Plan for your best health

2026 Aetna Pharmacy Drug Guide

Standard Opt Out Plan

Visit **www.aetna.com/formulary** for the most up-to-date information. For a summary of your coverage or benefits plan log in to your secure member site. Or call the toll-free number on your member ID card.

The formulary is updated the first week of each month. The formulary is subject to change. Previous versions are no longer in effect.

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Definitions

Allowed amount is the maximum amount on which the health insurance issuer bases its payment for a covered health care service. This may be called “eligible expense”, “payment allowance”, or “negotiated rate”. If your health care provider charges more than the allowed amount and is not part of the provider network, you may have to pay the difference.

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

Coinsurance means a percentage of the cost of a covered health care service, which you are responsible to pay. The cost of the covered health care service is generally deemed to be the allowed amount, which may differ from the retail price that you would pay for the same service without using insurance. Typically, a coinsurance does not apply until after you have met the deductible, unless the health insurance issuer has waived or lowered the deductible for the health care service in question.

Copayment means a fixed dollar amount that you pay for a covered health care benefit after you have paid the deductible, if a deductible applies to the health care benefit, unless the health insurance issuer has waived or lowered the deductible for the health care service in question.

Covered individual is an individual enrolled in, subscribed to, or insured under a health product, whether directly or as a dependent or beneficiary.

Deductible means the amount you pay for covered health care benefits before your health insurer begins to pay for all or part of the cost of the health care benefits under the terms of coverage. If your health product has a deductible, it may have either one deductible or separate deductibles for medical benefits and drug benefits. For some health care services, such as preventive services, your health insurance company might waive or lower the deductible to pay for costs of the health care service from the first dollar of coverage, but this tends not to happen for most other covered services.

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

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

Exception request means a request for coverage of i) a nonformulary drug, ii) a drug being removed from the formulary, iii) a quantity of a drug above a quantity limit, or iv) a drug that is subject to a step therapy requirement. If you, your designee, or your attending or prescribing provider submits an exception request for coverage of a drug, the health insurance issuer must cover the drug when the drug is determined to be medically necessary to treat your condition.

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

Formulary or **prescription drug list** means the complete list of drugs preferred for use and eligible for coverage under a health product, and includes all drugs covered under the outpatient or pharmacy drug benefit of the health product. Formulary is also known as a drug list or prescription drug list.

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

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

Non-formulary drug means a prescription drug that is not listed on this formulary, but may become eligible for coverage under an “exception request.

Oral Anti-Cancer drugs are prescribed, orally administered medications used to kill or slow the growth of cancerous cells. They are no more restrictive than those applied to intravenously injected or administered cancer medications covered by the health product. There are no separate cost-sharing requirements or treatment limitations for prescribed, orally-administered cancer medications.

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

Prescribing provider means a health care provider authorized to write a prescription to treat your health condition.

Prescription means an oral, written, or electronic order from a prescribing provider for you that contains the name of the drug, the quantity of the drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by you, the health condition or purpose for which the drug is being prescribed.

Prescription drug means a drug that is prescribed by your prescribing provider and requires a prescription under applicable law.

Prior Authorization means a health product's requirement that you or your prescribing provider obtain the health insurance issuer's authorization for a drug before the health product will cover the drug. The health insurance issuer must grant a prior authorization when it is medically necessary for you to obtain the drug.

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

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

How to use this guide

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

Your plan includes

- Brand and generic drugs that are hand-picked for their quality and effectiveness
- A specialty pharmacy that fills specialty prescriptions 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. If a pharmacy's retail price for a prescription drug is less than your total cost share amount, you will not be required to pay more than the retail drug 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 may require special handling, storage, or administration. Specialty prescription drugs may also require monitoring from healthcare providers.

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. Drug coverage may vary by plan. Check your plan documents for coverage information.

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 to treat conditions 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."
- Visit your secure member website and sign in to your account to view your plan information.

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)?

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

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

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

The length of approval for a prior authorization may be different depending on the type of drug, the way your provider prescribed your drug, or the time of year you get your coverage.

- Most prior authorization approvals will be valid for 6 months, the length of treatment as determined by your prescribing provider, or the renewal of your plan, whichever of these is the shortest amount of time
- For maintenance medications to treat a chronic condition or long-term condition, your prior authorization will be valid for either 12 months or the length of time determined by your prescribing provider
- Different prior authorization requirements might apply to benzodiazepines and Schedule II narcotic drugs. Please refer to the formulary or contact us with questions about 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.CoverMyMeds.com**.
- Call the Aetna Pharmacy Precertification Unit: NonSpecialty **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 brandname 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.
- Change in drug or dosage form.
- Changes in tier placement of a drug that results in an increase in cost sharing.
- Any changes of utilization review restrictions, including any additions of these restrictions.

Does Aetna provide notice of these changes?

Yes, Aetna provides member and provider notifications 60 days in advance.

What is a medical benefit drug versus a drug covered under the Outpatient Prescription Drug Benefit?

A medical benefit drug is a drug that is generally not self-administered and requires administration by health care provider. The Outpatient Prescription Drug Benefit includes FDA-approved drugs that are self-administered, commonly oral or self-injectable drugs, not otherwise excluded from coverage.

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

For a more detailed summary of your coverage or benefits plan you can log in to your secure member site on **www.aetna.com** or call the toll-free number on your member ID card.

Discrimination is Against the Law

Aetna complies with applicable California and Federal civil rights laws and does not discriminate on the basis of race, color, national origin, ethnic group, ancestry, religion, marital status, gender, gender identity, sexual orientation, age, disability, medical condition, genetic information, or sex (consistent with 45 CFR § 92.101(a)(2) and California 2 CCR § 14025). Aetna does not exclude people or treat them less favorably because of race, color, national origin, ethnic group, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, medical condition, genetic information, or disability.

Aetna:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
    - Qualified sign language interpreters
    - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
    - Qualified sign language interpreters
    - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call 1-800-872-3862 (TTY: 711) or the number on the back of your ID card.

If you believe that Aetna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ethnic group, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, medical condition, genetic information, or disability, by action or inaction, you can file a grievance with:

Civil Rights Coordinator
Attn: 1557 Coordinator
CVS Pharmacy, Inc.
1 CVS Drive, MC 2332, (HMO customers: P.O. Box 14032 Lexington, KY 40512-4032)
Woonsocket, RI 02895
Phone: 1-800-648-7817, TTY: 711
Email: CRCoordinator@aetna.com

You can file a grievance in person, by mail, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.
Please visit https://www.aetna.com/individuals-families/member-rights-resources/complaints-grievances-appeals.html#california for information about how to file a complaint or grievance with the California Department of Insurance or California Department of Managed Health Care (for HMO enrollees).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at https://www.hhs.gov/ocr/complaints/index.html.
This notice is available at Aetna's website: https://www.aetna.com/.

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Language accessibility statement

Interpreter services are available for free.
TTY: 711

To access language services at no cost to you, call **1-800-385-4104**.

Para acceder a los servicios de idiomas sin costo, llame al **1-800-385-4104**. (Spanish)

如欲使用免費語言服務，請致電 **1-800-385-4104**. (Chinese)

Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số **1-800-385-4104**. (Vietnamese)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tumawag sa **1-800-385-4104**. (Tagalog)

무료 언어 서비스를 이용하려면 1-800-385-4104 번으로 전화해 주십시오. (Korean)

Անվճար լեզվական ծառայություններից օգտվելու համար զանգահարեք **1-800-385-4104** հեռախոսահամարով: (Armenian)

برای دسترسی به خدمات زبان به طور رایگان، با شماره **1-800-385-4104** تماس بگیرید. (Persian-Farsi)

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону **1-800-385-4104**. (Russian)

言語サービスを無料でご利用いただくには、 **1-800-385-4104** までお電話ください。 (Japanese)

للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم **1-800-385-4104**. (Arabic)

ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, **1-800-385-4104** 'ਤੇ ਫ਼ੋਨ ਕਰੋ। (Punjabi)

ដើម្បីទទួលនសេវាផ្នែកភាសាដោយមិនគិតថ្លៃពីអ្នកសូមទូរសព្ទទលេខ **1-800-385-4104** ។ (Mon-Khmer, Cambodian)

Xav tau kev pab txhais lus tsis muaj nqi them rau koj, hu **1-800-385-4104**. (Hmong)

आपके लिए बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, **1-800-385-4104** पर कॉल करें। (Hindi)

หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทร 1-800-385-4104. (Thai)

Notice of Language Assistance

HMO and DMO-based plans:
IMPORTANT: Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For free help, please call right away at 1-877-287-0117. Planes basados en DMO y HMO –

IMPORTANTE: ¿Puede leer esta carta? En caso de no poder leerla, le brindamos nuestra ayuda. También puede obtener esta carta escrita en su idioma. Para obtener ayuda gratuita, por favor llame de inmediato al 1-877-287-0117.

Traditional Plans:
No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-877-287-0117. For more help call the CA Dept. of Insurance at 1-800-927-4357 English

Servicios de idiomas sin costo. Puede obtener un intérprete. Le pueden leer documentos y que le envíen algunos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al 1-877-287-0117. Para obtener más ayuda, llame al Departamento de Seguros de CA al 1-800-927-4357. Spanish

Non-discrimination notice

Aetna® complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation or gender identity. We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, sex, sexual orientation or gender identity. We:

- Provide people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
    - Qualified sign language interpreters
    - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language assistance services to people whose primary language is not English, which may include:
    - Qualified interpreters
    - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call us at 1-888-982-3862 (TTY: 711).

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation or gender identity you can file a grievance with:

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)]
Email: [CRCoordinator@aetna.com]

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with:

- The U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at [https://ocrportal.hhs.gov/ocr/portal/lobby.jsf], or by mail or phone at:
  U.S. Department of Health and Human Services
  [200 Independence Avenue, SW Room 509F, HHH Building
  Washington, D.C. 20201]
  [1-800-368-1019, 800-537-7697 (TDD)]
  Complaint forms are available at [http://www.hhs.gov/ocr/office/file/index.html]
- The Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint portal available at [https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status], or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at [https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx]

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TTY:711

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Para acceder a los servicios de idiomas sin costo, llame al 1-888-982-3862 . (Spanish)
如欲使用免費語言服務，請致電 1-888-982-3862 . (Chinese)
Afin d'accéder aux services langagiers sans frais, composez le 1-888-982-3862 . (French)
Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tumawag sa 1-888-982-3862 . (Tagalog)
T'áá ni nizaad k'ehjí bee níká a'doowoł doo bą́ą́h ílínígóó kojį' hólne' 1-888-982-3862 . (Navajo)
Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie 1-888-982-3862 an. (German)
Për shërbime përkthimi falas për ju, telefononi 1-888-982-3862 . (Albanian)
የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በ 1-888-982-3862 ይደውሉ። (Amharic)

للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم 1-888-982-3862. (Arabic)
Անվճար լեզվական ծառայություններից օգտվելու համար զանգահարեք 1-888-982-3862 հեռախոսահամարով: (Armenian)
Kugira uronke serivisi z'indimi atakiguzi, hamagara 1-888-982-3862 . (Bantu)
আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে এই নম্বরে টেলিফোন করুন: 1-888-982-3862 । (Bengali)
Ngadto maakses ang mga serbisyo sa pinulongan alang libre, tawagan sa 1-888-982-3862 . (Bisayan-Visayan)
သင့်အတွက် အခကြေးငွေ မရှိဘဲ ဘာသာစကားဝန်ဆောင်မှုများကို ဝင်ရောက်အသုံးပြုရန် 1-888-982-3862 ကိုခေါ်ဆိုပါ။ (Burmese)
ngere aukke ghut alillis reel kapasal Falawasch au fafaingi tilifon ye 1-888-982-3862 (Carolinian (Kapasal Falawasch)
Per accedir a serveis lingüístics sense cap cost per vostè, telefoni al 1-888-982-3862 . (Catalan)
Para un hago' i setbision lengguåhi ni dibåtde para hågu, ågang 1-888-982-3862 . (Chamorro)
ᏩᎩᏍᏗ ᏚᏳᏂᏅᏍᏗ ᎤᏩᏫᏲᏁᏗ Ꮳ ᎠᏂᏍᏗ ᏗᏩᏋᏩᏔᏁᏗ ᏯᎥ, ᏫᏨᏅᏆᏔᏂ 1-888-982-3862 . (Cherokee)
Anumpa tohsholi I toksvli ya peh pilla ho ish I paya hinla, I paya 1-888-982-3862 . (Choctaw)
Tajaajiiloota afaanii garuu bilisaa ati argaachuuf,bilbili 1-888-982-3862 . (Cushite-Oromo)
Voor gratis toegang tot taaldiensten, bell 1-888-982-3862 . (Dutch)
Pou jwenn sèvis lang gratis, rele 1-888-982-3862 . (French Creole-Haitian)
Για να επικοινωνήσετε χωρίς χρέωση με το κέντρο υποστήριξης πελατών στη γλώσσα σας, τηλεφωνήστε στον αριθμό 1-888-982-3862 . (Greek)
તમારે કોઇ જાતના ખર્ચ વિના ભાષાની સેવાઓની પહોંચ માટે, કોલ કરો 1-888-982-3862 . (Gujarati)
No ka wala‘au ‘ana me ka lawelawe ‘ōlelo e kahea aku i kēia helu kelepona 1-888-982-3862 . Kāki ‘ole ‘ia kēia kōkua nei. (Hawaiian)
आपके लिए बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, 1-888-982-3862 पर कॉल करें। (Hindi)
Xav tau kev pab txhais lus tsis muaj nqi them rau koj, hu 1-888-982-3862 . (Hmong)
Iji nwetaòhèrè na rụ gasị asụsụ n'efu, kpọọ 1-888-982-3862 . (Ibo)
Tapno maaksesyo dagiti serbisio maipapan iti pagsasao nga awan ti bayadanyo, tawagan ti 1-888-982-3862 . (Ilocano)

Untuk mengakses layanan bahasa tanpa dikenakan biaya, hubungi 1-888-982-3862 . (Indonesian)
Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero 1-888-982-3862 . (Italian)
言語サービスを無料でご利用いただくには、1-888-982-3862 までお電話ください。 (Japanese)
လေကမ၊နှ့် ကျိာ်တၢ်မၤစၢၤတၢ်မၤ လၢတလိၣ်လၢ်ဘူးၣ်လၢ်စ့ၤ လၢနဂီၢ်အဂီၢ်, ကိး 1-888-982-3862 . (Karen)
무료 언어 서비스를 이용하려면 1-888-982-3862 **번으로 전화해 주십시오.** (Korean)
M̀ dyi wuɖu-dù kà kò ɖò ɓě dyi mɔ́uń nì Pídyi ní, nìí, ɖá nɔ̀ɓà nìà kɛ: 1-888-982-3862 . (Kru-Bassa)
بۆ دەسپێڕاگەیشتن بە خزمەتگوزاری زمان بەبێ تێچوون بۆ تۆ، پەیوەندی بکە بە ژمارەی 1-888-982-3862 (Kurdish)
ເພື່ອເຂົ້າໃຊ້ການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າຕໍ່ກັບທ່ານ, ໃຫ້ໂທຫາເບີ 1-888-982-3862 . (Laotian)
कोणत्याही शुल्काशिवाय भाषा सेवा प्राप्त करण्यासाठी, 1-888-982-3862 वर फोन करा. (Marathi)
Nan etal nan jikin jiban ikijen Kajin ilo an ejelok onen nan kwe, kirlok 1-888-982-3862 . (Marshallese)
Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih 1-888-982-3862 . (Micronesian-Pohnpeian)
ដើម្បីទទួលនសេវាផ្នែកភាសាដោយមិនគិតថ្លៃពីអ្នកសូមទូរសព្ទទលេខ 1-888-982-3862 ។ (Mon-Khmer, Cambodian)
निःशुल्क भाषा सेवा प्राप्त गर्न 1-888-982-3862 मा टेलिफोन गर्नुहोस् । (Nepali)
Të kɔɔr yïn wëër de thokic ke cïn wëu kɔr keek tënɔŋ yïn. Ke cɔl kɔc ye kɔc kuɔny ne nɔmba 1-888-982-3862 . (Nilotic-Dinka)
For tilgang til kostnadsfri språktjenester, ring 1-888-982-3862 . (Norwegian)
Um Schprooch Services zu griege mitaus Koscht, ruff 1-888-982-3862 . (Pennsylvania Dutch)
برای دسترسی به خدمات زبان به طور رایگان، با شماره 1-888-982-3862 تماس بگیرید. (Persian-Farsi)
Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonoć 1-888-982-3862 . (Polish)

Para acessar os serviços de idiomas sem custo para você, ligue para 1-888-982-3862 . (Portuguese)
ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, 1-888-982-3862 'ਤੇ ਫ਼ੋਨ ਕਰੋ। (Punjabi)
Pentru a accesa gratuit serviciile de limbă, apelați 1-888-982-3862 . (Romanian)
Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону 1-888-982-3862 . (Russian)
Mo le mauaina o auaunaga tau gagana e aunoa ma se totogi, vala'au le 1-888-982-3862 . (Samoan)
Za besplatne prevodilačke usluge pozovite 1-888-982-3862 . (Serbo-Croatian)
Heeba a nasta jangirde djey wolde wola chede bo apelou lamba 1-888-982-3862 . (Sudanic-Fulfulde)
Kupata huduma za lugha bila malipo kwako, piga 1-888-982-3862 . (Swahili)
ܟܝ ܗܢܝܦܐ ܬܗܘܝ ܒܠ ܝܠܦܬܘܬܐ ܕܡܬܪܓܡܢܘܬܐ ܕܠܝܬܟ ܒܠܝܢܐ، ܡܬܒܥܝ: 1-888-982-3862 (Syriac Assyrian)
మీరు భాష సేవలను ఉచితంగా అందుకునేందుకు, 1-888-982-3862 కాల్ చేయండి. (Telugu)
หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทร 1-888-982-3862 . (Thai)
Kapau 'oku ke fiema'u ta'etōtōngi 'a e ngaahi sēvesi kotoa pē he ngaahi lea kotoa, telefoni ki he 1-888-982-3862 . (Tongan)
Ren omw kopwe angei aninisin eman chon awewei (ese kamo), kopwe kori 1-888-982-3862 . (Trukese)
Sizin için ücretsiz dil hizmetlerine erişebilmek için, 1-888-982-3862 numarayı arayın. (Turkish)
Щоб отримати безкоштовний доступ до мовних послуг, задзвоніть за номером 1-888-982-3862 . (Ukrainian)
بلاقیمت زبان سے متعلقہ خدمات حاصل کرنے کے لیے ، 1-888-982-3862 پر بات کریں۔(Urdu)
Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số 1-888-982-3862 . (Vietnamese)
צו צוטריט שפּראַך באַדינונגען אין קיין פּרייַז צו איר, רופן 1-888-982-3862 . (Yiddish)
Lati wọnú awọn iṣẹ èdè l'ọfẹ fun ọ, pe 1-888-982-3862 . (Yoruba)

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

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

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

Coverage Requirements such as Prior Authorization or Step Therapy may vary by state.

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Your plan may not cover certain drugs to treat conditions such as infertility, erectile dysfunction and weight loss. 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 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.

In accordance with state law or insurer policies, changes to drug coverage are not effective for commercial fully insured plans (including HMOs) in Arizona, Iowa, Louisiana, New York, Texas, and in most circumstances Connecticut and Ver-mont, and in some circumstances Washington and Tennessee, 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.

For fully insured plans (including HMOs) in Maryland, changes in prior authorization requirements for previously authorized immune globulin (human) and drugs used in the treatment of a mental disorder may not apply on reauthorization under certain conditions.

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.

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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.

In certain states, including Maine, step therapy programs do not apply to fully insured members utilizing prescription drugs for the treatment of metastatic cancer and conditions associated with 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
NPB = Non-Preferred Brands
NPSP = Non-Preferred Specialty
PB = Preferred Brands
PSP = Preferred Specialty

Drug Notes
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*)	NPB	
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	G	
ELYXYB ORAL SOLUTION 120 MG/4.8ML (*celecoxib (migraine)*)	NPB	
GOUT		
allopurinol oral tablet 100 mg, 300 mg	G	
colchicine oral capsule 0.6 mg	G	
colchicine oral tablet 0.6 mg	G	
colchicine-probenecid oral tablet 0.5-500 mg	G	
febuxostat oral tablet 40 mg, 80 mg	G	
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML (*pegloticase*)	NPSP	
MITIGARE ORAL CAPSULE 0.6 MG (*colchicine*)	NPB	
probenecid oral tablet 500 mg	G	
ULORIC ORAL TABLET 40 MG, 80 MG (*febuxostat*)	PB	
NON-OPIOID ANALGESICS		
ALLZITAL ORAL TABLET 25-325 MG (*butalbital-acetaminophen*)	NPB	
butalbital-apap-caffeine (Bac (Butalbital-Acetamin-Caff) Oral Tablet 50-325-40 Mg)	G	
butalbital-acetaminophen oral capsule 50-300 mg	G	
butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg	G	
butalbital-apap-caffeine oral tablet 50-325-40 mg	G	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	G	
TENCON ORAL TABLET 50-325 MG (*butalbital-acetaminophen*)	G	
NSAIDS		
CAMBIA ORAL PACKET 50 MG (*diclofenac potassium(migraine)*)	NPB	
diclofenac epolamine external patch 1.3 %	G	
diclofenac potassium oral tablet 25 mg	NPB	
diclofenac potassium oral tablet 50 mg	G	
diclofenac sodium er oral tablet extended release 24 hour 100 mg	G	
diclofenac sodium external gel 1 %	G	
diclofenac sodium external solution 1.5 %	G	
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg	G	
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg	G	
etodolac oral capsule 300 mg	G	
etodolac oral tablet 400 mg, 500 mg	G	
fenoprofen calcium oral capsule 400 mg	G	
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*)	NPB	
indomethacin (Indocin Rectal Suppository 50 Mg)	NPB	
indomethacin er oral capsule extended release 75 mg	G	
indomethacin oral capsule 25 mg, 50 mg	G	
ketoprofen er oral capsule extended release 24 hour 200 mg	G	
ketoprofen oral capsule 25 mg	NPB	
ketorolac tromethamine oral tablet 10 mg	G	
meclofenamate sodium oral capsule 100 mg, 50 mg	G	
mefenamic acid oral capsule 250 mg	G	
meloxicam oral tablet 15 mg, 7.5 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
nabumetone oral tablet 500 mg, 750 mg	G	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG (*naproxen sodium*)	NPB	
naproxen oral suspension 125 mg/5ml	G	
naproxen oral tablet 250 mg, 375 mg, 500 mg	G	
naproxen oral tablet delayed release 375 mg, 500 mg	G	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg	G	
naproxen sodium oral tablet 275 mg, 550 mg	G	
oxaprozin oral tablet 600 mg	G	
piroxicam oral capsule 10 mg, 20 mg	G	
RELAFEN DS ORAL TABLET 1000 MG (*nabumetone*)	NPB	
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (*ketorolac tromethamine*)	NPB	
sulindac oral tablet 150 mg, 200 mg	G	
VOLTAREN EXTERNAL GEL 1 % (*diclofenac sodium*)	NPB	
ZIPSOR ORAL CAPSULE 25 MG (*diclofenac potassium*)	NPB	
NSAIDS, COMBINATIONS		
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	G	
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	
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 30 mg	G	
codeine sulfate oral tablet 60 mg	NPB	
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (*tramadol hcl*)	NPB	
DILAUDID INJECTION SOLUTION 0.2 MG/ML (*hydromorphone hcl*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
DILAUDID ORAL LIQUID 1 MG/ML (*hydromorphone hcl*)	NPB	
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG (*hydromorphone hcl*)	NPB	
DISKETS ORAL TABLET SOLUBLE 40 MG (*methadone hcl*)	G	
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 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 bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	G	
hydrocodone-acetaminophen oral solution 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 injection solution 0.2 mg/ml	NPB	
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, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (*hydrocodone bitartrate*)	NPB	
levorphanol tartrate oral tablet 2 mg, 3 mg	G	
meperidine hcl oral solution 50 mg/5ml	G	
meperidine hcl oral tablet 50 mg	G	
methadone hcl injection solution 10 mg/ml	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	
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 (pf) intravenous solution 1 mg/ml	NPB	
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 15 MG, 30 MG, 60 MG (*morphine sulfate*)	NPB	
nalocet oral tablet 2.5-300 mg	NPB	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (*tapentadol hcl*)	NPB	
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG (*tapentadol hcl*)	NPB	
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 5-325 mg/5ml	NPB	
oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg, 7.5-300 mg	NPB	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	G	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (*oxycodone hcl*)	NPB	
oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg	G	
oxymorphone hcl oral tablet 10 mg, 5 mg	G	
PERCOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG (*oxycodone-acetaminophen*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
PROLATE ORAL SOLUTION 10-300 MG/5ML (*oxycodone-acetaminophen*)	NPB	
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (*oxycodone-acetaminophen*)	NPB	
ROXICODONE ORAL TABLET 15 MG, 30 MG (*oxycodone hcl*)	NPB	
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG (*oxycodone hcl*)	NPB	
tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	G	
tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	G	
tramadol hcl oral solution 5 mg/ml	NPB	
tramadol hcl oral tablet 100 mg	NPB	
tramadol hcl oral tablet 50 mg	G	
tramadol-acetaminophen oral tablet 37.5-325 mg	G	
TREZIX ORAL CAPSULE 320.5-30-16 MG (*apap-caff-dihydrocodeine*)	G	
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG (*oxycodone*)	PB	
OPIOID PARTIAL AGONISTS		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (*buprenorphine hcl*)	PB	
buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr	G	
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR (*buprenorphine*)	NPB	
pentazocine-naloxone hcl oral tablet 50-0.5 mg	G	
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML (*buprenorphine*)	NPB	
SALICYLATES		
aspirin adult low dose oral tablet delayed release 81 mg	CE	
aspirin adult low strength oral tablet delayed release 81 mg	CE	
aspirin ec adult low dose oral tablet delayed release 81 mg	CE	
aspirin low dose oral tablet chewable 81 mg	CE	
aspirin low dose oral tablet delayed release 81 mg	CE	
aspirin oral tablet chewable 81 mg	CE	

