Plan for your best health

2027 Aetna Pharmacy Drug Guide
Advanced Control 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 Previous versions are no longer in effect.

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2027 Pharmacy Drug Guide

Advanced Control Plan

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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/.

"Aetna" is the brand name used for products and services provided by one or more of the Aetna group of companies offering and administering health and dental plans and other products such as life, disability, and long-term care insurance. In California, this includes Aetna's wholly-owned subsidiaries Aetna Life Insurance Company, Aetna Health of California Inc., Aetna Better Health of California Inc., Aetna Dental of California Inc., and Health and Human Resource Center Inc., and its other affiliates licensed in California. Aetna's ultimate parent is CVS Health Corporation ("CVS Health").

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 ᏚᏬᏂᎯᏍᏗ ᎤᏩᏫᏓᏁᏗ Ꮳ ᎪᎢᏍᏗ ᏗᏣᎬᏩᎳᏁᏗ ᎣᎩ, ᎾᏥᎯᏏᎳᎵᏏ 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)
လာကမၤန့ၢ် ကျိာ်တၢ်မၤစၢၤတၢ်မၤ လၢတလိဉ်လာ်ဘူဉ်လာ်စ့ၤ 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 wëëër 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)
1-888-982-3862 :ܟܬܒ ܠܗܘܢ ܕܠܐ ܡܫܠܡ ܒܥܘ ܕܬܬܠܘ ܠܝ ܒܠܫܢܐ ܕܝܠܟ ܒܚܢܡ ܠܐ ܡܫܠܡ ܐܢ ܒܥܝܬ ܠܟ ܫܘܡܫܢܐ ܕ

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

Drug Notes
N8 = Drug Specific Coverage
SPC = Select Plan Coverage: Only available for select plans. Refer to member plan documents for coverage.

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Prescription Drug Name	Drug Tier	Drug Notes
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION		
COX-2 INHIBITORS		
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG (*celecoxib*)	NF	
celecoxib oral capsule 100 mg, 200 mg, 400 mg	G	
celecoxib oral capsule 50 mg	G	N8 (Listing does not include certain NDCs)
ELYXYB ORAL SOLUTION 120 MG/4.8ML (*celecoxib (migraine)*)	NF	
GOUT		
allopurinol oral tablet 100 mg, 300 mg	G	N8 (Listing does not include certain NDCs)
colchicine oral capsule 0.6 mg	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	
GLOPERBA ORAL SOLUTION 0.6 MG/5ML (*colchicine*)	NF	
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/50ML, 8 MG/ML (*pegloticase*)	NPSP	
MITIGARE ORAL CAPSULE 0.6 MG (*colchicine*)	NF	
probenecid oral tablet 500 mg	G	
ULORIC ORAL TABLET 40 MG, 80 MG (*febuxostat*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
NON-OPIOID ANALGESICS		
ALLZITAL ORAL TABLET 25-325 MG (*butalbital-acetaminophen*)	NF	
butalbital-apap-caffeine (Bac (Butalbital-Acetamin-Caff) Oral Tablet 50-325-40 Mg)	G	
butalbital-acetaminophen oral capsule 50-300 mg	NF	
butalbital-acetaminophen oral tablet 50-300 mg	NF	
butalbital-acetaminophen oral tablet 50-325 mg	G	
butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg	NF	
butalbital-apap-caffeine oral tablet 50-325-40 mg	G	N8 (Listing does not include certain NDCs)
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	G	N8 (Listing does not include certain NDCs)
FIORICET ORAL CAPSULE 50-300-40 MG (*butalbital-apap-caffeine*)	NF	
JOURNAVX ORAL TABLET 50 MG (*suzetrigine*)	NPB	
TENCON ORAL TABLET 50-325 MG (*butalbital-acetaminophen*)	G	
NSAIDS		
CAMBIA ORAL PACKET 50 MG (*diclofenac potassium(migraine)*)	NF	
COXANTO ORAL CAPSULE 300 MG (*oxaprozin*)	NF	
diclofenac epolamine external patch 1.3 %	G	
diclofenac potassium oral capsule 25 mg	NF	
diclofenac potassium oral tablet 25 mg	NF	
diclofenac potassium oral tablet 50 mg	G	N8 (Listing does not include certain NDCs)
diclofenac potassium(migraine) oral packet 50 mg	NF	
diclofenac sodium er oral tablet extended release 24 hour 100 mg	G	
diclofenac sodium external solution 1.5 %	G	
diclofenac sodium external solution 2 %	NF	
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg	G	
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg	G	
etodolac oral capsule 300 mg	G	
etodolac oral tablet 400 mg, 500 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
fenoprofen calcium oral capsule 200 mg, 400 mg	NF	
FLECTOR EXTERNAL PATCH 1.3 % (*diclofenac epolamine*)	NF	
flurbiprofen oral tablet 100 mg, 50 mg	G	
ibuprofen (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg)	G	
ibuprofen oral suspension 100 mg/5ml	G	
ibuprofen oral tablet 300 mg	NF	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	G	N8 (Listing does not include certain NDCs)
INDOCIN ORAL SUSPENSION 25 MG/5ML (*indomethacin*)	NF	
indomethacin (Indocin Rectal Suppository 50 Mg)	NF	
indomethacin er oral capsule extended release 75 mg	G	
indomethacin oral capsule 25 mg, 50 mg	G	
ketoprofen er oral capsule extended release 24 hour 200 mg	NF	
ketoprofen oral capsule 25 mg	NF	
ketorolac tromethamine oral tablet 10 mg	G	N8 (Listing does not include certain NDCs)
LICART EXTERNAL PATCH 24 HOUR 1.3 % (*diclofenac epolamine*)	NF	
LODINE ORAL TABLET 400 MG (*etodolac*)	NF	
diclofenac potassium (Lofena Oral Tablet 25 Mg)	NF	
meclofenamate sodium oral capsule 100 mg, 50 mg	G	
mefenamic acid oral capsule 250 mg	NF	
meloxicam oral capsule 10 mg, 5 mg	NF	
meloxicam oral tablet 15 mg, 7.5 mg	G	
nabumetone oral tablet 500 mg, 750 mg	G	N8 (Listing does not include certain NDCs)
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG (*naproxen sodium*)	NF	
naproxen oral suspension 125 mg/5ml	NF	
naproxen oral tablet 250 mg, 375 mg, 500 mg	G	
naproxen oral tablet delayed release 375 mg, 500 mg	G	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg	NF	
naproxen sodium oral tablet 275 mg, 550 mg	G	
oxaprozin oral tablet 600 mg	G	
piroxicam oral capsule 10 mg, 20 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (*ketorolac tromethamine*)	NF	
sulindac oral tablet 150 mg, 200 mg	G	
tolmetin sodium oral capsule 400 mg	NF	
VOLTAREN EXTERNAL GEL 1 % (*diclofenac sodium*)	NPB	
ZIPSOR ORAL CAPSULE 25 MG (*diclofenac potassium*)	NF	
NSAIDS, COMBINATIONS		
ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG (*diclofenac-misoprostol*)	NF	
COMBOGESIC ORAL TABLET 325-97.5 MG (*ibuprofen-acetaminophen*)	NF	
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	G	
ibuprofen-famotidine oral tablet 800-26.6 mg	G	
naproxen-esomeprazole mg oral tablet delayed release 375-20 mg, 500-20 mg	NF	
PREVIDOLRX ANALGESIC COMBINATION THERAPY PACK 75-20-0.025 MG-MG-% (*diclofenac-omeprazole-capsicum*)	NF	
previdolrx plus analgesic combination therapy pack 75 & 0.025 mg-%	NPB	
OPIOID ANALGESICS		
acetaminophen-codeine oral solution 120-12 mg/5ml, 300-30 mg/12.5ml	G	
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	G	
apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg	G	
butalbital-asa-caff-codeine (Ascomp-Codeine Oral Capsule 50-325-40-30 Mg)	G	
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	G	
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	G	
butorphanol tartrate nasal solution 10 mg/ml	G	
codeine sulfate oral tablet 60 mg	NPB	
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (*tramadol hcl*)	NPB	
DILAUDID INJECTION SOLUTION 2 MG/ML (*hydromorphone hcl*)	NF	
DILAUDID ORAL LIQUID 1 MG/ML (*hydromorphone hcl*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG (*hydromorphone hcl*)	NPB	
DISKETS ORAL TABLET SOLUBLE 40 MG (*methadone hcl*)	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 oral liquid 5 mg/5ml	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*)	NF	
levorphanol tartrate oral tablet 2 mg, 3 mg	NF	
meperidine hcl oral solution 50 mg/5ml	NF	
meperidine hcl oral tablet 50 mg	NF	
methadone hcl injection solution 10 mg/ml	NPB	
methadone hcl (Methadone Hcl Intensol Oral Concentrate 10 Mg/Ml)	G	
methadone hcl oral concentrate 10 mg/ml	G	
methadone hcl oral solution 10 mg/5ml, 5 mg/5ml	G	
methadone hcl oral tablet 10 mg, 5 mg	G	
methadone hcl-sodium chloride intravenous solution prefilled syringe 1-0.9 mg/ml-%	NPB	
METHADOSE ORAL CONCENTRATE 10 MG/ML (*methadone hcl*)	NPB	
methadone hcl (Methadose Oral Tablet Soluble 40 Mg)	G	
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML (*methadone hcl*)	NPB	
morphine sulfate (concentrate) oral solution 20 mg/ml	G	

Prescription Drug Name	Drug Tier	Drug Notes
morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	G	
morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	G	
morphine sulfate intravenous solution 1 mg/ml	NPB	
morphine sulfate oral solution 10 mg/5ml	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	NF	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (*tapentadol hcl*)	NF	
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG (*tapentadol hcl*)	NF	
oxycodone hcl oral capsule 5 mg	G	
oxycodone hcl oral concentrate 100 mg/5ml	G	
oxycodone hcl oral solution 5 mg/5ml	G	
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	G	
oxycodone-acetaminophen oral solution 10-300 mg/5ml, 5-325 mg/5ml	NF	
oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg, 7.5-300 mg	NF	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	G	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (*oxycodone hcl*)	NF	
oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg	NF	
oxymorphone hcl oral tablet 10 mg, 5 mg	G	
PERCOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG (*oxycodone-acetaminophen*)	NF	
PROLATE ORAL SOLUTION 10-300 MG/5ML (*oxycodone-acetaminophen*)	NF	
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (*oxycodone-acetaminophen*)	NF	
ROXICODONE ORAL TABLET 15 MG, 30 MG (*oxycodone hcl*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG (*oxycodone hcl*)	NF	
tapentadol hcl er oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	NF	
tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	NF	
tramadol hcl (er biphasic) oral tablet extended release 24 hour 200 mg, 300 mg	G	
tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	G	
tramadol hcl oral solution 5 mg/ml	NF	
tramadol hcl oral tablet 100 mg, 75 mg	NF	
tramadol hcl oral tablet 50 mg	G	
tramadol-acetaminophen oral tablet 37.5-325 mg	G	
TREZIX ORAL CAPSULE 320.5-30-16 MG (*apap-caff-dihydrocodeine*)	NPB	
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG (*oxycodone*)	NF	
OPIOID PARTIAL AGONISTS		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (*buprenorphine hcl*)	PB	
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR (*buprenorphine*)	NF	
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 childrens oral tablet chewable 81 mg	CE	
aspirin ec adult low dose oral tablet delayed release 81 mg	CE	
aspirin ec low strength oral tablet delayed release 81 mg	CE	
aspirin low dose oral tablet chewable 81 mg	CE	
aspirin low dose oral tablet delayed release 81 mg	CE	
aspirin oral tablet chewable 81 mg	CE	
aspirin oral tablet delayed release 81 mg	CE	

Prescription Drug Name	Drug Tier	Drug Notes
aspirin regimen oral tablet delayed release 81 mg	CE	
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (*aspirin*)	CE	
BAYER LOW DOSE ORAL TABLET CHEWABLE 81 MG (*aspirin*)	CE	
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (*aspirin*)	CE	
childrens aspirin oral tablet chewable 81 mg	CE	
cvs aspirin low dose oral tablet delayed release 81 mg	CE	
cvs aspirin low strength oral tablet delayed release 81 mg	CE	
diflunisal oral tablet 500 mg	G	N8 (Listing does not include certain NDCs)
ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG (*aspirin*)	CE	
eq aspirin low dose oral tablet chewable 81 mg	CE	
eql aspirin low dose oral tablet chewable 81 mg	CE	
ft aspirin low dose oral tablet delayed release 81 mg	CE	
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	
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)*)	PSP	
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (*sodium hyaluronate (viscosup)*)	PSP	
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE 30 MG/3ML (*cross-link hyal acid (visc)*)	NF	

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)*)	NF	
HYALGAN INTRA-ARTICULAR SOLUTION 20 MG/2ML (*sodium hyaluronate (viscosup)*)	NF	
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (*sodium hyaluronate (viscosup)*)	NF	
HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 24 MG/3ML (*hyaluronan*)	NF	
HYMOVIS ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 32 MG/4ML (*hyaluronan*)	NF	
MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 88 MG/4ML (*hyaluronan*)	NF	
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)*)	NF	
SYNOJOYNT INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (*sodium hyaluronate (viscosup)*)	NF	
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16 MG/2ML (*hylan g-f 20*)	NF	
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 48 MG/6ML (*hylan g-f 20*)	NF	
TRIVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (*sodium hyaluronate (viscosup)*)	NF	
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (*sodium hyaluronate (viscosup)*)	NF	
ANESTHETICS - DRUGS FOR NUMBING		
LOCAL ANESTHETICS		
MARCAINE/EPINEPHRINE INJECTION SOLUTION 0.5% - 1:200000 (*bupivacaine-epinephrine*)	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, 6 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
praziquantel oral tablet 600 mg	G	
ANTI-BACTERIALS - MISCELLANEOUS		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML (*amikacin sulfate liposome*)	NPB	
HUMATIN ORAL CAPSULE 250 MG (*paromomycin sulfate*)	NF	
neomycin sulfate oral tablet 500 mg	G	N8 (Listing does not include certain NDCs)
sulfadiazine oral tablet 500 mg	NPB	
tinidazole oral tablet 250 mg, 500 mg	G	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG (*isavuconazonium sulfate*)	NF	
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	G	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	G	
flucytosine oral capsule 250 mg	G	
flucytosine oral capsule 500 mg	NF	
griseofulvin microsize oral suspension 125 mg/5ml	G	
griseofulvin microsize oral tablet 500 mg	G	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	G	
itraconazole oral capsule 100 mg	G	
itraconazole oral solution 10 mg/ml	G	
ketoconazole oral tablet 200 mg	G	
NOXAFIL ORAL PACKET 300 MG (*posaconazole*)	NF	
nystatin oral tablet 500000 unit	G	N8 (Listing does not include certain NDCs)
posaconazole oral tablet delayed release 100 mg	NF	
SPORANOX ORAL CAPSULE 100 MG (*itraconazole*)	NF	
terbinafine hcl oral tablet 250 mg	G	
tolsura oral capsule 65 mg	NF	
VIVJOA ORAL CAPSULE THERAPY PACK 150 MG (*oteseconazole*)	NPB	
voriconazole oral suspension reconstituted 40 mg/ml	G	
voriconazole oral tablet 200 mg, 50 mg	G	
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
ARAKODA ORAL TABLET 100 MG (*tafenoquine succinate*)	NF	
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
chloroquine phosphate oral tablet 250 mg, 500 mg	G	
COARTEM ORAL TABLET 20-120 MG (*artemether-lumefantrine*)	NPB	
hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg	NF	
KRINTAFEL ORAL TABLET 150 MG (*tafenoquine succinate*)	NF	
mefloquine hcl oral tablet 250 mg	G	
primaquine phosphate oral tablet 26.3 (15 base) mg	NPB	
quinine sulfate oral capsule 324 mg	G	
SOVUNA ORAL TABLET 300 MG (*hydroxychloroquine sulfate*)	NF	
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate oral solution 20 mg/ml	G	
abacavir sulfate oral tablet 300 mg	G	
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 MG/3ML (*cabotegravir*)	PSP	
APTIVUS ORAL CAPSULE 250 MG (*tipranavir*)	NF	
atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg	G	
EDURANT ORAL TABLET 25 MG (*rilpivirine hcl*)	NF	
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG (*rilpivirine hcl*)	NF	
efavirenz oral tablet 600 mg	G	
EMTRIVA ORAL CAPSULE 200 MG (*emtricitabine*)	NPSP	
EMTRIVA ORAL SOLUTION 10 MG/ML (*emtricitabine*)	NPSP	
fosamprenavir calcium oral tablet 700 mg	G	
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG (*etravirine*)	NF	
ISENTRESS HD ORAL TABLET 600 MG (*raltegravir potassium*)	PSP	
ISENTRESS ORAL PACKET 100 MG (*raltegravir potassium*)	PSP	
ISENTRESS ORAL TABLET 400 MG (*raltegravir potassium*)	PSP	
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (*raltegravir potassium*)	PSP	
lamivudine oral solution 10 mg/ml	G	
lamivudine oral tablet 150 mg, 300 mg	G	
nevirapine er oral tablet extended release 24 hour 400 mg	G	
nevirapine oral suspension 50 mg/5ml	G	

