Plan for your best health

2024 Aetna Pharmacy Drug Guide

Aetna Standard Plan

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How to use this guide

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

Your plan includes

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

What you can expect to pay

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

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

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

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

- **Generic:** the lowest cost
- **Preferred brand:** a slightly higher cost
- **Non-preferred brand:** a higher cost
- **Preferred Specialty:** lower cost for specialty drugs
- **Non-preferred Specialty:** higher cost for non-preferred specialty drugs

Your pharmacy plan may not have all the coverage levels listed above so check your plan documents to see how much you will pay.

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

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

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

* Check your plan documents for coverage information. Your plan may not cover certain drugs such as infertility, erectile dysfunction, 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

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

Aetna provides 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 (CA HMO customers: PO Box 24030 Fresno, CA 93779),
1-800-648-7817 (TTY: 711),
Fax: 859-425-3379 (CA HMO customers: 860-262-7705),
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	የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በመታወቂያዎት ላይ ያለውን ቁጥር ይደውሉ፡ ፡
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.
Armenian	Ձեր նախընտրած լեզվով ավվճար խորհրդատվություն ստանալու համար զանգահարեք ձեր բժշկական ապահովագրության քարտի վրա նշված հէրախոսահամարով
Bantu-Kirundi	Kugira uronke serivisi z'indimi ata kiguzi, hamagara inomero iri ku karangamuntu kawe
Bengali	আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে আপনার পরিচয়পত্রে দেওয়া নম্বরে টেলিফোন করুন।
Burmese	သင့်အနေဖြင့် အခကြေးငွေ မပေးရပဲ ဘာသာစကားဝန်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ်တွင်ရှိသော ဖုန်းနံပတ်အား ခေါ်ဆိုပါ။
Catalan	Per accedir a serveis lingüístics sense cap cost per a vostè, telefoni al número indicat a la seva targeta d'identificació.
Cebuano	Aron maakses ang mga serbisyo sa lengguwahe nga wala kay bayran, tawagi ang numero nga anaa sa imong kard sa ID.
Chamorro	Para un hago' i setbision lengguåhi ni dibåtde para hågu, ågang i numiru gi iyo-mu kard aidentifikasion.
Cherokee	ᏩᎩᏍᏗ ᏕᎭᏂᏯᏍᏗ ᏔᏙᏅᏓᏁᏗ Ꮳ ᎠᏀᏍᏗ ᏗᏥᎦᏔᏁᏗ ᏯᎥ, ᏭᏘᏯᏏᏔᏏ ᏅᏍᏍᎥ ᏗᏋᏍᏗ ᏂᏕᎠᏯᏁ ᎤᏅᏣ ID ᏗᏂᏲᏍᏍᏗ ᏥᏙᏣᏔ.
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	လၢတၢ်ကမၤနၣ်ကျိာ်တၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖၣ် လၢတအိၣ်ဒီးအပှၤလၢနကဘၣ်ဟ့ၣ်အီၤအဂီၢ်,ကိးဘၣ်လိတဲစိနီၣ်ဂံၢ်လၢအအိၣ်လၢနခိၣ်ဂီၤ (ID) အလိၤနၣ်တက့ၢ်.
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	Heeɓa 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	ܟܝ ܡܣܩܐ ܒܗܘܢ ܥܠ ܝܠܦܢܘܬܐ ܕܫܦܝܪܘܬܐ ܕܠܫܢܐ ܡܓܢܐܝܬ، ܩܪܝܬܘܢ ܠܡܢܝܢܐ ܥܠ ܦܬܩܐ ܕܡܫܘܕܥܢܘܬܐ ܕܝܠܟܘܢ.
Tagalog	Upang ma-access ang mga serbisyo sa wika nang walang bayad, tawagan ang numero sa iyong ID card.
Telugu	బాష 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 безкоштовнј 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
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.
IBC = Indication Based Coverage
LGC = Lowest Generic Copay Applies
N8 = Drug Specific Coverage
SPC = Select Plan Coverage: Only available for select plans. Refer to member plan documents for coverage.

Prescription Drug Name	Drug Tier	Drug Notes
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION		
COX-2 INHIBITORS		
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG (*celecoxib*)	NF	
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	G	
ELYXYB ORAL SOLUTION 120 MG/4.8ML (*celecoxib (migraine)*)	NF	
GOUT		
allopurinol oral tablet 100 mg, 300 mg	G	N8 (Listing does not include certain NDCs)
colchicine oral capsule 0.6 mg	NF	
colchicine oral tablet 0.6 mg	G	
colchicine-probenecid oral tablet 0.5-500 mg	G	
febuxostat oral tablet 40 mg, 80 mg	G	
GLOPERBA ORAL SOLUTION 0.6 MG/5ML (*colchicine*)	NF	
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML (*pegloticase*)	NPSP	
MITIGARE ORAL CAPSULE 0.6 MG (*colchicine*)	PB	
probenecid oral tablet 500 mg	G	
ULORIC ORAL TABLET 40 MG, 80 MG (*febuxostat*)	NF	
MISCELLANEOUS		
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*)	NF	
butalbital-apap-caffeine (Bac Oral Tablet 50-325-40 Mg)	G	
butalbital-acetaminophen oral capsule 50-300 mg	NF	
butalbital-acetaminophen oral tablet 50-300 mg	NF	
butalbital-acetaminophen oral tablet 50-325 mg	G	
butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg	NF	
butalbital-apap-caffeine oral tablet 50-325-40 mg	G	N8 (Listing does not include certain NDCs)
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	G	N8 (Listing does not include certain NDCs)
ESGIC ORAL TABLET 50-325-40 MG (*butalbital-apap-caffeine*)	NPB	
FIORICET ORAL CAPSULE 50-300-40 MG (*butalbital-apap-caffeine*)	NF	
TENCON ORAL TABLET 50-325 MG (*butalbital-acetaminophen*)	G	
NSAIDS		
ANAPROX DS ORAL TABLET 550 MG (*naproxen sodium*)	NPB	
CAMBIA ORAL PACKET 50 MG (*diclofenac potassium(migraine)*)	NF	
DAYPRO ORAL TABLET 600 MG (*oxaprozin*)	NPB	
diclofenac epolamine external patch 1.3 %	G	
diclofenac potassium oral capsule 25 mg	NF	
diclofenac potassium oral tablet 25 mg	NF	
diclofenac potassium oral tablet 50 mg	G	
diclofenac potassium(migraine) oral packet 50 mg	NF	
diclofenac sodium er oral tablet extended release 24 hour 100 mg	G	
diclofenac sodium external solution 1.5 %	G	
diclofenac sodium external solution 2 %	NF	
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 300 mg	G	
etodolac oral tablet 400 mg, 500 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
fenoprofen calcium oral capsule 200 mg, 400 mg	NF	
fenoprofen calcium oral tablet 600 mg	NF	
flurbiprofen oral tablet 100 mg, 50 mg	G	
ibuprofen (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg)	G	
ibuprofen oral suspension 100 mg/5ml	G	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	G	
INDOCIN ORAL SUSPENSION 25 MG/5ML (*indomethacin*)	NF	
indomethacin (Indocin Rectal Suppository 50 Mg)	NF	
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	NF	
ketoprofen oral capsule 25 mg	NF	
ketorolac tromethamine oral tablet 10 mg	G	
KIPROFEN ORAL CAPSULE 25 MG (*ketoprofen*)	NF	
LICART EXTERNAL PATCH 24 HOUR 1.3 % (*diclofenac epolamine*)	NF	
LODINE ORAL TABLET 400 MG (*etodolac*)	NF	
diclofenac potassium (Lofena Oral Tablet 25 Mg)	NF	
meclofenamate sodium oral capsule 100 mg, 50 mg	G	
mefenamic acid oral capsule 250 mg	NF	
meloxicam oral capsule 10 mg, 5 mg	NF	
meloxicam oral tablet 15 mg, 7.5 mg	G	
nabumetone oral tablet 500 mg, 750 mg	G	N8 (Listing does not include certain NDCs)
NALFON ORAL CAPSULE 400 MG (*fenoprofen calcium*)	NPB	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG (*naproxen sodium*)	NF	
naproxen oral suspension 125 mg/5ml	NF	
naproxen oral tablet 250 mg, 375 mg, 500 mg	G	
naproxen oral tablet delayed release 375 mg, 500 mg	G	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg	NF	
naproxen sodium oral tablet 275 mg, 550 mg	G	
oxaprozin oral tablet 600 mg	G	
PENNSAID EXTERNAL SOLUTION 2 % (*diclofenac sodium*)	NF	
piroxicam oral capsule 10 mg, 20 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (*ketorolac tromethamine*)	NF	
sulindac oral tablet 150 mg, 200 mg	G	
ZIPSOR ORAL CAPSULE 25 MG (*diclofenac potassium*)	NPB	
NSAIDS, COMBINATIONS		
ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG (*diclofenac-misoprostol*)	NF	
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	G	
ibuprofen-famotidine oral tablet 800-26.6 mg	G	
naproxen-esomeprazole mg oral tablet delayed release 375-20 mg, 500-20 mg	NF	
PREVIDOLRX ANALGESIC COMBINATION THERAPY PACK 75-20-0.025 MG-MG-% (*diclofenac-omeprazole-capsicum*)	NF	
VIMOVO ORAL TABLET DELAYED RELEASE 375-20 MG, 500-20 MG (*naproxen-esomeprazole*)	NPB	
OPIOID ANALGESICS		
acetaminophen-codeine oral solution 120-12 mg/5ml, 300-30 mg/12.5ml	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*)	NF	
apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg	G	
butalbital-asa-caff-codeine (Ascomp-Codeine Oral Capsule 50-325-40-30 Mg)	G	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	G	
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	G	
butorphanol tartrate nasal solution 10 mg/ml	G	
codeine sulfate oral tablet 60 mg	NPB	
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (*tramadol hcl*)	NPB	
DILAUDID INJECTION SOLUTION 2 MG/ML (*hydromorphone hcl*)	NF	
DILAUDID ORAL LIQUID 1 MG/ML (*hydromorphone hcl*)	NPB	
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG (*hydromorphone hcl*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
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 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	
hydrocodone-acetaminophen oral solution 5-217 mg/10ml	G	
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	G	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	G	
hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg	G	
hydromorphone hcl oral liquid 1 mg/ml	G	
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	G	
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (*hydrocodone bitartrate*)	NF	
levorphanol tartrate oral tablet 2 mg, 3 mg	NF	
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	
methadone hcl-nacl intravenous solution prefilled syringe 1-0.9 mg/ml-%	NPB	
METHADOSE ORAL CONCENTRATE 10 MG/ML (*methadone hcl*)	NPB	
methadone hcl (Methadose Oral Tablet Soluble 40 Mg)	G	

Prescription Drug Name	Drug Tier	Drug Notes
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML (*methadone hcl*)	NPB	
morphine sulfate (concentrate) oral solution 20 mg/ml	G	
morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	G	
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	G	
morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	G	
morphine sulfate oral solution 10 mg/5ml	G	
morphine sulfate oral tablet 15 mg, 30 mg	G	
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG (*morphine sulfate*)	NPB	
nalocet oral tablet 2.5-300 mg	NF	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (*tapentadol hcl*)	NF	
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG (*tapentadol hcl*)	NF	
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 hcl oral tablet abuse-deterrent 15 mg	G	
oxycodone-acetaminophen oral solution 10-300 mg/5ml, 5-325 mg/5ml	NF	
oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg, 7.5-300 mg	NF	
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*)	NF	
oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg	NF	
oxymorphone hcl oral tablet 10 mg, 5 mg	G	
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (*oxycodone-acetaminophen*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
PROLATE ORAL SOLUTION 10-300 MG/5ML (*oxycodone-acetaminophen*)	NF	
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (*oxycodone-acetaminophen*)	NF	
QDOLO ORAL SOLUTION 5 MG/ML (*tramadol hcl*)	NF	
ROXICODONE ORAL TABLET 15 MG, 30 MG (*oxycodone hcl*)	NPB	
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG (*oxycodone hcl*)	NF	
SEGLENTIS ORAL TABLET 56-44 MG (*celecoxib-tramadol hcl*)	NF	
tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	NF	
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	NF	
tramadol hcl oral tablet 100 mg	NF	
tramadol hcl oral tablet 50 mg	G	
tramadol-acetaminophen oral tablet 37.5-325 mg	G	
TREZIX ORAL CAPSULE 320.5-30-16 MG (*apap-caff-dihydrocodeine*)	G	
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG (*oxycodone*)	NF	
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*)	NF	
pentazocine-naloxone hcl oral tablet 50-0.5 mg	G	
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML (*buprenorphine*)	NPB	
SALICYLATES		
aspirin adult low dose oral tablet delayed release 81 mg	CE	

Prescription Drug Name	Drug Tier	Drug Notes
aspirin ec low strength oral tablet delayed release 81 mg	CE	
aspirin low dose oral tablet chewable 81 mg	CE	
aspirin low dose oral tablet delayed release 81 mg	CE	
aspirin oral tablet chewable 81 mg	CE	
aspirin oral tablet delayed release 81 mg	CE	
aspirin regimen oral tablet delayed release 81 mg	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	N8 (Listing does not include certain NDCs)
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	
ft aspirin low dose oral tablet delayed release 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	
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	
sb childrens aspirin oral tablet chewable 81 mg	CE	
sm aspirin adult low strength oral tablet delayed release 81 mg	CE	

Prescription Drug Name	Drug Tier	Drug Notes
sm aspirin low dose 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	
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	
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (*sodium hyaluronate (viscosup)*)	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	

Prescription Drug Name	Drug Tier	Drug Notes
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	
HUMATIN ORAL CAPSULE 250 MG (*paromomycin sulfate*)	NF	
neomycin sulfate oral tablet 500 mg	G	
sulfadiazine oral tablet 500 mg	NPB	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	G	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	G	
sulfamethoxazole-trimethoprim (Sulfatrim Pediatric Oral Suspension 200-40 Mg/5Ml)	G	
tinidazole oral tablet 250 mg, 500 mg	G	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
BREXAFEMME ORAL TABLET 150 MG (*ibrexafungerp citrate*)	NPB	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG (*isavuconazonium sulfate*)	NF	
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	G	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	G	
flucytosine oral capsule 250 mg	G	
flucytosine oral capsule 500 mg	NF	
griseofulvin microsize oral suspension 125 mg/5ml	G	
griseofulvin microsize oral tablet 500 mg	G	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
itraconazole oral capsule 100 mg	G	
itraconazole oral solution 10 mg/ml	G	
ketoconazole oral tablet 200 mg	G	
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7ML (*posaconazole*)	NF	
NOXAFIL ORAL PACKET 300 MG (*posaconazole*)	NF	
NOXAFIL ORAL SUSPENSION 40 MG/ML (*posaconazole*)	NF	
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG (*posaconazole*)	NF	
nystatin oral tablet 500000 unit	G	N8 (Listing does not include certain NDCs)
posaconazole oral suspension 40 mg/ml	G	
posaconazole oral tablet delayed release 100 mg	NF	
terbinafine hcl oral tablet 250 mg	G	
tolsura oral capsule 65 mg	NF	
VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML (*voriconazole*)	NPB	
VFEND ORAL TABLET 50 MG (*voriconazole*)	NPB	
VIVJOA ORAL CAPSULE THERAPY PACK 150 MG (*oteseconazole*)	NPSP	
voriconazole oral suspension reconstituted 40 mg/ml	G	
voriconazole oral tablet 200 mg, 50 mg	G	
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
ARAKODA ORAL TABLET 100 MG (*tafenoquine succinate*)	NF	
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	G	
chloroquine phosphate oral tablet 250 mg, 500 mg	G	
COARTEM ORAL TABLET 20-120 MG (*artemether-lumefantrine*)	NPB	
hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg	NF	
KRINTAFEL ORAL TABLET 150 MG (*tafenoquine succinate*)	NF	
MALARONE ORAL TABLET 250-100 MG, 62.5-25 MG (*atovaquone-proguanil hcl*)	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	
SOVUNA ORAL TABLET 300 MG (*hydroxychloroquine sulfate*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate oral solution 20 mg/ml	G	
abacavir sulfate oral tablet 300 mg	G	
APTIVUS ORAL CAPSULE 250 MG (*tipranavir*)	NF	
atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg	G	
EDURANT ORAL TABLET 25 MG (*rilpivirine hcl*)	NF	
efavirenz oral tablet 600 mg	G	
EMTRIVA ORAL CAPSULE 200 MG (*emtricitabine*)	NPSP	
EMTRIVA ORAL SOLUTION 10 MG/ML (*emtricitabine*)	NPSP	
fosamprenavir calcium oral tablet 700 mg	G	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG (*enfuvirtide*)	NPSP	
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG (*etravirine*)	NF	
ISENTRESS HD ORAL TABLET 600 MG (*raltegravir potassium*)	PSP	
ISENTRESS ORAL PACKET 100 MG (*raltegravir potassium*)	PSP	
ISENTRESS ORAL TABLET 400 MG (*raltegravir potassium*)	PSP	
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (*raltegravir potassium*)	PSP	
lamivudine oral solution 10 mg/ml	G	
lamivudine oral tablet 150 mg, 300 mg	G	
LEXIVA ORAL 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*)	NF	
NORVIR ORAL TABLET 100 MG (*ritonavir*)	NF	
PIFELTRO ORAL TABLET 100 MG (*doravirine*)	NF	
PREZISTA ORAL SUSPENSION 100 MG/ML (*darunavir*)	NF	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG (*darunavir*)	NF	
REYATAZ ORAL CAPSULE 200 MG, 300 MG (*atazanavir sulfate*)	NF	
REYATAZ ORAL PACKET 50 MG (*atazanavir sulfate*)	NF	
ritonavir oral tablet 100 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
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, 300 MG (*maraviroc*)	NF	
tenofovir disoproxil fumarate oral tablet 300 mg	G	
TIVICAY ORAL TABLET 50 MG (*dolutegravir sodium*)	PSP	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (*dolutegravir sodium*)	PSP	
TYBOST ORAL TABLET 150 MG (*cobicistat*)	NPSP	
VIRACEPT ORAL TABLET 250 MG, 625 MG (*nelfinavir mesylate*)	NF	
VIREAD ORAL POWDER 40 MG/GM (*tenofovir disoproxil fumarate*)	NPSP	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG (*tenofovir disoproxil fumarate*)	NPSP	
zidovudine oral capsule 100 mg	G	
zidovudine oral syrup 50 mg/5ml	G	
zidovudine oral tablet 300 mg	G	
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate-lamivudine oral tablet 600-300 mg	G	
ATRIPLA ORAL TABLET 600-200-300 MG (*efavirenz-emtricitab-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*)	NPSP	
GENVOYA ORAL TABLET 150-150-200-10 MG (*elviteg-cobic-emtricit-tenofaf*)	PSP	

Prescription Drug Name	Drug Tier	Drug Notes
JULUCA ORAL TABLET 50-25 MG (*dolutegravir-rilpivirine*)	NPSP	
KALETRA ORAL SOLUTION 400-100 MG/5ML (*lopinavir-ritonavir*)	NF	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG (*lopinavir-ritonavir*)	NF	
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*)	NPSP	
STRIBILD ORAL TABLET 150-150-200-300 MG (*elviteg-cobic-emtricit-tenofdf*)	NF	
SYMFI LO ORAL TABLET 400-300-300 MG (*efavirenz-lamivudine-tenofovir*)	NPSP	
SYMFI ORAL TABLET 600-300-300 MG (*efavirenz-lamivudine-tenofovir*)	NPSP	
SYMTUZA ORAL TABLET 800-150-200-10 MG (*darun-cobic-emtricit-tenofaf*)	PSP	
TRIUMEQ ORAL TABLET 600-50-300 MG (*abacavir-dolutegravir-lamivud*)	PSP	
triumeq pd oral tablet soluble 60-5-30 mg	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	
pretomanid oral tablet 200 mg	NPB	
PRIFTIN ORAL TABLET 150 MG (*rifapentine*)	NPB	
pyrazinamide oral tablet 500 mg	G	
rifabutin oral capsule 150 mg	G	
rifampin oral capsule 150 mg, 300 mg	G	N8 (Listing does not include certain NDCs)
RIFAMPIN+SYRSPEND SF ORAL SUSPENSION 25 MG/ML (*rifampin*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
SIRTURO ORAL TABLET 20 MG (*bedaquiline fumarate*)	NPB	
TRECATOR ORAL TABLET 250 MG (*ethionamide*)	NPB	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
acyclovir oral capsule 200 mg	G	
acyclovir oral suspension 200 mg/5ml	G	
acyclovir oral tablet 400 mg, 800 mg	G	
famciclovir oral tablet 125 mg, 250 mg, 500 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	
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG (*nirmatrelvir-ritonavir*)	PB	
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG (*nirmatrelvir-ritonavir*)	PB	
PREVYMIS ORAL TABLET 240 MG, 480 MG (*letermovir*)	NPB	
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	
TEMBEXA ORAL SUSPENSION 10 MG/ML (*brincidofovir*)	NPB	
TEMBEXA ORAL TABLET 100 MG (*brincidofovir*)	NPB	
TPOXX ORAL CAPSULE 200 MG (*tecovirimat*)	NPB	
valacyclovir hcl oral tablet 1 gm, 500 mg	G	
VALCYTE ORAL SOLUTION RECONSTITUTED 50 MG/ML (*valganciclovir hcl*)	NF	
VALCYTE ORAL TABLET 450 MG (*valganciclovir hcl*)	NF	
valganciclovir hcl oral solution reconstituted 50 mg/ml	G	
valganciclovir hcl oral tablet 450 mg	G	
VALTREX ORAL TABLET 1 GM, 500 MG (*valacyclovir hcl*)	NF	
XERESE EXTERNAL CREAM 5-1 % (*acyclovir-hydrocortisone*)	NF	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG (*baloxavir marboxil*)	NF	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG (*baloxavir marboxil*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
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	G	N8 (Listing does not include certain NDCs)
cephalexin oral capsule 750 mg	G	
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	NPB	
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	

Prescription Drug Name	Drug Tier	Drug Notes
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (*erythromycin ethylsuccinate*)	NF	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (*erythromycin ethylsuccinate*)	NF	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML (*erythromycin ethylsuccinate*)	NF	
erythromycin base (Ery-Tab Oral Tablet Delayed Release 250 Mg, 333 Mg, 500 Mg)	G	
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	
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 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 B		
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	
lamivudine oral tablet 100 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
VEMLIDY ORAL TABLET 25 MG (*tenofovir alafenamide fumarate*)	PSP	
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	
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		
atovaquone oral suspension 750 mg/5ml	G	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG, 75 MG (*clindamycin hcl*)	NPB	
CLEOCIN ORAL SOLUTION RECONSTITUTED 75 MG/5ML (*clindamycin palmitate hcl*)	NPB	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	G	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	G	
dapsone oral tablet 100 mg, 25 mg	G	
DARAPRIM ORAL TABLET 25 MG (*pyrimethamine*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML (*metronidazole benzoate*)	NF	
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML (*vancomycin hcl*)	NF	
LAMPIT ORAL TABLET 120 MG, 30 MG (*nifurtimox*)	NPB	
linezolid oral suspension reconstituted 100 mg/5ml	G	
linezolid oral tablet 600 mg	G	N8 (Listing does not include certain NDCs)
MACROBID ORAL CAPSULE 100 MG (*nitrofurantoin monohyd macro*)	NPB	
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG (*nitrofurantoin macrocrystal*)	NF	
methenamine hippurate oral tablet 1 gm	G	
methenamine mandelate oral tablet 0.5 gm, 1 gm	G	
METRONIDAZOLE BENZO+SYRSPEND ORAL SUSPENSION RECONSTITUTED 50 MG/ML (*metronidazole benzoate*)	NF	
metronidazole oral capsule 375 mg	G	
metronidazole oral tablet 250 mg, 500 mg	G	
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG (*pentamidine isethionate*)	NPB	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	G	
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*)	NF	
trimethoprim oral tablet 100 mg	G	
VANCOCIN ORAL CAPSULE 125 MG, 250 MG (*vancomycin hcl*)	NPB	
vancomycin hcl intravenous solution 500 mg/100ml	NPB	
vancomycin hcl intravenous solution reconstituted 100 gm	NPB	
vancomycin hcl oral capsule 125 mg, 250 mg	G	
VANCOMYCIN+SYRSPEND SF ORAL SUSPENSION 50 MG/ML (*vancomycin hcl*)	NF	
XIFAXAN ORAL TABLET 200 MG (*rifaximin*)	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	G	
amoxicillin-pot clavulanate oral tablet 875-125 mg	G	N8 (Listing does not include certain NDCs)
amoxicillin-pot clavulanate oral tablet chewable 400-57 mg	G	
ampicillin oral capsule 500 mg	G	
dicloxacillin sodium oral capsule 250 mg, 500 mg	G	
LENTOCILIN INTRAMUSCULAR SUSPENSION RECONSTITUTED 1200000 UNIT (*penicillin g benzathine*)	NPB	
nafcillin sodium intravenous solution reconstituted 10 gm	G	
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	G	
penicillin v potassium oral tablet 250 mg, 500 mg	G	
PFIZERPEN INJECTION SOLUTION RECONSTITUTED 20000000 UNIT, 5000000 UNIT (*penicillin g potassium*)	NF	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
avidoxy oral tablet 100 mg	G	
demeclocycline hcl oral tablet 150 mg, 300 mg	G	
DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG (*doxycycline hyclate*)	NF	
doxycycline hyclate oral capsule 100 mg, 50 mg	G	
doxycycline hyclate oral tablet 100 mg	G	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	NF	
doxycycline hyclate oral tablet 20 mg	G	N8 (Listing does not include certain NDCs)
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg, 80 mg	NF	
doxycycline monohydrate oral capsule 100 mg, 50 mg	G	
doxycycline monohydrate oral capsule 150 mg, 75 mg	NF	

Prescription Drug Name	Drug Tier	Drug Notes
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	G	N8 (Listing does not include certain NDCs)
doxycycline monohydrate oral tablet 100 mg, 150 mg, 75 mg	G	
doxycycline monohydrate oral tablet 50 mg	G	N8 (Listing does not include certain NDCs)
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	NF	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	G	
minocycline hcl oral tablet 100 mg, 50 mg, 75 mg	G	
MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 135 MG (*minocycline hcl*)	NF	
doxycycline monohydrate (Mondoxyne Nl Oral Capsule 100 Mg)	G	
NUZYRA ORAL TABLET 150 MG (*omadacycline tosylate*)	NPB	
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG (*sarecycline hcl*)	NF	
doxycycline hyclate (Targadox Oral Tablet 50 Mg)	NF	
tetracycline hcl oral capsule 250 mg, 500 mg	G	
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
cyclophosphamide oral capsule 25 mg, 50 mg	G	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (*lomustine*)	NPSP	
LEUKERAN ORAL TABLET 2 MG (*chlorambucil*)	NPB	
MATULANE ORAL CAPSULE 50 MG (*procarbazine hcl*)	NPSP	
MYLERAN ORAL TABLET 2 MG (*busulfan*)	NPB	
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		
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG (*pemetrexed disodium*)	NF	
capecitabine oral tablet 150 mg, 500 mg	G	
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	

Prescription Drug Name	Drug Tier	Drug Notes
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*)	NPB	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (*methotrexate sodium*)	NPB	
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*)	PSP	
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, 50 MG (*thalidomide*)	PSP	
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG (*bcg live*)	NPB	
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate oral tablet 250 mg	G	
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG (*niraparib-abiraterone acetate*)	NF	
anastrozole oral tablet 1 mg	CE	
ARIMIDEX ORAL TABLET 1 MG (*anastrozole*)	NPB	
AROMASIN ORAL TABLET 25 MG (*exemestane*)	NPB	
bicalutamide oral tablet 50 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
ELIGARD SUBCUTANEOUS KIT 22.5 MG (*leuprolide acetate (3 month)*)	PSP	
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*)	NF	
exemestane oral tablet 25 mg	CE	
FEMARA ORAL TABLET 2.5 MG (*letrozole*)	NPB	
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, 7.5 MG (*leuprolide acetate*)	NF	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 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*)	NPSP	
megestrol acetate oral tablet 20 mg, 40 mg	G	
NILANDRON ORAL TABLET 150 MG (*nilutamide*)	NF	
nilutamide oral tablet 150 mg	G	
NUBEQA ORAL TABLET 300 MG (*darolutamide*)	PSP	
ORGOVYX ORAL TABLET 120 MG (*relugolix*)	NPSP	
ORSERDU ORAL TABLET 345 MG, 86 MG (*elacestrant hydrochloride*)	NF	
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	

Prescription Drug Name	Drug Tier	Drug Notes
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	
AUGTYRO ORAL CAPSULE 40 MG (*repotrectinib*)	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 CAPSULE 100 MG, 50 MG (*bosutinib*)	PSP	
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG (*bosutinib*)	PSP	
BRAFTOVI ORAL CAPSULE 75 MG (*encorafenib*)	PSP	
BRUKINSA ORAL CAPSULE 80 MG (*zanubrutinib*)	PSP	
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (*cabozantinib s-malate*)	PSP	
CALQUENCE ORAL 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	