Prescription Drug Name	Drug Tier	Drug Notes
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	
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	
ft aspirin oral tablet chewable 81 mg	CE	
gnp adult aspirin low strength oral tablet chewable 81 mg	CE	
gnp aspirin oral tablet delayed release 81 mg	CE	
goodsense aspirin low dose oral tablet delayed release 81 mg	CE	
h-e-b aspirin oral tablet delayed release 81 mg	CE	
kls aspirin low dose oral tablet delayed release 81 mg	CE	
kp aspirin oral tablet delayed release 81 mg	CE	
mm aspirin oral tablet delayed release 81 mg	CE	
qc aspirin low dose oral tablet chewable 81 mg	CE	
qc childrens aspirin oral tablet chewable 81 mg	CE	
sb childrens aspirin oral tablet chewable 81 mg	CE	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (*aspirin*)	CE	
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (*aspirin*)	CE	
VISCOSUPPLEMENTS		
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE 60 MG/3ML (*sodium hyaluronate (viscosup)*)	PB	
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (*sodium hyaluronate (viscosup)*)	PSP	

Prescription Drug Name	Drug Tier	Drug Notes
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)*)	NPSP	
HYALGAN INTRA-ARTICULAR SOLUTION 20 MG/2ML (*sodium hyaluronate (viscosup)*)	NPSP	
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (*sodium hyaluronate (viscosup)*)	NPSP	
HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 24 MG/3ML (*hyaluronan*)	NPSP	
MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 88 MG/4ML (*hyaluronan*)	NPSP	
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 30 MG/2ML (*hyaluronan*)	PSP	
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (*sodium hyaluronate (viscosup)*)	NPSP	
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16 MG/2ML (*hylan g-f 20*)	NPB	
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 48 MG/6ML (*hylan g-f 20*)	PSP	
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (*sodium hyaluronate (viscosup)*)	NPSP	
TRIVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (*sodium hyaluronate (viscosup)*)	NPSP	
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (*sodium hyaluronate (viscosup)*)	NPB	
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*)	NPB	
neomycin sulfate oral tablet 500 mg	G	
sulfadiazine oral tablet 500 mg	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
tinidazole oral tablet 250 mg, 500 mg	G	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
CRESEMBA ORAL CAPSULE 186 MG (*isavuconazonium sulfate*)	NPB	
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	G	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	G	
flucytosine oral capsule 250 mg, 500 mg	G	
griseofulvin microsize oral suspension 125 mg/5ml	G	
griseofulvin microsize oral tablet 500 mg	G	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	G	
itraconazole oral capsule 100 mg	G	
itraconazole oral solution 10 mg/ml	G	
ketoconazole oral tablet 200 mg	G	
NOXAFIL ORAL SUSPENSION 40 MG/ML (*posaconazole*)	NPB	
nystatin oral tablet 500000 unit	G	
posaconazole oral tablet delayed release 100 mg	G	
terbinafine hcl oral tablet 250 mg	G	
tolsura oral capsule 65 mg	NPB	
VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML (*voriconazole*)	NPB	
voriconazole oral suspension reconstituted 40 mg/ml	G	
voriconazole oral tablet 200 mg, 50 mg	G	
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
ARAKODA ORAL TABLET 100 MG (*tafenoquine succinate*)	NPB	
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	G	
chloroquine phosphate oral tablet 250 mg, 500 mg	G	
COARTEM ORAL TABLET 20-120 MG (*artemether-lumefantrine*)	NPB	
KRINTAFEL ORAL TABLET 150 MG (*tafenoquine succinate*)	NPB	
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	

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*)	NPSP	
atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg	G	
EDURANT ORAL TABLET 25 MG (*rilpivirine hcl*)	NPSP	
efavirenz oral tablet 600 mg	G	
EMTRIVA ORAL CAPSULE 200 MG (*emtricitabine*)	NPSP	
EMTRIVA ORAL SOLUTION 10 MG/ML (*emtricitabine*)	NPSP	
EPIVIR ORAL SOLUTION 10 MG/ML (*lamivudine*)	NPSP	
EPIVIR ORAL TABLET 150 MG, 300 MG (*lamivudine*)	NPSP	
fosamprenavir calcium oral tablet 700 mg	G	
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG (*etravirine*)	NPSP	
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	
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*)	NPSP	
NORVIR ORAL TABLET 100 MG (*ritonavir*)	NPSP	
PIFELTRO ORAL TABLET 100 MG (*doravirine*)	NPSP	
PREZISTA ORAL SUSPENSION 100 MG/ML (*darunavir*)	NPSP	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG (*darunavir*)	NPSP	
RETROVIR ORAL CAPSULE 100 MG (*zidovudine*)	NPSP	
RETROVIR ORAL SYRUP 50 MG/5ML (*zidovudine*)	NPSP	
REYATAZ ORAL CAPSULE 200 MG, 300 MG (*atazanavir sulfate*)	NPSP	
REYATAZ ORAL PACKET 50 MG (*atazanavir sulfate*)	NPSP	

Prescription Drug Name	Drug Tier	Drug Notes
ritonavir oral tablet 100 mg	G	
SELZENTRY ORAL SOLUTION 20 MG/ML (*maraviroc*)	NPSP	
SELZENTRY ORAL TABLET 150 MG, 300 MG (*maraviroc*)	NPSP	
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*)	NPSP	
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	
YEZTUGO ORAL TABLET 300 MG (*lenacapavir sodium*)	PSP	
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	
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*)	NPSP	
DELSTRIGO ORAL TABLET 100-300-300 MG (*doravirin-lamivudin-tenofov df*)	NPSP	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG (*emtricitabine-tenofovir af*)	PSP	
DOVATO ORAL TABLET 50-300 MG (*dolutegravir-lamivudine*)	PSP	
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	G	
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	G	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	G	
emtricitabine-tenofovir df oral tablet 200-300 mg	CE	

Prescription Drug Name	Drug Tier	Drug Notes
EVOTAZ ORAL TABLET 300-150 MG (*atazanavir-cobicistat*)	PSP	
GENVOYA ORAL TABLET 150-150-200-10 MG (*elviteg-cobic-emtricit-tenofaf*)	PSP	
JULUCA ORAL TABLET 50-25 MG (*dolutegravir-rilpivirine*)	NPSP	
KALETRA ORAL SOLUTION 400-100 MG/5ML (*lopinavir-ritonavir*)	PSP	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG (*lopinavir-ritonavir*)	PSP	
lamivudine-zidovudine oral tablet 150-300 mg	G	
ODEFSEY ORAL TABLET 200-25-25 MG (*emtricitab-rilpivir-tenofov af*)	PSP	
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG (*darunavir-cobicistat*)	PSP	
STRIBILD ORAL TABLET 150-150-200-300 MG (*elviteg-cobic-emtricit-tenofdf*)	NPSP	
SYMFI ORAL TABLET 600-300-300 MG (*efavirenz-lamivudine-tenofovir*)	PSP	
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*)	NPSP	
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
cycloserine oral capsule 250 mg	G	
ethambutol hcl oral tablet 100 mg, 400 mg	G	
isoniazid oral syrup 50 mg/5ml	G	
isoniazid oral tablet 100 mg, 300 mg	G	
PRIFTIN ORAL TABLET 150 MG (*rifapentine*)	NPB	
pyrazinamide oral tablet 500 mg	G	
rifabutin oral capsule 150 mg	G	
rifampin oral capsule 150 mg, 300 mg	G	
SIRTURO ORAL TABLET 100 MG (*bedaquiline fumarate*)	NPB	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
acyclovir oral capsule 200 mg	G	
acyclovir oral suspension 200 mg/5ml	G	

Prescription Drug Name	Drug Tier	Drug Notes
acyclovir oral tablet 400 mg, 800 mg	G	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	G	
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 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 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	
valacyclovir hcl oral tablet 1 gm, 500 mg	G	
valganciclovir hcl oral solution reconstituted 50 mg/ml	G	
valganciclovir hcl oral tablet 450 mg	G	
XERESE EXTERNAL CREAM 5-1 % (*acyclovir-hydrocortisone*)	NPB	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG (*baloxavir marboxil*)	NPB	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG (*baloxavir marboxil*)	NPB	
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
cefaclor er oral tablet extended release 12 hour 500 mg	NPB	
cefaclor oral capsule 250 mg, 500 mg	G	
cefadroxil oral capsule 500 mg	G	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	G	
cefadroxil oral tablet 1 gm	G	
cefdinir oral capsule 300 mg	G	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	G	
cefixime oral capsule 400 mg	G	
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	G	
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	G	

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

Prescription Drug Name	Drug Tier	Drug Notes
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*)	PSP	
entecavir oral tablet 0.5 mg, 1 mg	G	
lamivudine oral tablet 100 mg	G	
VEMLIDY ORAL TABLET 25 MG (*tenofovir alafenamide fumarate*)	PSP	
HEPATITIS C		
EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG (*sofosbuvir-velpatasvir*)	PSP	
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG (*sofosbuvir-velpatasvir*)	PSP	
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	
MAVYRET ORAL PACKET 50-20 MG (*glecaprevir-pibrentasvir*)	NPSP	
MAVYRET ORAL TABLET 100-40 MG (*glecaprevir-pibrentasvir*)	NPSP	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (*peginterferon alfa-2a*)	NPSP	
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (*peginterferon alfa-2a*)	NPSP	
ribavirin oral capsule 200 mg	G	
ribavirin oral tablet 200 mg	G	
SOVALDI ORAL TABLET 200 MG, 400 MG (*sofosbuvir*)	NPSP	
VOSEVI ORAL TABLET 400-100-100 MG (*sofosbuv-velpatasv-voxilaprev*)	PSP	
ZEPATIER ORAL TABLET 50-100 MG (*elbasvir-grazoprevir*)	NPSP	

Prescription Drug Name	Drug Tier	Drug Notes
MISCELLANEOUS		
atovaquone oral suspension 750 mg/5ml	G	
BACTRIM DS ORAL TABLET 800-160 MG (*sulfamethoxazole-trimethoprim*)	NPB	
BACTRIM ORAL TABLET 400-80 MG (*sulfamethoxazole-trimethoprim*)	NPB	
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*)	NPB	
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML (*vancomycin hcl*)	NPB	
linezolid oral suspension reconstituted 100 mg/5ml	G	
linezolid oral tablet 600 mg	G	
MACROBID ORAL CAPSULE 100 MG (*nitrofurantoin monohyd macro*)	NPB	
methenamine hippurate oral tablet 1 gm	G	
methenamine mandelate oral tablet 0.5 gm, 1 gm	G	
metronidazole oral capsule 375 mg	G	
metronidazole oral tablet 250 mg, 500 mg	G	
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG (*pentamidine isethionate*)	NPB	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	G	
nitrofurantoin monohyd macro oral capsule 100 mg	G	
nitrofurantoin oral suspension 25 mg/5ml	G	
pyrimethamine oral tablet 25 mg	G	
SIVEXTRO ORAL TABLET 200 MG (*tedizolid phosphate*)	NPB	
SOLOSEC ORAL PACKET 2 GM (*secnidazole*)	NPB	
sulfamethoxazole-trimethoprim oral suspension 800-160 mg/20ml	G	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	G	
sulfamethoxazole-trimethoprim (Sulfatrim Pediatric Oral Suspension 200-40 Mg/5Ml)	G	

Prescription Drug Name	Drug Tier	Drug Notes
trimethoprim oral tablet 100 mg	G	
VANCOCIN ORAL CAPSULE 125 MG, 250 MG (*vancomycin hcl*)	NPB	
vancomycin hcl oral capsule 125 mg, 250 mg	G	
vancomycin hcl oral solution reconstituted 250 mg/5ml	NPB	
XIFAXAN ORAL TABLET 200 MG (*rifaximin*)	NPB	
XIFAXAN ORAL TABLET 550 MG (*rifaximin*)	PB	
PENICILLINS - DRUGS TO TREAT INFECTIONS		
amoxicillin oral capsule 250 mg, 500 mg	G	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	G	
amoxicillin oral tablet 500 mg, 875 mg	G	
amoxicillin oral tablet chewable 125 mg, 250 mg	G	
amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg	G	
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	G	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	G	
ampicillin oral capsule 500 mg	G	
dicloxacillin sodium oral capsule 250 mg, 500 mg	G	
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	G	
penicillin v potassium oral tablet 250 mg, 500 mg	G	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
avidoxy oral tablet 100 mg	G	
demeclocycline hcl oral tablet 150 mg, 300 mg	G	
doxycycline hyclate oral capsule 100 mg, 50 mg	G	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 50 mg, 75 mg	G	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	G	
doxycycline hyclate oral tablet delayed release 80 mg	NPB	
doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg	G	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	G	

Prescription Drug Name	Drug Tier	Drug Notes
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	G	
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	G	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	G	
minocycline hcl oral tablet 100 mg, 50 mg, 75 mg	G	
doxycycline monohydrate (Mondoxyne Nl Oral Capsule 100 Mg)	G	
NUZYRA ORAL TABLET 150 MG (*omadacycline tosylate*)	NPB	
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG (*sarecycline hcl*)	NPB	
tetracycline hcl oral capsule 250 mg, 500 mg	G	
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*)	NPB	
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		
capecitabine oral tablet 150 mg, 500 mg	G	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG (*trifluridine-tipiracil*)	NPSP	
mercaptopurine oral tablet 50 mg	G	
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	G	
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	G	
methotrexate sodium injection solution reconstituted 1 gm	G	
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	

Prescription Drug Name	Drug Tier	Drug Notes
XATMEP ORAL SOLUTION 2.5 MG/ML (*methotrexate*)	NPB	
ANTINEOPLASTIC, BCL-2 INHIBITORS		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG (*venetoclax*)	NPB	
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (*venetoclax*)	NPB	
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*)	NPSP	
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*)	NPSP	
THALOMID ORAL CAPSULE 100 MG, 50 MG (*thalidomide*)	PSP	
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate micronized oral tablet 125 mg	PSP	
abiraterone acetate oral tablet 250 mg	G	
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	
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*)	NPB	
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*)	NPSP	

Prescription Drug Name	Drug Tier	Drug Notes
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (*degarelix acetate*)	NPSP	
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*)	PSP	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG (*leuprolide acetate (3 month)*)	PSP	
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG (*leuprolide acetate (4 month)*)	PSP	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG (*leuprolide acetate (6 month)*)	PSP	
LYSODREN ORAL TABLET 500 MG (*mitotane*)	NPSP	
megestrol acetate oral tablet 20 mg, 40 mg	G	
nilutamide oral tablet 150 mg	G	
NUBEQA ORAL TABLET 300 MG (*darolutamide*)	PSP	
ORGOVYX ORAL TABLET 120 MG (*relugolix*)	NPSP	
SOLTAMOX ORAL SOLUTION 10 MG/5ML (*tamoxifen citrate*)	NPB	
tamoxifen citrate oral tablet 10 mg, 20 mg	CE	
toremifene citrate oral tablet 60 mg	G	
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG (*triptorelin pamoate*)	NPSP	
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*)	NPSP	
ZYTIGA ORAL TABLET 250 MG, 500 MG (*abiraterone acetate*)	NPSP	
KINASE INHIBITORS		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG (*everolimus*)	NPSP	
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG (*everolimus*)	NPSP	
ALECENSA ORAL CAPSULE 150 MG (*alectinib hcl*)	PSP	

Prescription Drug Name	Drug Tier	Drug Notes
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG (*brigatinib*)	PSP	
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG (*brigatinib*)	PSP	
AUGTYRO ORAL CAPSULE 160 MG, 40 MG (*repotrectinib*)	PSP	
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG (*erdafitinib*)	NPB	
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	
BRUKINSA ORAL TABLET 160 MG (*zanubrutinib*)	PB	
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*)	NPB	
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG (*cabozantinib s-malate*)	NPSP	
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG (*cabozantinib s-malate*)	NPSP	
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG (*cabozantinib s-malate*)	NPSP	
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (*duvelisib*)	NPSP	
COTELLIC ORAL TABLET 20 MG (*cobimetinib fumarate*)	NPSP	
erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg	G	
GAVRETO ORAL CAPSULE 100 MG (*pralsetinib*)	PSP	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (*afatinib dimaleate*)	NPB	
GLEEVEC ORAL TABLET 100 MG, 400 MG (*imatinib mesylate*)	NPSP	
GOMEKLI ORAL CAPSULE 1 MG, 2 MG (*mirdametinib*)	PSP	
GOMEKLI ORAL TABLET SOLUBLE 1 MG (*mirdametinib*)	PSP	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (*palbociclib*)	PSP	
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (*palbociclib*)	PSP	
IBTROZI ORAL CAPSULE 200 MG (*taletrectinib adipate*)	PSP	
ICLUSIG ORAL TABLET 15 MG, 45 MG (*ponatinib hcl*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
imatinib mesylate oral tablet 100 mg, 400 mg	G	
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (*ibrutinib*)	PSP	
IMBRUVICA ORAL SUSPENSION 70 MG/ML (*ibrutinib*)	PSP	
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (*ibrutinib*)	PSP	
INLYTA ORAL TABLET 1 MG, 5 MG (*axitinib*)	PSP	
INREBIC ORAL CAPSULE 100 MG (*fedratinib hcl*)	NPSP	
IRESSA ORAL TABLET 250 MG (*gefitinib*)	NPSP	
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (*ruxolitinib phosphate*)	PSP	
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (*ribociclib succinate*)	PSP	
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (*ribociclib succinate*)	PSP	
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (*ribociclib succinate*)	PSP	
KOSELUGO ORAL CAPSULE 10 MG, 25 MG (*selumetinib sulfate*)	PSP	
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG (*lenvatinib mesylate*)	PSP	
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG (*lenvatinib mesylate*)	PSP	
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG (*lenvatinib mesylate*)	PSP	
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG (*lenvatinib mesylate*)	PSP	
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG (*lenvatinib mesylate*)	PSP	
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG (*lenvatinib mesylate*)	PSP	
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG (*lenvatinib mesylate*)	PSP	
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG (*lenvatinib mesylate*)	PSP	
LORBRENA ORAL TABLET 100 MG, 25 MG (*lorlatinib*)	NPSP	
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML (*trametinib dimethyl sulfoxide*)	PSP	
MEKINIST ORAL TABLET 0.5 MG, 2 MG (*trametinib dimethyl sulfoxide*)	PSP	

Prescription Drug Name	Drug Tier	Drug Notes
MEKTOVI ORAL TABLET 15 MG (*binimetinib*)	PSP	
NERLYNX ORAL TABLET 40 MG (*neratinib maleate*)	NPSP	
NEXAVAR ORAL TABLET 200 MG (*sorafenib tosylate*)	NPSP	
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG (*alpelisib*)	PSP	
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG (*alpelisib*)	PSP	
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG (*alpelisib*)	PSP	
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG (*selpercatinib*)	PSP	
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG (*entrectinib*)	PSP	
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*)	PSP	
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG (*dasatinib*)	NPSP	
STIVARGA ORAL TABLET 40 MG (*regorafenib*)	NPSP	
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	G	
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG (*sunitinib malate*)	NPSP	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (*dabrafenib mesylate*)	PSP	
TAFINLAR ORAL TABLET SOLUBLE 10 MG (*dabrafenib mesylate*)	PSP	
TAGRISSO ORAL TABLET 40 MG, 80 MG (*osimertinib mesylate*)	PSP	
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (*nilotinib hcl*)	NPSP	
TRUQAP ORAL TABLET 200 MG (*capivasertib*)	PSP	
TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG (*capivasertib*)	PSP	
TURALIO ORAL CAPSULE 125 MG (*pexidartinib hcl*)	PSP	
TYKERB ORAL TABLET 250 MG (*lapatinib ditosylate*)	PSP	
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (*abemaciclib*)	NPSP	
VITRAKVI ORAL CAPSULE 100 MG, 25 MG (*larotrectinib sulfate*)	PSP	

Prescription Drug Name	Drug Tier	Drug Notes
VITRAKVI ORAL SOLUTION 20 MG/ML (*larotrectinib sulfate*)	PSP	
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (*dacomitinib*)	NPSP	
VOTRIENT ORAL TABLET 200 MG (*pazopanib hcl*)	NPSP	
XALKORI ORAL CAPSULE 200 MG, 250 MG (*crizotinib*)	NPSP	
XOSPATA ORAL TABLET 40 MG (*gilteritinib fumarate*)	PSP	
ZELBORAF ORAL TABLET 240 MG (*vemurafenib*)	NPSP	
ZYDELIG ORAL TABLET 100 MG, 150 MG (*idelalisib*)	NPSP	
ZYKADIA ORAL TABLET 150 MG (*ceritinib*)	NPSP	
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	
KRAZATI ORAL TABLET 200 MG (*adagrasib*)	PSP	
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG (*sotorasib*)	PSP	
LYNPARZA ORAL TABLET 100 MG, 150 MG (*olaparib*)	PSP	
ODOMZO ORAL CAPSULE 200 MG (*sonidegib phosphate*)	PSP	
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (*talazoparib tosylate*)	NPSP	
TARGRETIN ORAL CAPSULE 75 MG (*bexarotene*)	NPSP	
TIBSOVO ORAL TABLET 250 MG (*ivosidenib*)	NPB	
tretinoin oral capsule 10 mg	G	
VISTOGARD ORAL PACKET 10 GM (*uridine triacetate*)	PSP	
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (*selinexor*)	NPB	
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG (*niraparib tosylate*)	PSP	
ZOLINZA ORAL CAPSULE 100 MG (*vorinostat*)	NPSP	
PROTEASOME INHIBITORS		
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (*ixazomib citrate*)	PSP	
PROTECTIVE AGENTS		
LEDERLE LEUCOVORIN ORAL TABLET 5 MG (*leucovorin calcium*)	G	

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

Prescription Drug Name	Drug Tier	Drug Notes
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*)	NPB	
eplerenone oral tablet 25 mg, 50 mg	G	
INSPRA ORAL TABLET 25 MG (*eplerenone*)	NPB	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG (*finerenone*)	PB	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	G	
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	
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	G	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (*azilsartan-chlorthalidone*)	NPB	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG (*losartan potassium-hctz*)	NPB	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	G	
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	G	
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG (*telmisartan-hctz*)	NPB	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	G	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	G	
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	G	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	G	
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	G	
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG (*losartan potassium*)	NPB	
EDARBI ORAL TABLET 40 MG, 80 MG (*azilsartan medoxomil*)	NPB	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	G	
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	G	
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	G	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	G	
valsartan oral solution 4 mg/ml	NPB	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	G	
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg	G	
disopyramide phosphate oral capsule 100 mg, 150 mg	G	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	G	
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	G	
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	G	
MULTAQ ORAL TABLET 400 MG (*dronedarone hcl*)	PB	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG (*disopyramide phosphate*)	NPB	
NORPACE ORAL CAPSULE 100 MG, 150 MG (*disopyramide phosphate*)	PB	
amiodarone hcl (Pacerone Oral Tablet 100 Mg, 200 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	

