |
| *flunisolide nasal solution 25 mcg/act (0.025%)* | G | |
| *fluticasone propionate nasal suspension 50 mcg/act* | G | |
| *mometasone furoate nasal suspension 50 mcg/act* | G | |
| OMNARIS NASAL SUSPENSION 50 MCG/ACT (*ciclesonide*) | NPB | |
| QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (*beclomethasone diprop (nasal)*) | NPB | |
| QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (*beclomethasone diprop (nasal)*) | NPB | |
| SINUVA NASAL IMPLANT 1350 MCG (*mometasone furoate*) | NPB | |
| XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT (*fluticasone propionate*) | NPB | |
| ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT (*ciclesonide*) | NPB | |
| **PULMONARY FIBROSIS AGENTS** | | |
| ESBRIET ORAL CAPSULE 267 MG (*pirfenidone*) | NF | |
| ESBRIET ORAL TABLET 267 MG, 801 MG (*pirfenidone*) | NF | |
| OFEV ORAL CAPSULE 100 MG, 150 MG (*nintedanib esylate*) | PSP | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| **SEVERE ASTHMA AGENTS** | | |
| FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 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 | |
| NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG (*mepolizumab*) | NF | |
| TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML (*tezepelumab-ekko*) | PSP | |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML (*omalizumab*) | PSP | |
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (*omalizumab*) | PSP | |
| **STEROID INHALANTS - DRUGS TO TREAT ASTHMA** | | |
| ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT (*ciclesonide*) | NPB | |
| ARMONAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113 MCG/ACT, 232 MCG/ACT, 55 MCG/ACT (*fluticasone propionate(sensor)*) | NPB | |
| ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (*fluticasone furoate*) | PB | |
| ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (*mometasone furoate*) | NPB | |
| ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (*mometasone furoate*) | NPB | |
| ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT (*mometasone furoate*) | NPB | |
| ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (*mometasone furoate*) | NPB | |
| ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (*mometasone furoate*) | NPB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml* | G | |
| FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT (*fluticasone propionate (inhal)*) | PB | |
| FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT (*fluticasone propionate hfa*) | PB | |
| *fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act, 44 mcg/act* | NPB | |
| PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT (*budesonide*) | PB | |
| QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (*beclomethasone diprop hfa*) | PB | |
| **STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD** | | |
| ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (*fluticasone-salmeterol*) | PB | |
| AIRDUO DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT (*fluticasone-salmeterol(sensor)*) | NPB | |
| AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (*albuterol-budesonide*) | PB | |
| BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH (*fluticasone furoate-vilanterol*) | PB | |
| DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT (*mometasone furo-formoterol fum*) | NPB | |
| *fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act* | NPB | |
| SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (*budesonide-formoterol fumarate*) | PB | |
| **XANTHINES - DRUGS TO TREAT COPD** | | |
| *theophylline* (Elixophyllin Oral Elixir 80 Mg/15Ml) | NPB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (*theophylline*) | NPB | |
| *theophylline er oral tablet extended release 12 hour 300 mg, 450 mg* | G | |
| *theophylline er oral tablet extended release 24 hour 400 mg, 600 mg* | G | |
| *theophylline oral elixir 80 mg/15ml* | G | |
| **TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS** | | |
| **DERMATOLOGY, ACNE** | | |
| ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG (*isotretinoin micronized*) | NPB | |
| ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG (*isotretinoin*) | PB | |
| ACANYA EXTERNAL GEL 1.2-2.5 % (*clindamycin phos-benzoyl perox*) | NPB | |
| ACZONE EXTERNAL GEL 5 %, 7.5 % (*dapsone*) | NPB | |
| *adapalene external cream 0.1 %* | G | |
| *adapalene external gel 0.1 %, 0.3 %* | G | |
| *adapalene external pad 0.1 %* | G | |
| *adapalene external solution 0.1 %* | NPB | |
| *adapalene-benzoyl peroxide external gel 0.1-2.5 %* | G | |
| *adapalene-benzoyl peroxide external pad 0.1-2.5 %* | NPB | |
| AKLIEF EXTERNAL CREAM 0.005 % (*trifarotene*) | PB | |
| ALTRENO EXTERNAL LOTION 0.05 % (*tretinoin*) | NPB | |
| *isotretinoin* (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg) | G | |
| AMZEEQ EXTERNAL FOAM 4 % (*minocycline hcl micronized*) | NPB | |
| ARAZLO EXTERNAL LOTION 0.045 % (*tazarotene*) | PB | |
| *tretinoin* (Avita External Cream 0.025 %) | G | |
| AZELEX EXTERNAL CREAM 20 % (*azelaic acid*) | NPB | |
| BENZEPRO EXTERNAL 5.8 % (*benzoyl peroxide*) | NPB | |
| BENZEPRO EXTERNAL FOAM 5.2 %, 9.7 % (*benzoyl peroxide*) | NPB | |
| *benzoyl peroxide* (Benzepro External Foam 5.3 %) | G | |
| BENZEPRO EXTERNAL LIQUID 6.8 % (*benzoyl peroxide*) | NPB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *benzoyl perox-hydrocortisone external lotion 5-0.5 %* | G | |
| *benzoyl peroxide external foam 9.8 %* | G | |
| *benzoyl peroxide external gel 6.5 %* | NPB | |
| *benzoyl peroxide forte- hc external lotion 7.5-1 %* | NPB | |
| *benzoyl peroxide-erythromycin external gel 5-3 %* | G | |
| *bp wash external liquid 2.5 %* | G | |
| *isotretinoin* (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg) | G | |
| *clindamycin phosphate* (Clindacin Etz External Swab 1 %) | G | |
| *clindamycin phosphate* (Clindacin-P External Swab 1 %) | G | |
| *clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %* | G | |
| *clindamycin phosphate external foam 1 %* | G | |
| *clindamycin phosphate external gel 1 %* | G | |
| *clindamycin phosphate external lotion 1 %* | G | |
| *clindamycin phosphate external solution 1 %* | G | |
| *clindamycin phosphate external swab 1 %* | G | |
| *clindamycin-tretinoin external gel 1.2-0.025 %* | G | |
| *dapsone external gel 5 %* | G | |
| EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (*adapalene-benzoyl peroxide*) | PB | |
| *ery external pad 2 %* | G | |
| *erythromycin external gel 2 %* | G | |
| *erythromycin external solution 2 %* | G | |
| FABIOR EXTERNAL FOAM 0.1 % (*tazarotene*) | NPB | |
| *isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg* | G | |
| *clindamycin-benzoyl per (refr)* (Neuac External Gel 1.2-5 %) | G | |
| ONEXTON EXTERNAL GEL 1.2-3.75 % (*clindamycin phos-benzoyl perox*) | NPB | |
| PR BENZOYL PEROXIDE EXTERNAL LIQUID 6.9 % (*benzoyl peroxide*) | NPB | |
| PR BENZOYL PEROXIDE WASH EXTERNAL LIQUID 7 % (*benzoyl peroxide*) | G | |
| *resorcinol-sulfur external lotion 2-5 %* | G | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 % (*tretinoin microsphere*) | NPB | |
| RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.06 %, 0.08 %, 0.1 % (*tretinoin microsphere*) | NPB | |
| *sulfacetamide sodium (acne) external lotion 10 %* | G | |
| *sulfacetamide sodium-sulfur external pad 10-4 %* | G | |
| *sulfamez wash external emulsion 10-1 %* | G | |
| *tazarotene external foam 0.1 %* | NPB | |
| *tretinoin external cream 0.025 %, 0.05 %, 0.1 %* | G | |
| *tretinoin external gel 0.01 %, 0.025 %, 0.05 %* | G | |
| *tretinoin microsphere external gel 0.04 %, 0.1 %* | G | |
| *tretinoin microsphere pump external gel 0.04 %* | G | |
| TWYNEO EXTERNAL CREAM 0.1-3 % (*tretinoin-benzoyl peroxide*) | PB | |
| VELTIN EXTERNAL GEL 1.2-0.025 % (*clindamycin-tretinoin*) | NPB | |
| WINLEVI EXTERNAL CREAM 1 % (*clascoterone*) | PB | |
| *zaclir cleansing external lotion 8 %* | NPB | |
| *isotretinoin* (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg) | G | |
| ZIANA EXTERNAL GEL 1.2-0.025 % (*clindamycin-tretinoin*) | NPB | |
| **DERMATOLOGY, ACTINIC KERATOSIS** | | |
| *fluorouracil external cream 0.5 %, 5 %* | G | |
| *fluorouracil external solution 2 %, 5 %* | G | |
| *imiquimod external cream 5 %* | G | |
| *imiquimod pump external cream 3.75 %* | G | |
| KLISYRI EXTERNAL OINTMENT 1 % (*tirbanibulin*) | NPB | |
| TOLAK EXTERNAL CREAM 4 % (*fluorouracil*) | NPB | |
| ZYCLARA EXTERNAL CREAM 3.75 % (*imiquimod*) | PB | |
| ZYCLARA PUMP EXTERNAL CREAM 2.5 % (*imiquimod*) | PB | |
| **DERMATOLOGY, ANTIBIOTICS** | | |
| ALTABAX EXTERNAL OINTMENT 1 % (*retapamulin*) | NPB | |
| *gentamicin sulfate external cream 0.1 %* | G | |
| *gentamicin sulfate external ointment 0.1 %* | G | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *mafenide acetate external packet 5 %* | G | |
| *mupirocin calcium external cream 2 %* | G | |
| *mupirocin external ointment 2 %* | G | |
| NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % (*neomycin-fluocinolone*) | NPB | |
| *silver sulfadiazine external cream 1 %* | G | |
| *silver sulfadiazine* (Ssd External Cream 1 %) | G | |
| SULFAMYLON EXTERNAL CREAM 85 MG/GM (*mafenide acetate*) | NPB | |
| XEPI EXTERNAL CREAM 1 % (*ozenoxacin*) | NPB | |
| **DERMATOLOGY, ANTIFUNGALS** | | |
| *ciclopirox* (Ciclodan External Solution 8 %) | G | |
| *ciclopirox external gel 0.77 %* | G | |
| *ciclopirox external shampoo 1 %* | G | |
| *ciclopirox external solution 8 %* | G | |
| *ciclopirox olamine external cream 0.77 %* | G | |
| *ciclopirox olamine external suspension 0.77 %* | G | |
| *clotrimazole external cream 1 %* | G | |
| *clotrimazole external solution 1 %* | G | |
| *clotrimazole-betamethasone external cream 1-0.05 %* | G | |
| *clotrimazole-betamethasone external lotion 1-0.05 %* | G | |
| *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 | |
| *fungimez external solution* | NPB | |
| JUBLIA EXTERNAL SOLUTION 10 % (*efinaconazole*) | NPB | |
| KERYDIN EXTERNAL SOLUTION 5 % (*tavaborole*) | NPB | |
| *ketoconazole external cream 2 %* | G | |
| *ketoconazole external foam 2 %* | G | |
| *luliconazole external cream 1 %* | G | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *miconazole-zinc oxide-petrolat external ointment 0.25-15-81.35 %* | G | |
| *naftifine hcl external cream 1 %, 2 %* | G | |
| NAFTIN EXTERNAL GEL 1 %, 2 % (*naftifine hcl*) | PB | |
| *nystatin* (Nyamyc External Powder 100000 Unit/Gm) | G | |
| *nystatin external cream 100000 unit/gm* | G | |
| *nystatin external ointment 100000 unit/gm* | G | |
| *nystatin external powder 100000 unit/gm* | G | |
| *nystatin-triamcinolone external cream 100000-0.1 unit/gm-%* | G | |
| *nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%* | G | |
| *nystatin* (Nystop External Powder 100000 Unit/Gm) | G | |
| *oxiconazole nitrate external cream 1 %* | G | |
| OXISTAT EXTERNAL LOTION 1 % (*oxiconazole nitrate*) | NPB | |
| RECURA EXTERNAL CREAM (*misc antifungal combo products*) | NPB | |
| *sulconazole nitrate external solution 1 %* | NPB | |
| VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (*miconazole-zinc oxide-petrolat*) | NPB | |
| **DERMATOLOGY, ANTIPRURITIC** | | |
| *doxepin hcl external cream 5 %* | G | |
| **DERMATOLOGY, ANTIPSORIATICS** | | |
| *acitretin oral capsule 10 mg, 17.5 mg, 25 mg* | G | |
| *calcipotriene external cream 0.005 %* | G | |
| *calcipotriene external ointment 0.005 %* | G | |
| *calcipotriene external solution 0.005 %* | G | |
| *calcipotriene* (Calcitrene External Ointment 0.005 %) | G | |
| *calcitriol external ointment 3 mcg/gm* | G | |
| *methoxsalen rapid oral capsule 10 mg* | G | |
| SORILUX EXTERNAL FOAM 0.005 % (*calcipotriene*) | NPB | |
| *tazarotene external cream 0.1 %* | G | |
| TAZORAC EXTERNAL CREAM 0.05 %, 0.1 % (*tazarotene*) | NPB | |
| TAZORAC EXTERNAL GEL 0.05 %, 0.1 % (*tazarotene*) | NPB | |
| VTAMA EXTERNAL CREAM 1 % (*tapinarof*) | PB | |
| WYNZORA EXTERNAL CREAM 0.005-0.064 % (*calcipotriene-betameth diprop*) | NPB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| ZORYVE EXTERNAL CREAM 0.3 % (*roflumilast*) | PB | |
| **DERMATOLOGY, ANTISEBORRHEICS** | | |
| *glycolic acid solution 70 %* | NPB | |
| *ketoconazole external shampoo 2 %* | G | |
| *selenium sulfide external lotion 2.5 %* | G | |
| *sodium sulfacetamide wash external liquid 10 %* | NPB | |
| **DERMATOLOGY, ATOPIC DERMATITIS** | | |
| ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*tralokinumab-ldrm*) | PSP | |
| CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (*abrocitinib*) | PSP | |
| DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML, 300 MG/2ML (*dupilumab*) | PSP | |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML (*dupilumab*) | PSP | |
| **DERMATOLOGY, CORTICOSTEROIDS** | | |
| ALA SCALP EXTERNAL LOTION 2 % (*hydrocortisone*) | NPB | |
| *ala-cort external cream 1 %* | G | |
| *alclometasone dipropionate external cream 0.05 %* | G | |
| *alclometasone dipropionate external ointment 0.05 %* | G | |
| *amcinonide external lotion 0.1 %* | G | |
| *amcinonide external ointment 0.1 %* | NPB | |
| APEXICON E EXTERNAL CREAM 0.05 % (*diflorasone diacet emoll base*) | NPB | |
| *betamethasone dipropionate aug external cream 0.05 %* | G | |
| *betamethasone dipropionate aug external gel 0.05 %* | G | |
| *betamethasone dipropionate aug external lotion 0.05 %* | G | |
| *betamethasone dipropionate aug external ointment 0.05 %* | G | |
| *betamethasone dipropionate external cream 0.05 %* | G | |
| *betamethasone dipropionate external lotion 0.05 %* | G | |
| *betamethasone dipropionate external ointment 0.05 %* | G | |
| *betamethasone valerate external cream 0.1 %* | G | |
| *betamethasone valerate external foam 0.12 %* | G | |
| *betamethasone valerate external lotion 0.1 %* | G | |
| *betamethasone valerate external ointment 0.1 %* | G | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| BRYHALI EXTERNAL LOTION 0.01 % (*halobetasol propionate*) | PB | |
| *calcipotriene-betameth diprop external ointment 0.005-0.064 %* | G | |
| *calcipotriene-betameth diprop external suspension 0.005-0.064 %* | G | |
| CAPEX EXTERNAL SHAMPOO 0.01 % (*fluocinolone acetonide*) | PB | |
| *clobetasol prop emollient base external cream 0.05 %* | G | |
| *clobetasol propionate e external cream 0.05 %* | G | |
| *clobetasol propionate emulsion external foam 0.05 %* | G | |
| *clobetasol propionate external cream 0.05 %* | G | |
| *clobetasol propionate external foam 0.05 %* | G | |
| *clobetasol propionate external gel 0.05 %* | G | |
| *clobetasol propionate external liquid 0.05 %* | G | |
| *clobetasol propionate external lotion 0.05 %* | G | |
| *clobetasol propionate external ointment 0.05 %* | G | |
| *clobetasol propionate external shampoo 0.05 %* | G | |
| *clobetasol propionate external solution 0.05 %* | G | |
| *clobetasol propionate* (Clodan External Shampoo 0.05 %) | G | |
| CLODERM EXTERNAL CREAM 0.1 % (*clocortolone pivalate*) | NPB | |
| CORDRAN EXTERNAL TAPE 4 MCG/SQCM (*flurandrenolide*) | NPB | |
| *desonide external cream 0.05 %* | G | |
| *desonide external lotion 0.05 %* | G | |
| *desonide external ointment 0.05 %* | G | |
| DESOWEN EXTERNAL CREAM 0.05 % (*desonide*) | NPB | |
| *desoximetasone external cream 0.05 %, 0.25 %* | G | |
| *desoximetasone external gel 0.05 %* | G | |
| *desoximetasone external liquid 0.25 %* | G | |
| *desoximetasone external ointment 0.05 %, 0.25 %* | G | |
| *diflorasone diacetate external cream 0.05 %* | G | |
| *diflorasone diacetate external ointment 0.05 %* | G | |
| DIPROLENE EXTERNAL OINTMENT 0.05 % (*betamethasone dipropionate aug*) | NPB | |