Prescription Drug Name	Drug Tier	Drug Notes
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG (*cabozantinib s-malate*)	NPSP	
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (*duvelisib*)	PSP	
COTELLIC ORAL TABLET 20 MG (*cobimetinib fumarate*)	PSP	
erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg	G	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG (*tivozanib hcl*)	NF	
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG (*fruquintinib*)	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*)	NF	
IMBRUVICA ORAL SUSPENSION 70 MG/ML (*ibrutinib*)	NF	
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (*ibrutinib*)	NF	
INLYTA ORAL TABLET 1 MG, 5 MG (*axitinib*)	PSP	
INREBIC ORAL CAPSULE 100 MG (*fedratinib hcl*)	NF	
IRESSA ORAL TABLET 250 MG (*gefitinib*)	NF	
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (*ruxolitinib phosphate*)	NPSP	IBC (Not covered for polycythemia vera)
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	
KOSELUGO ORAL CAPSULE 10 MG, 25 MG (*selumetinib sulfate*)	PSP	

Prescription Drug Name	Drug Tier	Drug Notes
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*)	NF	
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML (*trametinib dimethyl sulfoxide*)	NPSP	
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*)	NF	
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG (*momelotinib dihydrochloride*)	NF	
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	
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG (*selpercatinib*)	PSP	
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG (*entrectinib*)	PSP	

Prescription Drug Name	Drug Tier	Drug Notes
ROZLYTREK ORAL PACKET 50 MG (*entrectinib*)	PSP	
RYDAPT ORAL CAPSULE 25 MG (*midostaurin*)	PSP	
SCEMBLIX ORAL TABLET 100 MG, 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*)	NPSP	
TAGRISSO ORAL TABLET 40 MG, 80 MG (*osimertinib mesylate*)	PSP	
TARCEVA ORAL TABLET 100 MG, 150 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	
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG (*quizartinib dihydrochloride*)	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	
XALKORI ORAL CAPSULE SPRINKLE 150 MG, 20 MG, 50 MG (*crizotinib*)	NPSP	

Prescription Drug Name	Drug Tier	Drug Notes
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*)	NPB	
hydroxyurea oral capsule 500 mg	G	
IDHIFA ORAL TABLET 100 MG, 50 MG (*enasidenib mesylate*)	NPSP	
IWILFIN ORAL TABLET 192 MG (*eflornithine hcl*)	NPSP	
KRAZATI ORAL TABLET 200 MG (*adagrasib*)	PSP	
LUMAKRAS ORAL TABLET 120 MG, 320 MG (*sotorasib*)	PSP	
LYNPARZA ORAL TABLET 100 MG, 150 MG (*olaparib*)	PSP	
ODOMZO ORAL CAPSULE 200 MG (*sonidegib phosphate*)	PSP	
REZLIDHIA ORAL CAPSULE 150 MG (*olutasidenib*)	NF	
RUBRACA ORAL TABLET 250 MG, 300 MG (*rucaparib camsylate*)	NF	
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	
VORANIGO ORAL TABLET 10 MG, 40 MG (*vorasidenib*)	NPSP	
WELIREG ORAL TABLET 40 MG (*belzutifan*)	NF	
XOFIGO INTRAVENOUS SOLUTION 30 MCCI/ML (*radium ra 223 dichloride*)	NF	
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG (*selinexor*)	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	

Prescription Drug Name	Drug Tier	Drug Notes
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*)	NPSP	
PLATINUM-BASED AGENTS		
PARAPLATIN INTRAVENOUS SOLUTION 1000 MG/100ML (*carboplatin*)	NPSP	
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	
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	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG (*amlodipine besy-benazepril hcl*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (*perindopril arg-amlodipine*)	NF	
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	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (*lisinopril-hydrochlorothiazide*)	NF	
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	G	N8 (Listing does not include certain NDCs)
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	N8 (Listing does not include certain NDCs)
EPANED ORAL SOLUTION 1 MG/ML (*enalapril maleate*)	NF	
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	G	N8 (Listing does not include certain NDCs)
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	G	N8 (Listing does not include certain NDCs)
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	
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (*spironolactone*)	NPB	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (*spironolactone*)	NF	
eplerenone oral tablet 25 mg, 50 mg	G	
INSPRA ORAL TABLET 25 MG, 50 MG (*eplerenone*)	NPB	
KERENDIA ORAL TABLET 10 MG, 20 MG (*finerenone*)	PB	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
prazosin hcl oral capsule 1 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	
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG (*candesartan cilexetil-hctz*)	NF	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG (*amlodipine-olmesartan*)	NF	
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG (*olmesartan medoxomil-hctz*)	NF	
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	G	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG (*valsartan-hydrochlorothiazide*)	NF	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (*azilsartan-chlorthalidone*)	NF	
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG (*amlodipine-valsartan-hctz*)	NF	
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG (*amlodipine besylate-valsartan*)	NF	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG (*losartan potassium-hctz*)	NF	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	G	
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*)	NF	
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	

Prescription Drug Name	Drug Tier	Drug Notes
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	
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (*candesartan cilexetil*)	NF	
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG (*olmesartan medoxomil*)	NF	
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	G	
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG (*losartan potassium*)	NF	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG (*valsartan*)	NF	
EDARBI ORAL TABLET 40 MG, 80 MG (*azilsartan medoxomil*)	NF	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	G	
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	G	
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG (*telmisartan*)	NF	
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	NF	
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	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (*sotalol hcl af*)	NF	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (*sotalol hcl*)	NF	
disopyramide phosphate oral capsule 100 mg, 150 mg	G	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	G	
flecainide acetate oral tablet 100 mg, 150 mg	G	
flecainide acetate oral tablet 50 mg	G	N8 (Listing does not include certain NDCs)

Prescription Drug Name	Drug Tier	Drug Notes
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	G	
MULTAQ ORAL TABLET 400 MG (*dronedarone hcl*)	PB	
NEXTERONE INTRAVENOUS SOLUTION 150-4.21 MG/100ML-%, 360-4.14 MG/200ML-% (*amiodarone hcl in dextrose*)	NF	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG (*disopyramide phosphate*)	NPB	
NORPACE ORAL CAPSULE 100 MG, 150 MG (*disopyramide phosphate*)	NF	
amiodarone hcl (Pacerone Oral Tablet 100 Mg, 200 Mg, 400 Mg)	G	
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg	G	
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	G	
quinidine gluconate er oral tablet extended release 324 mg	G	
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	
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	N8 (Listing does not include certain NDCs)
cholestyramine oral packet 4 gm	G	
cholestyramine oral powder 4 gm/dose	G	N8 (Listing does not include certain NDCs)
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	

Prescription Drug Name	Drug Tier	Drug Notes
cholestyramine light (Prevalite Oral Packet 4 Gm)	G	
cholestyramine light (Prevalite Oral Powder 4 Gm/Dose)	G	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR - DRUGS TO TREAT HIGH CHOLESTEROL		
ezetimibe oral tablet 10 mg	G	
ZETIA ORAL TABLET 10 MG (*ezetimibe*)	NF	
ANTILIPEMICS, FIBRATES - DRUGS TO TREAT HIGH CHOLESTEROL		
fenofibrate micronized oral capsule 130 mg	NF	
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	G	
fenofibrate oral capsule 150 mg	G	
fenofibrate oral capsule 50 mg	NF	
fenofibrate oral tablet 120 mg, 40 mg	NF	
fenofibrate oral tablet 145 mg, 48 mg, 54 mg	G	
fenofibrate oral tablet 160 mg	NPB	
fenofibric acid oral capsule delayed release 135 mg, 45 mg	G	
fenofibric acid oral tablet 105 mg	G	
FENOGLIDE ORAL TABLET 120 MG (*fenofibrate*)	NF	
FIBRICOR ORAL TABLET 105 MG, 35 MG (*fenofibric acid*)	NPB	
gemfibrozil oral tablet 600 mg	G	
LIPOFEN ORAL CAPSULE 150 MG, 50 MG (*fenofibrate*)	NPB	
TRICOR ORAL TABLET 145 MG, 48 MG (*fenofibrate*)	NF	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG (*lovastatin*)	NF	
ATORVALIQ ORAL SUSPENSION 20 MG/5ML (*atorvastatin calcium*)	NF	
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*)	NF	
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (*rosuvastatin calcium*)	NF	
flolipid oral suspension 20 mg/5ml, 40 mg/5ml	NF	
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
fluvastatin sodium oral capsule 20 mg, 40 mg	G	
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 80 MG (*fluvastatin sodium*)	NF	
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG (*atorvastatin calcium*)	NF	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (*pitavastatin calcium*)	NF	
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*)	NF	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS - DRUGS TO TREAT HIGH CHOLESTEROL		
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	G	
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	NF	
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	G	
NIACOR ORAL TABLET 500 MG (*niacin (antihyperlipidemic)*)	NF	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS - DRUGS TO TREAT HIGH CHOLESTEROL		
icosapent ethyl oral capsule 0.5 gm, 1 gm	G	N8 (Listing does not include certain NDCs)
LOVAZA ORAL CAPSULE 1 GM (*omega-3-acid ethyl esters*)	NF	
omega-3-acid ethyl esters oral capsule 1 gm	G	
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM (*icosapent ethyl*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
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	
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	
ATENOLOL+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (*atenolol*)	NF	
betaxolol hcl oral tablet 10 mg, 20 mg	G	
bisoprolol fumarate oral tablet 10 mg, 5 mg	G	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (*nebivolol hcl*)	NF	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	G	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	G	N8 (Listing does not include certain NDCs)
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (*carvedilol phosphate*)	NF	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (*carvedilol*)	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*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (*propranolol hcl sr beads*)	NF	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (*propranolol hcl sr beads*)	NF	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (*metoprolol succinate*)	NF	
labetalol hcl intravenous solution prefilled syringe 20 mg/4ml	NF	
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	N8 (Listing does not include certain NDCs)
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*)	NF	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	G	
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
AMLODIPINE BES+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (*amlodipine besylate*)	NF	
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (*diltiazem hcl coated beads*)	NF	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (*diltiazem hcl*)	NF	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (*diltiazem hcl*)	NF	
diltiazem hcl coated beads (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg)	G	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG (*levamlodipine maleate*)	NF	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	G	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	G	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	G	
diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	NF	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	G	N8 (Listing does not include certain NDCs)
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	G	
felodipine er oral tablet extended release 24 hour 10 mg	G	
felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg	G	N8 (Listing does not include certain NDCs)
isradipine oral capsule 2.5 mg, 5 mg	G	
KATERZIA ORAL SUSPENSION 1 MG/ML (*amlodipine benzoate*)	NF	
diltiazem hcl (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	NF	
nicardipine hcl oral capsule 20 mg, 30 mg	G	N8 (Listing does not include certain NDCs)
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	N8 (Listing does not include certain NDCs)
nifedipine oral capsule 10 mg, 20 mg	G	N8 (Listing does not include certain NDCs)

Prescription Drug Name	Drug Tier	Drug Notes
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*)	NF	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (*amlodipine besylate*)	NF	
NYMALIZE ORAL SOLUTION 6 MG/ML (*nimodipine*)	NPB	
verapamil hcl er oral capsule extended release 24 hour 100 mg	G	N8 (Listing does not include certain NDCs)
verapamil hcl er oral capsule extended release 24 hour 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	N8 (Listing does not include certain NDCs)
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 125 MCG, 250 MCG (*digoxin*)	NF	
LANOXIN ORAL TABLET 62.5 MCG (*digoxin*)	NPB	
DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS		
aliskiren fumarate oral tablet 150 mg, 300 mg	G	
TEKTURNA ORAL TABLET 150 MG, 300 MG (*aliskiren fumarate*)	NPB	
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
acetazolamide er oral capsule extended release 12 hour 500 mg	G	
acetazolamide oral tablet 125 mg	G	N8 (Listing does not include certain NDCs)
acetazolamide oral tablet 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	
chlorthalidone oral tablet 25 mg, 50 mg	G	
DIURIL ORAL SUSPENSION 250 MG/5ML (*chlorothiazide*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
DYRENIUM ORAL CAPSULE 100 MG, 50 MG (*triamterene*)	NF	
ethacrynic acid oral tablet 25 mg	G	
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML (*furosemide*)	NF	
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	N8 (Listing does not include certain NDCs)
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*)	NF	
spironolactone-hctz oral tablet 25-25 mg	G	
THALITONE ORAL TABLET 15 MG (*chlorthalidone*)	NF	
torsemide oral tablet 10 mg, 100 mg, 5 mg	G	
torsemide oral tablet 20 mg	G	N8 (Listing does not include certain NDCs)
triamterene oral capsule 100 mg, 50 mg	G	
triamterene-hctz oral capsule 37.5-25 mg	G	N8 (Listing does not include certain NDCs)
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	G	
HEART FAILURE		
BIDIL ORAL TABLET 20-37.5 MG (*isosorb dinitrate-hydralazine*)	NPB	
CORLANOR ORAL SOLUTION 5 MG/5ML (*ivabradine hcl*)	NPB	
CORLANOR ORAL TABLET 5 MG, 7.5 MG (*ivabradine hcl*)	PB	
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG (*sacubitril-valsartan*)	PB	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (*sacubitril-valsartan*)	PB	
INPEFA ORAL TABLET 200 MG, 400 MG (*sotagliflozin*)	NF	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (*vericiguat*)	PB	
MISCELLANEOUS		
ASPRUZYO SPRINKLE ORAL PACKET 1000 MG, 500 MG (*ranolazine*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
BIORPHEN INTRAVENOUS SOLUTION 0.5 MG/5ML (*phenylephrine hcl (pressors)*)	NF	
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (*mavacamten*)	NPSP	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR (*clonidine*)	NPB	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24HR (*clonidine*)	NPB	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24HR (*clonidine*)	NPB	
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	N8 (Listing does not include certain NDCs)
DEMSER ORAL CAPSULE 250 MG (*metyrosine*)	NPSP	
GIAPREZA INTRAVENOUS SOLUTION 0.5 MG/ML, 2.5 MG/ML (*angiotensin ii acetate*)	NF	
guanfacine hcl oral tablet 1 mg, 2 mg	G	N8 (Listing does not include certain NDCs)
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	G	N8 (Listing does not include certain NDCs)
methyldopa oral tablet 250 mg, 500 mg	G	N8 (Listing does not include certain NDCs)
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	G	
minoxidil oral tablet 10 mg, 2.5 mg	G	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG (*clonidine*)	NF	
NIPRIDE RTU INTRAVENOUS SOLUTION 20-0.9 MG/100ML-%, 50-0.9 MG/100ML-% (*nitroprusside sodium-nacl*)	NF	
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	
VYNDAMAX ORAL CAPSULE 61 MG (*tafamidis*)	NPSP	
VYNDAQEL ORAL CAPSULE 20 MG (*tafamidis meglumine (cardiac)*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
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, 5 mg	G	
isosorbide dinitrate oral tablet 40 mg	NF	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	G	
isosorbide mononitrate oral tablet 10 mg, 20 mg	G	
NITRO-BID TRANSDERMAL OINTMENT 2 % (*nitroglycerin*)	NPB	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR (*nitroglycerin*)	NPB	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	G	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	G	
nitroglycerin translingual solution 0.4 mg/spray	G	
NITROLINGUAL TRANSLINGUAL SOLUTION 0.4 MG/SPRAY (*nitroglycerin*)	NPB	
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	
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG (*macitentan-tadalafil*)	PSP	
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (*treprostinil diolamine*)	PSP	

Prescription Drug Name	Drug Tier	Drug Notes
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	
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (*treprostinil diolamine*)	PSP	
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML (*treprostinil*)	NF	
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)*)	PSP	
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 INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (*treprostinil*)	PSP	
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (*treprostinil*)	PSP	
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG (*treprostinil*)	PSP	
TYVASO INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	PSP	
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	PSP	
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	PSP	
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (*selexipag*)	PSP	
UPTRAVI TITRATION 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	
AMYOTROPHIC LATERAL SCLEROSIS (ALS) - DRUGS TO TREAT ALS		
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML (*edaravone*)	PSP	
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML (*edaravone*)	PSP	
riluzole oral tablet 50 mg	G	
TEGLUTIK ORAL SUSPENSION 50 MG/10ML (*riluzole*)	NF	
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	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG (*clomipramine hcl*)	NPB	
ATIVAN INJECTION SOLUTION 2 MG/ML, 4 MG/ML (*lorazepam*)	NF	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (*lorazepam*)	NF	
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	G	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	G	
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	G	
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg	G	
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	G	
lorazepam oral concentrate 2 mg/ml	G	N8 (Listing does not include certain NDCs)
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	

Prescription Drug Name	Drug Tier	Drug Notes
meprobamate oral tablet 200 mg, 400 mg	G	
oxazepam oral capsule 10 mg, 15 mg, 30 mg	G	
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG (*alprazolam*)	NF	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 2 MG, 3 MG (*alprazolam*)	NF	
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/DAY, 5 MG/DAY (*donepezil hcl*)	NF	
donepezil hcl oral tablet 10 mg, 23 mg, 5 mg	G	
donepezil hcl oral tablet dispersible 10 mg, 5 mg	G	
ergoloid mesylates oral tablet 1 mg	G	
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	G	
galantamine hydrobromide oral solution 4 mg/ml	G	
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	G	
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	G	
memantine hcl oral solution 2 mg/ml	G	
memantine hcl oral tablet 10 mg, 5 mg	G	N8 (Listing does not include certain NDCs)
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	G	
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	N8 (Listing does not include certain NDCs)

Prescription Drug Name	Drug Tier	Drug Notes
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG (*bupropion hbr*)	NF	
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	G	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	G	
bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg	NF	
bupropion hcl oral tablet 100 mg, 75 mg	G	N8 (Listing does not include certain NDCs)
citalopram hydrobromide oral capsule 30 mg	NF	
citalopram hydrobromide oral solution 10 mg/5ml	G	
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	G	
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 30 MG, 60 MG (*duloxetine hcl*)	NF	
desipramine hcl oral tablet 10 mg, 25 mg	G	N8 (Listing does not include certain NDCs)
desipramine hcl oral tablet 100 mg, 150 mg, 50 mg, 75 mg	G	
desvenlafaxine er tablet extended release 24 hour 100 mg oral	G	
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, 25 mg, 50 mg, 75 mg	G	N8 (Listing does not include certain NDCs)
doxepin hcl oral capsule 150 mg	G	
doxepin hcl oral concentrate 10 mg/ml	G	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg	G	
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 37.5 MG, 75 MG (*venlafaxine hcl*)	NF	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (*selegiline*)	NPB	
escitalopram oxalate oral solution 5 mg/5ml	G	N8 (Listing does not include certain NDCs)
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*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (*levomilnacipran hcl*)	NPB	
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	NF	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	G	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	G	
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG (*escitalopram oxalate*)	NF	
MARPLAN ORAL TABLET 10 MG (*isocarboxazid*)	NPB	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	G	
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	G	
NARDIL ORAL TABLET 15 MG (*phenelzine sulfate*)	NPB	
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	G	
NORPRAMIN ORAL TABLET 10 MG, 25 MG (*desipramine hcl*)	NPB	
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	G	
nortriptyline hcl oral solution 10 mg/5ml	G	
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG (*nortriptyline hcl*)	NPB	
PARNATE ORAL TABLET 10 MG (*tranylcypromine sulfate*)	NPB	
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg	G	
paroxetine hcl er oral tablet extended release 24 hour 37.5 mg	NF	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	G	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG (*paroxetine hcl*)	NF	
PAXIL ORAL SUSPENSION 10 MG/5ML (*paroxetine hcl*)	NF	
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (*paroxetine hcl*)	NF	
phenelzine sulfate oral tablet 15 mg	G	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG (*desvenlafaxine succinate*)	NF	
protriptyline hcl oral tablet 10 mg, 5 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG (*fluoxetine hcl*)	NF	
REMERON ORAL TABLET 15 MG, 30 MG (*mirtazapine*)	NPB	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG, 45 MG (*mirtazapine*)	NPB	
sertraline hcl oral capsule 150 mg, 200 mg	NF	
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	N8 (Listing does not include certain NDCs)
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (*vortioxetine hbr*)	PB	
venlafaxine besylate er oral tablet extended release 24 hour 112.5 mg	NF	
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	G	
venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg	NF	
venlafaxine hcl er oral tablet extended release 24 hour 225 mg	G	N8 (Listing does not include certain NDCs)
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	G	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (*vilazodone hcl*)	NF	
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG (*bupropion hcl*)	NF	
ZOLOFT ORAL CONCENTRATE 20 MG/ML (*sertraline hcl*)	NF	
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG (*sertraline hcl*)	NF	
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG (*zuranolone*)	PSP	

Prescription Drug Name	Drug Tier	Drug Notes
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
amantadine hcl oral capsule 100 mg	G	N8 (Listing does not include certain NDCs)
amantadine hcl oral solution 50 mg/5ml	G	N8 (Listing does not include certain NDCs)
amantadine hcl oral tablet 100 mg	G	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML (*apomorphine hcl*)	NF	
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	G	
bromocriptine mesylate oral capsule 5 mg	G	
bromocriptine mesylate oral tablet 2.5 mg	G	
carbidopa oral tablet 25 mg	G	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	G	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	G	
carbidopa-levodopa-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	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*)	NF	
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*)	NF	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG (*opicapone*)	NF	
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG (*amantadine hcl*)	NF	
pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	G	
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	G	
rasagiline mesylate oral tablet 0.5 mg, 1 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	G	
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	G	
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG (*carbidopa-levodopa*)	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	
tolcapone oral tablet 100 mg	G	
trihexyphenidyl hcl oral solution 0.4 mg/ml	G	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	G	
XADAGO ORAL TABLET 100 MG, 50 MG (*safinamide mesylate*)	NF	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (*selegiline hcl*)	NPB	
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML (*aripiprazole*)	NF	
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (*aripiprazole*)	PB	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (*aripiprazole*)	PB	
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (*aripiprazole w/ sens-strip-pod*)	NF	
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (*aripiprazole w/ sens-strip-pod*)	NF	
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (*aripiprazole*)	NF	
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED 10 MG (*loxapine*)	NPB	
aripiprazole oral solution 1 mg/ml	G	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	G	
aripiprazole oral tablet dispersible 10 mg, 15 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML (*aripiprazole lauroxil*)	NPB	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML (*aripiprazole lauroxil*)	NPB	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG (*lumateperone tosylate*)	NPB	
chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml	NPB	
chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml	NF	
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, 150 mg, 200 mg, 25 mg	G	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (*carbamazepine (antipsychotic)*)	NPB	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (*iloperidone*)	NF	
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG (*iloperidone*)	NF	
fluphenazine decanoate injection solution 25 mg/ml	G	
fluphenazine hcl injection solution 2.5 mg/ml	G	
fluphenazine hcl oral concentrate 5 mg/ml	G	
fluphenazine hcl oral elixir 2.5 mg/5ml	G	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	G	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG (*ziprasidone mesylate*)	NPB	
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*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML (*paliperidone palmitate*)	NPB	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML (*paliperidone palmitate*)	NF	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG (*lurasidone hcl*)	NF	
loxapine succinate oral capsule 10 mg, 5 mg	G	N8 (Listing does not include certain NDCs)
loxapine succinate oral capsule 25 mg, 50 mg	G	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (*olanzapine-samidorphan*)	NPB	
NUPLAZID ORAL CAPSULE 34 MG (*pimavanserin tartrate*)	NPSP	
NUPLAZID ORAL TABLET 10 MG (*pimavanserin tartrate*)	NPSP	
olanzapine intramuscular solution reconstituted 10 mg	G	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	G	
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	G	
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg	G	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	G	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG (*risperidone*)	PB	
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	G	
quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	G	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (*brexpiprazole*)	NPB	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG (*risperidone microspheres*)	NPB	
risperidone oral solution 1 mg/ml	G	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	G	
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	G	
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG (*risperidone*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
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*)	NF	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG (*quetiapine fumarate*)	NF	
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	G	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	G	
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	G	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML, 125 MG/0.35ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML, 50 MG/0.14ML, 75 MG/0.21ML (*risperidone*)	NF	
VERSACLOZ ORAL SUSPENSION 50 MG/ML (*clozapine*)	NPB	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (*cariprazine hcl*)	PB	
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	G	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG, 405 MG (*olanzapine pamoate*)	NPB	
ANTISEIZURE AGENTS - DRUGS TO TREAT SEIZURES		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (*eslicarbazepine acetate*)	PB	
BANZEL ORAL SUSPENSION 40 MG/ML (*rufinamide*)	NF	
BANZEL ORAL TABLET 200 MG, 400 MG (*rufinamide*)	NF	
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML (*brivaracetam*)	NPB	
BRIVIACT ORAL SOLUTION 10 MG/ML (*brivaracetam*)	NPB	
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (*brivaracetam*)	NPB	
carbamazepine er oral capsule extended release 12 hour 100 mg, 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	N8 (Listing does not include certain NDCs)
carbamazepine oral suspension 200 mg/10ml	NF	
carbamazepine oral tablet 200 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
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	N8 (Listing does not include certain NDCs)
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*)	NF	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (*divalproex sodium*)	NF	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (*divalproex sodium*)	NF	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (*stiripentol*)	NF	
DIACOMIT ORAL PACKET 250 MG, 500 MG (*stiripentol*)	NF	
diazepam (Diazepam Intensol Oral Concentrate 5 Mg/Ml)	G	
diazepam oral concentrate 5 mg/ml	G	
diazepam oral solution 5 mg/5ml	G	
diazepam oral tablet 10 mg, 2 mg, 5 mg	G	
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	G	
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG (*phenytoin*)	NF	
DILANTIN ORAL CAPSULE 100 MG, 30 MG (*phenytoin sodium extended*)	NF	
DILANTIN ORAL SUSPENSION 125 MG/5ML (*phenytoin*)	NF	
DILANTIN-125 ORAL SUSPENSION 125 MG/5ML (*phenytoin*)	NF	
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	G	
divalproex sodium oral capsule delayed release sprinkle 125 mg	G	
divalproex sodium oral tablet delayed release 125 mg, 500 mg	G	
divalproex sodium oral tablet delayed release 250 mg	G	N8 (Listing does not include certain NDCs)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 1500 MG (*levetiracetam*)	NF	
EPIDIOLEX ORAL SOLUTION 100 MG/ML (*cannabidiol*)	NPSP	
carbamazepine (Epitol Oral Tablet 200 Mg)	G	

Prescription Drug Name	Drug Tier	Drug Notes
EPRONTIA ORAL SOLUTION 25 MG/ML (*topiramate*)	NF	
ethosuximide oral capsule 250 mg	G	
ethosuximide oral solution 250 mg/5ml	G	
felbamate oral suspension 600 mg/5ml	G	
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	
KEPPRA INTRAVENOUS SOLUTION 500 MG/5ML (*levetiracetam*)	NF	
KEPPRA ORAL SOLUTION 100 MG/ML (*levetiracetam*)	NF	
KEPPRA ORAL TABLET 1000 MG, 250 MG, 500 MG, 750 MG (*levetiracetam*)	NF	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG (*levetiracetam*)	NF	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (*clonazepam*)	NPB	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG (*lamotrigine*)	NF	
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG (*lamotrigine*)	NF	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (*lamotrigine*)	NF	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG (*lamotrigine*)	NF	
LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG, 84 X 25 MG & 14X100 MG (*lamotrigine*)	NF	
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG (*lamotrigine*)	NF	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG (*lamotrigine*)	NF	
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	G	N8 (Listing does not include certain NDCs)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
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*)	NF	
LYRICA ORAL SOLUTION 20 MG/ML (*pregabalin*)	NF	
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (*lacosamide*)	NF	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (*midazolam (anticonvulsant)*)	PB	
NEURONTIN ORAL SOLUTION 250 MG/5ML (*gabapentin*)	NPB	
ONFI ORAL SUSPENSION 2.5 MG/ML (*clobazam*)	NF	
ONFI ORAL TABLET 10 MG, 20 MG (*clobazam*)	NF	
oxcarbazepine oral suspension 300 mg/5ml	G	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	G	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG (*oxcarbazepine*)	PB	
phenobarbital oral elixir 20 mg/5ml	G	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	G	
phenytoin oral suspension 125 mg/5ml	G	
phenytoin oral tablet chewable 50 mg	G	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	G	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	G	
pregabalin oral solution 20 mg/ml	G	
primidone oral tablet 125 mg	NF	
primidone oral tablet 250 mg	G	
primidone oral tablet 50 mg	G	N8 (Listing does not include certain NDCs)
levetiracetam (Roweepra Oral Tablet 500 Mg)	G	

Prescription Drug Name	Drug Tier	Drug Notes
rufinamide oral suspension 40 mg/ml	G	
SABRIL ORAL PACKET 500 MG (*vigabatrin*)	NF	
SABRIL ORAL TABLET 500 MG (*vigabatrin*)	NF	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG (*levetiracetam*)	NF	
lamotrigine (Subvenite Oral Tablet 100 Mg, 150 Mg, 200 Mg, 25 Mg)	G	
lamotrigine (Subvenite Starter Kit-Blue Oral Kit 35 X 25 Mg)	G	
lamotrigine (Subvenite Starter Kit-Green Oral Kit 84 X 25 Mg & 14X100 Mg)	G	
lamotrigine (Subvenite Starter Kit-Orange Oral Kit 42 X 25 Mg & 7 X 100 Mg)	G	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (*clobazam*)	NF	
TEGRETOL ORAL SUSPENSION 100 MG/5ML (*carbamazepine*)	NF	
TEGRETOL ORAL TABLET 200 MG (*carbamazepine*)	NF	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG (*carbamazepine*)	NF	
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	G	
topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	NF	
topiramate oral capsule sprinkle 15 mg, 25 mg	G	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	G	
TRILEPTAL ORAL SUSPENSION 300 MG/5ML (*oxcarbazepine*)	NF	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (*oxcarbazepine*)	NF	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (*topiramate*)	NPB	
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	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML (*diazepam*)	PB	
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML (*diazepam*)	PB	
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML (*diazepam*)	PB	