Prescription Drug Name	Drug Tier	Drug Notes
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	
cholestyramine oral packet 4 gm	G	
cholestyramine oral powder 4 gm/dose	G	
colesevelam hcl oral packet 3.75 gm	G	
colesevelam hcl oral tablet 625 mg	G	
colestipol hcl oral granules 5 gm	G	
colestipol hcl oral packet 5 gm	G	
colestipol hcl oral tablet 1 gm	G	
cholestyramine light (Prevalite Oral Packet 4 Gm)	G	
cholestyramine light (Prevalite Oral Powder 4 Gm/Dose)	G	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR - DRUGS TO TREAT HIGH CHOLESTEROL		
ezetimibe oral tablet 10 mg	G	
ZETIA ORAL TABLET 10 MG (*ezetimibe*)	NPB	
ANTILIPEMICS, FIBRATES - DRUGS TO TREAT HIGH CHOLESTEROL		
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	G	
fenofibrate oral capsule 150 mg, 50 mg	G	
fenofibrate oral tablet 120 mg, 145 mg, 40 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	
gemfibrozil oral tablet 600 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
LIPOFEN ORAL CAPSULE 150 MG, 50 MG (*fenofibrate*)	NPB	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
atorvastatin calcium oral tablet 10 mg, 20 mg	CE	
atorvastatin calcium oral tablet 40 mg, 80 mg	G	
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (*rosuvastatin calcium*)	NPB	
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (*rosuvastatin calcium*)	NPB	
flolipid oral suspension 20 mg/5ml, 40 mg/5ml	NPB	
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	G	
fluvastatin sodium oral capsule 20 mg, 40 mg	G	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (*pitavastatin calcium*)	NPB	
lovastatin oral tablet 10 mg, 20 mg, 40 mg	G	
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	G	
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	G	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	CE	
simvastatin oral tablet 80 mg	G	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG (*simvastatin*)	NPB	
ZYPITAMAG ORAL TABLET 2 MG, 4 MG (*pitavastatin magnesium*)	NPB	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS - DRUGS TO TREAT HIGH CHOLESTEROL		
ezetimibe-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*)	NPSP	
niacin (antihyperlipidemic) oral tablet 500 mg	G	
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	G	
NIACOR ORAL TABLET 500 MG (*niacin (antihyperlipidemic)*)	G	

Prescription Drug Name	Drug Tier	Drug Notes
ANTILIPEMICS, OMEGA-3 FATTY ACIDS - DRUGS TO TREAT HIGH CHOLESTEROL		
icosapent ethyl oral capsule 0.5 gm, 1 gm	G	
LOVAZA ORAL CAPSULE 1 GM (*omega-3-acid ethyl esters*)	NPB	
omega-3-acid ethyl esters oral capsule 1 gm	G	
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM (*icosapent ethyl*)	PB	
ANTILIPEMICS, PCSK9 INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML (*alirocumab*)	PB	
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	
betaxolol hcl oral tablet 10 mg, 20 mg	G	
bisoprolol fumarate oral tablet 10 mg, 5 mg	G	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (*nebivolol hcl*)	NPB	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	G	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	G	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (*carvedilol phosphate*)	NPB	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (*carvedilol*)	NPB	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (*propranolol hcl*)	NPB	

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

Prescription Drug Name	Drug Tier	Drug Notes
diltiazem hcl coated beads (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg)	G	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG (*levamlodipine maleate*)	NPB	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	G	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	G	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	G	
diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	G	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	G	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	G	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	G	
isradipine oral capsule 2.5 mg, 5 mg	G	
KATERZIA ORAL SUSPENSION 1 MG/ML (*amlodipine benzoate*)	NPB	
diltiazem hcl (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	G	
nicardipine hcl oral capsule 20 mg, 30 mg	G	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	G	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	G	
nifedipine oral capsule 10 mg, 20 mg	G	
nimodipine oral capsule 30 mg	G	
nisoldipine er oral tablet extended release 24 hour 17 mg, 34 mg, 8.5 mg	G	
NORLIQVA ORAL SOLUTION 1 MG/ML (*amlodipine besylate*)	NPB	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	G	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	G	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS		
digoxin (Digox Oral Tablet 125 Mcg, 250 Mcg)	G	
digoxin oral solution 0.05 mg/ml	G	
digoxin oral tablet 125 mcg, 250 mcg	G	
LANOXIN ORAL TABLET 62.5 MCG (*digoxin*)	NPB	
DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS		
aliskiren fumarate oral tablet 150 mg, 300 mg	G	
TEKTURNA ORAL TABLET 150 MG, 300 MG (*aliskiren fumarate*)	NPB	
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
acetazolamide er oral capsule extended release 12 hour 500 mg	G	
acetazolamide oral tablet 125 mg, 250 mg	G	
amiloride hcl oral tablet 5 mg	G	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	G	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	G	
chlorthalidone oral tablet 25 mg, 50 mg	G	
DIURIL ORAL SUSPENSION 250 MG/5ML (*chlorothiazide*)	NPB	
ethacrynic acid oral tablet 25 mg	G	
furosemide oral solution 10 mg/ml, 8 mg/ml	G	
furosemide oral tablet 20 mg, 40 mg, 80 mg	G	
hydrochlorothiazide oral capsule 12.5 mg	G	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	G	
indapamide oral tablet 1.25 mg, 2.5 mg	G	
KEVEYIS ORAL TABLET 50 MG (*dichlorphenamide*)	NPB	
methazolamide oral tablet 25 mg, 50 mg	G	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	G	
SOAANZ ORAL TABLET 40 MG (*torsemide*)	NPB	
spironolactone-hctz oral tablet 25-25 mg	G	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	G	
triamterene oral capsule 100 mg, 50 mg	G	
triamterene-hctz oral capsule 37.5-25 mg	G	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
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*)	NPB	
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG (*sacubitril-valsartan*)	NPB	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (*sacubitril-valsartan*)	NPB	
INPEFA ORAL TABLET 200 MG, 400 MG (*sotagliflozin*)	PB	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (*vericiguat*)	PB	
MISCELLANEOUS		
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	
DEMSER ORAL CAPSULE 250 MG (*metyrosine*)	NPB	
guanfacine hcl oral tablet 1 mg, 2 mg	G	
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	G	
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	G	
minoxidil oral tablet 10 mg, 2.5 mg	G	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG (*droxidopa*)	NPSP	
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*)	PSP	
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
ISORDIL TITRADOSE ORAL TABLET 40 MG, 5 MG (*isosorbide dinitrate*)	PB	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	G	
isosorbide mononitrate oral tablet 10 mg, 20 mg	NPB	
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)*)	NPSP	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (*riociguat*)	NPSP	
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*)	NPSP	
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	
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	

Prescription Drug Name	Drug Tier	Drug Notes
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*)	NPSP	
REVATIO ORAL TABLET 20 MG (*sildenafil citrate*)	NPSP	
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*)	NPSP	
TRACLEER ORAL TABLET SOLUBLE 32 MG (*bosentan*)	NPSP	
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, 80 MCG (*treprostinil*)	PSP	
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X64MCG, 112 X 48MCG & 112 X64MCG, 16 MCG, 32 MCG, 48 MCG, 64 MCG, 80 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	
YUTREPIA INHALATION CAPSULE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG (*treprostinil sodium*)	PSP	
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
ALCOHOL DETERRENTS		
acamprosate calcium oral tablet delayed release 333 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
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	
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 ORAL TABLET 0.5 MG, 1 MG, 2 MG (*lorazepam*)	PB	
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	G	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	G	
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	G	
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg	G	
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	G	
lorazepam oral concentrate 2 mg/ml	G	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	G	
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG, 2 MG, 3 MG (*lorazepam*)	NPB	
meprobamate oral tablet 200 mg, 400 mg	G	
oxazepam oral capsule 10 mg, 15 mg, 30 mg	G	
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
donepezil hcl oral tablet 10 mg, 23 mg, 5 mg	G	
donepezil hcl oral tablet dispersible 10 mg, 5 mg	G	
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
galantamine hydrobromide oral solution 4 mg/ml	G	
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	G	
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	G	
memantine hcl oral solution 2 mg/ml	G	
memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg	G	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG (*memantine hcl-donepezil hcl*)	PB	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	G	
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	G	
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	G	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	G	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG (*bupropion hbr*)	NPB	
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG (*dextromethorphan-bupropion*)	PB	
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	G	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg, 450 mg	G	
bupropion hcl oral tablet 100 mg, 75 mg	G	
citalopram hydrobromide oral capsule 30 mg	NPB	
citalopram hydrobromide oral solution 20 mg/10ml	G	
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	G	
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	G	
desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg	G	
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	G	
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	G	
doxepin hcl oral concentrate 10 mg/ml	G	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg	G	

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

Prescription Drug Name	Drug Tier	Drug Notes
REMERON ORAL TABLET 15 MG, 30 MG (*mirtazapine*)	NPB	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG, 45 MG (*mirtazapine*)	NPB	
sertraline hcl oral capsule 150 mg, 200 mg	NPB	
sertraline hcl oral concentrate 20 mg/ml	G	
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	G	
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (*esketamine hcl*)	NPSP	
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (*esketamine hcl*)	NPSP	
tranylcypromine sulfate oral tablet 10 mg	G	
trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg	G	
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg	G	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (*vortioxetine hbr*)	PB	
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	G	
venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg	G	
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	G	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (*vilazodone hcl*)	PB	
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG (*zuranolone*)	PSP	
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
amantadine hcl oral capsule 100 mg	G	
amantadine hcl oral tablet 100 mg	G	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML (*apomorphine hcl*)	NPSP	
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	

Prescription Drug Name	Drug Tier	Drug Notes
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	G	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	G	
CREXONT ORAL CAPSULE EXTENDED RELEASE 35-140 MG, 52.5-210 MG, 70-280 MG, 87.5-350 MG (*carbidopa-levodopa*)	PB	
DHIVY ORAL TABLET 25-100 MG (*carbidopa-levodopa*)	NPB	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML (*carbidopa-levodopa*)	NPB	
entacapone oral tablet 200 mg	G	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG (*amantadine hcl*)	NPB	
haloperidol oral tablet 2 mg	G	
INBRIJA INHALATION CAPSULE 42 MG (*levodopa*)	NPSP	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR (*rotigotine*)	PB	
NOURIANZ ORAL TABLET 20 MG, 40 MG (*istradefylline*)	NPB	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG (*opicapone*)	NPB	
pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	G	
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	G	
rasagiline mesylate oral tablet 0.5 mg, 1 mg	G	
ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	G	
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	

Prescription Drug Name	Drug Tier	Drug Notes
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	G	
XADAGO ORAL TABLET 100 MG, 50 MG (*safinamide mesylate*)	NPB	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (*selegiline hcl*)	NPB	
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML (*aripiprazole*)	PB	
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (*aripiprazole*)	PB	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (*aripiprazole*)	PB	
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (*aripiprazole w/ sens-strip-pod*)	NPB	
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (*aripiprazole w/ sens-strip-pod*)	NPB	
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (*aripiprazole*)	NPB	
aripiprazole oral solution 1 mg/ml	G	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	G	
aripiprazole oral tablet dispersible 10 mg, 15 mg	G	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML (*aripiprazole lauroxil*)	PB	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML (*aripiprazole lauroxil*)	PB	
CAPLYTA ORAL CAPSULE 42 MG (*lumateperone tosylate*)	NPB	
chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml	NPB	
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	G	
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	G	
clozapine oral tablet dispersible 100 mg, 12.5 mg, 200 mg, 25 mg	G	
clozapine oral tablet dispersible 150 mg	NPB	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (*carbamazepine (antipsychotic)*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (*iloperidone*)	NPB	
FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG (*iloperidone*)	NPB	
fluphenazine decanoate injection solution 25 mg/ml	G	
fluphenazine hcl injection solution 2.5 mg/ml	G	
fluphenazine hcl oral concentrate 5 mg/ml	G	
fluphenazine hcl oral elixir 2.5 mg/5ml	G	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	G	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG (*ziprasidone mesylate*)	NPB	
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, 20 mg, 5 mg	G	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML (*paliperidone palmitate*)	NPB	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML (*paliperidone palmitate*)	NPB	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML (*paliperidone palmitate*)	NPB	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG (*lurasidone hcl*)	PB	
loxapine succinate oral capsule 10 mg, 25 mg, 5 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	

Prescription Drug Name	Drug Tier	Drug Notes
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg	G	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	G	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG (*risperidone*)	NPB	
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	G	
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	G	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (*brexpiprazole*)	NPB	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG (*risperidone microspheres*)	NPB	
risperidone oral solution 1 mg/ml	G	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	G	
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	G	
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG (*asenapine maleate*)	NPB	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR (*asenapine*)	NPB	
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	G	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	G	
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	G	
VERSACLOZ ORAL SUSPENSION 50 MG/ML (*clozapine*)	NPB	
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 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	
ANTISEIZURE AGENTS - DRUGS TO TREAT SEIZURES		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (*eslicarbazepine acetate*)	NPB	
BANZEL ORAL SUSPENSION 40 MG/ML (*rufinamide*)	NPB	
BANZEL ORAL TABLET 200 MG, 400 MG (*rufinamide*)	NPB	
BRIVIACT ORAL SOLUTION 10 MG/ML (*brivaracetam*)	PB	
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (*brivaracetam*)	PB	
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	G	
carbamazepine oral suspension 100 mg/5ml	G	
carbamazepine oral tablet 200 mg	G	
carbamazepine oral tablet chewable 100 mg	G	
CELONTIN ORAL CAPSULE 300 MG (*methsuximide*)	NPB	
clobazam oral suspension 2.5 mg/ml	G	
clobazam oral tablet 10 mg, 20 mg	G	
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	G	
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	G	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	G	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (*divalproex sodium*)	NPB	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 500 MG (*divalproex sodium*)	NPB	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (*stiripentol*)	NPB	
DIACOMIT ORAL PACKET 250 MG, 500 MG (*stiripentol*)	NPB	
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 ORAL CAPSULE 30 MG (*phenytoin sodium extended*)	NPB	
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	G	
divalproex sodium oral capsule delayed release sprinkle 125 mg	G	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	G	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 1500 MG (*levetiracetam*)	NPB	
EPIDIOLEX ORAL SOLUTION 100 MG/ML (*cannabidiol*)	NPSP	
EPRONTIA ORAL SOLUTION 25 MG/ML (*topiramate*)	NPB	
ethosuximide oral capsule 250 mg	G	
ethosuximide oral solution 250 mg/5ml	G	
felbamate oral suspension 600 mg/5ml	G	

Prescription Drug Name	Drug Tier	Drug Notes
felbamate oral tablet 400 mg, 600 mg	G	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (*perampanel*)	NPB	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (*perampanel*)	NPB	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	G	
gabapentin oral solution 250 mg/5ml, 300 mg/6ml	G	
gabapentin oral tablet 600 mg, 800 mg	G	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (*clonazepam*)	NPB	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG (*lamotrigine*)	NPB	
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG (*lamotrigine*)	NPB	
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	G	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	G	
lamotrigine oral tablet chewable 25 mg, 5 mg	G	
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	G	
lamotrigine starter kit-blue oral kit 35 x 25 mg	G	
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	G	
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	G	
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	G	
levetiracetam oral solution 100 mg/ml	G	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	G	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (*pregabalin*)	NPB	
LYRICA ORAL SOLUTION 20 MG/ML (*pregabalin*)	NPB	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (*midazolam (anticonvulsant)*)	NPB	
NEURONTIN ORAL SOLUTION 250 MG/5ML (*gabapentin*)	NPB	
oxcarbazepine oral suspension 300 mg/5ml	G	
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 30 mg/7.5ml, 60 mg/15ml	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	

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

Prescription Drug Name	Drug Tier	Drug Notes
vigabatrin (Vigadrone Oral Packet 500 Mg)	G	
VIMPAT INTRAVENOUS SOLUTION 200 MG/20ML (*lacosamide*)	PB	
VIMPAT ORAL SOLUTION 10 MG/ML (*lacosamide*)	PB	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (*lacosamide*)	PB	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG (*cenobamate*)	PB	
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	
zonisamide oral capsule 100 mg, 25 mg, 50 mg	G	
ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD		
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (*amphetamine*)	NPB	
amphetamine sulfate oral tablet 10 mg, 5 mg	G	
amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	G	
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	G	
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (*methylphenidate hcl*)	NPB	
atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	G	
AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG (*serdexmethylphen-dexmethylphen*)	NPB	
clonidine hcl er oral tablet extended release 12 hour 0.1 mg	G	
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG (*methylphenidate hcl*)	NPB	
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG (*methylphenidate*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR (*methylphenidate*)	NPB	
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	G	
dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg	G	
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg	G	
dextroamphetamine sulfate oral solution 5 mg/5ml	G	
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	G	
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML (*amphetamine*)	NPB	
EVEKEO ORAL TABLET 10 MG, 5 MG (*amphetamine sulfate*)	NPB	
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	G	
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (*methylphenidate hcl*)	NPB	
lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	G	
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, 45 mg, 54 mg, 63 mg, 72 mg	G	
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*)	NPB	
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (*viloxazine hcl*)	PB	

Prescription Drug Name	Drug Tier	Drug Notes
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG, 40 MG (*methylphenidate hcl*)	NPB	
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML (*methylphenidate hcl*)	NPB	
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (*lisdexamfetamine dimesylate*)	NPB	
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (*lisdexamfetamine dimesylate*)	NPB	
dextroamphetamine sulfate (Zenzedi Oral Tablet 10 Mg, 5 Mg)	G	
dextroamphetamine sulfate (Zenzedi Oral Tablet 15 Mg, 2.5 Mg, 20 Mg, 30 Mg, 7.5 Mg)	NPB	
BOTULINUM TOXINS		
DAXXIFY INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT (*daxibotulinumtoxina-lanm*)	PSP	
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*)	PB	
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (*milnacipran hcl*)	PB	
HYPNOTICS - DRUGS TO TREAT INSOMNIA		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (*suvorexant*)	PB	
DAYVIGO ORAL TABLET 10 MG, 5 MG (*lemborexant*)	PB	
doxepin hcl oral tablet 3 mg, 6 mg	G	
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG (*zolpidem tartrate*)	NPB	
estazolam oral tablet 1 mg, 2 mg	G	
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	G	
HALCION ORAL TABLET 0.25 MG (*triazolam*)	NPB	
HETLIOZ ORAL CAPSULE 20 MG (*tasimelteon*)	NPB	
midazolam hcl oral syrup 2 mg/ml	G	
quazepam oral tablet 15 mg	G	
QUVIVIQ ORAL TABLET 25 MG, 50 MG (*daridorexant hcl*)	PB	
ramelteon oral tablet 8 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
SILENOR ORAL TABLET 3 MG, 6 MG (*doxepin hcl*)	NPB	
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	G	
triazolam oral tablet 0.125 mg, 0.25 mg	G	
zaleplon oral capsule 10 mg, 5 mg	G	
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	G	
zolpidem tartrate oral tablet 10 mg, 5 mg	G	
zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg	G	
MIGRAINE - ERGOTAMINE DERIVATIVES - DRUGS TO TREAT SEVERE HEADACHES		
dihydroergotamine mesylate injection solution 1 mg/ml	G	
dihydroergotamine mesylate nasal solution 4 mg/ml	G	
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (*ergotamine tartrate*)	NPB	
ergotamine-caffeine oral tablet 1-100 mg	G	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (*ergotamine-caffeine*)	G	
MIGRAINE - MISCELLANEOUS - DRUGS TO TREAT SEVERE HEADACHES		
NURTEC ORAL TABLET DISPERSIBLE 75 MG (*rimegepant sulfate*)	NPB	
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (*atogepant*)	PB	
UBRELVY ORAL TABLET 100 MG (*ubrogepant*)	PB	
UBRELVY ORAL TABLET 50 MG (*ubrogepant*)	NPB	
MIGRAINE - MONOCLONAL ANTIBODIES - DRUGS TO TREAT SEVERE HEADACHES		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML (*erenumab-aooe*)	PB	
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*)	NPB	
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*)	NPB	
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG (*rizatriptan benzoate*)	NPB	
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 subcutaneous solution 6 mg/0.5ml	G	
sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml	G	
sumatriptan-naproxen sodium oral tablet 85-500 mg	G	
TOSYMRA NASAL SOLUTION 10 MG/ACT (*sumatriptan*)	PB	
TREXIMET ORAL TABLET 85-500 MG (*sumatriptan-naproxen sodium*)	PB	
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML (*sumatriptan succinate*)	PB	
zolmitriptan oral tablet 2.5 mg, 5 mg	G	
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg	G	
ZOMIG NASAL SOLUTION 5 MG (*zolmitriptan*)	PB	
MISCELLANEOUS		
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (*satralizumab-mwge*)	PSP	
FIRDAPSE ORAL TABLET 10 MG (*amifampridine phosphate*)	NPB	
MOOD STABILIZERS - DRUGS 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	

Prescription Drug Name	Drug Tier	Drug Notes
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*)	NPSP	
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*)	NPSP	
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*)	PSP	
BETASERON SUBCUTANEOUS KIT 0.3 MG (*interferon beta-1b*)	PSP	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML (*glatiramer acetate*)	NPSP	
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	

Prescription Drug Name	Drug Tier	Drug Notes
GILENYA ORAL CAPSULE 0.5 MG (*fingolimod hcl*)	NPSP	
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	
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	

Prescription Drug Name	Drug Tier	Drug Notes
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML (*interferon beta-1a*)	PSP	
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG (*interferon beta-1a*)	PSP	
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (*interferon beta-1a*)	PSP	
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (*interferon beta-1a*)	PSP	
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG (*dimethyl fumarate*)	NPSP	
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK 120 & 240 MG (*dimethyl fumarate*)	NPSP	
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML (*natalizumab*)	PSP	
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG (*diroximel fumarate*)	NPSP	
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG (*ozanimod hcl*)	PSP	
ZEPOSIA ORAL CAPSULE 0.92 MG (*ozanimod hcl*)	PSP	
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21) (*ozanimod hcl*)	PSP	
MUSCULOSKELETAL THERAPY AGENTS		
baclofen oral tablet 10 mg, 20 mg, 5 mg	G	
carisoprodol oral tablet 250 mg, 350 mg	G	
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	NPB	
chlorzoxazone oral tablet 500 mg	G	
cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg	G	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg, 7.5 mg	G	
DANTRIUM ORAL CAPSULE 25 MG (*dantrolene sodium*)	NPB	
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	G	
metaxalone oral tablet 400 mg, 800 mg	G	
methocarbamol oral tablet 500 mg, 750 mg	G	
norgesic forte oral tablet 50-770-60 mg	G	
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	NPB	
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	G	
tizanidine hcl oral tablet 2 mg, 4 mg	G	
ZANAFLEX ORAL TABLET 4 MG (*tizanidine hcl*)	PB	
MYASTHENIA GRAVIS - DRUGS TO TREAT MYASTHENIA GRAVIS		
MESTINON ORAL SOLUTION 60 MG/5ML (*pyridostigmine bromide*)	NPB	
MESTINON ORAL TABLET 60 MG (*pyridostigmine bromide*)	NPB	
pyridostigmine bromide er oral tablet extended release 180 mg	G	
pyridostigmine bromide oral solution 60 mg/5ml	G	
pyridostigmine bromide oral tablet 30 mg	NPB	
pyridostigmine bromide oral tablet 60 mg	G	
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1000-10000 MG-UNT/5ML (*efgartigimod alfa-hyalur-qvfc*)	PSP	
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	
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*)	NPB	
XYWAV ORAL SOLUTION 500 MG/ML (*ca, mg, k, and na oxybates*)	PSP	
OPIOID AGONIST/ANTAGONIST		
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	G	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	G	
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	

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

Prescription Drug Name	Drug Tier	Drug Notes
cvs nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	CE	
cvs nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	CE	
eq nicotine mouth/throat lozenge 4 mg	CE	
eq nicotine polacrilex mouth/throat gum 2 mg, 4 mg	CE	
eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	CE	
eq nicotine step 3 transdermal patch 24 hour 7 mg/24hr	CE	
eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	CE	
ft nicotine mini mouth/throat lozenge 2 mg, 4 mg	CE	
ft nicotine mouth/throat gum 2 mg, 4 mg	CE	
ft nicotine mouth/throat lozenge 2 mg, 4 mg	CE	
ft nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	CE	
gnp nicotine mini mouth/throat lozenge 2 mg, 4 mg	CE	
gnp nicotine mouth/throat gum 4 mg	CE	
gnp nicotine polacrilex mouth/throat gum 2 mg, 4 mg	CE	
gnp nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	CE	
gnp nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr	CE	
goodsense nicotine mouth/throat gum 4 mg	CE	
goodsense nicotine mouth/throat lozenge 4 mg	CE	
HABITROL TRANSDERMAL PATCH 24 HOUR 21 MG/24HR (*nicotine*)	CE	
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, 4 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	