Prescription Drug Name	Drug Tier	Drug Notes
nevirapine oral tablet 200 mg	G	
NORVIR ORAL PACKET 100 MG (*ritonavir*)	NF	
NORVIR ORAL TABLET 100 MG (*ritonavir*)	NF	
PIFELTRO ORAL TABLET 100 MG (*doravirine*)	NF	
PREZISTA ORAL SUSPENSION 100 MG/ML (*darunavir*)	NF	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG (*darunavir*)	NF	
REYATAZ ORAL CAPSULE 200 MG, 300 MG (*atazanavir sulfate*)	NF	
REYATAZ ORAL PACKET 50 MG (*atazanavir sulfate*)	NF	
ritonavir oral tablet 100 mg	G	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (*fostemsavir tromethamine*)	NPSP	
SELZENTRY ORAL TABLET 150 MG, 300 MG (*maraviroc*)	NF	
tenofovir disoproxil fumarate oral tablet 300 mg	G	
TIVICAY ORAL TABLET 50 MG (*dolutegravir sodium*)	PSP	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (*dolutegravir sodium*)	PSP	
VIRACEPT ORAL TABLET 250 MG, 625 MG (*nelfinavir mesylate*)	NF	
VIREAD ORAL POWDER 40 MG/GM (*tenofovir disoproxil fumarate*)	NPSP	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG (*tenofovir disoproxil fumarate*)	NPSP	
YEZTUGO ORAL TABLET 300 MG (*lenacapavir sodium*)	PSP	
YEZTUGO SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML (*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*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
DELSTRIGO ORAL TABLET 100-300-300 MG (*doravirin-lamivudin-tenofov df*)	NF	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG (*emtricitabine-tenofovir af*)	NPSP	
DOVATO ORAL TABLET 50-300 MG (*dolutegravir-lamivudine*)	PSP	
emtricitabine-tenofovir df oral tablet 200-300 mg	CE	
EVOTAZ ORAL TABLET 300-150 MG (*atazanavir-cobicistat*)	NPSP	
GENVOYA ORAL TABLET 150-150-200-10 MG (*elviteg-cobic-emtricit-tenofaf*)	PSP	
JULUCA ORAL TABLET 50-25 MG (*dolutegravir-rilpivirine*)	NPSP	
KALETRA ORAL SOLUTION 400-100 MG/5ML (*lopinavir-ritonavir*)	NPSP	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG (*lopinavir-ritonavir*)	NF	
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*)	NPSP	
STRIBILD ORAL TABLET 150-150-200-300 MG (*elviteg-cobic-emtricit-tenofdf*)	NF	
SYMFI ORAL TABLET 600-300-300 MG (*efavirenz-lamivudine-tenofovir*)	NPSP	
SYMTUZA ORAL TABLET 800-150-200-10 MG (*darun-cobic-emtricit-tenofaf*)	PSP	
TRIUMEQ ORAL TABLET 600-50-300 MG (*abacavir-dolutegravir-lamivud*)	PSP	
triumeq pd oral tablet soluble 60-5-30 mg	PSP	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG (*emtricitabine-tenofovir df*)	NF	
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
cycloserine oral capsule 250 mg	G	
ethambutol hcl oral tablet 100 mg, 400 mg	G	
isoniazid oral syrup 50 mg/5ml	G	
isoniazid oral tablet 100 mg, 300 mg	G	N8 (Listing does not include certain NDCs)
pretomanid oral tablet 200 mg	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
PRIFTIN ORAL TABLET 150 MG (*rifapentine*)	NPB	
pyrazinamide oral tablet 500 mg	G	
rifabutin oral capsule 150 mg	G	
rifampin oral capsule 150 mg, 300 mg	G	N8 (Listing does not include certain NDCs)
SIRTURO ORAL TABLET 100 MG, 20 MG (*bedaquiline fumarate*)	NPB	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
acyclovir oral capsule 200 mg	G	
acyclovir oral suspension 200 mg/5ml	G	
acyclovir oral tablet 400 mg, 800 mg	G	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	G	
LIVTENCITY ORAL TABLET 200 MG (*maribavir*)	NPSP	
oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg	G	
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	G	
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG (*nirmatrelvir-ritonavir*)	PB	
PAXLOVID (300/100 & 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 PACKET 120 MG, 20 MG (*letermovir*)	NPB	
PREVYMIS ORAL TABLET 240 MG, 480 MG (*letermovir*)	NPB	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT (*zanamivir*)	PB	
rimantadine hcl oral tablet 100 mg	G	
TEMBEXA ORAL SUSPENSION 10 MG/ML (*brincidofovir*)	NPB	
TEMBEXA ORAL TABLET 100 MG (*brincidofovir*)	NPB	
TPOXX ORAL CAPSULE 200 MG (*tecovirimat*)	NPB	
valacyclovir hcl oral tablet 1 gm, 500 mg	G	
VALCYTE ORAL SOLUTION RECONSTITUTED 50 MG/ML (*valganciclovir hcl*)	NF	
valganciclovir hcl oral solution reconstituted 50 mg/ml	G	
valganciclovir hcl oral tablet 450 mg	G	
VALTREX ORAL TABLET 1 GM, 500 MG (*valacyclovir hcl*)	NF	
XERESE EXTERNAL CREAM 5-1 % (*acyclovir-hydrocortisone*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG (*baloxavir marboxil*)	NF	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG (*baloxavir marboxil*)	NF	
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
cefaclor er oral tablet extended release 12 hour 500 mg	NPB	
cefaclor oral capsule 250 mg, 500 mg	G	
cefadroxil oral capsule 500 mg	G	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	G	
cefadroxil oral tablet 1 gm	G	
cefdinir oral capsule 300 mg	G	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	G	
cefixime oral capsule 400 mg	G	
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	G	
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	G	
cefpodoxime proxetil oral tablet 100 mg, 200 mg	G	
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	G	
cefprozil oral tablet 250 mg, 500 mg	G	
cefuroxime axetil oral tablet 250 mg, 500 mg	G	
cephalexin oral capsule 250 mg, 500 mg	G	N8 (Listing does not include certain NDCs)
cephalexin oral capsule 750 mg	G	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	G	
cephalexin oral tablet 250 mg, 500 mg	G	
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS		
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	G	N8 (Listing does not include certain NDCs)
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*)	NPB	
DIFICID ORAL TABLET 200 MG (*fidaxomicin*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
E.E.S. 400 ORAL TABLET 400 MG (*erythromycin ethylsuccinate*)	G	
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (*erythromycin ethylsuccinate*)	NF	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML (*erythromycin ethylsuccinate*)	NF	
erythromycin base (Ery-Tab Oral Tablet Delayed Release 250 Mg, 333 Mg, 500 Mg)	G	
erythromycin base oral capsule delayed release particles 250 mg	G	
erythromycin base oral tablet 250 mg, 500 mg	G	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml	G	
erythromycin ethylsuccinate oral tablet 400 mg	G	
erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg	G	
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
BAXDELA ORAL TABLET 450 MG (*delafloxacin meglumine*)	NPB	
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%) (*ciprofloxacin*)	NPB	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	G	
levofloxacin oral solution 25 mg/ml	G	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	G	
moxifloxacin hcl oral tablet 400 mg	G	
ofloxacin oral tablet 300 mg, 400 mg	G	
HEPATITIS B		
adefovir dipivoxil oral tablet 10 mg	G	
BARACLUDE ORAL SOLUTION 0.05 MG/ML (*entecavir*)	NPSP	
BARACLUDE ORAL TABLET 0.5 MG, 1 MG (*entecavir*)	NF	
entecavir oral tablet 0.5 mg, 1 mg	G	
lamivudine oral tablet 100 mg	G	
VEMLIDY ORAL TABLET 25 MG (*tenofovir alafenamide fumarate*)	NF	
HEPATITIS C		
EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG (*sofosbuvir-velpatasvir*)	NF	
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG (*sofosbuvir-velpatasvir*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG (*ledipasvir-sofosbuvir*)	NF	
HARVONI ORAL TABLET 45-200 MG, 90-400 MG (*ledipasvir-sofosbuvir*)	NF	
ledipasvir-sofosbuvir oral tablet 90-400 mg	NF	
MAVYRET ORAL PACKET 50-20 MG (*glecaprevir-pibrentasvir*)	PSP	
MAVYRET ORAL TABLET 100-40 MG (*glecaprevir-pibrentasvir*)	PSP	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (*peginterferon alfa-2a*)	NF	
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (*peginterferon alfa-2a*)	NF	
ribavirin oral capsule 200 mg	G	
ribavirin oral tablet 200 mg	G	
sofosbuvir-velpatasvir oral tablet 400-100 mg	NF	
SOVALDI ORAL PACKET 150 MG, 200 MG (*sofosbuvir*)	NF	
SOVALDI ORAL TABLET 200 MG, 400 MG (*sofosbuvir*)	NF	
VOSEVI ORAL TABLET 400-100-100 MG (*sofosbuv-velpatasv-voxilaprev*)	NF	
MISCELLANEOUS		
atovaquone oral suspension 750 mg/5ml	G	
BLUJEPA ORAL TABLET 750 MG (*gepotidacin mesylate*)	NPB	
clindamycin hcl oral capsule 150 mg, 75 mg	G	N8 (Listing does not include certain NDCs)
clindamycin hcl oral capsule 300 mg	G	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	G	
dapsone oral tablet 100 mg, 25 mg	G	N8 (Listing does not include certain NDCs)
DARAPRIM ORAL TABLET 25 MG (*pyrimethamine*)	NF	
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML (*vancomycin hcl*)	NF	
LAMPIT ORAL TABLET 120 MG, 30 MG (*nifurtimox*)	NPB	
LIKMEZ ORAL SUSPENSION 500 MG/5ML (*metronidazole*)	NF	
linezolid oral suspension reconstituted 100 mg/5ml	G	
linezolid oral tablet 600 mg	G	N8 (Listing does not include certain NDCs)
mb caps oral capsule 120 mg	NF	

Prescription Drug Name	Drug Tier	Drug Notes
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	N8 (Listing does not include certain NDCs)
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	N8 (Listing does not include certain NDCs)
nitrofurantoin oral suspension 50 mg/5ml	NF	
ORLYNVAH ORAL TABLET 500-500 MG (*sulopenem etzadrox-probenecid*)	NPB	
SIVEXTRO ORAL TABLET 200 MG (*tedizolid phosphate*)	NPB	
SOLOSEC ORAL PACKET 2 GM (*secnidazole*)	NF	
sulfamethoxazole-trimethoprim oral suspension 800-160 mg/20ml	G	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	G	N8 (Listing does not include certain NDCs)
sulfamethoxazole-trimethoprim (Sulfatrim Pediatric Oral Suspension 200-40 Mg/5Ml)	G	
trimethoprim oral tablet 100 mg	G	
URIMAR-T ORAL CAPSULE 120 MG (*meth-hyo-m bl-na phos-ph sal*)	NF	
vancomycin hcl intravenous solution 500 mg/100ml	NPB	
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 5 gm, 500 mg, 750 mg	NPB	
vancomycin hcl oral capsule 125 mg, 250 mg	G	
vancomycin hcl oral solution reconstituted 250 mg/5ml	NF	
VANCOMYCIN+SYRSPEND SF ORAL SUSPENSION 50 MG/ML (*vancomycin hcl*)	NF	
XIFAXAN ORAL TABLET 200 MG (*rifaximin*)	NF	
XIFAXAN ORAL TABLET 550 MG (*rifaximin*)	PB	
PENICILLINS - DRUGS TO TREAT INFECTIONS		
amoxicillin oral capsule 250 mg, 500 mg	G	N8 (Listing does not include certain NDCs)
amoxicillin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	G	N8 (Listing does not include certain NDCs)

Prescription Drug Name	Drug Tier	Drug Notes
amoxicillin oral suspension reconstituted 200 mg/5ml, 400 mg/5ml	G	
amoxicillin oral tablet 500 mg, 875 mg	G	
amoxicillin oral tablet chewable 125 mg, 250 mg	G	
amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg	G	
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	G	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg	G	
amoxicillin-pot clavulanate oral tablet 875-125 mg	G	N8 (Listing does not include certain NDCs)
ampicillin oral capsule 500 mg	G	
ampicillin sodium intravenous solution reconstituted 10 gm	G	N8 (Listing does not include certain NDCs)
ampicillin-sulbactam sodium injection solution reconstituted 3 (2-1) gm	NPB	
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	
penicillin g potassium (Pfizerpen Injection Solution Reconstituted 20000000 Unit, 5000000 Unit)	NF	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
avidoxy oral tablet 100 mg	G	
demeclocycline hcl oral tablet 150 mg, 300 mg	G	
DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG (*doxycycline hyclate*)	NF	
doxycycline hyclate oral capsule 100 mg, 50 mg	G	
doxycycline hyclate oral tablet 100 mg	G	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	NF	
doxycycline hyclate oral tablet 20 mg	G	N8 (Listing does not include certain NDCs)
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	NF	
doxycycline monohydrate oral capsule 100 mg, 50 mg	G	
doxycycline monohydrate oral capsule 150 mg, 75 mg	NF	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	G	N8 (Listing does not include certain NDCs)

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	NF	
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*)	NF	
doxycycline hyclate (Targadox Oral Tablet 50 Mg)	NF	
tetracycline hcl oral capsule 250 mg, 500 mg	G	
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
cyclophosphamide oral capsule 25 mg, 50 mg	G	
cyclophosphamide oral tablet 50 mg	NPB	
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		
AVGEMSI INTRAVENOUS SOLUTION 1 GM/26.3ML, 2 GM/52.6ML (*gemcitabine hcl*)	NF	
capecitabine oral tablet 150 mg, 500 mg	G	
INQOVI ORAL TABLET 35-100 MG (*decitabine-cedazuridine*)	NPSP	
JYLAMVO ORAL SOLUTION 2 MG/ML (*methotrexate*)	NPB	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG (*trifluridine-tipiracil*)	PSP	
mercaptopurine oral tablet 50 mg	G	
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	G	
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	G	

Prescription Drug Name	Drug Tier	Drug Notes
methotrexate sodium injection solution reconstituted 1 gm	G	
ONUREG ORAL TABLET 200 MG, 300 MG (*azacitidine*)	NPSP	
PURIXAN ORAL SUSPENSION 2000 MG/100ML (*mercaptopurine*)	NPSP	
TABLOID ORAL TABLET 40 MG (*thioguanine*)	NPB	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (*methotrexate sodium*)	NPB	
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*)	NF	
ERIVEDGE ORAL CAPSULE 150 MG (*vismodegib*)	PSP	
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (*pomalidomide*)	NF	
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (*lenalidomide*)	NF	
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	
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG (*niraparib-abiraterone acetate*)	NF	
anastrozole oral tablet 1 mg	CE	
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	

Prescription Drug Name	Drug Tier	Drug Notes
ERLEADA ORAL TABLET 240 MG, 60 MG (*apalutamide*)	PSP	
EULEXIN ORAL CAPSULE 125 MG (*flutamide*)	NF	
exemestane oral tablet 25 mg	CE	
FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 MG/5ML (*fulvestrant*)	NPB	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (*degarelix acetate*)	NF	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (*degarelix acetate*)	NF	
letrozole oral tablet 2.5 mg	G	
leuprolide acetate injection kit 1 mg/0.2ml	G	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG (*leuprolide acetate*)	NPSP	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG (*leuprolide acetate*)	NF	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (*leuprolide acetate (3 month)*)	NPSP	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG (*leuprolide acetate (3 month)*)	NF	
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG (*leuprolide acetate (4 month)*)	NF	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG (*leuprolide acetate (6 month)*)	NF	
LUTRATE DEPOT INTRAMUSCULAR INJECTABLE 22.5 MG (*leuprolide acetate (3 month)*)	NF	
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	
ORSERDU ORAL TABLET 345 MG, 86 MG (*elacestrant hydrochloride*)	NF	
SOLTAMOX ORAL SOLUTION 10 MG/5ML (*tamoxifen citrate*)	NPB	
tamoxifen citrate oral tablet 10 mg, 20 mg	CE	
toremifene citrate oral tablet 60 mg	G	
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG (*triptorelin pamoate*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
VABRINTY SUBCUTANEOUS KIT 22.5 MG (*leuprolide acetate (3 month)*)	NF	
VABRINTY SUBCUTANEOUS KIT 30 MG (*leuprolide acetate (4 month)*)	NF	
VABRINTY SUBCUTANEOUS KIT 45 MG (*leuprolide acetate (6 month)*)	NF	
VABRINTY SUBCUTANEOUS KIT 7.5 MG (*leuprolide acetate*)	NF	
XTANDI ORAL CAPSULE 40 MG (*enzalutamide*)	PSP	
XTANDI ORAL TABLET 40 MG, 80 MG (*enzalutamide*)	PSP	
YONSA ORAL TABLET 125 MG (*abiraterone acetate micronized*)	PSP	
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG (*goserelin acetate*)	NF	
ZYTIGA ORAL TABLET 250 MG, 500 MG (*abiraterone acetate*)	NF	
KINASE INHIBITORS		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG (*everolimus*)	NF	
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG (*everolimus*)	NF	
ALECENSA ORAL CAPSULE 150 MG (*alectinib hcl*)	PSP	
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG (*brigatinib*)	PSP	
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG (*brigatinib*)	PSP	
AUGTYRO ORAL CAPSULE 160 MG, 40 MG (*repotrectinib*)	PSP	
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG (*avutometinib-defactinib*)	NF	
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (*avapritinib*)	NF	
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG (*erdafitinib*)	NPB	
BOSULIF ORAL CAPSULE 100 MG, 50 MG (*bosutinib*)	NF	
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG (*bosutinib*)	NF	
BRAFTOVI ORAL CAPSULE 75 MG (*encorafenib*)	PSP	
BRUKINSA ORAL CAPSULE 80 MG (*zanubrutinib*)	PSP	
BRUKINSA ORAL TABLET 160 MG (*zanubrutinib*)	PB	

Prescription Drug Name	Drug Tier	Drug Notes
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*)	NF	
COTELLIC ORAL TABLET 20 MG (*cobimetinib fumarate*)	NF	
DANZITEN ORAL TABLET 71 MG, 95 MG (*nilotinib tartrate*)	NF	
erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg	G	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG (*tivozanib hcl*)	NF	
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG (*fruquintinib*)	NPSP	
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*)	NF	
GOMEKLI ORAL CAPSULE 1 MG, 2 MG (*mirdametinib*)	PSP	
GOMEKLI ORAL TABLET SOLUBLE 1 MG (*mirdametinib*)	PSP	
HERNEXEOS ORAL TABLET 60 MG (*zongertinib*)	NPSP	
IBRANCE ORAL CAPSULE 125 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 10 MG, 15 MG, 30 MG, 45 MG (*ponatinib hcl*)	NF	
imatinib mesylate oral tablet 100 mg, 400 mg	G	
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (*ibrutinib*)	NF	
IMBRUVICA ORAL SUSPENSION 70 MG/ML (*ibrutinib*)	NF	
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (*ibrutinib*)	NF	
imkeldi oral solution 80 mg/ml	NF	
INLYTA ORAL TABLET 1 MG, 5 MG (*axitinib*)	PSP	