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

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *hydrocortisone valerate external cream 0.2 %* | G | |
| *hydrocortisone valerate external ointment 0.2 %* | G | |
| IMPOYZ EXTERNAL CREAM 0.025 % (*clobetasol propionate*) | NPB | |
| LEXETTE EXTERNAL FOAM 0.05 % (*halobetasol propionate*) | NPB | |
| *mometasone furoate external cream 0.1 %* | G | |
| *mometasone furoate external ointment 0.1 %* | G | |
| *mometasone furoate external solution 0.1 %* | G | |
| PANDEL EXTERNAL CREAM 0.1 % (*hydrocortisone probutate*) | NPB | |
| SERNIVO EXTERNAL EMULSION 0.05 % (*betamethasone dipropionate*) | NPB | |
| SYNALAR EXTERNAL SOLUTION 0.01 % (*fluocinolone acetonide*) | NPB | |
| TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (*calcipotriene-betameth diprop*) | NPB | |
| TEXACORT EXTERNAL SOLUTION 2.5 % (*hydrocortisone*) | PB | |
| TOPICORT EXTERNAL CREAM 0.25 % (*desoximetasone*) | NPB | |
| TOPICORT EXTERNAL GEL 0.05 % (*desoximetasone*) | NPB | |
| TOPICORT EXTERNAL OINTMENT 0.25 % (*desoximetasone*) | NPB | |
| *triamcinolone acetonide external aerosol solution 0.147 mg/gm* | G | |
| *triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %* | G | |
| *triamcinolone acetonide external lotion 0.025 %, 0.1 %* | G | |
| *triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %* | G | |
| *triamcinolone acetonide* (Triderm External Cream 0.5 %) | G | |
| ULTRAVATE EXTERNAL LOTION 0.05 % (*halobetasol propionate*) | NPB | |
| VERDESO EXTERNAL FOAM 0.05 % (*desonide*) | NPB | |
| **DERMATOLOGY, LOCAL ANESTHETICS** | | |
| *lidocaine hcl* (7T Lido External Gel 2 %) | G | |
| ASTERO EXTERNAL GEL 4 % (*lidocaine hcl*) | NPB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| ELEMAR PATCH EXTERNAL KIT 5-6 % (*lidocaine-menthol*) | NPB | |
| *lidocaine hcl* (Glydo External Prefilled Syringe 2 %) | G | |
| LDO PLUS EXTERNAL GEL 4 % (*lidocaine hcl*) | NPB | |
| *lidocaine external ointment 5 %* | G | |
| *lidocaine external patch 5 %* | G | |
| *lidocaine hcl external solution 4 %* | G | |
| *lidocaine hcl urethral/mucosal external prefilled syringe 2 %* | G | |
| *lidocaine-prilocaine external cream 2.5-2.5 %* | G | |
| LIDODERM EXTERNAL PATCH 5 % (*lidocaine*) | PB | |
| PLIAGLIS EXTERNAL CREAM 7-7 % (*lidocaine-tetracaine*) | NPB | |
| QUTENZA (2 PATCH) EXTERNAL KIT 8 % (*capsaicin-cleansing gel*) | NPSP | |
| QUTENZA (4 PATCH) EXTERNAL KIT 8 % (*capsaicin-cleansing gel*) | NPSP | |
| QUTENZA EXTERNAL KIT 8 % (*capsaicin-cleansing gel*) | NPSP | |
| **DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE** | | |
| ACUICYN EXTERNAL SOLUTION (*eyelid cleansers*) | NPB | |
| *acyclovir external cream 5 %* | G | |
| *acyclovir external ointment 5 %* | G | |
| AMELUZ EXTERNAL GEL 10 % (*aminolevulinic acid hcl*) | NPB | |
| *ammonium lactate external cream 12 %* | G | |
| *ammonium lactate external lotion 12 %* | G | |
| AVENOVA EXTERNAL SOLUTION 0.01 % (*eyelid cleansers*) | NPB | |
| *bensal hp external ointment 3 %* | NPB | |
| *cantharidin external solution 0.7 %* | NPB | |
| CONDYLOX EXTERNAL GEL 0.5 % (*podofilox*) | PB | |
| DENAVIR EXTERNAL CREAM 1 % (*penciclovir*) | NPB | |
| *diclofenac epolamine external patch 1.3 %* | G | |
| *diclofenac sodium external gel 1 %, 3 %* | G | |
| *diclofenac sodium external solution 1.5 %* | G | |
| ELIDEL EXTERNAL CREAM 1 % (*pimecrolimus*) | NPB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| EUCRISA EXTERNAL OINTMENT 2 % (*crisaborole*) | PB | |
| *iodine tincture external tincture 2 %* | NPB | |
| *lactic acid external lotion 10 %* | G | |
| PENNSAID EXTERNAL SOLUTION 2 % (*diclofenac sodium*) | NPB | |
| *pimecrolimus external cream 1 %* | G | |
| *podofilox external solution 0.5 %* | G | |
| RECTIV RECTAL OINTMENT 0.4 % (*nitroglycerin*) | NPB | |
| *salimez external cream 6 %* | NPB | |
| *salimez forte external cream 10 %* | NPB | |
| SANTYL EXTERNAL OINTMENT 250 UNIT/GM (*collagenase*) | NPB | |
| *tacrolimus external ointment 0.03 %, 0.1 %* | G | |
| TARGRETIN EXTERNAL GEL 1 % (*bexarotene*) | NF | |
| VALCHLOR EXTERNAL GEL 0.016 % (*mechlorethamine hcl (topical)*) | NPSP | |
| VENNGEL ONE EXTERNAL KIT 1 % (*diclofenac sodium*) | NPB | |
| VEREGEN EXTERNAL OINTMENT 15 % (*sinecatechins*) | NPB | |
| VOLTAREN EXTERNAL GEL 1 % (*diclofenac sodium*) | NPB | |
| XERAC AC EXTERNAL SOLUTION 6.25 % (*aluminum chloride in alcohol*) | NPB | |
| **DERMATOLOGY, ROSACEA** | | |
| *azelaic acid external gel 15 %* | G | |
| *doxycycline oral capsule delayed release 40 mg* | G | |
| EPSOLAY EXTERNAL CREAM 5 % (*benzoyl peroxide*) | NPB | |
| FINACEA EXTERNAL FOAM 15 % (*azelaic acid*) | PB | |
| FINACEA EXTERNAL GEL 15 % (*azelaic acid*) | NPB | |
| *metronidazole external cream 0.75 %* | G | |
| *metronidazole external gel 0.75 %, 1 %* | G | |
| *metronidazole external lotion 0.75 %* | G | |
| MIRVASO EXTERNAL GEL 0.33 % (*brimonidine tartrate*) | NPB | |
| NORITATE EXTERNAL CREAM 1 % (*metronidazole*) | NPB | |
| RHOFADE EXTERNAL CREAM 1 % (*oxymetazoline hcl*) | PB | |
| SOOLANTRA EXTERNAL CREAM 1 % (*ivermectin*) | PB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| ZILXI EXTERNAL FOAM 1.5 % (*minocycline hcl micronized*) | NPB | |
| **DERMATOLOGY, SCABICIDES AND PEDICULICIDES** | | |
| CROTAN EXTERNAL LOTION 10 % (*crotamiton*) | G | |
| *malathion external lotion 0.5 %* | G | |
| *permethrin external cream 5 %* | G | |
| *spinosad external suspension 0.9 %* | G | |
| *sulfurated lime external solution* | NPB | |
| **DERMATOLOGY, WOUND CARE AGENTS** | | |
| *acetic acid irrigation solution 0.25 %* | G | |
| *sodium chloride (gu irrigant)* (Argyle Sterile Saline Irrigation Solution 0.9 %) | G | |
| *sodium chloride (gu irrigant)* (Curity Sterile Saline Irrigation Solution 0.9 %) | G | |
| *glycine irrigation solution 1.5 %* | G | |
| REGRANEX EXTERNAL GEL 0.01 % (*becaplermin*) | NPB | |
| RENACIDIN IRRIGATION SOLUTION (*citric ac-gluconolact-mg carb*) | NPB | |
| *sodium chloride irrigation solution 0.9 %* | G | |
| *sorbitol irrigation solution 3 %* | NPB | |
| *sorbitol-mannitol irrigation solution 2.7-0.54 gm/100ml* | NPB | |
| **MOUTH/THROAT/DENTAL AGENTS** | | |
| *cevimeline hcl oral capsule 30 mg* | G | |
| *chlorhexidine gluconate mouth/throat solution 0.12 %* | G | |
| *clotrimazole mouth/throat troche 10 mg* | G | |
| EVOXAC ORAL CAPSULE 30 MG (*cevimeline hcl*) | PB | |
| *lidocaine hcl mouth/throat solution 4 %* | G | |
| *lidocaine viscous hcl mouth/throat solution 2 %* | G | |
| *nystatin mouth/throat suspension 100000 unit/ml* | G | |
| *triamcinolone acetonide* (Oralone Mouth/Throat Paste 0.1 %) | G | |
| ORAVIG BUCCAL TABLET 50 MG (*miconazole*) | NPB | |
| *chlorhexidine gluconate* (Periogard Mouth/Throat Solution 0.12 %) | G | |
| *pilocarpine hcl oral tablet 5 mg, 7.5 mg* | G | |
| SALAGEN ORAL TABLET 5 MG, 7.5 MG (*pilocarpine hcl*) | PB | |

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

**Index**


12-PANEL POC TOXICOLOGY SYSTEM....102
*1st tier unifine pentips*.....102
*1st tier unifine pentips plus*.....102
7T Lido.....210
*abacavir sulfate*..... 24
*abacavir sulfate-lamivudine*..... 26
ABILIFY..... 61
ABILIFY MAINTENA.....60
ABILIFY MYCITE MAINTENANCE KIT..... 60
ABILIFY MYCITE STARTER KIT..... 61
*abiraterone acetate*.....35
ABOUTTIME PEN NEEDLE..... 102
ABSORICA..... 202
ABSORICA LD.....202
*acamprosate calcium*..... 55
ACANYA..... 202
*acarbose*.....81
ACCU-CHEK AVIVA PLUS .....102
ACCU-CHEK FASTCLIX LANCET..... 102
ACCU-CHEK FASTCLIX LANCETS..... 102
ACCU-CHEK GUIDE.....102
ACCU-CHEK GUIDE ME..102
ACCU-CHEK LINKASSIST .....102
ACCU-CHEK PLASTIC CARTRIDGE.....103
ACCU-CHEK SAFE-T PRO LANCETS..... 103
ACCU-CHEK SMARTVIEW..... 103
ACCU-CHEK SOFTCLIX LANCET DEV..... 103
ACCU-CHEK SOFTCLIX LANCETS..... 103
ACCU-CHEK TENDER I SET 24"..... 103
ACCU-CHEK TENDER I SET 31"..... 103
ACCU-CHEK ULTRAFLEX INF SET.....103
ACCU-CHEK ULTRAFLEX-1 INF SET....103
ACCURETIC..... 42
ACCUTREND GLUCOSE..103
*acebutolol hcl*..... 48
*acetaminophen-codeine*.....16
*acetazolamide*..... 51
*acetazolamide er*..... 51
*acetic acid*.....213, 214
*acetylcysteine*..... 199
*acitretin*.....206
ACTEMRA..... 165, 166
ACTEMRA ACTPEN..... 166
ACTHAR.....144
*acti-lance 28g*..... 103
*acti-lance lite lancets 28g*.....103
*acti-lance special lancets 17g*.. 103
*acti-lance universal 23g*.....103
ACTIMMUNE..... 175
*active fe*.....182
*activite*..... 182
ACUICYN.....211
ACUVAIL..... 190
*acyclovir*.....27, 211
ACZONE..... 202
*adalimumab-adaz*..... 166
*adalimumab-adbm*..... 166
*adalimumab-fkjp*..... 166
*adapalene*..... 202
*adapalene-benzoyl peroxide*.... 202
ADASUVE..... 61
ADBRY..... 207
*adc/f (0.5mg/ml)*..... 182
ADCIRCA..... 53
*adefovir dipivoxil*.....27
ADEMPAS..... 53
ADIPEX-P.....89
*adjustable lancing device*.....103
ADLARITY..... 55
ADMELOG.....83
ADMELOG SOLOSTAR.....83
ADRENALIN.....194, 197
ADVAIR HFA..... 201
ADVATE..... 162
ADVOCATE BLOOD GLUCOSE MONITOR.....103
ADVOCATE BLOOD GLUCOSE SYSTEM..... 103
ADVOCATE INSULIN PEN NEEDLES..... 103
ADVOCATE LANCETS 30G.....103
ADVOCATE LANCING DEVICE.....103
ADVOCATE RAPID-SAFE LANCING.....103
ADVOCATE REDI-CODE ..... 103, 104
ADVOCATE REDI-CODE+104
ADVOCATE REDI-CODE+ TEST.....104
ADVOCATE SAFETY LANCETS..... 104
ADVOCATE SAFETY LANCETS 26G.....104
ADVOCATE TEST..... 104
*adynovate*.....162
ADZENYS XR-ODT..... 67
AFINITOR.....36
AFINITOR DISPERZ..... 36
Afirmelle..... 91
AFREZZA.....83
AFSTYLA..... 162
AFTERA..... 91
AFTERPILL.....91
AGAMATRIX AMP.....104
AGAMATRIX AMP TEST..104
AGAMATRIX CONTROL LEVEL 2..... 104
AGAMATRIX CONTROL LEVEL 4..... 104
AGAMATRIX JAZZ TEST.104
AGAMATRIX JAZZ WIRELESS 2..... 104
AGAMATRIX KEYNOTE TEST.....104
AGAMATRIX PRESTO.....104
AGAMATRIX PRESTO PRO METER.....104
AGAMATRIX PRESTO TEST.....104
AGAMATRIX ULTRA-THIN LANCETS.....104
AIMOVIG..... 70
*aimsco twist lancets 32g*.....104
AIMSCO TWIST LANCETS 33G.....104
Airavite.....182
AIRDUO DIGIHALER.....201

AIRSUPRA ..... 201
AJOVY ..... 70
AKLIEF ..... 202
AKTEN ..... 192
AKYNZEO ..... 149
ALA SCALP ..... 207
*ala-cort* ..... 207
*albendazole* ..... 22
*albuterol sulfate* ..... 196
*albuterol sulfate hfa* ..... 196
*alclometasone dipropionate* ..... 207
ALECENSA ..... 36
*alendronate sodium* ..... 89
*alfuzosin hcl er* ..... 155
ALINIA ..... 31
*aliskiren fumarate* ..... 50
*allopurinol* ..... 13
ALLZITAL ..... 14
*almotriptan malate* ..... 70
ALOCRIL ..... 187
*alogliptin benzoate* ..... 82
*alogliptin-metformin hcl* ..... 82
*alogliptin-pioglitazone* ..... 82
ALOMIDE ..... 187
ALORA ..... 138
*alosetron hcl* ..... 152
ALPHAGAN P ..... 187
ALPHANATE ..... 159
ALPHANINE SD ..... 163
*alprazolam* ..... 55
*alprazolam er* ..... 55
ALPRAZOLAM INTENSOL 55
*alprazolam xr* ..... 55
ALPROLIX ..... 163
ALREX ..... 191
ALTABAX ..... 204
Altacaine ..... 192
Altafrin ..... 192
Altavera ..... 91
ALTOPREV ..... 46
ALTRENO ..... 202
ALTUVIIIO ..... 162
ALUNBRIG ..... 36
ALVESCO ..... 200
*alyacen 1/35* ..... 91
*alyacen 7/7/7* ..... 91
Alyq ..... 53
Amabelz ..... 139
*amantadine hcl* ..... 58
*ambrisentan* ..... 53
*amcinonide* ..... 207
AMELUZ ..... 211
Amethia ..... 91
Amethyst ..... 91
*amiloride hcl* ..... 51
*amiloride-hydrochlorothiazide* .. 51
*aminocaproic acid* ..... 164
*amiodarone hcl* ..... 44
AMITIZA ..... 151
*amitriptyline hcl* ..... 56
AMJEVITA ..... 166
*amlodipine besy-benazepril hcl* .. 42
*amlodipine besylate* ..... 49
*amlodipine besylate-valsartan* ... 43
*amlodipine-atorvastatin* ..... 49
*amlodipine-olmesartan* ..... 43
*ammonium lactate* ..... 211
Amnesteem ..... 202
*amoxapine* ..... 56
*amoxicill-clarithro-lansopraz* .. 155
*amoxicillin* ..... 32
*amoxicillin-pot clavulanate* ..... 32
*amoxicillin-pot clavulanate er* ... 32
*amphetamine sulfate* ..... 67
*amphetamine-dextroamphet er* . 67
*amphetamine-dextroamphetamine* ..... 67
*ampicillin* ..... 32
AMPYRA ..... 73
AMZEEQ ..... 202
*anagrelide hcl* ..... 164
*anastrozole* ..... 35
ANDRODERM ..... 80
ANGELIQ ..... 139
ANNOVERA ..... 91
ANORO ELLIPTA ..... 194
ANTIVERT ..... 149
ANZEMET ..... 149
APADAZ ..... 16
*apap-caff-dihydrocodeine* ..... 16
APEXICON E ..... 207
APIDRA ..... 83
APIDRA SOLOSTAR ..... 83
APLENZIN ..... 56
APOKYN ..... 59
*apo-varenicline* ..... 78
*apraclonidine hcl* ..... 187
*aprepitant* ..... 149
Apri ..... 91
APRISO ..... 150
APTENSIO XR ..... 68
APTIOM ..... 63
APTIVUS ..... 24
AQUALANCE LANCETS 30G ..... 104
ARAKODA ..... 23
ARALAST NP ..... 193
Aranelle ..... 91
ARANESP (ALBUMIN FREE) ..... 160
ARAZLO ..... 202
ARCALYST ..... 175
*arformoterol tartrate* ..... 196
Argyle Sterile Saline ..... 213
Argyle Sterile Water ..... 193
ARIKAYCE ..... 22
*aripiprazole* ..... 61
ARISTADA ..... 61
ARISTADA INITIO ..... 61
*armodafinil* ..... 76
ARMONAIR DIGIHALER . 200
ARMOUR THYROID ..... 146
ARNUITY ELLIPTA ..... 200
ASCENIV ..... 173
Ascomp-Codeine ..... 16
Ashlyna ..... 91
ASMANEX (120 METERED DOSES) ..... 200
ASMANEX (14 METERED DOSES) ..... 200
ASMANEX (30 METERED DOSES) ..... 200
ASMANEX (60 METERED DOSES) ..... 200
ASMANEX HFA ..... 200
*aspirin* ..... 20
*aspirin adult low dose* ..... 20
*aspirin low dose* ..... 20
*aspirin regimen* ..... 20
*aspirin-dipyridamole er* ..... 165
ASPIR-LOW ..... 20
*assure comfort lancets 28g* ..... 104
ASSURE ID INSULIN SAFETY SYR ..... 104
ASSURE II CHECK ..... 104
ASSURE PLATINUM ..... 105
ASTAGRAF XL ..... 175
ASTERO ..... 210
ATABEX EC ..... 178
ATABEX OB ..... 178

*atazanavir sulfate* ..... 24
*atenolol* ..... 48
*atenolol-chlorthalidone* ..... 47
ATIVAN ..... 55
*atomoxetine hcl* ..... 68
*atorvastatin calcium* ..... 46
*atovaquone* ..... 31
*atovaquone-proguanil hcl* ..... 23
ATRIPLA ..... 26
*atropine sulfate* ..... 192
ATROVENT HFA ..... 195
AUBAGIO ..... 73
Aubra Eq ..... 91
*aum mini insulin pen needle* ..... 105
AUM READYGARD DUO PEN NEEDLE ..... 105
AUM SAFETY PEN NEEDLE ..... 105
*aurora lancet super thin 30g* ..... 105
*aurora lancet thin 23g* ..... 105
Aurovela 1.5/30 ..... 91
Aurovela 1/20 ..... 91
Aurovela 24 Fe ..... 91
Aurovela Fe 1.5/30 ..... 92
Aurovela Fe 1/20 ..... 92
AURYXIA ..... 146
AUSTEDO ..... 73
AUSTEDO XR ..... 73
AUSTEDO XR PATIENT TITRATION ..... 73
AUTO-LANCET ..... 105
AUTO-LANCET MINI ..... 105
AUTOLET II CLINISAFE ..... 105
AUTOLET LANCING DEVICE ..... 105
AUTOLET LITE CLINISAFE ..... 105
AUTOLET LITE STARTER PACK ..... 105
AUTOLET MINI ..... 105
AUTOLET PLATFORMS ..... 105
AUTOLET PLUS ..... 105
AUTOSOFT 30 INFUSION SET ..... 105
AUTOSOFT 90 INFUSION SET ..... 105
AUTOSOFT XC INFUSION SET ..... 105
AUVI-Q ..... 194
AVENOVA ..... 211
Aviane ..... 92
*avidoxy* ..... 32
Avita ..... 202
AVONEX PEN ..... 73
AVONEX PREFILLED ..... 73
AVSOLA ..... 165
Ayuna ..... 92
AYVAKIT ..... 36
Azasan ..... 175
AZASITE ..... 189
*azathioprine* ..... 175
*azelaic acid* ..... 212
*azelastine hcl* ..... 187, 195
*azelastine-fluticasone* ..... 195
AZELEX ..... 202
*azesco* ..... 178
*azithromycin* ..... 29
AZOPT ..... 187
AZSTARYS ..... 68
AZULFIDINE ..... 151
AZULFIDINE EN-TABS ..... 150
Azurette ..... 92
*b-6 folic acid* ..... 182
Bac ..... 14
*bacitracin* ..... 189
*bacitracin-polymyxin b* ..... 189
*bacitra-neomycin-polymyxin-hc* ..... 189
*baclofen* ..... 75
BACTRIM ..... 22
BACTRIM DS ..... 22
BAFIERTAM ..... 73
BALCOLTRA ..... 92
*balsalazide disodium* ..... 151
BALVERSA ..... 36
Balziva ..... 92
BANZEL ..... 63
BAQSIMI ONE PACK ..... 142
BAQSIMI TWO PACK ..... 142
BARACLUDE ..... 27
BASAGLAR KWIKPEN ..... 83
BAXDELA ..... 30
BAYER ASPIRIN EC LOW DOSE ..... 20
BAYER LOW DOSE ..... 20
BD AUTOSHIELD DUO ..... 105
BD INSULIN SYRINGE ..... 105
BD INSULIN SYRINGE MICROFINE ..... 105
BD INSULIN SYRINGE U/F ..... 105
BD INSULIN SYRINGE U-500 ..... 106
BD INSULIN SYRINGE ULTRAFINE ..... 106
BD LATITUDE DIABETES 106
BD LOGIC BLOOD GLUCOSE MONITOR ..... 106
BD MICROTAINER LANCETS ..... 106
BD PEN NEEDLE MICRO U/F ..... 106
BD PEN NEEDLE MINI U/F ..... 106
BD PEN NEEDLE NANO 2ND GEN ..... 106
BD PEN NEEDLE NANO U/F ..... 106
BD PEN NEEDLE ORIGINAL U/F ..... 106
BD PEN NEEDLE SHORT U/F ..... 106
BD SAFETYGLIDE INSULIN SYRINGE ..... 106
BD VEO INSULIN SYR U/F 1/2UNIT ..... 106
BD VEO INSULIN SYRINGE U/F ..... 106
BECONASE AQ ..... 199
BELBUCA ..... 19
*belladonna alkaloids-opium* ..... 150
BELSOMRA ..... 70
*benazepril hcl* ..... 42
*benazepril-hydrochlorothiazide* ..... 42
BENEFIX ..... 163
BENLYSTA ..... 175
*bensal hp* ..... 211
BENZEPRO ..... 202
Benzepro ..... 202
*benzhydrocodone-acetaminophen* ..... 16
*benznidazole* ..... 22
*benzonatate* ..... 197
*benzoyl perox-hydrocortisone* ..... 203
*benzoyl peroxide* ..... 203
*benzoyl peroxide forte- hc* ..... 203
*benzoyl peroxide-erythromycin* ..... 203
*benztropine mesylate* ..... 59