Prescription Drug Name	Drug Tier	Drug Notes
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, 7 mg/24hr	CE	
NICOTROL NS NASAL SOLUTION 10 MG/ML (*nicotine*)	CE	
qc nicotine transdermal system 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 lozenge 4 mg	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	NPSP	
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG (*octreotide acetate*)	NPSP	
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 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*)	NPSP	
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*)	PSP	
ANDROGENS - DRUGS TO REGULATE MALE HORMONES		
testosterone cypionate (Depo-Testosterone Intramuscular Solution 100 Mg/Ml, 200 Mg/Ml)	NPB	
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG (*testosterone undecanoate*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
methitest oral tablet 10 mg	G	
methyltestosterone oral capsule 10 mg	G	
NATESTO NASAL GEL 5.5 MG/ACT (*testosterone*)	NPB	
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 transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	G	
testosterone transdermal solution 30 mg/act	G	
TLANDO ORAL CAPSULE 112.5 MG (*testosterone undecanoate*)	NPB	
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML (*testosterone enanthate*)	NPB	
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS		
acarbose oral tablet 100 mg, 25 mg, 50 mg	G	
miglitol oral tablet 100 mg, 25 mg, 50 mg	G	
ANTIDIABETICS, BIGUANIDE		
metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg	G	
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg	G	
metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg	G	
metformin hcl oral solution 500 mg/5ml	G	
metformin hcl oral tablet 1000 mg, 500 mg	G	
metformin hcl oral tablet 625 mg	NPB	
metformin hcl oral tablet 850 mg	CE	
RIOMET ORAL SOLUTION 500 MG/5ML (*metformin hcl*)	NPB	
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	G	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS		
alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg	G	
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg	G	
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (*sitagliptin phos-metformin hcl*)	PB	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (*sitagliptin phos-metformin hcl*)	PB	
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (*linagliptin-metformin hcl*)	PB	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG (*linagliptin-metformin hcl*)	PB	
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	G	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (*sitagliptin phosphate*)	PB	
ONGLYZA ORAL TABLET 5 MG (*saxagliptin hcl*)	NPB	
TRADJENTA ORAL TABLET 5 MG (*linagliptin*)	PB	
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG (*sitagliptin*)	PB	
ANTIDIABETICS, DOPAMINE RECEPTOR AGONISTS		
CYCLOSET ORAL TABLET 0.8 MG (*bromocriptine mesylate*)	NPB	
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
liraglutide subcutaneous solution pen-injector 18 mg/3ml	G	
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	

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

Prescription Drug Name	Drug Tier	Drug Notes
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin lispro*)	NPB	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (*insulin lispro*)	PB	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML (*insulin lispro prot & lispro*)	PB	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML (*insulin lispro prot & lispro*)	PB	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML (*insulin lispro prot & lispro*)	PB	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (*insulin lispro*)	PB	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	PB	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	PB	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (*insulin nph human (isophane)*)	PB	
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (*insulin nph human (isophane)*)	PB	
HUMULIN R INJECTION SOLUTION 100 UNIT/ML (*insulin regular human*)	PB	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (*insulin regular human*)	PB	
insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml	NPB	
insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml	NPB	
insulin aspart penfill subcutaneous solution cartridge 100 unit/ml	NPB	
insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml	NPB	
insulin glargine-yfgn subcutaneous solution 100 unit/ml	NPB	
insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml	NPB	
insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml	PB	

Prescription Drug Name	Drug Tier	Drug Notes
insulin lispro injection solution 100 unit/ml	PB	
insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml	PB	
insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml	PB	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glargine*)	PB	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin glargine*)	PB	
LYUMJEV INJECTION SOLUTION 100 UNIT/ML (*insulin lispro-aabc*)	PB	
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (*insulin lispro-aabc*)	PB	
MYXREDLIN INTRAVENOUS SOLUTION 100-0.9 UT/100ML-% (*insulin regular(human) in nacl*)	NPB	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	NPB	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	PB	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	NPB	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	PB	
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (*insulin nph human (isophane)*)	NPB	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (*insulin nph human (isophane)*)	PB	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML (*insulin nph human (isophane)*)	NPB	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (*insulin nph human (isophane)*)	PB	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin regular human*)	PB	
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin regular human*)	NPB	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML (*insulin regular human*)	PB	

Prescription Drug Name	Drug Tier	Drug Notes
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML (*insulin regular human*)	NPB	
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin aspart prot & aspart*)	NPB	
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin aspart*)	NPB	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin aspart*)	PB	
NOVOLOG INJECTION SOLUTION 100 UNIT/ML (*insulin aspart*)	PB	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin aspart prot & aspart*)	PB	
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin aspart prot & aspart*)	NPB	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin aspart prot & aspart*)	PB	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (*insulin aspart*)	PB	
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML (*insulin aspart*)	NPB	
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin glargine-yfgn*)	NPB	
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glargine-yfgn*)	NPB	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (*insulin glargine*)	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		
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, 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*)	NPB	
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (*canagliflozin-metformin hcl*)	NPB	
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG (*ertugliflozin-metformin hcl*)	NPB	
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (*empagliflozin-metformin hcl*)	PB	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG (*empagliflozin-metformin hcl*)	PB	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG (*dapagliflozin prop-metformin*)	PB	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (*empagliflozin-linagliptin*)	PB	
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (*ertugliflozin-sitagliptin*)	NPB	
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*)	NPB	
JARDIANCE ORAL TABLET 10 MG, 25 MG (*empagliflozin*)	PB	
STEGLATRO ORAL TABLET 15 MG, 5 MG (*ertugliflozin l-pyroglutamicac*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
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	
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	G	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	G	
ANTIOBESITY		
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG (*naltrexone-bupropion hcl*)	NPB	
phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg	NPB	
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG (*phentermine-topiramate*)	PB	
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (*liraglutide -weight management*)	PB	
WEGOVY ORAL TABLET 1.5 MG, 25 MG, 4 MG, 9 MG (*semaglutide-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 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*)	PSP	
CALCIUM REGULATORS, BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS		
alendronate sodium oral solution 70 mg/75ml	G	
alendronate sodium oral tablet 10 mg, 35 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	

Prescription Drug Name	Drug Tier	Drug Notes
ibandronate sodium oral tablet 150 mg	G	
RECLAST INTRAVENOUS SOLUTION 5 MG/100ML (*zoledronic acid*)	NPSP	
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg	G	
risedronate sodium oral tablet delayed release 35 mg	G	
zoledronic acid intravenous concentrate 4 mg/5ml	G	
zoledronic acid intravenous solution 4 mg/100ml	NPSP	
zoledronic acid intravenous solution 5 mg/100ml	G	
CALCIUM REGULATORS, MISCELLANEOUS		
calcitonin (salmon) nasal solution 200 unit/act	G	
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7ML (*denosumab-bmwo*)	PSP	
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 560 MCG/2.24ML (*teriparatide*)	NPSP	
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml	NPSP	
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (*abaloparatide*)	PSP	
CARNITINE DEFICIENCY AGENTS		
levocarnitine oral solution 1 gm/10ml	G	
levocarnitine oral tablet 330 mg	G	
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*)	NPSP	
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG (*leuprolide acetate (3 month)*)	NPSP	
SUPPRELIN LA SUBCUTANEOUS KIT 50 MG (*histrelin acetate*)	NPSP	
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG (*triptorelin pamoate*)	PSP	
CHELATING AGENTS		
CHEMET ORAL CAPSULE 100 MG (*succimer*)	NPB	
CUPRIMINE ORAL CAPSULE 250 MG (*penicillamine*)	NPSP	

Prescription Drug Name	Drug Tier	Drug Notes
deferasirox granules oral packet 180 mg, 360 mg, 90 mg	G	
deferasirox oral packet 180 mg, 360 mg, 90 mg	G	
deferasirox oral tablet 180 mg, 360 mg, 90 mg	G	
deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg	G	
deferiprone oral tablet 500 mg	G	
deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg	G	
DEPEN TITRATABS ORAL TABLET 250 MG (*penicillamine*)	NPB	
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG (*deferoxamine mesylate*)	NPSP	
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG (*deferasirox*)	NPSP	
FERRIPROX ORAL SOLUTION 100 MG/ML (*deferiprone*)	NPSP	
FERRIPROX ORAL TABLET 1000 MG (*deferiprone*)	NPSP	
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG (*deferiprone*)	NPSP	
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG (*deferasirox*)	NPSP	
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG (*deferasirox*)	NPSP	
penicillamine oral capsule 250 mg	G	
SYPRINE ORAL CAPSULE 250 MG (*trientine hcl*)	NPSP	
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	
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	

Prescription Drug Name	Drug Tier	Drug Notes
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG (*norethin-eth estrad triphasic*)	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	
AVERI ORAL TABLET 0.15-0.03 MG (*desogestrel-eth estrad-fe*)	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*)	NPB	
norethin ace-eth estrad-fe (Blisovi 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	
norethin ace-eth estrad-fe (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
norethin ace-eth estrad-fe (Blisovi Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
briellyn oral tablet 0.4-35 mg-mcg	CE	
norethindrone (Camila Oral Tablet 0.35 Mg)	CE	
levonorgest-eth estrad 91-day (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	CE	
levonorgest-eth estrad 91-day (Camrese Oral Tablet 0.15-0.03 &0.01 Mg)	CE	
CAYA VAGINAL DIAPHRAGM (*diaphragm arc-spring*)	CE	

Prescription Drug Name	Drug Tier	Drug Notes
norethin ace-eth estrad-fe (Charlotte 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	CE	
levonorgestrel-ethinyl estrad (Chateal Eq Oral Tablet 0.15-30 Mg-Mcg)	CE	
condoms	CE	
norgestrel-ethinyl estradiol (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)	CE	
desogestrel-ethinyl estradiol (Cyred Eq Oral Tablet 0.15-30 Mg-Mcg)	CE	
norethindrone-eth estradiol (Dasetta 1/35 (28) 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	
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	

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

Prescription Drug Name	Drug Tier	Drug Notes
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	
levonorgestrel-ethinyl estrad (Kurvelo Oral Tablet 0.15-30 Mg-Mcg)	CE	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (*levonorgestrel*)	CE	
norethindrone acet-ethinyl est (Larin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
norethindrone acet-ethinyl est (Larin 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
norethin ace-eth estrad-fe (Larin 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	

Prescription Drug Name	Drug Tier	Drug Notes
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	
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 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	
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	
norethindrone acet-ethinyl est (Luizza 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
norethindrone acet-ethinyl est (Luizza 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	

Prescription Drug Name	Drug Tier	Drug Notes
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	
norethindrone (Meleya Oral Tablet 0.35 Mg)	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	
levonorgest-eth estradiol-iron (Minzoya Oral Tablet 0.1-20 Mg-Mcg(21))	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	
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	

Prescription Drug Name	Drug Tier	Drug Notes
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 1.5-30 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	
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg	CE	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	CE	
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	CE	
norethindrone (Norlyda Oral Tablet 0.35 Mg)	CE	
norethindrone (Norlyroc Oral Tablet 0.35 Mg)	CE	
norethindrone-eth estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	CE	
norethindrone-eth estradiol (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)	CE	
norethindrone-eth estradiol (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	CE	
norethin-eth estrad triphasic (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	
NUVARING VAGINAL RING 0.12-0.015 MG/24HR (*etonogestrel-ethinyl estradiol*)	NPB	
norethindrone-eth estradiol (Nylia 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	
norethin-eth estrad triphasic (Nylia 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	
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	
norethindrone (Orquidea Oral Tablet 0.35 Mg)	CE	
levonorgestrel-ethinyl estrad (Orsythia Oral Tablet 0.1-20 Mg-Mcg)	CE	

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

Prescription Drug Name	Drug Tier	Drug Notes
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) (*norethin ace-eth estrad-fe*)	PB	
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	
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	

Prescription Drug Name	Drug Tier	Drug Notes
ethynodiol diac-eth estradiol (Valtya 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	
ethynodiol diac-eth estradiol (Valtya 1/50 Oral Tablet 1-50 Mg-Mcg)	CE	
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG (*desogestrel-ethinyl estradiol*)	CE	
drospirenone-ethinyl estradiol (Vestura Oral Tablet 3-0.02 Mg)	CE	
levonorgestrel-ethinyl estrad (Vienva Oral Tablet 0.1-20 Mg-Mcg)	CE	
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	CE	
desogestrel-ethinyl estradiol (Volnea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	
norethindrone-eth estradiol (Vyfemla Oral Tablet 0.4-35 Mg-Mcg)	CE	
norgestimate-eth estradiol (Vylibra Oral Tablet 0.25-35 Mg-Mcg)	CE	
norethindrone-eth estradiol (Wera Oral Tablet 0.5-35 Mg-Mcg)	CE	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	
norethin-eth estradiol-fe (Wymzya Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)	CE	
norethindron-ethinyl estrad-fe (Xarah Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	
norethin-eth estradiol-fe (Xelria Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)	CE	
norelgestromin-eth estradiol (Xulane Transdermal Patch Weekly 150-35 Mcg/24Hr)	CE	

Prescription Drug Name	Drug Tier	Drug Notes
YASMIN 28 ORAL TABLET 3-0.03 MG (*drospirenone-ethinyl estradiol*)	NPB	
YAZ ORAL TABLET 3-0.02 MG (*drospirenone-ethinyl estradiol*)	NPB	
norelgestromin-eth estradiol (Zafemy Transdermal Patch Weekly 150-35 Mcg/24Hr)	CE	
ethynodiol diac-eth estradiol (Zovia 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	CE	
drospirenone-ethinyl estradiol (Zumandimine Oral Tablet 3-0.03 Mg)	CE	
DIABETIC SUPPLIES		
12-PANEL POC TOXICOLOGY SYSTEM IN VITRO KIT (*drug assay (urine)*)	NPB	
1st tier unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm	NPB	
1st tier unifine pentips plus 31g x 8 mm	NPB	
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	
ACCU-CHEK PLASTIC CARTRIDGE (*insulin infusion pump supplies*)	NPB	
ACCU-CHEK SAFE-T PRO LANCETS (*lancets*)	PB	
ACCU-CHEK SMARTVIEW IN VITRO STRIP (*glucose blood*)	PB	
ACCU-CHEK SOFTCLIX LANCET DEV KIT (*lancets misc.*)	PB	
ACCU-CHEK SOFTCLIX LANCETS (*lancets*)	PB	
ACCU-CHEK TENDER I SET 24" (*insulin infusion pump supplies*)	NPB	
ACCU-CHEK ULTRAFLEX INF SET (*insulin infusion pump supplies*)	NPB	
ACCU-CHEK ULTRAFLEX-1 INF SET (*insulin infusion pump supplies*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
ACCUTREND GLUCOSE IN VITRO STRIP (*glucose blood*)	NPB	
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	
advanced mobile lancet	NPB	
ADVOCATE BLOOD GLUCOSE MONITOR DEVICE (*blood glucose monitoring suppl*)	NPB	
ADVOCATE BLOOD GLUCOSE SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	NPB	
ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM (*insulin pen needle*)	NPB	
ADVOCATE LANCETS (*lancets*)	NPB	
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*)	NPB	
ADVOCATE REDI-CODE IN VITRO STRIP (*glucose blood*)	NPB	
ADVOCATE REDI-CODE KIT W/DEVICE (*blood glucose monitoring suppl*)	NPB	
ADVOCATE REDI-CODE+ DEVICE (*blood glucose monitoring suppl*)	NPB	
ADVOCATE REDI-CODE+ TEST IN VITRO STRIP (*glucose blood*)	NPB	
ADVOCATE SAFETY LANCETS (*lancets*)	NPB	
ADVOCATE SAFETY LANCETS 26G (*lancets*)	NPB	
ADVOCATE TEST IN VITRO STRIP (*glucose blood*)	NPB	
AGAMATRIX AMP TEST IN VITRO STRIP (*glucose blood*)	NPB	
AGAMATRIX CONTROL LEVEL 2 IN VITRO SOLUTION (*blood glucose calibration*)	NPB	
AGAMATRIX CONTROL LEVEL 4 IN VITRO SOLUTION (*blood glucose calibration*)	NPB	
AGAMATRIX JAZZ TEST IN VITRO STRIP (*glucose blood*)	NPB	
AGAMATRIX JAZZ WIRELESS 2 KIT W/DEVICE (*blood glucose monitoring suppl*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
AGAMATRIX PRESTO KIT W/DEVICE (*blood glucose monitoring suppl*)	NPB	
AGAMATRIX PRESTO TEST IN VITRO STRIP (*glucose blood*)	NPB	
AGAMATRIX ULTRA-THIN LANCETS (*lancets*)	NPB	
aimsco twist lancets 32g	NPB	
AIMSCO TWIST LANCETS 33G (*lancets*)	NPB	
AQUALANCE LANCETS 30G (*lancets*)	NPB	
assure comfort lancets 28g	NPB	
ASSURE II CHECK IN VITRO STRIP (*glucose blood*)	NPB	
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*)	NPB	
aum mini insulin pen needle 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 32g x 8 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm	NPB	
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM (*insulin pen needle*)	NPB	
AUM SAFETY PEN NEEDLE 31G X 4 MM , 31G X 5 MM (*insulin pen needle*)	NPB	
aurora lancet super thin 30g	NPB	
aurora lancet thin 23g	NPB	
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	

Prescription Drug Name	Drug Tier	Drug Notes
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-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 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*)	PB	
BD LATITUDE DIABETES KIT (*blood glucose monitoring suppl*)	NPB	
BD LOGIC BLOOD GLUCOSE MONITOR KIT W/DEVICE (*blood glucose monitoring suppl*)	NPB	
BD MICROTAINER LANCETS (*lancets*)	NPB	
BD PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM (*insulin pen needle*)	PB	
BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM (*insulin pen needle*)	PB	
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM (*insulin pen needle*)	PB	
BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM (*insulin pen needle*)	PB	
BD PEN NEEDLE ORIG ULTRAFINE 29G X 12.7MM (*insulin pen needle*)	PB	
BD PEN NEEDLE SHORT ULTRAFINE 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 SYR ULTRAFINE 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML (*insulin syringe-needle u-100*)	PB	
BIOTEL CARE BLOOD GLUCOSE KIT W/DEVICE (*blood glucose monitoring suppl*)	NPB	
BIOTEL CARE BLOOD GLUCOSE SYST KIT W/DEVICE (*blood glucose monitoring suppl*)	NPB	
blood glucose system pak kit	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
blood glucose test in vitro strip	NPB	
BLULINK CONTROL HIGH & LOW IN VITRO LIQUID (*blood glucose calibration*)	NPB	
BLULINK GLUCOSE MONITORING SYS DEVICE (*blood glucose monitoring suppl*)	NPB	
BLULINK GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
CARDIOCOM LANCING DEVICE (*lancet devices*)	NPB	
CAREFINE PEN NEEDLES 29G X 12MM , 30G X 8 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM (*insulin pen needle*)	NPB	
careone advanced lancing dev	NPB	
CAREONE LANCET SUPER THIN 30G (*lancets*)	NPB	
careone lancet thin 23g	NPB	
careone unifine pentips plus 33g x 4 mm	NPB	
CARESENS LANCETS (*lancets*)	NPB	
CARESENS LANCETS 30G (*lancets*)	NPB	
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*)	NPB	
CARETOUCH LANCING/EJECTOR (*lancet devices*)	NPB	
CARETOUCH MONITOR SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	NPB	
CARETOUCH PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM (*insulin pen needle*)	NPB	
CARETOUCH SAFETY LANCETS (*lancets*)	NPB	
CARETOUCH SAFETY LANCETS 26G (*lancets*)	NPB	
CARETOUCH TEST IN VITRO STRIP (*glucose blood*)	NPB	
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	

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

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

Prescription Drug Name	Drug Tier	Drug Notes
cvs lancets original	NPB	
cvs lancets thin 26g	NPB	
cvs lancing device	NPB	
cvs ultra thin lancets	NPB	
D-CARE BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NPB	
D-CARE GLUCOMETER KIT W/DEVICE (*blood glucose monitoring suppl*)	NPB	
DEXCOM G6 RECEIVER DEVICE (*continuous glucose receiver*)	PB	
DEXCOM G6 SENSOR (*continuous glucose sensor*)	PB	
DEXCOM G6 TRANSMITTER (*continuous glucose transmitter*)	PB	
DEXCOM G7 15 DAY SENSOR (*continuous glucose sensor*)	PB	
DEXCOM G7 RECEIVER DEVICE (*continuous glucose receiver*)	NPB	
DEXCOM G7 SENSOR (*continuous glucose sensor*)	NPB	
DIASTIX IN VITRO STRIP (*glucose urine test-glucose ox*)	NPB	
DIATHRIVE BLOOD GLUCOSE METER DEVICE (*blood glucose monitoring suppl*)	NPB	
DIATHRIVE GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
DIATHRIVE LANCET ULTRA THIN 30 (*lancets*)	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*)	NPB	
DIATHRIVE+ GLUCOSE MONITOR DEVICE (*blood glucose monitoring suppl*)	NPB	
DIATHRIVE+ GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
DROPLET INSULIN SYRINGE 30G X 15/64" 0.3 ML, 30G X 15/64" 0.5 ML, 30G X 15/64" 1 ML (*insulin syringe-needle u-100*)	NPB	
DROPLET LANCETS ULTRA THIN 30G (*lancets*)	NPB	
DROPLET LANCING DEVICE (*lancet devices*)	NPB	
DROPLET MICRON 34G X 3.5 MM (*insulin pen needle*)	NPB	
DROPLET PEN NEEDLES 29G X 12MM , 30G X 8 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM , 32G X 8 MM (*insulin pen needle*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
DROPLET PERSONAL LANCETS 30G (*lancets*)	NPB	
dropsafe safety pen needles 31g x 5 mm	NPB	
DRUG MART ON-THE-GO LANCET 30G (*lancets*)	NPB	
DRUG MART UNILET LANCETS 28G (*lancets*)	NPB	
DRUG MART UNILET LANCETS 30G (*lancets*)	NPB	
DRUG MART UNILET LANCETS 33G (*lancets*)	NPB	
easy comfort insulin syringe 32g x 5/16" 0.5 ml, 32g x 5/16" 1 ml	NPB	
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	NPB	
easy mini eject lancing device	NPB	
easy mini lancing device	NPB	
easy plus ii glucose system device	NPB	
easy plus ii glucose test in vitro strip	NPB	
EASY STEP GLUCOSE MONITOR DEVICE (*blood glucose monitoring suppl*)	NPB	
EASY STEP TEST IN VITRO STRIP (*glucose blood*)	NPB	
easy talk blood glucose system device	NPB	
easy talk blood glucose test in vitro strip	NPB	
easy talk plus ii test strips in vitro strip	NPB	
EASY TOUCH GLUCOSE SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	NPB	
EASY TOUCH HEALTHPRO GLUCOSE IN VITRO STRIP (*glucose blood*)	NPB	
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML (*insulin syringe-needle u-100*)	NPB	
EASY TOUCH LANCETS 21G (*lancets*)	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	

Prescription Drug Name	Drug Tier	Drug Notes
EASY TOUCH LANCETS 33G/TWIST (*lancets*)	NPB	
EASY TOUCH LANCING DEVICE (*lancet devices*)	NPB	
EASY TOUCH PEN NEEDLES 29G X 12MM , 30G X 5 MM , 30G X 6 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM (*insulin pen needle*)	NPB	
EASY TOUCH SAFETY 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*)	NPB	
easy trak blood glucose system device	NPB	
easy trak blood glucose test in vitro strip	NPB	
easy trak ii blood glucose sys device	NPB	
easy trak ii glucose test in vitro strip	NPB	
EASYMAX 15 TEST IN VITRO STRIP (*glucose blood*)	NPB	
EASYMAX NG BLOOD GLUCOSE DEVICE (*blood glucose monitoring suppl*)	NPB	
EASYMAX NG BLOOD GLUCOSE KIT W/DEVICE (*blood glucose monitoring suppl*)	NPB	
EASYMAX TEST IN VITRO STRIP (*glucose blood*)	NPB	
EASYMAX V BLOOD GLUCOSE DEVICE (*blood glucose monitoring suppl*)	NPB	
EASYPRO BLOOD GLUCOSE MONITOR KIT W/DEVICE (*blood glucose monitoring suppl*)	NPB	
EASYPRO BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
EASYPRO PLUS IN VITRO STRIP (*glucose blood*)	NPB	
EASYPRO PLUS KIT W/DEVICE (*blood glucose monitoring suppl*)	NPB	
ELEMENT AUTOCODE SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	NPB	
element compact test in vitro strip	NPB	
element compact v glucose sys device	NPB	
ELEMENT PLUS DEVICE (*blood glucose monitoring suppl*)	NPB	
ELEMENT TEST IN VITRO STRIP (*glucose blood*)	NPB	
EMBECTA AUTOSHIELD DUO 30G X 5 MM (*insulin pen needle*)	PB	