Prescription Drug Name	Drug Tier	Drug Notes
INREBIC ORAL CAPSULE 100 MG (*fedratinib hcl*)	NF	
IRESSA ORAL TABLET 250 MG (*gefitinib*)	NF	
ITOVEBI ORAL TABLET 3 MG, 9 MG (*inavolisib*)	NPSP	
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (*ruxolitinib phosphate*)	PSP	
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG (*ruxolitinib phosphate*)	PSP	
JAYPIRCA ORAL TABLET 100 MG, 50 MG (*pirtobrutinib*)	NF	
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (*ribociclib succinate*)	PSP	
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (*ribociclib succinate*)	PSP	
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (*ribociclib succinate*)	PSP	
KOSELUGO ORAL CAPSULE 10 MG, 25 MG (*selumetinib sulfate*)	PSP	
KOSELUGO ORAL CAPSULE SPRINKLE 5 MG, 7.5 MG (*selumetinib sulfate*)	PSP	
LAZCLUZE ORAL TABLET 240 MG, 80 MG (*lazertinib mesylate*)	NF	
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG (*lenvatinib mesylate*)	PSP	
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG (*lenvatinib mesylate*)	PSP	
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG (*lenvatinib mesylate*)	PSP	
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG (*lenvatinib mesylate*)	PSP	
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG (*lenvatinib mesylate*)	PSP	
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG (*lenvatinib mesylate*)	PSP	
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG (*lenvatinib mesylate*)	PSP	
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG (*lenvatinib mesylate*)	PSP	
LORBRENA ORAL TABLET 100 MG, 25 MG (*lorlatinib*)	NPSP	
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (*futibatinib*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (*futibatinib*)	NF	
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (*futibatinib*)	NF	
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML (*trametinib dimethyl sulfoxide*)	PSP	
MEKINIST ORAL TABLET 0.5 MG, 2 MG (*trametinib dimethyl sulfoxide*)	PSP	
MEKTOVI ORAL TABLET 15 MG (*binimetinib*)	PSP	
NERLYNX ORAL TABLET 40 MG (*neratinib maleate*)	NPSP	
NEXAVAR ORAL TABLET 200 MG (*sorafenib tosylate*)	NF	
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML (*tovorafenib*)	NF	
OJEMDA ORAL TABLET 100 MG (*tovorafenib*)	NF	
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG (*momelotinib dihydrochloride*)	NPSP	
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (*pemigatinib*)	NF	
PHYRAGO ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG (*dasatinib*)	NF	
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	
QINLOCK ORAL TABLET 50 MG (*ripretinib*)	NF	
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG (*selpercatinib*)	PSP	
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG (*vimseltinib*)	NF	
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*)	NF	
STIVARGA ORAL TABLET 40 MG (*regorafenib*)	PSP	

Prescription Drug Name	Drug Tier	Drug Notes
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG (*sunitinib malate*)	NF	
TABRECTA ORAL TABLET 150 MG, 200 MG (*capmatinib hcl*)	NF	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (*dabrafenib mesylate*)	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*)	NF	
TEPMETKO ORAL TABLET 225 MG (*tepotinib hcl*)	NF	
TRUQAP ORAL TABLET 200 MG (*capivasertib*)	PSP	
TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG (*capivasertib*)	PSP	
TUKYSA ORAL TABLET 150 MG, 50 MG (*tucatinib*)	NPB	
TURALIO ORAL CAPSULE 125 MG (*pexidartinib hcl*)	PSP	
TYKERB ORAL TABLET 250 MG (*lapatinib ditosylate*)	NPSP	
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG (*quizartinib dihydrochloride*)	NPSP	
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (*abemaciclib*)	NPSP	
VITRAKVI ORAL CAPSULE 100 MG, 25 MG (*larotrectinib sulfate*)	PSP	
VITRAKVI ORAL SOLUTION 20 MG/ML (*larotrectinib sulfate*)	PSP	
VONJO ORAL CAPSULE 100 MG (*pacritinib citrate*)	NPSP	
VOTRIENT ORAL TABLET 200 MG (*pazopanib hcl*)	NF	
XALKORI ORAL CAPSULE 200 MG, 250 MG (*crizotinib*)	NF	
XALKORI ORAL CAPSULE SPRINKLE 150 MG, 20 MG, 50 MG (*crizotinib*)	NPSP	
XOSPATA ORAL TABLET 40 MG (*gilteritinib fumarate*)	PSP	
ZELBORAF ORAL TABLET 240 MG (*vemurafenib*)	NF	
ZYDELIG ORAL TABLET 100 MG, 150 MG (*idelalisib*)	NF	
ZYKADIA ORAL TABLET 150 MG (*ceritinib*)	PSP	
MISCELLANEOUS		
bexarotene oral capsule 75 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
hydroxyurea oral capsule 500 mg	G	
IDHIFA ORAL TABLET 100 MG, 50 MG (*enasidenib mesylate*)	NPSP	
IWILFIN ORAL TABLET 192 MG (*eflornithine hcl*)	NPSP	
KOMZIFTI ORAL CAPSULE 200 MG (*ziftomenib*)	NF	
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	
MODEYSO ORAL CAPSULE 125 MG (*dordaviprone hcl*)	NPSP	
ODOMZO ORAL CAPSULE 200 MG (*sonidegib phosphate*)	PSP	
OGSIVEO ORAL TABLET 100 MG, 150 MG (*nirogacestat hydrobromide*)	NF	
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG (*revumenib citrate*)	NPSP	
REZLIDHIA ORAL CAPSULE 150 MG (*olutasidenib*)	NF	
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (*rucaparib camsylate*)	NF	
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG (*talazoparib tosylate*)	NF	
TARGRETIN ORAL CAPSULE 75 MG (*bexarotene*)	NF	
TIBSOVO ORAL TABLET 250 MG (*ivosidenib*)	NPB	
tretinoin oral capsule 10 mg	G	
UVADEX EXTRACORPOREAL SOLUTION 20 MCG/ML (*methoxsalen (photopheresis)*)	NPB	
VISTOGARD ORAL PACKET 10 GM (*uridine triacetate*)	PB	
VORANIGO ORAL TABLET 10 MG, 40 MG (*vorasidenib*)	NPSP	
WELIREG ORAL TABLET 40 MG (*belzutifan*)	NF	
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG (*selinexor*)	NPB	
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG (*selinexor*)	NPSP	
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (*selinexor*)	NPB	
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG (*selinexor*)	NPB	
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (*selinexor*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (*selinexor*)	NPB	
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 80 MG (*selinexor*)	NPSP	
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	
MITOTIC INHIBITORS		
DOCIVYX INTRAVENOUS SOLUTION 160 MG/16ML, 20 MG/2ML, 80 MG/8ML (*docetaxel*)	NF	
PLATINUM-BASED AGENTS		
cisplatin intravenous solution 200 mg/200ml	NPB	
oxaliplatin intravenous solution 200 mg/40ml	NPB	
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*)	NPB	
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	NPB	
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (*topotecan hcl*)	NPSP	
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	G	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 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	N8 (Listing does not include certain NDCs)

Prescription Drug Name	Drug Tier	Drug Notes
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (*perindopril arg-amlodipine*)	NF	
quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	G	N8 (Listing does not include certain NDCs)
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	NPB	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (*lisinopril-hydrochlorothiazide*)	NF	
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	G	N8 (Listing does not include certain NDCs)
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	G	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	G	N8 (Listing does not include certain NDCs)
EPANED ORAL SOLUTION 1 MG/ML (*enalapril maleate*)	NF	
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	G	N8 (Listing does not include certain NDCs)
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	G	N8 (Listing does not include certain NDCs)
moexipril hcl oral tablet 15 mg, 7.5 mg	G	N8 (Listing does not include certain NDCs)
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	N8 (Listing does not include certain NDCs)
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	G	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	G	
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
CAROSPIR ORAL SUSPENSION 25 MG/5ML (*spironolactone*)	NF	
eplerenone oral tablet 25 mg, 50 mg	G	
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	

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

Prescription Drug Name	Drug Tier	Drug Notes
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		
ARBLI ORAL SUSPENSION 10 MG/ML (*losartan potassium*)	NF	
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (*candesartan cilexetil*)	NF	
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG (*olmesartan medoxomil*)	NF	
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	G	
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG (*losartan potassium*)	NF	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG (*valsartan*)	NF	
EDARBI ORAL TABLET 40 MG, 80 MG (*azilsartan medoxomil*)	NF	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	G	N8 (Listing does not include certain NDCs)
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	G	
MICARDIS ORAL TABLET 40 MG (*telmisartan*)	NF	
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	G	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	G	
valsartan oral solution 4 mg/ml	NF	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	G	
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg	G	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (*sotalol hcl af*)	NF	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (*sotalol hcl*)	NF	
disopyramide phosphate oral capsule 100 mg, 150 mg	G	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	G	
flecainide acetate oral tablet 100 mg, 150 mg	G	
flecainide acetate oral tablet 50 mg	G	N8 (Listing does not include certain NDCs)
lidocaine hcl (cardiac) pf intravenous solution prefilled syringe 100 mg/5ml	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	NPB	
MULTAQ ORAL TABLET 400 MG (*dronedarone hcl*)	PB	
NEXTERONE INTRAVENOUS SOLUTION 150-4.21 MG/100ML-%, 360-4.14 MG/200ML-% (*amiodarone hcl in dextrose*)	NF	
NORPACE ORAL CAPSULE 100 MG, 150 MG (*disopyramide phosphate*)	NF	
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	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	G	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	G	
SOTYLIZE ORAL SOLUTION 5 MG/ML (*sotalol hcl*)	NPB	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG (*dofetilide*)	NPSP	
ANTILIPEMICS, ACL INHIBITORS/COMBINATIONS - DRUGS TO TREAT HIGH CHOLESTEROL		
NEXLETOL ORAL TABLET 180 MG (*bempedoic acid*)	PB	
NEXLIZET ORAL TABLET 180-10 MG (*bempedoic acid-ezetimibe*)	PB	
ANTILIPEMICS, BILE ACID RESINS - DRUGS TO TREAT HIGH CHOLESTEROL		
cholestyramine light oral packet 4 gm	G	
cholestyramine light oral powder 4 gm/dose	G	N8 (Listing does not include certain NDCs)
cholestyramine oral packet 4 gm	G	
cholestyramine oral powder 4 gm/dose	G	N8 (Listing does not include certain NDCs)
colesevelam hcl oral packet 3.75 gm	G	
colesevelam hcl oral tablet 625 mg	G	
colestipol hcl oral granules 5 gm	G	
colestipol hcl oral packet 5 gm	G	
colestipol hcl oral tablet 1 gm	G	
cholestyramine light (Prevalite Oral Packet 4 Gm)	G	
cholestyramine light (Prevalite Oral Powder 4 Gm/Dose)	G	

Prescription Drug Name	Drug Tier	Drug Notes
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR - DRUGS TO TREAT HIGH CHOLESTEROL		
ezetimibe oral tablet 10 mg	G	
ZETIA ORAL TABLET 10 MG (*ezetimibe*)	NF	
ANTILIPEMICS, FIBRATES - DRUGS TO TREAT HIGH CHOLESTEROL		
fenofibrate micronized oral capsule 130 mg	NF	
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	G	N8 (Listing does not include certain NDCs)
fenofibrate micronized oral capsule 43 mg	G	
fenofibrate oral capsule 150 mg	G	
fenofibrate oral capsule 50 mg	NF	
fenofibrate oral tablet 120 mg, 40 mg	NF	
fenofibrate oral tablet 145 mg, 48 mg	G	
fenofibrate oral tablet 160 mg, 54 mg	G	N8 (Listing does not include certain NDCs)
fenofibric acid oral capsule delayed release 135 mg, 45 mg	G	
fenofibric acid oral tablet 105 mg	G	
gemfibrozil oral tablet 600 mg	G	N8 (Listing does not include certain NDCs)
TRICOR ORAL TABLET 145 MG (*fenofibrate*)	NF	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
ATORVALIQ ORAL SUSPENSION 20 MG/5ML (*atorvastatin calcium*)	NF	
atorvastatin calcium oral tablet 10 mg, 20 mg	CE	
atorvastatin calcium oral tablet 40 mg	G	N8 (Listing does not include certain NDCs)
atorvastatin calcium oral tablet 80 mg	G	
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (*rosuvastatin calcium*)	NF	
flolipid oral suspension 20 mg/5ml, 40 mg/5ml	NF	
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	G	
fluvastatin sodium oral capsule 20 mg, 40 mg	G	
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 80 MG (*fluvastatin sodium*)	NF	
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG (*atorvastatin calcium*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (*pitavastatin calcium*)	NF	
lovastatin oral tablet 10 mg, 20 mg, 40 mg	G	
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	G	
rosuvastatin calcium oral tablet 10 mg, 20 mg, 5 mg	G	
rosuvastatin calcium oral tablet 40 mg	G	N8 (Listing does not include certain NDCs)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	CE	
simvastatin oral tablet 80 mg	G	
ZYPITAMAG ORAL TABLET 2 MG, 4 MG (*pitavastatin magnesium*)	NF	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS - DRUGS TO TREAT HIGH CHOLESTEROL		
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	G	
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
JUXTAPID ORAL CAPSULE 10 MG, 2 MG, 20 MG, 30 MG, 5 MG (*lomitapide mesylate*)	NF	
niacin (antihyperlipidemic) oral tablet 500 mg	NF	
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	G	
NIACOR ORAL TABLET 500 MG (*niacin (antihyperlipidemic)*)	NF	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS - DRUGS TO TREAT HIGH CHOLESTEROL		
icosapent ethyl oral capsule 0.5 gm, 1 gm	G	
LOVAZA ORAL CAPSULE 1 GM (*omega-3-acid ethyl esters*)	NF	
omega-3-acid ethyl esters oral capsule 1 gm	G	
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM (*icosapent ethyl*)	NF	
ANTILIPEMICS, PCSK9 INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
LIPFENDRA ORAL TABLET 20 MG (*enlicitide decanoate*)	PSP	
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML (*alirocumab*)	NF	
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (*evolocumab*)	PB	

Prescription Drug Name	Drug Tier	Drug Notes
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*)	NF	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	G	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	G	N8 (Listing does not include certain NDCs)
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (*carvedilol phosphate*)	NF	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (*propranolol hcl*)	NPB	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (*propranolol hcl*)	NF	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (*propranolol hcl sr beads*)	NF	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (*propranolol hcl sr beads*)	NF	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (*metoprolol succinate*)	NF	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	G	N8 (Listing does not include certain NDCs)
labetalol hcl oral tablet 400 mg	G	
LOPRESSOR ORAL SOLUTION 10 MG/ML (*metoprolol tartrate*)	NPB	
LOPRESSOR ORAL TABLET 12.5 MG (*metoprolol tartrate*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	G	
metoprolol tartrate oral tablet 100 mg, 12.5 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	G	
nadolol oral tablet 20 mg, 40 mg, 80 mg	G	
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	G	N8 (Listing does not include certain NDCs)
pindolol oral tablet 10 mg, 5 mg	G	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	G	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	G	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	G	
timolol maleate oral tablet 10 mg, 5 mg	G	
timolol maleate oral tablet 20 mg	NPB	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (*metoprolol succinate*)	NF	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	G	
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 CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (*diltiazem hcl coated beads*)	NF	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (*diltiazem hcl*)	NF	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (*diltiazem hcl*)	NF	
diltiazem hcl coated beads (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg)	G	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG (*levamlodipine maleate*)	NF	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	G	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	G	
diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	NF	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	G	N8 (Listing does not include certain NDCs)
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	G	
felodipine er oral tablet extended release 24 hour 10 mg	G	
felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg	G	N8 (Listing does not include certain NDCs)
isradipine oral capsule 2.5 mg, 5 mg	G	
KATERZIA ORAL SUSPENSION 1 MG/ML (*amlodipine benzoate*)	NF	
diltiazem hcl (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	NF	
nicardipine hcl oral capsule 20 mg, 30 mg	G	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	G	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	G	N8 (Listing does not include certain NDCs)
nifedipine oral capsule 10 mg, 20 mg	G	N8 (Listing does not include certain NDCs)
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*)	NF	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (*amlodipine besylate*)	NF	
NYMALIZE ORAL SOLUTION 6 MG/ML (*nimodipine*)	NPB	
verapamil hcl er oral capsule extended release 24 hour 100 mg	G	N8 (Listing does not include certain NDCs)
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	G	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	G	N8 (Listing does not include certain NDCs)
DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS		
digoxin (Digox Oral Tablet 125 Mcg, 250 Mcg)	G	
digoxin oral solution 0.05 mg/ml	G	
digoxin oral tablet 125 mcg, 250 mcg	G	
LANOXIN ORAL TABLET 125 MCG, 250 MCG (*digoxin*)	NF	
LANOXIN ORAL TABLET 62.5 MCG (*digoxin*)	NPB	
DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS		
aliskiren fumarate oral tablet 150 mg, 300 mg	G	
TEKTURNA ORAL TABLET 150 MG, 300 MG (*aliskiren fumarate*)	NPB	
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
acetazolamide er oral capsule extended release 12 hour 500 mg	G	
acetazolamide oral tablet 125 mg	G	N8 (Listing does not include certain NDCs)
acetazolamide oral tablet 250 mg	G	
amiloride hcl oral tablet 5 mg	G	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	G	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	G	
chlorthalidone oral tablet 25 mg, 50 mg	G	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG (*triamterene*)	NF	
ethacrynic acid oral tablet 25 mg	G	
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML (*furosemide*)	NF	
furosemide oral solution 10 mg/ml, 8 mg/ml	G	
furosemide oral tablet 20 mg, 40 mg	G	N8 (Listing does not include certain NDCs)
furosemide oral tablet 80 mg	G	
HEMICLOR ORAL TABLET 12.5 MG (*chlorthalidone*)	NF	
hydrochlorothiazide oral capsule 12.5 mg	G	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	G	N8 (Listing does not include certain NDCs)
indapamide oral tablet 1.25 mg, 2.5 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
INZIRQO ORAL SUSPENSION RECONSTITUTED 10 MG/ML (*hydrochlorothiazide*)	NF	
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*)	NF	
spironolactone-hctz oral tablet 25-25 mg	G	
THALITONE ORAL TABLET 15 MG (*chlorthalidone*)	NF	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	G	N8 (Listing does not include certain NDCs)
triamterene oral capsule 100 mg, 50 mg	G	
triamterene-hctz oral capsule 37.5-25 mg	G	N8 (Listing does not include certain NDCs)
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	G	
HEART FAILURE		
BIDIL ORAL TABLET 20-37.5 MG (*isosorb dinitrate-hydralazine*)	NPB	
CORLANOR ORAL SOLUTION 5 MG/5ML (*ivabradine hcl*)	NF	
CORLANOR ORAL TABLET 5 MG, 7.5 MG (*ivabradine hcl*)	NF	
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG (*sacubitril-valsartan*)	NF	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (*sacubitril-valsartan*)	NF	
INPEFA ORAL TABLET 200 MG, 400 MG (*sotagliflozin*)	NF	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (*vericiguat*)	NF	
MISCELLANEOUS		
ADRENALIN INJECTION SOLUTION 1 MG/ML (*epinephrine*)	NF	
ADRENALIN INTRAVENOUS SOLUTION 5-0.9 MG/250ML-% (*epinephrine-nacl*)	NF	
ATTRUBY ORAL TABLET THERAPY PACK 356 MG (*acoramidis hcl*)	NF	
BIORPHEN INTRAVENOUS SOLUTION 0.5 MG/5ML (*phenylephrine hcl (pressors)*)	NF	
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (*mavacamten*)	PSP	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	G	
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	G	N8 (Listing does not include certain NDCs)