BEPREVE 187
BERINERT 173
BESIVANCE 189
BESREMI 34
*betaine* 137
*betamethasone dipropionate* 207
*betamethasone dipropionate aug* 207
*betamethasone valerate* 207
BETASERON 73
*betaxolol hcl* 48, 187
*bethanechol chloride* 157
BETHKIS 197
BETIMOL 187
BETOPTIC-S 187
BEVESPI AEROSPHERE 194
*bexarotene* 40
BEYAZ 92
*bicalutamide* 35
BIDIL 51
BIJUVA 139
BIKTARVY 26
*bimatoprost* 187
BINOSTO 89
*biocel* 182
BIOTEL CARE BLOOD GLUCOSE 106
BIOTEL CARE BLOOD GLUCOSE SYST 106
*bisoprolol fumarate* 48
*bisoprolol-hydrochlorothiazide* 47
BIVIGAM 173
Blisovi 24 Fe 92
Blisovi Fe 1.5/30 92
Blisovi Fe 1/20 92
*blood glucose system pak* 106
*blood glucose test* 106
BLULINK CONTROL HIGH & LOW 106
BLULINK GLUCOSE MONITORING SYS 106
BLULINK GLUCOSE TEST 107
BONJESTA 149
*bosentan* 53
BOSULIF 36
*bp vit 3* 182
*bp wash* 203
*b-plex* 182
*b-plex plus* 182
BRAFTOVI 36
BREO ELLIPTA 201
BREXAFEMME 23
BREZTRI AEROSPHERE 194
*briellyn* 92
BRILINTA 165
*brimonidine tartrate* 187
*brimonidine-dorzolamide* 187
*brinzolamide* 187
BRIVIACT 63
*bromfenac sodium (once-daily)* 191
*bromocriptine mesylate* 59
BROMSITE 191
BRONCHITOL 197
BRONCHITOL TOLERANCE TEST 198
BROVANA 196
BRUKINSA 36
BRYHALI 208
*budesonide* 151, 201
*budesonide er* 151
*bumetanide* 51
Bupap 14
BUPHENYL 137
*buprenorphine* 19
*buprenorphine hcl* 77
*buprenorphine hcl-naloxone hcl* 76
*bupropion hcl* 56
*bupropion hcl er (smoking det)* 78
*bupropion hcl er (sr)* 56
*bupropion hcl er (xl)* 56
*buspirone hcl* 55
*butalbital-acetaminophen* 14
*butalbital-apap-caff-cod* 16
*butalbital-apap-caffeine* 14
*butalbital-asa-caff-codeine* 16
*butalbital-aspirin-caffeine* 14
*butorphanol tartrate* 16
BUTRANS 19
BYDUREON BCISE 82
BYETTA 10 MCG PEN 82
BYETTA 5 MCG PEN 82
BYLVAY 152
BYLVAY (PELLETS) 152
BYOOVIZ 193
BYSTOLIC 48
*cabergoline* 144
CABLIVI 159
CABOMETYX 36
CALCIFOL 182
*calcipotriene* 206
*calcipotriene-betameth diprop* 208
*calcitonin (salmon)* 144
Calcitrene 206
*calcitriol* 183, 206
*calcium acetate (phos binder)* 146
CALQUENCE 37
CAMBIA 14
Camila 92
Camrese 92
Camrese Lo 92
CAMZYOS 52
*candesartan cilexetil* 44
*candesartan cilexetil-hctz* 43
*cantharidin* 211
*capecitabine* 33
CAPEX 208
CAPLYTA 61
CAPRELSA 37
*captopril* 42
CARAFATE 152
CARBAGLU 137
*carbamazepine* 63, 64
*carbamazepine er* 63
*carbidopa* 59
*carbidopa-levodopa* 59
*carbidopa-levodopa er* 59
*carbidopa-levodopa-entacapone* 59
*carbinoxamine maleate* 195
CARDIOCOM LANCING DEVICE 107
CARDIZEM LA 49
CARDURA 43
CARDURA XL 155
CAREFINE PEN NEEDLES 107
*careone advanced lancing dev* 107
CAREONE LANCET SUPER THIN 30G 107
*careone lancet thin 23g* 107
*careone unifine pentips plus* 107
CARESENS LANCETS 107
CARESENS LANCETS 30G 107
CARETOUCH CONTROL SOL LEVEL 2 107
CARETOUCH INSULIN SYRINGE 107
CARETOUCH LANCING/EJECTOR 107

CARETOUCH MONITOR SYSTEM ..... 107
CARETOUCH PEN NEEDLES ..... 107
CARETOUCH SAFETY LANCETS ..... 107
CARETOUCH SAFETY LANCETS 26G ..... 107
CARETOUCH TEST ..... 107
CARETOUCH TWIST LANCETS 28G ..... 107
CARETOUCH TWIST LANCETS 30G ..... 107
CARETOUCH TWIST LANCETS 33G ..... 107
CARETOUCH TWIST MC LANCETS 30G ..... 107
*carglumic acid* ..... 137
*carisoprodol* ..... 75
CAROSPIR ..... 51
*carteolol hcl* ..... 187
Cartia Xt ..... 49
*carvedilol* ..... 48
*carvedilol phosphate er* ..... 48
CATAPRES-TTS-1 ..... 52
CATAPRES-TTS-2 ..... 52
CATAPRES-TTS-3 ..... 52
CAYA ..... 92
CAYSTON ..... 198
*cefaclor* ..... 28
*cefaclor er* ..... 28
*cefadroxil* ..... 28
*cefdinir* ..... 28
*cefixime* ..... 28
*cefpodoxime proxetil* ..... 28
*cefprozil* ..... 28
*cefuroxime axetil* ..... 28
CELEBREX ..... 13
*celecoxib* ..... 13
CELLCEPT ..... 175
CELONTIN ..... 64
CENFOL ..... 183
*cephalexin* ..... 28, 29
CEQUA ..... 192
CERDELGA ..... 137
CEREZYME ..... 137
*cetirizine hcl* ..... 195
CETROTIDE ..... 137
*cevimeline hcl* ..... 213
Charlotte 24 Fe ..... 92
Chateal Eq ..... 92
CHEMET ..... 90
CHEMSTRIP K ..... 107
CHEMSTRIP UGK ..... 107
CHENODAL ..... 152
*childrens aspirin* ..... 20
*chlordiazepoxide hcl* ..... 55
*chlordiazepoxide-amitriptyline* . 77
*chlordiazepoxide-clidinium* ..... 150
*chlorhexidine gluconate* ..... 213
*chloroquine phosphate* ..... 23
*chlorpromazine hcl* ..... 61
*chlorthalidone* ..... 51
*chlorzoxazone* ..... 75
CHOLBAM ..... 152
*cholestyramine* ..... 45
*cholestyramine light* ..... 45
CIBINQO ..... 207
Ciclodan ..... 205
*ciclopirox* ..... 205
*ciclopirox olamine* ..... 205
CIFEREX ..... 183
*cilostazol* ..... 164
CILOXAN ..... 190
CIMDUO ..... 26
*cimetidine* ..... 150
CIMZIA ..... 167
CIMZIA STARTER KIT ..... 167
*cinacalcet hcl* ..... 90
CINRYZE ..... 173
CIPRO ..... 30
CIPRO HC ..... 214
*ciprofloxacin hcl* ..... 30, 190, 214
*ciprofloxacin-dexamethasone* .. 214
*ciprofloxacin-fluocinolone pf* .. 214
*citalopram hydrobromide* ..... 56
CITRANATAL 90 DHA ..... 178
CITRANATAL ASSURE ..... 178
CITRANATAL B-CALM ..... 178
CITRANATAL BLOOM ..... 178
CITRANATAL HARMONY ..... 178
*citrulline easy* ..... 137
Claravis ..... 203
CLARINEX ..... 195
CLARINEX-D 12 HOUR ..... 197
*clarithromycin* ..... 29
*clarithromycin er* ..... 29
CLEANLET LANCETS 28G ..... 107
*clemastine fumarate* ..... 195
CLENPIQ ..... 152
CLEOCIN ..... 157
CLEVER CHEK AUTO-CODE SYSTEM ..... 107
CLEVER CHEK AUTO-CODE TEST ..... 108
CLEVER CHEK AUTO-CODE VOICE ..... 108
CLEVER CHEK LANCETS 108
CLEVER CHEK SYSTEM .. 108
CLEVER CHEK TEST ..... 108
CLEVER CHOICE AUTO-CODE SYSTEM ..... 108
CLEVER CHOICE AUTO-CODE TEST ..... 108
CLEVER CHOICE COMFORT EZ ..... 108
CLEVER CHOICE LANCETS 21G ..... 108
CLEVER CHOICE LANCETS 23G ..... 108
CLEVER CHOICE LANCETS 28G ..... 108
CLEVER CHOICE MICRO SYSTEM ..... 108
CLEVER CHOICE MICRO TEST ..... 108
CLEVER CHOICE MINI SYSTEM ..... 108
CLEVER CHOICE NO CODING ..... 108
CLEVER CHOICE TALK SYSTEM ..... 108
*clickfine pen needles* ..... 108
CLIMARA ..... 139
CLIMARA PRO ..... 139
Clindacin Etz ..... 203
Clindacin-P ..... 203
*clindamycin hcl* ..... 31
*clindamycin palmitate hcl* ..... 31
*clindamycin phos-benzoyl perox* ..... 203
*clindamycin phosphate* .... 157, 203
*clindamycin-tretinoin* ..... 203
CLINDESSE ..... 157
*clobazam* ..... 64
*clobetasol prop emollient base* . 208

*clobetasol propionate* ..... 208
*clobetasol propionate e* ..... 208
*clobetasol propionate emulsion* 208
Clodan ..... 208
CLODERM ..... 208
*clomipramine hcl* ..... 55
*clonazepam* ..... 64
*clonidine* ..... 52
*clonidine hcl* ..... 52
*clonidine hcl er* ..... 68
*clopidogrel bisulfate* ..... 165
*clorazepate dipotassium* ..... 64
*clotrimazole* ..... 205, 213
*clotrimazole-betamethasone* .... 205
*clozapine* ..... 61
CLOZARIL ..... 61
*c-nate dha* ..... 178
COAGADEX ..... 159
COAGUCHEK LANCETS .. 108
COARTEM ..... 23
*codeine sulfate* ..... 16
*colchicine* ..... 13
*colchicine-probenecid* ..... 13
COLCRYS ..... 13
*colesevelam hcl* ..... 45
*colestipol hcl* ..... 45
COMBIGAN ..... 187
COMBIPATCH ..... 139
COMBIVENT RESPIMAT .. 194
COMETRIQ (100 MG DAILY DOSE) ..... 37
COMETRIQ (140 MG DAILY DOSE) ..... 37
COMETRIQ (60 MG DAILY DOSE) ..... 37
*comfort assured lancets 28g* .... 108
*comfort assured lancets 33g* .... 108
COMFORT EZ INSULIN SYRINGE ..... 109
COMFORT EZ MICRO PEN NEEDLES ..... 109
COMFORT EZ PEN NEEDLES ..... 109
COMFORT EZ SHORT PEN NEEDLES ..... 109
COMFORT TOUCH INSULIN PEN NEED ..... 109
COMFORT TOUCH LANCETS 31G ..... 109
COMFORT TOUCH PLUS LANCETS 28G ..... 109
COMFORT TOUCH PLUS LANCETS 30G ..... 109
COMPLERA ..... 26
Compro ..... 149
COMTAN ..... 59
CO-NATAL FA ..... 178
CONCEPT DHA ..... 178
CONCEPT OB ..... 178
CONCERTA ..... 68
*condoms* ..... 92
CONDYLOX ..... 211
CONJUPRI ..... 49
*constulose* ..... 152
CONTOUR MONITOR ..... 109
CONTOUR NEXT EZ ..... 109
CONTOUR NEXT GEN MONITOR ..... 109
CONTOUR NEXT LINK .... 109
CONTOUR NEXT MONITOR ..... 109
CONTOUR NEXT ONE ..... 109
CONTOUR NEXT TEST ..... 109
CONTOUR TEST ..... 109
CONTRAVE ..... 89
CONZIP ..... 16
COOL BLOOD GLUCOSE TEST STRIPS ..... 109
COOL MONITOR ..... 109
COOL MONITOR KIT ..... 109
COPAXONE ..... 73
COPIKTRA ..... 37
CORDRAN ..... 208
COREG ..... 48
COREG CR ..... 48
CORGARD ..... 48
CORLANOR ..... 51
CORTIFOAM ..... 151
CORTISPORIN-TC ..... 214
CORTROPHIN ..... 145
CORVITE 150 ..... 183
*corvite fe* ..... 183
COSENTYX ..... 167
COSENTYX (300 MG DOSE) ..... 167
COSENTYX SENSOREADY (300 MG) ... 167
COSENTYX SENSOREADY PEN ..... 167
COSENTYX UNOREADY . 168
COSOPT ..... 187
COTELLIC ..... 37
COTEMPLA XR-ODT ..... 68
COZAAR ..... 44
CREON ..... 153
CRESEMBA ..... 23
CRESTOR ..... 46
CRINONE ..... 146
*cromolyn sodium* ..... 152, 187, 199
CROTAN ..... 213
Cryselle-28 ..... 92
CUPRIMINE ..... 90
Curity Sterile Saline ..... 213
CUTAQUIG ..... 173
CUVITRU ..... 173
CUVPOSA ..... 148
CVS ADVANCED GLUCOSE TEST ..... 109
*cvs aspirin low dose* ..... 20
*cvs aspirin low strength* ..... 20
CVS BLOOD GLUCOSE METER ..... 110
*cvs folic acid* ..... 183
*cvs glucose meter test strips* .... 110
CVS KETONE CARE ..... 110
*cvs lancets 21g* ..... 110
*cvs lancets micro thin 33g* ..... 110
*cvs lancets original* ..... 110
*cvs lancets thin 26g* ..... 110
*cvs lancets ultra thin 30g* ..... 110
*cvs lancets ultra-thin 30g* ..... 110
*cvs lancing device* ..... 110
*cvs nicotine* ..... 78
*cvs nicotine polacrilex* ..... 78
*cvs ultra thin lancets* ..... 110
*cyanocobalamin* ..... 183
*cyclobenzaprine hcl* ..... 75
*cyclobenzaprine hcl er* ..... 75
*cyclopentolate hcl* ..... 192
*cyclophosphamide* ..... 33
*cycloserine* ..... 27
CYCLOSET ..... 82
*cyclosporine* ..... 175
*cyclosporine modified* ..... 175
CYLTEZO ..... 168
CYLTEZO-CD/UC/HS STARTER ..... 168
CYLTEZO-PSORIASIS STARTER ..... 168

*cyproheptadine hcl* ..... 195, 196
Cyred Eq ..... 92
CYSTADANE ..... 137
CYSTADROPS ..... 192
CYSTAGON ..... 137
CYSTARAN ..... 192
CYTOMEL ..... 146
*cytra k crystals* ..... 156
*dalfampridine er* ..... 73
DALIRESP ..... 199
*danazol* ..... 137
*dantrolene sodium* ..... 75
*dapsone* ..... 31, 203
DARAPRIM ..... 31
*darifenacin hydrobromide er* ... 157
DARTISLA ODT ..... 148
Dasetta 1/35 ..... 93
Dasetta 7/7/7 ..... 93
DAURISMO ..... 34
DAYBUE ..... 72
DAYPRO ..... 14
Daysee ..... 93
DAYTRANA ..... 68
DAYVIGO ..... 70
D-CARE BLOOD GLUCOSE ..... 110
D-CARE GLUCOMETER .. 110
DDAVP ..... 148
Deblitane ..... 93
*deferasirox* ..... 90
*deferiprone* ..... 90
*deferoxamine mesylate* ..... 90
DELESTROGEN ..... 139
DELSTRIGO ..... 26
Delyla ..... 93
*demeclocycline hcl* ..... 32
DEMSER ..... 52
DENAVIR ..... 211
DEPAKOTE ..... 64
DEPAKOTE ER ..... 64
DEPEN TITRATABS ..... 90
DEPO-ESTRADIOL ..... 139
DEPO-SUBQ PROVERA 104 ..... 93
Depo-Testosterone ..... 80
DERMACINRX PRETRATE ..... 178
DESCOVY ..... 26
DESFERAL ..... 90
*desipramine hcl* ..... 56
*desloratadine* ..... 196
*desmopressin ace spray refrig* . 148
*desmopressin acetate* ..... 148
*desmopressin acetate spray* ..... 148
*desogestrel-ethinyl estradiol* ..... 93
*desonide* ..... 208
DESOWEN ..... 208
*desoximetasone* ..... 208
*desvenlafaxine er* ..... 56, 57
*desvenlafaxine succinate er* ..... 57
*dexabliss* ..... 141
*dexamethasone* ..... 141
DEXAMETHASONE INTENSOL ..... 141
*dexamethasone sodium phosphate* ..... 191
DEXCOM G6 RECEIVER .. 110
DEXCOM G6 SENSOR ..... 110
DEXCOM G6 TRANSMITTER ..... 110
DEXCOM G7 RECEIVER .. 110
DEXCOM G7 SENSOR ..... 110
Dexifol ..... 183
DEXILANT ..... 154
*dexmethylphenidate hcl* ..... 68
*dexmethylphenidate hcl er* ..... 68
DEXONTO 0.4% ..... 141
DEXTENZA ..... 191
*dextroamphetamine sulfate* ..... 68
*dextroamphetamine sulfate er* ... 68
DHIVY ..... 59
DIACOMIT ..... 64
DIASTIX ..... 110
DIATHRIVE BLOOD GLUCOSE METER ..... 110
DIATHRIVE GLUCOSE TEST ..... 110
DIATHRIVE LANCET ULTRA THIN 30 ..... 110
DIATHRIVE LANCETS ..... 110
DIATHRIVE LANCING DEVICE ..... 110
DIATHRIVE PEN NEEDLE ..... 110
DIATHRIVE+ GLUCOSE MONITOR ..... 111
DIATHRIVE+ GLUCOSE TEST ..... 111
*diatrue plus blood glucose* ..... 111
*diatrue plus test* ..... 111
*diazepam* ..... 64
DICLEGIS ..... 149
*diclofenac epolamine* ..... 211
*diclofenac potassium* ..... 14
*diclofenac sodium* ..... 14, 191, 211
*diclofenac sodium er* ..... 14
*diclofenac-misoprostol* ..... 15
*dicloxacillin sodium* ..... 32
*dicyclomine hcl* ..... 148
DIFICID ..... 29
*diflorasone diacetate* ..... 208
*diflunisal* ..... 20
*difluprednate* ..... 191
Digox ..... 50
*digoxin* ..... 50
*dihydroergotamine mesylate* ..... 70
DILANTIN ..... 64
DILAUDID ..... 16
*diltiazem hcl* ..... 49
*diltiazem hcl er* ..... 49
*diltiazem hcl er beads* ..... 49
*diltiazem hcl er coated beads* .... 49
*dilt-xr* ..... 49
*dimethyl fumarate* ..... 73
*dimethyl fumarate starter pack* . 73
DIPENTUM ..... 151
*diphenhydramine hcl* ..... 196
*diphenoxylate-atropine* ..... 149
DIPROLENE ..... 208
*dipyridamole* ..... 165
*disopyramide phosphate* ..... 44
*disulfiram* ..... 55
DIURIL ..... 51
*divalproex sodium* ..... 64
*divalproex sodium er* ..... 64
DIVIGEL ..... 139
*dofetilide* ..... 44
Dolishale ..... 93
*donepezil hcl* ..... 55
DOPTELET ..... 160
DORYX MPC ..... 32
*dorzolamide hcl* ..... 187
*dorzolamide hcl-timolol mal* .... 188
*dorzolamide hcl-timolol mal pf* 188
Dotti ..... 139
DOVATO ..... 26
*doxazosin mesylate* ..... 43
*doxepin hcl* ..... 57, 70, 206
*doxercalciferol* ..... 183
*doxycycline* ..... 212

*doxycycline hyclate* ..... 32
*doxycycline monohydrate* ..... 32
*doxylamine-pyridoxine* ..... 149
DRISDOL ..... 183
*dronabinol* ..... 149
DROPLET GENTEEL LANCING DEVICE ..... 111
DROPLET INSULIN SYRINGE ..... 111
DROPLET LANCETS ULTRA THIN 30G ..... 111
DROPLET LANCING DEVICE ..... 111
DROPLET MICRON ..... 111
DROPLET PEN NEEDLES 111
DROPLET PERSONAL LANCETS 30G ..... 111
*dropsafe safety pen needles* ..... 111
*drospiren-eth estrad-levomefol* .. 93
*drospirenone-ethinyl estradiol* ... 93
DROXIA ..... 164
*drug mart lancets thin 26g* ..... 111
DRUG MART ON-THE-GO LANCET 30G ..... 111
DSUVIA ..... 16
DUAVEE ..... 139
DUET DHA 400 ..... 178
DUEXIS ..... 16
DULERA ..... 201
*duloxetine hcl* ..... 57
DUOBRII ..... 209
DUOPA ..... 59
DUPIXENT ..... 207
DUREZOL ..... 191
DUROLANE ..... 21
*dutasteride* ..... 155
*dutasteride-tamsulosin hcl* ..... 155
*d-xylose* ..... 176
DYANAVEL XR ..... 68
DYMISTA ..... 195
DYSPORT ..... 76
E.E.S. 400 ..... 29
*easy comfort insulin syringe* .... 111
*easy comfort lancets* ..... 111
*easy comfort lancets twist top* . 111
*easy comfort pen needles* ..... 111
*easy mini eject lancing device* .. 111
*easy mini lancing device* ..... 111
*easy plus ii glucose system* ..... 111
*easy plus ii glucose test* ..... 111
EASY STEP GLUCOSE MONITOR ..... 111
EASY STEP TEST ..... 111
*easy talk blood glucose system* 111
*easy talk blood glucose test* ..... 111
*easy talk plus ii test strips* ..... 111
EASY TOUCH GLUCOSE SYSTEM ..... 112
EASY TOUCH HEALTHPRO GLUCOSE ... 112
EASY TOUCH INSULIN SYRINGE ..... 112
EASY TOUCH LANCETS 21G ..... 112
EASY TOUCH LANCETS 23G ..... 112
EASY TOUCH LANCETS 28G ..... 112
EASY TOUCH LANCETS 30G ..... 112
EASY TOUCH LANCETS 32G ..... 112
EASY TOUCH LANCING DEVICE ..... 112
EASY TOUCH PEN NEEDLES ..... 112
EASY TOUCH SAFETY PEN NEEDLES ..... 112
*easy trak blood glucose system* 112
*easy trak blood glucose test* .... 112
*easy trak ii blood glucose sys* .. 112
*easy trak ii glucose test* ..... 112
EASYMAX 15 LEVEL 2-3 CONTROL ..... 112
EASYMAX 15 TEST ..... 112
EASYMAX CONTROL NORMAL/HIGH ..... 112
EASYMAX NG BLOOD GLUCOSE ..... 112
EASYMAX TEST ..... 112
EASYMAX V BLOOD GLUCOSE ..... 112
EASYPRO BLOOD GLUCOSE MONITOR ..... 112
EASYPRO BLOOD GLUCOSE TEST ..... 113
EASYPRO PLUS ..... 113
*econazole nitrate* ..... 205
ECONTRA ONE-STEP ..... 93
ECOTRIN LOW STRENGTH ..... 20
ECOZA ..... 205
EDARBI ..... 44
EDARBYCLOR ..... 43
EDLUAR ..... 70
EDURANT ..... 24
*efavirenz* ..... 24
Effer-K ..... 177
EFFIENT ..... 165
ELELYSO ..... 137
ELEMAR PATCH ..... 211
ELEMENT AUTOCODE SYSTEM ..... 113
*element compact test* ..... 113
*element compact v glucose sys* . 113
ELEMENT PLUS ..... 113
ELEMENT TEST ..... 113
ELEPSIA XR ..... 64
ELESTRIN ..... 139
*eletriptan hydrobromide* ..... 70
ELFOLATE PLUS ..... 183
ELIDEL ..... 211
ELIGARD ..... 35
Elinest ..... 93
ELIQUIS ..... 158
ELIQUIS DVT/PE STARTER PACK ..... 158
Elixophyllin ..... 201
ELLA ..... 93
ELMIRON ..... 156
ELOCTATE ..... 162
Eluryng ..... 93
ELYXYB ..... 13
EMBRACE BLOOD GLUCOSE MONITOR ..... 113
EMBRACE EVO BLOOD GLUCOSE TEST ..... 113
EMBRACE EVO GLUCOSE MONITOR ..... 113
EMBRACE EVO GLUCOSE MONITORING ..... 113
EMBRACE LANCETS ULTRA THIN 30G ..... 113
EMBRACE PRESSURE ACTIVATED 21G ..... 113
EMBRACE PRESSURE ACTIVATED 28G ..... 113
EMBRACE PRO GLUCOSE METER ..... 113