Prescription Drug Name	Drug Tier	Drug Notes
EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML (*insulin syringe-needle u-100*)	PB	
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 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 (*insulin syringe-needle u-100*)	NPB	
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML (*insulin syringe/needle u-500*)	PB	
EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM (*insulin pen needle*)	NPB	
EMBECTA PEN NEEDLE NANO 32G X 4 MM (*insulin pen needle*)	PB	
EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM (*insulin pen needle*)	NPB	
EMBECTA PEN NEEDLE ULTRAFINE 32G X 6 MM (*insulin pen needle*)	PB	
EMBRACE BLOOD GLUCOSE MONITOR DEVICE (*blood glucose monitoring suppl*)	NPB	
EMBRACE EVO BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
EMBRACE EVO GLUCOSE MONITOR DEVICE (*blood glucose monitoring suppl*)	NPB	
EMBRACE EVO GLUCOSE MONITORING KIT W/DEVICE (*blood glucose monitoring suppl*)	NPB	
EMBRACE LANCETS ULTRA THIN 30G (*lancets*)	NPB	
EMBRACE PRESSURE ACTIVATED 21G (*lancets*)	NPB	
EMBRACE PRESSURE ACTIVATED 28G (*lancets*)	NPB	
EMBRACE PRO GLUCOSE METER DEVICE (*blood glucose monitoring suppl*)	NPB	
EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
EMBRACE TALK BLOOD GLUCOSE DEVICE (*blood glucose monitoring suppl*)	NPB	
EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
EMBRACE TALK MONITORING SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	NPB	
ENLITE GLUCOSE SENSOR (*continuous glucose sensor*)	NPB	
ENLITE SERTER (*insulin infusion pump supplies*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
eq blood glucose test in vitro strip	NPB	
EVERSENSE SENSOR/HOLDER (*continuous glucose sensor*)	NPB	
EVERSENSE SMART TRANSMITTER (*continuous glucose transmitter*)	NPB	
EVOLUTION AUTOCODE DEVICE (*blood glucose monitoring suppl*)	NPB	
EVOLUTION AUTOCODE IN VITRO STRIP (*glucose blood*)	NPB	
FIFTY50 GLUCOSE METER 2.0 KIT W/DEVICE (*blood glucose monitoring suppl*)	NPB	
FIFTY50 GLUCOSE TEST 2.0 IN VITRO STRIP (*glucose blood*)	NPB	
FIFTY50 PEN NEEDLES 31G X 5 MM , 31G X 8 MM , 32G X 6 MM (*insulin pen needle*)	NPB	
FIFTY50 SAFETY SEAL LANCETS (*lancets*)	NPB	
FIFTY50 UNILET LANCETS 33G (*lancets*)	NPB	
FINGERSTIX LANCETS (*lancets*)	NPB	
FORA 6 CONNECT IN VITRO STRIP (*glucose blood*)	NPB	
FORA D40/G31 BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NPB	
FORA G20 BLOOD GLUCOSE SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	NPB	
FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
FORA G30A BLOOD GLUCOSE SYSTEM DEVICE (*blood glucose monitoring suppl*)	NPB	
FORA GD20 BLOOD GLUCOSE SYSTEM DEVICE (*blood glucose monitoring suppl*)	NPB	
FORA GD20 TEST IN VITRO STRIP (*glucose blood*)	NPB	
FORA GD50 BLOOD GLUCOSE SYSTEM DEVICE (*blood glucose monitoring suppl*)	NPB	
FORA GD50 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
FORA GTEL BLOOD GLUCOSE SYSTEM DEVICE (*blood glucose monitoring suppl*)	NPB	
FORA GTEL BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
FORA GTEL BLOOD KETONE TEST IN VITRO STRIP (*ketone blood test*)	NPB	
FORA LANCETS (*lancets*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
FORA LANCING DEVICE (*lancet devices*)	NPB	
FORA PREMIUM V10 BLE SYSTEM DEVICE (*blood glucose monitoring suppl*)	NPB	
FORA TEST N' GO MONITOR DEVICE (*blood glucose monitoring suppl*)	NPB	
FORA TN'G ADVANCE PRO IN VITRO STRIP (*glucose blood*)	NPB	
FORA TN'G VOICE KIT W/DEVICE (*blood glucose monitoring suppl*)	NPB	
FORA TN'G/TN'G VOICE IN VITRO STRIP (*glucose blood*)	NPB	
FORA V10 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
FORA V12 BLOOD GLUCOSE SYSTEM DEVICE (*blood glucose monitoring suppl*)	NPB	
FORA V30A BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
FORACARE GD40 MONITOR DEVICE (*blood glucose monitoring suppl*)	NPB	
FORACARE GD40 TEST IN VITRO STRIP (*glucose blood*)	NPB	
FORACARE PREMIUM V10 DEVICE (*blood glucose monitoring suppl*)	NPB	
FORACARE PREMIUM V10 TEST IN VITRO STRIP (*glucose blood*)	NPB	
FORACARE TEST N GO MONITOR DEVICE (*blood glucose monitoring suppl*)	NPB	
FORACARE TEST N GO TEST IN VITRO STRIP (*glucose blood*)	NPB	
FREESTYLE FREEDOM LITE KIT W/DEVICE (*blood glucose monitoring suppl*)	NPB	
FREESTYLE INSULINX TEST IN VITRO STRIP (*glucose blood*)	NPB	
FREESTYLE LANCETS (*lancets*)	NPB	
FREESTYLE LIBRE 14 DAY READER DEVICE (*continuous glucose receiver*)	PB	
FREESTYLE LIBRE 14 DAY SENSOR (*continuous glucose sensor*)	PB	
FREESTYLE LIBRE 2 PLUS SENSOR (*continuous glucose sensor*)	PB	
FREESTYLE LIBRE 2 READER DEVICE (*continuous glucose receiver*)	PB	

Prescription Drug Name	Drug Tier	Drug Notes
FREESTYLE LIBRE 2 SENSOR (*continuous glucose sensor*)	PB	
FREESTYLE LIBRE 3 PLUS SENSOR (*continuous glucose sensor*)	PB	
FREESTYLE LIBRE 3 READER DEVICE (*continuous glucose receiver*)	PB	
FREESTYLE LIBRE 3 SENSOR (*continuous glucose sensor*)	PB	
FREESTYLE LIBRE READER DEVICE (*continuous glucose receiver*)	PB	
FREESTYLE LITE DEVICE (*blood glucose monitoring suppl*)	NPB	
FREESTYLE LITE TEST IN VITRO STRIP (*glucose blood*)	NPB	
FREESTYLE PRECISION NEO SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	NPB	
FREESTYLE PRECISION NEO TEST IN VITRO STRIP (*glucose blood*)	NPB	
FREESTYLE TEST IN VITRO STRIP (*glucose blood*)	NPB	
FREESTYLE UNISTICK II LANCETS (*lancets*)	NPB	
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	
global easy glide insulin syr 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml	NPB	
global inject ease lancets 28g	NPB	
global inject ease lancets 30g	NPB	
global lancing device	NPB	

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

Prescription Drug Name	Drug Tier	Drug Notes
GNP TRUE METRIX GLUCOSE METER KIT W/DEVICE (*blood glucose monitoring suppl*)	NPB	
GNP TRUE METRIX GLUCOSE STRIPS IN VITRO STRIP (*glucose blood*)	NPB	
GNP TRUETRACK SMART SYSTEM IN VITRO STRIP (*glucose blood*)	NPB	
GNP TRUETRACK TEST STRIPS IN VITRO STRIP (*glucose blood*)	NPB	
gnp ulticare pen needles 31g x 5 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm	NPB	
GNP ULTIGUARD SAFEPACK NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (*insulin pen needle*)	NPB	
GOJJI BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
GOJJI BLOOD TEST STRIP/LANCETS IN VITRO STRIP (*glucose blood*)	NPB	
GOJJI LANCING DEVICE/CLEAR CAP (*lancet devices*)	NPB	
GOJJI STERILE LANCETS (*lancets*)	NPB	
GUARDIAN LINK 3 TRANSMITTER (*continuous glucose transmitter*)	NPB	
GUARDIAN REAL-TIME CHARGER (*continuous glucose monitor sup*)	NPB	
GUARDIAN REAL-TIME TEST PLUG (*continuous glucose monitor sup*)	NPB	
GUARDIAN SENSOR (3) (*continuous glucose sensor*)	NPB	
guardian sensor 3	NPB	
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	
healthwise insulin syr/needle 31g x 5/16" 0.3 ml	NPB	
healthwise micron pen needles 32g x 4 mm	NPB	
healthwise short pen needles 31g x 5 mm , 31g x 8 mm	NPB	
h-e-b incontrol adv lancing	NPB	
h-e-b incontrol lancets 28g	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
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	NPB	
H-E-B INCONTROL UNIFINE PENTIP 32G X 4 MM , 33G X 4 MM (*insulin pen needle*)	NPB	
HM EMBRACE TALK SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	NPB	
HM ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML (*insulin syringe-needle u-100*)	NPB	
HM ULTICARE MINI PEN NEEDLES 31G X 5 MM (*insulin pen needle*)	NPB	
HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM (*insulin pen needle*)	NPB	
HW EMBRACE PRO GLUCOSE METER DEVICE (*blood glucose monitoring suppl*)	NPB	
HW EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
HW EMBRACE TALK BLOOD GLUCOSE DEVICE (*blood glucose monitoring suppl*)	NPB	
HW EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
HY-VEE LANCETS (*lancets*)	NPB	
hy-vee thin lancets	NPB	
IN TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
IN TOUCH DEVICE (*blood glucose monitoring suppl*)	NPB	
IN TOUCH LANCING DEVICE (*lancet devices*)	NPB	
IN TOUCH STERILE LANCETS 30G (*lancets*)	NPB	
INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
INFINITY VOICE IN VITRO STRIP (*glucose blood*)	NPB	
INFINITY VOICE KIT W/DEVICE (*blood glucose monitoring suppl*)	NPB	
insulin syringe 29g x 1/2" 0.3 ml	NPB	
insulin syringe-needle u-100 27g x 1/2" 0.5 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.5 ml, 30g x 5/16" 1 ml	NPB	
insupen pen needles 29g x 12mm , 31g x 5 mm , 31g x 8 mm , 32g x 4 mm	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
KETO-DIASTIX IN VITRO STRIP (*urine glucose-ketones test*)	NPB	
ketone test in vitro strip	NPB	
KETOSTIX IN VITRO STRIP (*acetone (urine) test*)	NPB	
kinney lancets	NPB	
kinney thin lancets	NPB	
KROGER AUTOLET LANCING DEVICE (*lancet devices*)	NPB	
KROGER HEALTHPRO GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
KROGER HEALTHPRO LANCET 26G (*lancets*)	NPB	
kroger lancets	NPB	
kroger lancets super thin	NPB	
kroger lancets thin	NPB	
kroger pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm	NPB	
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	
lancing device	NPB	
LANZO (*lancet devices*)	NPB	
LEADER UNIFINE PENTIPS PLUS 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*)	NPB	
LIBERTY MEDICAL LANCETS (*lancets*)	NPB	
lite touch lancets	NPB	
LITE TOUCH LANCING PEN (*lancet devices*)	NPB	
LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NPB	
LITETOUCH LANCETS (*lancets*)	NPB	
LITETOUCH PEN NEEDLES 29G X 12.7MM , 31G X 8 MM (*insulin pen needle*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
live better lancet super thin	NPB	
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NPB	
MARATHON MEDICAL PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*)	NPB	
MAXICOMFORT II PEN NEEDLE 31G X 6 MM (*insulin pen needle*)	NPB	
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM , 29G X 8MM (*insulin pen needle*)	NPB	
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML (*insulin syringe-needle u-100*)	NPB	
medichoice safety lancet	NPB	
medichoice safety lancet extra	NPB	
medichoice safety lancet norm	NPB	
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 LANCETS (*lancets*)	NPB	
MEIJER LANCETS UNIVERSAL 21G (*lancets*)	NPB	
MEIJER LANCETS UNIVERSAL 30G (*lancets*)	NPB	
MEIJER LANCETS UNIVERSAL 33G (*lancets*)	NPB	
MEIJER TRUE2GO BLOOD GLUCOSE KIT W/DEVICE (*blood glucose monitoring suppl*)	NPB	
MEIJER TRUETEST TEST IN VITRO STRIP (*glucose blood*)	NPB	
MEIJER TRUETRACK GLUCOSE SYS KIT W/DEVICE (*blood glucose monitoring suppl*)	NPB	
MEIJER TRUETRACK TEST IN VITRO STRIP (*glucose blood*)	NPB	
MICRODOT BLOOD GLUCOSE SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	NPB	
MICRODOT PEN NEEDLE 31G X 6 MM , 32G X 4 MM , 33G X 4 MM (*insulin pen needle*)	NPB	
MICRODOT TEST IN VITRO STRIP (*glucose blood*)	NPB	
MICROLET LANCETS (*lancets*)	NPB	
MICROLET NEXT LANCING DEVICE (*lancet devices*)	NPB	
mini lancing device	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
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 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 (*insulin syringe-needle u-100*)	NPB	
MONOJECT INSULIN SYRINGE U-100 1 ML (*insulin syringes (disposable)*)	NPB	
MONOLET LANCETS (*lancets*)	NPB	
MONOLET OPD LANCETS (*lancets*)	NPB	
MONOLETTOR SAFETY LANCETS (*lancets*)	NPB	
MULTI-LANCET DEVICE 2 KIT (*lancets misc.*)	NPB	
MYGLUCOHEALTH BLOOD GLUCOSE KIT W/DEVICE (*blood glucose monitoring suppl*)	NPB	
MYGLUCOHEALTH LANCETS 30G (*lancets*)	NPB	
MYGLUCOHEALTH TEST IN VITRO STRIP (*glucose blood*)	NPB	
NEUTEK 2TEK TEST IN VITRO STRIP (*glucose blood*)	NPB	
NOVA MAX BLOOD GLUCOSE SYSTEM DEVICE (*blood glucose monitoring suppl*)	NPB	
NOVA MAX BLOOD GLUCOSE SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	NPB	
NOVA MAX GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
NOVA MAX PLUS KETONE TEST IN VITRO STRIP (*ketone blood test*)	NPB	
NOVA SAFETY LANCETS 23G (*lancets*)	NPB	
NOVA SAFETY LANCETS 28G (*lancets*)	NPB	
NOVA SUREFLEX LANCETS (*lancets*)	NPB	
NOVA SUREFLEX LANCING DEVICE (*lancet devices*)	NPB	
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
one drop blood glucose monitor kit w/device	NPB	
one drop test in vitro strip	NPB	
ONETOUCH DELICA PLUS LANCET30G (*lancets*)	NPB	
ONETOUCH DELICA PLUS LANCET33G (*lancets*)	NPB	
ONETOUCH DELICA PLUS LANCING (*lancet devices*)	NPB	
ONETOUCH DELICA SAFETY LANCING (*lancets*)	NPB	
ONETOUCH ULTRA 2 KIT W/DEVICE (*blood glucose monitoring suppl*)	NPB	
ONETOUCH ULTRA BLUE TEST IN VITRO STRIP (*glucose blood*)	NPB	
ONETOUCH ULTRA IN VITRO STRIP (*glucose blood*)	NPB	
ONETOUCH ULTRA TEST IN VITRO STRIP (*glucose blood*)	NPB	
ONETOUCH ULTRASOFT 2 LANCETS (*lancets*)	NPB	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	NPB	
ONETOUCH VERIO IN VITRO STRIP (*glucose blood*)	NPB	
ONETOUCH VERIO REFLECT KIT W/DEVICE (*blood glucose monitoring suppl*)	NPB	
OPTIUMEZ TEST IN VITRO STRIP (*glucose blood*)	NPB	
PARADIGM SILHOUETTE COMBO 23" (*insulin infusion pump supplies*)	NPB	
pen needles 29g x 12mm , 30g x 5 mm , 30g x 8 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm	NPB	
PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (*insulin pen needle*)	NPB	
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*)	NPB	
PERFECT LANCETS 28G (*lancets*)	NPB	
PERFECT LANCETS 30G (*lancets*)	NPB	
ph strips in vitro diagnostic test	NPB	
PHARMACIST CHOICE AUTOCODE IN VITRO STRIP (*glucose blood*)	NPB	
PHARMACIST CHOICE AUTOCODE SYS KIT W/DEVICE (*blood glucose monitoring suppl*)	NPB	
PHARMACIST CHOICE LANCETS (*lancets*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
PHARMACIST CHOICE MINI SYSTEM DEVICE (*blood glucose monitoring suppl*)	NPB	
pharmacist choice no coding in vitro strip	NPB	
pip lancets 28g	NPB	
pip lancets 30g	NPB	
POGO AUTOMATIC BLOOD GLUCOSE DEVICE (*blood glucose monitoring suppl*)	NPB	
POGO AUTOMATIC TEST CARTRIDGES IN VITRO DIAGNOSTIC TEST (*glucose blood*)	NPB	
PREVENT DROPSAFE PEN NEEDLES 31G X 6 MM , 31G X 8 MM (*insulin pen needle*)	NPB	
PREVENT SAFETY PEN NEEDLES 31G X 6 MM , 31G X 8 MM (*insulin pen needle*)	NPB	
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NPB	
pro comfort lancets 30g	NPB	
pro comfort lancets 31g	NPB	
pro comfort pen needles 32g x 4 mm , 32g x 5 mm , 32g x 6 mm	NPB	
pro comfort safety lancets 30g	NPB	
pro voice v8/v9 glucose in vitro strip	NPB	
pro voice v9 glucose system device	NPB	
PRODIGY AUTOCODE BLOOD GLUCOSE DEVICE (*blood glucose monitoring suppl*)	NPB	
PRODIGY AUTOCODE BLOOD GLUCOSE KIT W/DEVICE (*blood glucose monitoring suppl*)	NPB	
PRODIGY LANCETS 28G (*lancets*)	NPB	
PRODIGY LANCING DEVICE (*lancet devices*)	NPB	
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP (*glucose blood*)	NPB	
PRODIGY NO CODING BLOOD GLUC KIT W/DEVICE (*blood glucose monitoring suppl*)	NPB	
PRODIGY POCKET BLOOD GLUCOSE KIT W/DEVICE (*blood glucose monitoring suppl*)	NPB	
PRODIGY SAFETY LANCETS 26G (*lancets*)	NPB	
PRODIGY TWIST TOP LANCETS 28G (*lancets*)	NPB	
PRODIGY VOICE BLOOD GLUCOSE KIT W/DEVICE (*blood glucose monitoring suppl*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
pure comfort lancets 30g	NPB	
pure comfort pen needle 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 32g x 8 mm	NPB	
px lancets microthin 33g	NPB	
px lancets ultra thin 28g	NPB	
qc advanced lancing device	NPB	
qc lancets super thin 30g	NPB	
qc lancets ultra thin	NPB	
qc unifine pentips 32g x 4 mm	NPB	
qc unilet lancets 28g	NPB	
qc unilet lancets micro thin	NPB	
QUICKTEK/METER KIT (*blood glucose monitoring suppl*)	NPB	
QUINTET AC BLOOD GLUCOSE DEVICE (*blood glucose monitoring suppl*)	NPB	
QUINTET AC BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
QUINTET BLOOD GLUCOSE SYSTEM DEVICE (*blood glucose monitoring suppl*)	NPB	
QUINTET BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
READYLANCE SAFETY LANCETS (*lancets*)	NPB	
reality lancets	NPB	
reality trigger lancets	NPB	
REFUAH PLUS BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
REFUAH PLUS MONITORING SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	NPB	
RELION ALL-IN-ONE DEVICE (*blood gluc meter disp-strips*)	NPB	
RELION BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
RELION INSULIN SYRINGE 31G X 15/64" 0.3 ML (*insulin syringe-needle u-100*)	NPB	
RELION INSULIN SYRINGE 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML (*insulin syringe-needle u-100*)	PB	
RELION KETONE TEST IN VITRO STRIP (*acetone (urine) test*)	NPB	
RELION LANCET DEVICES 30G (*lancets*)	NPB	
RELION LANCETS MICRO-THIN 33G (*lancets*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
RELION LANCETS THIN 26G (*lancets*)	NPB	
RELION LANCETS ULTRA-THIN 30G (*lancets*)	NPB	
RELION LANCING DEVICE (*lancet devices*)	NPB	
RELION PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*)	NPB	
RELION PREMIER VOICE MONITOR DEVICE (*blood glucose monitoring suppl*)	NPB	
RELION TRUE MET AIR GLUC METER KIT W/DEVICE (*blood glucose monitoring suppl*)	PB	
RELION TRUE METRIX TEST STRIPS IN VITRO STRIP (*glucose blood*)	PB	
RELION ULTIMA GLUCOSE SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	NPB	
RELION ULTIMA TEST IN VITRO STRIP (*glucose blood*)	NPB	
RELION ULTRA THIN LANCETS 30G (*lancets*)	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*)	NPB	
RIGHTEST GM300 BLOOD GLUCOSE KIT W/DEVICE (*blood glucose monitoring suppl*)	NPB	
RIGHTEST GM550 BLOOD GLUCOSE KIT W/DEVICE (*blood glucose monitoring suppl*)	NPB	
RIGHTEST GS100 BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NPB	
RIGHTEST GS300 BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NPB	
RIGHTEST GS550 BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NPB	
RIGHTEST GT333 BLOOD GLUCOSE DEVICE (*blood glucose monitoring suppl*)	NPB	
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NPB	
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	
saps health plus lancets	NPB	
saps health twist top lancets	NPB	
saps twist top lancets	NPB	
sapscare twist top lancets	NPB	
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*)	NPB	
SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM (*insulin pen needle*)	NPB	
select-lite lancing device	NPB	
SIMPLE DIAGNOSTICS LANCING DEV (*lancet devices*)	NPB	
SINGLE-LET (*lancets*)	NPB	
SMART DIABETES VANTAGE LANCING (*lancet devices*)	NPB	
SMARTEST BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NPB	
SMARTEST EJECT DEVICE (*blood glucose monitoring suppl*)	NPB	
SMARTEST EJECT STARTER KIT W/DEVICE (*blood glucose monitoring suppl*)	NPB	
SMARTEST LANCETS 28G (*lancets*)	NPB	
SMARTEST PERSONA STARTER KIT W/DEVICE (*blood glucose monitoring suppl*)	NPB	
SMARTEST PRONTO STARTER KIT W/DEVICE (*blood glucose monitoring suppl*)	NPB	
SMARTEST PROTEGE DEVICE (*blood glucose monitoring suppl*)	NPB	
SMARTEST PROTEGE STARTER KIT W/DEVICE (*blood glucose monitoring suppl*)	NPB	
SOLUS V2 BLOOD GLUCOSE SYSTEM DEVICE (*blood glucose monitoring suppl*)	NPB	
SOLUS V2 BLOOD GLUCOSE SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	NPB	
SOLUS V2 LANCETS 28G (*lancets*)	NPB	
SOLUS V2 LANCING DEVICE (*lancet devices*)	NPB	
SOLUS V2 TEST IN VITRO STRIP (*glucose blood*)	NPB	
SOLUS V2 TWIST LANCETS 30G (*lancets*)	NPB	
STERILANCE TL (*lancets*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
super thin lancets	NPB	
sure comfort insulin syringe 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml	NPB	
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 8 mm , 32g x 6 mm	NPB	
SURELITE LANCETS (*lancets*)	NPB	
T:FLEX T:LOCK CARTRIDGE 4.8ML (*insulin infusion pump supplies*)	NPB	
TECHLITE AST LANCETS (*lancets*)	NPB	
TECHLITE LANCETS (*lancets*)	NPB	
todays health thin lancets 28g	NPB	
todays health thin lancets 30g	NPB	
TOXICOLOGY MED COLLECTION SYS IN VITRO KIT (*drug assay (urine)*)	NPB	
TRAVEL LANCETS ADVANCED 28G (*lancets*)	NPB	
true comfort pro insulin syr 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 32g x 5/16" 0.5 ml, 32g x 5/16" 1 ml	NPB	
true comfort pro pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm	NPB	
true comfort safety lancets	NPB	
true comfort twist top lancets	NPB	
TRUE FOCUS BLOOD GLUCOSE METER DEVICE (*blood glucose monitoring suppl*)	NPB	
TRUE METRIX AIR GLUCOSE METER DEVICE (*blood glucose monitoring suppl*)	PB	
TRUE METRIX AIR GLUCOSE METER KIT W/DEVICE (*blood glucose monitoring suppl*)	PB	
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	PB	
TRUE METRIX GO GLUCOSE METER KIT W/DEVICE (*blood glucose monitoring suppl*)	PB	