Prescription Drug Name	Drug Tier	Drug Notes
GIAPREZA INTRAVENOUS SOLUTION 0.5 MG/ML, 2.5 MG/ML (*angiotensin ii acetate*)	NF	
guanfacine hcl oral tablet 1 mg, 2 mg	G	N8 (Listing does not include certain NDCs)
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	G	N8 (Listing does not include certain NDCs)
LODOCO ORAL TABLET 0.5 MG (*colchicine*)	NF	
methyldopa oral tablet 250 mg, 500 mg	G	
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	G	
minoxidil oral tablet 10 mg, 2.5 mg	G	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG (*clonidine*)	NF	
NIPRIDE RTU INTRAVENOUS SOLUTION 20-0.9 MG/100ML-%, 50-0.9 MG/100ML-% (*nitroprusside sodium-nacl*)	NF	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG (*droxidopa*)	NF	
phenoxybenzamine hcl oral capsule 10 mg	G	
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	G	
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (*olezarsen sodium*)	NF	
TRYVIO ORAL TABLET 12.5 MG (*aprocitentan*)	NF	
VECAMYL ORAL TABLET 2.5 MG (*mecamylamine hcl*)	NPB	
VYNDAMAX ORAL CAPSULE 61 MG (*tafamidis*)	PSP	
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	G	
isosorbide dinitrate oral tablet 40 mg	NF	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	G	
isosorbide mononitrate oral tablet 10 mg, 20 mg	G	
nitroglycerin (Nitro-Bid Transdermal Ointment 2 %)	G	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR (*nitroglycerin*)	NPB	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	G	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	G	
nitroglycerin translingual solution 0.4 mg/spray	G	

Prescription Drug Name	Drug Tier	Drug Notes
NITROLINGUAL TRANSLINGUAL SOLUTION 0.4 MG/SPRAY (*nitroglycerin*)	NPB	
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION		
ADCIRCA ORAL TABLET 20 MG (*tadalafil (pah)*)	NF	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (*riociguat*)	PSP	
tadalafil (pah) (Alyq Oral Tablet 20 Mg)	G	
ambrisentan oral tablet 10 mg, 5 mg	G	
bosentan oral tablet 125 mg, 62.5 mg	G	
epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg	G	
LETAIRIS ORAL TABLET 10 MG, 5 MG (*ambrisentan*)	NF	
OPSUMIT ORAL TABLET 10 MG (*macitentan*)	NF	
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	
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, 8 MG/20ML (*treprostinil*)	NF	
REVATIO ORAL TABLET 20 MG (*sildenafil citrate*)	NF	
sildenafil citrate oral suspension reconstituted 10 mg/ml	NF	
sildenafil citrate oral tablet 20 mg	G	
tadalafil (pah) oral tablet 20 mg	G	
TADLIQ ORAL SUSPENSION 20 MG/5ML (*tadalafil (pah)*)	PSP	
TRACLEER ORAL TABLET 125 MG, 62.5 MG (*bosentan*)	NF	
TRACLEER ORAL TABLET SOLUBLE 32 MG (*bosentan*)	NF	
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	G	

Prescription Drug Name	Drug Tier	Drug Notes
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, 112 X 48MCG & 112 X80MCG, 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 100 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 150 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	
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG (*sotatercept-csrk*)	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	
disulfiram oral tablet 250 mg, 500 mg	G	
AMYOTROPHIC LATERAL SCLEROSIS (ALS) - DRUGS TO TREAT ALS		
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML (*edaravone*)	PSP	
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML (*edaravone*)	PSP	
riluzole oral tablet 50 mg	G	
TEGLUTIK ORAL SUSPENSION 50 MG/10ML (*riluzole*)	NF	
ANTIANXIETY - DRUGS TO TREAT ANXIETY		
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (*alprazolam*)	NPB	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	G	
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg	G	
alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	G	
ATIVAN INJECTION SOLUTION 2 MG/ML, 4 MG/ML (*lorazepam*)	NF	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (*lorazepam*)	NF	
BUCAPSOL ORAL CAPSULE 10 MG, 15 MG, 7.5 MG (*buspirone hcl*)	NF	
BUCAPSOL ORAL CAPSULE 5 MG (*buspirone hcl*)	NPB	
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	G	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	G	
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	G	
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg	G	
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	G	N8 (Listing does not include certain NDCs)
lorazepam injection solution 2 mg/ml	G	N8 (Listing does not include certain NDCs)
lorazepam oral concentrate 2 mg/ml	G	N8 (Listing does not include certain NDCs)
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	G	N8 (Listing does not include certain NDCs)
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	
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG (*alprazolam*)	NF	
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
donepezil hcl oral tablet 10 mg, 23 mg, 5 mg	G	
donepezil hcl oral tablet dispersible 10 mg, 5 mg	G	
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	G	
galantamine hydrobromide oral solution 4 mg/ml	G	

Prescription Drug Name	Drug Tier	Drug Notes
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	G	
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	G	
memantine hcl oral solution 2 mg/ml	G	
memantine hcl oral tablet 10 mg, 5 mg	G	N8 (Listing does not include certain NDCs)
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	G	
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	
ZUNVEYL ORAL TABLET DELAYED RELEASE 10 MG, 15 MG, 5 MG (*benzgalantamine gluconate*)	NF	
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	G	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	G	N8 (Listing does not include certain NDCs)
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG (*bupropion hbr*)	NF	
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG (*dextromethorphan-bupropion*)	PB	
AUVELITY TITRATION PACK ORAL TABLET EXTENDED RELEASE THERAPY PACK 30-105 MG & 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	G	
bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg	NF	
bupropion hcl oral tablet 100 mg, 75 mg	G	N8 (Listing does not include certain NDCs)
citalopram hydrobromide oral capsule 30 mg	NF	
citalopram hydrobromide oral solution 20 mg/10ml	G	
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	G	
desipramine hcl oral tablet 10 mg, 25 mg	G	N8 (Listing does not include certain NDCs)

Prescription Drug Name	Drug Tier	Drug Notes
desipramine hcl oral tablet 100 mg, 150 mg, 50 mg, 75 mg	G	
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	G	
doxepin hcl oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	G	N8 (Listing does not include certain NDCs)
doxepin hcl oral capsule 150 mg	G	
doxepin hcl oral concentrate 10 mg/ml	G	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg	G	
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 37.5 MG, 75 MG (*venlafaxine hcl*)	NF	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (*selegiline*)	NPB	
escitalopram oxalate oral solution 5 mg/5ml	G	N8 (Listing does not include certain NDCs)
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	G	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (*levomilnacipran hcl*)	NF	
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (*levomilnacipran hcl*)	NF	
fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg	G	
fluoxetine hcl oral capsule delayed release 90 mg	G	
fluoxetine hcl oral solution 20 mg/5ml	G	N8 (Listing does not include certain NDCs)
fluoxetine hcl oral tablet 10 mg, 20 mg	G	
fluoxetine hcl oral tablet 60 mg	NF	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	G	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	G	
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG (*escitalopram oxalate*)	NF	
MARPLAN ORAL TABLET 10 MG (*isocarboxazid*)	NPB	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	G	
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	G	
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	G	
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	G	
nortriptyline hcl oral solution 10 mg/5ml	G	

Prescription Drug Name	Drug Tier	Drug Notes
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg	G	
paroxetine hcl er oral tablet extended release 24 hour 37.5 mg	NF	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	G	N8 (Listing does not include certain NDCs)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG (*paroxetine hcl*)	NF	
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (*paroxetine hcl*)	NF	
phenelzine sulfate oral tablet 15 mg	G	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG (*desvenlafaxine succinate*)	NF	
protriptyline hcl oral tablet 10 mg, 5 mg	G	
RALDESY ORAL SOLUTION 10 MG/ML (*trazodone hcl*)	NF	
sertraline hcl oral capsule 150 mg, 200 mg	NF	
sertraline hcl oral concentrate 20 mg/ml	G	
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	G	
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (*esketamine hcl*)	PB	
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (*esketamine hcl*)	PB	
tranylcypromine sulfate oral tablet 10 mg	G	
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	G	
trazodone hcl oral tablet 300 mg	G	N8 (Listing does not include certain NDCs)
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg	G	N8 (Listing does not include certain NDCs)
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (*vortioxetine hbr*)	PB	
venlafaxine besylate er oral tablet extended release 24 hour 112.5 mg	NF	
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	G	
venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg	NF	
venlafaxine hcl er oral tablet extended release 24 hour 225 mg	G	N8 (Listing does not include certain NDCs)
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (*vilazodone hcl*)	NF	
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG (*bupropion hcl*)	NF	
ZOLOFT ORAL CONCENTRATE 20 MG/ML (*sertraline hcl*)	NF	
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG (*sertraline hcl*)	NF	
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG (*zuranolone*)	PSP	
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
amantadine hcl oral capsule 100 mg	G	N8 (Listing does not include certain NDCs)
amantadine hcl oral solution 50 mg/5ml	G	
amantadine hcl oral tablet 100 mg	G	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML (*apomorphine hcl*)	NF	
benztropine mesylate oral tablet 0.5 mg	G	N8 (Listing does not include certain NDCs)
benztropine mesylate oral tablet 1 mg, 2 mg	G	
bromocriptine mesylate oral capsule 5 mg	G	
bromocriptine mesylate oral tablet 2.5 mg	G	
carbidopa oral tablet 25 mg	G	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	G	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	G	
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	G	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	G	
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	

Prescription Drug Name	Drug Tier	Drug Notes
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG (*amantadine hcl*)	NF	
INBRIJA INHALATION CAPSULE 42 MG (*levodopa*)	PSP	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR (*rotigotine*)	PB	
NOURIANZ ORAL TABLET 20 MG, 40 MG (*istradefylline*)	NF	
ONAPGO SUBCUTANEOUS SOLUTION CARTRIDGE 98 MG/20ML (*apomorphine hcl*)	NF	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG (*opicapone*)	NF	
pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	G	
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	G	
rasagiline mesylate oral tablet 0.5 mg, 1 mg	G	
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	N8 (Listing does not include certain NDCs)
tolcapone oral tablet 100 mg	G	
trihexyphenidyl hcl oral solution 0.4 mg/ml	G	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	G	
VYALEV SUBCUTANEOUS SOLUTION 12-240 MG/ML (*foscarbidopa-foslevodopa*)	NF	
XADAGO ORAL TABLET 100 MG, 50 MG (*safinamide mesylate*)	NF	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (*selegiline hcl*)	NF	
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
ABILIFY 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	

Prescription Drug Name	Drug Tier	Drug Notes
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (*aripiprazole*)	PB	
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (*aripiprazole*)	NF	
aripiprazole oral solution 1 mg/ml	G	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	G	
aripiprazole oral tablet dispersible 10 mg, 15 mg	G	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML (*aripiprazole lauroxil*)	NPB	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML (*aripiprazole lauroxil*)	NPB	
BYSANTI ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (*milsaperidone*)	NF	
BYSANTI TITRATION PACK A ORAL TABLET THERAPY PACK 1 & 2 & 4 & 6 MG (*milsaperidone*)	NF	
BYSANTI TITRATION PACK B ORAL TABLET THERAPY PACK 1 & 2 & 6 & 8 MG (*milsaperidone*)	NF	
BYSANTI TITRATION PACK C ORAL TABLET THERAPY PACK 1 & 2 & 6 MG (*milsaperidone*)	NF	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG (*lumateperone tosylate*)	NPB	
chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml	NPB	
chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml	NF	
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	G	
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	G	
clozapine oral tablet dispersible 100 mg, 12.5 mg, 25 mg	G	
clozapine oral tablet dispersible 150 mg, 200 mg	NPB	
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG (*xanomeline-trospium chloride*)	NPB	
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG (*xanomeline-trospium chloride*)	NPB	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (*carbamazepine (antipsychotic)*)	NPB	
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 351 MG/2.25ML, 39 MG/0.25ML, 78 MG/0.5ML (*paliperidone palmitate*)	NF	

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*)	NF	
FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG (*iloperidone*)	NF	
FANAPT TITRATION PACK C ORAL TABLET 1 & 2 & 6 MG (*iloperidone*)	NF	
fluphenazine decanoate injection solution 25 mg/ml	G	
fluphenazine hcl injection solution 2.5 mg/ml	G	
fluphenazine hcl oral concentrate 5 mg/ml	G	
fluphenazine hcl oral elixir 2.5 mg/5ml	G	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	G	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG (*ziprasidone mesylate*)	NF	
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (*ziprasidone hcl*)	NF	
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	G	
haloperidol lactate injection solution 5 mg/ml	G	
haloperidol lactate oral concentrate 2 mg/ml	G	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	G	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML (*paliperidone palmitate*)	PB	
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*)	PB	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML (*paliperidone palmitate*)	PB	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG (*lurasidone hcl*)	NF	
loxapine succinate oral capsule 10 mg, 5 mg	G	N8 (Listing does not include certain NDCs)
loxapine succinate oral capsule 25 mg, 50 mg	G	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (*olanzapine-samidorphan*)	NPB	
NUPLAZID ORAL CAPSULE 34 MG (*pimavanserin tartrate*)	NPSP	
NUPLAZID ORAL TABLET 10 MG (*pimavanserin tartrate*)	NPSP	