Prescription Drug Name	Drug Tier	Drug Notes
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML (*diazepam*)	PB	
vigabatrin oral packet 500 mg	G	
vigabatrin oral tablet 500 mg	G	
vigabatrin (Vigadrone Oral Packet 500 Mg)	G	
VIMPAT INTRAVENOUS SOLUTION 200 MG/20ML (*lacosamide*)	NF	
VIMPAT ORAL SOLUTION 10 MG/ML (*lacosamide*)	NF	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (*lacosamide*)	NF	
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, 25 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	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (*zonisamide*)	NF	
ZONISADE ORAL SUSPENSION 100 MG/5ML (*zonisamide*)	NF	
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		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG (*amphetamine-dextroamphetamine*)	NF	
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG (*amphetamine-dextroamphetamine*)	NF	
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (*amphetamine*)	NF	
amphetamine sulfate oral tablet 10 mg, 5 mg	G	
amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	G	
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*)	NF	
atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	G	
AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG (*serdexmethylphen-dexmethylphen*)	PB	
clonidine hcl er oral tablet extended release 12 hour 0.1 mg	G	
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG (*methylphenidate hcl*)	NF	
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG (*methylphenidate*)	NF	
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR (*methylphenidate*)	NF	
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	G	
dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg	G	
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg	G	
dextroamphetamine sulfate oral solution 5 mg/5ml	G	
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	G	
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML (*amphetamine*)	NF	
DYANAVEL XR ORAL TABLET EXTENDED RELEASE 10 MG, 15 MG, 20 MG, 5 MG (*amphetamine*)	NF	
EVEKEO ORAL TABLET 10 MG, 5 MG (*amphetamine sulfate*)	NF	
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG (*dexmethylphenidate hcl*)	NF	
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	G	
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 2 MG, 3 MG, 4 MG (*guanfacine hcl*)	NF	
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (*methylphenidate hcl*)	NF	
lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	G	
methamphetamine hcl oral tablet 5 mg	G	
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	G	
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg	G	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	G	
methylphenidate hcl er (osm) oral tablet extended release 45 mg, 63 mg	NF	
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*)	NF	
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (*viloxazine hcl*)	PB	
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG, 40 MG (*methylphenidate hcl*)	NF	
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML (*methylphenidate hcl*)	NF	
RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 45 MG, 54 MG, 63 MG (*methylphenidate hcl*)	NF	
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	
XELSTRYM TRANSDERMAL PATCH 13.5 MG/9HR, 18 MG/9HR, 4.5 MG/9HR, 9 MG/9HR (*dextroamphetamine*)	NF	
dextroamphetamine sulfate (Zenzedi Oral Tablet 10 Mg, 15 Mg, 2.5 Mg, 20 Mg, 30 Mg, 5 Mg, 7.5 Mg)	G	
BOTULINUM TOXINS		
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT (*onabotulinumtoxina*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (*abobotulinumtoxina*)	PSP	
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT (*incobotulinumtoxina*)	PSP	
FIBROMYALGIA		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (*milnacipran hcl*)	NPB	
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (*milnacipran hcl*)	NPB	
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*)	NF	
estazolam oral tablet 1 mg, 2 mg	G	
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	G	
flurazepam hcl oral capsule 15 mg, 30 mg	NF	
HALCION ORAL TABLET 0.25 MG (*triazolam*)	NPB	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (*tasimelteon*)	NPSP	
HETLIOZ ORAL CAPSULE 20 MG (*tasimelteon*)	NPSP	
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG (*eszopiclone*)	NF	
midazolam hcl oral syrup 2 mg/ml	G	
MIDAZOLAM+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (*midazolam*)	NF	
quazepam oral tablet 15 mg	NF	
QUVIVIQ ORAL TABLET 25 MG, 50 MG (*daridorexant hcl*)	PB	
ramelteon oral tablet 8 mg	G	
ROZEREM ORAL TABLET 8 MG (*ramelteon*)	NF	
SILENOR ORAL TABLET 3 MG, 6 MG (*doxepin hcl*)	NF	
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	G	
triazolam oral tablet 0.125 mg, 0.25 mg	G	
zaleplon oral capsule 10 mg, 5 mg	G	
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	G	
zolpidem tartrate oral capsule 7.5 mg	NF	
zolpidem tartrate oral tablet 10 mg, 5 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg	NF	
MIGRAINE - ERGOTAMINE DERIVATIVES - DRUGS TO TREAT SEVERE HEADACHES		
dihydroergotamine mesylate injection solution 1 mg/ml	G	
dihydroergotamine mesylate nasal solution 4 mg/ml	NF	
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (*ergotamine tartrate*)	NPB	
ergotamine-caffeine oral tablet 1-100 mg	NF	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (*ergotamine-caffeine*)	NF	
MIGRANAL NASAL SOLUTION 4 MG/ML (*dihydroergotamine mesylate*)	NPB	
TRUDHESA NASAL AEROSOL SOLUTION 0.725 MG/ACT (*dihydroergotamine mesylate hfa*)	NF	
MIGRAINE - MISCELLANEOUS - DRUGS TO TREAT SEVERE HEADACHES		
NURTEC ORAL TABLET DISPERSIBLE 75 MG (*rimegepant sulfate*)	PB	
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (*atogepant*)	PB	
REYVOW ORAL TABLET 100 MG, 50 MG (*lasmiditan succinate*)	NPB	
UBRELVY ORAL TABLET 100 MG, 50 MG (*ubrogepant*)	PB	
ZAVZPRET NASAL SOLUTION 10 MG/ACT (*zavegepant hcl*)	NF	
MIGRAINE - MONOCLONAL ANTIBODIES - DRUGS TO TREAT SEVERE HEADACHES		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML (*erenumab-aooe*)	NF	
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML (*fremanezumab-vfrm*)	PB	
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML (*fremanezumab-vfrm*)	PB	
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	

Prescription Drug Name	Drug Tier	Drug Notes
MIGRAINE - TRIPTANS AND COMBINATIONS - DRUGS TO TREAT SEVERE HEADACHES		
almotriptan malate oral tablet 12.5 mg, 6.25 mg	G	
eletriptan hydrobromide oral tablet 20 mg, 40 mg	G	
frovatriptan succinate oral tablet 2.5 mg	G	
MAXALT ORAL TABLET 10 MG (*rizatriptan benzoate*)	NF	
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG (*rizatriptan benzoate*)	NF	
naratriptan hcl oral tablet 1 mg, 2.5 mg	G	
ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC (*sumatriptan succinate*)	PB	
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	NF	
TOSYMRA NASAL SOLUTION 10 MG/ACT (*sumatriptan*)	NF	
TREXIMET ORAL TABLET 85-500 MG (*sumatriptan-naproxen sodium*)	NF	
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 5 MG (*zolmitriptan*)	NPB	
MISCELLANEOUS		
DAYBUE ORAL SOLUTION 200 MG/ML (*trofinetide*)	NPSP	
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (*satralizumab-mwge*)	PSP	
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML (*risdiplam*)	NPSP	
FIRDAPSE ORAL TABLET 10 MG (*amifampridine phosphate*)	NPSP	
SKYCLARYS ORAL CAPSULE 50 MG (*omaveloxolone*)	NPSP	

Prescription Drug Name	Drug Tier	Drug Notes
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML, 23 MG/0.574ML, 32.4 MG/0.81ML (*zilucoplan sodium*)	NF	
MOOD STABILIZERS - DRUG TO TREAT MOOD DISORDERS		
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	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG (*lithium carbonate*)	NPB	
MOVEMENT DISORDERS		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (*deutetrabenazine*)	PSP	
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG (*deutetrabenazine*)	PSP	
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG (*deutetrabenazine*)	PSP	
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (*valbenazine tosylate*)	PSP	
INGREZZA ORAL CAPSULE SPRINKLE 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	

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

Prescription Drug Name	Drug Tier	Drug Notes
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML (*peginterferon beta-1a*)	NPSP	
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-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	
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		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 30 MG (*cyclobenzaprine hcl*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
baclofen oral suspension 25 mg/5ml	NF	
baclofen oral tablet 10 mg, 20 mg, 5 mg	G	N8 (Listing does not include certain NDCs)
carisoprodol oral tablet 250 mg	NF	
carisoprodol oral tablet 350 mg	G	N8 (Listing does not include certain NDCs)
chlorzoxazone oral tablet 250 mg, 375 mg, 500 mg, 750 mg	NF	
cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg	NF	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	G	
cyclobenzaprine hcl oral tablet 7.5 mg	NF	
DANTRIUM ORAL CAPSULE 25 MG (*dantrolene sodium*)	NPB	
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	G	
cyclobenzaprine hcl (Fexmid Oral Tablet 7.5 Mg)	NF	
FLEQSUVY ORAL SUSPENSION 25 MG/5ML (*baclofen*)	NF	
LYVISPAH ORAL PACKET 10 MG, 20 MG, 5 MG (*baclofen*)	PB	
metaxalone oral tablet 400 mg	NF	
metaxalone oral tablet 800 mg	G	
methocarbamol oral tablet 500 mg, 750 mg	NF	
norgesic forte oral tablet 50-770-60 mg	NF	
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	G	
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	NF	
orphenadrine-aspirin-caffeine (Orphengesic Forte Oral Tablet 50-770-60 Mg)	NF	
OZOBAX DS ORAL SOLUTION 10 MG/5ML (*baclofen*)	NF	
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG (*palovarotene*)	NF	
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	G	
tizanidine hcl oral tablet 2 mg, 4 mg	G	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG (*tizanidine hcl*)	NPB	
ZANAFLEX ORAL TABLET 4 MG (*tizanidine hcl*)	NPB	
MYASTHENIA GRAVIS - DRUGS TO TREAT MYASTHENIA GRAVIS		
MESTINON ORAL SOLUTION 60 MG/5ML (*pyridostigmine bromide*)	NPB	
MESTINON ORAL TABLET 60 MG (*pyridostigmine bromide*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
pyridostigmine bromide er oral tablet extended release 180 mg	G	
pyridostigmine bromide oral solution 60 mg/5ml	G	
pyridostigmine bromide oral tablet 60 mg	G	
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*)	PSP	
LUMRYZ STARTER PACK ORAL THERAPY PACK 4.5 & 6 & 7.5 GM (*sodium oxybate*)	PSP	
modafinil oral tablet 100 mg, 200 mg	G	
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG (*armodafinil*)	NF	
PROVIGIL ORAL TABLET 100 MG, 200 MG (*modafinil*)	NF	
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*)	NF	
XYWAV ORAL SOLUTION 500 MG/ML (*ca, mg, k, and na oxybates*)	PSP	
OPIOID AGONIST/ANTAGONIST		
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	G	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	G	
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG (*buprenorphine hcl-naloxone hcl*)	NF	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG (*buprenorphine hcl-naloxone hcl*)	PB	
OPIOID ANTAGONIST		
KLOXXADO NASAL LIQUID 8 MG/0.1ML (*naloxone hcl*)	NPB	
nalmefene hcl injection solution 1 mg/ml	NF	
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	

Prescription Drug Name	Drug Tier	Drug Notes
NARCAN NASAL LIQUID 4 MG/0.1ML (*naloxone hcl*)	NPB	
OPVEE NASAL SOLUTION 2.7 MG/0.1ML (*nalmefene hcl*)	NF	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (*naltrexone*)	NPSP	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (*naloxone hcl*)	NF	
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*)	NF	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG (*pregabalin*)	NF	
PSYCHOTHERAPEUTIC-MISC		
chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg	G	
fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg	NF	
LUCEMYRA ORAL TABLET 0.18 MG (*lofexidine hcl*)	NF	
NUEDEXTA ORAL CAPSULE 20-10 MG (*dextromethorphan-quinidine*)	NF	
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	G	
paroxetine mesylate oral capsule 7.5 mg	NF	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	G	
pimozide oral tablet 1 mg, 2 mg	G	
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML (*bremelanotide acetate*)	NF	
SMOKING DETERRENTS		
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	CE	
cvs nicotine mouth/throat gum 2 mg, 4 mg	CE	
cvs nicotine polacrilex mouth/throat gum 2 mg, 4 mg	CE	
cvs nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	CE	
cvs nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	CE	
eq nicotine mouth/throat lozenge 4 mg	CE	

Prescription Drug Name	Drug Tier	Drug Notes
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	
ft nicotine mini mouth/throat lozenge 2 mg, 4 mg	CE	
ft nicotine mouth/throat lozenge 2 mg, 4 mg	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	
KLS QUIT2 MOUTH/THROAT GUM 2 MG (*nicotine polacrilex*)	CE	
KLS QUIT2 MOUTH/THROAT LOZENGE 2 MG (*nicotine polacrilex*)	CE	
KLS QUIT4 MOUTH/THROAT GUM 4 MG (*nicotine polacrilex*)	CE	
KLS QUIT4 MOUTH/THROAT LOZENGE 4 MG (*nicotine polacrilex*)	CE	
NICORELIEF MOUTH/THROAT GUM 2 MG (*nicotine polacrilex*)	CE	
nicotine mini mouth/throat lozenge 2 mg	CE	
nicotine polacrilex 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	

Prescription Drug Name	Drug Tier	Drug Notes
NICOTROL NS NASAL SOLUTION 10 MG/ML (*nicotine*)	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	
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	

Prescription Drug Name	Drug Tier	Drug Notes
ANDROGENS - DRUGS TO REGULATE MALE HORMONES		
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%) (*testosterone*)	NF	
testosterone cypionate (Depo-Testosterone Intramuscular Solution 100 Mg/Ml, 200 Mg/Ml)	NPB	
ec-rx testosterone transdermal cream 0.2 %, 0.4 %, 10 %, 20 %	NF	
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG (*testosterone undecanoate*)	NPB	
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG (*testosterone undecanoate*)	NF	
methitest oral tablet 10 mg	G	
methyltestosterone oral capsule 10 mg	G	
NATESTO NASAL GEL 5.5 MG/ACT (*testosterone*)	PB	
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%) (*testosterone*)	NF	
TESTOPEL IMPLANT PELLET 75 MG (*testosterone*)	NPB	
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	G	
testosterone enanthate intramuscular solution 200 mg/ml	G	
testosterone gel 12.5 mg/act (1%) transdermal	G	
testosterone gel 12.5 mg/act (1%) transdermal	NF	
testosterone gel 50 mg/5gm (1%) transdermal	G	
testosterone gel 50 mg/5gm (1%) transdermal	NF	
testosterone transdermal gel 1.62 %, 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%)	G	
testosterone transdermal gel 12.5 mg/act (1%), 50 mg/5gm (1%)	G	N8 (Listing does not include certain NDCs)
testosterone transdermal solution 30 mg/act	G	
TLANDO ORAL CAPSULE 112.5 MG (*testosterone undecanoate*)	NF	
VOGELXO GEL 50 MG/5GM (1%) TRANSDERMAL (*testosterone*)	NF	
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%) (*testosterone*)	NF	
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%) (*testosterone*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML (*testosterone enanthate*)	PB	
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS		
acarbose oral tablet 100 mg, 25 mg, 50 mg	G	N8 (Listing does not include certain NDCs)
miglitol oral tablet 100 mg, 25 mg, 50 mg	G	
ANTIDIABETICS, AMYLIN ANALOGS		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML (*pramlintide acetate*)	PB	
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML (*pramlintide acetate*)	PB	
ANTIDIABETICS, BIGUANIDE		
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG (*metformin hcl*)	NF	
metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg	NF	
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg	NF	
metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg	G	
metformin hcl oral solution 500 mg/5ml	G	
metformin hcl oral tablet 1000 mg, 500 mg	G	
metformin hcl oral tablet 850 mg	CE	
RIOMET ORAL SOLUTION 500 MG/5ML (*metformin hcl*)	NF	
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	G	N8 (Listing does not include certain NDCs)
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	G	
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS		
alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg	NF	
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg	NF	
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (*sitagliptin-metformin hcl*)	PB	

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

Prescription Drug Name	Drug Tier	Drug Notes
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (*semaglutide*)	PB	
TRULICITY SUBCUTANEOUS SOLUTION AUTO-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*)	NF	
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT (*insulin regular human*)	NF	
APIDRA INJECTION SOLUTION 100 UNIT/ML (*insulin glulisine*)	NF	
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glulisine*)	NF	
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glargine*)	NF	
BASAGLAR TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glargine*)	NF	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin aspart (w/niacinamide)*)	PB	
FIASP INJECTION SOLUTION 100 UNIT/ML (*insulin aspart (w/niacinamide)*)	PB	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (*insulin aspart (w/niacinamide)*)	PB	
HUMALOG INJECTION SOLUTION 100 UNIT/ML (*insulin lispro*)	NF	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML (*insulin lispro*)	NF	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML (*insulin lispro prot & lispro*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML (*insulin lispro prot & lispro*)	NF	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML (*insulin lispro prot & lispro*)	NF	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML (*insulin lispro prot & lispro*)	NF	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (*insulin lispro*)	NF	
HUMALOG TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin lispro*)	NF	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	NF	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	NF	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (*insulin nph human (isophane)*)	NF	
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (*insulin nph human (isophane)*)	NF	
HUMULIN R INJECTION SOLUTION 100 UNIT/ML (*insulin regular human*)	NF	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML (*insulin regular human*)	PB	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (*insulin regular human*)	PB	
insulin degludec flextouch subcutaneous solution pen-injector 100 unit/ml, 200 unit/ml	NF	
insulin degludec subcutaneous solution 100 unit/ml	NF	
insulin glargine solostar subcutaneous solution pen-injector 100 unit/ml	NF	
insulin glargine subcutaneous solution 100 unit/ml	NF	
insulin glargine-yfgn subcutaneous solution 100 unit/ml	NF	
insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml	NF	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glargine*)	PB	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin glargine*)	PB	

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

Prescription Drug Name	Drug Tier	Drug Notes
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin aspart*)	NF	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin aspart*)	PB	
NOVOLOG INJECTION SOLUTION 100 UNIT/ML (*insulin aspart*)	PB	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin aspart prot & aspart*)	PB	
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin aspart prot & aspart*)	NF	
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*)	NF	
REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glargine-aglr*)	NF	
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin glargine-yfgn*)	NF	
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glargine-yfgn*)	NF	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (*insulin glargine*)	PB	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (*insulin glargine*)	PB	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (*insulin degludec*)	PB	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin degludec*)	PB	
ANTIDIABETICS, INSULIN SENSITIZER		
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG (*pioglitazone hcl*)	NF	
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	G	
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg	G	
ANTIDIABETICS, MEGLITINIDE		
nateglinide oral tablet 120 mg, 60 mg	G	
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	G	
ANTIDIABETICS, MISCELLANEOUS		
KORLYM ORAL TABLET 300 MG (*mifepristone*)	NF	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS		
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (*canagliflozin-metformin hcl*)	NF	
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (*canagliflozin-metformin hcl*)	NF	
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG (*ertugliflozin-metformin hcl*)	NF	
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (*empagliflozin-metformin hcl*)	PB	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG (*empagliflozin-metformin hcl*)	PB	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG (*dapagliflozin prop-metformin*)	PB	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/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*)	NF	
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (*ertugliflozin-sitagliptin*)	NF	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS		
FARXIGA ORAL TABLET 10 MG, 5 MG (*dapagliflozin propanediol*)	PB	
INVOKANA ORAL TABLET 100 MG, 300 MG (*canagliflozin*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
JARDIANCE ORAL TABLET 10 MG, 25 MG (*empagliflozin*)	PB	
STEGLATRO ORAL TABLET 15 MG, 5 MG (*ertugliflozin l-pyroglutamicac*)	NF	
ANTIDIABETICS, SULFONYLUREA		
glimepiride oral tablet 1 mg, 2 mg, 4 mg	G	
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	N8 (Listing does not include certain NDCs)
ANTIOBESITY		
ADIPEX-P ORAL TABLET 37.5 MG (*phentermine hcl*)	NPB	
diethylpropion hcl er oral tablet extended release 24 hour 75 mg	G	N8 (Listing does not include certain NDCs)
phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg	NF	
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG (*phentermine-topiramate*)	PB	
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (*liraglutide -weight management*)	PB	
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML, 1.7 MG/0.75ML, 2.4 MG/0.75ML (*semaglutide-weight management*)	PB	
ZEPBOUND SUBCUTANEOUS SOLUTION 2.5 MG/0.5ML, 5 MG/0.5ML (*tirzepatide-weight management*)	PB	N8 (Listing does not include certain NDCs)
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-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-weight management*)	PB	
CALCIUM RECEPTOR AGONISTS		
cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg	G	
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG (*cinacalcet hcl*)	NPSP	

Prescription Drug Name	Drug Tier	Drug Notes
CALCIUM REGULATORS, 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	
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 REGULATORS, MISCELLANEOUS		
calcitonin (salmon) nasal solution 200 unit/act	G	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (*calcitonin (salmon)*)	NF	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (*denosumab*)	PSP	
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (*denosumab*)	NPSP	
CALCIUM REGULATORS, PARATHYROID HORMONES		
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML (*teriparatide*)	NPSP	
teriparatide subcutaneous solution pen-injector 620 mcg/2.48ml	NF	
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (*abaloparatide*)	PSP	
CARNITINE DEFICIENCY AGENTS		
CARNITOR ORAL SOLUTION 1 GM/10ML (*levocarnitine*)	NF	
CARNITOR ORAL TABLET 330 MG (*levocarnitine*)	NF	
CARNITOR SF ORAL SOLUTION 1 GM/10ML (*levocarnitine*)	NF	
levocarnitine oral solution 1 gm/10ml	G	
levocarnitine oral tablet 330 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
CENTRAL PRECOCIOUS PUBERTY - DRUGS TO SUPPRESS PITUITARY HORMONES		
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, 30 MG (*leuprolide acetate (3 month)*)	PSP	
SUPPRELIN LA SUBCUTANEOUS KIT 50 MG (*histrelin acetate*)	PSP	
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG (*triptorelin pamoate*)	NF	
CHELATING AGENTS		
CHEMET ORAL CAPSULE 100 MG (*succimer*)	NPB	
CUPRIMINE ORAL CAPSULE 250 MG (*penicillamine*)	NF	
CUVRIOR ORAL TABLET 300 MG (*trientine tetrahydrochloride*)	NF	
deferasirox oral tablet soluble 125 mg, 250 mg, 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	
penicillamine oral capsule 250 mg	G	
SYPRINE ORAL CAPSULE 250 MG (*trientine hcl*)	NF	
trientine hcl oral capsule 250 mg	G	
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	

Prescription Drug Name	Drug Tier	Drug Notes
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	
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	
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	
norethindrone-eth estradiol (Balziva Oral Tablet 0.4-35 Mg-Mcg)	CE	
BEYAZ ORAL TABLET 3-0.02-0.451 MG (*drospiren-eth estrad-levomefol*)	NF	
norethin ace-eth estrad-fe (Blisovi 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	
norethin ace-eth estrad-fe (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	

Prescription Drug Name	Drug Tier	Drug Notes
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	
CURAE ORAL TABLET 1.5 MG (*levonorgestrel*)	CE	
desogestrel-ethinyl estradiol (Cyred Eq Oral Tablet 0.15-30 Mg-Mcg)	CE	
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-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (*medroxyprogesterone acetate*)	NPB	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML (*medroxyprogesterone acetate*)	NPB	
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	

Prescription Drug Name	Drug Tier	Drug Notes
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	
norethindrone (Emzahh Oral Tablet 0.35 Mg)	CE	
etonogestrel-ethinyl estradiol (Enilloring 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	
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	

Prescription Drug Name	Drug Tier	Drug Notes
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	
levonorgest-eth estrad-fe bisg (Joyeaux Oral Tablet 0.1-20 Mg-Mcg(21))	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	
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	

Prescription Drug Name	Drug Tier	Drug Notes
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	
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	
levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)	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	

Prescription Drug Name	Drug Tier	Drug Notes
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	
norethin ace-eth estrad-fe (Merzee Oral Capsule 1-20 Mg-Mcg(24))	CE	
norethin ace-eth estrad-fe (Mibelas 24 Fe Oral Tablet Chewable 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 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	
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	

Prescription Drug Name	Drug Tier	Drug Notes
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	
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	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	
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*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
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	
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	
OPILL ORAL TABLET 0.075 MG (*norgestrel*)	CE	
OPTION 2 ORAL TABLET 1.5 MG (*levonorgestrel*)	CE	
levonorgestrel-ethinyl estrad (Orsythia Oral Tablet 0.1-20 Mg-Mcg)	CE	
ORTHO TRI-CYCLEN LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG (*norgestim-eth estrad triphasic*)	NF	
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (*copper*)	CE	
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	

Prescription Drug Name	Drug Tier	Drug Notes
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	
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*)	NF	
norethindron-ethinyl estrad-fe (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	
norgestim-eth estrad triphasic (Tri Femynor Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
norgestim-eth estrad triphasic (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
norethindron-ethinyl estrad-fe (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	
norgestim-eth estrad triphasic (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
norgestim-eth estrad triphasic (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	
norgestim-eth estrad triphasic (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	
norgestim-eth estrad triphasic (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	
norgestim-eth estrad triphasic (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	
norgestim-eth estrad triphasic (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
norgestim-eth estrad triphasic (Trinessa (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
norgestim-eth estrad triphasic (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	

Prescription Drug Name	Drug Tier	Drug Notes
levonorg-eth estrad triphasic (Trivora (28) Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	
norgestim-eth estrad triphasic (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	
norgestim-eth estrad triphasic (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
norgestrel-ethinyl estradiol (Turqoz Oral Tablet 0.3-30 Mg-Mcg)	CE	
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	

Prescription Drug Name	Drug Tier	Drug Notes
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	
norethin-eth estradiol-fe (Wymzya Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)	CE	
norelgestromin-eth estradiol (Xulane Transdermal Patch Weekly 150-35 Mcg/24Hr)	CE	
YASMIN 28 ORAL TABLET 3-0.03 MG (*drospirenone-ethinyl estradiol*)	NF	
YAZ ORAL TABLET 3-0.02 MG (*drospirenone-ethinyl estradiol*)	NF	
norelgestromin-eth estradiol (Zafemy Transdermal Patch Weekly 150-35 Mcg/24Hr)	CE	
ethynodiol diac-eth estradiol (Zovia 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	CE	
drospirenone-ethinyl estradiol (Zumandimine Oral Tablet 3-0.03 Mg)	CE	
CORTISOL SYNTHESIS INHIBITORS		
ISTURISA ORAL TABLET 1 MG, 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 , 32g x 6 mm , 33g x 4 mm	NF	
1st tier unifine pentips plus 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm	NF	
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.*)	PB	
ACCU-CHEK FASTCLIX LANCETS (*lancets*)	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 GUIDE TEST IN VITRO STRIP (*glucose blood*)	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 SMARTVIEW IN VITRO STRIP (*glucose blood*)	PB	
ACCU-CHEK SOFTCLIX LANCET DEV KIT (*lancets misc.*)	PB	
ACCU-CHEK SOFTCLIX LANCETS (*lancets*)	PB	
ACCU-CHEK ULTRAFLEX INF SET (*insulin infusion pump supplies*)	NPB	
ACCU-CHEK ULTRAFLEX-1 INF SET (*insulin infusion pump supplies*)	NPB	
ACCUTREND GLUCOSE IN VITRO STRIP (*glucose blood*)	NF	
acti-lance 28g	NPB	
acti-lance lite lancets 28g	NPB	
acti-lance special lancets 17g	NPB	
acti-lance universal 23g	NPB	
adjustable lancing device	NPB	
ADVANCE INTUITION METER DEVICE (*blood glucose monitoring suppl*)	NF	
ADVANCE INTUITION MONITOR KIT (*blood glucose monitoring suppl*)	NF	
ADVANCE INTUITION TEST IN VITRO STRIP (*glucose blood*)	NF	
ADVANCE MICRO-DRAW METER DEVICE (*blood glucose monitoring suppl*)	NF	
ADVANCE MICRO-DRAW TEST IN VITRO STRIP (*glucose blood*)	NF	
advanced mobile lancet	NPB	
ADVOCATE BLOOD GLUCOSE MONITOR DEVICE (*blood glucose monitoring suppl*)	NF	
ADVOCATE BLOOD GLUCOSE SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM (*insulin pen needle*)	NF	
ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 33G X 4 MM (*insulin pen needle*)	NF	
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NF	
ADVOCATE LANCETS (*lancets*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
ADVOCATE LANCETS 30G (*lancets*)	NPB	
ADVOCATE LANCING DEVICE (*lancet devices*)	NPB	
ADVOCATE RAPID-SAFE LANCING (*lancet devices*)	NPB	
ADVOCATE REDI-CODE DEVICE (*blood glucose monitoring suppl*)	NF	
ADVOCATE REDI-CODE IN VITRO STRIP (*glucose blood*)	NF	
ADVOCATE REDI-CODE KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
ADVOCATE REDI-CODE+ DEVICE (*blood glucose monitoring suppl*)	NF	
ADVOCATE REDI-CODE+ TEST IN VITRO STRIP (*glucose blood*)	NF	
ADVOCATE SAFETY LANCETS (*lancets*)	NPB	
ADVOCATE SAFETY LANCETS 26G (*lancets*)	NPB	
ADVOCATE TEST IN VITRO STRIP (*glucose blood*)	NF	
AGAMATRIX AMP DEVICE (*blood glucose monitoring suppl*)	NF	
AGAMATRIX AMP TEST IN VITRO STRIP (*glucose blood*)	NF	
AGAMATRIX 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*)	NF	
AGAMATRIX JAZZ WIRELESS 2 KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
AGAMATRIX KEYNOTE TEST IN VITRO STRIP (*glucose blood*)	NF	
AGAMATRIX PRESTO KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
AGAMATRIX PRESTO PRO METER DEVICE (*blood glucose monitoring suppl*)	NF	
AGAMATRIX PRESTO TEST IN VITRO STRIP (*glucose blood*)	NF	
AGAMATRIX ULTRA-THIN LANCETS (*lancets*)	NPB	
aimsco twist lancets 32g	NPB	
AIMSCO TWIST LANCETS 33G (*lancets*)	NPB	
aq insulin syringe 29g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	NF	
aqinject pen needle 31g x 5 mm , 32g x 4 mm	NF	