Prescription Drug Name	Drug Tier	Drug Notes
TRUE METRIX METER KIT W/DEVICE (*blood glucose monitoring suppl*)	PB	
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*)	NPB	
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML (*insulin syringe-needle u-100*)	NPB	
TRUEPLUS LANCETS 26G (*lancets*)	NPB	
TRUEPLUS LANCETS 28G (*lancets*)	PB	
TRUEPLUS LANCETS 30G (*lancets*)	PB	
TRUEPLUS LANCETS 33G (*lancets*)	PB	
TRUEPLUS SAFETY LANCETS 28G (*lancets*)	NPB	
TRUERESULT BLOOD GLUCOSE KIT W/DEVICE (*blood glucose monitoring suppl*)	NPB	
TRUETEST TEST IN VITRO STRIP (*glucose blood*)	NPB	
TRUETRACK BLOOD GLUCOSE DEVICE (*blood glucose monitoring suppl*)	NPB	
TRUETRACK BLOOD GLUCOSE KIT W/DEVICE (*blood glucose monitoring suppl*)	NPB	
TRUETRACK TEST IN VITRO STRIP (*glucose blood*)	NPB	
TRUSTEEL INFUSION SET (*insulin infusion pump supplies*)	NPB	
TWIIST REFILL KIT KIT (*insulin disposable pump*)	PB	
TWIIST REFILL KIT/INFUSION SET KIT (*insulin disposable pump*)	PB	
TWIIST STARTER KIT KIT (*insulin disposable pump*)	PB	
twist top lancets 30g	NPB	
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML (*insulin syringe-needle u-100*)	NPB	
ULTICARE MINI PEN NEEDLES 30G X 5 MM , 32G X 6 MM (*insulin pen needle*)	NPB	
ULTICARE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM (*insulin pen needle*)	NPB	
ULTICARE SHORT PEN NEEDLES 30G X 8 MM (*insulin pen needle*)	NPB	
ULTIGUARD SAFEPACK PEN NEEDLE 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (*insulin pen needle*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NPB	
ULTI-LANCE AUTOMATIC (*lancet devices*)	NPB	
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*)	NPB	
ULTILET SAFETY LANCETS (*lancets*)	NPB	
ULTILET SAFETY LANCETS 23G (*lancets*)	NPB	
ULTRA FLO INSULIN PEN NEEDLES 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM (*insulin pen needle*)	NPB	
ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 1/2" 0.3 ML, 30G X 5/16" 0.3 ML, 31G X 5/16" 0.3 ML (*insulin syringe-needle u-100*)	NPB	
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NPB	
ultra thin lancets 31g	NPB	
ULTRA THIN PEN NEEDLES 32G X 4 MM (*insulin pen needle*)	NPB	
ultra-care lancets 30g	NPB	
ultracare pen needles 32g x 5 mm , 33g x 4 mm	NPB	
ULTRA-THIN II AUTO LANCET (*lancets*)	NPB	
ULTRA-THIN II LANCETS (*lancets*)	NPB	
ULTRA-THIN II PEN NEEDLES 29G X 12.7MM (*insulin pen needle*)	NPB	
UNIFINE PENTIPS 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*)	NPB	
UNIFINE PENTIPS PLUS 30G X 5 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM (*insulin pen needle*)	NPB	
UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 32G X 4 MM (*insulin pen needle*)	NPB	
UNIFINE ULTRA PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*)	NPB	
UNILET COMFORTOUCH LANCET (*lancets*)	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*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
VANISHPOINT INSULIN SYRINGE 29G X 5/16" 1 ML, 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML (*insulin syringe-needle u-100*)	NPB	
VARISOFT INFUSION SET (*insulin infusion pump supplies*)	NPB	
verasens blood glucose meter device	NPB	
verasens blood glucose system kit w/device	NPB	
verasens blood glucose test in vitro strip	NPB	
VERIFINE SAFE LANCET MINI 21G (*lancets*)	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*)	NPB	
V-GO 30 KIT 30 UNIT/24HR (*insulin disposable pump*)	NPB	
V-GO 40 KIT 40 UNIT/24HR (*insulin disposable pump*)	NPB	
VIVAGUARD INO CONTROL SOLUTION IN VITRO LIQUID (*blood glucose calibration*)	NPB	
VIVAGUARD INO GLUCOSE METER DEVICE (*blood glucose monitoring suppl*)	NPB	
VIVAGUARD INO SMART GLUC METER DEVICE (*blood glucose monitoring suppl*)	NPB	
VIVAGUARD INO TEST STRIPS IN VITRO STRIP (*glucose blood*)	NPB	
VIVAGUARD LANCETS (*lancets*)	NPB	
VIVAGUARD LANCING DEVICE (*lancet devices*)	NPB	
zevrx insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml	NPB	
zevrx pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm	NPB	
zevrx twist top lancets 30g	NPB	
ENDOMETRIOSIS		
danazol oral capsule 100 mg, 200 mg, 50 mg	G	
ORILISSA ORAL TABLET 150 MG, 200 MG (*elagolix sodium*)	PB	
SYNAREL NASAL SOLUTION 2 MG/ML (*nafarelin acetate*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
FERTILITY REGULATORS		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG (*cetrorelix acetate*)	NPSP	
chorionic gonadotropin intramuscular solution reconstituted 10000 unit	NPSP	
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML (*follitropin beta*)	PSP	
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	PSP	
GONAL-F INJECTION SOLUTION RECONSTITUTED 450 UNIT (*follitropin alfa*)	NPSP	
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNT/0.48ML, 450 UNT/0.72ML, 900 UNT/1.44ML (*follitropin alfa*)	NPSP	
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (*menotropins*)	PSP	
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT (*chorionic gonadotropin*)	NPSP	
OVIDREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML (*choriogonadotropin alfa*)	NPSP	
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT (*chorionic gonadotropin*)	PSP	
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML (*dexamethasone*)	NPB	
dexamethasone oral elixir 0.5 mg/5ml	G	
dexamethasone oral solution 0.5 mg/5ml	G	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	G	
dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)	G	
DEXONTO 0.4% IONTOPHORESIS SOLUTION 20 MG/5ML (*dexamethasone sodium phosphate*)	NPB	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (*deflazacort*)	NPSP	
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (*deflazacort*)	NPSP	
fludrocortisone acetate oral tablet 0.1 mg	G	
HEMADY ORAL TABLET 20 MG (*dexamethasone*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
dexamethasone (Hidex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21))	G	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	G	
MEDROL ORAL TABLET 2 MG (*methylprednisolone*)	NPB	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	G	
methylprednisolone oral tablet therapy pack 4 mg	G	
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG (*prednisolone sodium phosphate*)	PB	
prednisolone oral solution 15 mg/5ml	G	
prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml	G	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML (*prednisone*)	NPB	
prednisone oral solution 5 mg/5ml	G	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	G	
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	G	
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (*dexamethasone*)	G	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (*dexamethasone*)	G	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (*glucagon*)	PB	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (*glucagon*)	PB	
glucagon emergency injection solution reconstituted 1 mg	PB	
glucagon emergency injection solution reconstituted 1 mg/ml	NPB	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (*glucagon*)	PB	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (*glucagon*)	PB	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML (*glucagon*)	PB	
PROGLYCEM ORAL SUSPENSION 50 MG/ML (*diazoxide*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
HEREDITARY TYROSINEMIA TYPE 1 AGENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT		
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (*nitisinone*)	NPB	
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*)	NPSP	
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG (*somatropin*)	NPSP	
HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG (*somatropin*)	PSP	
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML (*somatropin*)	PSP	
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML (*somatropin*)	NPSP	
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML (*somatropin*)	NPSP	
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML (*somatropin*)	NPSP	
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML (*somatropin*)	NPSP	
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (*somatropin*)	NPSP	
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*)	NPSP	
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*)	NPSP	

Prescription Drug Name	Drug Tier	Drug Notes
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	
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT (*taliglucerase alfa*)	NPSP	
miglustat oral capsule 100 mg	G	
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (*velaglucerase alfa*)	NPSP	
ZAVESCA ORAL CAPSULE 100 MG (*miglustat*)	NPB	
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 1-100 MG (*estradiol-progesterone*)	NPB	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (*estradiol-levonorgestrel*)	PB	
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR (*estradiol*)	NPB	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (*estradiol-norethindrone acet*)	PB	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML (*estradiol valerate*)	NPB	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (*estradiol cypionate*)	NPB	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM (*estradiol*)	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	

Prescription Drug Name	Drug Tier	Drug Notes
DUAVEE ORAL TABLET 0.45-20 MG (*conj estrogens-bazedoxifene*)	PB	
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (*estradiol*)	NPB	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	G	
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	G	
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	G	
estradiol vaginal cream 0.01 %	G	
estradiol vaginal tablet 10 mcg	G	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	G	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	G	
ESTRING VAGINAL RING 7.5 MCG/24HR (*estradiol*)	PB	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (*estradiol*)	NPB	
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (*estradiol*)	NPB	
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (*estradiol acetate*)	NPB	
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	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (*estradiol*)	NPB	
estradiol-norethindrone acet (Mimvey Oral Tablet 1-0.5 Mg)	G	
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*)	PB	
PREMARIN VAGINAL CREAM 0.625 MG/GM (*estrogens, conjugated*)	PB	
PREMPHASE ORAL TABLET 0.625-5 MG (*conj estrog-medroxyprogest ace*)	PB	

Prescription Drug Name	Drug Tier	Drug Notes
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	
MISCELLANEOUS		
ACTHAR INJECTION GEL 80 UNIT/ML (*corticotropin*)	NPSP	
cabergoline oral tablet 0.5 mg	G	
CYSTADANE ORAL POWDER (*betaine*)	NPB	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (*cysteamine bitartrate*)	PSP	
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML (*romosozumab-aqqg*)	NPSP	
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (*mecasermin*)	NPSP	
INTRAROSA VAGINAL INSERT 6.5 MG (*prasterone*)	NPB	
JYNARQUE ORAL TABLET 15 MG, 30 MG (*tolvaptan*)	NPB	
JYNARQUE ORAL TABLET THERAPY PACK 45 & 15 MG, 60 & 30 MG, 90 & 30 MG (*tolvaptan*)	NPB	
KORLYM ORAL TABLET 300 MG (*mifepristone*)	NPB	
KUVAN ORAL PACKET 100 MG, 500 MG (*sapropterin dihydrochloride*)	NPSP	
KUVAN ORAL TABLET 100 MG (*sapropterin dihydrochloride*)	NPSP	
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*)	NPB	
OSPHENA ORAL TABLET 60 MG (*ospemifene*)	PB	
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML (*pegvaliase-pqpz*)	NPSP	
raloxifene hcl oral tablet 60 mg	CE	
SAMSCA ORAL TABLET 15 MG, 30 MG (*tolvaptan*)	NPSP	
sapropterin dihydrochloride oral packet 100 mg, 500 mg	G	
sapropterin dihydrochloride oral tablet 100 mg	G	
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG (*pasireotide pamoate*)	NPB	
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 40 MG, 60 MG (*pasireotide pamoate*)	NPSP	

Prescription Drug Name	Drug Tier	Drug Notes
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML (*pasireotide diaspartate*)	NPB	
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML (*asfotase alfa*)	NPB	
XURIDEN ORAL PACKET 2 GM (*uridine triacetate*)	NPB	
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
AURYXIA ORAL TABLET 1 GM 210 MG(FE) (*ferric citrate*)	PB	
calcium acetate (phos binder) oral capsule 667 mg	G	
calcium acetate (phos binder) oral tablet 667 mg	G	
FOSRENOL ORAL PACKET 1000 MG, 750 MG (*lanthanum carbonate*)	NPB	
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	G	
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	G	
sevelamer carbonate oral tablet 800 mg	G	
sevelamer hcl oral tablet 400 mg, 800 mg	G	
VELPHORO ORAL TABLET CHEWABLE 500 MG (*sucroferric oxyhydroxide*)	NPB	
POTASSIUM-REMOVING AGENTS - DRUGS TO REGULATE POTASSIUM LEVELS		
LOKELMA ORAL PACKET 10 GM, 5 GM (*sodium zirconium cyclosilicate*)	PB	
sodium polystyrene sulfonate oral powder	G	
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	
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	
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	

Prescription Drug Name	Drug Tier	Drug Notes
progesterone oral capsule 100 mg, 200 mg	G	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG (*progesterone*)	NPB	
PROVERA ORAL TABLET 10 MG (*medroxyprogesterone acetate*)	NPB	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG (*thyroid*)	NPB	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG (*liothyronine sodium*)	NPB	
levothyroxine sodium (Levo-T Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	G	
levothyroxine sodium oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	NPB	
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	G	
levothyroxine sodium (Levoxyl Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	G	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	G	
methimazole oral tablet 10 mg, 5 mg	G	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (*thyroid*)	NPB	
propylthiouracil oral tablet 50 mg	G	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (*levothyroxine sodium*)	PB	
THYQUIDITY ORAL SOLUTION 100 MCG/5ML (*levothyroxine sodium*)	NPB	
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	NPB	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (*levothyroxine sodium*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML (*levothyroxine sodium*)	NPB	
levothyroxine sodium (Unithroid Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	G	
UREA CYCLE DISORDER - DRUGS TO TREAT UREA CYCLE DISORDER		
BUPHENYL ORAL POWDER 3 GM/TSP (*sodium phenylbutyrate*)	NPSP	
BUPHENYL ORAL TABLET 500 MG (*sodium phenylbutyrate*)	NPSP	
CARBAGLU ORAL TABLET SOLUBLE 200 MG (*carglumic acid*)	NPB	
citrulline easy oral tablet extended release 1 gm	NPB	
PHEBURANE ORAL PELLET 483 MG/GM (*sodium phenylbutyrate*)	PSP	
RAVICTI ORAL LIQUID 1.1 GM/ML (*glycerol phenylbutyrate*)	NPSP	
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	
VITAMIN D ANALOGS		
calcitriol oral capsule 0.25 mcg, 0.5 mcg	G	
calcitriol oral solution 1 mcg/ml	G	
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	G	
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	G	

Prescription Drug Name	Drug Tier	Drug Notes
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG (*calcifediol*)	NPB	
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	
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTICHOLINERGICS		
CUVPOSA ORAL SOLUTION 1 MG/5ML (*glycopyrrolate*)	NPB	
dicyclomine hcl oral capsule 10 mg	G	
dicyclomine hcl oral solution 10 mg/5ml	G	
dicyclomine hcl oral tablet 20 mg	G	
GLYCATE ORAL TABLET 1.5 MG (*glycopyrrolate*)	NPB	
glycopyrrolate oral tablet 1 mg, 2 mg	G	
glycopyrrolate oral tablet 1.5 mg	NPB	
hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg	G	
hyoscyamine sulfate oral elixir 0.125 mg/5ml	G	
hyoscyamine sulfate oral solution 0.125 mg/ml	G	
hyoscyamine sulfate oral tablet 0.125 mg	G	
hyoscyamine sulfate oral tablet dispersible 0.125 mg	G	
hyoscyamine sulfate sublingual tablet sublingual 0.125 mg	G	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HOUR 0.375 MG (*hyoscyamine sulfate*)	PB	
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	
NULEV ORAL TABLET DISPERSIBLE 0.125 MG (*hyoscyamine sulfate*)	G	
oscimin oral tablet 0.125 mg	G	
oscimin sublingual tablet sublingual 0.125 mg	G	
ANTIDIARRHEALS		
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	G	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	G	

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

Prescription Drug Name	Drug Tier	Drug Notes
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (*promethazine hcl*)	G	
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR (*granisetron*)	PB	
scopolamine transdermal patch 72 hour 1 mg/3days	G	
SYNDROS ORAL SOLUTION 5 MG/ML (*dronabinol*)	NPB	
trimethobenzamide hcl oral capsule 300 mg	G	
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG (*rolapitant hcl*)	PB	
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*)	PB	
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	G	
budesonide oral capsule delayed release particles 3 mg	G	
CORTENEMA RECTAL ENEMA 100 MG/60ML (*hydrocortisone*)	NPB	
CORTIFOAM EXTERNAL FOAM 10 % (*hydrocortisone acetate*)	PB	
DIPENTUM ORAL CAPSULE 250 MG (*olsalazine sodium*)	NPB	
hydrocortisone rectal enema 100 mg/60ml	G	
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM (*mesalamine*)	PB	
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	

Prescription Drug Name	Drug Tier	Drug Notes
mesalamine-cleanser rectal kit 4 gm	G	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG (*mesalamine*)	PB	
SFROWASA RECTAL ENEMA 4 GM/60ML (*mesalamine*)	NPB	
sulfasalazine oral tablet 500 mg	G	
sulfasalazine oral tablet delayed release 500 mg	G	
UCERIS RECTAL FOAM 2 MG/ACT (*budesonide*)	NPB	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
AMITIZA ORAL CAPSULE 24 MCG (*lubiprostone*)	NPB	
IBSRELA ORAL TABLET 50 MG (*tenapanor hcl*)	NPB	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (*linaclotide*)	PB	
lubiprostone oral capsule 24 mcg, 8 mcg	G	
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	
lactulose (Kristalose Oral Packet 10 Gm, 20 Gm)	G	
lactulose oral packet 10 gm, 20 gm	G	
lactulose oral solution 10 gm/15ml	G	
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	CE	
peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm	CE	
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm	CE	
PEG-PREP ORAL KIT 5-210 MG-GM (*bisacodyl-peg-kcl-nabicar-nacl*)	CE	
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (*peg-kcl-nacl-nasulf-na asc-c*)	CE	
SUFLAVE ORAL SOLUTION RECONSTITUTED 178.7 GM (*peg 3350-kcl-nacl-nasulf-mgsul*)	CE	

Prescription Drug Name	Drug Tier	Drug Notes
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML (*na sulfate-k sulfate-mg sulf*)	NPB	
SUTAB ORAL TABLET 1479-225-188 MG (*sodium sulfate-mag sulfate-kcl*)	CE	
MISCELLANEOUS		
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*)	NPB	
IQIRVO ORAL TABLET 80 MG (*elafibranor*)	PSP	
misoprostol oral tablet 100 mcg, 200 mcg	G	
MOTEGRITY ORAL TABLET 1 MG, 2 MG (*prucalopride succinate*)	NPB	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (*naloxegol oxalate*)	PB	
OCALIVA ORAL TABLET 10 MG, 5 MG (*obeticholic acid*)	NPSP	
RELISTOR ORAL TABLET 150 MG (*methylnaltrexone bromide*)	NPB	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (*methylnaltrexone bromide*)	NPB	
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML (*methylnaltrexone bromide*)	NPB	
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 8 MG/0.4ML (*methylnaltrexone bromide*)	PSP	
SUCRAID ORAL SOLUTION 8500 UNIT/ML (*sacrosidase*)	NPB	
sucralfate oral tablet 1 gm	G	
SYMPROIC ORAL TABLET 0.2 MG (*naldemedine tosylate*)	PB	
URSO FORTE ORAL TABLET 500 MG (*ursodiol*)	NPB	
ursodiol oral capsule 300 mg	G	
ursodiol oral tablet 250 mg, 500 mg	G	
XERMELO ORAL TABLET 250 MG (*telotristat etiprate*)	NPB	
PANCREATIC ENZYMES		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (*pancrelipase (lip-prot-amyl)*)	PB	

Prescription Drug Name	Drug Tier	Drug Notes
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		
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG (*dexlansoprazole*)	NPB	
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	G	
lansoprazole oral capsule delayed release 15 mg, 30 mg	G	
lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg	G	
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG (*esomeprazole magnesium*)	NPB	
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg	G	
omeprazole-sodium bicarbonate oral capsule 20-1100 mg, 40-1100 mg	G	
omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg	G	
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	G	
PRILOSEC ORAL PACKET 10 MG, 2.5 MG (*omeprazole magnesium*)	NPB	
PROTONIX ORAL PACKET 40 MG (*pantoprazole sodium*)	NPB	
rabeprazole sodium oral capsule sprinkle 10 mg	NPB	
rabeprazole sodium oral tablet delayed release 20 mg	G	
RECTAL, CORTICOSTEROIDS		
ANUSOL-HC EXTERNAL CREAM 2.5 % (*hydrocortisone*)	NPB	
hydrocortisone (perianal) external cream 1 %, 2.5 %	G	
hydrocortisone ace-pramoxine external cream 1-1 %	G	

Prescription Drug Name	Drug Tier	Drug Notes
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	
ULCER THERAPY COMBINATIONS		
amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg	G	
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	
dutasteride oral capsule 0.5 mg	G	
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	G	
finasteride oral tablet 5 mg	G	
PROSCAR ORAL TABLET 5 MG (*finasteride*)	NPB	
silodosin oral capsule 4 mg, 8 mg	G	
tamsulosin hcl oral capsule 0.4 mg	G	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	G	
CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL		
ENCARE VAGINAL SUPPOSITORY 100 MG (*nonoxynol-9*)	CE	
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (*nonoxynol-9*)	CE	
PHEXX VAGINAL GEL 1.8-1-0.4 % (*lactic ac-citric ac-pot bitart*)	CE	
TODAY SPONGE VAGINAL 1000 MG (*nonoxynol-9*)	CE	

Prescription Drug Name	Drug Tier	Drug Notes
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (*nonoxynol-9*)	CE	
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % (*nonoxynol-9*)	CE	
ERECTILE DYSFUNCTION		
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG (*avanafil*)	NPB	
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*)	NPB	
FILSPARI ORAL TABLET 200 MG, 400 MG (*sparsentan*)	PSP	
LITHOSTAT ORAL TABLET 250 MG (*acetohydroxamic acid*)	NPB	
ORACIT ORAL SOLUTION 490-640 MG/5ML (*sod citrate-citric acid*)	NPB	
pot & sod cit-cit ac oral solution 550-500-334 mg/5ml	G	
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	G	
potassium citrate-citric acid oral solution 1100-334 mg/5ml	G	
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG (*cysteamine bitartrate*)	NPSP	
RENACIDIN IRRIGATION SOLUTION (*citric ac-gluconolact-mg carb*)	NPB	
sod citrate-citric acid oral solution 500-334 mg/5ml	G	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG (*tiopronin*)	NPB	
tricitrates oral solution 550-500-334 mg/5ml	G	
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	
VANRAFIA ORAL TABLET 0.75 MG (*atrasentan hcl*)	PSP	
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg	G	
flavoxate hcl oral tablet 100 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
GEMTESA ORAL TABLET 75 MG (*vibegron*)	NPB	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML (*mirabegron*)	PB	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG (*mirabegron*)	PB	
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	G	
oxybutynin chloride oral solution 5 mg/5ml	G	
oxybutynin chloride oral tablet 5 mg	G	
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR (*oxybutynin*)	NPB	
solifenacin succinate oral tablet 10 mg, 5 mg	G	
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	G	
tolterodine tartrate oral tablet 1 mg, 2 mg	G	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (*fesoterodine fumarate*)	NPB	
trospium chloride er oral capsule extended release 24 hour 60 mg	G	
trospium chloride oral tablet 20 mg	G	
VAGINAL ANTI-INFECTIVES - DRUGS TO TREAT VAGINAL INFECTIONS		
CLEOCIN VAGINAL 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*)	NPB	
terconazole vaginal cream 0.4 %, 0.8 %	G	
terconazole vaginal suppository 80 mg	G	
VANDAZOLE VAGINAL GEL 0.75 % (*metronidazole*)	G	

Prescription Drug Name	Drug Tier	Drug Notes
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	
ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE 3 X 0.5 MG (*apixaban*)	PB	
ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE 4 X 0.5 MG (*apixaban*)	PB	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (*apixaban*)	PB	
ELIQUIS ORAL CAPSULE SPRINKLE 0.15 MG (*apixaban*)	PB	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (*apixaban*)	PB	
ELIQUIS ORAL TABLET SOLUBLE 0.5 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-%	NPB	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	G	
heparin sodium (porcine) pf injection solution 5000 unit/0.5ml	G	
warfarin sodium (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)	G	
LOVENOX INJECTION SOLUTION 300 MG/3ML (*enoxaparin sodium*)	NPB	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 100 MG/ML, 120 MG/0.8ML, 150 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML (*enoxaparin sodium*)	NPB	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG (*dabigatran etexilate mesylate*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (*edoxaban tosylate*)	NPB	
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	G	
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML (*rivaroxaban*)	PB	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG (*rivaroxaban*)	PB	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (*rivaroxaban*)	PB	
BLEEDING DISORDERS AGENTS		
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (*antihemophilic factor-vwf*)	NPSP	
CABLIVI INJECTION KIT 11 MG (*caplacizumab-yhdp*)	NPB	
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*)	NPSP	
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, 2 MG, 5 MG (*coagulation factor viia-jncw*)	PSP	
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT (*von willebrand factor (recomb)*)	NPSP	
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT (*antihemophilic factor-vwf*)	PSP	
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*)	NPSP	
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*)	NPSP	

Prescription Drug Name	Drug Tier	Drug Notes
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (*epoetin alfa*)	NPSP	
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-jmdb*)	PSP	
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-pbbk*)	NPSP	
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML (*tbo-filgrastim*)	NPSP	
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (*tbo-filgrastim*)	NPSP	
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG (*sargramostim*)	NPSP	
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML (*methoxy peg-epoetin beta*)	NPB	
NEULASTA ONPRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim*)	PSP	
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim*)	PSP	
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (*filgrastim*)	NPSP	
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (*filgrastim*)	NPSP	
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*)	NPSP	
releuko subcutaneous solution prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	NPSP	
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*)	NPSP	