Prescription Drug Name	Drug Tier	Drug Notes
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	
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG (*aripiprazole*)	NF	
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, 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	G	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (*brexpiprazole*)	NPB	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG (*risperidone microspheres*)	NPB	
risperidone oral solution 1 mg/ml	G	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	G	
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	G	
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG (*risperidone*)	NF	
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG (*asenapine maleate*)	NPB	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR (*asenapine*)	NF	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG (*quetiapine fumarate*)	NF	
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	G	N8 (Listing does not include certain NDCs)
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	G	
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	G	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML, 125 MG/0.35ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML, 50 MG/0.14ML, 75 MG/0.21ML (*risperidone*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
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*)	NF	
BANZEL ORAL TABLET 200 MG, 400 MG (*rufinamide*)	NF	
BRIVIACT ORAL SOLUTION 10 MG/ML (*brivaracetam*)	NPB	
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (*brivaracetam*)	NPB	
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	G	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	G	N8 (Listing does not include certain NDCs)
carbamazepine oral suspension 100 mg/5ml	G	N8 (Listing does not include certain NDCs)
carbamazepine oral suspension 200 mg/10ml	NF	
carbamazepine oral tablet 200 mg	G	
carbamazepine oral tablet chewable 100 mg	G	
CELONTIN ORAL CAPSULE 300 MG (*methsuximide*)	NPB	
clobazam oral suspension 2.5 mg/ml	G	
clobazam oral tablet 10 mg, 20 mg	G	
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	G	N8 (Listing does not include certain NDCs)
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	G	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	G	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (*divalproex sodium*)	NF	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (*divalproex sodium*)	NF	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (*divalproex sodium*)	NF	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (*stiripentol*)	NF	
DIACOMIT ORAL PACKET 250 MG, 500 MG (*stiripentol*)	NF	
diazepam injection solution 5 mg/ml	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
diazepam oral concentrate 5 mg/ml	G	
diazepam oral solution 5 mg/5ml	G	
diazepam oral tablet 10 mg, 2 mg, 5 mg	G	N8 (Listing does not include certain NDCs)
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	G	
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG (*phenytoin*)	NF	
DILANTIN ORAL CAPSULE 100 MG, 30 MG (*phenytoin sodium extended*)	NF	
DILANTIN-125 ORAL SUSPENSION 125 MG/5ML (*phenytoin*)	NF	
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	G	
divalproex sodium oral capsule delayed release sprinkle 125 mg	G	N8 (Listing does not include certain NDCs)
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	G	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 1500 MG (*levetiracetam*)	NF	
EPIDIOLEX ORAL SOLUTION 100 MG/ML (*cannabidiol*)	NPSP	
EPRONTIA ORAL SOLUTION 25 MG/ML (*topiramate*)	NF	
ethosuximide oral capsule 250 mg	G	
ethosuximide oral solution 250 mg/5ml	G	
felbamate oral suspension 600 mg/5ml	G	
felbamate oral tablet 400 mg, 600 mg	G	
FINTEPLA ORAL SOLUTION 2.2 MG/ML (*fenfluramine hcl*)	NF	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (*perampanel*)	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	
KEPPRA INTRAVENOUS SOLUTION 500 MG/5ML (*levetiracetam*)	NF	
KEPPRA ORAL SOLUTION 100 MG/ML (*levetiracetam*)	NF	
KEPPRA ORAL TABLET 1000 MG, 250 MG, 500 MG, 750 MG (*levetiracetam*)	NF	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG (*levetiracetam*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
KLONOPIN ORAL TABLET 0.5 MG, 2 MG (*clonazepam*)	NPB	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG (*lamotrigine*)	NF	
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG (*lamotrigine*)	NF	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (*lamotrigine*)	NF	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG (*lamotrigine*)	NF	
LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG, 84 X 25 MG & 14X100 MG (*lamotrigine*)	NF	
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG (*lamotrigine*)	NF	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG (*lamotrigine*)	NF	
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	G	N8 (Listing does not include certain NDCs)
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 500 mg/5ml	G	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	G	
levetiracetam oral tablet disintegrating soluble 250 mg, 500 mg	NF	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (*pregabalin*)	NF	
LYRICA ORAL SOLUTION 20 MG/ML (*pregabalin*)	NF	
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (*lacosamide*)	NF	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (*midazolam (anticonvulsant)*)	PB	
ONFI ORAL SUSPENSION 2.5 MG/ML (*clobazam*)	NF	
ONFI ORAL TABLET 10 MG, 20 MG (*clobazam*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
oxcarbazepine oral suspension 300 mg/5ml	G	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	G	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG (*oxcarbazepine*)	PB	
phenobarbital oral elixir 20 mg/5ml, 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	
phenytoin oral suspension 100 mg/4ml	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	G	
primidone oral tablet 50 mg	G	N8 (Listing does not include certain NDCs)
levetiracetam (Roweepra Oral Tablet 500 Mg)	G	
SABRIL ORAL PACKET 500 MG (*vigabatrin*)	NF	
SABRIL ORAL TABLET 500 MG (*vigabatrin*)	NF	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG (*levetiracetam*)	NF	
lamotrigine (Subvenite Oral Tablet 100 Mg, 150 Mg, 200 Mg, 25 Mg)	G	
lamotrigine (Subvenite Starter Kit-Blue Oral Kit 35 X 25 Mg)	G	
lamotrigine (Subvenite Starter Kit-Green Oral Kit 84 X 25 Mg & 14X100 Mg)	G	
lamotrigine (Subvenite Starter Kit-Orange Oral Kit 42 X 25 Mg & 7 X 100 Mg)	G	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (*clobazam*)	NF	
TEGRETOL ORAL SUSPENSION 100 MG/5ML (*carbamazepine*)	NF	
TEGRETOL ORAL TABLET 200 MG (*carbamazepine*)	NF	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG (*carbamazepine*)	NF	
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	G	
topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	NF	
topiramate oral capsule sprinkle 15 mg, 25 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	G	
TRILEPTAL ORAL SUSPENSION 300 MG/5ML (*oxcarbazepine*)	NF	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (*oxcarbazepine*)	NF	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (*topiramate*)	NPB	
valproic acid oral capsule 250 mg	G	
valproic acid oral solution 250 mg/5ml	G	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML (*diazepam*)	PB	
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML (*diazepam*)	PB	
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML (*diazepam*)	PB	
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML (*diazepam*)	PB	
vigabatrin oral packet 500 mg	G	
vigabatrin oral tablet 500 mg	G	
vigabatrin (Vigadrone Oral Packet 500 Mg)	G	
VIGAFYDE ORAL SOLUTION 100 MG/ML (*vigabatrin*)	NF	
VIMPAT INTRAVENOUS SOLUTION 200 MG/20ML (*lacosamide*)	NF	
VIMPAT ORAL SOLUTION 10 MG/ML (*lacosamide*)	NF	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (*lacosamide*)	NF	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG (*cenobamate*)	PB	
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG (*cenobamate*)	PB	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG (*cenobamate*)	PB	
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG (*cenobamate*)	PB	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (*zonisamide*)	NF	
ZONISADE ORAL SUSPENSION 100 MG/5ML (*zonisamide*)	NF	
zonisamide oral capsule 100 mg, 25 mg, 50 mg	G	
ZTALMY ORAL SUSPENSION 50 MG/ML (*ganaxolone*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG (*amphetamine-dextroamphetamine*)	NF	
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG (*amphetamine-dextroamphetamine*)	NF	
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (*amphetamine*)	NF	
amphetamine sulfate oral tablet 10 mg, 5 mg	G	
amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	G	
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	G	
atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	G	
AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG (*serdexmethylphen-dexmethylphen*)	PB	
clonidine hcl er oral tablet extended release 12 hour 0.1 mg	G	
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG (*methylphenidate hcl*)	NF	
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG (*methylphenidate*)	NF	
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR (*methylphenidate*)	NF	
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	G	
dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg	G	
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg	G	
dextroamphetamine sulfate oral solution 5 mg/5ml	G	
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	G	
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML (*amphetamine*)	NF	
DYANAVEL XR ORAL TABLET EXTENDED RELEASE 10 MG, 15 MG, 20 MG, 5 MG (*amphetamine*)	NF	
EVEKEO ORAL TABLET 10 MG, 5 MG (*amphetamine sulfate*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG (*dexmethylphenidate hcl*)	NF	
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	G	
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 2 MG, 3 MG, 4 MG (*guanfacine hcl*)	NF	
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (*methylphenidate hcl*)	NF	
lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	G	
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 er oral tablet extended release dispersible 17.3 mg, 25.9 mg, 8.6 mg	NF	
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*)	NF	
ONYDA XR ORAL SUSPENSION EXTENDED RELEASE 0.1 MG/ML (*clonidine hcl*)	NF	
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (*viloxazine hcl*)	PB	
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG, 40 MG (*methylphenidate hcl*)	NF	
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML (*methylphenidate hcl*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 45 MG, 54 MG, 63 MG (*methylphenidate hcl*)	NF	
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 30 MG, 40 MG (*methylphenidate hcl*)	NPB	
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (*lisdexamfetamine dimesylate*)	NF	
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (*lisdexamfetamine dimesylate*)	NF	
XELSTRYM TRANSDERMAL PATCH 13.5 MG/9HR, 18 MG/9HR, 4.5 MG/9HR, 9 MG/9HR (*dextroamphetamine*)	NF	
dextroamphetamine sulfate (Zenzedi Oral Tablet 10 Mg, 5 Mg)	G	
dextroamphetamine sulfate (Zenzedi Oral Tablet 15 Mg, 2.5 Mg, 20 Mg, 30 Mg, 7.5 Mg)	NPB	
BOTULINUM TOXINS		
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT (*onabotulinumtoxina*)	NF	
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*)	NPB	
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (*milnacipran hcl*)	NPB	
TONMYA SUBLINGUAL TABLET SUBLINGUAL 2.8 MG (*cyclobenzaprine hcl (fibromy)*)	NF	
HYPNOTICS - DRUGS TO TREAT INSOMNIA		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (*suvorexant*)	NF	
DAYVIGO ORAL TABLET 10 MG, 5 MG (*lemborexant*)	NF	
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG (*zolpidem tartrate*)	NF	
estazolam oral tablet 1 mg, 2 mg	G	
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	G	
flurazepam hcl oral capsule 15 mg, 30 mg	NF	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (*tasimelteon*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
HETLIOZ ORAL CAPSULE 20 MG (*tasimelteon*)	NPB	
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG (*eszopiclone*)	NF	
midazolam hcl oral syrup 2 mg/ml	G	
quazepam oral tablet 15 mg	NF	
QUVIVIQ ORAL TABLET 25 MG, 50 MG (*daridorexant hcl*)	NF	
ramelteon oral tablet 8 mg	G	
ROZEREM ORAL TABLET 8 MG (*ramelteon*)	NF	
SILENOR ORAL TABLET 3 MG, 6 MG (*doxepin hcl*)	NF	
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	G	
triazolam oral tablet 0.125 mg, 0.25 mg	G	
zaleplon oral capsule 10 mg, 5 mg	G	
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	G	
zolpidem tartrate oral capsule 7.5 mg	NF	
zolpidem tartrate oral tablet 10 mg, 5 mg	G	N8 (Listing does not include certain NDCs)
zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg	NF	
MIGRAINE - ERGOTAMINE DERIVATIVES - DRUGS TO TREAT SEVERE HEADACHES		
CAFERGOT ORAL TABLET 1-100 MG (*ergotamine-caffeine*)	NF	
dihydroergotamine mesylate injection solution 1 mg/ml	G	
dihydroergotamine mesylate nasal solution 4 mg/ml	NF	
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (*ergotamine tartrate*)	NPB	
ergotamine-caffeine oral tablet 1-100 mg	NF	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (*ergotamine-caffeine*)	NF	
TRUDHESA NASAL AEROSOL SOLUTION 0.725 MG/ACT (*dihydroergotamine mesylate hfa*)	NF	
MIGRAINE - MISCELLANEOUS - DRUGS TO TREAT SEVERE HEADACHES		
NURTEC ORAL TABLET DISPERSIBLE 75 MG (*rimegepant sulfate*)	PB	
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (*atogepant*)	PB	
UBRELVY ORAL TABLET 100 MG, 50 MG (*ubrogepant*)	PB	
ZAVZPRET NASAL SOLUTION 10 MG/ACT (*zavegepant hcl*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
MIGRAINE - MONOCLONAL ANTIBODIES - DRUGS TO TREAT SEVERE HEADACHES		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML (*erenumab-aooe*)	NF	
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML (*fremanezumab-vfrm*)	PB	
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML (*fremanezumab-vfrm*)	PB	
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*galcanezumab-gnlm*)	PB	
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (*galcanezumab-gnlm*)	PB	
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (*galcanezumab-gnlm*)	PB	
MIGRAINE - TRIPTANS AND COMBINATIONS - DRUGS TO TREAT SEVERE HEADACHES		
almotriptan malate oral tablet 12.5 mg, 6.25 mg	G	
eletriptan hydrobromide oral tablet 20 mg, 40 mg	G	
frovatriptan succinate oral tablet 2.5 mg	G	
MAXALT ORAL TABLET 10 MG (*rizatriptan benzoate*)	NF	
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG (*rizatriptan benzoate*)	NF	
naratriptan hcl oral tablet 1 mg, 2.5 mg	G	
ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC (*sumatriptan succinate*)	NF	
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	NF	
SYMBRAVO ORAL TABLET 20-10 MG (*meloxicam-rizatriptan*)	NF	
TOSYMRA NASAL SOLUTION 10 MG/ACT (*sumatriptan*)	PB	
TREXIMET ORAL TABLET 85-500 MG (*sumatriptan-naproxen sodium*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML (*sumatriptan succinate*)	NPB	
zolmitriptan oral tablet 2.5 mg, 5 mg	G	
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg	G	N8 (Listing does not include certain NDCs)
ZOMIG NASAL SOLUTION 5 MG (*zolmitriptan*)	NPB	
zolmitriptan (Zomig Oral Tablet 2.5 Mg, 5 Mg)	NF	
MISCELLANEOUS		
DAYBUE ORAL SOLUTION 200 MG/ML (*trofinetide*)	NPSP	
DAYBUE STIX ORAL PACKET 5000 MG, 6000 MG, 8000 MG (*trofinetide*)	NPB	
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (*satralizumab-mwge*)	PSP	
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML (*risdiplam*)	NPB	
EVRYSDI ORAL TABLET 5 MG (*risdiplam*)	NPSP	
FIRDAPSE ORAL TABLET 10 MG (*amifampridine phosphate*)	NPB	
SKYCLARYS ORAL CAPSULE 50 MG (*omaveloxolone*)	NPSP	
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML, 23 MG/0.574ML, 32.4 MG/0.81ML (*zilucoplan sodium*)	NF	
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	
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*)	NF	
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG (*deutetrabenazine*)	NF	
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	

Prescription Drug Name	Drug Tier	Drug Notes
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG (*valbenazine tosylate*)	PSP	
tetrabenazine oral tablet 12.5 mg, 25 mg	G	
XENAZINE ORAL TABLET 12.5 MG, 25 MG (*tetrabenazine*)	NF	
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG (*dalfampridine*)	NPSP	
AUBAGIO ORAL TABLET 14 MG, 7 MG (*teriflunomide*)	NF	
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (*interferon beta-1a*)	PSP	
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (*interferon beta-1a*)	PSP	
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (*monomethyl fumarate*)	PSP	
BETASERON SUBCUTANEOUS KIT 0.3 MG (*interferon beta-1b*)	PSP	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML (*glatiramer acetate*)	NF	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML (*glatiramer acetate*)	NPSP	
dalfampridine er oral tablet extended release 12 hour 10 mg	G	
dimethyl fumarate oral capsule delayed release 120 mg	G	N8 (Listing does not include certain NDCs)
dimethyl fumarate oral capsule delayed release 240 mg	G	
dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg	G	
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG (*fingolimod hcl*)	NF	
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml	G	
glatiramer acetate (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/Ml, 40 Mg/Ml)	G	
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (*ofatumumab*)	PSP	
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	NPSP	
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	NPSP	

Prescription Drug Name	Drug Tier	Drug Notes
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*)	NF	
PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG (*ponesimod*)	NF	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML (*interferon beta-1a*)	PSP	
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG (*interferon beta-1a*)	PSP	
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (*interferon beta-1a*)	PSP	
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (*interferon beta-1a*)	PSP	
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG (*fingolimod lauryl sulfate*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG (*dimethyl fumarate*)	NF	
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK 120 & 240 MG (*dimethyl fumarate*)	NF	
TYRUKO INTRAVENOUS CONCENTRATE 300 MG/15ML (*natalizumab-sztn*)	PSP	
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML (*natalizumab*)	NF	
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG (*diroximel fumarate*)	PSP	
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG (*ozanimod hcl*)	PSP	
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		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 30 MG (*cyclobenzaprine hcl*)	NF	
baclofen oral solution 5 mg/5ml	G	
baclofen oral suspension 25 mg/5ml	NF	
baclofen oral tablet 10 mg, 15 mg, 20 mg	G	N8 (Listing does not include certain NDCs)
baclofen oral tablet 5 mg	G	
carisoprodol oral tablet 250 mg	NF	
carisoprodol oral tablet 350 mg	G	N8 (Listing does not include certain NDCs)
chlorzoxazone oral tablet 250 mg, 375 mg, 500 mg, 750 mg	NF	
cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg	NF	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	G	N8 (Listing does not include certain NDCs)
cyclobenzaprine hcl oral tablet 7.5 mg	NF	
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	G	
DUVYZAT ORAL SUSPENSION 8.86 MG/ML (*givinostat hcl*)	NF	
cyclobenzaprine hcl (Fexmid Oral Tablet 7.5 Mg)	NF	
FLEQSUVY ORAL SUSPENSION 25 MG/5ML (*baclofen*)	NF	
metaxalone oral tablet 400 mg, 640 mg	NF	
metaxalone oral tablet 800 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
methocarbamol oral tablet 500 mg	G	N8 (Listing does not include certain NDCs)
methocarbamol oral tablet 750 mg	NF	
norgesic forte oral tablet 50-770-60 mg	NF	
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	G	
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	NF	
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG (*orphenadrine-aspirin-caffeine*)	NF	
OZOBAX DS ORAL SOLUTION 10 MG/5ML (*baclofen*)	NF	
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG (*palovarotene*)	NF	
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg, 8 mg	G	
tizanidine hcl oral tablet 2 mg, 4 mg	G	
ZANAFLEX ORAL CAPSULE 8 MG (*tizanidine hcl*)	NPB	
MYASTHENIA GRAVIS - DRUGS TO TREAT MYASTHENIA GRAVIS		
MESTINON ORAL SOLUTION 60 MG/5ML (*pyridostigmine bromide*)	NF	
MESTINON ORAL TABLET 60 MG (*pyridostigmine bromide*)	NF	
pyridostigmine bromide er oral tablet extended release 180 mg	G	
pyridostigmine bromide oral solution 60 mg/5ml	G	
pyridostigmine bromide oral tablet 60 mg	G	
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	
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG (*armodafinil*)	NF	
PROVIGIL ORAL TABLET 100 MG, 200 MG (*modafinil*)	NF	
sodium oxybate oral solution 500 mg/ml	G	

Prescription Drug Name	Drug Tier	Drug Notes
SUNOSI ORAL TABLET 150 MG, 75 MG (*solriamfetol hcl*)	PB	
WAKIX ORAL TABLET 17.8 MG, 4.45 MG (*pitolisant hcl*)	PSP	
XYREM ORAL SOLUTION 500 MG/ML (*sodium oxybate*)	NF	
XYWAV ORAL SOLUTION 500 MG/ML (*ca, mg, k, and na oxybates*)	PSP	
OPIOID AGONIST/ANTAGONIST		
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	G	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	G	
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG (*buprenorphine hcl-naloxone hcl*)	NF	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG (*buprenorphine hcl-naloxone hcl*)	PB	
OPIOID ANTAGONIST		
KLOXXADO NASAL LIQUID 8 MG/0.1ML (*naloxone hcl*)	NPB	
nalmefene hcl injection solution 1 mg/ml	NF	
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	G	
naloxone hcl injection solution cartridge 0.4 mg/ml	G	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	G	
naloxone hcl nasal liquid 4 mg/0.1ml	G	
naltrexone hcl oral tablet 50 mg	G	N8 (Listing does not include certain NDCs)
NARCAN NASAL LIQUID 4 MG/0.1ML (*naloxone hcl*)	NPB	
OPVEE NASAL SOLUTION 2.7 MG/0.1ML (*nalmefene hcl*)	NF	
REXTOVY NASAL LIQUID 4 MG/0.25ML (*naloxone hcl*)	NF	
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 450 MG, 750 MG, 900 MG (*gabapentin (once-daily)*)	PB	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG (*gabapentin enacarbil*)	NF	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG (*pregabalin*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
PSYCHOTHERAPEUTIC-MISC		
chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg	G	
fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg	NF	
LUCEMYRA ORAL TABLET 0.18 MG (*lofexidine hcl*)	NF	
NUEDEXTA ORAL CAPSULE 20-10 MG (*dextromethorphan-quinidine*)	NF	
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	G	
paroxetine mesylate oral capsule 7.5 mg	NF	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	G	
pimozide oral tablet 1 mg, 2 mg	G	
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML (*bremelanotide acetate*)	NF	
SMOKING DETERRENTS		
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	CE	
cvs nicotine mouth/throat gum 2 mg, 4 mg	CE	
cvs nicotine polacrilex mouth/throat gum 2 mg, 4 mg	CE	
cvs nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	CE	
cvs nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	CE	
eq nicotine mouth/throat lozenge 4 mg	CE	
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	

Prescription Drug Name	Drug Tier	Drug Notes
gnp nicotine transdermal patch 24 hour 14 mg/24hr, 21 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	
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR, 7 MG/24HR (*nicotine*)	CE	
NICORELIEF MOUTH/THROAT GUM 2 MG (*nicotine polacrilex*)	CE	
NICORETTE MINI MOUTH/THROAT LOZENGE 2 MG, 4 MG (*nicotine polacrilex*)	CE	
NICORETTE MOUTH/THROAT GUM 2 MG, 4 MG (*nicotine polacrilex*)	CE	
NICORETTE MOUTH/THROAT LOZENGE 2 MG, 4 MG (*nicotine polacrilex*)	CE	
NICORETTE STARTER KIT MOUTH/THROAT GUM 2 MG, 4 MG (*nicotine polacrilex*)	CE	
nicotine mini mouth/throat lozenge 2 mg	CE	
nicotine polacrilex mini mouth/throat lozenge 2 mg	CE	
nicotine polacrilex mouth/throat gum 2 mg, 4 mg	CE	
nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	CE	
nicotine step 1 transdermal patch 24 hour 21 mg/24hr	CE	
nicotine step 2 transdermal patch 24 hour 14 mg/24hr	CE	
nicotine step 3 transdermal patch 24 hour 7 mg/24hr	CE	
nicotine transdermal kit 21-14-7 mg/24hr	CE	
nicotine transdermal patch 24 hour 14 mg/24hr, 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	