EMBRACE PRO GLUCOSE TEST ..... 113
EMBRACE TALK BLOOD GLUCOSE ..... 113
EMBRACE TALK GLUCOSE TEST ..... 113
EMBRACE TALK MONITORING SYSTEM ... 113
EMCYT ..... 33
EMEND ..... 149
EMFLAZA ..... 141
EMGALITY ..... 71
EMGALITY (300 MG DOSE) ..... 71
EMPAVELI ..... 164
EMSAM ..... 57
*emtricitabine-tenofovir df* ..... 26
EMTRIVA ..... 24
EMVERM ..... 22
*enalapril maleate* ..... 42
*enalapril-hydrochlorothiazide* ... 42
ENBRACE HR ..... 178
ENBREL ..... 168
ENBREL MINI ..... 168
ENBREL SURECLICK ..... 168
ENCARE ..... 155
ENDARI ..... 164
Endocet ..... 16
ENDOMETRIN ..... 156
ENLITE GLUCOSE SENSOR ..... 113
ENLITE SERTER ..... 113
*enoxaparin sodium* ..... 158
Enpresse-28 ..... 93
Enskyce ..... 93
ENSPRYNG ..... 175
ENSTILAR ..... 209
*entacapone* ..... 59
*entecavir* ..... 27
ENTEREG ..... 152
ENTRESTO ..... 52
ENTYVIO ..... 166
*enulose* ..... 152
ENVARSUS XR ..... 175
EPANED ..... 42
EPCLUSA ..... 30
EPIDIOLEX ..... 64
EPIDUO FORTE ..... 203
*epinastine hcl* ..... 187
*epinephrine* ..... 194
*epinephrine professional* ..... 194
EPINEPHRINESNAP-EMS 194
EPINEPHRINESNAP-V ..... 194
Epitol ..... 64
*eplerenone* ..... 43
EPOGEN ..... 160
*epoprostenol sodium* ..... 53
EPRONTIA ..... 64
EPSOLAY ..... 212
*eq aspirin low dose* ..... 20
*eq blood glucose test* ..... 113
*eq famotidine max st* ..... 150
*eq nicotine* ..... 78
*eq nicotine polacrilex* ..... 78
*eq nicotine step 3* ..... 78
*eql aspirin low dose* ..... 20
*eql color lancets 21g* ..... 113
*eql color lancets micro 33g* ..... 113
*eql super thin lancets 30g* ..... 114
*eql thin lancets 26g* ..... 114
EQUETRO ..... 61
*ergocalciferol* ..... 183
*ergoloid mesylates* ..... 55
ERGOMAR ..... 71
*ergotamine-caffeine* ..... 71
ERIVEDGE ..... 34
ERLEADA ..... 35
*erlotinib hcl* ..... 37
Errin ..... 93
ERTACZO ..... 205
*ery* ..... 203
Ery-Tab ..... 29
ERYTHROCIN STEARATE 29
*erythromycin* ..... 29, 190, 203
*erythromycin base* ..... 29
*erythromycin ethylsuccinate* ..... 29
ESBRIET ..... 199
*escitalopram oxalate* ..... 57
Esgic ..... 14
ESGIC ..... 14
*esomeprazole magnesium* ..... 154
ESPEROCT ..... 162
Estarylla ..... 93
*estazolam* ..... 70
*estradiol* ..... 139
*estradiol valerate* ..... 139
*estradiol-norethindrone acet* ... 139
ESTRING ..... 140
ESTROGEL ..... 140
*eszopiclone* ..... 70
*ethacrynic acid* ..... 51
*ethambutol hcl* ..... 27
*ethosuximide* ..... 64
*ethynodiol diac-eth estradiol* ..... 93
*etodolac* ..... 14
*etodolac er* ..... 14
*etonogestrel-ethinyl estradiol* .... 93
*etoposide* ..... 41
EUCRISA ..... 212
EUFLEXXA ..... 21
EULEXIN ..... 35
Euthyrox ..... 147
EVAMIST ..... 140
EVEKEO ..... 68
EVEKEO ODT ..... 68
EVENITY ..... 145
EVERSENSE SENSOR/HOLDER ..... 114
EVERSENSE SMART TRANSMITTER ..... 114
EVOLUTION AUTOCODE 114
EVOTAZ ..... 26
EVOXAC ..... 213
EVRYSDI ..... 72
EXELDERM ..... 205
*exemestane* ..... 35
EXJADE ..... 90
EXKIVITY ..... 37
EXTAVIA ..... 73
EYLEA ..... 193
E-Z JECT LANCET MICRO-THIN 33G ..... 114
E-Z JECT LANCET SUPER THIN 30G ..... 114
E-Z JECT LANCETS ..... 114
E-Z JECT LANCETS 21G .... 114
E-Z JECT LANCETS THIN 26G ..... 114
EZALLOR SPRINKLE ..... 46
*ezetimibe* ..... 45
*ezetimibe-rosuvastatin* ..... 46
*ezetimibe-simvastatin* ..... 46
EZ-LETS LANCETS 21G .... 114
EZ-LETS LANCETS 26G .... 114
EZ-LETS LANCETS 28G .... 114
EZ-LETS LANCETS 30G .... 114
FA-8 ..... 183
*fabb* ..... 183
FABIOR ..... 203
Falmina ..... 93

*famciclovir* ..... 27
*famotidine* ..... 150
FANAPT ..... 61
FANAPT TITRATION PACK ..... 61
FARXIGA ..... 88
FASENRA PEN ..... 200
*fa-vitamin b-6-vitamin b-12* ..... 183
FC2 FEMALE CONDOM ..... 93
*febuxostat* ..... 13
FEIBA ..... 159
*felbamate* ..... 64, 65
*felodipine er* ..... 50
FEMCAP ..... 94
FEMRING ..... 156
*fenofibrate* ..... 45
*fenofibrate micronized* ..... 45
*fenofibric acid* ..... 45, 46
*fenoprofen calcium* ..... 14
FENSOLVI (6 MONTH) ..... 144
*fentanyl* ..... 16
*fentanyl citrate* ..... 16
FENTORA ..... 17
*ferocon* ..... 183
*ferotrinsic* ..... 183
FERRIPROX ..... 90
FERRIPROX TWICE-A-DAY ..... 90
Ferrocite Plus ..... 183
FETZIMA ..... 57
FETZIMA TITRATION ..... 57
FIASP ..... 84
FIASP FLEXTOUCH ..... 84
FIASP PENFILL ..... 84
FIBRICOR ..... 46
FIFTY50 GLUCOSE METER 2.0 ..... 114
FIFTY50 GLUCOSE TEST 2.0 ..... 114
FIFTY50 PEN NEEDLES ... 114
FIFTY50 UNILET LANCETS 33G ..... 114
FINACEA ..... 212
*finasteride* ..... 155
FINGERSTIX LANCETS ... 114
FINTEPLA ..... 65
Finzala ..... 94
FIRAZYR ..... 173
FIRDAPSE ..... 72
FIRMAGON ..... 35
FIRMAGON (240 MG DOSE) ..... 35
FIRVANQ ..... 31
Flac ..... 214
FLAREX ..... 191
*flavoxate hcl* ..... 157
FLEBOGAMMA DIF ..... 174
*flecainide acetate* ..... 44
FLOLAN ..... 53
*flolipid* ..... 46
FLORIVA ..... 183
FLORIVA PLUS ..... 183
FLOVENT DISKUS ..... 201
FLOVENT HFA ..... 201
*fluconazole* ..... 23
*flucytosine* ..... 23
*fludrocortisone acetate* ..... 141
*flunisolide* ..... 199
*fluocinolone acetonide* ..... 209, 214
*fluocinolone acetonide body* ..... 209
*fluocinolone acetonide scalp* ..... 209
*fluocinonide* ..... 209
*fluocinonide emulsified base* ..... 209
*fluorometholone* ..... 191
*fluorouracil* ..... 204
*fluoxetine hcl* ..... 57
*fluoxetine hcl (pmdd)* ..... 77
*fluphenazine decanoate* ..... 61
*fluphenazine hcl* ..... 61
*flurandrenolide* ..... 209
*flurbiprofen* ..... 14
*flurbiprofen sodium* ..... 191
*fluticasone furoate-vilanterol* .. 201
*fluticasone propionate* ..... 199, 209
*fluticasone propionate hfa* ..... 201
*fluticasone-salmeterol* ..... 194
*fluvastatin sodium* ..... 46
*fluvastatin sodium er* ..... 46
*fluvoxamine maleate* ..... 55
*fluvoxamine maleate er* ..... 55
FML FORTE ..... 191
*folate* ..... 183
*folbee* ..... 183
*folbee plus* ..... 183
*folic acid* ..... 183
FOLI-D ..... 183
*folite* ..... 184
FOLLISTIM AQ ..... 140
*folplex 2.2* ..... 184
*foltrin* ..... 184
Folvite-D ..... 184
*fondaparinux sodium* ..... 158
FORA 6 CONNECT ..... 114
FORA D15G BLOOD GLUCOSE TEST ..... 114
FORA D20 BLOOD GLUCOSE TEST ..... 114
FORA D40/G31 BLOOD GLUCOSE ..... 114
FORA G20 BLOOD GLUCOSE SYSTEM ..... 114
FORA G20 BLOOD GLUCOSE TEST ..... 115
FORA G30A BLOOD GLUCOSE SYSTEM ..... 115
FORA GD20 BLOOD GLUCOSE SYSTEM ..... 115
FORA GD20 TEST ..... 115
FORA GD50 BLOOD GLUCOSE SYSTEM ..... 115
FORA GD50 BLOOD GLUCOSE TEST ..... 115
FORA GTEL BLOOD GLUCOSE SYSTEM ..... 115
FORA GTEL BLOOD GLUCOSE TEST ..... 115
FORA GTEL BLOOD KETONE TEST ..... 115
FORA LANCETS ..... 115
FORA LANCING DEVICE 115
FORA PREMIUM V10 BLE SYSTEM ..... 115
FORA TEST N' GO MONITOR ..... 115
FORA TN'G ADVANCE PRO ..... 115
FORA TN'G VOICE ..... 115
FORA TN'G/TN'G VOICE .. 115
FORA V10 BLOOD GLUCOSE SYSTEM ..... 115
FORA V10 BLOOD GLUCOSE TEST ..... 115
FORA V10/V12/D10/D20 TEST ..... 115
FORA V12 BLOOD GLUCOSE SYSTEM ..... 115
FORA V12 BLOOD GLUCOSE TEST ..... 116
FORA V20 BLOOD GLUCOSE SYSTEM ..... 116

FORA V20 BLOOD GLUCOSE TEST ..... 116
FORA V30A BLOOD GLUCOSE SYSTEM ..... 116
FORA V30A BLOOD GLUCOSE TEST ..... 116
FORACARE GD40 MONITOR ..... 116
FORACARE GD40 TEST ....116
FORACARE PREMIUM V10 ..... 116
FORACARE PREMIUM V10 TEST .....116
FORACARE TEST N GO MONITOR ..... 116
FORACARE TEST N GO TEST .....116
FORTEO ..... 145
FORTISCARE G1 TEST STRIP ..... 116
FORTISCARE T1 GLUCOSE SYSTEM ..... 116
FORTISCARE TEST ..... 116
FOSAMAX .....89
FOSAMAX PLUS D ..... 89
*fosamprenavir calcium* .....24
*fosinopril sodium* ..... 42
*fosinopril sodium-hctz* .....42
FOSRENOL ..... 146
FOTIVDA ..... 37
FRAGMIN ..... 158
FREESTYLE FREEDOM LITE .....116
FREESTYLE INSULINX TEST .....116
FREESTYLE LIBRE 14 DAY READER ..... 116
FREESTYLE LIBRE 14 DAY SENSOR ..... 116
FREESTYLE LIBRE 2 READER .....116
FREESTYLE LIBRE 2 SENSOR .....117
*freestyle libre 3 sensor* ..... 117
FREESTYLE LITE ..... 117
FREESTYLE LITE TEST ....117
FREESTYLE PRECISION NEO SYSTEM .....117
FREESTYLE PRECISION NEO TEST .....117
FREESTYLE TEST .....117
FREESTYLE UNISTICK II LANCETS ..... 117
*frovatriptan succinate* .....71
FULPHILA ..... 160
*fungimez* .....205
*furosemide* .....51
FUSION PLUS .....184
FUZEON .....24
Fyavolv ..... 140
FYCOMPA .....65
FYLNETRA .....160
*g tussin ac* ..... 197
*gabapentin* ..... 65
GALAFOLD ..... 145
*galantamine hydrobromide* ..... 56
*galantamine hydrobromide er* ... 56
GAMMAGARD .....174
GAMMAGARD S/D LESS IGA .....174
GAMMAKED .....174
GAMMAPLEX ..... 174
GAMUNEX-C .....174
*ganirelix acetate* .....140
*gatifloxacin* ..... 190
GATTEX ..... 153
GAVRETO ..... 37
GELNIQUE .....157
GEL-ONE .....21
GELSYN-3 ..... 21
*gemfibrozil* .....46
Gemmily .....94
GEMTESA ..... 157
*generlac* .....152
Gengraf ..... 175
GENICIN VITA-Q .....184
Genicin Vita-S ..... 184
GENOTROPIN ..... 143
GENOTROPIN MINIQUICK .....143
*gentamicin sulfate* ..... 190, 204
GENTEEL BUTTERFLY TOUCH LANCET ..... 117
GENTEEL CONTACT TIPS (BLUE) ..... 117
GENTEEL CONTACT TIPS (CLEAR) .....117
GENTEEL CONTACT TIPS (GREEN) ..... 117
GENTEEL CONTACT TIPS (ORANGE) .....117
GENTEEL CONTACT TIPS (RAINBOW) .....117
GENTEEL CONTACT TIPS (VIOLET) .....117
GENTEEL CONTACT TIPS (YELLOW) ..... 117
GENTEEL LANCING KIT (BLUE) ..... 117
GENTEEL NOZZLES ..... 117
GENTEEL PLUS LANCING (BLACK) ..... 117
GENTEEL PLUS LANCING (PURPLE) ..... 117
GENTEEL PLUS LANCING (WHITE) ..... 117
GENTEEL PLUS LANCING DEV(BLUE) ..... 117
GENTEEL PLUS LANCING DEV(PINK) .....117
GENTLE-LET GP LANCETS ..... 117
GENTLE-LET LANCETS ... 117
GENTLE-LET PLATFORMS .....117
GENULTIMATE TEST .....117
GENVISC 850 ..... 21
GENVOYA ..... 26
GEODON ..... 61, 62
GILENYA ..... 74
GILOTRIF ..... 37
GILPHEX TR .....197
GIMOTI .....153
GLASSIA .....193
*glatiramer acetate* ..... 74
GLEEVEC ..... 37
GLEOLAN ..... 176
GLEOSTINE ..... 33
GLIADEL WAFER ..... 33
*glimepiride* ..... 89
*glipizide* ..... 89
*glipizide er* ..... 89
*glipizide xl* ..... 89
*glipizide-metformin hcl* .....81
*global easy glide insulin syr* .....117
*global inject ease lancets 28g* .. 117
*global inject ease lancets 30g* .. 117
*global lancing device* .....117
GLUCAGEN HYPOKIT ..... 142

*glucagon emergency* ..... 142
GLUCO PERFECT 3 METER ..... 118
GLUCO PERFECT 3 TEST . 118
GLUCOCARD SHINE TEST ..... 118
GLUCOCARD SHINE XL .. 118
GLUCOCOM BLOOD GLUCOSE MONITOR ..... 118
GLUCOCOM LANCETS 28G ..... 118
GLUCOCOM LANCETS 30G ..... 118
GLUCOCOM LANCETS 33G ..... 118
GLUCOCOM MONITOR ... 118
GLUCOCOM TEST ..... 118
GLUCONAVII BLOOD GLUCOSE SYS ..... 118
GLUCONAVII BLOOD GLUCOSE TEST ..... 118
GLUCOPRO INSULIN SYRINGE ..... 118
GLUCOPRO SYR RES 3ML 22GX3/8" ..... 118
*glucose meter test* ..... 118
*glyburide* ..... 89
*glyburide micronized* ..... 89
*glyburide-metformin* ..... 81
GLYCATE ..... 148
*glycine* ..... 213
*glycolic acid* ..... 207
*glycopyrrolate* ..... 148
Glydo ..... 211
GLYXAMBI ..... 88
*gnp adult aspirin low strength* ... 20
*gnp aspirin* ..... 20
*gnp clickfine pen needles* ..... 118
GNP EASY TOUCH CONT HIGH/LOW ..... 118
GNP EASY TOUCH GLUCOSE METER ..... 118
*gnp easy touch glucose test* ..... 118
*gnp folic acid* ..... 184
*gnp insulin syringes* ..... 118
*gnp insulin syringes 28gx1/2"* .. 118
*gnp insulin syringes 29gx1/2"* .. 118
*gnp insulin syringes 30gx5/16"* 118
*gnp insulin syringes 31gx5/16"* 118
*gnp lancets 21g* ..... 118
*gnp lancets thin 26g* ..... 119
*gnp nicotine* ..... 78
*gnp nicotine mini* ..... 78
*gnp nicotine polacrilex* ..... 78
*gnp sterile lancets 28g* ..... 119
*gnp sterile lancets 30g* ..... 119
*gnp sterile lancets 33g* ..... 119
GNP TRUE METRIX AIR METER ..... 119
GNP TRUE METRIX GLUCOSE METER ..... 119
GNP TRUE METRIX GLUCOSE STRIPS ..... 119
GNP TRUETRACK TEST STRIPS ..... 119
*gnp ulticare pen needles* ..... 119
GNP ULTIGUARD SAFEPACK NEEDLE ..... 119
GOCOVRI ..... 59
GOJJI BLOOD GLUCOSE TEST ..... 119
GOJJI BLOOD TEST STRIP/LANCETS ..... 119
GOJJI LANCING DEVICE/CLEAR CAP ..... 119
GOJJI STERILE LANCETS 119
GONAL-F ..... 141
GONAL-F RFF ..... 141
GONAL-F RFF REDIJECT 141
*goodsense aspirin low dose* ..... 20
*goodsense lancets 26g univ* ..... 119
*goodsense lancets 30g univ* ..... 119
*goodsense lancets 33g* ..... 119
*goodsense lancets 33g univ* ..... 119
*goodsense lancing device* ..... 119
*goodsense nicotine* ..... 78
GOODSENSE PEN NEEDLE PENFINE ..... 119
GRALISE ..... 77
*granisetron hcl* ..... 149
GRANIX ..... 160
GRASTEK ..... 165
*griseofulvin microsize* ..... 23
*griseofulvin ultramicrosize* ..... 23
*guaiatussin ac* ..... 197
*guaifenesin-codeine* ..... 197
*guanfacine hcl* ..... 52
*guanfacine hcl er* ..... 68
GUARDIAN LINK 3 TRANSMITTER ..... 119
GUARDIAN REAL-TIME CHARGER ..... 119
GUARDIAN REAL-TIME REPLACE PED ..... 119
GUARDIAN REAL-TIME TEST PLUG ..... 120
GUARDIAN SENSOR (3) ... 120
*guardian sensor 3* ..... 120
GVOKE HYPOPEN 1-PACK ..... 142
GVOKE HYPOPEN 2-PACK ..... 142
GVOKE PFS ..... 142
GYNAZOLE-1 ..... 157
HABITROL ..... 78
HADLIMA ..... 168
HADLIMA PUSHTOUCH .. 168
HAEGARDA ..... 173
Hailey 1.5/30 ..... 94
Hailey 24 Fe ..... 94
Hailey Fe 1.5/30 ..... 94
Hailey Fe 1/20 ..... 94
*halcinonide* ..... 209
*halobetasol propionate* ..... 209
Haloette ..... 94
HALOG ..... 209
*haloperidol* ..... 62
*haloperidol decanoate* ..... 62
*haloperidol lactate* ..... 62
HARVONI ..... 30
HEALTH CARE LANCING DEVICE ..... 120
*healthwise insulin syr/needle* ... 120
*healthwise micron pen needles* . 120
*healthwise short pen needles* .... 120
Heather ..... 94
*h-e-b aspirin* ..... 20
*h-e-b incontrol adv lancing* ..... 120
*h-e-b incontrol lancets 28g* ..... 120
*h-e-b incontrol lancets 30g* ..... 120
*h-e-b incontrol lancets 33g* ..... 120
*h-e-b incontrol pen needles* ..... 120
H-E-B INCONTROL UNIFINE PENTIP ..... 120
HELIDAC THERAPY ..... 155
HEMADY ..... 141
HEMANGEOL ..... 48
*hematinic plus vit/minerals* ..... 184
HEMLIBRA ..... 162
HEMOCYTE PLUS ..... 184