Prescription Drug Name	Drug Tier	Drug Notes
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-cbqv*)	NPSP	
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (*filgrastim-sndz*)	NPSP	
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-bmez*)	NPSP	
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)*)	NPSP	
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, 3000 UNIT, 500 UNIT (*antihemophil fact single chain*)	NPSP	
AFSTYLA INTRAVENOUS KIT 2500 UNIT (*antihemophil fact single chain*)	PSP	
ALTUVIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (*antihem fact fc-vwf-xten-ehtl*)	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)*)	NPSP	
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (*antihemoph fact rcmb gpeg-exei*)	PSP	
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML (*emicizumab-kxwh*)	NPSP	
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT (*antihemophilic factor*)	NPSP	
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 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 (*antihemophilic factor*)	NPSP	

Prescription Drug Name	Drug Tier	Drug Notes
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*antihemophil factor (rahf-pfm)*)	PSP	
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*antihemophil fact bd truncated*)	PSP	
NUWIQ INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (*antihem fact (bdd-rfviii,sim)*)	PSP	
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (*antihem fact (bdd-rfviii,sim)*)	PSP	
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)*)	PSP	
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, 3000 UNIT, 500 UNIT (*coagulation factor ix (recomb)*)	NPSP	
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (*factor ix complex*)	NPSP	
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (*coagulation factor ix glycopeg*)	PSP	

Prescription Drug Name	Drug Tier	Drug Notes
rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit	NPSP	
MISCELLANEOUS		
AGRYLIN ORAL CAPSULE 0.5 MG (*anagrelide hcl*)	NPB	
aminocaproic acid oral solution 0.25 gm/ml	G	
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	
pentoxifylline er oral tablet extended release 400 mg	G	
tranexamic acid oral tablet 650 mg	G	
PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS		
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML (*pegcetacoplan*)	PSP	
PLATELET AGGREGATION INHIBITORS - BLOOD THINNERS		
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	G	
BRILINTA ORAL TABLET 60 MG, 90 MG (*ticagrelor*)	PB	
clopidogrel bisulfate oral tablet 300 mg, 75 mg	G	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	G	
EFFIENT ORAL TABLET 10 MG, 5 MG (*prasugrel hcl*)	NPB	
PLAVIX ORAL TABLET 75 MG (*clopidogrel bisulfate*)	NPB	
prasugrel hcl oral tablet 10 mg, 5 mg	G	
YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG (*aspirin-omeprazole*)	NPB	
ZONTIVITY ORAL TABLET 2.08 MG (*vorapaxar sulfate*)	NPB	
SICKLE CELL DISEASE		
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	
DOPTELET ORAL TABLET 20 MG (*avatrombopag maleate*)	PSP	

Prescription Drug Name	Drug Tier	Drug Notes
DOPTELET SPRINKLE ORAL CAPSULE SPRINKLE 10 MG (*avatrombopag maleate*)	PSP	
MULPLETA ORAL TABLET 3 MG (*lusutrombopag*)	NPSP	
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG, 250 MCG, 500 MCG (*romiplostim*)	NPSP	
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*)	PB	
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR (*grass mix pollens allergen ext*)	PB	
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U (*short ragweed pollen ext*)	PB	
AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)		
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-axxq*)	PSP	
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (*vedolizumab*)	NPSP	
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*tildrakizumab-asmn*)	PSP	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-dyyb*)	NPSP	
infliximab intravenous solution reconstituted 100 mg	NPSP	
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (*abatacept*)	NPSP	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab*)	PSP	
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-abda*)	NPSP	
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (*golimumab*)	PSP	

Prescription Drug Name	Drug Tier	Drug Notes
AUTOIMMUNE AGENTS (SELF-ADMINISTERED)		
adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml, 80 mg/0.8ml	PSP	
adalimumab-adaz subcutaneous solution prefilled syringe 10 mg/0.1ml, 20 mg/0.2ml, 40 mg/0.4ml	PSP	
adalimumab-fkjp (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml	PSP	
adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml	PSP	
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (*certolizumab pegol*)	PSP	
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (*certolizumab pegol*)	PSP	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*secukinumab*)	PSP	
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*secukinumab*)	PSP	
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*secukinumab*)	PSP	
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML (*secukinumab*)	PSP	
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (*secukinumab*)	PSP	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML (*dupilumab*)	PSP	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML (*dupilumab*)	PSP	
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (*etanercept*)	PSP	
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (*etanercept*)	PSP	
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (*etanercept*)	PSP	
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (*etanercept*)	PSP	
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab-bwwd*)	PSP	
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab-bwwd*)	PSP	

Prescription Drug Name	Drug Tier	Drug Notes
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (*adalimumab*)	PSP	
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML (*adalimumab*)	PSP	
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab*)	PSP	
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (*adalimumab*)	PSP	
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML (*adalimumab-adaz*)	PSP	
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML, 40 MG/0.4ML (*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*)	NPSP	
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (*sarilumab*)	NPSP	
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (*anakinra*)	NPSP	
LITFULO ORAL CAPSULE 50 MG (*ritlecitinib tosylate*)	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*)	PSP	
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (*baricitinib*)	PSP	
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (*abatacept*)	PSP	
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML (*abatacept*)	PSP	
OTEZLA ORAL TABLET 20 MG, 30 MG (*apremilast*)	PSP	
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG (*apremilast*)	PSP	

Prescription Drug Name	Drug Tier	Drug Notes
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG (*apremilast*)	PSP	
OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK 10&20&30&(ER)75 MG (*apremilast*)	PSP	
PYZCHIVA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (*ustekinumab-ttwe*)	PSP	
PYZCHIVA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.5ML, 90 MG/ML (*ustekinumab-ttwe*)	PSP	
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (*ustekinumab-ttwe*)	PSP	
RINVOQ LQ ORAL SOLUTION 1 MG/ML (*upadacitinib*)	PSP	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG (*upadacitinib*)	PSP	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML (*brodalumab*)	NPSP	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (*golimumab*)	PSP	
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (*golimumab*)	PSP	
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*risankizumab-rzaa*)	PSP	
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML (*risankizumab-rzaa*)	PSP	
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*risankizumab-rzaa*)	PSP	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (*ustekinumab*)	PSP	
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (*ustekinumab*)	PSP	
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML (*ixekizumab*)	PSP	
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML, 40 MG/0.5ML, 80 MG/ML (*ixekizumab*)	PSP	
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (*guselkumab*)	PSP	
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 200 MG/2ML (*guselkumab*)	PSP	
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 200 MG/2ML (*guselkumab*)	PSP	

Prescription Drug Name	Drug Tier	Drug Notes
TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (*guselkumab*)	PSP	
VELSIPITY ORAL TABLET 2 MG (*etrasimod arginine*)	NPSP	
XELJANZ ORAL SOLUTION 1 MG/ML (*tofacitinib citrate*)	PSP	
XELJANZ ORAL TABLET 10 MG, 5 MG (*tofacitinib citrate*)	PSP	
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG (*tofacitinib citrate*)	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	
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML (*ustekinumab-kfce*)	PSP	
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (*ustekinumab-kfce*)	PSP	
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	
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)*)	NPSP	
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (*c1 esterase inhibitor (human)*)	NPSP	
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML (*icatibant acetate*)	PSP	

Prescription Drug Name	Drug Tier	Drug Notes
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (*c1 esterase inhibitor (human)*)	NPSP	
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	G	
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (*berotralstat hcl*)	PSP	
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (*c1 esterase inhibitor (recomb)*)	PSP	
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (*lanadelumab-flyo*)	NPSP	
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML (*lanadelumab-flyo*)	PSP	
IMMUNOGLOBULIN		
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML (*immune globulin (human)*)	NPSP	
CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML, 1.65 GM/10ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML (*immune globulin (human)-hipp*)	NPSP	
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML (*immune globulin (human)*)	NPSP	
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	

Prescription Drug Name	Drug Tier	Drug Notes
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	
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (*immune globulin-hyaluronidase*)	NPSP	
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)*)	NPSP	
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (*immune globulin (human)-ifas*)	NPSP	
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 40 GM/400ML, 5 GM/50ML (*immune globulin (human)*)	NPSP	
XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (*immune globulin (human)-klhw*)	PSP	
IMMUNOMODULATORS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML (*interferon gamma-1b*)	NPSP	
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (*rilonacept*)	NPSP	
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	
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	G	
cyclosporine modified oral solution 100 mg/ml	G	
cyclosporine oral capsule 100 mg, 25 mg	G	
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG (*tacrolimus*)	NPSP	

Prescription Drug Name	Drug Tier	Drug Notes
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg	G	
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	
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	
PROGRAF ORAL PACKET 0.2 MG, 1 MG (*tacrolimus*)	NPSP	
sirolimus oral solution 1 mg/ml	G	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	G	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	G	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (*everolimus*)	NPSP	
MISCELLANEOUS		
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (*canakinumab*)	PSP	
MEDICAL DEVICES		
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
d-xylose powder	NPB	
GLEOLAN ORAL SOLUTION RECONSTITUTED 1.5 GM (*aminolevulinic acid hcl*)	NPB	
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS		
ELECTROLYTES		
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ (*potassium bicarbonate*)	G	
potassium chloride (Klor-Con 10 Oral Tablet Extended Release 10 Meq)	G	N8 (Listing does not include certain NDCs)
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	

Prescription Drug Name	Drug Tier	Drug Notes
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ (*potassium chloride*)	NPB	
K-PHOS ORAL TABLET 500 MG (*potassium phosphate monobasic*)	NPB	
PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG (*k phos mono-sod phos di & mono*)	G	
phosphorous oral tablet 155-852-130 mg	G	
PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET 155-852-130 MG (*k phos mono-sod phos di & mono*)	G	
potassium chloride crys er oral tablet extended release 20 meq	G	
potassium chloride er oral capsule extended release 10 meq, 8 meq	G	
potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	G	
potassium chloride oral packet 20 meq	G	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	G	
sodium fluoride oral solution 0.5 mg/ml, 1.1 (0.5 f) mg/ml	CE	
sodium fluoride oral tablet 1.1 (0.5 f) mg	CE	
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg	CE	
PRENATAL VITAMINS		
ATABEX EC ORAL TABLET DELAYED RELEASE 29-1 MG (*prenatal vit-dss-fe cbn-fa*)	NPB	
azesco oral tablet 13-1 mg	NPB	
CITRANATAL 90 DHA ORAL 90-1 & 300 MG (*prenat w/o a-fecbgl-dss-fa-dha*)	NPB	
CITRANATAL ASSURE ORAL 35-1 & 300 MG (*prenat w/o a-fecbgl-dss-fa-dha*)	NPB	
c-nate dha oral capsule 28-1-200 mg	NPB	
CO-NATAL FA ORAL TABLET (*prenatal vit-fe fumarate-fa*)	NPB	
CONCEPT DHA ORAL CAPSULE 53.5-38-1 MG (*prenat-fefum-fepo-fa-omega 3*)	NPB	
CONCEPT OB ORAL CAPSULE 130-92.4-1 MG (*prenat w/o a vit-fefum-fepo-fa*)	NPB	
DERMACINRX PRETRATE ORAL TABLET 1 MG (*prenatal multivit-min-fe-fa*)	NPB	
ENBRACE HR ORAL CAPSULE (*prenat vit-fe gly cys-fa-omega*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
INATAL GT ORAL TABLET (*prenatal vit-dss-fe cbn-fa*)	G	
jenliva prenatal/postnatal oral capsule 1 mg	NPB	
kosher prenatal plus iron oral tablet 30-1 mg	NPB	
m-natal plus oral tablet 27-1 mg	NPB	
NEEVO DHA ORAL CAPSULE 27-1.13 MG (*prenat w/oa-fefum-methf-omegas*)	NPB	
neonatal complete oral tablet 27-1 mg	NPB	
NEONATAL PLUS ORAL TABLET 27-1 MG (*prenatal vit-fe fumarate-fa*)	NPB	
NESTABS DHA ORAL 32-1 MG (*prenat-w/oa-fe bisgly-fa-omega*)	NPB	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (*prenat-fe-methylfol-dha w/o a*)	NPB	
NESTABS ORAL TABLET 32-1 MG (*prenat-fe bisgly-fa-w/o vit a*)	NPB	
NIVA-PLUS ORAL TABLET 27-1 MG (*prenatal vit-fe fumarate-fa*)	NPB	
OB COMPLETE ONE ORAL CAPSULE 50-1-476 MG (*prenat-fecbn-feaspgl-fa-fish*)	NPB	
OB COMPLETE ORAL TABLET 50-1.25 MG (*prenatal vit-iron carbonyl-fa*)	NPB	
OB COMPLETE PETITE ORAL CAPSULE 35-5-1-200 MG (*prenat-fecbn-feaspgl-fa-omega*)	NPB	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG (*prenatal-fe cbn-fe asp gly-fa*)	NPB	
OB COMPLETE/DHA ORAL CAPSULE 30-10-1-200 MG (*prenat-fecbn-feaspgl-fa-omega*)	NPB	
one vite womens plus oral tablet 27-1 mg	NPB	
pnv prenatal plus multivitamin oral tablet 27-1 mg	NPB	
pnv tabs 20-1 oral tablet 20-1 mg	NPB	
pnv-dha oral capsule 27-0.6-0.4-300 mg	G	
pnv-dha+docusate oral capsule 27-1.25-300 mg	NPB	
pnv-omega oral capsule 28-0.6-0.4-340 mg	NPB	
pnv-select oral tablet 27-0.6-0.4 mg	G	
pregen dha oral capsule 28-1-35 mg	NPB	
pregenna oral tablet 20-1 mg	NPB	
PREMESISRX ORAL TABLET 1 MG (*prenatal ca-b6-b12-fa-ginger*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
prena 1 true oral 30-1.4 & 300 mg	NPB	
prena1 oral tablet chewable 1.4 mg	NPB	
prena1 pearl oral capsule extended release 30-1.4-200 mg	NPB	
prenatal 19 oral tablet 29-1 mg	NPB	
prenatal 19 oral tablet chewable	G	
prenatal 19 oral tablet chewable 29-1 mg	NPB	
prenatal oral tablet 27-1 mg	NPB	
prenatal plus oral tablet 27-1 mg	NPB	
PRENATAL-U ORAL CAPSULE 106.5-1 MG (*prenatal w/o a vit-fe fum-fa*)	NPB	
PRENATE AM ORAL TABLET 1 MG (*prenatal ca-b6-b12-fa-ginger*)	NPB	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (*prenat-feasp-meth-fa-dha w/o a*)	NPB	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG (*prenatal-feaspgly-methylfol-fa*)	NPB	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (*prenat w/o a-fe-methfol-fa-dha*)	NPB	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (*prenat-feasp-meth-fa-dha w/o a*)	NPB	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (*prenat-fecbn-feasp-meth-fa-dha*)	NPB	
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (*prenat mv-min-methylfolate-fa*)	NPB	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (*prenat-feasp-meth-fa-dha w/o a*)	NPB	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (*prenat w/o a-fe-methfol-fa-dha*)	NPB	
PRENATRIX ORAL TABLET 27-1 MG (*prenatal vit-fe fumarate-fa*)	NPB	
PRENATRYL ORAL TABLET 27-1 MG (*prenatal vit-fe fumarate-fa*)	NPB	
PROVIDA OB ORAL CAPSULE 20-20-1.25 MG (*prenat w/o a vit-fefum-fepo-fa*)	NPB	
relnate dha oral capsule 28-1-200 mg	NPB	
SELECT-OB ORAL TABLET CHEWABLE 29-0.6-0.4 MG (*prenat vit-fepoly-methylfol-fa*)	NPB	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (*prenatal vit-fe psac cmplx-fa*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
SELECT-OB+DHA ORAL 29-1 & 250 MG (*prenatal vit-fepoly-fa-dha*)	NPB	
se-natal 19 oral tablet 29-1 mg	NPB	
se-natal 19 oral tablet chewable 29-1 mg	NPB	
thrivite rx oral tablet 29-1 mg	NPB	
TRINATE ORAL TABLET (*prenatal vit-fe fumarate-fa*)	G	
tristart dha oral capsule 31-0.6-0.4-200 mg	NPB	
VINATE DHA RF ORAL CAPSULE 27-1.13 MG (*prenat w/oa-fefum-methf-omegas*)	NPB	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (*prenat-fe poly-methfol-fa-dha*)	NPB	
VITAFOL GUMMIES ORAL TABLET CHEWABLE 3.33-0.333-34.8 MG (*prenatal vit-fe phos-fa-omega*)	NPB	
VITAFOL ULTRA ORAL CAPSULE 29-0.6-0.4-200 MG (*prenat-fe poly-methfol-fa-dha*)	NPB	
VITAFOL-OB ORAL TABLET (*prenatal vit-fe fumarate-fa*)	NPB	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (*prenatal mv-min-fe fum-fa-dha*)	NPB	
VITAFOL-ONE ORAL CAPSULE 29-1-200 MG (*prenatal vit-fepoly-fa-dha*)	NPB	
VITATHELY WITH GINGER ORAL TABLET 27-1 MG (*prenatal vit-fe fumarate-fa*)	NPB	
wescap-pn dha oral capsule 27-0.6-0.4-300 mg	NPB	
wesnate dha oral capsule 28-1-200 mg	NPB	
westab plus oral tablet 27-1 mg	NPB	
westgel dha oral capsule 31-0.6-0.4-200 mg	NPB	
zalvit oral tablet 13-1 mg	NPB	
ziphex oral tablet 13-1 mg	NPB	
VITAMINS - VITAMINS AND SUPPLEMENTS		
active fe oral tablet 75-1.25 mg	NPB	
activite oral tablet 1 mg	G	
AIRAVITE ORAL TABLET 2.5-25-1 MG (*folic acid-vit b6-vit b12*)	G	
biocel oral tablet	G	
bp vit 3 oral capsule 1 mg	NPB	
b-plex oral tablet	G	
b-plex plus oral tablet	G	

Prescription Drug Name	Drug Tier	Drug Notes
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	
DEXIFOL ORAL TABLET 5 MG (*b complex-c-folic acid*)	G	
DRISDOL ORAL CAPSULE 1.25 MG (50000 UT) (*ergocalciferol*)	PB	
ELFOLATE PLUS ORAL TABLET 3-35-2 MG (*l-methylfolate-b6-b12*)	NPB	
ergocalciferol oral capsule 1.25 mg (50000 ut)	G	
FA-8 ORAL CAPSULE 0.8 MG (*folic acid*)	CE	
ferotrinsic oral capsule	G	
FLORIVA ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*ped multiple vit-minerals-fl*)	NPB	
FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML (*pediatric multivitamins-fl*)	NPB	
folate oral tablet 400 mcg	CE	
folbee oral tablet 2.5-25-1 mg	G	
folbee plus oral tablet	G	
folic acid injection solution 5 mg/ml	G	
folic acid oral capsule 0.8 mg	CE	
folic acid oral tablet 400 mcg	CE	
folite oral tablet	NPB	
foltrin oral capsule	G	
FOLVITE-D ORAL TABLET 1-3775 MG-UNIT (*folic acid-cholecalciferol*)	NPB	
ft folic acid oral tablet 400 mcg	CE	
FUSION PLUS ORAL CAPSULE (*iron-fa-b cmp-c-biot-probiotic*)	NPB	
gnp folic acid oral tablet 400 mcg	CE	
HEMOCYTE PLUS ORAL CAPSULE 106-1 MG (*fe fum-fa-b cmp-c-zn-mg-mn-cu*)	NPB	
hylavite oral tablet	G	

Prescription Drug Name	Drug Tier	Drug Notes
K-TAN PLUS ORAL CAPSULE 162-115.2-1 MG (*fefum-fepo-fa-b cmp-c-zn-mn-cu*)	G	
lormate oral capsule	NPB	
LYSIPLEX PLUS ORAL TABLET (*multiple vitamins-minerals*)	G	
MULTIGEN FOLIC ORAL TABLET 70-150-2-1 MG (*fe asp gly-succ-c-thre-b12-fa*)	NPB	
MULTIGEN ORAL TABLET 70 MG (*fe-succ-c-thre-b12-des stomach*)	NPB	
MULTIGEN PLUS ORAL TABLET (*feasp-fefum -suc-c-thre-b12-fa*)	NPB	
multi-vitamin/fluoride oral solution 0.5 mg/ml	G	
multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	G	
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (*cyanocobalamin*)	NPB	
NICADAN ORAL TABLET (*multiple vitamins-minerals*)	NPB	
NICAZEL FORTE ORAL TABLET (*multiple vitamins-minerals*)	NPB	
NICAZEL ORAL TABLET (*multiple vitamins-minerals*)	NPB	
NICOMIDE ORAL TABLET 750-27-2-0.5 MG (*niacinamide-zn-cu-methfo-se-cr*)	NPB	
nicotinamide oral tablet 750-27-2-0.5 mg	NPB	
NUFOL ORAL TABLET 2.5-25-1 MG (*folic acid-vit b6-vit b12*)	G	
NUTRIFAC ZX ORAL TABLET (*multiple vitamins-minerals*)	G	
onevite oral tablet	NPB	
ortho df oral capsule 1-3775 mg-unit	NPB	
phytonadione injection solution 1 mg/0.5ml, 10 mg/ml	G	
phytonadione oral tablet 5 mg	G	
poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg	G	
polysaccharide iron forte oral capsule 150-25-1 mg-mcg-mg	G	
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (*pediatric multivitamins-fl*)	NPB	
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*pediatric multivitamins-fl*)	NPB	
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML (*ped multivitamins-fl-iron*)	NPB	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG (*ped multivitamins-fl-iron*)	NPB	
pro-critic oral packet	NPB	
PROLEEVA ORAL CAPSULE (*dietary management product*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
pyridoxine hcl injection solution 100 mg/ml	G	
REMEDIENT ORAL CAPSULE (*multiple vitamins-minerals*)	NPB	
reno caps oral capsule 1 mg	G	
RHEUMATE ORAL CAPSULE (*dietary management product*)	NPB	
STROVITE FORTE ORAL SYRUP (*multiple vitamins-minerals*)	NPB	
TALIVA ORAL CAPSULE 1 MG (*fa-b6-b12-omega 3-phytosterols*)	NPB	
tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	G	
tronvite oral tablet 1 mg	G	
UDAMIN SP ORAL TABLET (*multiple vitamins-minerals*)	NPB	
v-c forte oral capsule	G	
VIC-FORTE ORAL CAPSULE (*multiple vitamins-minerals*)	G	
VITA S FORTE ORAL TABLET (*multiple vitamins-minerals*)	G	
VITACEL ORAL TABLET (*multiple vitamins-minerals*)	G	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	G	
vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml	G	
vitasure oral tablet 1 mg	G	
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	
azelastine hcl ophthalmic solution 0.05 %	G	
BEPREVE OPHTHALMIC SOLUTION 1.5 % (*bepotastine besilate*)	NPB	
cromolyn sodium ophthalmic solution 4 %	G	
epinastine hcl ophthalmic solution 0.05 %	G	
olopatadine hcl ophthalmic solution 0.1 %, 0.2 %	G	
ZERVIATE OPHTHALMIC SOLUTION 0.24 % (*cetirizine hcl*)	PB	
ANTIGLAUCOMA BETA-BLOCKERS - DRUGS TO TREAT GLAUCOMA		
betaxolol hcl ophthalmic solution 0.5 %	G	
BETIMOL OPHTHALMIC SOLUTION 0.5 % (*timolol hemihydrate*)	PB	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (*betaxolol hcl*)	PB	
carteolol hcl ophthalmic solution 1 %	G	