Prescription Drug Name	Drug Tier	Drug Notes
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		
BYNFEZIA PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 2500 MCG/ML (*octreotide acetate*)	NF	
lanreotide acetate subcutaneous solution 120 mg/0.5ml	NF	
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG (*octreotide acetate*)	NF	
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	G	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (*octreotide acetate*)	NPSP	
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG (*octreotide acetate*)	NF	
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML (*lanreotide acetate*)	PSP	
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (*pegvisomant*)	NF	
ANDROGENS - DRUGS TO REGULATE MALE HORMONES		
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%) (*testosterone*)	NF	
AZMIRO INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 200 MG/ML (*testosterone cypionate*)	NF	
testosterone cypionate (Depo-Testosterone Intramuscular Solution 100 Mg/Ml, 200 Mg/Ml)	NPB	
ec-rx testosterone transdermal cream 0.2 %, 0.4 %, 10 %, 20 %	NF	
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG (*testosterone undecanoate*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
KYZATREX ORAL CAPSULE 150 MG, 200 MG (*testosterone undecanoate*)	NF	
methitest oral tablet 10 mg	G	
methyltestosterone oral capsule 10 mg	G	
NATESTO NASAL GEL 5.5 MG/ACT (*testosterone*)	PB	
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%) (*testosterone*)	NF	
TESTOPEL IMPLANT PELLET 75 MG (*testosterone*)	NPB	
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	G	
testosterone enanthate intramuscular solution 200 mg/ml	G	
testosterone transdermal gel 1.62 %, 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%)	G	
testosterone transdermal gel 12.5 mg/act (1%), 50 mg/5gm (1%)	G	N8 (Listing does not include certain NDCs)
testosterone transdermal solution 30 mg/act	G	
TLANDO ORAL CAPSULE 112.5 MG (*testosterone undecanoate*)	NF	
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%) (*testosterone*)	NF	
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%) (*testosterone*)	NF	
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML (*testosterone enanthate*)	NPB	
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS		
acarbose oral tablet 100 mg, 25 mg, 50 mg	G	N8 (Listing does not include certain NDCs)
miglitol oral tablet 100 mg, 25 mg, 50 mg	G	
ANTIDIABETICS, BIGUANIDE		
metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg	NF	
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg	NF	
metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg	G	
metformin hcl oral solution 500 mg/5ml	NPB	
metformin hcl oral tablet 1000 mg, 500 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
metformin hcl oral tablet 625 mg	G	N8 (Listing does not include certain NDCs)
metformin hcl oral tablet 850 mg	CE	
RIOMET ORAL SOLUTION 500 MG/5ML (*metformin hcl*)	NF	
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	G	N8 (Listing does not include certain NDCs)
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	G	
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS		
alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg	NF	
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg	NF	
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (*sitagliptin phos-metformin hcl*)	NF	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (*sitagliptin phos-metformin hcl*)	NF	
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (*linagliptin-metformin hcl*)	NF	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG (*linagliptin-metformin hcl*)	NF	
sitaglipt base-metform hcl er oral tablet extended release 24 hour 100-1000 mg, 50-1000 mg, 50-500 mg	NF	
sitagliptin base-metformin hcl oral tablet 50-1000 mg, 50-500 mg	NF	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG (*empagliflozin-linaglip-metform*)	PB	
ZITUVIMET ORAL TABLET 50-1000 MG, 50-500 MG (*sitagliptin base-metformin hcl*)	PB	
ZITUVIMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (*sitagliptin base-metformin hcl*)	PB	
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg	NF	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (*sitagliptin phosphate*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
sitagliptin oral tablet 100 mg, 25 mg, 50 mg	NF	
TRADJENTA ORAL TABLET 5 MG (*linagliptin*)	NF	
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG (*sitagliptin*)	PB	
ANTIDIABETICS, DOPAMINE RECEPTOR AGONISTS		
CYCLOSET ORAL TABLET 0.8 MG (*bromocriptine mesylate*)	NF	
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	
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	
OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG (*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*)	NF	
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (*insulin glargine-lixisenatide*)	PB	
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (*insulin degludec-liraglutide*)	PB	
ANTIDIABETICS, INSULIN		
ADMELOG INJECTION SOLUTION 100 UNIT/ML (*insulin lispro*)	NF	
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin lispro*)	NF	
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT (*insulin regular human*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
APIDRA INJECTION SOLUTION 100 UNIT/ML (*insulin glulisine*)	NF	
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glulisine*)	NF	
AWIQLI FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 700 UNIT/ML (*insulin icodec-abae*)	PB	
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glargine*)	NF	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin aspart (w/niacinamide)*)	PB	
FIASP INJECTION SOLUTION 100 UNIT/ML (*insulin aspart (w/niacinamide)*)	PB	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (*insulin aspart (w/niacinamide)*)	PB	
FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (*insulin aspart (w/niacinamide)*)	NF	
HUMALOG INJECTION SOLUTION 100 UNIT/ML (*insulin lispro*)	NF	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (*insulin lispro*)	NF	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML (*insulin lispro prot & lispro*)	NF	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML (*insulin lispro prot & lispro*)	NF	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML (*insulin lispro prot & lispro*)	NF	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (*insulin lispro*)	NF	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	NF	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	NF	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (*insulin nph human (isophane)*)	NF	
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (*insulin nph human (isophane)*)	NF	
HUMULIN R INJECTION SOLUTION 100 UNIT/ML (*insulin regular human*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (*insulin regular human*)	PB	
insulin degludec flextouch subcutaneous solution pen-injector 100 unit/ml, 200 unit/ml	NF	
insulin glargine max solostar subcutaneous solution pen-injector 300 unit/ml	NF	
insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml	NF	
insulin glargine-yfgn subcutaneous solution 100 unit/ml	PB	N8 (Listing does not include certain NDCs)
insulin glargine-yfgn subcutaneous solution pen-injector 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*)	NF	
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (*insulin lispro-aabc*)	NF	
MERILOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin aspart-szjj*)	NF	
MERILOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin aspart-szjj*)	NF	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	NF	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	PB	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	NF	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	PB	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (*insulin nph human (isophane)*)	PB	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML (*insulin nph human (isophane)*)	NF	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (*insulin nph human (isophane)*)	PB	

Prescription Drug Name	Drug Tier	Drug Notes
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin regular human*)	PB	
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin regular human*)	NF	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML (*insulin regular human*)	PB	
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML (*insulin regular human*)	NF	
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin aspart prot & aspart*)	NF	
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin aspart*)	NF	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin aspart*)	PB	
NOVOLOG INJECTION SOLUTION 100 UNIT/ML (*insulin aspart*)	PB	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin aspart prot & aspart*)	PB	
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin aspart prot & aspart*)	NF	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin aspart prot & aspart*)	PB	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (*insulin aspart*)	PB	
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML (*insulin aspart*)	NF	
REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glargine-aglr*)	NF	
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin glargine-yfgn*)	NF	
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glargine-yfgn*)	NF	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (*insulin glargine*)	PB	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (*insulin glargine*)	PB	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (*insulin degludec*)	PB	

Prescription Drug Name	Drug Tier	Drug Notes
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin degludec*)	PB	
ANTIDIABETICS, INSULIN SENSITIZER		
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG (*pioglitazone hcl*)	NF	
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	G	
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	G	
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	N8 (Listing does not include certain NDCs)
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGL2) INHIBITOR COMBINATIONS		
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-1000 MG, 5-500 MG (*dapagliflozin base-metformin*)	NPB	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGL2) INHIBITORS		
FARXIGA ORAL TABLET 10 MG, 5 MG (*dapagliflozin*)	NPB	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS		
dapaglifloz base-metformin er oral tablet extended release 24 hour 10-1000 mg, 5-1000 mg	G	
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (*canagliflozin-metformin hcl*)	NF	
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (*canagliflozin-metformin hcl*)	NF	
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG (*ertugliflozin-metformin hcl*)	NF	
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (*empagliflozin-metformin hcl*)	PB	

Prescription Drug Name	Drug Tier	Drug Notes
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 2.5-1000 MG (*dapagliflozin base-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*)	NF	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS		
bexagliflozin oral tablet 20 mg	NF	
BRENZAVVY ORAL TABLET 20 MG (*bexagliflozin*)	NF	
dapagliflozin oral tablet 10 mg, 5 mg	G	
INVOKANA ORAL TABLET 100 MG, 300 MG (*canagliflozin*)	NF	
JARDIANCE ORAL TABLET 10 MG, 25 MG (*empagliflozin*)	PB	
STEGLATRO ORAL TABLET 15 MG, 5 MG (*ertugliflozin l-pyroglutamicac*)	NF	
ANTIDIABETICS, SULFONYLUREA		
glimepiride oral tablet 1 mg, 2 mg, 4 mg	G	
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	G	
glipizide oral tablet 10 mg, 15 mg, 5 mg	G	
glipizide oral tablet 2.5 mg	NF	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	G	N8 (Listing does not include certain NDCs)
ANTIOBESITY		
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG (*naltrexone-bupropion hcl*)	NF	
diethylpropion hcl er oral tablet extended release 24 hour 75 mg	G	N8 (Listing does not include certain NDCs)
FOUNDAYO ORAL TABLET 0.8 MG, 14.5 MG, 17.2 MG, 2.5 MG, 5.5 MG, 9 MG (*orforglipron-weight management*)	PB	
liraglutide -weight management subcutaneous solution pen-injector 18 mg/3ml	G	
phentermine hcl (Lomaira Oral Tablet 8 Mg)	G	

Prescription Drug Name	Drug Tier	Drug Notes
phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg	NF	
phentermine hcl oral tablet 8 mg	NF	
PLENITY ORAL CAPSULE (*cellulose-citric acid*)	NF	
PLENITY WELCOME KIT ORAL CAPSULE (*cellulose-citric acid*)	NF	
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG (*phentermine-topiramate*)	PB	
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (*liraglutide -weight management*)	NPB	
WEGOVY HD SUBCUTANEOUS SOLUTION AUTO-INJECTOR 7.2 MG/0.75ML (*semaglutide-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	
XENICAL ORAL CAPSULE 120 MG (*orlistat*)	NF	
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (*tirzepatide-weight management*)	PB	
CALCIUM RECEPTOR AGONISTS		
cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg	G	
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG (*cinacalcet hcl*)	NPSP	
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 PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (*alendronate-cholecalciferol*)	NPB	
ibandronate sodium oral tablet 150 mg	G	
RECLAST INTRAVENOUS SOLUTION 5 MG/100ML (*zoledronic acid*)	NPSP	
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
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		
BILPREVDA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (*denosumab-nxxp*)	PSP	
BOMYNTRA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (*denosumab-bnht*)	NF	
BOMYNTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/1.7ML (*denosumab-bnht*)	NF	
calcitonin (salmon) nasal solution 200 unit/act	G	
CONEXXENCE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (*denosumab-bnht*)	NF	
JUBBONTI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (*denosumab-bbdz*)	NF	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (*calcitonin (salmon)*)	NF	
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7ML (*denosumab-bmwo*)	PSP	
OSPOMYV SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (*denosumab-dssb*)	PSP	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (*denosumab*)	NF	
STOBOCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (*denosumab-bmwo*)	PSP	
WYOST SUBCUTANEOUS SOLUTION 120 MG/1.7ML (*denosumab-bbdz*)	NF	
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (*denosumab*)	NF	
CALCIUM REGULATORS, PARATHYROID HORMONES		
BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML (*teriparatide*)	PSP	
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML (*teriparatide*)	NF	
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml	PSP	
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (*abaloparatide*)	PSP	

Prescription Drug Name	Drug Tier	Drug Notes
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML, 294 MCG/0.98ML, 420 MCG/1.4ML (*palopegteriparatide*)	NPSP	
CARNITINE DEFICIENCY AGENTS		
CARNITOR ORAL SOLUTION 1 GM/10ML (*levocarnitine*)	NF	
CARNITOR ORAL TABLET 330 MG (*levocarnitine*)	NF	
CARNITOR SF ORAL SOLUTION 1 GM/10ML (*levocarnitine*)	NF	
levocarnitine oral solution 1 gm/10ml	G	
levocarnitine oral tablet 330 mg	G	
CENTRAL PRECOCIOUS PUBERTY - DRUGS TO SUPPRESS PITUITARY HORMONES		
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (*leuprolide acetate*)	PSP	
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG (*leuprolide acetate (3 month)*)	PSP	
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG (*leuprolide acetate (6 month)*)	PSP	
SUPPRELIN LA SUBCUTANEOUS KIT 50 MG (*histrelin acetate*)	PSP	
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*)	NF	
CUVRIOR ORAL TABLET 300 MG (*trientine tetrahydrochloride*)	NF	
deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg	G	
deferoxamine mesylate injection solution reconstituted 2 gm	NPSP	
DEPEN TITRATABS ORAL TABLET 250 MG (*penicillamine*)	NPB	
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG (*deferoxamine mesylate*)	NF	
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG (*deferasirox*)	NF	
FERRIPROX ORAL SOLUTION 100 MG/ML (*deferiprone*)	NF	
FERRIPROX ORAL TABLET 1000 MG (*deferiprone*)	NF	
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG (*deferiprone*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG (*deferasirox*)	NF	
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG (*deferasirox*)	NF	
penicillamine oral capsule 250 mg	G	
SYPRINE ORAL CAPSULE 250 MG (*trientine hcl*)	NF	
trientine hcl oral capsule 250 mg	G	
CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL		
levonorgestrel-ethinyl estrad (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	CE	
AFTERA ORAL TABLET 1.5 MG (*levonorgestrel*)	CE	
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	
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	
levonorgestrel-ethinyl estrad (Aviane Oral Tablet 0.1-20 Mg-Mcg)	CE	

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

Prescription Drug Name	Drug Tier	Drug Notes
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	
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	
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	
GWYN LO TRANSDERMAL PATCH WEEKLY 220-20 MCG/24HR (*norelgestromin-eth estradiol*)	CE	

Prescription Drug Name	Drug Tier	Drug Notes
norethindrone acet-ethinyl est (Hailey 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
norethin ace-eth estrad-fe (Hailey 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	
norethin ace-eth estrad-fe (Hailey Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
norethin ace-eth estrad-fe (Hailey Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
norethindrone (Heather Oral Tablet 0.35 Mg)	CE	
HER STYLE ORAL TABLET 1.5 MG (*levonorgestrel*)	CE	
levonorgest-eth estrad 91-day (Iclevia Oral Tablet 0.15-0.03 Mg)	CE	
norethindrone (Incassia Oral Tablet 0.35 Mg)	CE	
levonorgest-eth estrad 91-day (Introvale Oral Tablet 0.15-0.03 Mg)	CE	
desogestrel-ethinyl estradiol (Isibloom Oral Tablet 0.15-30 Mg-Mcg)	CE	
levonorgest-eth estrad 91-day (Jaimiess Oral Tablet 0.15-0.03 &0.01 Mg)	CE	
drospirenone-ethinyl estradiol (Jasmiel Oral Tablet 3-0.02 Mg)	CE	
norethindrone (Jencycla Oral Tablet 0.35 Mg)	CE	
levonorgest-eth estrad 91-day (Jolessa Oral Tablet 0.15-0.03 Mg)	CE	
levonorgest-eth estrad-fe bisg (Joyeaux Oral Tablet 0.1-20 Mg-Mcg(21))	CE	
desogestrel-ethinyl estradiol (Juleber Oral Tablet 0.15-30 Mg-Mcg)	CE	
norethindrone acet-ethinyl est (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
norethindrone acet-ethinyl est (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
norethin ace-eth estrad-fe (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
norethin ace-eth estrad-fe (Junel Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
norethin ace-eth estrad-fe (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24))	CE	
norethin-eth estradiol-fe (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	
desogestrel-ethinyl estradiol (Kalliga Oral Tablet 0.15-30 Mg-Mcg)	CE	

Prescription Drug Name	Drug Tier	Drug Notes
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	
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 0.15-0.03 &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	

Prescription Drug Name	Drug Tier	Drug Notes
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	
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 21 MCG/DAY (*levonorgestrel*)	CE	

Prescription Drug Name	Drug Tier	Drug Notes
MIUDELLA INTRAUTERINE INTRAUTERINE DEVICE (*copper*)	CE	
norgestimate-eth estradiol (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	CE	
MY CHOICE ORAL TABLET 1.5 MG (*levonorgestrel*)	CE	
MY WAY ORAL TABLET 1.5 MG (*levonorgestrel*)	CE	
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (*estradiol valerate-dienogest*)	CE	
norethindrone-eth estradiol (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	CE	
norethindrone-eth estradiol (Necon 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	CE	
NEW DAY ORAL TABLET 1.5 MG (*levonorgestrel*)	CE	
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (*etonogestrel*)	CE	
NEXTSTELLIS ORAL TABLET 3-14.2 MG (*drospirenone-estetrol*)	CE	
drospirenone-ethinyl estradiol (Nikki Oral Tablet 3-0.02 Mg)	CE	
norethindrone (Nora-Be Oral Tablet 0.35 Mg)	CE	
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 chewable 1-20 mg-mcg(24)	CE	
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg	CE	
norethindrone oral tablet 0.35 mg	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	

Prescription Drug Name	Drug Tier	Drug Notes
NUVARING VAGINAL RING 0.12-0.015 MG/24HR (*etonogestrel-ethinyl estradiol*)	NF	
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	
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	
PLAN B ONE-STEP ORAL TABLET 1.5 MG (*levonorgestrel*)	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	
levonorgest-eth estrad 91-day (Rosyrah 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	

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

Prescription Drug Name	Drug Tier	Drug Notes
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	
ethynodiol diac-eth estradiol (Valtya 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	
VALTYA 1/50 ORAL TABLET 1-50 MG-MCG (*ethynodiol diac-eth estradiol*)	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	

Prescription Drug Name	Drug Tier	Drug Notes
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	
YASMIN 28 ORAL TABLET 3-0.03 MG (*drospirenone-ethinyl estradiol*)	NF	
YAZ ORAL TABLET 3-0.02 MG (*drospirenone-ethinyl estradiol*)	NF	
YOUR CHOICE ORAL TABLET 1.5 MG (*levonorgestrel*)	CE	
norelgestromin-eth estradiol (Zafemy Transdermal Patch Weekly 150-35 Mcg/24Hr)	CE	
ethynodiol diac-eth estradiol (Zovia 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	CE	
drospirenone-ethinyl estradiol (Zumandimine Oral Tablet 3-0.03 Mg)	CE	
CORTISOL SYNTHESIS INHIBITORS		
ISTURISA ORAL TABLET 1 MG, 5 MG (*osilodrostat phosphate*)	NF	
RECORLEV ORAL TABLET 150 MG (*levoketoconazole*)	NF	
DIABETIC SUPPLIES		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP (*glucose blood*)	PB	
ACCU-CHEK FASTCLIX LANCET KIT (*lancets misc.*)	PB	
ACCU-CHEK FASTCLIX LANCETS (*lancets*)	PB	
ACCU-CHEK GUIDE TEST IN VITRO STRIP (*glucose blood*)	PB	
ACCU-CHEK SAFE-T PRO LANCETS (*lancets*)	PB	