HEMOFIL M ..... 162
*heparin sod (porcine) in d5w* .. 158
*heparin sodium (porcine)* ..... 158
*heparin sodium (porcine) pf* ... 158
HER STYLE .....94
HETLIOZ ..... 70
HETLIOZ LQ .....70
Hidex 6-Day ..... 141
HIZENTRA .....174
HM EMBRACE TALK SYSTEM .....120
*hm folic acid* .....184
*hm nicotine* .....78
*hm nicotine polacrilex* ..... 78
HM ULTICARE INSULIN SYRINGE .....120
HM ULTICARE MINI PEN NEEDLES ..... 120
HM ULTICARE SHORT PEN NEEDLES .....120
HORIZANT ..... 77
HULIO .....168
HUMALOG ..... 84
HUMALOG JUNIOR KWIKPEN ..... 84
HUMALOG KWIKPEN ..... 84
HUMALOG MIX 50/50 ..... 84
HUMALOG MIX 50/50 KWIKPEN ..... 84
HUMALOG MIX 75/25 ..... 84
HUMALOG MIX 75/25 KWIKPEN ..... 84
HUMATE-P ..... 159
HUMATROPE .....143
HUMIRA .....169
HUMIRA PEDIATRIC CROHNS START ..... 168
HUMIRA PEN .....168
HUMIRA PEN-CD/UC/HS STARTER ..... 169
HUMIRA PEN-PEDIATRIC UC START ..... 169
HUMIRA PEN-PS/UV/ADOL HS START ....169
HUMIRA PEN-PSOR/UVEIT STARTER .... 169
HUMULIN 70/30 ..... 84
HUMULIN 70/30 KWIKPEN ..... 84
HUMULIN N .....84
HUMULIN N KWIKPEN .....84
HUMULIN R .....84
HUMULIN R U-500 (CONCENTRATED) ..... 85
HUMULIN R U-500 KWIKPEN ..... 85
HW EMBRACE PRO GLUCOSE METER ..... 120
HW EMBRACE PRO GLUCOSE TEST ..... 120
HW EMBRACE TALK BLOOD GLUCOSE ..... 120
HW EMBRACE TALK GLUCOSE TEST ..... 120
HYALGAN ..... 21
HYCAMTIN ..... 41
*hydralazine hcl* ..... 52
HYDREA ..... 40
*hydrochlorothiazide* .....51
*hydrocod poli-chlorphe poli er* .197
*hydrocodone bitartrate er* ..... 17
*hydrocodone bit-homatrop mbr* .....197
*hydrocodone-acetaminophen* .....17
*hydrocodone-ibuprofen* ..... 17
*hydrocortisone* .....141, 151, 209
*hydrocortisone (perianal)* .....154
*hydrocortisone ace-pramoxine* 154
*hydrocortisone butyr lipo base* 209
*hydrocortisone butyrate* .....209
*hydrocortisone valerate* .....210
*hydrocortisone-acetic acid* ..... 214
*hydromet* .....197
*hydromorphone hcl* ..... 17
*hydromorphone hcl er* ..... 17
*hydroxychloroquine sulfate* .....172
*hydroxyurea* .....40
*hydroxyzine hcl* ..... 196
*hydroxyzine pamoate* .....196
*hylavite* ..... 184
HYMOVIS .....21
*hyoscyamine sulfate* .....148
*hyoscyamine sulfate er* .....148
HYPERSAL .....199
HYQVIA .....174
HYRIMOZ ..... 169
HYRIMOZ-CROHNS/UC STARTER PACK .....169
HYRIMOZ-PED CROHNS STARTER ..... 169
HYRIMOZ-PLAQUE PSORIASIS START ..... 169
HYSINGLA ER ..... 17
HY-VEE LANCETS .....120
*hy-vee thin lancets* ..... 120
HYZAAR ..... 43
*ibandronate sodium* ..... 89
IBRANCE ..... 37
IBSRELA .....151
Ibu .....14
*ibuprofen* .....15
*icatibant acetate* .....173
Iclevia .....94
ICLUSIG ..... 37
IDACIO ..... 169
IDACIO FOR CROHNS DISEASE/UC ..... 169
IDACIO FOR PLAQUE PSORIASIS .....169
IDELVION .....163
IDHIFA .....40
Iferex 150 Forte ..... 184
ILARIS ..... 176
ILEVRO .....191
ILUMYA ..... 166
*imatinib mesylate* ..... 37
IMBRUVICA ..... 37
IMCIVREE .....145
*imipramine hcl* .....57
*imipramine pamoate* .....57
*imiquimod* ..... 204
*imiquimod pump* .....204
IMPOYZ .....210
IMVEXXY MAINTENANCE PACK .....140
IMVEXXY STARTER PACK .....140
IN TOUCH .....121
IN TOUCH BLOOD GLUCOSE TEST ..... 120
IN TOUCH LANCING DEVICE .....121
IN TOUCH STERILE LANCETS 30G .....121
INATAL GT .....178
INBRIJA .....59
Incassia .....94
INCRELEX ..... 145
INCRUSE ELLIPTA .....195
*indapamide* .....51

INDERAL LA 48
INDERAL XL 48
INDOCIN 15
Indocin 15
*indomethacin* 15
*indomethacin er* 15
INFINITY BLOOD GLUCOSE TEST 121
INFINITY VOICE 121
INFLECTRA 166
*infliximab* 166
INFUVITE ADULT 184
INFUVITE PEDIATRIC 184
INGREZZA 73
INLYTA 37
INNOPRAN XL 48
INQOVI 34
INREBIC 37
*insulin asp prot & asp flexpen* 85
*insulin aspart flexpen* 85
*insulin aspart penfill* 85
*insulin aspart prot & aspart* 85
*insulin glargine* 85
*insulin glargine solostar* 85
*insulin glargine-yfgn* 85
*insulin lispro* 85
*insulin lispro (1 unit dial)* 85
*insulin lispro junior kwikpen* 85
*insulin lispro prot & lispro* 85
*insulin syringe* 121
*insulin syringe-needle u-100* 121
*insupen pen needles* 121
INTEGRA PLUS 184
INTELENCE 24
INTRAROSA 80
Introvale 94
INVEGA HAFYERA 62
INVEGA SUSTENNA 62
INVEGA TRINZA 62
INVELTYS 191
INVOKAMET 88
INVOKAMET XR 88
INVOKANA 88
*iodine tincture* 212
IOPIDINE 188
*ipratropium bromide* 195
*ipratropium-albuterol* 194
*irbesartan* 44
*irbesartan-hydrochlorothiazide* 43
IRESSA 37
ISENTRESS 24
ISENTRESS HD 24
Isibloom 94
*isoniazid* 27
ISOPTO ATROPINE 192
ISORDIL TITRADOSE 52
*isosorbide dinitrate* 52
*isosorbide mononitrate* 53
*isosorbide mononitrate er* 52
*isotretinoin* 203
*isradipine* 50
ISTURISA 102
*itraconazole* 23
*ivermectin* 22
IXINITY 164
JADENU 90
JADENU SPRINKLE 90
Jaimiess 94
JAKAFI 37
Jantoven 158
JANUMET 82
JANUMET XR 82
JANUVIA 82
JARDIANCE 88
Jasmiel 94
JATENZO 80
JAYPIRCA 38
Jencycla 94
*jenliva prenatal/postnatal* 178
JENTADUETO 82
JENTADUETO XR 82
Jinteli 140
JIVI 162
Jolessa 94
JORNAY PM 68
JUBLIA 205
Juleber 94
JULUCA 26
Junel 1.5/30 94
Junel 1/20 94
Junel Fe 1.5/30 95
Junel Fe 1/20 95
Junel Fe 24 95
JUXTAPID 47
JYNARQUE 145
Kaitlib Fe 95
KALETRA 26
Kalliga 95
KALYDECO 198
KAPSPARGO SPRINKLE 48
KAPVAY 68
KARBINAL ER 196
Kariva 95
KATERZIA 50
Kelnor 1/35 95
Kelnor 1/50 95
KERENDIA 144
KERYDIN 205
KESIMPTA 74
*ketoconazole* 23, 205, 207
KETO-DIASTIX 121
*ketone test* 121
*ketoprofen* 15
*ketoprofen er* 15
*ketorolac tromethamine* 15, 191
KETOSTIX 121
KEVEYIS 51
KEVZARA 169, 170
KINERET 170
*kinney lancets* 121
*kinney thin lancets* 121
KISQALI (200 MG DOSE) 38
KISQALI (400 MG DOSE) 38
KISQALI (600 MG DOSE) 38
KISQALI FEMARA (200 MG DOSE) 38
KISQALI FEMARA (400 MG DOSE) 38
KISQALI FEMARA (600 MG DOSE) 38
KITABIS PAK 198
KLARITY-A 190
KLARITY-L 191
KLISYRI 204
KLONOPIN 65
Klor-Con 177
Klor-Con 10 177
Klor-Con M10 177
Klor-Con M15 177
Klor-Con M20 177
Klor-Con/Ef 177
KLOXXADO 77
*kls aspirin low dose* 20
KLS QUIT2 78
KLS QUIT4 78, 79
*kmart valu insulin syringe 29g* 121
*kmart valu insulin syringe 30g* 121
KOATE 162
KOATE-DVI 162
KOGENATE FS 162

KOMBIGLYZE XR ..... 82
KORLYM ..... 88
KOSELUGO ..... 38
*kosher prenatal plus iron* ..... 178
KOVALTRY ..... 163
*kp aspirin* ..... 20
K-PHOS ..... 177
K-Prime ..... 177
KRAZATI ..... 40
KRINTAFEL ..... 24
KRISTALOSE ..... 152
KROGER AUTOLET LANCING DEVICE ..... 121
*kroger blood glucose test* ..... 121
KROGER HEALTHPRO GLUCOSE TEST ..... 121
*kroger lancets* ..... 121
*kroger lancets super thin* ..... 121
*kroger lancets thin* ..... 121
*kroger pen needles* ..... 121
*kroger premium blood glucose* . 121
KRYSTEXXA ..... 13
K-TAB ..... 177
K-Tan Plus ..... 184
Kurvelo ..... 95
KUVAN ..... 137
KYLEENA ..... 95
*labetalol hcl* ..... 48
LACRISERT ..... 192
*lactated ringers* ..... 193
*lactic acid* ..... 212
*lactulose* ..... 152
LAMICTAL ODT ..... 65
LAMICTAL XR ..... 65
*lamivudine* ..... 24, 25, 27
*lamivudine-zidovudine* ..... 26
*lamotrigine* ..... 65
*lamotrigine er* ..... 65
*lamotrigine starter kit-blue* ..... 65
*lamotrigine starter kit-green* ..... 65
*lamotrigine starter kit-orange* ... 65
*lancet device* ..... 121
*lancet device with ejector* ..... 121
*lancet transporter case* ..... 121
*lancets* ..... 121
*lancets 30g* ..... 122
*lancets 33g* ..... 122
*lancets micro thin 33g* ..... 122
*lancets thin* ..... 122
LANCETS ULTRA THIN ... 122
*lancets ultra thin 30g* ..... 122
*lancing device* ..... 122
LANOXIN ..... 50
*lanreotide acetate* ..... 80
*lansoprazole* ..... 154
*lanthanum carbonate* ..... 146
LANTUS ..... 85
LANTUS SOLOSTAR ..... 85
LANZO ..... 122
Larin 1.5/30 ..... 95
Larin 1/20 ..... 95
Larin 24 Fe ..... 95
Larin Fe 1.5/30 ..... 95
Larin Fe 1/20 ..... 95
*latanoprost* ..... 188
*latanoprost-timolol maleate* .... 188
LATUDA ..... 62
Layolis Fe ..... 95
LDO PLUS ..... 211
LEADER UNIFINE PENTIPS PLUS ..... 122
*ledipasvir-sofosbuvir* ..... 30
Leena ..... 95
*leflunomide* ..... 172
LENVIMA (10 MG DAILY DOSE) ..... 38
LENVIMA (12 MG DAILY DOSE) ..... 38
LENVIMA (14 MG DAILY DOSE) ..... 38
LENVIMA (18 MG DAILY DOSE) ..... 38
LENVIMA (20 MG DAILY DOSE) ..... 38
LENVIMA (24 MG DAILY DOSE) ..... 38
LENVIMA (4 MG DAILY DOSE) ..... 38
LENVIMA (8 MG DAILY DOSE) ..... 38
Lessina ..... 95
LETAIRIS ..... 53
*letrozole* ..... 35
*leucovorin calcium* ..... 41
LEUKERAN ..... 33
LEUKINE ..... 160
*leuprolide acetate* ..... 35
*levalbuterol hcl* ..... 196
*levalbuterol tartrate* ..... 196
LEVBID ..... 148
LEVEMIR ..... 85
LEVEMIR FLEXPEN ..... 85
*levetiracetam* ..... 65
*levetiracetam er* ..... 65
*levobunolol hcl* ..... 188
*levocarnitine* ..... 90
*levocetirizine dihydrochloride* .. 196
*levofloxacin* ..... 30
Levonest ..... 95
*levonorgest-eth est & eth est* ..... 96
*levonorgest-eth estrad 91-day* ... 96
*levonorgestrel* ..... 96
*levonorgestrel-ethinyl estrad* ..... 96
*levonorg-eth estrad triphasic* ..... 96
Levora 0.15/30 (28) ..... 96
*levorphanol tartrate* ..... 17
Levo-T ..... 147
*levothyroxine sodium* ..... 147
Levoxyl ..... 147
LEXETTE ..... 210
LEXIVA ..... 25
LIALDA ..... 151
*liberty blood glucose meter* ..... 122
LIBERTY NEXT GENERATION TEST ..... 122
LIBERTY NXT GENERATION MONITOR 122
*liberty test* ..... 122
*lidocaine* ..... 211
*lidocaine hcl* ..... 211, 213
*lidocaine hcl urethral/mucosal* . 211
*lidocaine viscous hcl* ..... 213
*lidocaine-prilocaine* ..... 211
LIDODERM ..... 211
LILETTA (52 MG) ..... 96
*linezolid* ..... 31
LINZESS ..... 151
*liothyronine sodium* ..... 147
LIPOFEN ..... 46
*lisinopril* ..... 42
*lisinopril-hydrochlorothiazide* ... 42
*lite touch lancets* ..... 122
LITE TOUCH LANCING PEN ..... 122
LITETOUCH INSULIN SYRINGE ..... 122
LITETOUCH LANCETS ..... 122
LITETOUCH PEN NEEDLES ..... 122
LITFULO ..... 170

*lithium carbonate* ..... 72
*lithium carbonate er* ..... 72
LITHOSTAT ..... 156
LIVALO .....46
LIVMARLI .....153
LIVTENCITY ..... 27
*l-methylfolate-b6-b12* ..... 184
LO LOESTRIN FE .....96
Loestrin 1.5/30 (21) .....96
Loestrin 1/20 (21) ..... 96
Loestrin Fe 1.5/30 .....96
Loestrin Fe 1/20 ..... 96
Lojaimiess ..... 96
LOKELMA ..... 90
*longs lancets standard* .....122
*longs lancets thin* ..... 122
*longs lancets ultra thin* .....122
LONSURF ..... 34
*loperamide hcl* ..... 149
*lopinavir-ritonavir* ..... 26
LOPRESSOR .....48
*lorazepam* ..... 55
LORBRENA ..... 38
LOREEV XR ..... 55
*lormate* .....184
Loryna .....96
Lorzone ..... 76
*losartan potassium* .....44
*losartan potassium-hctz* ..... 43
LOTEMAX .....191
LOTEMAX SM ..... 191
*loteprednol etabonate* ..... 191
LOTRONEX .....152
*lovastatin* ..... 46
LOVAZA ..... 47
LOVENOX ..... 158
Low-Ogestrel .....96
*loxapine succinate* ..... 62
Lo-Zumandimine ..... 96
*lubiprostone* .....151
LUCEMYRA ..... 77
LUCENTIS .....193
*luliconazole* ..... 205
LUMAKRAS ..... 40
LUMIGAN .....188
LUMRYZ ..... 76
LUPKYNIS ..... 176
LUPRON DEPOT (1-MONTH) ..... 35
LUPRON DEPOT (3-MONTH) ..... 35
LUPRON DEPOT (4-MONTH) ..... 35
LUPRON DEPOT (6-MONTH) ..... 35
LUPRON DEPOT-PED (1-MONTH) ..... 144
LUPRON DEPOT-PED (3-MONTH) ..... 144
Lutera .....96
LYBALVI ..... 77
Lyleq ..... 96
LYNPARZA .....40
LYRICA ..... 65
LYRICA CR .....77
Lysiplex Plus .....184
LYSODREN .....35
LYTGOBI (12 MG DAILY DOSE) .....38
LYTGOBI (16 MG DAILY DOSE) .....38
LYTGOBI (20 MG DAILY DOSE) .....38
LYUMJEV ..... 85
LYUMJEV KWIKPEN .....86
LYVISPAH .....76
Lyza ..... 96
*mafenide acetate* .....205
MAGELLAN INSULIN SAFETY SYR .....122
*malathion* ..... 213
MARATHON MEDICAL PENTIPS ..... 122
MARGENZA ..... 39
MARINOL ..... 149
*marlissa* ..... 96
MARPLAN ..... 57
MATULANE ..... 33
Matzim La .....50
MAVENCLAD (10 TABS) .....74
MAVENCLAD (4 TABS) .....74
MAVENCLAD (5 TABS) .....74
MAVENCLAD (6 TABS) .....74
MAVENCLAD (7 TABS) .....74
MAVENCLAD (8 TABS) .....74
MAVENCLAD (9 TABS) .....74
MAVYRET ..... 30
MAXALT ..... 71
MAXALT-MLT ..... 71
MAXICOMFORT II PEN NEEDLE ..... 122
MAXI-COMFORT SAFETY PEN NEEDLE .....122
MAXICOMFORT SYR 27G X 1/2" ..... 123
MAXIDEX ..... 191
MAXITROL .....189
MAYZENT ..... 74
MAYZENT STARTER PACK ..... 74
*meclizine hcl* .....149
*meclofenamate sodium* ..... 15
*medichoice safety lancet norm* 123
MEDLANCE PLUS EXTRA 21G .....123
MEDLANCE PLUS LANCETS ..... 123
MEDLANCE PLUS LITE 25G .....123
MEDLANCE PLUS SPECIAL 0.8MM ..... 123
MEDLANCE PLUS SUPERLITE 30G ..... 123
MEDLANCE PLUS UNIVERSAL 21G .....123
MEDROL ..... 141
*medroxyprogesterone acetate* ..... 96, 146
*mefenamic acid* .....15
*mefloquine hcl* ..... 24
*megestrol acetate* ..... 35, 146
*meijer blood glucose* ..... 123
*meijer essential blood glucose* ..123
*meijer essential glucose test* .... 123
MEIJER LANCETS THIN .. 123
MEIJER LANCETS UNIVERSAL 21G .....123
MEIJER LANCETS UNIVERSAL 30G .....123
MEIJER LANCETS UNIVERSAL 33G .....123
*meijer premium blood glucose* . 123
MEIJER SUPER THIN LANCETS ..... 123
MEIJER TRUE2GO BLOOD GLUCOSE ..... 123
MEIJER TRUETEST TEST 123
MEIJER TRUETRACK GLUCOSE SYS .....123

MEIJER TRUETRACK TEST ..... 123
MEKINIST ..... 39
MEKTOVI ..... 39
*meloxicam* ..... 15
*melphalan* ..... 33
*memantine hcl* ..... 56
*memantine hcl er* ..... 56
MENEST ..... 140
MENOPUR ..... 141
MENOSTAR ..... 140
*meperidine hcl* ..... 17
*meprobamate* ..... 55
*mercaptopurine* ..... 34
Merzee ..... 97
*mesalamine* ..... 151
*mesalamine er* ..... 151
*mesalamine-cleanser* ..... 151
MESNEX ..... 41
MESTINON ..... 72
*metaxalone* ..... 76
*metformin hcl* ..... 81
*metformin hcl er* ..... 81
*metformin hcl er (mod)* ..... 81
*metformin hcl er (osm)* ..... 81
*methadone hcl* ..... 17
Methadone Hcl Intensol ..... 17
METHADOSE ..... 17
Methadose ..... 17
METHADOSE SUGAR-FREE ..... 17
*methamphetamine hcl* ..... 68
*methazolamide* ..... 51
*methenamine hippurate* ..... 31
*methenamine mandelate* ..... 31
Methergine ..... 145
*methimazole* ..... 147
*methitest* ..... 80
*methocarbamol* ..... 76
*methotrexate sodium* ..... 34, 172
*methotrexate sodium (pf)* ..... 34
*methoxsalen rapid* ..... 206
*methscopolamine bromide* ..... 148
*methylergonovine maleate* ..... 145
*methylphenidate hcl* ..... 69
*methylphenidate hcl er* ..... 69
*methylphenidate hcl er (cd)* ..... 68
*methylphenidate hcl er (la)* ..... 69
*methylphenidate hcl er (osm)* ..... 69
*methylprednisolone* ..... 141, 142
*methyltestosterone* ..... 80
*metoclopramide hcl* ..... 149
*metolazone* ..... 51
*metoprolol succinate er* ..... 48
*metoprolol tartrate* ..... 48
*metoprolol-hydrochlorothiazide* 47
*metronidazole* ..... 31, 158, 212
*mexiletine hcl* ..... 44
MICARDIS HCT ..... 43
*miconazole 3* ..... 158
*miconazole-zinc oxide-petrolat* 206
MICRODOT BLOOD GLUCOSE SYSTEM ..... 123
MICRODOT PEN NEEDLE ..... 123
MICRODOT TEST ..... 123
Microgestin 1.5/30 ..... 97
Microgestin 1/20 ..... 97
Microgestin 24 Fe ..... 97
Microgestin Fe 1.5/30 ..... 97
Microgestin Fe 1/20 ..... 97
MICROLET LANCETS ..... 123
MICROLET NEXT LANCING DEVICE ..... 123
*midazolam hcl* ..... 70
*midodrine hcl* ..... 52
MIGERGOT ..... 71
*miglitol* ..... 81
*miglustat* ..... 138
MIGRANAL ..... 71
Mili ..... 97
Mimvey ..... 140
MINASTRIN 24 FE ..... 97
*mini lancing device* ..... 123
MINILINK REAL-TIME TRANSMITTER ..... 123
MINIMED 630G GUARDIAN PRESS ..... 124
MINIMED PUMP RESERVOIR 3ML ..... 124
MINIMED RESERVOIR 1.8ML ..... 124
MINIMED RESERVOIR 3ML ..... 124
*minocycline hcl* ..... 33
*minocycline hcl er* ..... 33
MINOLIRA ..... 33
*minoxidil* ..... 52
MIRCERA ..... 160
MIRENA (52 MG) ..... 97
*mirtazapine* ..... 57
MIRVASO ..... 212
*misoprostol* ..... 153
MITOSOL ..... 190
*mm aspirin* ..... 20
*m-natal plus* ..... 178
*modafinil* ..... 76
*moexipril hcl* ..... 42
*mometasone furoate* ..... 199, 210
Mondoxyne Nl ..... 33
MONOJECT INSULIN SYRINGE ..... 124
MONOLET LANCETS ..... 124
MONOLET OPD LANCETS ..... 124
MONOLETTOR SAFETY LANCETS ..... 124
Mono-Linyah ..... 97
MONOVISC ..... 21
*montelukast sodium* ..... 198
MONUROL ..... 22
*morphine sulfate* ..... 18
*morphine sulfate (concentrate)* .17
*morphine sulfate (pf)* ..... 17
*morphine sulfate er* ..... 18
*morphine sulfate er beads* ..... 18
MOTEGRITY ..... 153
MOTOFEN ..... 149
MOUNJARO ..... 83
MOVANTIK ..... 153
*moxifloxacin hcl* ..... 30, 190
*moxifloxacin hcl-bss* ..... 190
*mpd safety lancet 21g* ..... 124
*mpd safety lancet 23g* ..... 124
*mpd safety lancet 28g* ..... 124
*mpd safety lancet 30g* ..... 124
MS CONTIN ..... 18
MULPLETA ..... 160
MULTAQ ..... 44
MULTIGEN ..... 184
MULTIGEN FOLIC ..... 184
MULTIGEN PLUS ..... 184
MULTI-LANCET DEVICE 2 ..... 124
*multi-vit/iron/fluoride* ..... 184
*multivitamin/fluoride* ..... 184, 185
*multi-vitamin/fluoride* ..... 185
*multi-vitamin/fluoride/iron* ..... 185
*mupirocin* ..... 205
*mupirocin calcium* ..... 205