Prescription Drug Name	Drug Tier	Drug Notes
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*)	NPB	
ANTIGLAUCOMA COMBINATION AGENTS - DRUGS TO TREAT GLAUCOMA		
brimonidine-dorzolamide ophthalmic solution 0.15-2 %	NPB	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (*brimonidine tartrate-timolol*)	PB	
COSOPT OPHTHALMIC SOLUTION 2-0.5 % (*dorzolamide hcl-timolol mal*)	NPB	
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	NPB	
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	G	
latanoprost-timolol maleate ophthalmic solution 0.005-0.5 %	NPB	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (*netarsudil-latanoprost*)	PB	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (*brinzolamide-brimonidine*)	PB	
timolol-brimon-dorzol-latanopr ophthalmic solution 0.5-0.15-2 - 0.005%	NPB	
timolol-brimonidine-dorzolamid ophthalmic solution 0.5-0.15-2 %	NPB	
timolol-dorzolamid-latanoprost ophthalmic solution 0.5-0.15-0.005 %	NPB	
ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION		
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	G	
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 (*neomycin-polymyxin-dexameth*)	NPB	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	G	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	G	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	G	
prednisol ace-moxiflox-bromfen ophthalmic suspension 1-0.5-0.075 %	NPB	
prednisolone acetate-nepafenac ophthalmic suspension 1-0.1 %	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
prednisolone acet-moxifloxacin ophthalmic suspension 1-0.5 %	NPB	
prednisolone-moxifloxacin ophthalmic solution 1-0.5 %	NPB	
prednisolon-moxiflox-bromfenac ophthalmic solution 1-0.5-0.075 %	NPB	
prednisolon-moxiflox-nepafenac ophthalmic suspension 1-0.5-0.1 %	NPB	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	G	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (*tobramycin-dexamethasone*)	PB	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (*tobramycin-dexamethasone*)	PB	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	G	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (*loteprednol-tobramycin*)	NPB	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
AZASITE OPHTHALMIC SOLUTION 1 % (*azithromycin*)	NPB	
bacitracin ophthalmic ointment 500 unit/gm	G	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	G	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (*besifloxacin hcl*)	PB	
CILOXAN OPHTHALMIC OINTMENT 0.3 % (*ciprofloxacin hcl*)	PB	
ciprofloxacin hcl ophthalmic solution 0.3 %	G	
erythromycin ophthalmic ointment 5 mg/gm	G	
gatifloxacin ophthalmic solution 0.5 %	G	
gentamicin sulfate ophthalmic solution 0.3 %	G	
KLARITY-A OPHTHALMIC SOLUTION 1 % (*azithromycin*)	NPB	
MITOSOL OPHTHALMIC KIT 0.2 MG (*mitomycin*)	NPB	
moxifloxacin hcl ophthalmic solution 0.5 %	G	
moxifloxacin hcl-bss intravitreal solution 1 mg/ml	NPB	
NATACYN OPHTHALMIC SUSPENSION 5 % (*natamycin*)	NPB	
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	G	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	G	
ofloxacin ophthalmic solution 0.3 %	G	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	G	

Prescription Drug Name	Drug Tier	Drug Notes
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*)	PB	
ZIRGAN OPHTHALMIC GEL 0.15 % (*ganciclovir*)	NPB	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
ACUVAIL OPHTHALMIC SOLUTION 0.45 % (*ketorolac tromethamine*)	PB	
ALREX OPHTHALMIC SUSPENSION 0.2 % (*loteprednol etabonate*)	NPB	
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	G	
BROMSITE OPHTHALMIC SOLUTION 0.075 % (*bromfenac sodium*)	NPB	
dexamethasone sodium phosphate ophthalmic solution 0.1 %	G	
DEXTENZA OPHTHALMIC INSERT 0.4 MG (*dexamethasone*)	NPB	
diclofenac sodium ophthalmic solution 0.1 %	G	
difluprednate ophthalmic emulsion 0.05 %	G	
DUREZOL OPHTHALMIC EMULSION 0.05 % (*difluprednate*)	NPB	
FLAREX OPHTHALMIC SUSPENSION 0.1 % (*fluorometholone acetate*)	NPB	
fluorometholone ophthalmic suspension 0.1 %	G	
flurbiprofen sodium ophthalmic solution 0.03 %	G	
FML FORTE OPHTHALMIC SUSPENSION 0.25 % (*fluorometholone*)	PB	
ILEVRO OPHTHALMIC SUSPENSION 0.3 % (*nepafenac*)	PB	
INVELTYS OPHTHALMIC SUSPENSION 1 % (*loteprednol etabonate*)	NPB	
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	G	
KLARITY-L OPHTHALMIC EMULSION 0.2 %, 0.5 % (*loteprednol etabonate*)	NPB	
LOTEMAX OPHTHALMIC GEL 0.5 % (*loteprednol etabonate*)	NPB	
LOTEMAX OPHTHALMIC OINTMENT 0.5 % (*loteprednol etabonate*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
LOTEMAX SM OPHTHALMIC GEL 0.38 % (*loteprednol etabonate*)	NPB	
loteprednol etabonate ophthalmic suspension 0.5 %	G	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % (*dexamethasone*)	PB	
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (*nepafenac*)	PB	
OZURDEX INTRAVITREAL IMPLANT 0.7 MG (*dexamethasone*)	NPSP	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (*prednisolone acetate*)	PB	
prednisolone acetate ophthalmic suspension 1 %	G	
prednisolone acetate p-f ophthalmic suspension 1 %	NPB	
prednisolone sodium phosphate ophthalmic solution 1 %	NPB	
PROLENSA OPHTHALMIC SOLUTION 0.07 % (*bromfenac sodium*)	NPB	
CARBONIC ANHYDRASE INHIBITORS - DRUGS TO TREAT GLAUCOMA		
AZOPT OPHTHALMIC SUSPENSION 1 % (*brinzolamide*)	NPB	
brinzolamide ophthalmic suspension 1 %	G	
dorzolamide hcl ophthalmic solution 2 %	G	
DRY EYE DISEASE		
CEQUA OPHTHALMIC SOLUTION 0.09 % (*cyclosporine*)	NPB	
cyclosporine ophthalmic emulsion 0.05 %	G	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (*cyclosporine*)	PB	
RESTASIS OPHTHALMIC EMULSION 0.05 % (*cyclosporine*)	PB	
VEVYE OPHTHALMIC SOLUTION 0.1 % (*cyclosporine*)	PB	
XIIDRA OPHTHALMIC SOLUTION 5 % (*lifitegrast*)	PB	
MISCELLANEOUS		
AKTEN OPHTHALMIC GEL 3.5 % (*lidocaine hcl*)	NPB	
ALTACAINE OPHTHALMIC SOLUTION 0.5 % (*tetracaine hcl*)	G	
ALTAFRIN OPHTHALMIC SOLUTION 10 %, 2.5 % (*phenylephrine hcl*)	G	
atropine sulfate ophthalmic solution 0.01 %, 1 %	NPB	
cyclopentolate hcl ophthalmic solution 1 %	G	
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (*cysteamine hcl*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
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*)	NPB	
VERKAZIA OPHTHALMIC EMULSION 0.1 % (*cyclosporine*)	NPB	
PROSTAGLANDINS - DRUGS TO TREAT GLAUCOMA		
bimatoprost ophthalmic solution 0.03 %	G	
latanoprost ophthalmic solution 0.005 %	NPB	
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (*bimatoprost*)	PB	
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 % (*travoprost*)	NPB	
travoprost (bak free) ophthalmic solution 0.004 %	G	
VYZULTA OPHTHALMIC SOLUTION 0.024 % (*latanoprostene bunod*)	NPB	
XALATAN OPHTHALMIC SOLUTION 0.005 % (*latanoprost*)	NPB	
XELPROS OPHTHALMIC EMULSION 0.005 % (*latanoprost*)	NPB	
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*)	NPSP	
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML (*aflibercept*)	NPSP	
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML (*aflibercept*)	NPSP	
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML (*ranibizumab*)	NPSP	
RHO KINASE INHIBITORS - DRUGS TO TREAT EYE CONDITIONS		
RHOPRESSA OPHTHALMIC SOLUTION 0.02 % (*netarsudil dimesylate*)	PB	
SYMPATHOMIMETICS - DRUGS TO TREAT GLAUCOMA		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % (*brimonidine tartrate*)	PB	

Prescription Drug Name	Drug Tier	Drug Notes
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		
ARGYLE STERILE WATER IRRIGATION SOLUTION (*water for irrigation, sterile*)	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	
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*)	PSP	
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML, 4 GM/200ML, 5 GM/250ML (*alpha1-proteinase inhibitor*)	PSP	
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML (*alpha1-proteinase inhibitor*)	NPSP	
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*)	NPB	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML (*epinephrine*)	PB	
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml	G	
epinephrine professional injection kit 1 mg/ml	NPB	
EPINEPHRINESNAP-EMS INJECTION KIT 1 MG/ML (*epinephrine*)	NPB	
EPINEPHRINESNAP-V INJECTION KIT 1 MG/ML (*epinephrine*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (*epinephrine*)	NPB	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML (*epinephrine*)	NPB	
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (*umeclidinium-vilanterol*)	PB	
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (*glycopyrrolate-formoterol*)	PB	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (*ipratropium-albuterol*)	NPB	
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*)	PB	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT (*umeclidinium bromide*)	PB	
ipratropium bromide inhalation solution 0.02 %	G	
ipratropium bromide nasal solution 0.03 %, 0.06 %	G	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (*tiotropium bromide*)	PB	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (*tiotropium bromide*)	PB	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT (*aclidinium bromide*)	NPB	
YUPELRI INHALATION SOLUTION 175 MCG/3ML (*revefenacin*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
ANTIHISTAMINE COMBINATIONS		
azelastine-fluticasone nasal suspension 137-50 mcg/act	G	
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (*azelastine-fluticasone*)	NPB	
ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES		
azelastine hcl nasal solution 137 mcg/spray	G	
carbinoxamine maleate oral solution 4 mg/5ml	G	
carbinoxamine maleate oral tablet 4 mg	G	
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	
desloratadine oral tablet 5 mg	G	
desloratadine oral tablet dispersible 2.5 mg, 5 mg	G	
diphenhydramine hcl oral elixir 12.5 mg/5ml	G	
hydroxyzine hcl oral syrup 10 mg/5ml	G	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	G	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	G	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (*carbinoxamine maleate*)	NPB	
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	G	
levocetirizine dihydrochloride oral tablet 5 mg	G	
olopatadine hcl nasal solution 0.6 %	G	
RYCLORA ORAL SOLUTION 2 MG/5ML (*dexchlorpheniramine maleate*)	G	
carbinoxamine maleate (Ryvent Oral Tablet 6 Mg)	G	
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	G	
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	G	
albuterol sulfate oral syrup 2 mg/5ml	G	
albuterol sulfate oral tablet 2 mg, 4 mg	G	
arformoterol tartrate inhalation nebulization solution 15 mcg/2ml	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	G	
levalbuterol tartrate inhalation aerosol 45 mcg/act	G	
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (*formoterol fumarate*)	PB	
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (*albuterol sulfate*)	NPB	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (*salmeterol xinafoate*)	PB	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (*olodaterol hcl*)	PB	
terbutaline sulfate oral tablet 2.5 mg, 5 mg	G	
COLD/COUGH		
ADRENALIN NASAL SOLUTION 0.1 % (*epinephrine hcl (nasal)*)	NPB	
benzonatate oral capsule 100 mg, 200 mg	G	
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG (*desloratadine-pseudoephedrine*)	NPB	
hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml	G	
hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml	G	
hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg	G	
hydromet oral solution 5-1.5 mg/5ml	G	
promethazine-codeine oral solution 6.25-10 mg/5ml	G	
promethazine-codeine oral syrup 6.25-10 mg/5ml	G	
promethazine-dm oral syrup 6.25-15 mg/5ml	G	
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	G	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (*chlorpheniramine-codeine*)	NPB	
CYSTIC FIBROSIS		
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML (*tobramycin*)	PSP	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (*aztreonam lysine*)	NPB	
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG (*ivacaftor*)	NPB	

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

Prescription Drug Name	Drug Tier	Drug Notes
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*)	NPB	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (*beclomethasone diprop (nasal)*)	NPB	
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (*beclomethasone diprop (nasal)*)	NPB	
SINUVA NASAL IMPLANT 1350 MCG (*mometasone furoate*)	NPB	
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT (*fluticasone propionate*)	PB	
PULMONARY FIBROSIS AGENTS		
ESBRIET ORAL TABLET 267 MG, 801 MG (*pirfenidone*)	NPSP	
OFEV ORAL CAPSULE 100 MG, 150 MG (*nintedanib esylate*)	PSP	
SEVERE ASTHMA AGENTS		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML (*benralizumab*)	PSP	
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML (*tezepelumab-ekko*)	PSP	
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT (*ciclesonide*)	NPB	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (*fluticasone furoate*)	PB	
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (*mometasone furoate*)	NPB	
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (*mometasone furoate*)	NPB	
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT (*mometasone furoate*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (*mometasone furoate*)	NPB	
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (*mometasone furoate*)	NPB	
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	G	
fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act, 44 mcg/act	NPB	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT (*budesonide*)	PB	
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (*beclomethasone diprop hfa*)	PB	
STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT (*fluticasone-salmeterol*)	NPB	
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (*fluticasone-salmeterol*)	NPB	
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (*albuterol-budesonide*)	PB	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH (*fluticasone furoate-vilanterol*)	PB	
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	G	
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT (*mometasone furo-formoterol fum*)	NPB	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/act, 500-50 mcg/act, 55-14 mcg/act	G	
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (*budesonide-formoterol fumarate*)	PB	
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	

Prescription Drug Name	Drug Tier	Drug Notes
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (*theophylline*)	NPB	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	G	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	G	
theophylline oral elixir 80 mg/15ml	G	
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS		
DERMATOLOGY, ACNE		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG (*isotretinoin micronized*)	NPB	
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG (*isotretinoin*)	PB	
ACANYA EXTERNAL GEL 1.2-2.5 % (*clindamycin phos-benzoyl perox*)	NPB	
ACZONE EXTERNAL GEL 7.5 % (*dapsone*)	NPB	
adapalene external cream 0.1 %	G	
adapalene external gel 0.1 %, 0.3 %	G	
adapalene external pad 0.1 %	G	
adapalene external solution 0.1 %	NPB	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	G	
AKLIEF EXTERNAL CREAM 0.005 % (*trifarotene*)	PB	
ALTRENO EXTERNAL LOTION 0.05 % (*tretinoin*)	NPB	
isotretinoin (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)	G	
AMZEEQ EXTERNAL FOAM 4 % (*minocycline hcl micronized*)	NPB	
ARAZLO EXTERNAL LOTION 0.045 % (*tazarotene*)	PB	
AZELEX EXTERNAL CREAM 20 % (*azelaic acid*)	NPB	
BENZEPRO EXTERNAL FOAM 5.2 %, 9.7 % (*benzoyl peroxide*)	NPB	
BENZEPRO EXTERNAL FOAM 5.3 % (*benzoyl peroxide*)	G	
BENZEPRO EXTERNAL LIQUID 6.8 % (*benzoyl peroxide*)	NPB	
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 (once-daily) external gel 1 %	G	

Prescription Drug Name	Drug Tier	Drug Notes
clindamycin phos (twice-daily) external gel 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 lotion 1 %	G	
clindamycin phosphate external solution 1 %	G	
clindamycin phosphate external swab 1 %	G	
clindamycin-tretinoin external gel 1.2-0.025 %	G	
dapsone external gel 5 %	G	
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (*adapalene-benzoyl peroxide*)	PB	
ery external pad 2 %	G	
erythromycin external gel 2 %	G	
erythromycin external solution 2 %	G	
FABIOR EXTERNAL FOAM 0.1 % (*tazarotene*)	NPB	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	G	
clindamycin-benzoyl per (refr) (Neuac External Gel 1.2-5 %)	G	
ONEXTON EXTERNAL GEL 1.2-3.75 % (*clindamycin phos-benzoyl perox*)	NPB	
PR BENZOYL PEROXIDE EXTERNAL LIQUID 6.9 % (*benzoyl peroxide*)	NPB	
RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 % (*tretinoin microsphere*)	NPB	
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.06 %, 0.08 %, 0.1 % (*tretinoin microsphere*)	NPB	
sulfacetamide sodium (acne) external lotion 10 %	G	
tazarotene external foam 0.1 %	NPB	
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	G	
tretinoin external gel 0.01 %, 0.025 %, 0.05 %	G	
tretinoin microsphere external gel 0.04 %, 0.1 %	G	
tretinoin microsphere pump external gel 0.04 %	G	
TWYNEO EXTERNAL CREAM 0.1-3 % (*tretinoin-benzoyl peroxide*)	PB	
WINLEVI EXTERNAL CREAM 1 % (*clascoterone*)	PB	
isotretinoin (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	G	
ZIANA EXTERNAL GEL 1.2-0.025 % (*clindamycin-tretinoin*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
DERMATOLOGY, ACTINIC KERATOSIS		
fluorouracil external cream 5 %	G	
fluorouracil external solution 2 %, 5 %	G	
imiquimod external cream 5 %	G	
imiquimod pump external cream 3.75 %	G	
KLISYRI (250 MG) EXTERNAL OINTMENT 1 % (*tirbanibulin*)	NPB	
KLISYRI (350 MG) EXTERNAL OINTMENT 1 % (*tirbanibulin*)	NPB	
TOLAK EXTERNAL CREAM 4 % (*fluorouracil*)	NPB	
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	
mupirocin calcium external cream 2 %	G	
mupirocin external ointment 2 %	G	
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % (*neomycin-fluocinolone*)	NPB	
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	

Prescription Drug Name	Drug Tier	Drug Notes
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	
JUBLIA EXTERNAL SOLUTION 10 % (*efinaconazole*)	NPB	
ketoconazole external cream 2 %	G	
ketoconazole external foam 2 %	G	
luliconazole external cream 1 %	G	
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*)	NPB	
nystatin (Nyamyc External Powder 100000 Unit/Gm)	G	
nystatin external cream 100000 unit/gm	G	
nystatin external ointment 100000 unit/gm	G	
nystatin external powder 100000 unit/gm	G	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	G	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	G	
nystatin (Nystop External Powder 100000 Unit/Gm)	G	
oxiconazole nitrate external cream 1 %	G	
OXISTAT EXTERNAL LOTION 1 % (*oxiconazole nitrate*)	NPB	
sulconazole nitrate external solution 1 %	NPB	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (*miconazole-zinc oxide-petrolat*)	NPB	
DERMATOLOGY, ANTIPRURITIC		
doxepin hcl external cream 5 %	G	
DERMATOLOGY, ANTIPSORIATICS		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	G	
calcipotriene external cream 0.005 %	G	
calcipotriene external ointment 0.005 %	G	
calcipotriene external solution 0.005 %	G	
calcipotriene-betameth diprop external ointment 0.005-0.064 %	G	
calcipotriene-betameth diprop external suspension 0.005-0.064 %	G	
calcipotriene (Calcitrene External Ointment 0.005 %)	G	
calcitriol external ointment 3 mcg/gm	G	

Prescription Drug Name	Drug Tier	Drug Notes
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (*calcipotriene-betameth diprop*)	PB	
methoxsalen rapid oral capsule 10 mg	G	
SORILUX EXTERNAL FOAM 0.005 % (*calcipotriene*)	NPB	
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*)	NPB	
TAZORAC EXTERNAL GEL 0.05 %, 0.1 % (*tazarotene*)	NPB	
VTAMA EXTERNAL CREAM 1 % (*tapinarof*)	PB	
WYNZORA EXTERNAL CREAM 0.005-0.064 % (*calcipotriene-betameth diprop*)	NPB	
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*)	PB	
DERMATOLOGY, ATOPIC DERMATITIS		
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (*tralokinumab-ldrm*)	NPSP	
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*tralokinumab-ldrm*)	NPSP	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (*abrocitinib*)	PSP	
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 250 MG/2ML (*lebrikizumab-lbkz*)	PSP	
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MG/2ML (*lebrikizumab-lbkz*)	PSP	
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 0.05 %, 0.15 % (*roflumilast*)	PB	
DERMATOLOGY, CORTICOSTEROIDS		
ALA SCALP EXTERNAL LOTION 2 % (*hydrocortisone*)	G	
ala-cort external cream 1 %	G	

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

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

Prescription Drug Name	Drug Tier	Drug Notes
hydrocortisone external cream 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*)	NPB	
LEXETTE EXTERNAL FOAM 0.05 % (*halobetasol propionate*)	NPB	
MEDPURA HYDROCORTISONE EXTERNAL CREAM 1 % (*hydrocortisone*)	G	
mometasone furoate external cream 0.1 %	G	
mometasone furoate external ointment 0.1 %	G	
mometasone furoate external solution 0.1 %	G	
SERNIVO EXTERNAL EMULSION 0.05 % (*betamethasone dipropionate*)	NPB	
TEXACORT EXTERNAL SOLUTION 2.5 % (*hydrocortisone*)	G	
TOPICORT EXTERNAL OINTMENT 0.25 % (*desoximetasone*)	NPB	
triamcinolone acetonide external aerosol solution 0.147 mg/gm	G	
triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %	G	
triamcinolone acetonide external lotion 0.025 %, 0.1 %	G	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	G	
triamcinolone acetonide (Triderm External Cream 0.5 %)	G	
DERMATOLOGY, LOCAL ANESTHETICS		
lidocaine hcl (Glydo External Prefilled Syringe 2 %)	G	
LDO PLUS EXTERNAL GEL 4 % (*lidocaine hcl*)	NPB	
lidocaine external patch 5 %	G	
lidocaine hcl external solution 4 %	G	
lidocaine hcl urethral/mucosal external prefilled syringe 2 %	G	
lidocaine-prilocaine external cream 2.5-2.5 %	G	
LIDODERM EXTERNAL PATCH 5 % (*lidocaine*)	NPB	
QUTENZA (2 PATCH) EXTERNAL KIT 8 % (*capsaicin-cleansing gel*)	NPB	
QUTENZA EXTERNAL KIT 8 % (*capsaicin-cleansing gel*)	NPB	
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
ACUICYN EXTERNAL SOLUTION (*eyelid cleansers*)	NPB	
acyclovir external cream 5 %	G	

Prescription Drug Name	Drug Tier	Drug Notes
acyclovir external ointment 5 %	G	
AMELUZ EXTERNAL GEL 10 % (*aminolevulinic acid hcl*)	NPB	
ammonium lactate external cream 12 %	G	
ammonium lactate external lotion 12 %	G	
AVENOVA EXTERNAL SOLUTION 0.01 % (*eyelid cleansers*)	NPB	
CONDYLOX EXTERNAL GEL 0.5 % (*podofilox*)	NPB	
DENAVIR EXTERNAL CREAM 1 % (*penciclovir*)	NPB	
iodine tincture external tincture 2 %	NPB	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % (*aminolevulinic acid hcl*)	NPB	
NEMLUVIO SUBCUTANEOUS AUTO-INJECTOR 30 MG (*nemolizumab-ilto*)	PSP	
podofilox external solution 0.5 %	G	
RECTIV RECTAL OINTMENT 0.4 % (*nitroglycerin*)	NPB	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (*collagenase*)	NPB	
TARGRETIN EXTERNAL GEL 1 % (*bexarotene*)	NPSP	
VALCHLOR EXTERNAL GEL 0.016 % (*mechlorethamine hcl (topical)*)	NPB	
VEREGEN EXTERNAL OINTMENT 15 % (*sinecatechins*)	NPB	
XERAC AC EXTERNAL SOLUTION 6.25 % (*aluminum chloride in alcohol*)	NPB	
DERMATOLOGY, ROSACEA		
azelaic acid external gel 15 %	G	
doxycycline oral capsule delayed release 40 mg	G	
EPSOLAY EXTERNAL CREAM 5 % (*benzoyl peroxide*)	NPB	
FINACEA EXTERNAL FOAM 15 % (*azelaic acid*)	PB	
FINACEA EXTERNAL GEL 15 % (*azelaic acid*)	NPB	
metronidazole external cream 0.75 %	G	
metronidazole external gel 0.75 %, 1 %	G	
metronidazole external lotion 0.75 %	G	
MIRVASO EXTERNAL GEL 0.33 % (*brimonidine tartrate*)	NPB	
NORITATE EXTERNAL CREAM 1 % (*metronidazole*)	NPB	
RHOFADE EXTERNAL CREAM 1 % (*oxymetazoline hcl*)	NPB	
ZILXI EXTERNAL FOAM 1.5 % (*minocycline hcl micronized*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
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	
ARGYLE STERILE SALINE IRRIGATION SOLUTION 0.9 % (*sodium chloride (gu irrigant)*)	G	
CURITY STERILE SALINE IRRIGATION SOLUTION 0.9 % (*sodium chloride (gu irrigant)*)	G	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl oral capsule 30 mg	G	
chlorhexidine gluconate mouth/throat solution 0.12 %	G	
clotrimazole mouth/throat troche 10 mg	G	
EVOXAC ORAL CAPSULE 30 MG (*cevimeline hcl*)	NPB	
lidocaine hcl mouth/throat solution 4 %	G	
lidocaine viscous hcl mouth/throat solution 2 %	G	
nystatin mouth/throat suspension 100000 unit/ml	G	
triamcinolone acetonide (Oralone Mouth/Throat Paste 0.1 %)	G	
ORAVIG BUCCAL TABLET 50 MG (*miconazole*)	NPB	
chlorhexidine gluconate (Periogard Mouth/Throat Solution 0.12 %)	G	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	G	
SALAGEN ORAL TABLET 5 MG, 7.5 MG (*pilocarpine hcl*)	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*)	NPB	
ciprofloxacin hcl otic solution 0.2 %	G	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	G	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (*neomycin-colist-hc-thonzonium*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
fluocinolone acetonide otic oil 0.01 %	G	
hydrocortisone-acetic acid otic solution 1-2 %	G	
neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1	G	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	G	
ofloxacin otic solution 0.3 %	G	
OTOVEL OTIC SOLUTION 0.3-0.025 % (*ciprofloxacin-fluocinolone*)	NPB	

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