Prescription Drug Name	Drug Tier	Drug Notes
ACCU-CHEK SMARTVIEW IN VITRO STRIP (*glucose blood*)	PB	
ACCU-CHEK SOFTCLIX LANCET DEV KIT (*lancets misc.*)	PB	
ACCU-CHEK SOFTCLIX LANCETS (*lancets*)	PB	
ACCUTREND GLUCOSE IN VITRO STRIP (*glucose blood*)	NF	
ADVANCE INTUITION TEST IN VITRO STRIP (*glucose blood*)	NF	
ADVANCE MICRO-DRAW TEST IN VITRO STRIP (*glucose blood*)	NF	
ADVOCATE REDI-CODE IN VITRO STRIP (*glucose blood*)	NF	
ADVOCATE REDI-CODE+ TEST IN VITRO STRIP (*glucose blood*)	NF	
ADVOCATE TEST IN VITRO STRIP (*glucose blood*)	NF	
AGAMATRIX AMP TEST IN VITRO STRIP (*glucose blood*)	NF	
AGAMATRIX JAZZ TEST IN VITRO STRIP (*glucose blood*)	NF	
AGAMATRIX PRESTO TEST IN VITRO STRIP (*glucose blood*)	NF	
ASSURE 3 TEST IN VITRO STRIP (*glucose blood*)	NF	
ASSURE 4 TEST IN VITRO STRIP (*glucose blood*)	NF	
ASSURE II CHECK IN VITRO STRIP (*glucose blood*)	NF	
ASSURE II IN VITRO STRIP (*glucose blood*)	NF	
ASSURE PLATINUM IN VITRO STRIP (*glucose blood*)	NF	
ASSURE PRISM MULTI TEST IN VITRO STRIP (*glucose blood*)	NF	
ASSURE PRO TEST IN VITRO STRIP (*glucose blood*)	NF	
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML (*insulin syringe/needle u-500*)	PB	
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	

Prescription Drug Name	Drug Tier	Drug Notes
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML (*insulin syringe-needle u-100*)	PB	
blood glucose test in vitro strip	NF	
CARESENS N GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
CARESENS S GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
CARETOUCH TEST IN VITRO STRIP (*glucose blood*)	NF	
CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP (*glucose blood*)	NF	
CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP (*glucose blood*)	NF	
CLEVER CHEK TEST IN VITRO STRIP (*glucose blood*)	NF	
CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP (*glucose blood*)	NF	
CLEVER CHOICE MICRO TEST IN VITRO STRIP (*glucose blood*)	NF	
CLEVER CHOICE NO CODING IN VITRO STRIP (*glucose blood*)	NF	
CLEVER CHOICE TALK SYSTEM IN VITRO STRIP (*glucose blood*)	NF	
CONTOUR NEXT TEST IN VITRO STRIP (*glucose blood*)	NF	
CONTOUR TEST IN VITRO STRIP (*glucose blood*)	NF	
COOL BLOOD GLUCOSE TEST STRIPS IN VITRO STRIP (*glucose blood*)	NF	
CVS ADVANCED GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
D-CARE BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NF	
DEXCOM G6 RECEIVER DEVICE (*continuous glucose receiver*)	NF	
DEXCOM G6 SENSOR (*continuous glucose sensor*)	NF	
DEXCOM G6 TRANSMITTER (*continuous glucose transmitter*)	NF	
DEXCOM G7 15 DAY SENSOR (*continuous glucose sensor*)	NF	
DEXCOM G7 RECEIVER DEVICE (*continuous glucose receiver*)	NF	
DEXCOM G7 SENSOR (*continuous glucose sensor*)	NF	
DIATHRIVE GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
DUO-CARE TEST IN VITRO STRIP (*glucose blood*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
easy plus ii glucose test in vitro strip	NF	
EASY STEP TEST IN VITRO STRIP (*glucose blood*)	NF	
easy talk blood glucose test in vitro strip	NF	
easy trak blood glucose test in vitro strip	NF	
EASYGLUCO IN VITRO STRIP (*glucose blood*)	NF	
EASYMAX 15 TEST IN VITRO STRIP (*glucose blood*)	NF	
EASYMAX TEST IN VITRO STRIP (*glucose blood*)	NF	
EASYPRO BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
EASYPRO PLUS IN VITRO STRIP (*glucose blood*)	NF	
element compact test in vitro strip	NF	
ELEMENT TEST IN VITRO STRIP (*glucose blood*)	NF	
EMBECTA AUTOSHIELD DUO 30G X 5 MM (*insulin pen needle*)	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*)	PB	
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML (*insulin syringe/needle u-500*)	PB	
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 , 32G X 6 MM (*insulin pen needle*)	PB	
EMBRACE BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
EMBRACE EVO BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
EMBRACE WAVE BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NF	
ENLITE GLUCOSE SENSOR (*continuous glucose sensor*)	NF	
eq blood glucose test in vitro strip	NF	
EVERSENSE 365 SENSOR/HOLDER (*continuous glucose sensor*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
EVERSENSE 365 SMART TRANSMIT (*continuous glucose transmitter*)	NF	
EVERSENSE SENSOR/HOLDER (*continuous glucose sensor*)	NF	
EVOLUTION AUTOCODE IN VITRO STRIP (*glucose blood*)	NF	
FIFTY50 GLUCOSE TEST 2.0 IN VITRO STRIP (*glucose blood*)	NF	
FORA 6 CONNECT IN VITRO STRIP (*glucose blood*)	NF	
FORA 6 CONNECT/GTEL TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA D40/G31 BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NF	
FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA GD20 TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA GD50 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA GTEL BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA TN'G/TN'G VOICE IN VITRO STRIP (*glucose blood*)	NF	
FORA V10 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA V30A BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORACARE GD40 TEST IN VITRO STRIP (*glucose blood*)	NF	
FORACARE PREMIUM V10 TEST IN VITRO STRIP (*glucose blood*)	NF	
FORACARE TEST N GO TEST IN VITRO STRIP (*glucose blood*)	NF	
FREESTYLE INSULINX TEST IN VITRO STRIP (*glucose blood*)	NF	
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	
FREESTYLE LIBRE 2 SENSOR (*continuous glucose sensor*)	PB	

Prescription Drug Name	Drug Tier	Drug Notes
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 LITE TEST IN VITRO STRIP (*glucose blood*)	NF	
FREESTYLE PRECISION NEO TEST IN VITRO STRIP (*glucose blood*)	NF	
FREESTYLE TEST IN VITRO STRIP (*glucose blood*)	NF	
ge100 blood glucose test in vitro strip	NF	
GENULTIMATE TEST IN VITRO STRIP (*glucose blood*)	NPB	
ght test in vitro strip	NF	
GLUCO PERFECT 3 TEST IN VITRO STRIP (*glucose blood*)	NF	
GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP (*glucose blood*)	NF	
GLUCOCARD EXPRESSION TEST IN VITRO STRIP (*glucose blood*)	NF	
GLUCOCARD SHINE TEST IN VITRO STRIP (*glucose blood*)	NPB	
GLUCOCARD VITAL TEST IN VITRO STRIP (*glucose blood*)	NF	
GLUCOCARD X-SENSOR IN VITRO STRIP (*glucose blood*)	NF	
GLUCOCOM TEST IN VITRO STRIP (*glucose blood*)	NF	
GLUCONAVII BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
glucose meter test in vitro strip	NF	
gnp easy touch glucose test in vitro strip	NF	
GOJJI BLOOD TEST STRIP/LANCETS IN VITRO STRIP (*glucose blood*)	NF	
GUARDIAN 4 GLUCOSE SENSOR (*continuous glucose sensor*)	NF	
GUARDIAN 4 TRANSMITTER (*continuous glucose transmitter*)	NF	
GUARDIAN SENSOR (3) (*continuous glucose sensor*)	NF	
guardian sensor 3	NF	
HW EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
HW EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
IGLUCOSE TEST STRIPS IN VITRO STRIP (*glucose blood*)	NF	
IHEALTH BLOOD GLUCOSE TEST STR IN VITRO STRIP (*glucose blood*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
IN TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
INFINITY VOICE IN VITRO STRIP (*glucose blood*)	NF	
KETO-DIASTIX IN VITRO STRIP (*urine glucose-ketones test*)	NF	
KETOSTIX IN VITRO STRIP (*acetone (urine) test*)	NF	
MEIJER TRUETEST TEST IN VITRO STRIP (*glucose blood*)	NF	
MEIJER TRUETRACK TEST IN VITRO STRIP (*glucose blood*)	NF	
MICRODOT TEST IN VITRO STRIP (*glucose blood*)	NF	
MINIMED INSTINCT GLUC SENSOR (*continuous glucose sensor*)	NF	
MYGLUCOHEALTH TEST IN VITRO STRIP (*glucose blood*)	NF	
NEUTEK 2TEK TEST IN VITRO STRIP (*glucose blood*)	NF	
NOVA MAX GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT (*insulin disposable pump*)	PB	
OMNIPOD 5 DEXG7G6 PODS GEN 5 (*insulin disposable pump*)	PB	
OMNIPOD DASH PODS (GEN 4) (*insulin disposable pump*)	PB	
ON CALL EXPRESS BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NF	
one drop test in vitro strip	NF	
ONETOUCH DELICA PLUS LANCET30G (*lancets*)	NF	
ONETOUCH DELICA PLUS LANCET33G (*lancets*)	NF	
ONETOUCH DELICA PLUS LANCING (*lancet devices*)	NF	
ONETOUCH ULTRA BLUE TEST IN VITRO STRIP (*glucose blood*)	NF	
ONETOUCH ULTRA TEST IN VITRO STRIP (*glucose blood*)	NF	
ONETOUCH ULTRASOFT 2 LANCETS (*lancets*)	NF	
ONETOUCH VERIO IN VITRO STRIP (*glucose blood*)	NF	
OPTIUMEZ TEST IN VITRO STRIP (*glucose blood*)	NF	
PHARMACIST CHOICE AUTOCODE IN VITRO STRIP (*glucose blood*)	NF	
pharmacist choice no coding in vitro strip	NF	
POCKETCHEM EZ TEST IN VITRO STRIP (*glucose blood*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
POGO AUTOMATIC TEST CARTRIDGES IN VITRO DIAGNOSTIC TEST (*glucose blood*)	NF	
pro voice v8/v9 glucose in vitro strip	NF	
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP (*glucose blood*)	NF	
QUICKTEK TEST IN VITRO STRIP (*glucose blood*)	NF	
QUINTET AC BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
QUINTET BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
REFUAH PLUS BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
RELION CONFIRM/MICRO TEST IN VITRO STRIP (*glucose blood*)	NF	
RELION TRUE METRIX TEST STRIPS IN VITRO STRIP (*glucose blood*)	PB	
RIGHTEST GS100 BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NF	
RIGHTEST GS300 BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NF	
RIGHTEST GS550 BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NF	
SIMPLERA SENSOR (*continuous glucose sensor*)	NF	
SIMPLERA SYNC SENSOR (*continuous glucose sensor*)	NF	
SIMPLERA SYSTEM (*continuous glucose sensor*)	NF	
SMARTEST BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
SOLUS V2 TEST IN VITRO STRIP (*glucose blood*)	NF	
SUPREME TEST IN VITRO STRIP (*glucose blood*)	NF	
true focus blood glucose strip in vitro strip	NF	
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	PB	N8 (Listing does not include certain NDCs)
TRUETEST TEST IN VITRO STRIP (*glucose blood*)	NF	
TRUETRACK TEST IN VITRO STRIP (*glucose blood*)	NF	
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	

Prescription Drug Name	Drug Tier	Drug Notes
UNISTRIP1 GENERIC IN VITRO STRIP (*glucose blood*)	NF	
verasens blood glucose test in vitro strip	NF	
V-GO 20 KIT 20 UNIT/24HR (*insulin disposable pump*)	NF	
V-GO 30 KIT 30 UNIT/24HR (*insulin disposable pump*)	NF	
V-GO 40 KIT 40 UNIT/24HR (*insulin disposable pump*)	NF	
VIVAGUARD INO TEST STRIPS IN VITRO STRIP (*glucose blood*)	NF	
ENDOMETRIOSIS		
danazol oral capsule 100 mg, 200 mg, 50 mg	G	N8 (Listing does not include certain NDCs)
ORILISSA ORAL TABLET 150 MG, 200 MG (*elagolix sodium*)	PB	
SYNAREL NASAL SOLUTION 2 MG/ML (*nafarelin acetate*)	NPB	
FERTILITY REGULATORS		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG (*cetrorelix acetate*)	NF	
chorionic gonadotropin intramuscular solution reconstituted 10000 unit	NF	
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML (*follitropin beta*)	PSP	
ganirelix acetate (Fyremadel Subcutaneous Solution Prefilled Syringe 250 Mcg/0.5Ml)	NF	
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	NF	
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	PSP	
GONAL-F INJECTION SOLUTION RECONSTITUTED 450 UNIT (*follitropin alfa*)	NF	
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNT/0.48ML, 450 UNT/0.72ML, 900 UNT/1.44ML (*follitropin alfa*)	NF	
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (*menotropins*)	PSP	
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT (*chorionic gonadotropin*)	NF	
OVIDREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML (*choriogonadotropin alfa*)	NF	
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT (*chorionic gonadotropin*)	PSP	

Prescription Drug Name	Drug Tier	Drug Notes
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
AGAMREE ORAL SUSPENSION 40 MG/ML (*vamorolone*)	NF	
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG (*hydrocortisone*)	NF	
dexamethasone (la) injection suspension 8 mg/ml	NF	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML (*dexamethasone*)	NPB	
dexamethasone oral elixir 0.5 mg/5ml	G	N8 (Listing does not include certain NDCs)
dexamethasone oral solution 0.5 mg/5ml	G	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 2 mg, 4 mg, 6 mg	G	
dexamethasone oral tablet 1.5 mg	G	N8 (Listing does not include certain NDCs)
dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)	G	
dexamethasone sod phosphate pf injection solution 10 mg/ml	NPB	
dexamethasone sodium phosphate injection solution 4 mg/ml	NPB	
DEXONTO 0.4% IONTOPHORESIS SOLUTION 20 MG/5ML (*dexamethasone sodium phosphate*)	NF	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (*deflazacort*)	NF	
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (*deflazacort*)	NF	
fludrocortisone acetate oral tablet 0.1 mg	G	
HEMADY ORAL TABLET 20 MG (*dexamethasone*)	NF	
dexamethasone (Hidex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21))	G	
hydrocortisone oral tablet 10 mg, 5 mg	G	N8 (Listing does not include certain NDCs)
hydrocortisone oral tablet 20 mg	G	
KHINDIVI ORAL SOLUTION 1 MG/ML (*hydrocortisone*)	NF	
MEDROL ORAL TABLET 2 MG (*methylprednisolone*)	NPB	
methylprednisolone acetate injection suspension 40 mg/ml	NPB	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	G	
methylprednisolone oral tablet therapy pack 4 mg	G	
prednisolone oral solution 15 mg/5ml	G	

Prescription Drug Name	Drug Tier	Drug Notes
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml	NF	
prednisolone sodium phosphate oral solution 15 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, 20 mg, 5 mg	G	N8 (Listing does not include certain NDCs)
prednisone oral tablet 10 mg, 2.5 mg, 50 mg	G	
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	G	
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (*dexamethasone*)	NF	
dexamethasone (Taperdex 6-Day Oral Tablet Therapy Pack 1.5 Mg, 1.5 Mg (21))	NF	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (*dexamethasone*)	NF	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (*glucagon*)	PB	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (*glucagon*)	PB	
glucagon emergency injection solution reconstituted 1 mg, 1 mg/ml	NF	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (*glucagon*)	PB	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (*glucagon*)	PB	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML (*glucagon*)	PB	
PROGLYCEM ORAL SUSPENSION 50 MG/ML (*diazoxide*)	NPB	
GROWTH IMPROVEMENT AGENTS - DRUGS TO PROMOTE GROWTH		
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG (*vosoritide*)	NPSP	
YUVIWEL SUBCUTANEOUS SOLUTION RECONSTITUTED 1.3 MG, 2.8 MG, 5.5 MG (*navepegritide*)	PSP	

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*)	NF	
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (*nitisinone*)	PSP	
ORFADIN ORAL SUSPENSION 4 MG/ML (*nitisinone*)	PSP	
HUMAN GROWTH HORMONES - DRUGS TO REGULATE PITUITARY HORMONES		
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG (*somatropin*)	NF	
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG (*somatropin*)	NF	
HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG (*somatropin*)	NPSP	
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR 24 MG/1.2ML, 60 MG/1.2ML (*somatrogon-ghla*)	NF	
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML (*somatropin*)	PSP	
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML (*somatropin*)	NF	
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (*somatropin*)	NF	
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (*somatropin (non-refrigerated)*)	NPSP	
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG (*lonapegsomatropin-tcgd*)	NF	
SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML (*somapacitan-beco*)	PSP	
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG (*somatropin*)	NF	
LYSOSOMAL STORAGE DISORDERS - DRUGS TO TREAT LYSOSOMAL STORAGE DISORDERS		
AQNEURSA ORAL PACKET 1 GM (*levacetylleucine*)	NF	
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG (*arimoclomol citrate*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
OPFOLDA ORAL CAPSULE 65 MG (*miglustat (gaa deficiency)*)	NF	
LYSOSOMAL STORAGE DISORDERS - FABRY DISEASE - DRUGS TO TREAT FABRY DISEASE		
ELFABRIO INTRAVENOUS SOLUTION 20 MG/10ML, 5 MG/2.5ML (*pegunigalsidase alfa-iwxj*)	PSP	
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	
miglustat oral capsule 100 mg	G	
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (*velaglucerase alfa*)	NF	
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*)	NF	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (*drospirenone-estradiol*)	NF	
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG (*estradiol-progesterone*)	PB	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (*estradiol-levonorgestrel*)	NF	
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (*estradiol*)	NF	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (*estradiol-norethindrone acet*)	PB	
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*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
estradiol (Dotti Transdermal Patch Twice Weekly 0.025 Mg/24Hr, 0.0375 Mg/24Hr, 0.05 Mg/24Hr, 0.075 Mg/24Hr, 0.1 Mg/24Hr)	G	
DUAVEE ORAL TABLET 0.45-20 MG (*conj estrogens-bazedoxifene*)	NF	
ec-rx estradiol transdermal cream 0.4 %, 0.6 %	NF	
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (*estradiol*)	NF	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	G	
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	G	
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	G	
estradiol vaginal cream 0.01 %	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*)	NF	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (*estradiol*)	NF	
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (*estradiol*)	NF	
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (*estradiol acetate*)	NF	
norethindrone-eth estradiol (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)	G	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG (*estradiol*)	PB	
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG (*estradiol*)	PB	
norethindrone-eth estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)	G	
LYNKUET ORAL CAPSULE 60 MG (*elinzanetant*)	NPB	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (*estradiol*)	NF	
estradiol-norethindrone acet (Mimvey Oral Tablet 1-0.5 Mg)	G	
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (*estradiol*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	G	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (*estrogens conjugated*)	NF	
PREMARIN VAGINAL CREAM 0.625 MG/GM (*estrogens, conjugated*)	NF	
PREMPHASE ORAL TABLET 0.625-5 MG (*conj estrog-medroxyprogest ace*)	NF	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (*conj estrog-medroxyprogest ace*)	NF	
VAGIFEM VAGINAL TABLET 10 MCG (*estradiol*)	NF	
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (*estradiol*)	NF	
estradiol (Yuvafem Vaginal Tablet 10 Mcg)	G	
MISCELLANEOUS		
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR 40 UNIT/0.5ML, 80 UNIT/ML (*corticotropin*)	NPSP	
ACTHAR INJECTION GEL 80 UNIT/ML (*corticotropin*)	NPSP	
cabergoline oral tablet 0.5 mg	G	
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE 40 UNIT/0.5ML, 80 UNIT/ML (*corticotropin*)	NPSP	
CORTROPHIN INJECTION GEL 80 UNIT/ML (*corticotropin*)	NPSP	
CRENESSITY ORAL CAPSULE 100 MG, 25 MG, 50 MG (*crinecerfont*)	NPSP	
CRENESSITY ORAL SOLUTION 50 MG/ML (*crinecerfont*)	NPSP	
cupric chloride intravenous solution 0.4 mg/ml	NPB	
CYSTADANE ORAL POWDER (*betaine*)	NF	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (*cysteamine bitartrate*)	PSP	
EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG (*tesamorelin acetate*)	NPSP	
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML (*romosozumab-aqqg*)	NF	
HARLIKU ORAL TABLET 2 MG (*nitisinone (aku)*)	NF	
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (*setmelanotide acetate*)	NF	
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (*mecasermin*)	NPSP	