MY CHOICE....97
MY WAY.... 97
MYALEPT.... 138
MYCAPSSA.... 80
*mycophenolate mofetil*....176
*mycophenolate sodium*....176
MYDAYIS....69
MYFEMBREE.... 140
MYFORTIC.... 176
MYGLUCOHEALTH BLOOD GLUCOSE.... 124
MYGLUCOHEALTH LANCETS 30G....124
MYGLUCOHEALTH TEST ....124
MYLERAN.... 33
MYRBETRIQ....157
MYTESI.... 149
MYXREDLIN....86
*na sulfate-k sulfate-mg sulf*.....152
*nabumetone*....15
*nadolol*.... 48
*naftifine hcl*.... 206
NAFTIN.... 206
NALFON....15
*nalmefene hcl*.... 77
*nalocet*.... 18
*naloxone hcl*....77
*naltrexone hcl*....77
NAMENDA.... 56
NAMENDA TITRATION PAK.... 56
NAMZARIC.... 56
NAPRELAN.... 15
*naproxen*....15
*naproxen sodium*.... 15
*naproxen sodium er*.... 15
*naratriptan hcl*.... 71
NARCAN....77
NASCOBAL.... 165
NATACHEW.... 179
NATACYN....190
NATALVIT.... 179
NATAZIA.... 97
*nateglinide*....88
NATESTO.... 80
NAYZILAM....65
*nebivolol hcl*.... 48
NEBUPENT.... 31
Necon 0.5/35 (28).... 97
Necon 1/35 (28).... 97
NEEVO DHA.... 179
*nefazodone hcl*....57
*neomycin sulfate*....22
*neomycin-bacitracin zn-polymyx*.... 190
*neomycin-polymyxin-dexameth* ....189
*neomycin-polymyxin-gramicidin*.... 190
*neomycin-polymyxin-hc*.. 189, 214
*neonatal + dha*.... 179
*neonatal 19*....179
*neonatal complete*....179
*neonatal fe*....179
NEONATAL PLUS....179
Neo-Polycin....190
Neo-Polycin Hc.... 189
NEO-SYNALAR....205
Nephronex....185
NERLYNX....39
NESTABS.... 179
NESTABS DHA.... 179
NESTABS ONE....179
Neuac.... 203
NEULASTA.... 160
NEULASTA ONPRO.... 160
NEUPOGEN.... 160
NEUPRO....59
NEURONTIN.... 65
NEUTEK 2TEK TEST....124
NEVANAC....191
*nevirapine*....25
*nevirapine er*....25
NEW DAY.... 97
NEXAVAR....39
NEXIUM....154
NEXLETOL.... 45
NEXLIZET....45
NEXPLANON.... 97
NEXTSTELLIS....97
*niacin (antihyperlipidemic)*..... 47
*niacin er (antihyperlipidemic)*.. 47
NIACOR....47
NICADAN.... 185
*nicardipine hcl*.... 50
NICAZEL.... 185
NICAZEL FORTE.... 185
NICOMIDE....185
NICORELIEF.... 79
*nicotinamide*....185
*nicotine*.... 79
*nicotine mini*....79
*nicotine polacrilex*.... 79
*nicotine polacrilex mini*.... 79
*nicotine step 1*.... 79
*nicotine step 2*.... 79
*nicotine step 3*.... 79
NICOTROL....79
NICOTROL NS....79
*nifedipine*.... 50
*nifedipine er*.... 50
*nifedipine er osmotic release*..... 50
Nikki.... 97
*nilutamide*.... 35
*nimodipine*....50
NINLARO....41
*nisoldipine er*.... 50
NITRO-BID.... 53
NITRO-DUR.... 53
*nitrofurantoin*....31
*nitrofurantoin macrocrystal*.....31
*nitrofurantoin monohyd macro*. 31
*nitroglycerin*....53
NITROLINGUAL.... 53
NITYR....143
NIVA-PLUS.... 179
NIVESTYM....161
*nizatidine*....150
NOCDURNA.... 148
Nora-Be....97
NORDIPEN 5 INJECTION DEVICE....143
NORDIPEN DELIVERY SYSTEM....143
NORDITROPIN FLEXPRO143
*norethin ace-eth estrad-fe*....97, 98
*norethindrone*....98
*norethindrone acetate*.... 146
*norethindrone acet-ethinyl est*...98
*norethindrone-eth estradiol*..... 140
*norethindron-ethinyl estrad-fe*...98
*norethin-eth estradiol-fe*.... 98
*norgesic forte*.... 76
*norgestimate-eth estradiol*..... 98
*norgestim-eth estrad triphasic*...98
NORITATE....212
NORLIQVA.... 50
Norlyda....98
Norlyroc....98

NORPACE ..... 44
NORPACE CR ..... 44
NORTHERA ..... 52
Nortrel 0.5/35 (28) ..... 98
Nortrel 1/35 (21) ..... 98
Nortrel 1/35 (28) ..... 98
Nortrel 7/7/7 ..... 98
*nortriptyline hcl* ..... 57
NORVIR ..... 25
NOURIANZ ..... 59
NOVA MAX BLOOD GLUCOSE SYSTEM ..... 124
NOVA MAX GLUCOSE TEST ..... 124
NOVA MAX PLUS KETONE TEST ..... 124
NOVA SAFETY LANCETS 23G ..... 124
NOVA SAFETY LANCETS 28G ..... 124
NOVA SUREFLEX LANCETS ..... 125
NOVA SUREFLEX LANCING DEVICE ..... 125
NOVOEIGHT ..... 163
NOVOFINE AUTOCOVER PEN NEEDLE ..... 125
NOVOFINE PEN NEEDLE 125
NOVOFINE PLUS PEN NEEDLE ..... 125
NOVOLIN 70/30 ..... 86
NOVOLIN 70/30 FLEXPEN .. 86
NOVOLIN 70/30 FLEXPEN RELION ..... 86
NOVOLIN 70/30 RELION ..... 86
NOVOLIN N ..... 86
NOVOLIN N FLEXPEN ..... 86
NOVOLIN N FLEXPEN RELION ..... 86
NOVOLIN N RELION ..... 86
NOVOLIN R ..... 86
NOVOLIN R FLEXPEN ..... 86
NOVOLIN R FLEXPEN RELION ..... 86
NOVOLIN R RELION ..... 86
NOVOLOG ..... 87
NOVOLOG 70/30 FLEXPEN RELION ..... 86
NOVOLOG FLEXPEN ..... 87
NOVOLOG FLEXPEN RELION ..... 86
NOVOLOG MIX 70/30 ..... 87
NOVOLOG MIX 70/30 FLEXPEN ..... 87
NOVOLOG MIX 70/30 RELION ..... 87
NOVOLOG PENFILL ..... 87
NOVOLOG RELION ..... 87
NOVOSEVEN RT ..... 159
NOXAFIL ..... 23
NP THYROID ..... 147
NPLATE ..... 161
NUBEQA ..... 35
NUCALA ..... 200
NUCYNTA ..... 18
NUCYNTA ER ..... 18
NUEDEXTA ..... 77
Nufol ..... 185
Nulev ..... 148
NUPLAZID ..... 62
NURTEC ..... 71
NUTRICAP ..... 185
Nutrifac Zx ..... 185
NUTROPIN AQ NUSPIN 10 ..... 143
NUTROPIN AQ NUSPIN 20 ..... 143
NUTROPIN AQ NUSPIN 5 143
NUVARING ..... 98
NUVESSA ..... 158
NUWIQ ..... 163
NUZYRA ..... 33
Nyamyc ..... 206
Nylia 1/35 ..... 98
Nylia 7/7/7 ..... 98
Nymyo ..... 98
*nystatin* ..... 23, 206, 213
*nystatin-triamcinolone* ..... 206
Nystop ..... 206
NYVEPRIA ..... 161
OB COMPLETE ..... 179
OB COMPLETE ONE ..... 179
OB COMPLETE PETITE .... 179
OB COMPLETE PREMIER 179
OB COMPLETE/DHA ..... 179
*obizur* ..... 163
OBSTETRIX DHA ..... 179
OBSTETRIX ONE ..... 179
OCALIVA ..... 153
Ocella ..... 98
OCTAGAM ..... 174
*octreotide acetate* ..... 80
ODACTRA ..... 165
ODEFSEY ..... 26
ODOMZO ..... 40
OFEV ..... 199
*ofloxacin* ..... 30, 190, 214
*olanzapine* ..... 62
*olanzapine-fluoxetine hcl* ..... 77
*olmesartan medoxomil* ..... 44
*olmesartan medoxomil-hctz* ..... 43
*olmesartan-amlodipine-hctz* ..... 43
*olopatadine hcl* ..... 187, 196
OLPRUVA (2 GM DOSE) ... 138
OLPRUVA (3 GM DOSE) ... 138
OLPRUVA (4 GM DOSE) ... 138
OLPRUVA (5 GM DOSE) ... 138
OLPRUVA (6 GM DOSE) ... 138
OLPRUVA (6.67 GM DOSE) ..... 138
OLUMIANT ..... 170
OMECLAMOX-PAK ..... 155
*omega-3-acid ethyl esters* ..... 47
*omeprazole* ..... 154
*omeprazole-sodium bicarbonate* ..... 154
OMNARIS ..... 199
OMNIFLEX DIAPHRAGM . 98
OMNIPOD 5 G6 INTRO (GEN 5) ..... 125
OMNIPOD 5 G6 POD (GEN 5) ..... 125
OMNIPOD DASH INTRO (GEN 4) ..... 125
OMNIPOD DASH PDM (GEN 4) ..... 125
OMNIPOD DASH PODS (GEN 4) ..... 125
OMNITROPE ..... 143, 144
OMNITROPE PEN 10 INJ DEVICE ..... 143
OMNITROPE PEN 5 INJ DEVICE ..... 143
*ondansetron* ..... 150
*ondansetron hcl* ..... 150
*one drop blood glucose monitor* ..... 125
*one drop test* ..... 125
*one vite womens plus* ..... 179

ONETOUCH DELICA PLUS LANCET30G ..... 125
ONETOUCH DELICA PLUS LANCET33G ..... 125
ONETOUCH DELICA PLUS LANCING ..... 125
ONETOUCH DELICA SAFETY LANCING ..... 125
ONETOUCH ULTRA ..... 125
ONETOUCH ULTRA 2 ..... 125
ONETOUCH ULTRASOFT 2 LANCETS ..... 125
ONETOUCH VERIO ..... 125
ONETOUCH VERIO FLEX SYSTEM ..... 125
ONETOUCH VERIO REFLECT ..... 125
*onevite* ..... 185
ONEXTON ..... 203
ONGENTYS ..... 59
ONGLYZA ..... 82
ONIVYDE ..... 41
ONUREG ..... 34
ONZETRA XSAIL ..... 71
OPCICON ONE-STEP ..... 98
OPSUMIT ..... 53
OPTION 2 ..... 98
OPTIONS GYNOL II CONTRACEPTIVE ..... 155
OPTIUMEZ TEST ..... 125
ORACIT ..... 156
ORALAIR ..... 165
Oralone ..... 213
ORAPRED ODT ..... 142
ORAVIG ..... 213
ORENCIA ..... 166, 170
ORENCIA CLICKJECT ..... 170
ORENITRAM ..... 53
ORENITRAM MONTH 1 ..... 53
ORENITRAM MONTH 2 ..... 53
ORENITRAM MONTH 3 ..... 53
ORFADIN ..... 138
ORGOVYX ..... 36
ORIAHNN ..... 140
ORILISSA ..... 137
ORKAMBI ..... 198
ORLADEYO ..... 173
*orphenadrine citrate er* ..... 76
*orphenadrine-aspirin-caffeine* ... 76
Orsythia ..... 98
*ortho df* ..... 185
ORTHOVISC ..... 22
ORTIKOS ..... 151
*oscimin* ..... 148, 149
*oseltamivir phosphate* ..... 27
OSMOLEX ER ..... 59
OSPHENA ..... 145
OTEZLA ..... 170
OTOVEL ..... 214
OTREXUP ..... 172
OVIDREL ..... 141
*oxaprozin* ..... 15
OXAYDO ..... 18
*oxazepam* ..... 55
OXBRYTA ..... 164, 165
*oxcarbazepine* ..... 65, 66
OXERVATE ..... 192
*oxiconazole nitrate* ..... 206
OXISTAT ..... 206
OXTELLAR XR ..... 66
*oxybutynin chloride* ..... 157
*oxybutynin chloride er* ..... 157
*oxycodone hcl* ..... 18
*oxycodone hcl er* ..... 18
*oxycodone-acetaminophen* ..... 18
OXYCONTIN ..... 18
*oxymorphone hcl* ..... 18
*oxymorphone hcl er* ..... 18
OXYTROL ..... 157
OZEMPIC (0.25 OR 0.5 MG/DOSE) ..... 83
OZEMPIC (1 MG/DOSE) ..... 83
OZEMPIC (2 MG/DOSE) ..... 83
OZURDEX ..... 191
Pacerone ..... 44
*paliperidone er* ..... 62
PALYNZIQ ..... 138
PANCREAZE ..... 153
PANDEL ..... 210
*pantoprazole sodium* ..... 154
PANZYGA ..... 174
PARADIGM PUMP RESERVOIR 1.8ML ..... 125
PARADIGM PUMP RESERVOIR 3ML ..... 125
PARADIGM REAL-TIME TRANSMITTER ..... 126
PARADIGM SILHOUETTE COMBO 43" ..... 126
PARAGARD INTRAUTERINE COPPER .. 99
*paricalcitol* ..... 185
*paroxetine hcl* ..... 58
*paroxetine hcl er* ..... 57
*paroxetine mesylate* ..... 77
PATANASE ..... 196
PAXIL ..... 58
PAXIL CR ..... 58
*peg-3350/electrolytes/ascorbat* 152
PEGASYS ..... 30
*peg-kcl-nacl-nasulf-na asc-c* .... 152
PEG-PREP ..... 152
PEMAZYRE ..... 39
*pen needles* ..... 126
*penicillamine* ..... 90
*penicillin v potassium* ..... 32
PENNSAID ..... 212
PENTASA ..... 151
*pentazocine-naloxone hcl* ..... 19
PENTIPS ..... 126
*pentoxifylline er* ..... 164
PERCOCET ..... 19
PERFECT LANCETS 28G .. 126
PERFECT LANCETS 30G .. 126
PERFOROMIST ..... 196
*perindopril erbumine* ..... 42
Periogard ..... 213
*permethrin* ..... 213
*perphenazine* ..... 62
*perphenazine-amitriptyline* ..... 78
PERSERIS ..... 62
PERTZYE ..... 153
*ph strips* ..... 126
PHARMACIST CHOICE AUTOCODE ..... 126
PHARMACIST CHOICE AUTOCODE SYS ..... 126
PHARMACIST CHOICE LANCETS ..... 126
PHARMACIST CHOICE MINI SYSTEM ..... 126
*pharmacist choice no coding* ... 126
PHARMACY COUNTER LANCETS ..... 126
PHEBURANE ..... 138
Phenazo ..... 156
*phendimetrazine tartrate er* ..... 89
*phenelzine sulfate* ..... 58
*phenobarbital* ..... 66

*phenoxybenzamine hcl* ..... 52
*phenylephrine hcl* ..... 192
*phenytoin* ..... 66
*phenytoin sodium extended* ..... 66
PHEXXI ..... 155
Philith ..... 99
Phospha 250 Neutral ..... 177
*phosphorous* ..... 177
Phospho-Trin 250 Neutral ..... 177
Physiolyte ..... 193
Physiosol Irrigation ..... 193
*phytonadione* ..... 185
PIFELTRO ..... 25
*pilocarpine hcl* ..... 188, 213
*pimecrolimus* ..... 212
*pimozide* ..... 78
Pimtrea ..... 99
*pindolol* ..... 49
*pioglitazone hcl* ..... 87
*pioglitazone hcl-glimepiride* ..... 87
*pioglitazone hcl-metformin hcl* .. 87
*pip lancets 28g* ..... 126
*pip lancets 30g* ..... 126
PIQRAY (200 MG DAILY DOSE) ..... 39
PIQRAY (250 MG DAILY DOSE) ..... 39
PIQRAY (300 MG DAILY DOSE) ..... 39
Pirmella 7/7/7 ..... 99
*piroxicam* ..... 15
PLAQUENIL ..... 172
PLAVIX ..... 165
PLEGRIDY ..... 74
PLEGRIDY STARTER PACK ..... 74
PLENVU ..... 152
PLIAGLIS ..... 211
*pnv prenatal plus multivitamin* 179
*pnv tabs 20-1* ..... 179
*pnv-dha* ..... 179
*pnv-dha+docusate* ..... 180
*pnv-omega* ..... 180
*pnv-select* ..... 180
*podofilox* ..... 212
POGO AUTOMATIC BLOOD GLUCOSE ..... 126
POGO AUTOMATIC TEST CARTRIDGES ..... 126
Polycin ..... 190
*poly-iron 150 forte* ..... 185
*polymyxin b-trimethoprim* ..... 190
*polysaccharide iron forte* ..... 185
POLY-VI-FLOR ..... 185
POLY-VI-FLOR/IRON ..... 185
POMALYST ..... 34
PONVORY ..... 74
PONVORY STARTER PACK ..... 74
Portia-28 ..... 99
*pot & sod cit-cit ac* ..... 156
*potassium chloride* ..... 177
*potassium chloride crys er* ..... 177
*potassium chloride er* ..... 177
*potassium citrate er* ..... 156
*potassium citrate-citric acid* .... 156
PR BENZOYL PEROXIDE . 203
PR BENZOYL PEROXIDE WASH ..... 203
PRADAXA ..... 159
PRALUENT ..... 47
*pramipexole dihydrochloride* ..... 59
*pramipexole dihydrochloride er* . 59
*prasugrel hcl* ..... 165
*pravastatin sodium* ..... 46
*praziquantel* ..... 22
*prazosin hcl* ..... 43
PRECISION XTRA ..... 126
PRECISION XTRA BLOOD GLUCOSE ..... 126
PRECISION XTRA KETONE ..... 126
PRED MILD ..... 192
*prednisol ace-moxiflox-bromfen* ..... 189
*prednisolone* ..... 142
*prednisolone acetate* ..... 192
*prednisolone acetate p-f* ..... 192
*prednisolone acetate-nepafenac* ..... 189
*prednisolone acet-moxifloxacin* ..... 189
*prednisolone sodium phosphate* ..... 142, 192
*prednisolone-moxifloxacin* ..... 189
*prednisolon-moxiflox-bromfenac* ..... 189
*prednisolon-moxiflox-nepafenac* ..... 189
*prednisone* ..... 142
PREDNISONE INTENSOL 142
*preferred plus lancets colored* .. 126
*preferred plus lancets thin* ..... 126
*pregabalin* ..... 66
*pregen dha* ..... 180
PREGNYL ..... 141
PREMARIN ..... 140
PREMESISRX ..... 180
*premium blood glucose test* ..... 126
PREMPHASE ..... 140
PREMPRO ..... 140
*prena 1 true* ..... 180
*prena1* ..... 180
*prena1 pearl* ..... 180
*prenaissance* ..... 180
*prenaissance plus* ..... 180
PRENATABS RX ..... 180
*prenatal* ..... 180
*prenatal 19* ..... 180
*prenatal plus* ..... 180
PRENATAL-U ..... 180
PRENATE ..... 180
PRENATE AM ..... 180
PRENATE DHA ..... 180
PRENATE ELITE ..... 180
PRENATE ENHANCE ..... 180
PRENATE ESSENTIAL ..... 180
PRENATE MINI ..... 180
PRENATE PIXIE ..... 180
PRENATE RESTORE ..... 181
PRENATRIX ..... 181
PRENATRYL ..... 181
*prenatvite complete* ..... 181
*prenatvite plus* ..... 181
*prenatvite rx* ..... 181
PRESTALIA ..... 42
Prevalite ..... 45
PREVENT DROPSAFE PEN NEEDLES ..... 127
PREVENT SAFETY PEN NEEDLES ..... 127
PREVYMIS ..... 27
PREZCOBIX ..... 26
PREZISTA ..... 25
PRIALT ..... 13
PRIFTIN ..... 27
PRILOSEC ..... 154
PRIMACARE ..... 181
*primaquine phosphate* ..... 24
*primidone* ..... 66