Prescription Drug Name	Drug Tier	Drug Notes
AQUALANCE LANCETS 30G (*lancets*)	NPB	
ASSURE 3 METER KIT (*blood glucose monitoring suppl*)	NF	
ASSURE 3 TEST IN VITRO STRIP (*glucose blood*)	NF	
ASSURE 4 METER DEVICE (*blood glucose monitoring suppl*)	NF	
ASSURE 4 TEST IN VITRO STRIP (*glucose blood*)	NF	
assure comfort lancets 28g	NPB	
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM (*insulin pen needle*)	NF	
ASSURE ID PRO PEN NEEDLES 30G X 5 MM (*insulin pen needle*)	NF	
ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM (*insulin pen needle*)	NF	
ASSURE II CHECK IN VITRO STRIP (*glucose blood*)	NF	
ASSURE II IN VITRO STRIP (*glucose blood*)	NF	
ASSURE LANCE LANCETS (*lancets*)	NPB	
ASSURE LANCE LANCETS 21G (*lancets*)	NPB	
ASSURE LANCE PLUS SAFETY 25G (*lancets*)	NPB	
ASSURE LANCE PLUS SAFETY 30G (*lancets*)	NPB	
ASSURE LANCE SAFETY LANCET 28G (*lancets*)	NPB	
ASSURE PLATINUM IN VITRO STRIP (*glucose blood*)	NF	
ASSURE PLATINUM METER DEVICE (*blood glucose monitoring suppl*)	NF	
ASSURE PRISM MULTI TEST IN VITRO STRIP (*glucose blood*)	NF	
ASSURE PRO BLOOD GLUCOSE METER DEVICE (*blood glucose monitoring suppl*)	NF	
ASSURE PRO TEST IN VITRO STRIP (*glucose blood*)	NF	
aum insulin safety pen needle 31g x 4 mm , 31g x 5 mm	NF	
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	NF	
aum pen needle 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm	NF	
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM (*insulin pen needle*)	NF	
AUM SAFETY PEN NEEDLE 31G X 4 MM , 31G X 5 MM (*insulin pen needle*)	NF	
aurora lancet super thin 30g	NPB	
aurora lancet thin 23g	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
aurora pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm	NF	
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.*)	NPB	
AUTOLET PLUS (*lancet devices*)	NPB	
AUTOSOFT 30 INFUSION SET (*insulin infusion pump supplies*)	NPB	
AUTOSOFT 90 INFUSION SET (*insulin infusion pump supplies*)	NPB	
AUTOSOFT XC INFUSION SET (*insulin infusion pump supplies*)	NPB	
BD AUTOSHIELD 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	
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*)	NF	
BD LOGIC BLOOD GLUCOSE MONITOR KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
BD MICROTAINER LANCETS (*lancets*)	NPB	
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	

Prescription Drug Name	Drug Tier	Drug Notes
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*)	NF	
BIOTEL CARE BLOOD GLUCOSE SYST KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
BIOTEL CARE TEST STRIPS IN VITRO STRIP (*glucose blood*)	NF	
blood glucose monitor system kit w/device	NF	
blood glucose monitoring 333 device	NF	
blood glucose system pak kit	NF	
blood glucose test in vitro strip	NF	
blood glucose test strips 333 in vitro strip	NF	
BLULINK CONTROL HIGH & LOW IN VITRO LIQUID (*blood glucose calibration*)	NPB	
CARDIOCOM LANCING DEVICE (*lancet devices*)	NPB	
CAREFINE PEN NEEDLES 29G X 12MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM (*insulin pen needle*)	NF	
careone advanced lancing dev	NPB	
CAREONE BLOOD GLUCOSE SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
CAREONE BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
careone insulin syringe 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	NF	
CAREONE LANCET SUPER THIN 30G (*lancets*)	NPB	
careone lancet thin 23g	NPB	

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

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

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

Prescription Drug Name	Drug Tier	Drug Notes
CONTOUR PLUS TEST IN VITRO STRIP (*glucose blood*)	NF	
CONTOUR TEST IN VITRO STRIP (*glucose blood*)	NF	
COOL BLOOD GLUCOSE TEST STRIPS IN VITRO STRIP (*glucose blood*)	NF	
COOL MONITOR DEVICE (*blood glucose monitoring suppl*)	NF	
COOL MONITOR KIT KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
CVS ADVANCED GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
CVS BLOOD GLUCOSE METER KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
cvs glucose meter test strips in vitro strip	NF	
CVS KETONE CARE IN VITRO STRIP (*urine glucose-ketones test*)	NPB	
cvs lancets 21g	NPB	
cvs lancets micro thin 33g	NPB	
cvs lancets original	NPB	
cvs lancets thin 26g	NPB	
cvs lancets ultra thin 30g	NPB	
cvs lancets ultra-thin 30g	NPB	
cvs lancing device	NPB	
cvs ultra thin lancets	NPB	
D-CARE BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NF	
D-CARE GLUCOMETER KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
DEXCOM G6 RECEIVER DEVICE (*continuous glucose receiver*)	PB	
DEXCOM G6 SENSOR (*continuous glucose sensor*)	PB	
DEXCOM G6 TRANSMITTER (*continuous glucose transmitter*)	PB	
DEXCOM G7 RECEIVER DEVICE (*continuous glucose receiver*)	PB	
DEXCOM G7 SENSOR (*continuous glucose sensor*)	PB	
DIASTIX IN VITRO STRIP (*glucose urine test-glucose ox*)	NPB	
DIATHRIVE BLOOD GLUCOSE METER DEVICE (*blood glucose monitoring suppl*)	NF	
DIATHRIVE BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
DIATHRIVE GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
DIATHRIVE LANCET ULTRA THIN 30 (*lancets*)	NPB	
DIATHRIVE LANCETS (*lancets*)	NPB	
DIATHRIVE LANCING DEVICE (*lancet devices*)	NPB	
DIATHRIVE PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*)	NF	
DIATHRIVE+ GLUCOSE MONITOR DEVICE (*blood glucose monitoring suppl*)	NF	
DIATHRIVE+ GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
diatrue plus blood glucose device	NF	
diatrue plus test in vitro strip	NF	
DROPLET GENTEEL LANCING DEVICE (*lancet devices*)	NPB	
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 15/64" 0.3 ML, 30G X 15/64" 0.5 ML, 30G X 15/64" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NF	
DROPLET LANCETS ULTRA THIN 30G (*lancets*)	NPB	
DROPLET LANCING DEVICE (*lancet devices*)	NPB	
DROPLET MICRON 34G X 3.5 MM (*insulin pen needle*)	NF	
DROPLET PEN NEEDLES 29G X 10MM , 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM (*insulin pen needle*)	NF	
DROPLET PERSONAL LANCETS 30G (*lancets*)	NPB	
dropsafe safety pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm	NF	
DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NF	
drug mart lancets thin 26g	NPB	
DRUG MART ON-THE-GO LANCET 30G (*lancets*)	NPB	
drug mart unifine pentips 29g x 12mm , 31g x 6 mm , 31g x 8 mm	NF	
drug mart unifine pentips plus 32g x 4 mm	NF	
DRUG MART UNILET LANCETS 28G (*lancets*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
DRUG MART UNILET LANCETS 30G (*lancets*)	NPB	
DRUG MART UNILET LANCETS 33G (*lancets*)	NPB	
DUO-CARE TEST IN VITRO STRIP (*glucose blood*)	NF	
easy comfort insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 1/2" 0.3 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 32g x 5/16" 0.5 ml, 32g x 5/16" 1 ml	NF	
easy comfort lancets	NPB	
easy comfort lancets twist top	NPB	
easy comfort pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm	NF	
easy glide pen needles 33g x 4 mm	NF	
EASY MAX BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
EASY MAX T1 GLUCOSE SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
easy mini eject lancing device	NPB	
easy mini lancing device	NPB	
easy plus ii glucose system device	NF	
easy plus ii glucose test in vitro strip	NF	
EASY STEP GLUCOSE MONITOR DEVICE (*blood glucose monitoring suppl*)	NF	
EASY STEP TEST IN VITRO STRIP (*glucose blood*)	NF	
easy talk blood glucose system device	NF	
easy talk blood glucose test in vitro strip	NF	
easy talk plus ii test strips in vitro strip	NF	
EASY TOUCH FLIPLOCK INSULIN SY 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NF	
EASY TOUCH GLUCOSE SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
EASY TOUCH HEALTHPRO GLUCOSE KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML (*insulin syringe-needle u-100*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NF	
EASY TOUCH LANCETS 21G (*lancets*)	NPB	
EASY TOUCH LANCETS 23G (*lancets*)	NPB	
EASY TOUCH LANCETS 26G (*lancets*)	NPB	
EASY TOUCH LANCETS 28G (*lancets*)	NPB	
EASY TOUCH LANCETS 28G/TWIST (*lancets*)	NPB	
EASY TOUCH LANCETS 30G (*lancets*)	NPB	
EASY TOUCH LANCETS 30G/TWIST (*lancets*)	NPB	
EASY TOUCH LANCETS 32G (*lancets*)	NPB	
EASY TOUCH LANCETS 32G/TWIST (*lancets*)	NPB	
EASY TOUCH LANCETS 33G/TWIST (*lancets*)	NPB	
EASY TOUCH LANCING DEVICE (*lancet devices*)	NPB	
EASY TOUCH PEN NEEDLES 29G X 12MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM (*insulin pen needle*)	NF	
EASY TOUCH SAFETY LANCETS 21G (*lancets*)	NPB	
EASY TOUCH SAFETY LANCETS 23G (*lancets*)	NPB	
EASY TOUCH SAFETY LANCETS 26G (*lancets*)	NPB	
EASY TOUCH SAFETY LANCETS 28G (*lancets*)	NPB	
EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM , 29G X 8MM , 30G X 8 MM (*insulin pen needle*)	NF	
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NF	
EASY TOUCH TEST IN VITRO STRIP (*glucose blood*)	NF	
easy trak blood glucose system device	NF	
easy trak blood glucose test in vitro strip	NF	
easy trak ii blood glucose sys device	NF	
easy trak ii glucose test in vitro strip	NF	
EASYGLUCO IN VITRO STRIP (*glucose blood*)	NF	
EASYGLUCO KIT (*blood glucose monitoring suppl*)	NF	
EASYMAX 15 LEVEL 2-3 CONTROL IN VITRO LIQUID (*blood glucose calibration*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
EASYMAX 15 TEST IN VITRO STRIP (*glucose blood*)	NF	
EASYMAX CONTROL NORMAL/HIGH IN VITRO LIQUID (*blood glucose calibration*)	NPB	
EASYMAX NG BLOOD GLUCOSE DEVICE (*blood glucose monitoring suppl*)	NF	
EASYMAX NG BLOOD GLUCOSE KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
EASYMAX TEST IN VITRO STRIP (*glucose blood*)	NF	
EASYMAX V BLOOD GLUCOSE DEVICE (*blood glucose monitoring suppl*)	NF	
EASYPRO BLOOD GLUCOSE MONITOR KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
EASYPRO BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
EASYPRO PLUS IN VITRO STRIP (*glucose blood*)	NF	
EASYPRO PLUS KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
ELEMENT AUTOCODE SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
element compact glucose system device	NF	
element compact test in vitro strip	NF	
element compact v glucose sys device	NF	
ELEMENT PLUS DEVICE (*blood glucose monitoring suppl*)	NF	
ELEMENT TEST IN VITRO STRIP (*glucose blood*)	NF	
EMBRACE BLOOD GLUCOSE MONITOR DEVICE (*blood glucose monitoring suppl*)	NF	
EMBRACE BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
EMBRACE EVO BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
EMBRACE EVO GLUCOSE MONITOR DEVICE (*blood glucose monitoring suppl*)	NF	
EMBRACE EVO GLUCOSE MONITORING KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
EMBRACE LANCETS ULTRA THIN 30G (*lancets*)	NPB	
EMBRACE 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 (*insulin pen needle*)	NF	
EMBRACE PRESSURE ACTIVATED 21G (*lancets*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
EMBRACE PRESSURE ACTIVATED 28G (*lancets*)	NPB	
EMBRACE PRO GLUCOSE METER DEVICE (*blood glucose monitoring suppl*)	NF	
EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
EMBRACE TALK BLOOD GLUCOSE DEVICE (*blood glucose monitoring suppl*)	NF	
EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
EMBRACE TALK MONITORING SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
EMBRACE WAVE BLOOD GLUCOSE DEVICE (*blood glucose monitoring suppl*)	NF	
EMBRACE WAVE BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NF	
EMBRACE WAVE GLUCOSE METER DEVICE (*blood glucose monitoring suppl*)	NF	
ENLITE GLUCOSE SENSOR (*continuous glucose sensor*)	NF	
ENLITE SERTER (*insulin infusion pump supplies*)	NPB	
eq blood glucose test in vitro strip	NF	
eql color lancets 21g	NPB	
eql color lancets micro 33g	NPB	
eql insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	NF	
eql super thin lancets 30g	NPB	
eql thin lancets 26g	NPB	
EVERSENSE 365 SENSOR/HOLDER (*continuous glucose sensor*)	NF	
EVERSENSE 365 SMART TRANSMIT (*continuous glucose transmitter*)	NF	
EVERSENSE E3 SENSOR/HOLDER (*continuous glucose sensor*)	NF	
EVERSENSE E3 SMART TRANSMITTER (*continuous glucose transmitter*)	NF	
EVERSENSE SENSOR/HOLDER (*continuous glucose sensor*)	NF	
EVERSENSE SMART TRANSMITTER (*continuous glucose transmitter*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
EVOLUTION AUTOCODE DEVICE (*blood glucose monitoring suppl*)	NF	
EVOLUTION AUTOCODE IN VITRO STRIP (*glucose blood*)	NF	
E-Z JECT LANCET MICRO-THIN 33G (*lancets*)	NPB	
E-Z JECT LANCET SUPER THIN 30G (*lancets*)	NPB	
E-Z JECT LANCETS (*lancets*)	NPB	
E-Z JECT LANCETS 21G (*lancets*)	NPB	
E-Z JECT LANCETS THIN 26G (*lancets*)	NPB	
EZ-LETS LANCETS 21G (*lancets*)	NPB	
EZ-LETS LANCETS 26G (*lancets*)	NPB	
EZ-LETS LANCETS 28G (*lancets*)	NPB	
EZ-LETS LANCETS 30G (*lancets*)	NPB	
FIFTY50 GLUCOSE METER 2.0 KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
FIFTY50 GLUCOSE TEST 2.0 IN VITRO STRIP (*glucose blood*)	NF	
FIFTY50 PEN NEEDLES 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (*insulin pen needle*)	NF	
FIFTY50 SAFETY SEAL LANCETS (*lancets*)	NPB	
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NF	
FIFTY50 UNILET LANCETS 33G (*lancets*)	NPB	
FINGERSTIX LANCETS (*lancets*)	NPB	
FORA 6 CONNECT IN VITRO STRIP (*glucose blood*)	NF	
FORA 6 CONNECT/GTEL TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA D15G BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA D20 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA D40/G31 BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NF	
FORA G20 BLOOD GLUCOSE SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA G30/PREM V10 GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA G30A BLOOD GLUCOSE SYSTEM DEVICE (*blood glucose monitoring suppl*)	NF	
FORA GD20 BLOOD GLUCOSE SYSTEM DEVICE (*blood glucose monitoring suppl*)	NF	
FORA GD20 TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA GD50 BLOOD GLUCOSE SYSTEM DEVICE (*blood glucose monitoring suppl*)	NF	
FORA GD50 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA GTEL BLOOD GLUCOSE SYSTEM DEVICE (*blood glucose monitoring suppl*)	NF	
FORA GTEL BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA GTEL BLOOD KETONE TEST IN VITRO STRIP (*ketone blood test*)	NPB	
FORA LANCETS (*lancets*)	NPB	
FORA LANCING DEVICE (*lancet devices*)	NPB	
FORA PREMIUM V10 BLE SYSTEM DEVICE (*blood glucose monitoring suppl*)	NF	
FORA TEST N' GO MONITOR DEVICE (*blood glucose monitoring suppl*)	NF	
FORA TN'G ADVANCE PRO IN VITRO STRIP (*glucose blood*)	NF	
FORA TN'G VOICE KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
FORA TN'G/TN'G VOICE IN VITRO STRIP (*glucose blood*)	NF	
FORA V10 BLOOD GLUCOSE SYSTEM DEVICE (*blood glucose monitoring suppl*)	NF	
FORA V10 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA V10/V12/D10/D20 TEST KIT (*blood glucose monitoring suppl*)	NF	
FORA V12 BLOOD GLUCOSE SYSTEM DEVICE (*blood glucose monitoring suppl*)	NF	
FORA V12 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
FORA V20 BLOOD GLUCOSE SYSTEM DEVICE (*blood glucose monitoring suppl*)	NF	
FORA V20 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA V30A BLOOD GLUCOSE SYSTEM DEVICE (*blood glucose monitoring suppl*)	NF	
FORA V30A BLOOD GLUCOSE SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
FORA V30A BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORACARE GD40 MONITOR DEVICE (*blood glucose monitoring suppl*)	NF	
FORACARE GD40 TEST IN VITRO STRIP (*glucose blood*)	NF	
FORACARE PREMIUM V10 DEVICE (*blood glucose monitoring suppl*)	NF	
FORACARE PREMIUM V10 TEST IN VITRO STRIP (*glucose blood*)	NF	
FORACARE TEST N GO MONITOR DEVICE (*blood glucose monitoring suppl*)	NF	
FORACARE TEST N GO TEST IN VITRO STRIP (*glucose blood*)	NF	
FREESTYLE FREEDOM LITE KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
FREESTYLE INSULINX TEST IN VITRO STRIP (*glucose blood*)	NF	
FREESTYLE LANCETS (*lancets*)	NPB	
FREESTYLE LIBRE 14 DAY READER DEVICE (*continuous glucose receiver*)	NF	
FREESTYLE LIBRE 14 DAY SENSOR (*continuous glucose sensor*)	NF	
FREESTYLE LIBRE 2 PLUS SENSOR (*continuous glucose sensor*)	NF	
FREESTYLE LIBRE 2 READER DEVICE (*continuous glucose receiver*)	NF	
FREESTYLE LIBRE 2 SENSOR (*continuous glucose sensor*)	NF	
FREESTYLE LIBRE 3 PLUS SENSOR (*continuous glucose sensor*)	NF	
FREESTYLE LIBRE 3 READER DEVICE (*continuous glucose receiver*)	NF	
FREESTYLE LIBRE 3 SENSOR (*continuous glucose sensor*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
FREESTYLE LIBRE READER DEVICE (*continuous glucose receiver*)	NF	
FREESTYLE LITE DEVICE (*blood glucose monitoring suppl*)	NF	
FREESTYLE LITE KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
FREESTYLE LITE TEST IN VITRO STRIP (*glucose blood*)	NF	
FREESTYLE PRECISION NEO SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
FREESTYLE PRECISION NEO TEST IN VITRO STRIP (*glucose blood*)	NF	
FREESTYLE TEST IN VITRO STRIP (*glucose blood*)	NF	
FREESTYLE UNISTICK II LANCETS (*lancets*)	NPB	
ge100 blood glucose system device	NF	
ge100 blood glucose system kit w/device	NF	
ge100 blood glucose test in vitro strip	NF	
GENTEEL BUTTERFLY TOUCH LANCET (*lancets*)	NPB	
GENTEEL CONTACT TIPS (BLUE) (*lancets misc.*)	NPB	
GENTEEL CONTACT TIPS (CLEAR) (*lancets misc.*)	NPB	
GENTEEL CONTACT TIPS (GREEN) (*lancets misc.*)	NPB	
GENTEEL CONTACT TIPS (ORANGE) (*lancets misc.*)	NPB	
GENTEEL CONTACT TIPS (RAINBOW) (*lancets misc.*)	NPB	
GENTEEL CONTACT TIPS (VIOLET) (*lancets misc.*)	NPB	
GENTEEL CONTACT TIPS (YELLOW) (*lancets misc.*)	NPB	
GENTEEL LANCING KIT (BLUE) KIT (*lancets misc.*)	NPB	
GENTEEL NOZZLES (*lancets misc.*)	NPB	
GENTEEL PLUS LANCING (BLACK) (*lancet devices*)	NPB	
GENTEEL PLUS LANCING (PURPLE) (*lancet devices*)	NPB	
GENTEEL PLUS LANCING (WHITE) (*lancet devices*)	NPB	
GENTEEL PLUS LANCING DEV(BLUE) (*lancet devices*)	NPB	
GENTEEL PLUS LANCING DEV(PINK) (*lancet devices*)	NPB	
GENULTIMATE TEST IN VITRO STRIP (*glucose blood*)	NPB	
ght blood glucose monitor kit w/device	NF	
ght test in vitro strip	NF	
global ease inject pen needles 29g x 12mm , 31g x 5 mm , 31g x 8 mm , 32g x 4 mm	NF	
global easy glide insulin syr 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml, 31g x 5/16" 0.3 ml	NF	

Prescription Drug Name	Drug Tier	Drug Notes
global easy glide pen needles 32g x 4 mm	NF	
global inject ease insulin syr 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	NF	
global inject ease lancets 28g	NPB	
global inject ease lancets 30g	NPB	
global insulin syringes 30g x 1/2" 0.3 ml, 30g x 5/16" 0.3 ml	NF	
global lancing device	NPB	
GLUCO PERFECT 3 METER DEVICE (*blood glucose monitoring suppl*)	NF	
GLUCO PERFECT 3 TEST IN VITRO STRIP (*glucose blood*)	NF	
GLUCOCARD 01 BLOOD GLUCOSE DEVICE (*blood glucose monitoring suppl*)	NF	
GLUCOCARD 01 BLOOD GLUCOSE KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP (*glucose blood*)	NF	
GLUCOCARD 01-MINI GLUCOSE KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
GLUCOCARD EXPRESSION MONITOR KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
GLUCOCARD EXPRESSION TEST IN VITRO STRIP (*glucose blood*)	NF	
GLUCOCARD SHINE CONNEX KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
GLUCOCARD SHINE EXPRESS KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
GLUCOCARD SHINE TEST IN VITRO STRIP (*glucose blood*)	NF	
GLUCOCARD SHINE XL DEVICE (*blood glucose monitoring suppl*)	NF	
GLUCOCARD VITAL MONITOR KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
GLUCOCARD VITAL TEST IN VITRO STRIP (*glucose blood*)	NF	
GLUCOCARD X-METER KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
GLUCOCARD X-SENSOR IN VITRO STRIP (*glucose blood*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
GLUCOCOM BLOOD GLUCOSE MONITOR DEVICE (*blood glucose monitoring suppl*)	NF	
GLUCOCOM LANCETS 28G (*lancets*)	NPB	
GLUCOCOM LANCETS 30G (*lancets*)	NPB	
GLUCOCOM LANCETS 33G (*lancets*)	NPB	
GLUCOCOM MONITOR KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
GLUCOCOM TEST IN VITRO STRIP (*glucose blood*)	NF	
GLUCONAVII BLOOD GLUCOSE SYS KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
GLUCONAVII BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NF	
GLUCOPRO SYR RES 3ML 22GX3/8" (*insulin infusion pump supplies*)	NPB	
glucose meter test in vitro strip	NF	
gnp clickfine pen needles 31g x 6 mm , 31g x 8 mm	NF	
GNP EASY TOUCH CONT HIGH/LOW IN VITRO LIQUID (*blood glucose calibration*)	NPB	
GNP EASY TOUCH GLUCOSE METER DEVICE (*blood glucose monitoring suppl*)	NF	
gnp easy touch glucose test in vitro strip	NF	
gnp insulin syringe 28g x 1/2" 0.5 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	NF	
gnp insulin syringes 28gx1/2" 28g x 1/2" 1 ml	NF	
gnp insulin syringes 29gx1/2" 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml	NF	
gnp insulin syringes 30g x 5/16" 1 ml	NF	
gnp insulin syringes 30gx5/16" 30g x 5/16" 0.3 ml	NF	
gnp insulin syringes 31gx5/16" 31g x 5/16" 0.3 ml	NF	
gnp lancets 21g	NPB	
gnp lancets thin 26g	NPB	
gnp sterile lancets 28g	NPB	
gnp sterile lancets 30g	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
gnp sterile lancets 33g	NPB	
GNP TRUE METRIX AIR METER KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
GNP TRUE METRIX GLUCOSE METER KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
GNP TRUE METRIX GLUCOSE STRIPS IN VITRO STRIP (*glucose blood*)	NF	
GNP TRUETRACK SMART SYSTEM IN VITRO STRIP (*glucose blood*)	NF	
GNP TRUETRACK TEST STRIPS IN VITRO STRIP (*glucose blood*)	NF	
gnp ulticare pen needles 31g x 5 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm	NF	
GNP ULTIGUARD SAFEPACK NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (*insulin pen needle*)	NF	
gnp ultra com insulin syringe 28g x 1/2" 1 ml	NF	
GOJJI LANCING DEVICE/CLEAR CAP (*lancet devices*)	NPB	
GOJJI STERILE LANCETS (*lancets*)	NPB	
goodsense blood glucose in vitro strip	NF	
goodsense blood glucose kit w/device	NF	
goodsense clickfine pen needle 31g x 5 mm	NF	
goodsense color lancets 33g	NPB	
goodsense lancets 26g univ	NPB	
goodsense lancets 30g	NPB	
goodsense lancets 30g univ	NPB	
goodsense lancets 33g	NPB	
goodsense lancets 33g univ	NPB	
goodsense lancing device	NPB	
GOODSENSE PEN NEEDLE PENFINE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (*insulin pen needle*)	NF	
GUARDIAN 4 GLUCOSE SENSOR (*continuous glucose sensor*)	NF	
GUARDIAN 4 TRANSMITTER (*continuous glucose transmitter*)	NF	
GUARDIAN CONNECT TRANSMITTER (*continuous glucose transmitter*)	NF	
GUARDIAN LINK 3 TRANSMITTER (*continuous glucose transmitter*)	NF	
GUARDIAN REAL-TIME CHARGER (*continuous glucose monitor sup*)	NPB	

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

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

Prescription Drug Name	Drug Tier	Drug Notes
kinney lancets	NPB	
kinney thin lancets	NPB	
kinray insulin syringe 29g x 1/2" 0.5 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	NF	
kmart valu insulin syringe 29g u-100 0.5 ml, u-100 1 ml	NF	
kmart valu insulin syringe 30g u-100 0.3 ml, u-100 0.5 ml, u-100 1 ml	NF	
KROGER AUTOLET LANCING DEVICE (*lancet devices*)	NPB	
kroger blood glucose kit w/device	NF	
kroger blood glucose test in vitro strip	NF	
KROGER HEALTHPRO LANCET 26G (*lancets*)	NPB	
kroger insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	NF	
kroger lancets	NPB	
kroger lancets 21g	NPB	
kroger lancets micro thin 33g	NPB	
kroger lancets super thin	NPB	
kroger lancets thin	NPB	
kroger lancets thin 26g	NPB	
kroger lancets ultrathin 30g	NPB	
kroger pen needles 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm	NF	
kroger premium blood glucose kit w/device	NF	
kroger premium glucose test in vitro strip	NF	
lancet device	NPB	
lancet device with ejector	NPB	
lancets	NPB	
lancets 30g	NPB	
lancets 33g	NPB	
lancets micro thin 33g	NPB	
lancets super thin 28g	NPB	
lancets thin	NPB	
LANCETS ULTRA THIN (*lancets*)	NPB	
lancets ultra thin 30g	NPB	
lancing device	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
LANZO (*lancet devices*)	NPB	
leader insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	NF	
LEADER UNIFINE PENTIPS 31G X 5 MM , 32G X 4 MM (*insulin pen needle*)	NF	
LEADER UNIFINE PENTIPS PLUS 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*)	NF	
liberty blood glucose meter device	NF	
LIBERTY MEDICAL LANCETS (*lancets*)	NPB	
LIBERTY NEXT GENERATION TEST IN VITRO STRIP (*glucose blood*)	NF	
LIBERTY NXT GENERATION MONITOR DEVICE (*blood glucose monitoring suppl*)	NF	
liberty test in vitro strip	NF	
lite touch lancets	NPB	
LITE TOUCH LANCING PEN (*lancet devices*)	NPB	
LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NF	
LITETOUCH LANCETS (*lancets*)	NPB	
LITETOUCH PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*)	NF	
live better lancet super thin	NPB	
longs insulin syringe 31g x 5/16" 0.5 ml	NF	
longs lancets standard	NPB	
longs lancets thin	NPB	
longs lancets ultra thin	NPB	
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NF	
MARATHON MEDICAL PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*)	NF	
MAXICOMFORT II PEN NEEDLE 31G X 6 MM (*insulin pen needle*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (*insulin syringe-needle u-100*)	NF	
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM , 29G X 8MM (*insulin pen needle*)	NF	
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML (*insulin syringe-needle u-100*)	NF	
medic insulin syringe 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml	NF	
medichoice safety lancet	NPB	
medichoice safety lancet extra	NPB	
medichoice safety lancet norm	NPB	
medicine shoppe pen needles 29g x 12mm , 31g x 8 mm	NF	
MEDLANCE PLUS EXTRA 21G (*lancets*)	NPB	
MEDLANCE PLUS LITE 25G (*lancets*)	NPB	
MEDLANCE PLUS SPECIAL 0.8MM (*lancets*)	NPB	
MEDLANCE PLUS SUPERLITE 30G (*lancets*)	NPB	
MEDLANCE PLUS UNIVERSAL 21G (*lancets*)	NPB	
meijer blood glucose kit w/device	NF	
meijer blood glucose test in vitro strip	NF	
meijer essential blood glucose kit w/device	NF	
meijer essential glucose test in vitro strip	NF	
MEIJER LANCETS (*lancets*)	NPB	
MEIJER LANCETS THIN (*lancets*)	NPB	
MEIJER LANCETS UNIVERSAL 21G (*lancets*)	NPB	
MEIJER LANCETS UNIVERSAL 30G (*lancets*)	NPB	
MEIJER LANCETS UNIVERSAL 33G (*lancets*)	NPB	
meijer pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm	NF	
meijer premium blood glucose kit w/device	NF	
MEIJER SUPER THIN LANCETS (*lancets*)	NPB	
MEIJER TRUE2GO BLOOD GLUCOSE KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
MEIJER TRUERESULT GLUCOSE SYS KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
MEIJER TRUETEST TEST IN VITRO STRIP (*glucose blood*)	NF	
MEIJER TRUETRACK GLUCOSE SYS KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
MEIJER TRUETRACK TEST IN VITRO STRIP (*glucose blood*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
MICRODOT BLOOD GLUCOSE SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
MICRODOT TEST IN VITRO STRIP (*glucose blood*)	NF	
MICROLET LANCETS (*lancets*)	NPB	
MICROLET NEXT LANCING DEVICE (*lancet devices*)	NPB	
mini lancing device	NPB	
MINILINK REAL-TIME TRANSMITTER (*continuous glucose transmitter*)	NF	
MINIMED 630G GUARDIAN PRESS (*continuous glucose transmitter*)	NF	
MINIMED PUMP RESERVOIR 3ML (*insulin infusion pump supplies*)	NPB	
MINIMED RESERVOIR 1.8ML (*insulin infusion pump supplies*)	NPB	
MINIMED RESERVOIR 3ML (*insulin infusion pump supplies*)	NPB	
MM BLOOD GLUCOSE SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
MM BLOOD GLUCOSE SYSTEM REFILL KIT (*blood glucose monitoring suppl*)	NF	
MM BLULINK GLUCOSE MONIT SYS DEVICE (*blood glucose monitoring suppl*)	NF	
MM BLULINK GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
MM EASY TOUCH GLUCOSE IN VITRO STRIP (*glucose blood*)	NF	
MM EASY TOUCH GLUCOSE METER KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
mm insulin syringe/needle 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	NF	
MM PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*)	NF	
MM TWIST LANCETS (*lancets*)	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, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NF	
MONOJECT INSULIN SYRINGE U-100 1 ML (*insulin syringes (disposable)*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML (*insulin syringe-needle u-100*)	NF	
MONOLET LANCETS (*lancets*)	NPB	
MONOLET OPD LANCETS (*lancets*)	NPB	
MONOLETTOR SAFETY LANCETS (*lancets*)	NPB	
ms insulin syringe 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	NF	
MULTI-LANCET DEVICE 2 KIT (*lancets misc.*)	NPB	
MYGLUCOHEALTH BLOOD GLUCOSE KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
MYGLUCOHEALTH LANCETS 30G (*lancets*)	NPB	
MYGLUCOHEALTH TEST IN VITRO STRIP (*glucose blood*)	NF	
NEUTEK 2TEK TEST IN VITRO STRIP (*glucose blood*)	NF	
NOVA MAX BLOOD GLUCOSE SYSTEM DEVICE (*blood glucose monitoring suppl*)	NF	
NOVA MAX BLOOD GLUCOSE SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
NOVA MAX GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
NOVA MAX PLUS KETONE TEST IN VITRO STRIP (*ketone blood test*)	NPB	
NOVA SAFETY LANCETS 23G (*lancets*)	NPB	
NOVA SAFETY LANCETS 28G (*lancets*)	NPB	
NOVA SUREFLEX LANCETS (*lancets*)	NPB	
NOVA SUREFLEX LANCING DEVICE (*lancet devices*)	NPB	
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 DEXG7G6 INTRO GEN 5 KIT (*insulin disposable pump*)	PB	
OMNIPOD 5 DEXG7G6 PODS 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	

Prescription Drug Name	Drug Tier	Drug Notes
OMNIPOD POD PALS (*insulin dispos pmp accessories*)	NF	
ON CALL EXPRESS BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NF	
ON CALL EXPRESS MONITORING SYS KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
one drop blood glucose monitor kit w/device	NF	
one drop test in vitro strip	NF	
ONETOUCH DELICA PLUS LANCET30G (*lancets*)	PB	
ONETOUCH DELICA PLUS LANCET33G (*lancets*)	PB	
ONETOUCH DELICA PLUS LANCING (*lancet devices*)	PB	
ONETOUCH DELICA SAFETY LANCING (*lancets*)	PB	
ONETOUCH ULTRA 2 KIT W/DEVICE (*blood glucose monitoring suppl*)	PB	
ONETOUCH ULTRA TEST IN VITRO STRIP (*glucose blood*)	NF	
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*)	NF	
PARADIGM REAL-TIME TRANSMITTER (*continuous glucose transmitter*)	NF	
PARADIGM SILHOUETTE COMBO 23" (*insulin infusion pump supplies*)	NPB	
pc unifine pentips 31g x 5 mm , 31g x 6 mm , 31g x 8 mm	NF	
pen needles 29g x 12mm , 30g x 5 mm , 30g x 8 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm	NF	
pen needles 5/16" 31g x 8 mm	NF	
PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (*insulin pen needle*)	NF	
PENTIPS GENERIC PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (*insulin pen needle*)	NF	
PERFECT LANCETS 28G (*lancets*)	NPB	
PERFECT LANCETS 30G (*lancets*)	NPB	
ph strips in vitro diagnostic test	NPB	

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

Prescription Drug Name	Drug Tier	Drug Notes
PREVENT SAFETY PEN NEEDLES 31G X 6 MM , 31G X 8 MM (*insulin pen needle*)	NF	
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NF	
pro comfort lancets 30g	NPB	
pro comfort lancets 31g	NPB	
pro comfort pen needles 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm	NF	
pro comfort safety lancets 30g	NPB	
pro voice v8 glucose system device	NF	
pro voice v8/v9 glucose in vitro strip	NF	
pro voice v9 glucose system device	NF	
PRODIGY AUTOCODE BLOOD GLUCOSE DEVICE (*blood glucose monitoring suppl*)	NF	
PRODIGY AUTOCODE BLOOD GLUCOSE KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML (*insulin syringe-needle u-100*)	NF	
PRODIGY LANCETS 28G (*lancets*)	NPB	
PRODIGY LANCING DEVICE (*lancet devices*)	NPB	
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP (*glucose blood*)	NF	
PRODIGY POCKET BLOOD GLUCOSE KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
PRODIGY SAFETY LANCETS 26G (*lancets*)	NPB	
PRODIGY TWIST TOP LANCETS 28G (*lancets*)	NPB	
PRODIGY VOICE BLOOD GLUCOSE KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
PTS PANELS EGLU TEST IN VITRO STRIP (*glucose blood*)	NF	
pure comfort lancets 30g	NPB	
pure comfort safety pen needle 31g x 5 mm , 31g x 6 mm , 32g x 4 mm	NF	
px extra short pen needles 31g x 6 mm	NF	
px insulin syringe 30g x 1/2" 0.5 ml	NF	
px lancets microthin 33g	NPB	
px lancets ultra thin 28g	NPB	
px mini pen needles 31g x 5 mm	NF	

Prescription Drug Name	Drug Tier	Drug Notes
px pen needle 29g x 12mm , 31g x 8 mm	NF	
qc advanced lancing device	NPB	
qc lancets super thin 30g	NPB	
qc lancets ultra thin	NPB	
qc pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm	NF	
qc unifine pentips 32g x 4 mm	NF	
qc unilet lancets 28g	NPB	
qc unilet lancets micro thin	NPB	
QUICKTEK KIT (*blood glucose monitoring suppl*)	NF	
QUICKTEK TEST IN VITRO STRIP (*glucose blood*)	NF	
QUICKTEK/METER KIT (*blood glucose monitoring suppl*)	NF	
QUINTET AC BLOOD GLUCOSE DEVICE (*blood glucose monitoring suppl*)	NF	
QUINTET AC BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
QUINTET BLOOD GLUCOSE SYSTEM DEVICE (*blood glucose monitoring suppl*)	NF	
QUINTET BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
RA E-ZJECT LANCETS 28G (*lancets*)	NPB	
RA E-ZJECT LANCETS THIN 26G (*lancets*)	NPB	
RA E-ZJECT LANCETS THIN 28G (*lancets*)	NPB	
RA E-ZJECT LANCETS ULTRA THIN (*lancets*)	NPB	
ra insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml	NF	
ra pen needles 31g x 5 mm , 31g x 8 mm	NF	
raya sure pen needle 29g x 12mm , 31g x 4 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm	NF	
READYLANCE SAFETY LANCETS (*lancets*)	NPB	
reality insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml	NF	
reality lancets	NPB	
reality trigger lancets	NPB	
REFUAH PLUS BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
REFUAH PLUS MONITORING SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	

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

Prescription Drug Name	Drug Tier	Drug Notes
RELION TRUE MET AIR GLUC METER KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
RELION TRUE METRIX TEST STRIPS IN VITRO STRIP (*glucose blood*)	NF	
RELION ULTIMA GLUCOSE SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
RELION ULTIMA TEST IN VITRO STRIP (*glucose blood*)	NF	
RELION ULTRA THIN LANCETS 30G (*lancets*)	NPB	
RELION ULTRA THIN PLUS LANCETS (*lancets*)	NPB	
REXALL BLOOD GLUCOSE SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
REXALL BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
REXALL LANCETS ULTRA THIN 30G (*lancets*)	NPB	
RIGHTEST ALTERNATE SITE ADAPT (*lancets misc.*)	NPB	
RIGHTEST GD500 LANCING DEVICE (*lancet devices*)	NPB	
RIGHTEST GL300 LANCETS (*lancets*)	NPB	
RIGHTEST GM100 BLOOD GLUCOSE KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
RIGHTEST GM300 BLOOD GLUCOSE KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
RIGHTEST GM550 BLOOD GLUCOSE KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
RIGHTEST GS100 BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NF	
RIGHTEST GS300 BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NF	
RIGHTEST GS550 BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NF	
RIGHTEST GT333 BLOOD GLUCOSE DEVICE (*blood glucose monitoring suppl*)	NF	
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NF	
RIGHTEST GT333 GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
safety lancet 30g/pressure act	NPB	
SAFETY LANCETS (*lancets*)	NPB	
SAFETY LANCETS 21G (*lancets*)	NPB	
SAFETY LANCETS 23G (*lancets*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
safety lancets 28g	NPB	
safety pen needles 30g x 5 mm , 30g x 8 mm	NF	
saps health plus lancets	NPB	
saps health twist top lancets	NPB	
saps twist top lancets	NPB	
sapscare twist top lancets	NPB	
sb insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 1 ml	NF	
sb lancets thin	NPB	
sb lancets ultra thin	NPB	
SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML (*insulin syringe-needle u-100*)	NF	
SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM (*insulin pen needle*)	NF	
select-lite lancing device	NPB	
SIMPLE DIAGNOSTICS LANCING DEV (*lancet devices*)	NPB	
SINGLE-LET (*lancets*)	NPB	
sm lancets 33g	NPB	
SM TRUEDRAW LANCING DEVICE (*lancet devices*)	NPB	
SMART DIABETES VANTAGE LANCING (*lancet devices*)	NPB	
SMART SENSE COLOR LANCETS 33G (*lancets*)	NPB	
SMART SENSE PREMIUM SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
SMART SENSE PREMIUM TEST IN VITRO STRIP (*glucose blood*)	NF	
SMART SENSE STANDARD LANCETS (*lancets*)	NPB	
SMART SENSE SUPER THIN LANCETS (*lancets*)	NPB	
SMART SENSE THIN LANCETS 26G (*lancets*)	NPB	
SMART SENSE VALUE GLUCOSE SYS KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
SMART SENSE VALUE TEST IN VITRO STRIP (*glucose blood*)	NF	
SMARTEST BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
SMARTEST EJECT DEVICE (*blood glucose monitoring suppl*)	NF	
SMARTEST EJECT STARTER KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
SMARTEST LANCETS 28G (*lancets*)	NPB	
SMARTEST PERSONA STARTER KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
SMARTEST PRONTO STARTER KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
SMARTEST PROTEGE DEVICE (*blood glucose monitoring suppl*)	NF	
SMARTEST PROTEGE STARTER KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
SOLUS V2 BLOOD GLUCOSE SYSTEM DEVICE (*blood glucose monitoring suppl*)	NF	
SOLUS V2 BLOOD GLUCOSE SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
SOLUS V2 LANCETS 28G (*lancets*)	NPB	
SOLUS V2 LANCING DEVICE (*lancet devices*)	NPB	
SOLUS V2 TEST IN VITRO STRIP (*glucose blood*)	NF	
SOLUS V2 TWIST LANCETS 30G (*lancets*)	NPB	
STERILANCE TL (*lancets*)	NPB	
super thin lancets	NPB	
SUPREME TEST IN VITRO STRIP (*glucose blood*)	NF	
sure comfort insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	NF	
sure comfort lancets 18g	NPB	
sure comfort lancets 21g	NPB	
sure comfort lancets 23g	NPB	
sure comfort lancets 28g	NPB	
sure comfort lancets 30g	NPB	
sure comfort lancing pen	NPB	
sure comfort pen needles 29g x 12.7mm , 30g x 8 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm	NF	
SURELITE LANCETS (*lancets*)	NPB	
T:FLEX T:LOCK CARTRIDGE 4.8ML (*insulin infusion pump supplies*)	NPB	
TECHLITE AST LANCETS (*lancets*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
techlite insulin syringe 30g x 1/2" 1 ml, 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	NF	
TECHLITE LANCETS (*lancets*)	NPB	
TECHLITE PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 6 MM (*insulin pen needle*)	NF	
TECHLITE PLUS PEN NEEDLES 32G X 4 MM (*insulin pen needle*)	NF	
TEMPO REFILL KIT (*blood glucose monitoring suppl*)	NF	
TEMPO WELCOME KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
tgt blood glucose monitoring kit w/device	NF	
tgt blood glucose test in vitro strip	NF	
tgt lancet micro thin 33g	NPB	
tgt lancet thin 26g	NPB	
tgt lancet ultra thin 30g	NPB	
tgt lancing device	NPB	
todays health pen needles 29g x 12mm	NF	
todays health short pen needle 31g x 8 mm	NF	
todays health thin lancets 28g	NPB	
todays health thin lancets 30g	NPB	
topcare clickfine pen needles 31g x 6 mm , 31g x 8 mm	NF	
topcare lancets micro-thin 33g	NPB	
topcare ultra comfort ins syr 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	NF	
TOXICOLOGY MED COLLECTION SYS IN VITRO KIT (*drug assay (urine)*)	NPB	
TRAVEL LANCETS ADVANCED 28G (*lancets*)	NPB	
true comfort insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 32g x 5/16" 1 ml	NF	
true comfort pen needles 31g x 5 mm , 31g x 6 mm , 32g x 4 mm	NF	
true comfort pro insulin syr 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 32g x 5/16" 0.5 ml	NF	
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	NF	

Prescription Drug Name	Drug Tier	Drug Notes
true comfort safety lancets	NPB	
true comfort twist top lancets	NPB	
TRUE FOCUS BLOOD GLUCOSE METER DEVICE (*blood glucose monitoring suppl*)	NF	
true focus blood glucose strip in vitro strip	NF	
TRUE METRIX AIR GLUCOSE METER KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
TRUE METRIX GO GLUCOSE METER KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
TRUE METRIX METER DEVICE (*blood glucose monitoring suppl*)	NF	
TRUE METRIX METER KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*)	NF	
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NF	
TRUEPLUS LANCETS 26G (*lancets*)	NPB	
TRUEPLUS LANCETS 28G (*lancets*)	NPB	
TRUEPLUS LANCETS 30G (*lancets*)	NPB	
TRUEPLUS LANCETS 33G (*lancets*)	NPB	
TRUEPLUS PEN NEEDLES 31G X 6 MM (*insulin pen needle*)	NF	
TRUEPLUS SAFETY LANCETS 28G (*lancets*)	NPB	
TRUERESULT BLOOD GLUCOSE KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
TRUETEST TEST IN VITRO STRIP (*glucose blood*)	NF	
TRUETRACK BLOOD GLUCOSE DEVICE (*blood glucose monitoring suppl*)	NF	
TRUETRACK BLOOD GLUCOSE KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
TRUETRACK SMART SYSTEM KIT (*blood glucose monitoring suppl*)	NF	
TRUETRACK TEST IN VITRO STRIP (*glucose blood*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
TRUSTEEL INFUSION SET (*insulin infusion pump supplies*)	NPB	
twist top lancets 30g	NPB	
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML (*insulin syringe-needle u-100*)	NF	
ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NF	
ULTICARE MICRO PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*)	NF	
ULTICARE MINI PEN NEEDLES 30G X 5 MM , 31G X 6 MM , 32G X 6 MM (*insulin pen needle*)	NF	
ULTICARE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM (*insulin pen needle*)	NF	
ULTICARE SHORT PEN NEEDLES 30G X 8 MM , 31G X 8 MM (*insulin pen needle*)	NF	
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*)	NF	
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NF	
ULTI-LANCE AUTOMATIC (*lancet devices*)	NPB	
ULTILET CLASSIC LANCETS (*lancets*)	NPB	
ULTILET LANCETS (*lancets*)	NPB	
ULTILET PEN NEEDLE 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*)	NF	
ULTILET SAFETY LANCETS (*lancets*)	NPB	
ULTILET SAFETY LANCETS 23G (*lancets*)	NPB	
ultra comfort insulin syringe 30g x 5/16" 0.3 ml	NF	
ULTRA FLO INSULIN PEN NEEDLES 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM (*insulin pen needle*)	NF	
ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 1/2" 0.3 ML, 30G X 5/16" 0.3 ML, 31G X 5/16" 0.3 ML (*insulin syringe-needle u-100*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NF	
ultra thin lancets 31g	NPB	
ULTRA THIN PEN NEEDLES 32G X 4 MM (*insulin pen needle*)	NF	
ultracare insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	NF	
ultra-care lancets 30g	NPB	
ultracare pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm	NF	
ULTRA-THIN II AUTO LANCET (*lancets*)	NPB	
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NF	
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML (*insulin syringe-needle u-100*)	NF	
ULTRA-THIN II LANCETS (*lancets*)	NPB	
ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM (*insulin pen needle*)	NF	
ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM (*insulin pen needle*)	NF	
ULTRA-THIN II PEN NEEDLES 29G X 12.7MM (*insulin pen needle*)	NF	
UNIFINE PENTIPS 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM , 33G X 4 MM (*insulin pen needle*)	NF	
UNIFINE PENTIPS PLUS 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM (*insulin pen needle*)	NF	
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 32G X 4 MM (*insulin pen needle*)	NF	
UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*)	NF	
UNIFINE ULTRA PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*)	NF	
UNILET COMFORTOUCH LANCET (*lancets*)	NPB	

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

Prescription Drug Name	Drug Tier	Drug Notes
UNIVERSAL 1 LANCETS THIN 33G (*lancets*)	NPB	
UNIVERSAL 1 LANCETS ULTRA THIN (*lancets*)	NPB	
value health insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml	NF	
value plus lancet standard 21g	NPB	
value plus lancets super thin	NPB	
value plus lancets thin 26g	NPB	
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.5 ML, 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NF	
VARISOFT INFUSION SET (*insulin infusion pump supplies*)	NPB	
verasens blood glucose meter device	NF	
verasens blood glucose system kit w/device	NF	
verasens blood glucose test in vitro strip	NF	
VERIFINE INSULIN PEN NEEDLE 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (*insulin pen needle*)	NF	
VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G 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*)	NF	
VERIFINE PLUS PEN NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*)	NF	
VERIFINE SAFE LANCET MINI 21G (*lancets*)	NPB	
VERIFINE SAFE LANCET MINI 23G (*lancets*)	NPB	
VERIFINE SAFE LANCET MINI 28G (*lancets*)	NPB	
VERIFINE SAFE LANCET MINI 30G (*lancets*)	NPB	
VERIFINE UNIVERSAL LANCETS 28G (*lancets*)	NPB	
VERIFINE UNIVERSAL LANCETS 30G (*lancets*)	NPB	
VERIFINE UNIVERSAL LANCETS 33G (*lancets*)	NPB	
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*)	NF	
VIVAGUARD INO GLUCOSE METER KIT (*blood glucose monitoring suppl*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
VIVAGUARD INO SMART GLUC METER DEVICE (*blood glucose monitoring suppl*)	NF	
VIVAGUARD INO TEST STRIPS IN VITRO STRIP (*glucose blood*)	NF	
VIVAGUARD LANCETS (*lancets*)	NPB	
VIVAGUARD LANCING DEVICE (*lancet devices*)	NPB	
vp insulin syringe 29g x 1/2" 0.3 ml	NF	
WALGREENS LANCETS (*lancets*)	NPB	
walgreens lancets micro thin	NPB	
walgreens lancets super thin	NPB	
WALGREENS THIN LANCETS (*lancets*)	NPB	
WALGREENS ULTRA THIN LANCETS (*lancets*)	NPB	
WAVESENSE AMP KIT W/DEVICE (*blood glucose monitoring suppl*)	NF	
wegmans unifine pentips plus 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm	NF	
zevrx insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml	NF	
zevrx pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm	NF	
zevrx twist top lancets 30g	NPB	
ENDOMETRIOSIS		
danazol oral capsule 100 mg, 200 mg, 50 mg	G	N8 (Listing does not include certain NDCs)
ORILISSA ORAL TABLET 150 MG, 200 MG (*elagolix sodium*)	PB	
SYNAREL NASAL SOLUTION 2 MG/ML (*nafarelin acetate*)	NPB	
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML (*estradiol valerate*)	NPB	
ec-rx estradiol transdermal cream 0.4 %, 0.6 %	NF	
MENEST ORAL TABLET 1.25 MG, 2.5 MG (*esterified estrogens*)	NF	
FERTILITY REGULATORS		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG (*cetrorelix acetate*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML (*follitropin beta*)	PSP	
ganirelix acetate (Fyremadel Subcutaneous Solution Prefilled Syringe 250 Mcg/0.5Ml)	NF	
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	NF	
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	PSP	
GONAL-F INJECTION SOLUTION RECONSTITUTED 1050 UNIT, 450 UNIT (*follitropin alfa*)	NF	
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/0.5ML, 450 UNT/0.75ML, 900 UNIT/1.5ML (*follitropin alfa*)	NF	
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (*follitropin alfa*)	NF	
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (*menotropins*)	PSP	
OVIDREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML (*choriogonadotropin alfa*)	PSP	
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT (*chorionic gonadotropin*)	NF	
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG (*hydrocortisone*)	NF	
dexamethasone (la) injection suspension 8 mg/ml	NF	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML (*dexamethasone*)	NPB	
dexamethasone oral elixir 0.5 mg/5ml	G	N8 (Listing does not include certain NDCs)
dexamethasone oral solution 0.5 mg/5ml	G	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 2 mg, 4 mg, 6 mg	G	
dexamethasone oral tablet 1.5 mg	G	N8 (Listing does not include certain NDCs)
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*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
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*)	NF	
dexamethasone (Hidex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21))	G	
hydrocortisone oral tablet 10 mg, 5 mg	G	N8 (Listing does not include certain NDCs)
hydrocortisone oral tablet 20 mg	G	
MEDROL ORAL TABLET 2 MG (*methylprednisolone*)	NPB	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	G	
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, 20 mg/5ml	NF	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml	G	
prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml	G	N8 (Listing does not include certain NDCs)
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, 20 mg, 5 mg	G	N8 (Listing does not include certain NDCs)
prednisone oral tablet 10 mg, 2.5 mg, 50 mg	G	
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	G	
RAYOS ORAL TABLET DELAYED RELEASE 1 MG, 2 MG, 5 MG (*prednisone*)	NF	
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (*dexamethasone*)	NF	
dexamethasone (Taperdex 6-Day Oral Tablet Therapy Pack 1.5 Mg, 1.5 Mg (21))	NF	

Prescription Drug Name	Drug Tier	Drug Notes
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (*dexamethasone*)	NF	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (*glucagon*)	PB	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (*glucagon*)	PB	
glucagon emergency injection kit 1 mg	NF	
glucagon emergency injection solution reconstituted 1 mg/ml	NF	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (*glucagon*)	PB	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (*glucagon*)	PB	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML (*glucagon*)	PB	
PROGLYCEM ORAL SUSPENSION 50 MG/ML (*diazoxide*)	NPB	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML (*dasiglucagon hcl*)	PB	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (*dasiglucagon hcl*)	PB	
GROWTH IMPROVEMENT AGENTS - DRUGS TO PROMOTE GROWTH		
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG (*vosoritide*)	NPSP	
HEREDITARY TYROSINEMIA TYPE 1 AGENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT		
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (*nitisinone*)	NF	
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (*nitisinone*)	PSP	
ORFADIN ORAL SUSPENSION 4 MG/ML (*nitisinone*)	PSP	
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*)	NF	
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG (*somatropin*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG (*somatropin*)	PSP	
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR 24 MG/1.2ML, 60 MG/1.2ML (*somatrogon-ghla*)	NF	
NORDIPEN 5 INJECTION DEVICE (*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 SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML (*somatropin*)	NF	
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (*somatropin*)	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	
LYSOSOMAL STORAGE DISORDERS - DRUGS TO TREAT LYSOSOMAL STORAGE DISORDERS		
OPFOLDA ORAL CAPSULE 65 MG (*miglustat (gaa deficiency)*)	NF	
LYSOSOMAL STORAGE DISORDERS - FABRY DISEASE - DRUGS TO TREAT FABRY DISEASE		
GALAFOLD ORAL CAPSULE 123 MG (*migalastat hcl*)	PSP	
LYSOSOMAL STORAGE DISORDERS - GAUCHER DISEASE - DRUGS TO TREAT GAUCHER DISEASE		
CERDELGA ORAL CAPSULE 84 MG (*eliglustat tartrate*)	PSP	
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (*imiglucerase*)	PSP	

Prescription Drug Name	Drug Tier	Drug Notes
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT (*taliglucerase alfa*)	NF	
miglustat oral capsule 100 mg	G	
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (*velaglucerase alfa*)	NF	
ZAVESCA ORAL CAPSULE 100 MG (*miglustat*)	NPSP	
MENOPAUSAL SYMPTOM AGENTS - DRUGS TO TREAT MENOPAUSE		
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (*estradiol*)	NPB	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (*drospirenone-estradiol*)	NPB	
BIJUVA ORAL CAPSULE 0.5-100 MG, 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, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (*estradiol*)	NF	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (*estradiol-norethindrone acet*)	PB	
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*)	NPB	
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	

Prescription Drug Name	Drug Tier	Drug Notes
estradiol vaginal cream 0.1 mg/gm	G	
estradiol vaginal tablet 10 mcg	NF	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	G	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	G	
ESTRING VAGINAL RING 7.5 MCG/24HR (*estradiol*)	NF	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (*estradiol*)	NPB	
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (*estradiol*)	NPB	
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (*estradiol acetate*)	NF	
norethindrone-eth estradiol (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)	G	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG (*estradiol*)	PB	
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG (*estradiol*)	PB	
norethindrone-eth estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)	G	
MENEST ORAL TABLET 0.3 MG, 0.625 MG (*esterified estrogens*)	NF	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (*estradiol*)	NPB	
estradiol-norethindrone acet (Mimvey Oral Tablet 1-0.5 Mg)	G	
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (*estradiol*)	NF	
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	G	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (*estrogens conjugated*)	NF	
PREMARIN VAGINAL CREAM 0.625 MG/GM (*estrogens, conjugated*)	NF	
PREMPHASE ORAL TABLET 0.625-5 MG (*conj estrog-medroxyprogest ace*)	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	
VAGIFEM VAGINAL TABLET 10 MCG (*estradiol*)	PB	