PRIVIGEN ..... 174
PRO COMFORT INSULIN SYRINGE ..... 127
*pro comfort lancets 30g* ..... 127
*pro comfort lancets 31g* ..... 127
*pro comfort pen needles* ..... 127
*pro comfort safety lancets 30g* 127
*pro voice v8 glucose system* ..... 127
*pro voice v8/v9 glucose* ..... 127
*pro voice v9 glucose system* ..... 127
PROAIR RESPICLICK ..... 196
*probenecid* ..... 13
*prochlorperazine* ..... 150
*prochlorperazine edisylate* ..... 150
*prochlorperazine maleate* ..... 150
PROCORT ..... 154
PROCRIT ..... 161
*pro-critic* ..... 185
PROCTOFOAM HC ..... 154
Procto-Med Hc ..... 154
Proctozone-Hc ..... 154
PROCYSBI ..... 156
PRODIGY AUTOCODE BLOOD GLUCOSE ..... 127
PRODIGY LANCETS 28G .. 127
PRODIGY LANCING DEVICE ..... 127
PRODIGY NO CODING BLOOD GLUC ..... 127
PRODIGY POCKET BLOOD GLUCOSE ..... 127
PRODIGY SAFETY LANCETS 26G ..... 127
PRODIGY VOICE BLOOD GLUCOSE ..... 127
PROFILNINE ..... 164
*progesterone* ..... 146
PROGLYCEM ..... 143
PROGRAF ..... 176
PROLASTIN-C ..... 193, 194
PROLATE ..... 19
PROLEEVA ..... 185
PROLENSA ..... 192
PROLIA ..... 145
PROMACTA ..... 161
*promethazine hcl* ..... 150
*promethazine-codeine* ..... 197
*promethazine-dm* ..... 197
Promethegan ..... 150
PROMETHEGAN ..... 150
PROMETRIUM ..... 146
*propafenone hcl* ..... 44
*propafenone hcl er* ..... 44
*proparacaine hcl* ..... 192
*propranolol hcl* ..... 49
*propranolol hcl er* ..... 49
*propylthiouracil* ..... 147
PROSCAR ..... 155
PROTONIX ..... 154
*protriptyline hcl* ..... 58
PROVENTIL HFA ..... 197
PROVERA ..... 146
PROVIDA OB ..... 181
*pseudoeph-bromphen-dm* ..... 197
PSS SELECT GP LANCETS 127
PSS SELECT PLATFORMS 127
PSS SELECT SAFETY LANCETS ..... 127
PULMICORT FLEXHALER ..... 201
PULMOZYME ..... 198
*pure comfort lancets 30g* ..... 127
*pure comfort pen needle* ..... 127
PURIXAN ..... 34
*px aspirin* ..... 20
*px enteric aspirin* ..... 20
*px folic acid* ..... 185
*px lancet auto injector* ..... 127
*px lancets microthin 33g* ..... 127
*px stop smoking aid* ..... 79
PYLERA ..... 155
*pyrazinamide* ..... 27
*pyridostigmine bromide* ..... 72
*pyridostigmine bromide er* ..... 72
*pyridoxine hcl* ..... 185
*pyrimethamine* ..... 31
PYRUKYND ..... 164
PYRUKYND TAPER PACK ..... 164
QBRELIS ..... 42
*qc advanced lancing device* ..... 128
*qc aspirin low dose* ..... 21
*qc childrens aspirin* ..... 21
*qc lancets super thin 30g* ..... 128
*qc lancets ultra thin* ..... 128
*qc nicotine transdermal system* . 79
*qc unifine pentips* ..... 128
*qc unilet lancets 28g* ..... 128
*qc unilet lancets micro thin* ..... 128
QDOLO ..... 19
QELBREE ..... 69
QINLOCK ..... 39
QNASL ..... 199
QNASL CHILDRENS ..... 199
QSYMIA ..... 89
QTERN ..... 88
*quazepam* ..... 70
*quetiapine fumarate* ..... 62
*quetiapine fumarate er* ..... 62
QUFLORA FE ..... 185
QUFLORA FE PEDIATRIC ..... 186
QUFLORA PEDIATRIC ..... 186
QUICKTEK/METER ..... 128
QUILLICHEW ER ..... 69
QUILLIVANT XR ..... 69
*quinapril hcl* ..... 42
*quinapril-hydrochlorothiazide* ... 42
*quinidine gluconate er* ..... 44
*quinidine sulfate* ..... 44
*quinine sulfate* ..... 24
QUINTET AC BLOOD GLUCOSE ..... 128
QUINTET AC BLOOD GLUCOSE TEST ..... 128
QUINTET BLOOD GLUCOSE SYSTEM ..... 128
QUINTET BLOOD GLUCOSE TEST ..... 128
QULIPTA ..... 71
QUTENZA ..... 211
QUTENZA (2 PATCH) ..... 211
QUTENZA (4 PATCH) ..... 211
QUVIVIQ ..... 70
QVAR REDIHALER ..... 201
*ra aspirin adult low dose* ..... 21
*ra aspirin childrens* ..... 21
*ra aspirin ec adult low st* ..... 21
RA E-ZJECT LANCETS 28G ..... 128
RA E-ZJECT LANCETS THIN 26G ..... 128
RA E-ZJECT LANCETS THIN 28G ..... 128
RA E-ZJECT LANCETS ULTRA THIN ..... 128
*ra folic acid* ..... 186
*ra mini nicotine* ..... 79
*ra nicotine* ..... 79
*ra pen needles* ..... 128

*rabeprazole sodium* ..... 154
RADICAVA ORS ..... 72
RADICAVA ORS STARTER KIT ..... 72
RAGWITEK ..... 165
*raloxifene hcl* ..... 145
*ramelteon* ..... 70
*ramipril* ..... 42
*ranolazine er* ..... 52
RAPAMUNE ..... 176
RAPIVAB ..... 28
*rasagiline mesylate* ..... 59
RASUVO ..... 173
RAVICTI ..... 138
RAYALDEE ..... 148
RAYOS ..... 142
REACT ..... 99
READYLANCE SAFETY LANCETS ..... 128
*reality lancets* ..... 128
*reality trigger lancets* ..... 128
REBIF ..... 75
REBIF REBIDOSE ..... 75
REBIF REBIDOSE TITRATION PACK ..... 75
REBIF TITRATION PACK .. 75
REBINYN ..... 164
RECLAST ..... 89
Reclipsen ..... 99
RECOMBINATE ..... 163
RECORLEV ..... 102
RECTIV ..... 212
RECURA ..... 206
REFUAH PLUS BLOOD GLUCOSE TEST ..... 128
REFUAH PLUS MONITORING SYSTEM ... 128
REGRANEX ..... 213
RELAFEN DS ..... 15
RELENZA DISKHALER ..... 28
RELEUKO ..... 161
*releuko* ..... 161
RELEXXII ..... 69
RELION ALL-IN-ONE ..... 128
RELION BLOOD GLUCOSE TEST ..... 128
RELION INSULIN SYRINGE ..... 128
RELION KETONE TEST .... 129
RELION LANCET DEVICES 30G ..... 129
RELION LANCETS MICRO-THIN 33G ..... 129
RELION LANCETS THIN 26G ..... 129
RELION LANCETS ULTRA-THIN 30G ..... 129
RELION LANCING DEVICE ..... 129
RELION PEN NEEDLES .... 129
RELION PREMIER VOICE MONITOR ..... 129
RELION TRUE MET AIR GLUC METER ..... 129
RELION TRUE METRIX TEST STRIPS ..... 129
RELION ULTIMA GLUCOSE SYSTEM ..... 129
RELION ULTIMA TEST .... 129
RELION ULTRA THIN LANCETS 30G ..... 129
RELION ULTRA THIN PLUS LANCETS ..... 129
RELISTOR ..... 153
*relnate dha* ..... 181
REMEDIENT ..... 186
REMERON ..... 58
REMERON SOLTAB ..... 58
REMICADE ..... 166
REMODULIN ..... 54
RENACIDIN ..... 213
RENFLEXIS ..... 166
*reno caps* ..... 186
*repaglinide* ..... 88
REPATHA ..... 47
REPATHA PUSHTRONEX SYSTEM ..... 47
REPATHA SURECLICK ..... 47
*resorcinol-sulfur* ..... 203
RESTASIS ..... 192
RESTASIS MULTIDOSE .... 192
RETACRIT ..... 161
RETEVMO ..... 39
RETIN-A MICRO ..... 204
RETIN-A MICRO PUMP .... 204
REVATIO ..... 54
REVLIMID ..... 34
REXULTI ..... 62
REYATAZ ..... 25
REYVOW ..... 71
REZUROCK ..... 176
RHEUMATE ..... 186
RHOFADE ..... 212
RHOPHYLAC ..... 174
RHOPRESSA ..... 188
*ribavirin* ..... 30
*rifabutin* ..... 27
*rifampin* ..... 27
RIGHTEST ALTERNATE SITE ADAPT ..... 129
RIGHTEST GD500 LANCING DEVICE ..... 129
RIGHTEST GL300 LANCETS ..... 129
RIGHTEST GM100 BLOOD GLUCOSE ..... 129
RIGHTEST GM300 BLOOD GLUCOSE ..... 129
RIGHTEST GM550 BLOOD GLUCOSE ..... 129
RIGHTEST GS100 BLOOD GLUCOSE ..... 129
RIGHTEST GS300 BLOOD GLUCOSE ..... 129
RIGHTEST GS550 BLOOD GLUCOSE ..... 129
RIGHTEST GT333 BLOOD GLUCOSE ..... 130
*riluzole* ..... 72
*rimantadine hcl* ..... 28
RIMSO-50 ..... 156
*ringers irrigation* ..... 193
RINVOQ ..... 170
RIOMET ..... 81
*risedronate sodium* ..... 90
RISPERDAL CONSTA ..... 63
*risperidone* ..... 63
*ritonavir* ..... 25
*rivastigmine* ..... 56
*rivastigmine tartrate* ..... 56
Rivelsa ..... 99
*rixubis* ..... 164
*rizatriptan benzoate* ..... 71
ROBINUL ..... 149
ROBINUL-FORTE ..... 149
ROCKLATAN ..... 188
ROLVEDON ..... 161
*ropinirole hcl* ..... 60
*ropinirole hcl er* ..... 59

*rosuvastatin calcium* ..... 46
ROSZET ..... 47
Roweepra ..... 66
ROXICODONE ..... 19
ROXYBOND ..... 19
ROZLYTREK ..... 39
RUCONEST ..... 173
*rufinamide* ..... 66
RUKOBIA ..... 25
RYBELSUS ..... 83
RYCLORA ..... 196
RYDAPT ..... 39
RYTARY ..... 60
RYVENT ..... 196
SAFE-T-LANCE ..... 130
SAFE-T-LANCE PLUS ..... 130
*safety lancet 30g/pressure act* . 130
SAFETY LANCETS 21G ..... 130
SAFETY LANCETS 23G ..... 130
*safety lancets 28g* ..... 130
SAFYRAL ..... 99
SAIZEN ..... 144
SALAGEN ..... 213
*salimez* ..... 212
*salimez forte* ..... 212
*salsalate* ..... 21
SAMSCA ..... 145
SANCUSO ..... 150
SANDIMMUNE ..... 176
SANDOSTATIN ..... 80
SANDOSTATIN LAR DEPOT ..... 80
SANTYL ..... 212
SAPHRIS ..... 63
*saps health twist top lancets* .... 130
*saps twist top lancets* ..... 130
*sapscare twist top lancets* ..... 130
SAVAYSA ..... 159
SAVELLA ..... 69
SAVELLA TITRATION PACK ..... 69
SAXENDA ..... 89
*sb childrens aspirin* ..... 21
*sb lancets thin* ..... 130
*sb lancets ultra thin* ..... 130
SCEMBLIX ..... 39
*scopolamine* ..... 150
SECUADO ..... 63
SECURESAFE INSULIN SYRINGE ..... 130
SECURESAFE SAFETY PEN NEEDLES ..... 130
SEGLENTIS ..... 19
SEGLUROMET ..... 88
*select-lite lancing device* ..... 130
SELECT-OB ..... 181
SELECT-OB+DHA ..... 181
*selegiline hcl* ..... 60
*selenium sulfide* ..... 207
SELZENTRY ..... 25
SEMGLEE (YFGN) ..... 87
*se-natal 19* ..... 181
SENSIPAR ..... 90
SEREVENT DISKUS ..... 197
SERNIVO ..... 210
SEROSTIM ..... 144
*sertraline hcl* ..... 58
Setlakin ..... 99
*sevelamer carbonate* ..... 146
*sevelamer hcl* ..... 146
SEVENFACT ..... 159
SEYSARA ..... 33
SFROWASA ..... 151
Sharobel ..... 99
SIGNIFOR ..... 145
SIGNIFOR LAR ..... 145
SIKLOS ..... 164
*sildenafil citrate* ..... 54
SILENOR ..... 70
SILIQ ..... 170
*silodosin* ..... 155
*silver sulfadiazine* ..... 205
SIMBRINZA ..... 188
Simliya ..... 99
Simpesse ..... 99
SIMPLE DIAGNOSTICS LANCING DEV ..... 130
SIMPONI ..... 170, 171
SIMPONI ARIA ..... 166
*simvastatin* ..... 46
SINEMET ..... 60
SINGLE-LET ..... 130
SINGULAIR ..... 198, 199
SINUVA ..... 199
*sirolimus* ..... 176
SITAVIG ..... 28
SIVEXTRO ..... 31
SKYLA ..... 99
SKYRIZI ..... 171
SKYRIZI PEN ..... 171
SKYTROFA ..... 144
SLYND ..... 99
*sm aspirin adult low strength* .... 21
*sm aspirin low dose* ..... 21
*sm childrens aspirin* ..... 21
*sm folic acid* ..... 186
*sm lancets 33g* ..... 130
*sm nicotine* ..... 79
*sm nicotine polacrilex* ..... 79
SM TRUEDRAW LANCING DEVICE ..... 130
SMART DIABETES VANTAGE LANCING ..... 130
SMART SENSE COLOR LANCETS 33G ..... 130
SMART SENSE PREMIUM SYSTEM ..... 130
SMART SENSE PREMIUM TEST ..... 130
SMART SENSE STANDARD LANCETS ..... 130
SMART SENSE SUPER THIN LANCETS ..... 130
SMART SENSE THIN LANCETS 26G ..... 130
SMARTEST BLOOD GLUCOSE TEST ..... 130
SMARTEST EJECT ..... 131
SMARTEST EJECT STARTER ..... 131
SMARTEST LANCETS 28G ..... 131
SMARTEST PERSONA STARTER ..... 131
SMARTEST PRONTO STARTER ..... 131
SMARTEST PROTEGE ..... 131
SMARTEST PROTEGE STARTER ..... 131
SOAANZ ..... 51
*sod citrate-citric acid* ..... 156
*sodium chloride* ..... 199, 213
*sodium fluoride* ..... 178
*sodium oxybate* ..... 76
*sodium phenylbutyrate* ..... 138
*sodium polystyrene sulfonate* .... 91
*sodium sulfacetamide wash* ..... 207
*sofosbuvir-velpatasvir* ..... 30
SOGROYA ..... 144
Solia ..... 99

*solifenacin succinate* ..... 157
SOLIQUA ..... 83
SOLOSEC ..... 31
SOLTAMOX ..... 36
SOLUS V2 BLOOD GLUCOSE SYSTEM ..... 131
SOLUS V2 LANCETS 28G .. 131
SOLUS V2 LANCING DEVICE ..... 131
SOLUS V2 TEST ..... 131
SOLUS V2 TWIST LANCETS 30G ..... 131
SOMATULINE DEPOT ..... 80
SOMAVERT ..... 80
SOOLANTRA ..... 212
*sorbitol* ..... 213
*sorbitol-mannitol* ..... 213
SORILUX ..... 206
*sotalol hcl* ..... 44
*sotalol hcl (af)* ..... 44
SOTYKTU ..... 171
SOTYLIZE ..... 44
SOVALDI ..... 30
*spinosad* ..... 213
SPIRIVA HANDIHALER ... 195
SPIRIVA RESPIMAT ..... 195
*spironolactone* ..... 51
*spironolactone-hctz* ..... 51
SPRAVATO (56 MG DOSE). 58
SPRAVATO (84 MG DOSE). 58
Sprintec 28 ..... 99
SPRITAM ..... 66
SPRIX ..... 15
SPRYCEL ..... 39
SPS ..... 91
Sronyx ..... 99
Ssd ..... 205
ST JOSEPH LOW DOSE ..... 21
STALEVO 100 ..... 60
STALEVO 125 ..... 60
STALEVO 150 ..... 60
STALEVO 200 ..... 60
STALEVO 50 ..... 60
STALEVO 75 ..... 60
STEGLATRO ..... 89
STEGLUJAN ..... 88
STELARA ..... 171
STENDRA ..... 156
STERILANCE PA ..... 131
STERILANCE TL ..... 131
*sterile water for irrigation* ..... 193
STIMUFEND ..... 161
STIOLTO RESPIMAT ..... 194
STIVARGA ..... 39
STRENSIQ ..... 138
STRIBILD ..... 26
STRIVERDI RESPIMAT .... 197
STROVITE FORTE ..... 186
SUBLOCADE ..... 20
SUBSYS ..... 19
Subvenite ..... 66
Subvenite Starter Kit-Blue ..... 66
Subvenite Starter Kit-Green .... 66
Subvenite Starter Kit-Orange .. 66
SUCRAID ..... 153
*sucralfate* ..... 153
*sulconazole nitrate* ..... 206
*sulfacetamide sodium* ..... 190
*sulfacetamide sodium (acne)* .. 204
*sulfacetamide sodium-sulfur* .... 204
*sulfacetamide-prednisolone* ..... 189
*sulfadiazine* ..... 22
*sulfamethoxazole-trimethoprim* ..... 22, 23
*sulfamez wash* ..... 204
SULFAMYLON ..... 205
*sulfasalazine* ..... 151
Sulfatrim Pediatric ..... 23
*sulfurated lime* ..... 213
*sulindac* ..... 15
*sumatriptan* ..... 71
*sumatriptan succinate* ..... 71
*sumatriptan succinate refill* ..... 71
*sumatriptan-naproxen sodium* ... 71
SUNLENCA ..... 24
SUNOSI ..... 76
SUPARTZ FX ..... 22
*super thin lancets* ..... 131
SUPPRELIN LA ..... 145
SUPREP BOWEL PREP KIT ..... 152
*sure comfort insulin syringe* .... 131
*sure comfort lancets 18g* ..... 131
*sure comfort lancets 21g* ..... 131
*sure comfort lancets 23g* ..... 131
*sure comfort lancets 28g* ..... 131
*sure comfort lancets 30g* ..... 131
*sure comfort lancing pen* ..... 131
*sure comfort pen needles* ..... 131
SURELITE LANCETS ..... 131
SUTAB ..... 152
SUTENT ..... 39
Syeda ..... 99
SYMBICORT ..... 201
SYMDEKO ..... 198
SYMFI ..... 27
SYMFI LO ..... 26
SYMJEPI ..... 194
SYMLINPEN 120 ..... 81
SYMLINPEN 60 ..... 81
SYMPAZAN ..... 66
SYMPROIC ..... 153
SYMTUZA ..... 27
SYNAGIS ..... 176
SYNALAR ..... 210
SYNAREL ..... 144
SYNDROS ..... 150
SYNJARDY ..... 88
SYNJARDY XR ..... 88
SYNOJOYNT ..... 22
SYNRIBO ..... 40
SYNTHROID ..... 147
SYNVISC ..... 22
SYNVISC ONE ..... 22
SYPRINE ..... 91
T:FLEX T:LOCK CARTRIDGE 4.8ML ..... 131
TABLOID ..... 34
TABRECTA ..... 39
TACLONEX ..... 210
*tacrolimus* ..... 176, 212
*tadalafil (pah)* ..... 54
TADLIQ ..... 54
TAFINLAR ..... 39
TAGRISSO ..... 39
TAKE ACTION ..... 99
TAKHZYRO ..... 173
TALICIA ..... 155
TALIVA ..... 186
TALTZ ..... 171
TALZENNA ..... 41
*tamoxifen citrate* ..... 36
*tamsulosin hcl* ..... 155
TAPERDEX 12-DAY ..... 142
TAPERDEX 7-DAY ..... 142
TARCEVA ..... 40
TARGRETIN ..... 41, 212
Tarina 24 Fe ..... 99
Tarina Fe 1/20 Eq ..... 100
TARPEYO ..... 156