Prescription Drug Name	Drug Tier	Drug Notes
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (*estradiol*)	NF	
estradiol (Yuvafem Vaginal Tablet 10 Mcg)	NF	
MISCELLANEOUS		
ACTHAR GEL SUBCUTANEOUS AUTO-INJECTOR 40 UNIT/0.5ML, 80 UNIT/ML (*corticotropin*)	NPSP	
ACTHAR INJECTION GEL 80 UNIT/ML (*corticotropin*)	NPSP	
betaine oral powder	G	
cabergoline oral tablet 0.5 mg	G	
CORTROPHIN INJECTION GEL 80 UNIT/ML (*corticotropin*)	NPSP	
CYSTADANE ORAL POWDER (*betaine*)	NF	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (*cysteamine bitartrate*)	PSP	
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML (*romosozumab-aqqg*)	NF	
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (*setmelanotide acetate*)	NF	
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (*mecasermin*)	NPSP	
INTRAROSA VAGINAL INSERT 6.5 MG (*prasterone*)	NF	
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	
KUVAN ORAL PACKET 100 MG, 500 MG (*sapropterin dihydrochloride*)	NF	
KUVAN ORAL TABLET 100 MG (*sapropterin dihydrochloride*)	NF	
methylergonovine maleate (Methergine Oral Tablet 0.2 Mg)	G	
methylergonovine maleate oral tablet 0.2 mg	G	
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG (*metreleptin*)	NPSP	
OSPHENA ORAL TABLET 60 MG (*ospemifene*)	NF	
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML (*pegvaliase-pqpz*)	NF	
raloxifene hcl oral tablet 60 mg	CE	
SAMSCA ORAL TABLET 15 MG, 30 MG (*tolvaptan*)	NPSP	

Prescription Drug Name	Drug Tier	Drug Notes
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	
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML (*asfotase alfa*)	NPSP	
VEOZAH ORAL TABLET 45 MG (*fezolinetant*)	NF	
VIJOICE ORAL PACKET 50 MG (*alpelisib*)	NF	
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG, 50 MG (*alpelisib*)	NF	
XURIDEN ORAL PACKET 2 GM (*uridine triacetate*)	NPSP	
ZOKINVY ORAL CAPSULE 50 MG, 75 MG (*lonafarnib*)	NPSP	
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
AURYXIA ORAL TABLET 1 GM 210 MG(FE) (*ferric citrate*)	PB	
calcium acetate (phos binder) oral capsule 667 mg	G	
calcium acetate (phos binder) oral tablet 667 mg	G	
FOSRENOL ORAL PACKET 1000 MG, 750 MG (*lanthanum carbonate*)	NF	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG (*lanthanum carbonate*)	NF	
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	NF	
RENVELA ORAL PACKET 0.8 GM, 2.4 GM (*sevelamer carbonate*)	NF	
RENVELA ORAL TABLET 800 MG (*sevelamer carbonate*)	NF	
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*)	NF	
POLYNEUROPATHY		
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.8ML (*eplontersen sodium*)	NF	
POTASSIUM-REMOVING AGENTS - DRUGS TO REGULATE POTASSIUM		
sodium polystyrene sulfonate (Kionex Combination Suspension 15 Gm/60Ml)	G	

Prescription Drug Name	Drug Tier	Drug Notes
sodium polystyrene sulfonate (Sps (Sodium Polystyrene Sulf) Combination Suspension 15 Gm/60Ml)	G	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML (*sodium polystyrene sulfonate*)	G	
POTASSIUM-REMOVING AGENTS - DRUGS TO REGULATE POTASSIUM LEVELS		
LOKELMA ORAL PACKET 10 GM, 5 GM (*sodium zirconium cyclosilicate*)	NF	
sodium polystyrene sulfonate oral powder	G	
VELTASSA ORAL PACKET 1 GM, 16.8 GM, 25.2 GM, 8.4 GM (*patiromer sorbitex calcium*)	PB	
PROGESTINS - DRUGS TO REGULATE PROGESTIN		
CRINONE VAGINAL GEL 4 %, 8 % (*progesterone*)	PB	
ec-rx progesterone transdermal cream 10 %, 20 %	NF	
ENDOMETRIN VAGINAL INSERT 100 MG (*progesterone*)	PB	
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	G	
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 625 mg/5ml	G	
norethindrone acetate oral tablet 5 mg	G	
progesterone intramuscular oil 50 mg/ml	G	
progesterone oral capsule 100 mg, 200 mg	G	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG (*progesterone*)	NF	
PROVERA ORAL TABLET 10 MG (*medroxyprogesterone acetate*)	NPB	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
ADTHYZA ORAL TABLET 120 MG, 130 MG, 15 MG, 16.25 MG, 30 MG, 32.5 MG, 60 MG, 65 MG, 90 MG, 97.5 MG (*thyroid*)	NF	
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG (*thyroid*)	NPB	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG (*liothyronine sodium*)	NF	
ERMEZA ORAL SOLUTION 150 MCG/5ML (*levothyroxine sodium*)	NF	
levothyroxine sodium (Euthyrox Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	G	

Prescription Drug Name	Drug Tier	Drug Notes
levothyroxine sodium (Levo-T Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	G	
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	G	
levothyroxine sodium (Levoxyl Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	G	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	G	
methimazole oral tablet 10 mg, 5 mg	G	
niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	NF	
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*)	NF	
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	NF	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG (*levothyroxine sodium*)	NF	
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML (*levothyroxine sodium*)	NF	
levothyroxine sodium (Unithroid Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	G	
UREA CYCLE DISORDER - DRUGS TO TREAT UREA CYCLE DISORDER		
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	

Prescription Drug Name	Drug Tier	Drug Notes
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	
PHEBURANE ORAL PELLET 483 MG/GM (*sodium phenylbutyrate*)	PSP	
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	
UTERINE FIBROIDS - DRUGS TO TREAT UTERINE FIBROIDS		
MYFEMBREE ORAL TABLET 40-1-0.5 MG (*relugolix-estradiol-norethind*)	PB	
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (*elagolix-estradiol-norethind*)	PB	
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	
VITAMIN D ANALOGS		
calcitriol oral capsule 0.25 mcg, 0.5 mcg	G	N8 (Listing does not include certain NDCs)
calcitriol oral solution 1 mcg/ml	G	
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	G	N8 (Listing does not include certain NDCs)
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	G	

Prescription Drug Name	Drug Tier	Drug Notes
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG (*calcitriol*)	NPB	
ROCALTROL ORAL SOLUTION 1 MCG/ML (*calcitriol*)	NPB	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG (*paricalcitol*)	NPB	
VITAMINS - VITAMINS AND SUPPLEMENTS		
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG (*calcifediol*)	NPB	
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTICHOLINERGICS		
ANASPAZ ORAL TABLET DISPERSIBLE 0.125 MG (*hyoscyamine sulfate*)	NPB	
CUVPOSA ORAL SOLUTION 1 MG/5ML (*glycopyrrolate*)	NPB	
dicyclomine hcl oral capsule 10 mg	G	N8 (Listing does not include certain NDCs)
dicyclomine hcl oral solution 10 mg/5ml	G	
dicyclomine hcl oral tablet 20 mg	G	N8 (Listing does not include certain NDCs)
GLYCATE ORAL TABLET 1.5 MG (*glycopyrrolate*)	NF	
glycopyrrolate oral tablet 1 mg, 2 mg	G	N8 (Listing does not include certain NDCs)
glycopyrrolate oral tablet 1.5 mg	NF	
hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg	NF	
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	N8 (Listing does not include certain NDCs)
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	
LEVSIN ORAL TABLET 0.125 MG (*hyoscyamine sulfate*)	NPB	
LEVSIN/SL SUBLINGUAL TABLET SUBLINGUAL 0.125 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*)	NF	
ROBINUL-FORTE ORAL TABLET 2 MG (*glycopyrrolate*)	NF	
ANTIDIARRHEALS		
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	G	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	G	
LACTEROL ORAL CAPSULE (*probiotic product*)	NF	
LOMOTIL ORAL TABLET 2.5-0.025 MG (*diphenoxylate-atropine*)	NPB	
loperamide hcl oral capsule 2 mg	G	
MOTOFEN ORAL TABLET 1-0.025 MG (*difenoxin-atropine*)	NF	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG (*crofelemer*)	NF	
surebiotic probiotic support oral capsule	NF	
wellpro 31 oral capsule	NF	
zelac oral capsule	NF	
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED 235-0.25 MG (*fosnetupitant-palonosetron*)	NPB	
AKYNZEO ORAL CAPSULE 300-0.5 MG (*netupitant-palonosetron*)	NPB	
ANTIVERT ORAL TABLET 50 MG (*meclizine hcl*)	NF	
ANTIVERT ORAL TABLET CHEWABLE 25 MG (*meclizine hcl*)	NF	
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	
CINVANTI INTRAVENOUS EMULSION 130 MG/18ML (*aprepitant*)	NF	
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 INTRAVENOUS SOLUTION RECONSTITUTED 150 MG (*fosaprepitant dimeglumine*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
EMEND ORAL CAPSULE 80 MG (*aprepitant*)	NPB	
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML (*aprepitant*)	NPB	
EMEND TRI-PACK ORAL CAPSULE 80 & 125 MG (*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	G	
metoclopramide hcl oral solution 5 mg/5ml	G	N8 (Listing does not include certain NDCs)
metoclopramide hcl oral tablet 10 mg, 5 mg	G	
metoclopramide hcl oral tablet dispersible 5 mg	G	
ondansetron hcl oral solution 4 mg/5ml	G	
ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg	G	
ondansetron oral tablet dispersible 4 mg, 8 mg	G	
prochlorperazine edisylate injection solution 10 mg/2ml	G	
prochlorperazine maleate oral tablet 10 mg, 5 mg	G	
prochlorperazine rectal suppository 25 mg	G	
promethazine hcl oral 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*)	NF	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS (*scopolamine base*)	NF	
trimethobenzamide hcl oral capsule 300 mg	G	
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG (*rolapitant hcl*)	NPB	
ANTISPASMODICS - DRUGS FOR MUSCLE SPASM		
LIBRAX ORAL CAPSULE 5-2.5 MG (*chlordiazepoxide-clidinium*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 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	
AZULFIDINE ORAL TABLET 500 MG (*sulfasalazine*)	NPB	
balsalazide disodium oral capsule 750 mg	G	
budesonide er oral tablet extended release 24 hour 9 mg	NF	
budesonide oral capsule delayed release particles 3 mg	G	
COLAZAL ORAL CAPSULE 750 MG (*balsalazide disodium*)	NF	
CORTENEMA RECTAL ENEMA 100 MG/60ML (*hydrocortisone*)	NPB	
CORTIFOAM EXTERNAL FOAM 10 % (*hydrocortisone acetate*)	PB	
DELZICOL ORAL CAPSULE DELAYED RELEASE 400 MG (*mesalamine*)	NF	
DIPENTUM ORAL CAPSULE 250 MG (*olsalazine sodium*)	NPB	
hydrocortisone rectal enema 100 mg/60ml	G	
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM (*mesalamine*)	NF	
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	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG (*mesalamine*)	NF	
SFROWASA RECTAL ENEMA 4 GM/60ML (*mesalamine*)	NPB	
sulfasalazine oral tablet 500 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
sulfasalazine oral tablet delayed release 500 mg	G	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG (*budesonide*)	PB	
UCERIS RECTAL FOAM 2 MG/ACT (*budesonide*)	NPB	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (*lubiprostone*)	NF	
IBSRELA ORAL TABLET 50 MG (*tenapanor hcl*)	NF	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (*linaclotide*)	PB	
lubiprostone oral capsule 24 mcg, 8 mcg	G	N8 (Listing does not include certain NDCs)
TRULANCE ORAL TABLET 3 MG (*plecanatide*)	NPB	
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	
VIBERZI ORAL TABLET 100 MG, 75 MG (*eluxadoline*)	PB	
LAXATIVES - DRUGS FOR CONSTIPATION		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML (*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	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM (*peg 3350-kcl-nabcb-nacl-nasulf*)	NF	
KRISTALOSE ORAL PACKET 10 GM, 20 GM (*lactulose*)	NPB	
lactulose oral packet 10 gm	NF	
lactulose oral solution 10 gm/15ml	G	
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (*peg-kcl-nacl-nasulf-na asc-c*)	NF	
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	CE	
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	

Prescription Drug Name	Drug Tier	Drug Notes
SUFLAVE ORAL SOLUTION RECONSTITUTED 178.7 GM (*peg 3350-kcl-nacl-nasulf-mgsul*)	CE	
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML (*na sulfate-k sulfate-mg sulf*)	NF	
SUTAB ORAL TABLET 1479-225-188 MG (*sodium sulfate-mag sulfate-kcl*)	CE	
MISCELLANEOUS		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG (*odevixibat*)	NF	
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG (*odevixibat*)	NF	
CARAFATE ORAL SUSPENSION 1 GM/10ML (*sucralfate*)	NF	
CARAFATE ORAL TABLET 1 GM (*sucralfate*)	NF	
CHENODAL ORAL TABLET 250 MG (*chenodiol*)	NPSP	
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (*cholic acid*)	NPSP	
cromolyn sodium oral concentrate 100 mg/5ml	G	
CYTOTEC ORAL TABLET 100 MCG, 200 MCG (*misoprostol*)	NPB	
GATTEX SUBCUTANEOUS KIT 5 MG (*teduglutide (rdna)*)	NPSP	
GIMOTI NASAL SOLUTION 15 MG/ACT (*metoclopramide hcl*)	NF	
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML (*maralixibat chloride*)	NPSP	
misoprostol oral tablet 100 mcg, 200 mcg	G	
MOTEGRITY ORAL TABLET 1 MG, 2 MG (*prucalopride succinate*)	NF	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (*naloxegol oxalate*)	PB	
OCALIVA ORAL TABLET 10 MG, 5 MG (*obeticholic acid*)	NPSP	
RELISTOR ORAL TABLET 150 MG (*methylnaltrexone bromide*)	NF	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML (*methylnaltrexone bromide*)	NF	
RELTONE ORAL CAPSULE 200 MG, 400 MG (*ursodiol*)	NF	
SUCRAID ORAL SOLUTION 8500 UNIT/ML (*sacrosidase*)	NPSP	
sucralfate oral suspension 1 gm/10ml	NF	
sucralfate oral tablet 1 gm	G	N8 (Listing does not include certain NDCs)
SYMPROIC ORAL TABLET 0.2 MG (*naldemedine tosylate*)	PB	
URSO FORTE ORAL TABLET 500 MG (*ursodiol*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
ursodiol oral capsule 200 mg, 400 mg	NF	
ursodiol oral capsule 300 mg	G	
ursodiol oral tablet 250 mg, 500 mg	G	
URSODIOL+SYRSPEND SF ORAL SUSPENSION 30 MG/ML (*ursodiol*)	NF	
VOQUEZNA ORAL TABLET 10 MG, 20 MG (*vonoprazan fumarate*)	NPB	
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	
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, 60000-189600 UNIT (*pancrelipase (lip-prot-amyl)*)	PB	
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
ACIPHEX ORAL TABLET DELAYED RELEASE 20 MG (*rabeprazole sodium*)	NF	
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG (*dexlansoprazole*)	NF	
dexlansoprazole oral capsule delayed release 30 mg, 60 mg	NF	
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	G	
lansoprazole oral capsule delayed release 15 mg, 30 mg	G	
lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg	NF	

Prescription Drug Name	Drug Tier	Drug Notes
NEXIUM ORAL CAPSULE DELAYED RELEASE 20 MG, 40 MG (*esomeprazole magnesium*)	NF	
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG (*esomeprazole magnesium*)	NF	
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg	G	
omeprazole-sodium bicarbonate oral capsule 20-1100 mg, 40-1100 mg	NF	
omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg	NF	
pantoprazole sodium oral packet 40 mg	NF	
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	G	N8 (Listing does not include certain NDCs)
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG (*lansoprazole*)	NF	
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG, 30 MG (*lansoprazole*)	NF	
PRILOSEC ORAL PACKET 10 MG, 2.5 MG (*omeprazole magnesium*)	NF	
PROTONIX ORAL PACKET 40 MG (*pantoprazole sodium*)	NF	
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG, 40 MG (*pantoprazole sodium*)	NF	
rabeprazole sodium oral capsule sprinkle 10 mg	NPB	
rabeprazole sodium oral tablet delayed release 20 mg	G	
ZEGERID ORAL CAPSULE 20-1100 MG, 40-1100 MG (*omeprazole-sodium bicarbonate*)	NF	
ZEGERID ORAL PACKET 20-1680 MG, 40-1680 MG (*omeprazole-sodium bicarbonate*)	NF	
RECTAL, CORTICOSTEROIDS		
ANUSOL-HC EXTERNAL CREAM 2.5 % (*hydrocortisone*)	NPB	
hydrocortisone (perianal) external cream 1 %, 2.5 %	G	
hydrocortisone ace-pramoxine external cream 1-1 %	G	
PROCORT EXTERNAL CREAM 1.85-1.15 % (*hydrocortisone ace-pramoxine*)	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
RECTAL, MISCELLANEOUS		
BARRIGEL RECTAL GEL 20 MG/ML (*hyaluronic acid (rectal)*)	NF	
ULCER THERAPY COMBINATIONS		
amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg	G	
OMECLAMOX-PAK ORAL 500-500-20 MG (*amoxicill-clarithro-omeprazole*)	NPB	
PYLERA ORAL CAPSULE 140-125-125 MG (*bis subcit-metronid-tetracyc*)	NPB	
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 ORAL TABLET 1 MG, 2 MG, 4 MG (*doxazosin mesylate*)	NPB	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (*doxazosin mesylate*)	NPB	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	G	N8 (Listing does not include certain NDCs)
dutasteride oral capsule 0.5 mg	G	
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	G	
ENTADFI ORAL CAPSULE 5-5 MG (*finasteride-tadalafil*)	NF	
finasteride oral tablet 5 mg	G	
PROSCAR ORAL TABLET 5 MG (*finasteride*)	NPB	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG (*silodosin*)	NF	
silodosin oral capsule 4 mg, 8 mg	G	
tamsulosin hcl oral capsule 0.4 mg	G	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	G	N8 (Listing does not include certain NDCs)
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG (*alfuzosin hcl*)	NF	
CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL		
ENCARE VAGINAL SUPPOSITORY 100 MG (*nonoxynol-9*)	CE	

Prescription Drug Name	Drug Tier	Drug Notes
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	
ERECTILE DYSFUNCTION		
bi-mix intracavernosal solution reconstituted 150-5 mg	NF	
CIALIS ORAL TABLET 10 MG, 20 MG, 5 MG (*tadalafil*)	NF	
quad-mix intracavernosal solution reconstituted 150-10-0.1-1 mg	NF	
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG (*avanafil*)	NF	
super bi-mix intracavernosal solution reconstituted 150-10 mg	NF	
super quad-mix intracavernosal solution reconstituted 150-20-0.2-2 mg	NF	
super tri-mix intracavernosal solution reconstituted 150-10-100 mg-mg-mcg	NF	
tadalafil oral tablet 5 mg	G	N8 (Listing does not include certain NDCs)
tri-mix intracavernosal solution reconstituted 150-5-50 mg-mg-mcg	NF	
VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG (*sildenafil citrate*)	NF	
MISCELLANEOUS		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	G	
cytra k crystals oral packet 3300-1002 mg	G	
ELMIRON ORAL CAPSULE 100 MG (*pentosan polysulfate sodium*)	NF	
FILSPARI ORAL TABLET 200 MG, 400 MG (*sparsentan*)	NF	
LITHOSTAT ORAL TABLET 250 MG (*acetohydroxamic acid*)	NF	
ORACIT ORAL SOLUTION 490-640 MG/5ML (*sod citrate-citric acid*)	NPB	
phenazopyridine hcl (Phenazo Oral Tablet 200 Mg)	G	
pot & sod cit-cit ac oral solution 550-500-334 mg/5ml	G	

Prescription Drug Name	Drug Tier	Drug Notes
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	N8 (Listing does not include certain NDCs)
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG (*cysteamine bitartrate*)	NF	
PROCYSBI ORAL PACKET 300 MG, 75 MG (*cysteamine bitartrate*)	NF	
RENACIDIN IRRIGATION SOLUTION (*citric ac-gluconolact-mg carb*)	NPB	
sod citrate-citric acid oral solution 500-334 mg/5ml	G	N8 (Listing does not include certain NDCs)
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	N8 (Listing does not include certain NDCs)
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG) (*potassium citrate*)	NPB	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (1620 MG) (*potassium citrate*)	NPB	
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg	G	
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG (*tolterodine tartrate*)	NF	
flavoxate hcl oral tablet 100 mg	G	
GELNIQUE TRANSDERMAL GEL 10 % (*oxybutynin chloride*)	NPB	
GEMTESA ORAL TABLET 75 MG (*vibegron*)	PB	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML (*mirabegron*)	NF	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG (*mirabegron*)	NF	
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	G	N8 (Listing does not include certain NDCs)
oxybutynin chloride oral solution 5 mg/5ml	G	

Prescription Drug Name	Drug Tier	Drug Notes
oxybutynin chloride oral tablet 2.5 mg	NF	
oxybutynin chloride oral tablet 5 mg	G	
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR (*oxybutynin*)	NF	
solifenacin succinate oral tablet 10 mg, 5 mg	G	
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	G	
tolterodine tartrate oral tablet 1 mg, 2 mg	G	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (*fesoterodine fumarate*)	NF	
trospium chloride er oral capsule extended release 24 hour 60 mg	G	
trospium chloride oral tablet 20 mg	G	N8 (Listing does not include certain NDCs)
VESICARE LS ORAL SUSPENSION 5 MG/5ML (*solifenacin succinate*)	NPB	
VAGINAL ANTI-INFECTIVES - DRUGS TO TREAT VAGINAL INFECTIONS		
CLEOCIN VAGINAL CREAM 2 % (*clindamycin phosphate*)	NPB	
CLEOCIN VAGINAL SUPPOSITORY 100 MG (*clindamycin phosphate*)	NPB	
clindamycin phosphate vaginal cream 2 %	G	
CLINDESSE VAGINAL CREAM 2 % (*clindamycin phosphate (1 dose)*)	NPB	
GYNAZOLE-1 VAGINAL CREAM 2 % (*butoconazole nitrate (1 dose)*)	NPB	
metronidazole vaginal gel 0.75 %	G	
miconazole 3 vaginal suppository 200 mg	G	
NUVESSA VAGINAL GEL 1.3 % (*metronidazole*)	NF	
terconazole vaginal cream 0.4 %, 0.8 %	G	
terconazole vaginal suppository 80 mg	G	
VANDAZOLE VAGINAL GEL 0.75 % (*metronidazole*)	NF	
XACIATO VAGINAL GEL 2 % (*clindamycin phosphate*)	NPB	
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS - BLOOD THINNERS		
ARIXTRA SUBCUTANEOUS SOLUTION 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML (*fondaparinux sodium*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
dabigatran etexilate mesylate oral capsule 110 mg	G	N8 (Listing does not include certain NDCs)
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*)	NPB	
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*)	NPB	
heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%	NF	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	G	
heparin sodium (porcine) pf injection solution 5000 unit/0.5ml	G	
hepmed combination kit 100&0.9&2.5-2.5 ut/ml&%	NF	
warfarin sodium (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)	G	
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	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG (*dabigatran etexilate mesylate*)	NF	
PRADAXA ORAL PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG (*dabigatran etexilate mesylate*)	NF	
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (*edoxaban tosylate*)	NF	
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	G	
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML (*rivaroxaban*)	PB	

Prescription Drug Name	Drug Tier	Drug Notes
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	
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	
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	

Prescription Drug Name	Drug Tier	Drug Notes
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	
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	
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	
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	
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	
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	
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, 12 MG/0.4ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 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	
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	

Prescription Drug Name	Drug Tier	Drug Notes
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	
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		
AGRYLIN ORAL CAPSULE 0.5 MG (*anagrelide hcl*)	NPB	
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	

Prescription Drug Name	Drug Tier	Drug Notes
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	
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	
FABHALTA ORAL CAPSULE 200 MG (*iptacopan hcl*)	NPSP	
VOYDEYA ORAL TABLET 100 MG (*danicopan*)	NF	
VOYDEYA ORAL TABLET THERAPY PACK 50 & 100 MG (*danicopan*)	NF	
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*)	NF	
prasugrel hcl oral tablet 10 mg, 5 mg	G	
YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG (*aspirin-omeprazole*)	NF	
ZONTIVITY ORAL TABLET 2.08 MG (*vorapaxar sulfate*)	NF	
SICKLE CELL DISEASE		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (*hydroxyurea*)	NPB	
ENDARI ORAL PACKET 5 GM (*glutamine (sickle cell)*)	PSP	
SIKLOS ORAL TABLET 100 MG, 1000 MG (*hydroxyurea*)	PB	
THROMBOCYTOPENIA AGENTS - DRUGS TO TREAT PLATELET DISORDERS		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG (*eltrombopag choline*)	PSP	

Prescription Drug Name	Drug Tier	Drug Notes
DOPTELET ORAL TABLET 20 MG (*avatrombopag maleate*)	PSP	
MULPLETA ORAL TABLET 3 MG (*lusutrombopag*)	NPSP	
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG, 250 MCG, 500 MCG (*romiplostim*)	NF	
PROMACTA ORAL PACKET 12.5 MG, 25 MG (*eltrombopag olamine*)	PSP	
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (*eltrombopag olamine*)	PSP	
TAVALISSE ORAL TABLET 100 MG, 150 MG (*fostamatinib disodium*)	PSP	
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
ALLERGENIC EXTRACTS		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU (*timothy grass pollen allergen*)	PB	
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM (*dust mite mixed allergen ext*)	NPB	
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR (*grass mix pollens allergen ext*)	PB	
PALFORZIA (12 MG DAILY DOSE) ORAL 2 X 1 MG & 10 MG (*peanut powder-dnfp*)	NF	
PALFORZIA (120 MG DAILY DOSE) ORAL 20 MG & 100 MG (*peanut powder-dnfp*)	NF	
PALFORZIA (160 MG DAILY DOSE) ORAL 3 X 20 MG & 100 MG (*peanut powder-dnfp*)	NF	
PALFORZIA (20 MG DAILY DOSE) ORAL 20 MG (*peanut powder-dnfp*)	NF	
PALFORZIA (200 MG DAILY DOSE) ORAL 2 X 100 MG (*peanut powder-dnfp*)	NF	
PALFORZIA (240 MG DAILY DOSE) ORAL 2 X 20 MG & 2 X 100 MG (*peanut powder-dnfp*)	NF	
PALFORZIA (3 MG DAILY DOSE) ORAL 3 X 1 MG (*peanut powder-dnfp*)	NF	
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET 300 MG (*peanut powder-dnfp*)	NF	
PALFORZIA (300 MG TITRATION) ORAL PACKET 300 MG (*peanut powder-dnfp*)	NF	
PALFORZIA (40 MG DAILY DOSE) ORAL 2 X 20 MG (*peanut powder-dnfp*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
PALFORZIA (6 MG DAILY DOSE) ORAL 6 X 1 MG (*peanut powder-dnfp*)	NF	
PALFORZIA (80 MG DAILY DOSE) ORAL 4 X 20 MG (*peanut powder-dnfp*)	NF	
PALFORZIA INITIAL ESCALATION ORAL 0.5 & 1 & 1.5 & 3 & 6 MG (*peanut powder-dnfp*)	NF	
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U (*short ragweed pollen ext*)	PB	
AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)		
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-axxq*)	PSP	
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)		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-afzb*)	NF	
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-afzb*)	NF	
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (*adalimumab-afzb*)	NF	
adalimumab-aacf (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml	NF	
adalimumab-aacf (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.8ml	NF	
adalimumab-aacf(cd/uc/hs strt) subcutaneous auto-injector kit 40 mg/0.8ml	NF	

Prescription Drug Name	Drug Tier	Drug Notes
adalimumab-aacf(ps/uv starter) subcutaneous auto-injector kit 40 mg/0.8ml	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 (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml	NF	
adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.4ml	NF	
adalimumab-adbm(cd/uc/hs strt) subcutaneous auto-injector kit 40 mg/0.4ml	NF	
adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit 40 mg/0.4ml	NF	
adalimumab-fkjp (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml	NF	
adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml	NF	
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (*adalimumab-atto*)	NF	
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab-atto*)	NF	
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML (*adalimumab-atto*)	NF	
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML, 20 MG/0.4ML (*adalimumab-atto*)	NF	
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML (*bimekizumab-bkzx*)	PSP	
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML (*bimekizumab-bkzx*)	PSP	
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 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.)

Prescription Drug Name	Drug Tier	Drug Notes
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 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)
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 (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-adbm*)	NF	
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (*adalimumab-adbm*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-adbm*)	NF	
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*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)
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML (*vedolizumab*)	NF	
HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-fkjp*)	NF	
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (*adalimumab-fkjp*)	NF	
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (*adalimumab*)	NF	
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab*)	NF	
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (*adalimumab*)	NF	
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (*adalimumab*)	NF	
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 SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (*adalimumab-adaz*)	PSP	
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML & 40MG/0.4ML (*adalimumab-adaz*)	PSP	

Prescription Drug Name	Drug Tier	Drug Notes
HYRIMOZ-PED>/=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML (*adalimumab-adaz*)	PSP	
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML (*adalimumab-adaz*)	PSP	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (*sarilumab*)	PSP	IBC (Preferred agent for Rheumatoid Arthritis)
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	
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (*mirikizumab-mrkz*)	NF	
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*mirikizumab-mrkz*)	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 20 MG, 30 MG (*apremilast*)	PSP	IBC (Preferred agent for Psoriasis and Psoriatic Arthritis)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG (*apremilast*)	PSP	IBC (Preferred agent for Psoriasis and Psoriatic Arthritis)
RINVOQ LQ ORAL SOLUTION 1 MG/ML (*upadacitinib*)	PSP	IBC (Preferred agent for 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)

Prescription Drug Name	Drug Tier	Drug Notes
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	
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 (*risankizumab-rzaa*)	PSP	IBC (Preferred agent for Crohn's Disease)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML (*risankizumab-rzaa*)	PSP	IBC (Preferred agent for Crohn's Disease and Ulcerative Colitis)
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)

Prescription Drug Name	Drug Tier	Drug Notes
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML, 40 MG/0.5ML, 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 AUTO-INJECTOR 100 MG/ML (*guselkumab*)	PSP	IBC (Preferred agent for Psoriasis and Psoriatic Arthritis)
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (*guselkumab*)	PSP	
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*guselkumab*)	PSP	IBC (Preferred agent for Psoriasis and Psoriatic Arthritis)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML (*guselkumab*)	PSP	
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (*tocilizumab-aazg*)	NF	
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (*tocilizumab-aazg*)	NF	
VELSIPITY ORAL TABLET 2 MG (*etrasimod arginine*)	PSP	
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) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (*adalimumab-aaty*)	NF	
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML (*adalimumab-aaty*)	NF	
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (*adalimumab-aaty*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML (*infliximab-dyyb*)	NF	
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML (*infliximab-dyyb*)	NF	
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML (*infliximab-dyyb*)	NF	
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS		
ARAVA ORAL TABLET 10 MG, 20 MG (*leflunomide*)	NPB	
hydroxychloroquine sulfate oral tablet 200 mg	G	
leflunomide oral tablet 10 mg, 20 mg	G	
methotrexate sodium oral tablet 2.5 mg	G	N8 (Listing does not include certain NDCs)
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*)	NPB	
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	

Prescription Drug Name	Drug Tier	Drug Notes
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (*lanadelumab-flyo*)	PSP	
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML (*lanadelumab-flyo*)	PSP	
IMMUNOGLOBULIN		
ALYGLO INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (*immune globulin (human)-stwk*)	NF	
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	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML (*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, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (*immune globulin (human)*)	NPSP	

Prescription Drug Name	Drug Tier	Drug Notes
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, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML (*immune globulin (human)*)	NF	
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	
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*)	NPSP	
IMMUNOMODULATORS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/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 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	

Prescription Drug Name	Drug Tier	Drug Notes
cyclosporine oral capsule 100 mg, 25 mg	G	
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	
IMURAN ORAL TABLET 50 MG (*azathioprine*)	NPB	
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	
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		
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (*nirsevimab-alip*)	NPB	
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (*canakinumab*)	NPSP	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML (*palivizumab*)	NPSP	
MEDICAL DEVICES		
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
d-xylose powder	NPB	
GLEOLAN ORAL SOLUTION RECONSTITUTED 1.5 GM (*aminolevulinic acid hcl*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
NUTRITIONAL/SUPPLEMENTS		
VITAMINS - VITAMINS AND SUPPLEMENTS		
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (*cyanocobalamin*)	NPB	
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 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*)	NF	
ATABEX OB ORAL TABLET 29-1 MG (*prenatal vit w/ fe bisg-fa*)	NF	
azesco oral tablet 13-1 mg	NF	
CITRANATAL 90 DHA ORAL 90-1 & 300 MG (*prenat w/o a-fecbgl-dss-fa-dha*)	NF	
CITRANATAL ASSURE ORAL 35-1 & 300 MG (*prenat w/o a-fecbgl-dss-fa-dha*)	NF	
CITRANATAL B-CALM ORAL 20-1 MG & 2 X 25 MG (*prenat w/o a fecbnfeglu-fa &b6*)	NF	
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG (*prenat-fefmcb-dss-fa-dha w/o a*)	NF	
c-nate dha oral capsule 28-1-200 mg	NF	
complete natal dha oral 29-1-200 & 200 mg	NF	
completenate oral tablet chewable 29-1 mg	NF	
CO-NATAL FA ORAL TABLET (*prenatal vit-fe fumarate-fa*)	NF	
CONCEPT DHA ORAL CAPSULE 53.5-38-1 MG (*prenat-fefum-fepo-fa-omega 3*)	NF	
CONCEPT OB ORAL CAPSULE 130-92.4-1 MG (*prenat w/o a vit-fefum-fepo-fa*)	NF	
DERMACINRX PRETRATE ORAL TABLET 1 MG (*prenatal multivit-min-fe-fa*)	NF	
ENBRACE HR ORAL CAPSULE (*prenat vit-fe gly cys-fa-omega*)	NF	
FOLIVANE-OB ORAL CAPSULE 85-1 MG (*prenat w/o a vit-fefum-fepo-fa*)	NF	
INATAL GT ORAL TABLET (*prenatal vit-dss-fe cbn-fa*)	G	
jenliva prenatal/postnatal oral capsule 1 mg	NF	
kosher prenatal plus iron oral tablet 30-1 mg	NF	
m-natal plus oral tablet 27-1 mg	NF	
natal pnv oral tablet 6-0.5 mg	NF	
NATALVIT ORAL TABLET (*prenatal vit-fe fumarate-fa*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
NEEVO DHA ORAL CAPSULE 27-1.13 MG (*prenat w/oa-fefum-methf-omegas*)	NF	
neonatal complete oral tablet 27-1 mg	NF	
NEONATAL PLUS ORAL TABLET 27-1 MG (*prenatal vit-fe fumarate-fa*)	NF	
NESTABS DHA ORAL 32-1 MG (*prenat-w/oa-fe bisgly-fa-omega*)	NF	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (*prenat-fe-methylfol-dha w/o a*)	NF	
NESTABS ORAL TABLET 32-1 MG (*prenat-fe bisgly-fa-w/o vit a*)	NF	
NIVA-PLUS ORAL TABLET 27-1 MG (*prenatal vit-fe fumarate-fa*)	NF	
OB COMPLETE ONE ORAL CAPSULE 50-1-476 MG (*prenat-fecbn-feaspgl-fa-fish*)	NF	
OB COMPLETE ORAL TABLET 50-1.25 MG (*prenatal vit-iron carbonyl-fa*)	NF	
OB COMPLETE PETITE ORAL CAPSULE 35-5-1-200 MG (*prenat-fecbn-feaspgl-fa-omega*)	NF	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG (*prenatal-fe cbn-fe asp gly-fa*)	NF	
OB COMPLETE/DHA ORAL CAPSULE 30-10-1-200 MG (*prenat-fecbn-feaspgl-fa-omega*)	NF	
one vite womens plus oral tablet 27-1 mg	NF	
pnv prenatal plus multivit+dha oral 27-1 & 312 mg	NF	
pnv tabs 20-1 oral tablet 20-1 mg	NF	
pnv-dha oral capsule 27-0.6-0.4-300 mg	G	
pnv-dha+docusate oral capsule 27-1.25-300 mg	NF	
pnv-omega oral capsule 28-0.6-0.4-340 mg	NF	
pnv-select oral tablet 27-0.6-0.4 mg	G	
pregen dha oral capsule 28-1-35 mg	NF	
pregenna oral tablet 20-1 mg	NF	
PREMESISRX ORAL TABLET 1 MG (*prenatal ca-b6-b12-fa-ginger*)	NF	
prena 1 true oral 30-1.4 & 300 mg	NF	
prena1 oral tablet chewable 1.4 mg	NF	
prena1 pearl oral capsule extended release 30-1.4-200 mg	NF	
prenaissance oral capsule 29-1.25-325 mg	NF	

Prescription Drug Name	Drug Tier	Drug Notes
prenaissance plus oral capsule 28-1-250 mg	NF	
prenatal 19 oral tablet 29-1 mg	NF	
prenatal 19 oral tablet chewable	G	
prenatal 19 oral tablet chewable 29-1 mg	NF	
prenatal oral tablet 27-1 mg	NF	
prenatal plus oral tablet 27-1 mg	NF	
PRENATAL-U ORAL CAPSULE 106.5-1 MG (*prenatal w/o a vit-fe fum-fa*)	NF	
PRENATE AM ORAL TABLET 1 MG (*prenatal ca-b6-b12-fa-ginger*)	NF	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (*prenat-feasp-meth-fa-dha w/o a*)	NF	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG (*prenatal-feaspgly-methylfol-fa*)	NF	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (*prenat w/o a-fe-methfol-fa-dha*)	NF	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (*prenat-feasp-meth-fa-dha w/o a*)	NF	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (*prenat-fecbn-feasp-meth-fa-dha*)	NF	
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (*prenat mv-min-methylfolate-fa*)	NF	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (*prenat-feasp-meth-fa-dha w/o a*)	NF	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (*prenat w/o a-fe-methfol-fa-dha*)	NF	
PRENATOL-M ORAL TABLET 27-1.2 MG (*prenatal vit-fe fumarate-fa*)	NF	
PRENATRIX ORAL TABLET 27-1 MG (*prenatal vit-fe fumarate-fa*)	NF	
PRENATRYL ORAL TABLET 27-1 MG (*prenatal vit-fe fumarate-fa*)	NF	
PRIMACARE ORAL CAPSULE 30-1-470 MG (*pren-fe-meth-fa-omeg w/o a*)	NF	
PROVIDA OB ORAL CAPSULE 20-20-1.25 MG (*prenat w/o a vit-fefum-fepo-fa*)	NF	
relnate dha oral capsule 28-1-200 mg	NF	
SELECT-OB ORAL TABLET CHEWABLE 29-0.6-0.4 MG (*prenat vit-fepoly-methylfol-fa*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (*prenatal vit-fe psac cmplx-fa*)	NF	
SELECT-OB+DHA ORAL 29-1 & 250 MG (*prenatal vit-fepoly-fa-dha*)	NF	
se-natal 19 oral tablet 29-1 mg	NF	
se-natal 19 oral tablet chewable 29-1 mg	NF	
TARON-C DHA ORAL CAPSULE 35-1 MG (*prenat-fefum-fepo-fa-omega 3*)	NF	
thrivite rx oral tablet 29-1 mg	NF	
trinatal rx 1 oral tablet 60-1 mg	NF	
TRINATE ORAL TABLET (*prenatal vit-fe fumarate-fa*)	G	
tristart dha oral capsule 31-0.6-0.4-200 mg	NF	
VINATE DHA RF ORAL CAPSULE 27-1.13 MG (*prenat w/oa-fefum-methf-omegas*)	NF	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (*prenat-fe poly-methfol-fa-dha*)	NF	
VITAFOL GUMMIES ORAL TABLET CHEWABLE 3.33-0.333-34.8 MG (*prenatal vit-fe phos-fa-omega*)	NF	
VITAFOL ULTRA ORAL CAPSULE 29-0.6-0.4-200 MG (*prenat-fe poly-methfol-fa-dha*)	NF	
VITAFOL-OB ORAL TABLET (*prenatal vit-fe fumarate-fa*)	NF	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (*prenatal mv-min-fe fum-fa-dha*)	NF	
VITAFOL-ONE ORAL CAPSULE 29-1-200 MG (*prenatal vit-fepoly-fa-dha*)	NF	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG (*prenat w/o a-fe-methfol-fa-dha*)	NF	
VITAPEARL ORAL CAPSULE EXTENDED RELEASE 30-1.4-200 MG (*prenat-fefum-fered-fa-dha w/oa*)	NF	
VITATHELY WITH GINGER ORAL TABLET 27-1 MG (*prenatal vit-fe fumarate-fa*)	NF	
VITATRUE ORAL 30-1.4 & 300 MG (*prenat-fechel-fa-dha w/o vit a*)	NF	
VIVA DHA ORAL CAPSULE 28-1-200 MG (*prenatal vit-fe fum-fa-omega*)	NF	
wescap-c dha oral capsule 53.5-38-1 mg	NF	
wescap-pn dha oral capsule 27-0.6-0.4-300 mg	NF	
wesnatal dha complete oral 29-1-200 & 200 mg	NF	
wesnate dha oral capsule 28-1-200 mg	NF	

Prescription Drug Name	Drug Tier	Drug Notes
westab plus oral tablet 27-1 mg	NF	
westgel dha oral capsule 31-0.6-0.4-200 mg	NF	
zalvit oral tablet 13-1 mg	NF	
ziphex oral tablet 13-1 mg	NF	
VITAMINS - VITAMINS AND SUPPLEMENTS		
ACCRUFER ORAL CAPSULE 30 MG (*ferric maltol*)	NF	
active fe oral tablet 75-1.25 mg	NPB	
activite oral tablet 1 mg	NF	
folic acid-vit b6-vit b12 (Airavite Oral Tablet 2.5-25-1 Mg)	G	
altrixa oral tablet	NF	
AMLADEX ORAL TABLET (*multiple vitamin*)	NF	
ASTAMED MYO ORAL CAPSULE (*astaxanthin-tocotrienol-zn-d3*)	NF	
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	
CENFOL ORAL TABLET 2.3-24.5-2 MG (*folic acid-vit b6-vit b12*)	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	
DAVIMET-FLUORIDE ORAL TABLET CHEWABLE 0.75 MG (*pediatric multivitamins-fl*)	NF	
dayavite oral tablet	NF	
b complex-c-folic acid (Dexifol Oral Tablet 5 Mg)	NF	
DRISDOL ORAL CAPSULE 1.25 MG (50000 UT) (*ergocalciferol*)	NPB	
ELFOLATE PLUS ORAL TABLET 3-35-2 MG (*l-methylfolate-b6-b12*)	NF	
ergocalciferol oral capsule 1.25 mg (50000 ut)	G	
FA-8 ORAL CAPSULE 0.8 MG (*folic acid*)	CE	
fa-vitamin b-6-vitamin b-12 oral tablet 2.2-25-0.5 mg	G	
ferotrinsic oral capsule	G	

Prescription Drug Name	Drug Tier	Drug Notes
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE 0.5 MG, 1 MG (*pediatric multivitamins-fl*)	NF	
FLORIVA ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*ped multiple vit-minerals-fl*)	NF	
FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML (*pediatric multivitamins-fl*)	NF	
folagent dha oral capsule	NF	
folamax oral tablet	NF	
folamed dha oral capsule	NF	
folaprime oral tablet	NF	
folate oral tablet 400 mcg	CE	
folbee oral tablet 2.5-25-1 mg	G	
folbee plus oral tablet	G	
FOLGARD OS ORAL TABLET 500-1.1 MG (*multiple vit-min-calcium-fa*)	NF	
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*)	NF	
folite oral tablet	NF	
folplex 2.2 oral tablet 2.2-25-0.5 mg	G	
foltrin oral capsule	G	
FOLVITE-D ORAL TABLET 1-3775 MG-UNIT (*folic acid-cholecalciferol*)	NF	
FOSTEUM ORAL CAPSULE 27-20-200 MG-MG-UNIT (*genistein-zn chelate-vit d*)	NF	
FOSTEUM PLUS ORAL CAPSULE (*dietary management product*)	NF	
FUSION PLUS ORAL CAPSULE (*iron-fa-b cmp-c-biot-probiotic*)	NPB	
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	
hylavite oral tablet	NF	
hylazinc oral tablet	NF	

Prescription Drug Name	Drug Tier	Drug Notes
ICAR-C PLUS ORAL TABLET 100-250-0.025-1 MG (*iron-vit c-vit b12-folic acid*)	NF	
iron polysacch cmplx-b12-fa (Iferex 150 Forte Oral Capsule 150-25-1 Mg-Mcg-Mg)	G	
keyfolic oral tablet	NF	
fefum-fepo-fa-b cmp-c-zn-mn-cu (K-Tan Plus Oral Capsule 162-115.2-1 Mg)	G	
LDL CARE ORAL POWDER (*dietary management product*)	NF	
multiple vitamins-minerals (Lysiplex Plus Oral Tablet)	G	
medi tab oral tablet	NF	
MULTIGEN FOLIC ORAL TABLET 70-150-2-1 MG (*fe asp gly-succ-c-thre-b12-fa*)	NPB	
MULTIGEN ORAL TABLET 70 MG (*fe-succ-c-thre-b12-des stomach*)	NPB	
MULTIGEN PLUS ORAL TABLET 50-101-1 MG (*feasp-fefum -suc-c-thre-b12-fa*)	NPB	
multipro oral capsule	NF	
multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	G	N8 (Listing does not include certain NDCs)
multi-vitamin/fluoride oral solution 0.5 mg/ml	G	
multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	G	
neoke bhb oral powder	NF	
neovite oral tablet	NF	
b complex-c-folic acid (Nephronex Oral Tablet)	G	
NICADAN ORAL TABLET (*multiple vitamins-minerals*)	NF	
NICAPRIN ORAL TABLET (*dietary management product*)	NF	
NICAZEL FORTE ORAL TABLET (*multiple vitamins-minerals*)	NF	
NICAZEL ORAL TABLET (*multiple vitamins-minerals*)	NF	
NICOMIDE ORAL TABLET 750-27-2-0.5 MG (*niacinamide-zn-cu-methfo-se-cr*)	NF	
nicotinamide oral tablet 750-27-2-0.5 mg	NF	
folic acid-vit b6-vit b12 (Nufol Oral Tablet 2.5-25-1 Mg)	G	
NUTRICAP ORAL TABLET (*multiple vitamins-minerals*)	NF	
multiple vitamins-minerals (Nutrifac Zx Oral Tablet)	G	
onevite oral tablet	NF	
ortho df oral capsule 1-3775 mg-unit	NF	
phytonadione injection solution 1 mg/0.5ml, 10 mg/ml	G	

Prescription Drug Name	Drug Tier	Drug Notes
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*)	NF	
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*pediatric multivitamins-fl*)	NF	
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML (*ped multivitamins-fl-iron*)	NF	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG (*ped multivitamins-fl-iron*)	NF	
pro-critic oral packet	NPB	
profola oral tablet	NF	
pyridoxine hcl injection solution 100 mg/ml	G	
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG (*multi vit-min-fluoride-fe-fa*)	NF	
QUFLORA FE PEDIATRIC ORAL LIQUID 0.25-9.5 MG/ML (*ped multivitamins-fl-iron*)	NF	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML (*pediatric multivitamins-fl*)	NF	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*pediatric multivitamins-fl*)	NF	
ra folic acid oral tablet 400 mcg	CE	
REMEDIENT ORAL CAPSULE (*multiple vitamins-minerals*)	NF	
RENATABS WITH IRON ORAL 1 & 100 MG (*b complex-c-biotin-e-fa-fe cbn*)	NF	
reno caps oral capsule 1 mg	G	
RHEUMATE ORAL CAPSULE (*dietary management product*)	NF	
SIDEROL ORAL TABLET (*multiple vitamins-minerals*)	NF	
sm folic acid oral tablet 400 mcg	CE	
STROVITE FORTE ORAL SYRUP (*multiple vitamins-minerals*)	NF	
support oral liquid	NF	
TALIVA ORAL CAPSULE 1 MG (*fa-b6-b12-omega 3-phytosterols*)	NF	
TOBAKIENT ORAL CAPSULE (*dietary management product*)	NF	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (*ped vit a-c-d-methylfolate-fl*)	NF	
tri-vi-floro oral suspension 0.25 mg/ml, 0.5 mg/ml	NF	

Prescription Drug Name	Drug Tier	Drug Notes
tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	G	
tronvite oral tablet 1 mg	NF	
UDAMIN SP ORAL TABLET (*multiple vitamins-minerals*)	NF	
VASCULERA ORAL TABLET (*dietary management product*)	NF	
vb6 p5p oral powder	NF	
v-c forte oral capsule	G	
multiple vitamins-minerals (Vic-Forte Oral Capsule)	G	
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	
VITAROCA PLUS ORAL TABLET (*multiple vitamins-minerals*)	NF	
vitasure oral tablet 1 mg	NF	
wellfola oral tablet	NF	
xyzbac oral tablet	NF	
yl folic acid oral tablet 400 mcg	CE	
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS		
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
ALOCRIL OPHTHALMIC SOLUTION 2 % (*nedocromil sodium*)	NPB	
ALOMIDE OPHTHALMIC SOLUTION 0.1 % (*lodoxamide tromethamine*)	NPB	
azelastine hcl ophthalmic solution 0.05 %	G	
BEPREVE OPHTHALMIC SOLUTION 1.5 % (*bepotastine besilate*)	NF	
cromolyn sodium ophthalmic solution 4 %	G	
epinastine hcl ophthalmic solution 0.05 %	G	
olopatadine hcl ophthalmic solution 0.1 %, 0.2 %	G	
ZERVIATE OPHTHALMIC SOLUTION 0.24 % (*cetirizine hcl*)	NF	
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA		
dorzolamide hcl solution 2 % ophthalmic	NPB	
dorzolamide hcl solution 2 % ophthalmic	G	

Prescription Drug Name	Drug Tier	Drug Notes
ANTIGLAUCOMA BETA-BLOCKERS - DRUGS TO TREAT GLAUCOMA		
betaxolol hcl ophthalmic solution 0.5 %	G	
BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 % (*timolol hemihydrate*)	NF	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (*betaxolol hcl*)	PB	
carteolol hcl ophthalmic solution 1 %	G	
levobunolol hcl ophthalmic solution 0.5 %	G	
timolol maleate (once-daily) ophthalmic solution 0.5 %	G	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	G	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	G	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 % (*timolol maleate*)	NF	
ANTIGLAUCOMA COMBINATION AGENTS - DRUGS TO TREAT GLAUCOMA		
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (*brimonidine tartrate-timolol*)	NF	
COSOPT OPHTHALMIC SOLUTION 2-0.5 % (*dorzolamide hcl-timolol mal*)	NPB	
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	G	
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	G	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (*netarsudil-latanoprost*)	NF	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (*brinzolamide-brimonidine*)	PB	
ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION		
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	G	
double pm ophthalmic solution reconstituted 1-0.5 %	NF	
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	

Prescription Drug Name	Drug Tier	Drug Notes
prednisolone-gatifloxacin ophthalmic suspension 1-0.5 %	NF	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	G	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (*tobramycin-dexamethasone*)	PB	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (*tobramycin-dexamethasone*)	NF	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	G	
triple pmb ophthalmic solution reconstituted 1-0.5-0.09 %	NF	
triple pmk ophthalmic solution reconstituted 1-0.5-0.5 %	NF	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (*loteprednol-tobramycin*)	NF	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
AZASITE OPHTHALMIC SOLUTION 1 % (*azithromycin*)	NF	
bacitracin ophthalmic ointment 500 unit/gm	G	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	G	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (*besifloxacin hcl*)	PB	
CILOXAN OPHTHALMIC OINTMENT 0.3 % (*ciprofloxacin hcl*)	NF	
ciprofloxacin hcl ophthalmic solution 0.3 %	G	
erythromycin ophthalmic ointment 5 mg/gm	G	
gatifloxacin ophthalmic solution 0.5 %	G	
gentamicin sulfate ophthalmic solution 0.3 %	G	
KLARITY-A OPHTHALMIC SOLUTION 1 % (*azithromycin*)	NF	
MITOSOL OPHTHALMIC KIT 0.2 MG (*mitomycin*)	NPB	
moxifloxacin hcl ophthalmic solution 0.5 %	G	
NATACYN OPHTHALMIC SUSPENSION 5 % (*natamycin*)	NPB	
neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000	G	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	G	
neomycin-bacitracin zn-polymyx (Neo-Polycin Ophthalmic Ointment 3.5-400-10000)	G	
ofloxacin ophthalmic solution 0.3 %	G	
bacitracin-polymyxin b (Polycin Ophthalmic Ointment 500-10000 Unit/Gm)	G	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	G	

Prescription Drug Name	Drug Tier	Drug Notes
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	
XDEMVY OPHTHALMIC SOLUTION 0.25 % (*lotilaner*)	NF	
ZIRGAN OPHTHALMIC GEL 0.15 % (*ganciclovir*)	NF	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
ACULAR OPHTHALMIC SOLUTION 0.5 % (*ketorolac tromethamine*)	NPB	
ACUVAIL OPHTHALMIC SOLUTION 0.45 % (*ketorolac tromethamine*)	NF	
ALREX OPHTHALMIC SUSPENSION 0.2 % (*loteprednol etabonate*)	NF	
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	G	
BROMSITE OPHTHALMIC SOLUTION 0.075 % (*bromfenac sodium*)	NF	
dexamethasone sodium phosphate ophthalmic solution 0.1 %	G	
DEXTENZA OPHTHALMIC INSERT 0.4 MG (*dexamethasone*)	NF	
DEXYCU INTRAOCULAR SUSPENSION 9 % (*dexamethasone*)	NF	
diclofenac sodium ophthalmic solution 0.1 %	G	
difluprednate ophthalmic emulsion 0.05 %	G	
DUREZOL OPHTHALMIC EMULSION 0.05 % (*difluprednate*)	NPB	
EYSUVIS OPHTHALMIC SUSPENSION 0.25 % (*loteprednol etabonate*)	NPB	
FLAREX OPHTHALMIC SUSPENSION 0.1 % (*fluorometholone acetate*)	NF	
fluorometholone ophthalmic suspension 0.1 %	G	
flurbiprofen sodium ophthalmic solution 0.03 %	G	
FML FORTE OPHTHALMIC SUSPENSION 0.25 % (*fluorometholone*)	NF	
FML LIQUIFILM OPHTHALMIC SUSPENSION 0.1 % (*fluorometholone*)	NF	
ILEVRO OPHTHALMIC SUSPENSION 0.3 % (*nepafenac*)	PB	

Prescription Drug Name	Drug Tier	Drug Notes
INVELTYS OPHTHALMIC SUSPENSION 1 % (*loteprednol etabonate*)	NF	
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	G	
KLARITY-L OPHTHALMIC EMULSION 0.2 %, 0.5 % (*loteprednol etabonate*)	NF	
LOTEMAX OPHTHALMIC GEL 0.5 % (*loteprednol etabonate*)	NF	
LOTEMAX OPHTHALMIC OINTMENT 0.5 % (*loteprednol etabonate*)	NF	
LOTEMAX OPHTHALMIC SUSPENSION 0.5 % (*loteprednol etabonate*)	NF	
LOTEMAX SM OPHTHALMIC GEL 0.38 % (*loteprednol etabonate*)	NF	
loteprednol etabonate ophthalmic suspension 0.5 %	G	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % (*dexamethasone*)	NF	
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (*nepafenac*)	NF	
OZURDEX INTRAVITREAL IMPLANT 0.7 MG (*dexamethasone*)	NPSP	
PRED FORTE OPHTHALMIC SUSPENSION 1 % (*prednisolone acetate*)	NF	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (*prednisolone acetate*)	NF	
prednisolone acetate ophthalmic suspension 1 %	G	
prednisolone acetate p-f ophthalmic suspension 1 %	NPB	
prednisolone sodium phosphate ophthalmic solution 1 %	NPB	
PROLENSA OPHTHALMIC SOLUTION 0.07 % (*bromfenac sodium*)	NPB	
CARBONIC ANHYDRASE INHIBITORS - DRUGS TO TREAT GLAUCOMA		
AZOPT OPHTHALMIC SUSPENSION 1 % (*brinzolamide*)	NPB	
brinzolamide ophthalmic suspension 1 %	G	
dorzolamide hcl ophthalmic solution 2 %	NPB	
DRY EYE DISEASE		
CEQUA OPHTHALMIC SOLUTION 0.09 % (*cyclosporine*)	NF	
cyclosporine ophthalmic emulsion 0.05 %	NF	
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML (*perfluorohexyloctane*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (*cyclosporine*)	PB	
RESTASIS OPHTHALMIC EMULSION 0.05 % (*cyclosporine*)	PB	
VEVYE OPHTHALMIC SOLUTION 0.1 % (*cyclosporine*)	NF	
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 solution 1 %	NPB	
cyclopentolate hcl ophthalmic solution 1 %	G	
CYSTADROPS OPHTHALMIC SOLUTION 0.37 % (*cysteamine hcl*)	NF	
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (*cysteamine hcl*)	NPSP	
OXERVATE OPHTHALMIC SOLUTION 0.002 % (*cenegermin-bkbj*)	NPSP	
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	G	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	G	
proparacaine hcl ophthalmic solution 0.5 %	G	
tropicamide ophthalmic solution 0.5 %, 1 %	G	
TYRVAYA NASAL SOLUTION 0.03 MG/ACT (*varenicline tartrate*)	NF	
UPNEEQ OPHTHALMIC SOLUTION 0.1 % (*oxymetazoline hcl*)	NF	
VERKAZIA OPHTHALMIC EMULSION 0.1 % (*cyclosporine*)	NF	
VUITY OPHTHALMIC SOLUTION 1.25 % (*pilocarpine hcl*)	NF	
PROSTAGLANDINS - DRUGS TO TREAT GLAUCOMA		
bimatoprost ophthalmic solution 0.03 %	G	
latanoprost ophthalmic solution 0.005 %	NF	
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (*bimatoprost*)	NF	
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 % (*travoprost*)	NF	
travoprost (bak free) ophthalmic solution 0.004 %	G	
VYZULTA OPHTHALMIC SOLUTION 0.024 % (*latanoprostene bunod*)	NF	
XALATAN OPHTHALMIC SOLUTION 0.005 % (*latanoprost*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
XELPROS OPHTHALMIC EMULSION 0.005 % (*latanoprost*)	NF	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % (*tafluprost*)	NPB	
RETINAL DISORDERS		
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05ML (*ranibizumab-nuna*)	PSP	
CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05ML, 0.5 MG/0.05ML (*ranibizumab-eqrn*)	PSP	
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML (*aflibercept*)	NF	
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML (*aflibercept*)	NF	
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML (*ranibizumab*)	NF	
RHO KINASE INHIBITORS - DRUGS TO TREAT EYE CONDITIONS		
RHOPRESSA OPHTHALMIC SOLUTION 0.02 % (*netarsudil dimesylate*)	NF	
SYMPATHOMIMETICS - DRUGS TO TREAT GLAUCOMA		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % (*brimonidine tartrate*)	PB	
apraclonidine hcl ophthalmic solution 0.5 %	G	
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	G	
IOPIDINE OPHTHALMIC SOLUTION 1 % (*apraclonidine hcl*)	NPB	
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	