TASCENSO ODT ..... 75
TASIGNA ..... 40
TAVALISSE ..... 164
TAVNEOS ..... 164
Taysofy ..... 100
TAYTULLA ..... 100
*tazarotene* ..... 204, 206
TAZORAC ..... 206
Taztia Xt ..... 50
TAZVERIK ..... 41
TECFIDERA ..... 75
TECHLITE PEN NEEDLES 132
TEGSEDI ..... 146
TEKTURNA ..... 50
*telmisartan* ..... 44
*telmisartan-amlodipine* ..... 43
*telmisartan-hctz* ..... 43
*temazepam* ..... 70
TEMODAR ..... 33
*temozolomide* ..... 33
TENCON ..... 14
*tenofovir disoproxil fumarate* ..... 25
TENORMIN ..... 49
TEPMETKO ..... 40
*terazosin hcl* ..... 43
*terbinafine hcl* ..... 23
*terbutaline sulfate* ..... 197
*terconazole* ..... 158
*teriparatide (recombinant)* ..... 145
TESTOPEL ..... 80
*testosterone* ..... 81
*testosterone cypionate* ..... 81
*testosterone enanthate* ..... 81
*tetrabenazine* ..... 73
*tetracaine hcl* ..... 192
*tetracycline hcl* ..... 33
TEXACORT ..... 210
TEZSPIRE ..... 200
*tgt lancet micro thin 33g* ..... 132
*tgt lancet thin 26g* ..... 132
*tgt lancet ultra thin 30g* ..... 132
*tgt lancing device* ..... 132
THALOMID ..... 34
THEO-24 ..... 202
*theophylline* ..... 202
*theophylline er* ..... 202
THINLETS GP LANCETS ..... 132
THIOLA ..... 156
THIOLA EC ..... 156
*thioridazine hcl* ..... 63
*thiothixene* ..... 63
THRIVE ..... 79
*thrivite rx* ..... 181
THYQUIDITY ..... 147
*tiagabine hcl* ..... 66
TIBSOVO ..... 41
TICE BCG ..... 34
TIGLUTIK ..... 72
TIKOSYN ..... 45
Tilia Fe ..... 100
*timolol maleate* ..... 49, 188
*timolol maleate (once-daily)* ..... 188
*timolol-brimon-dorzol-latanopr* ..... 188
*timolol-brimonidine-dorzolamid* ..... 188
*timolol-dorzolamid-latanoprost* ..... 188
TIMOPTIC OCUDOSE ..... 188
*tinidazole* ..... 23
TIROSINT ..... 147
TIROSINT-SOL ..... 147
Tis-U-Sol ..... 193
TIVICAY ..... 25
TIVICAY PD ..... 25
*tizanidine hcl* ..... 76
TLANDO ..... 80
TOBI ..... 198
TOBI PODHALER ..... 198
TOBRADEX ..... 189
TOBRADEX ST ..... 189
*tobramycin* ..... 190, 198
*tobramycin-dexamethasone* ..... 189
TOBREX ..... 190
TODAY SPONGE ..... 155
TOLAK ..... 204
*tolcapone* ..... 60
*tolsura* ..... 23
*tolterodine tartrate* ..... 157
*tolterodine tartrate er* ..... 157
*topcare lancets micro-thin 33g* 132
TOPICORT ..... 210
*topiramate* ..... 66
*topiramate er* ..... 66
TOPROL XL ..... 49
*toremifene citrate* ..... 36
*torsemide* ..... 51
TOSYMRA ..... 72
TOUJEO MAX SOLOSTAR ..... 87
TOUJEO SOLOSTAR ..... 87
TOVIAZ ..... 157
TOXICOLOGY MED COLLECTION SYS ..... 132
TRACLEER ..... 54
TRADJENTA ..... 82
*tramadol hcl* ..... 19
*tramadol hcl (er biphasic)* ..... 19
*tramadol hcl er* ..... 19
*tramadol-acetaminophen* ..... 19
*trandolapril* ..... 42
*trandolapril-verapamil hcl er* ..... 42
*tranexamic acid* ..... 164
*tranylcypromine sulfate* ..... 58
TRAVATAN Z ..... 188
TRAVEL LANCETS ADVANCED 28G ..... 132
*travoprost (bak free)* ..... 188
*trazodone hcl* ..... 58
TRECATOR ..... 27
TRELEGY ELLIPTA ..... 195
TRELSTAR MIXJECT ..... 36
TREMFYA ..... 171
*treprostinil* ..... 54
TRESIBA ..... 87
TRESIBA FLEXTOUCH ..... 87
*tretinoin* ..... 41, 204
*tretinoin microsphere* ..... 204
*tretinoin microsphere pump* ..... 204
TREXALL ..... 34
TREXIMET ..... 72
TREZIX ..... 19
Tri Femynor ..... 100
*triamcinolone acetonide* ..... 210, 214
*triamterene* ..... 51
*triamterene-hctz* ..... 51
*triazolam* ..... 70
*tricitrates* ..... 156
Tricon ..... 186
Triderm ..... 210
*trientine hcl* ..... 91
Tri-Estarylla ..... 100
*trifluoperazine hcl* ..... 63
*trifluridine* ..... 190
*trihexyphenidyl hcl* ..... 60
TRIJARDY XR ..... 82
TRIKAFTA ..... 198
Tri-Legest Fe ..... 100
TRILEPTAL ..... 66
Tri-Linyah ..... 100
Tri-Lo-Estarylla ..... 100

Tri-Lo-Marzia ..... 100
Tri-Lo-Mili ..... 100
Tri-Lo-Sprintec ..... 100
*trimethobenzamide hcl* ..... 150
*trimethoprim* ..... 31
Tri-Mili ..... 100
*trimipramine maleate* ..... 58
TRINATE ..... 181
Trinessa (28) ..... 100
TRINTELLIX ..... 58
Tri-Nymyo ..... 100
TRIPTODUR ..... 144
Tri-Sprintec ..... 100
*tristart dha* ..... 181
TRIUMEQ ..... 27
TRIUMEQ PD ..... 27
TRIVISC ..... 22
*tri-vite/fluoride* ..... 186
Trivora (28) ..... 100
Tri-Vylibra ..... 100
Tri-Vylibra Lo ..... 100
TROKENDI XR ..... 67
*tronvite* ..... 186
*tropicamide* ..... 192
*trospium chloride* ..... 157
*trospium chloride er* ..... 157
*true comfort pro insulin syr* ..... 132
*true comfort pro pen needles* ... 132
*true comfort safety lancets* ..... 132
*true comfort twist top lancets* .. 132
TRUE FOCUS BLOOD GLUCOSE METER ..... 132
TRUE METRIX AIR GLUCOSE METER ..... 132
TRUE METRIX BLOOD GLUCOSE TEST ..... 132
TRUE METRIX GO GLUCOSE METER ..... 132
TRUE METRIX METER .... 132
TRUEPLUS 5-BEVEL PEN NEEDLES ..... 132
TRUEPLUS INSULIN SYRINGE ..... 133
TRUEPLUS LANCETS 26G 133
TRUEPLUS LANCETS 28G 133
TRUEPLUS LANCETS 30G 133
TRUEPLUS LANCETS 33G 133
TRUEPLUS PEN NEEDLES ..... 133
TRUEPLUS SAFETY LANCETS 28G ..... 133
TRUERESULT BLOOD GLUCOSE ..... 133
TRUETEST TEST ..... 133
TRUETRACK BLOOD GLUCOSE ..... 133
TRUETRACK TEST ..... 133
TRULANCE ..... 151
TRULICITY ..... 83
TRUSTEEL INFUSION SET ..... 133
TRUVADA ..... 27
TRUXIMA ..... 34
TUDORZA PRESSAIR ..... 195
TUKYSA ..... 40
TURALIO ..... 40
TUXARIN ER ..... 197
TWIRLA ..... 101
*twist top lancets 30g* ..... 133
TWYNEO ..... 204
TYBLUME ..... 101
TYBOST ..... 25
Tydemy ..... 101
TYKERB ..... 40
TYMLOS ..... 145
TYRVAYA ..... 193
TYSABRI ..... 75
TYVASO ..... 54
TYVASO DPI MAINTENANCE KIT ..... 54
TYVASO DPI TITRATION KIT ..... 54
TYVASO REFILL ..... 54
TYVASO STARTER ..... 54
UBRELVY ..... 72
UCERIS ..... 151
UDAMIN SP ..... 186
UDENYCA ..... 161
ULORIC ..... 13
ULTICARE INSULIN SAFETY SYR ..... 133
ULTICARE MINI PEN NEEDLES ..... 133
ULTICARE PEN NEEDLES ..... 133
ULTICARE SHORT PEN NEEDLES ..... 133
ULTIGUARD SAFEPACK PEN NEEDLE ..... 133
ULTIGUARD SAFEPACK SYR/NEEDLE ..... 133
ULTI-LANCE AUTOMATIC ..... 133
ULTILET CLASSIC LANCETS ..... 134
ULTILET LANCETS ..... 134
ULTILET PEN NEEDLE .... 134
ULTILET SAFETY LANCETS ..... 134
ULTILET SAFETY LANCETS 23G ..... 134
ULTOMIRIS ..... 164
ULTRA FLO INSULIN PEN NEEDLES ..... 134
ULTRA FLO INSULIN SYR 1/2 UNIT ..... 134
ULTRA FLO INSULIN SYRINGE ..... 134
*ultra thin lancets 31g* ..... 134
ULTRA THIN PEN NEEDLES ..... 134
*ultra-care lancets 30g* ..... 134
*ultracare pen needles* ..... 134
ULTRA-THIN II AUTO LANCET ..... 134
ULTRA-THIN II LANCETS ..... 134
ULTRA-THIN II PEN NEEDLES ..... 134
ULTRAVATE ..... 210
UNIFINE PENTIPS ..... 134
UNIFINE PENTIPS PLUS .. 134
UNIFINE SAFECONTROL PEN NEEDLE ..... 134
UNIFINE ULTRA PEN NEEDLE ..... 134
UNILET COMFORTOUCH LANCET ..... 134
UNILET EXCELITE ..... 134
UNILET EXCELITE II ..... 135
UNILET G.P. LANCET ..... 135
UNILET G.P. SUPERLITE LANCET ..... 135
UNILET GP 28 ULTRA THIN ..... 135
UNILET LANCET ..... 135
UNILET MICRO-THIN 33G ..... 135

UNILET SUPERLITE LANCET ..... 135
UNILET SUPER-THIN 30G .....135
UNILET ULTRA-THIN 28G.....135
UNISTIK 1 ..... 135
UNISTIK 2 ..... 135
UNISTIK 2 COMFORT..... 135
UNISTIK 2 EXTRA.....135
UNISTIK 2 NEONATAL.... 135
UNISTIK 2 NORMAL.....135
UNISTIK 2 SUPER.....135
UNISTIK 3 ..... 135
UNISTIK 3 COMFORT..... 135
UNISTIK 3 EXTRA.....135
UNISTIK 3 GENTLE..... 135
UNISTIK 3 NEONATAL.... 135
UNISTIK 3 NORMAL.....135
UNISTIK CZT COMFORT.135
UNISTIK CZT NORMAL...135
UNISTIK NORMAL..... 135
UNISTIK PRO SAFETY LANCET ..... 135
UNISTIK SAFETY LANCETS 28G.....135
UNISTIK SAFETY LANCETS 30G.....135
UNISTIK TOUCH SAFETY LANC 21G.....135
UNISTIK TOUCH SAFETY LANC 23G.....135
UNISTIK TOUCH SAFETY LANC 28G.....135
UNISTIK TOUCH SAFETY LANC 30G.....135
UNISTRIP1 GENERIC..... 135
Unithroid.....147
UNIVERSAL 1 LANCETS THIN 26G.....135
UNIVERSAL 1 LANCETS THIN 33G.....136
UNIVERSAL 1 LANCETS ULTRA THIN.....136
UPTRAVI.....54
*ursodiol*..... 153
*valacyclovir hcl*.....28
VALCHLOR.....212
*valganciclovir hcl*.....28
VALIUM..... 67
*valproic acid*.....67
*valsartan*..... 44
*valsartan-hydrochlorothiazide*...43
*value plus lancet standard 21g*.136
*value plus lancets super thin*.... 136
*vancomycin hcl*..... 31
VANDAZOLE.....158
VANISHPOINT INSULIN SYRINGE.....136
*varenicline tartrate*..... 79
*varenicline tartrate (starter)* .... 79
VARISOFT INFUSION SET .....136
VARUBI (180 MG DOSE)... 150
VASCEPA..... 47
VASOTEC..... 42
*v-c forte*.....186
VCF VAGINAL CONTRACEPTIVE..... 155
VECAMYL.....52
VELETRI..... 54
VELIVET.....101
VELPHORO.....146
VELTASSA..... 91
VELTIN.....204
VEMLIDY.....28
VENCLEXTA..... 34
VENCLEXTA STARTING PACK..... 34
*venlafaxine hcl*..... 58
*venlafaxine hcl er*..... 58
VENNGEL ONE.....212
VENTAVIS.....54
*verapamil hcl*.....50
*verapamil hcl er*.....50
*verasens blood glucose meter*...136
*verasens blood glucose system*.136
*verasens blood glucose test*.....136
VERDESO.....210
VEREGEN..... 212
VERIFINE SAFE LANCET MINI 21G..... 136
VERIFINE SAFE LANCET MINI 23G..... 136
VERIFINE SAFE LANCET MINI 28G..... 136
VERIFINE SAFE LANCET MINI 30G..... 136
VERIFINE UNIVERSAL LANCETS 28G.....136
VERIFINE UNIVERSAL LANCETS 30G.....136
VERIFINE UNIVERSAL LANCETS 33G.....136
VERKAZIA.....193
VERQUVO.....52
VERSACLOZ.....63
VERZENIO.....40
Vestura..... 101
V-GO 20.....136
V-GO 30.....136
V-GO 40.....136
VIBERZI.....151
Vic-Forte..... 186
VICTOZA.....83
Vienva..... 101
*vigabatrin*.....67
Vigadrone.....67
VIGAMOX..... 190
VIIBRYD.....58
VIIBRYD STARTER PACK.58
VIMOVO..... 16
VIMPAT.....67
VINATE DHA RF..... 181
VINATE II.....181
VINATE ONE..... 181
VIOKACE..... 153
*viorele*..... 101
VIRACEPT.....25
VIREAD.....25
*virt-caps*..... 186
*virtussin a/c*..... 197
VISCO-3.....22
VISTOGARD.....41
Vita S Forte.....186
Vitacel..... 186
VITAFOL FE+.....181
VITAFOL GUMMIES..... 181
VITAFOL ULTRA.....181
VITAFOL-NANO..... 182
VITAFOL-OB.....182
VITAFOL-OB+DHA..... 182
VITAFOL-ONE.....182
VITAMEDMD REDICHEW RX.....182
VITAMEZ..... 186
*vita-min*.....186
*vitamin d (ergocalciferol)* .....186
*vitamin k1*..... 186
*vitamins acd-fluoride*..... 186

VITAPEARL ..... 182
*vitasure* ..... 186
VITATHELY WITH GINGER ..... 182
VITATRUE ..... 182
VITRAKVI ..... 40
VIVA DHA ..... 182
VIVAGUARD INO CONTROL SOLUTION ..... 136
VIVAGUARD INO GLUCOSE METER ..... 136
VIVAGUARD INO SMART GLUC METER ..... 136
VIVAGUARD INO TEST STRIPS ..... 136
VIVAGUARD LANCETS ... 136
VIVAGUARD LANCING DEVICE ..... 136
VIVITROL ..... 77
VIZIMPRO ..... 40
Volnea ..... 101
VOLTAREN ..... 212
VONJO ..... 40
VONVENDI ..... 159
*voriconazole* ..... 23
VOSEVI ..... 31
VOTRIENT ..... 40
VOWST ..... 153
VOXZOGO ..... 143
VPRIV ..... 138
VRAYLAR ..... 63
VTAMA ..... 206
VUMERITY ..... 75
VUSION ..... 206
Vyfemla ..... 101
Vylibra ..... 101
VYNDAMAX ..... 52
VYNDAQEL ..... 52
VYTORIN ..... 47
VYVANSE ..... 69
VYZULTA ..... 188
WAKIX ..... 76
WALGREENS LANCETS ... 136
*walgreens lancets micro thin* ... 136
*walgreens lancets super thin* .... 136
WALGREENS THIN LANCETS ..... 136
WALGREENS ULTRA THIN LANCETS ..... 137
*warfarin sodium* ..... 159
WAVESENSE AMP ..... 137
WEGOVY ..... 89
WELIREG ..... 41
Wera ..... 101
*wescap-c dha* ..... 182
*wescap-pn dha* ..... 182
*wesnate dha* ..... 182
*westab max* ..... 186
*westab plus* ..... 182
*westgel dha* ..... 182
WIDE-SEAL DIAPHRAGM 60 ..... 101
WIDE-SEAL DIAPHRAGM 65 ..... 101
WIDE-SEAL DIAPHRAGM 70 ..... 101
WIDE-SEAL DIAPHRAGM 75 ..... 101
WIDE-SEAL DIAPHRAGM 80 ..... 101
WIDE-SEAL DIAPHRAGM 85 ..... 101
WIDE-SEAL DIAPHRAGM 90 ..... 101
WIDE-SEAL DIAPHRAGM 95 ..... 101
WILATE ..... 159
WINLEVI ..... 204
WINRHO SDF ..... 175
Wymzya Fe ..... 101
WYNZORA ..... 206
XADAGO ..... 60
XALATAN ..... 188
XALKORI ..... 40
XARELTO ..... 159
XARELTO STARTER PACK ..... 159
XCOPRI ..... 67
XCOPRI (250 MG DAILY DOSE) ..... 67
XCOPRI (350 MG DAILY DOSE) ..... 67
XELJANZ ..... 172
XELJANZ XR ..... 172
XELODA ..... 34
XELPROS ..... 188
XEMBIFY ..... 175
XENAZINE ..... 73
XEOMIN ..... 76
XEPI ..... 205
XERAC AC ..... 212
XERESE ..... 28
XERMELO ..... 153
XGEVA ..... 145
XHANCE ..... 199
XIFAXAN ..... 31
XIGDUO XR ..... 88
XIIDRA ..... 192
XIMINO ..... 33
XOFLUZA (40 MG DOSE) ... 28
XOFLUZA (80 MG DOSE) ... 28
XOLAIR ..... 200
XOSPATA ..... 40
XPOVIO (100 MG ONCE WEEKLY) ..... 41
XPOVIO (40 MG ONCE WEEKLY) ..... 41
XPOVIO (40 MG TWICE WEEKLY) ..... 41
XPOVIO (60 MG ONCE WEEKLY) ..... 41
XPOVIO (60 MG TWICE WEEKLY) ..... 41
XPOVIO (80 MG ONCE WEEKLY) ..... 41
XPOVIO (80 MG TWICE WEEKLY) ..... 41
XTAMPZA ER ..... 19
XTANDI ..... 36
Xulane ..... 102
XULTOPHY ..... 83
XURIDEN ..... 145
XYNTHA ..... 163
XYNTHA SOLOFUSE ..... 163
XYOSTED ..... 81
XYREM ..... 76
XYWAV ..... 76
YASMIN 28 ..... 102
YAZ ..... 102
*yl folic acid* ..... 186
YONSA ..... 36
YOSPRALA ..... 165
YUFLYMA 1-PEN KIT ..... 172
YUFLYMA 2-PEN KIT ..... 172
YUFLYMA 2-SYRINGE KIT ..... 172
YUPELRI ..... 195
YUSIMRY ..... 172
Yuvafem ..... 140
*zaclir cleansing* ..... 204

Zafemy ..... 102
*zafirlukast* ..... 199
*zaleplon* ..... 70
*zalvit* ..... 182
ZANAFLEX ..... 76
ZARONTIN ..... 67
ZARXIO ..... 161
ZAVESCA ..... 138
Zebutal ..... 14
ZEGALOGUE ..... 143
ZEJULA ..... 41
*zelac* ..... 149
ZELAPAR ..... 60
ZELBORAF ..... 40
ZEMAIRA ..... 194
ZEMBRACE SYMTOUCH ... 72
Zenatane ..... 204
ZENPEP ..... 154
Zenzedi ..... 69
ZENZEDI ..... 69
ZEPATIER ..... 31
ZEPOSIA ..... 75
ZEPOSIA 7-DAY STARTER PACK ..... 75
ZEPOSIA STARTER KIT ..... 75
ZERVIATE ..... 187
ZETIA ..... 45
ZETONNA ..... 199
*zevrx insulin syringe* ..... 137
*zevrx pen needles* ..... 137
*zevrx twist top lancets 30g* ..... 137
ZIANA ..... 204
*zidovudine* ..... 25, 26
ZIEXTENZO ..... 161
*zileuton er* ..... 198
ZILXI ..... 213
ZIMHI ..... 77
ZIOPTAN ..... 189
*ziphex* ..... 182
*ziprasidone hcl* ..... 63
ZIPSOR ..... 15
ZIRGAN ..... 190
ZITHROMAX ..... 29
ZITHROMAX TRI-PAK ..... 29
ZITHROMAX Z-PAK ..... 30
ZOCOR ..... 46
ZOKINVY ..... 145
ZOLADEX ..... 36
*zoledronic acid* ..... 90
ZOLINZA ..... 41
*zolmitriptan* ..... 72
*zolpidem tartrate* ..... 70
*zolpidem tartrate er* ..... 70
ZOMACTON ..... 144
ZOMIG ..... 72
*zonisamide* ..... 67
ZONTIVITY ..... 165
ZORBTIVE ..... 144
ZORTRESS ..... 176
ZORVOLEX ..... 15
ZORYVE ..... 207
Zovia 1/35 (28) ..... 102
ZTALMY ..... 67
ZUBSOLV ..... 77
Zumandimine ..... 102
ZYCLARA ..... 204
ZYCLARA PUMP ..... 204
ZYDELIG ..... 40
ZYFLO ..... 198
ZYKADIA ..... 40
ZYLET ..... 189
ZYPITAMAG ..... 46
ZYPREXA RELPREVV ..... 63
ZYTIGA ..... 36