Prescription Drug Name	Drug Tier	Drug Notes
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS		
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG (*alpha1-proteinase inhibitor*)	NF	
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML (*alpha1-proteinase inhibitor*)	NF	
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML (*alpha1-proteinase inhibitor*)	PB	
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 4000 MG, 5000 MG (*alpha1-proteinase inhibitor*)	PSP	
ANAPHYLAXIS TREATMENT AGENTS		
ADRENALIN INJECTION SOLUTION 1 MG/ML, 30 MG/30ML (*epinephrine*)	NF	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML (*epinephrine*)	PB	
epinephrine injection solution auto-injector 0.15 mg/0.15ml	G	
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	G	N8 (Listing does not include certain NDCs)
epinephrine professional injection kit 1 mg/ml	NF	
EPINEPHRINESNAP-EMS INJECTION KIT 1 MG/ML (*epinephrine*)	NF	
EPINEPHRINESNAP-V INJECTION KIT 1 MG/ML (*epinephrine*)	NF	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (*epinephrine*)	NF	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML (*epinephrine*)	NF	
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*)	NF	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (*ipratropium-albuterol*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
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	
ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (*budeson-glycopyrrol-formoterol*)	PB	
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*)	NPB	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT (*umeclidinium bromide*)	NF	
ipratropium bromide inhalation solution 0.02 %	G	
ipratropium bromide nasal solution 0.03 %, 0.06 %	G	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (*tiotropium bromide monohydrate*)	PB	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (*tiotropium bromide monohydrate*)	PB	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT (*aclidinium bromide*)	NF	
YUPELRI INHALATION SOLUTION 175 MCG/3ML (*revefenacin*)	PB	
ANTIHISTAMINE COMBINATIONS		
azelastine-fluticasone nasal suspension 137-50 mcg/act	G	
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (*azelastine-fluticasone*)	NF	
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (*olopatadine-mometasone*)	NF	
ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES		
azelastine hcl nasal solution 0.15 %, 137 mcg/spray	G	
carbinoxamine maleate oral solution 4 mg/5ml	G	
carbinoxamine maleate oral tablet 4 mg	G	
carbinoxamine maleate oral tablet 6 mg	NF	

Prescription Drug Name	Drug Tier	Drug Notes
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	
cyproheptadine hcl oral tablet 4 mg	G	N8 (Listing does not include certain NDCs)
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	N8 (Listing does not include certain NDCs)
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	G	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (*carbinoxamine maleate*)	NPB	
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	G	
levocetirizine dihydrochloride oral tablet 5 mg	G	
olopatadine hcl nasal solution 0.6 %	G	
RYCLORA ORAL SOLUTION 2 MG/5ML (*dexchlorpheniramine maleate*)	NF	
RYVENT ORAL TABLET 6 MG (*carbinoxamine maleate*)	G	
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	G	N8 (Listing does not include certain NDCs)
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 inhalation nebulization solution (5 mg/ml) 0.5%	G	N8 (Listing does not include certain NDCs)
albuterol sulfate oral syrup 2 mg/5ml	G	
albuterol sulfate oral tablet 2 mg	G	
albuterol sulfate oral tablet 4 mg	G	N8 (Listing does not include certain NDCs)
arformoterol tartrate inhalation nebulization solution 15 mcg/2ml	G	
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	

Prescription Drug Name	Drug Tier	Drug Notes
levalbuterol tartrate inhalation aerosol 45 mcg/act	NPB	
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (*formoterol fumarate*)	NPB	
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (*albuterol sulfate*)	NF	
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	N8 (Listing does not include certain NDCs)
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (*albuterol sulfate*)	NF	
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (*levalbuterol tartrate*)	NF	
COLD/COUGH		
ADRENALIN NASAL SOLUTION 0.1 % (*epinephrine hcl (nasal)*)	NPB	
benzonatate capsule 150 mg oral	G	
benzonatate capsule 150 mg oral	NF	
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	
HYCODAN ORAL SOLUTION 5-1.5 MG/5ML (*hydrocodone bit-homatrop mbr*)	NF	
HYCODAN ORAL TABLET 5-1.5 MG (*hydrocodone bit-homatrop mbr*)	NF	
hydrocod 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	N8 (Listing does not include certain NDCs)

Prescription Drug Name	Drug Tier	Drug Notes
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (*chlorpheniramine-codeine*)	NF	
CYSTIC FIBROSIS		
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML (*tobramycin*)	NF	
BRONCHITOL INHALATION CAPSULE 40 MG (*mannitol (cystic fibrosis)*)	NF	
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG (*mannitol (cystic fibrosis)*)	NF	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (*aztreonam lysine*)	NF	
KALYDECO ORAL PACKET 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	NF	
ZYFLO ORAL TABLET 600 MG (*zileuton*)	NPB	
LEUKOTRIENE RECEPTOR ANTAGONISTS - DRUGS TO TREAT ASTHMA AND ALLERGIES		
montelukast sodium oral packet 4 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
montelukast sodium oral tablet 10 mg	G	
montelukast sodium oral tablet chewable 4 mg, 5 mg	G	
SINGULAIR ORAL PACKET 4 MG (*montelukast sodium*)	NF	
SINGULAIR ORAL TABLET 10 MG (*montelukast sodium*)	NF	
SINGULAIR ORAL TABLET CHEWABLE 4 MG, 5 MG (*montelukast sodium*)	NF	
zafirlukast oral tablet 10 mg, 20 mg	G	
MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES		
cromolyn sodium inhalation nebulization solution 20 mg/2ml	G	
MISCELLANEOUS		
acetylcysteine inhalation solution 10 %, 20 %	G	
DALIRESP ORAL TABLET 250 MCG, 500 MCG (*roflumilast*)	NF	
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		
flunisolide nasal solution 25 mcg/act (0.025%)	G	
fluticasone propionate nasal suspension 50 mcg/act	G	
mometasone furoate nasal suspension 50 mcg/act	G	
OMNARIS NASAL SUSPENSION 50 MCG/ACT (*ciclesonide*)	NF	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (*beclomethasone diprop (nasal)*)	NF	
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (*beclomethasone diprop (nasal)*)	NF	
SINUVA NASAL IMPLANT 1350 MCG (*mometasone furoate*)	NF	
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT (*fluticasone propionate*)	NPB	
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	
pirfenidone oral tablet 534 mg	NF	
SEVERE ASTHMA AGENTS		
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML (*dupilumab*)	PSP	IBC (Indicated for Asthma and Atopic Dermatitis)

Prescription Drug Name	Drug Tier	Drug Notes
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 AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML (*omalizumab*)	PSP	
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML (*omalizumab*)	PSP	
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (*omalizumab*)	PSP	
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT (*ciclesonide*)	NF	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (*fluticasone furoate*)	NF	
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (*mometasone furoate*)	NF	
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (*mometasone furoate*)	NF	
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT (*mometasone furoate*)	NF	
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (*mometasone furoate*)	NF	
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (*mometasone furoate*)	NF	
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	G	
fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 250 mcg/act, 50 mcg/act	NF	

Prescription Drug Name	Drug Tier	Drug Notes
fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act, 44 mcg/act	NF	N8 (Covered for members age 6 years and younger)
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*)	NF	N8 (Covered for members age 6 years and younger)
STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT (*fluticasone-salmeterol*)	NF	
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (*fluticasone-salmeterol*)	NF	
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT (*fluticasone-salmeterol*)	NF	
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT (*fluticasone-salmeterol*)	NF	
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT (*fluticasone-salmeterol*)	NF	
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 (*fluticasone furoate-vilanterol*)	PB	N8 (Listing does not include certain NDCs)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH (*fluticasone furoate-vilanterol*)	PB	
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	NF	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT (*aclidinium br-formoterol fum*)	NF	
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT (*mometasone furo-formoterol fum*)	NPB	
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	NF	

Prescription Drug Name	Drug Tier	Drug Notes
fluticasone-salmeterol inhalation aerosol 115-21 mcg/act, 230-21 mcg/act, 45-21 mcg/act	NF	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	G	N8 (Listing does not include certain NDCs)
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	NF	
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (*budesonide-formoterol fumarate*)	NF	
fluticasone-salmeterol (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Act, 250-50 Mcg/Act, 500-50 Mcg/Act)	G	
XANTHINES - DRUGS TO TREAT COPD		
theophylline (Elixophyllin Oral Elixir 80 Mg/15Ml)	NPB	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (*theophylline*)	NF	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	G	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	G	
theophylline oral elixir 80 mg/15ml	G	
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS		
DERMATOLOGY, ACNE		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG (*isotretinoin micronized*)	NF	
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG (*isotretinoin*)	NPB	
ACANYA EXTERNAL GEL 1.2-2.5 % (*clindamycin phos-benzoyl perox*)	NF	
ACZONE EXTERNAL GEL 5 %, 7.5 % (*dapsone*)	NF	
adainzoxia external gel 0.3-2.5-4 %	NF	
adapalene external cream 0.1 %	G	
adapalene external gel 0.1 %, 0.3 %	G	
adapalene external pad 0.1 %	NF	
adapalene external solution 0.1 %	NF	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	G	
AKLIEF EXTERNAL CREAM 0.005 % (*trifarotene*)	PB	
ALTRENO EXTERNAL LOTION 0.05 % (*tretinoin*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
isotretinoin (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)	G	
AMZEEQ EXTERNAL FOAM 4 % (*minocycline hcl micronized*)	NF	
ARAZLO EXTERNAL LOTION 0.045 % (*tazarotene*)	NF	
AZELEX EXTERNAL CREAM 20 % (*azelaic acid*)	NF	
BENZEPRO EXTERNAL FOAM 5.2 %, 9.7 % (*benzoyl peroxide*)	NF	
BENZEPRO EXTERNAL FOAM 5.3 % (*benzoyl peroxide*)	G	
BENZEPRO EXTERNAL LIQUID 6.8 % (*benzoyl peroxide*)	NF	
benzoyl perox-hydrocortisone external lotion 5-0.5 %	G	
benzoyl peroxide external foam 9.8 %	G	
benzoyl peroxide-erythromycin external gel 5-3 %	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 %	NF	
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	
clindavix external kit 1 & 1.8-2 %	NF	
dapsone external gel 5 %	G	N8 (Listing does not include certain NDCs)
DIFFERIN EXTERNAL LOTION 0.1 % (*adapalene*)	NF	
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (*adapalene-benzoyl peroxide*)	PB	
ery external pad 2 %	G	
ERYGEL EXTERNAL GEL 2 % (*erythromycin*)	NPB	
erythromycin external gel 2 %	G	
erythromycin external solution 2 %	G	
FABIOR EXTERNAL FOAM 0.1 % (*tazarotene*)	NF	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	G	
isotretinoin oral capsule 25 mg, 35 mg	NF	
clindamycin-benzoyl per (refr) (Neuac External Gel 1.2-5 %)	G	

Prescription Drug Name	Drug Tier	Drug Notes
ONEXTON EXTERNAL GEL 1.2-3.75 % (*clindamycin phos-benzoyl perox*)	NPB	
PR BENZOYL PEROXIDE EXTERNAL LIQUID 6.9 % (*benzoyl peroxide*)	NF	
resorcinol-sulfur external lotion 2-5 %	G	
RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 % (*tretinoin microsphere*)	NF	
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.06 %, 0.08 %, 0.1 % (*tretinoin microsphere*)	NF	
sulfacetamide sodium (acne) external lotion 10 %	G	
sulfamez wash external emulsion 10-1 %	G	
tazarotene external foam 0.1 %	NF	
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	
WINLEVI EXTERNAL CREAM 1 % (*clascoterone*)	NPB	
isotretinoin (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	G	
ZIANA EXTERNAL GEL 1.2-0.025 % (*clindamycin-tretinoin*)	NF	
DERMATOLOGY, ACTINIC KERATOSIS		
CARAC EXTERNAL CREAM 0.5 % (*fluorouracil*)	NF	
fluorouracil external cream 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*)	NF	
ZYCLARA EXTERNAL CREAM 3.75 % (*imiquimod*)	NPB	
ZYCLARA PUMP EXTERNAL CREAM 2.5 %, 3.75 % (*imiquimod*)	NPB	
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate external cream 0.1 %	G	
gentamicin sulfate external ointment 0.1 %	G	
mafenide acetate external packet 5 %	G	
mupirocin calcium external cream 2 %	NF	

Prescription Drug Name	Drug Tier	Drug Notes
mupirocin external ointment 2 %	G	
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % (*neomycin-fluocinolone*)	NF	
SILVADENE EXTERNAL CREAM 1 % (*silver sulfadiazine*)	NPB	
silver sulfadiazine external cream 1 %	G	
silver sulfadiazine (Ssd External Cream 1 %)	G	
SULFAMYLON EXTERNAL CREAM 85 MG/GM (*mafenide acetate*)	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	NF	
JUBLIA EXTERNAL SOLUTION 10 % (*efinaconazole*)	NPB	
ketoconazole external cream 2 %	G	
ketoconazole external foam 2 %	NF	
ketoconazole (Ketodan External Foam 2 %)	NF	
luliconazole external cream 1 %	NF	
miconazole-zinc oxide-petrolat external ointment 0.25-15-81.35 %	G	
naftifine hcl external cream 1 %, 2 %	G	
NAFTIN EXTERNAL GEL 2 % (*naftifine hcl*)	PB	
nystatin (Nyamyc External Powder 100000 Unit/Gm)	G	
nystatin external cream 100000 unit/gm	G	

Prescription Drug Name	Drug Tier	Drug Notes
nystatin external ointment 100000 unit/gm	G	
nystatin external powder 100000 unit/gm	G	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	G	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	G	
nystatin (Nystop External Powder 100000 Unit/Gm)	G	
oxiconazole nitrate external cream 1 %	NF	
OXISTAT EXTERNAL LOTION 1 % (*oxiconazole nitrate*)	NPB	
RECURA EXTERNAL CREAM (*misc antifungal combo products*)	NF	
sulconazole nitrate external solution 1 %	NPB	
tavaborole external solution 5 %	NF	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (*miconazole-zinc oxide-petrolat*)	NPB	
DERMATOLOGY, ANTIPRURITIC		
doxepin hcl external cream 5 %	NF	
DERMATOLOGY, ANTIPSORIATICS		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	G	
calcipotriene external cream 0.005 %	NF	
calcipotriene external foam 0.005 %	NF	
calcipotriene external ointment 0.005 %	G	
calcipotriene external solution 0.005 %	G	
calcipotriene-betameth diprop external ointment 0.005-0.064 %	NF	
calcipotriene-betameth diprop external suspension 0.005-0.064 %	NF	
calcipotriene (Calcitrene External Ointment 0.005 %)	G	
calcitriol external ointment 3 mcg/gm	NF	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (*calcipotriene-betameth diprop*)	PB	
methoxsalen rapid oral capsule 10 mg	NPB	
SORILUX EXTERNAL FOAM 0.005 % (*calcipotriene*)	NF	
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*spesolimab-sbzo*)	NPSP	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (*calcipotriene-betameth diprop*)	NPB	
tazarotene external cream 0.1 %	G	
TAZORAC EXTERNAL CREAM 0.05 %, 0.1 % (*tazarotene*)	NF	
TAZORAC EXTERNAL GEL 0.05 %, 0.1 % (*tazarotene*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
VECTICAL EXTERNAL OINTMENT 3 MCG/GM (*calcitriol*)	NF	
VTAMA EXTERNAL CREAM 1 % (*tapinarof*)	PB	
WYNZORA EXTERNAL CREAM 0.005-0.064 % (*calcipotriene-betameth diprop*)	NF	
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	
ZORYVE EXTERNAL FOAM 0.3 % (*roflumilast (antiseborrheic)*)	PB	
DERMATOLOGY, ATOPIC DERMATITIS		
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (*tralokinumab-ldrm*)	PSP	
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 PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML (*dupilumab*)	PSP	IBC (Indicated for Asthma and Atopic Dermatitis)
ELIDEL EXTERNAL CREAM 1 % (*pimecrolimus*)	NF	
EUCRISA EXTERNAL OINTMENT 2 % (*crisaborole*)	PB	
OPZELURA EXTERNAL CREAM 1.5 % (*ruxolitinib phosphate*)	PB	
pimecrolimus external cream 1 %	G	
tacrolimus external ointment 0.03 %, 0.1 %	G	
ZORYVE EXTERNAL CREAM 0.15 % (*roflumilast (dermatologic)*)	PB	
DERMATOLOGY, CORTICOSTEROIDS		
ADVANCED ALLERGY COLLECTION EXTERNAL KIT 2.5 % (*hydrocortisone*)	NF	
ala-cort external cream 1 %	G	
alclometasone dipropionate external cream 0.05 %	G	
alclometasone dipropionate external ointment 0.05 %	G	
amcinonide external ointment 0.1 %	NF	
APEXICON E EXTERNAL CREAM 0.05 % (*diflorasone diacet emoll base*)	NF	
betamethasone dipropionate aug external cream 0.05 %	G	

Prescription Drug Name	Drug Tier	Drug Notes
betamethasone dipropionate aug external gel 0.05 %	G	
betamethasone dipropionate aug external lotion 0.05 %	G	
betamethasone dipropionate aug external ointment 0.05 %	G	
betamethasone dipropionate external cream 0.05 %	G	
betamethasone dipropionate external lotion 0.05 %	G	
betamethasone dipropionate external ointment 0.05 %	NF	
betamethasone valerate external cream 0.1 %	G	
betamethasone valerate external foam 0.12 %	G	
betamethasone valerate external lotion 0.1 %	G	
betamethasone valerate external ointment 0.1 %	G	
BRYHALI EXTERNAL LOTION 0.01 % (*halobetasol propionate*)	PB	
clobetasol propionate e external cream 0.05 %	G	
clobetasol propionate emulsion external foam 0.05 %	NF	
clobetasol propionate external cream 0.05 %	G	
clobetasol propionate external foam 0.05 %	G	
clobetasol propionate external gel 0.05 %	G	
clobetasol propionate external liquid 0.05 %	NF	
clobetasol propionate external lotion 0.05 %	G	
clobetasol propionate external ointment 0.05 %	G	
clobetasol propionate external shampoo 0.05 %	G	
clobetasol propionate external solution 0.05 %	G	
CLOBEX EXTERNAL LOTION 0.05 % (*clobetasol propionate*)	NPB	
CLOBEX EXTERNAL SHAMPOO 0.05 % (*clobetasol propionate*)	NPB	
CLOBEX SPRAY EXTERNAL LIQUID 0.05 % (*clobetasol propionate*)	NF	
clocortolone pivalate external cream 0.1 %	NF	
clobetasol propionate (Clodan External Shampoo 0.05 %)	G	
CLODERM EXTERNAL CREAM 0.1 % (*clocortolone pivalate*)	NPB	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM (*flurandrenolide*)	NF	
DERMA-SMOOTHE/FS BODY EXTERNAL OIL 0.01 % (*fluocinolone acetonide*)	NPB	
DERMA-SMOOTHE/FS SCALP EXTERNAL OIL 0.01 % (*fluocinolone acetonide*)	NPB	
desonide external cream 0.05 %	G	

Prescription Drug Name	Drug Tier	Drug Notes
desonide external gel 0.05 %	NF	
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 %	NF	
desoximetasone external ointment 0.25 %	G	
diflorasone diacetate external cream 0.05 %	NF	
diflorasone diacetate external ointment 0.05 %	NF	
DIPROLENE EXTERNAL OINTMENT 0.05 % (*betamethasone dipropionate aug*)	NPB	
DUOBRII EXTERNAL LOTION 0.01-0.045 % (*halobetasol prop-tazarotene*)	NF	
fluocinolone acetonide body external oil 0.01 %	G	
fluocinolone acetonide external cream 0.01 %, 0.025 %	G	
fluocinolone acetonide external ointment 0.025 %	G	
fluocinolone acetonide external solution 0.01 %	G	
fluocinolone acetonide scalp external oil 0.01 %	G	
fluocinonide emulsified base external cream 0.05 %	G	
fluocinonide external cream 0.05 %	G	
fluocinonide external cream 0.1 %	NF	
fluocinonide external gel 0.05 %	G	
fluocinonide external ointment 0.05 %	G	
fluocinonide external solution 0.05 %	G	
flurandrenolide external cream 0.05 %	NF	
flurandrenolide external lotion 0.05 %	NF	
fluticasone propionate external cream 0.05 %	G	
fluticasone propionate external lotion 0.05 %	G	
fluticasone propionate external ointment 0.005 %	G	
halcinonide external cream 0.1 %	NF	
halobetasol propionate external cream 0.05 %	G	
halobetasol propionate external foam 0.05 %	NF	
halobetasol propionate external ointment 0.05 %	G	
HALOG EXTERNAL CREAM 0.1 % (*halcinonide*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
HALOG EXTERNAL OINTMENT 0.1 % (*halcinonide*)	NF	
HALOG EXTERNAL SOLUTION 0.1 % (*halcinonide*)	NF	
hydrocortisone butyrate external cream 0.1 %	NF	
hydrocortisone butyrate external lotion 0.1 %	NF	
hydrocortisone butyrate external ointment 0.1 %	G	
hydrocortisone butyrate external solution 0.1 %	G	
hydrocortisone external cream 1 %, 2.5 %	G	
hydrocortisone external lotion 2.5 %	G	
hydrocortisone external ointment 1 %, 2.5 %	G	
hydrocortisone valerate external cream 0.2 %	G	
hydrocortisone valerate external ointment 0.2 %	G	
IMPOYZ EXTERNAL CREAM 0.025 % (*clobetasol propionate*)	NF	
LEXETTE EXTERNAL FOAM 0.05 % (*halobetasol propionate*)	NF	
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	
TEXACORT EXTERNAL SOLUTION 2.5 % (*hydrocortisone*)	NPB	
TOPICORT EXTERNAL CREAM 0.25 % (*desoximetasone*)	NPB	
TOPICORT EXTERNAL GEL 0.05 % (*desoximetasone*)	NPB	
TOPICORT EXTERNAL OINTMENT 0.25 % (*desoximetasone*)	NPB	
clobetasol propionate emulsion (Tovet External Foam 0.05 %)	NF	
triamcinolone acetonide external aerosol solution 0.147 mg/gm	NF	
triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %	G	
triamcinolone acetonide external lotion 0.025 %, 0.1 %	G	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	G	
triamcinolone acetonide external ointment 0.05 %	NF	
triamcinolone in absorbase external ointment 0.05 %	NF	
triamcinolone acetonide (Triderm External Cream 0.5 %)	G	
ULTRAVATE EXTERNAL LOTION 0.05 % (*halobetasol propionate*)	NF	
DERMATOLOGY, LOCAL ANESTHETICS		
dermalid external therapy pack 5 %	NF	

Prescription Drug Name	Drug Tier	Drug Notes
lidocaine hcl (Glydo External Prefilled Syringe 2 %)	G	
l.e.t. (racepinephrine) external gel 4-0.05-0.5 %	NF	
l.e.t. external gel 4-0.05-0.5 %	NF	
LDO PLUS EXTERNAL GEL 4 % (*lidocaine hcl*)	NF	
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	
lidocaine (Lidocan External Patch 5 %)	G	N8 (Listing does not include certain NDCs)
LIDODERM EXTERNAL PATCH 5 % (*lidocaine*)	NPB	
LMR PLUS EXTERNAL KIT 5 & 0.5-0.5 % (*lidocaine-camphor-menthol*)	NF	
paingo kft external kit 2.5-2.5-10-30 %	NF	
PLIAGLIS EXTERNAL CREAM 7-7 % (*lidocaine-tetracaine*)	NF	
prepiv supply combination kit 2.5-2.5 & 0.9 %	NF	
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	
VENIPUNCTURE PX1 PHLEBOTOMY EXTERNAL KIT 2 % (*lidocaine hcl-blood collection*)	NF	
wpr plus wound healing system external therapy pack 4 & 10-30 %	NF	
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
ACUICYN EXTERNAL SOLUTION (*eyelid cleansers*)	NF	
acyclovir external cream 5 %	NF	
acyclovir external ointment 5 %	G	
AMELUZ EXTERNAL GEL 10 % (*aminolevulinic acid hcl*)	NF	
ammonium lactate external cream 12 %	G	
ammonium lactate external lotion 12 %	G	
AVENOVA EXTERNAL SOLUTION 0.01 % (*eyelid cleansers*)	NF	
CONDYLOX EXTERNAL GEL 0.5 % (*podofilox*)	NPB	
DENAVIR EXTERNAL CREAM 1 % (*penciclovir*)	NPB	
diclofenac sodium gel 1 % external (rx)	G	

Prescription Drug Name	Drug Tier	Drug Notes
diclofenac sodium gel 1 % external (rx)	NF	
DICLOFONO EXTERNAL GEL 1.6 % (*diclofenac sodium*)	NF	
HYFTOR EXTERNAL GEL 0.2 % (*sirolimus*)	NF	
iodine tincture external tincture 2 %	NPB	
lactic acid external lotion 10 %	G	
NUSURGEPAK SURGICAL PREP/CARE EXTERNAL KIT 4 & 2 & 5 % (OINT) (*chlorhex-mupir-dimeth-silicone*)	NF	
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	
TARGRETIN EXTERNAL GEL 1 % (*bexarotene*)	NF	
VALCHLOR EXTERNAL GEL 0.016 % (*mechlorethamine hcl (topical)*)	NPSP	
VEREGEN EXTERNAL OINTMENT 15 % (*sinecatechins*)	NF	
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	NF	
EPSOLAY EXTERNAL CREAM 5 % (*benzoyl peroxide*)	NF	
FINACEA EXTERNAL FOAM 15 % (*azelaic acid*)	PB	
FINACEA EXTERNAL GEL 15 % (*azelaic acid*)	NF	
ivermectin external cream 1 %	NF	
metronidazole external cream 0.75 %	G	
metronidazole external gel 0.75 %, 1 %	G	
metronidazole external lotion 0.75 %	G	
MIRVASO EXTERNAL GEL 0.33 % (*brimonidine tartrate*)	NF	
NORITATE EXTERNAL CREAM 1 % (*metronidazole*)	NF	
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG (*doxycycline*)	PB	
RHOFADE EXTERNAL CREAM 1 % (*oxymetazoline hcl*)	NPB	
SOOLANTRA EXTERNAL CREAM 1 % (*ivermectin*)	PB	

Prescription Drug Name	Drug Tier	Drug Notes
ZILXI EXTERNAL FOAM 1.5 % (*minocycline hcl micronized*)	NF	
DERMATOLOGY, SCABICIDES AND PEDICULICIDES		
CROTAN EXTERNAL LOTION 10 % (*crotamiton*)	G	
malathion external lotion 0.5 %	G	
OVIDE EXTERNAL LOTION 0.5 % (*malathion*)	NPB	
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	
AZADROX EXTERNAL GEL (*silver*)	NF	
BASADROX EXTERNAL GEL (*silver*)	NF	
sodium chloride (gu irrigant) (Curity Sterile Saline Irrigation Solution 0.9 %)	G	
KERASTAT EXTERNAL CREAM (*keratin*)	NF	
KERASTAT EXTERNAL GEL 5 % (*keratin*)	NF	
L-MESITRAN SOFT WOUND EXTERNAL GEL (*wound dressings*)	NF	
REGRANEX EXTERNAL GEL 0.01 % (*becaplermin*)	NPB	
sodium chloride irrigation solution 0.9 %	G	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl oral capsule 30 mg	G	
chlorhexidine gluconate mouth/throat solution 0.12 %	G	N8 (Listing does not include certain NDCs)
clotrimazole mouth/throat troche 10 mg	G	
EVOXAC ORAL CAPSULE 30 MG (*cevimeline hcl*)	NPB	
lidocaine hcl mouth/throat solution 4 %	G	
lidocaine viscous hcl mouth/throat solution 2 %	G	N8 (Listing does not include certain NDCs)
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	

Prescription Drug Name	Drug Tier	Drug Notes
SALAGEN ORAL TABLET 5 MG, 7.5 MG (*pilocarpine hcl*)	NPB	
triamcinolone acetonide mouth/throat paste 0.1 %	G	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
acetic acid otic solution 2 %	G	
CIPRO HC OTIC SUSPENSION 0.2-1 % (*ciprofloxacin-hydrocortisone*)	NF	
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 %	NF	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (*neomycin-colist-hc-thonzonium*)	NPB	
fluocinolone acetonide (Flac Otic Oil 0.01 %)	G	
fluocinolone acetonide otic oil 0.01 %	G	
hydrocortisone-acetic acid otic solution 1-2 %	G	
neomycin-polymyxin-hc otic solution 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*)	NF	

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