Prescription Drug Name	Drug Tier	Drug Notes
INTRAROSA VAGINAL INSERT 6.5 MG (*prasterone*)	NF	
JYNARQUE ORAL TABLET 15 MG, 30 MG (*tolvaptan*)	NF	
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG (*tolvaptan*)	NF	
KORLYM ORAL TABLET 300 MG (*mifepristone*)	NF	
KUVAN ORAL PACKET 100 MG, 500 MG (*sapropterin dihydrochloride*)	NF	
KUVAN ORAL TABLET 100 MG (*sapropterin dihydrochloride*)	NF	
methylergonovine maleate (Methergine Oral Tablet 0.2 Mg)	G	
methylergonovine maleate oral tablet 0.2 mg	G	
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG (*metreleptin*)	NPB	
OSPHENA ORAL TABLET 60 MG (*ospemifene*)	NF	
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML (*pegvaliase-pqpz*)	NF	
raloxifene hcl oral tablet 60 mg	CE	
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG (*resmetirom*)	NPB	
SAMSCA ORAL TABLET 15 MG, 30 MG (*tolvaptan (hyponatremia)*)	NPSP	
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG (*pasireotide pamoate*)	NF	
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	
VEOZAH ORAL TABLET 45 MG (*fezolinetant*)	NPB	
VIJOICE ORAL PACKET 50 MG (*alpelisib*)	NF	
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG, 50 MG (*alpelisib*)	NF	
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 25 MG, 75 MG (*diazoxide choline*)	NF	
XURIDEN ORAL PACKET 2 GM (*uridine triacetate*)	NPB	
ZOKINVY ORAL CAPSULE 50 MG, 75 MG (*lonafarnib*)	NPSP	
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
AURYXIA ORAL TABLET 1 GM 210 MG(FE) (*ferric citrate*)	PB	

Prescription Drug Name	Drug Tier	Drug Notes
calcium acetate (phos binder) oral capsule 667 mg	G	
calcium acetate (phos binder) oral tablet 667 mg	G	
FOSRENOL ORAL PACKET 1000 MG, 750 MG (*lanthanum carbonate*)	NF	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG (*lanthanum carbonate*)	NF	
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	NF	
RENVELA ORAL PACKET 0.8 GM, 2.4 GM (*sevelamer carbonate*)	NF	
RENVELA ORAL TABLET 800 MG (*sevelamer carbonate*)	NF	
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	G	
sevelamer carbonate oral tablet 800 mg	G	
sevelamer hcl oral tablet 400 mg, 800 mg	G	
VELPHORO ORAL TABLET CHEWABLE 500 MG (*sucroferric oxyhydroxide*)	NF	
XPHOZAH ORAL TABLET 20 MG, 30 MG (*tenapanor hcl (ckd)*)	NF	
POLYNEUROPATHY		
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.8ML (*eplontersen sodium*)	NF	
POTASSIUM-REMOVING AGENTS - DRUGS TO REGULATE POTASSIUM LEVELS		
sodium polystyrene sulfonate (Kionex Combination Suspension 15 Gm/60Ml)	G	
LOKELMA ORAL PACKET 10 GM, 5 GM (*sodium zirconium cyclosilicate*)	NF	
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	
ec-rx progesterone transdermal cream 20 %	NF	
ENDOMETRIN VAGINAL INSERT 100 MG (*progesterone*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	G	
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 625 mg/5ml	G	
norethindrone acetate oral tablet 5 mg	G	
progesterone intramuscular oil 50 mg/ml	G	
progesterone oral capsule 100 mg, 200 mg	G	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG (*progesterone*)	NF	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (*thyroid*)	NF	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG (*liothyronine sodium*)	NF	
levothyroxine sodium intravenous solution reconstituted 100 mcg, 500 mcg	NPB	
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	G	
levothyroxine sodium (Levoxyl Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	G	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	G	
methimazole oral tablet 10 mg, 5 mg	G	
niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	NF	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (*thyroid*)	NF	
propylthiouracil oral tablet 50 mg	G	
RENTHYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (*thyroid*)	NF	
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*)	NPB	
THYQUIDITY ORAL SOLUTION 100 MCG/5ML (*levothyroxine sodium*)	NF	
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	NF	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG (*levothyroxine sodium*)	NF	

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*)	NF	
levothyroxine sodium (Unithroid Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	G	
UREA CYCLE DISORDER - DRUGS TO TREAT UREA CYCLE DISORDER		
BUPHENYL ORAL POWDER 3 GM/TSP (*sodium phenylbutyrate*)	NF	
BUPHENYL ORAL TABLET 500 MG (*sodium phenylbutyrate*)	NF	
CARBAGLU ORAL TABLET SOLUBLE 200 MG (*carglumic acid*)	NF	
carglumic acid oral tablet soluble 200 mg	G	
OLPRUVA (2 GM DOSE) ORAL THERAPY PACK 2 GM (*sodium phenylbutyrate*)	NF	
OLPRUVA (3 GM DOSE) ORAL THERAPY PACK 3 GM (*sodium phenylbutyrate*)	NF	
OLPRUVA (4 GM DOSE) ORAL THERAPY PACK 2 & 2 GM (*sodium phenylbutyrate*)	NF	
OLPRUVA (5 GM DOSE) ORAL THERAPY PACK 2 & 3 GM (*sodium phenylbutyrate*)	NF	
OLPRUVA (6 GM DOSE) ORAL THERAPY PACK 3 & 3 GM (*sodium phenylbutyrate*)	NF	
OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK 3 & 3.67 GM (*sodium phenylbutyrate*)	NF	
PHEBURANE ORAL PELLET 483 MG/GM (*sodium phenylbutyrate*)	PSP	
RAVICTI ORAL LIQUID 1.1 GM/ML (*glycerol phenylbutyrate*)	NF	
sodium phenylbutyrate oral powder 3 gm/tsp	G	
sodium phenylbutyrate oral tablet 500 mg	G	
UTERINE FIBROIDS - DRUGS TO TREAT UTERINE FIBROIDS		
MYFEMBREE ORAL TABLET 40-1-0.5 MG (*relugolix-estradiol-norethind*)	PB	
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (*elagolix-estradiol-norethind*)	PB	

Prescription Drug Name	Drug Tier	Drug Notes
VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES		
DESMODA ORAL SOLUTION 0.05 MG/ML (*desmopressin acetate*)	NF	
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	
VASOSTRICT INTRAVENOUS SOLUTION 20 UNIT/ML (*vasopressin*)	NF	
VITAMIN D ANALOGS		
calcitriol oral capsule 0.25 mcg, 0.5 mcg	G	N8 (Listing does not include certain NDCs)
calcitriol oral solution 1 mcg/ml	G	
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	G	N8 (Listing does not include certain NDCs)
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	G	
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG (*calcifediol*)	NPB	
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTICHOLINERGICS		
CUVPOSA ORAL SOLUTION 1 MG/5ML (*glycopyrrolate*)	NPB	
dicyclomine hcl oral capsule 10 mg	G	N8 (Listing does not include certain NDCs)
dicyclomine hcl oral solution 10 mg/5ml	G	
dicyclomine hcl oral tablet 20 mg	G	N8 (Listing does not include certain NDCs)
GLYCATE ORAL TABLET 1.5 MG (*glycopyrrolate*)	NF	
glycopyrrolate oral tablet 1 mg, 2 mg	G	N8 (Listing does not include certain NDCs)
glycopyrrolate oral tablet 1.5 mg	NF	
hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg	NF	
hyoscyamine sulfate oral elixir 0.125 mg/5ml	NPB	
hyoscyamine sulfate oral solution 0.125 mg/ml	NPB	
hyoscyamine sulfate oral tablet 0.125 mg	G	N8 (Listing does not include certain NDCs)

Prescription Drug Name	Drug Tier	Drug Notes
hyoscyamine sulfate oral tablet dispersible 0.125 mg	G	N8 (Listing does not include certain NDCs)
hyoscyamine sulfate sublingual tablet sublingual 0.125 mg	G	N8 (Listing does not include certain NDCs)
hyosyne oral elixir 0.125 mg/5ml	NPB	
hyosyne oral solution 0.125 mg/ml	NPB	
methscopolamine bromide oral tablet 2.5 mg, 5 mg	G	
NULEV ORAL TABLET DISPERSIBLE 0.125 MG (*hyoscyamine sulfate*)	NPB	
oscimin oral tablet 0.125 mg	NPB	
oscimin sublingual tablet sublingual 0.125 mg	NPB	
ANTIDIARRHEALS		
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	G	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	G	
LACTEROL ORAL CAPSULE (*probiotic product*)	NF	
lactovive oral capsule	NF	
loperamide hcl oral capsule 2 mg	G	
MOTOFEN ORAL TABLET 1-0.025 MG (*difenoxin-atropine*)	NF	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG (*crofelemer*)	NF	
nexiva oral capsule	NF	
relibiotic oral capsule	NF	
surebiotic probiotic support oral capsule	NF	
wellpro 31 oral capsule	NF	
zelac oral capsule	NF	
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
AKYNZEO ORAL CAPSULE 300-0.5 MG (*netupitant-palonosetron*)	NF	
aprepitant oral capsule 125 mg, 40 mg, 80 mg	G	
aprepitant oral capsule therapy pack 80 & 125 mg	G	
BONJESTA ORAL TABLET EXTENDED RELEASE 20-20 MG (*doxylamine-pyridoxine*)	NPB	
prochlorperazine (Compro Rectal Suppository 25 Mg)	G	
doxylamine-pyridoxine oral tablet delayed release 10-10 mg	G	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	G	
dronabinol oral solution 5 mg/ml	NF	
EMEND BIPACK ORAL CAPSULE 80 MG (*aprepitant*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
EMEND INTRAVENOUS SOLUTION RECONSTITUTED 150 MG (*fosaprepitant dimeglumine*)	NF	
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML (*aprepitant*)	NF	
EMEND TRIPACK ORAL CAPSULE THERAPY PACK 80 & 125 MG (*aprepitant*)	NF	
granisetron hcl oral tablet 1 mg	G	
meclizine hcl oral tablet 12.5 mg, 25 mg	G	N8 (Listing does not include certain NDCs)
meclizine hcl oral tablet 50 mg	G	
meclizine hcl oral tablet chewable 25 mg	G	N8 (Listing does not include certain NDCs)
metoclopramide hcl oral solution 10 mg/10ml	G	
metoclopramide hcl oral solution 5 mg/5ml	G	N8 (Listing does not include certain NDCs)
metoclopramide hcl oral tablet 10 mg, 5 mg	G	
NAVITRUX INTRAVENOUS SOLUTION RECONSTITUTED 150 MG (*fosaprepitant dimeglumine*)	NF	
ondansetron hcl +rfid injection solution prefilled syringe 4 mg/2ml	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	
POSFREA INTRAVENOUS SOLUTION 0.25 MG/5ML (*palonosetron hcl*)	NF	
prochlorperazine edisylate injection solution 10 mg/2ml	G	
prochlorperazine maleate oral tablet 10 mg, 5 mg	G	N8 (Listing does not include certain NDCs)
prochlorperazine rectal suppository 25 mg	G	
promethazine hcl oral solution 6.25 mg/5ml	G	N8 (Listing does not include certain NDCs)
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	G	
promethazine hcl rectal suppository 12.5 mg, 25 mg	G	
promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg)	G	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (*promethazine hcl*)	G	
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR (*granisetron*)	PB	

Prescription Drug Name	Drug Tier	Drug Notes
scopolamine transdermal patch 72 hour 1 mg/3days	G	
SYNDROS ORAL SOLUTION 5 MG/ML (*dronabinol*)	NF	
TRANSDERM SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS (*scopolamine base*)	NF	
trimethobenzamide hcl oral capsule 300 mg	G	N8 (Listing does not include certain NDCs)
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG (*rolapitant hcl*)	NF	
ANTISPASMODICS - DRUGS FOR MUSCLE SPASM		
LIBRAX ORAL CAPSULE 5-2.5 MG (*chlordiazepoxide-clidinium*)	NF	
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
cimetidine hcl oral solution 300 mg/5ml	G	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	G	
famotidine oral suspension reconstituted 40 mg/5ml	G	
famotidine oral tablet 20 mg, 40 mg	G	N8 (Listing does not include certain NDCs)
nizatidine oral capsule 150 mg, 300 mg	G	
INFLAMMATORY BOWEL DISEASE - BOWEL, INTESTINE, AND STOMACH CONDITION DRUGS		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM (*mesalamine*)	NPB	
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	
CANASA RECTAL SUPPOSITORY 1000 MG (*mesalamine*)	NF	
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*)	NF	
mesalamine oral capsule delayed release 400 mg	G	
mesalamine oral tablet delayed release 1.2 gm, 800 mg	G	
mesalamine rectal enema 4 gm	G	
mesalamine rectal suppository 1000 mg	G	
mesalamine-cleanser rectal kit 4 gm	G	

Prescription Drug Name	Drug Tier	Drug Notes
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG (*mesalamine*)	NF	
ROWASA RECTAL KIT 4 GM (*mesalamine-cleanser*)	NF	
sulfasalazine oral tablet 500 mg	G	
sulfasalazine oral tablet delayed release 500 mg	G	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG (*budesonide*)	NF	
UCERIS RECTAL FOAM 2 MG/ACT (*budesonide*)	NF	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (*lubiprostone*)	NF	
IBSRELA ORAL TABLET 50 MG (*tenapanor hcl*)	NF	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (*linaclotide*)	PB	
TRULANCE ORAL TABLET 3 MG (*plecanatide*)	NF	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
alosetron hcl oral tablet 0.5 mg, 1 mg	G	
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	N8 (Listing does not include certain NDCs)
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM (*peg 3350-kcl-nabcb-nacl-nasulf*)	NF	
lactulose (Kristalose Oral Packet 10 Gm, 20 Gm)	G	
lactulose oral packet 10 gm, 20 gm	G	N8 (Listing does not include certain NDCs)
lactulose oral solution 10 gm/15ml	G	N8 (Listing does not include certain NDCs)
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (*peg-kcl-nacl-nasulf-na asc-c*)	NF	
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	CE	
peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm	CE	
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm	CE	

Prescription Drug Name	Drug Tier	Drug Notes
PEG-PREP ORAL KIT 5-210 MG-GM (*bisacodyl-peg-kcl-nabicar-nacl*)	CE	
SUFLAVE ORAL SOLUTION RECONSTITUTED 178.7 GM (*peg 3350-kcl-nacl-nasulf-mgsul*)	CE	
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML (*na sulfate-k sulfate-mg sulf*)	NF	
SUTAB ORAL TABLET 1479-225-188 MG (*sodium sulfate-mag sulfate-kcl*)	CE	
MISCELLANEOUS		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG (*odevixibat*)	NF	
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG (*odevixibat*)	NF	
CARAFATE ORAL TABLET 1 GM (*sucralfate*)	NF	
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (*cholic acid*)	NPSP	
cromolyn sodium oral concentrate 100 mg/5ml	G	
CTEXLI ORAL TABLET 250 MG (*chenodiol (basds)*)	NF	
EOHILIA ORAL SUSPENSION 2 MG/10ML (*budesonide*)	NF	
GATTEX SUBCUTANEOUS KIT 5 MG (*teduglutide (rdna)*)	NPSP	
GIMOTI NASAL SOLUTION 15 MG/ACT (*metoclopramide hcl*)	NF	
IQIRVO ORAL TABLET 80 MG (*elafibranor*)	PSP	
LIVDELZI ORAL CAPSULE 10 MG (*seladelpar lysine*)	NF	
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML (*maralixibat chloride*)	NPSP	
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG (*maralixibat chloride*)	NF	
misoprostol oral tablet 100 mcg, 200 mcg	G	
MOTEGRITY ORAL TABLET 1 MG, 2 MG (*prucalopride succinate*)	NF	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (*naloxegol oxalate*)	NF	
RELISTOR ORAL TABLET 150 MG (*methylnaltrexone bromide*)	NF	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (*methylnaltrexone bromide*)	NF	
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML, 8 MG/0.4ML (*methylnaltrexone bromide*)	NF	
RELTONE ORAL CAPSULE 200 MG, 400 MG (*ursodiol*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
SUCRAID ORAL SOLUTION 8500 UNIT/ML (*sacrosidase*)	NPB	
sucralfate oral suspension 1 gm/10ml	NF	
sucralfate oral tablet 1 gm	G	N8 (Listing does not include certain NDCs)
SYMPROIC ORAL TABLET 0.2 MG (*naldemedine tosylate*)	PB	
ursodiol oral capsule 200 mg, 400 mg	NF	
ursodiol oral capsule 300 mg	G	
ursodiol oral tablet 250 mg, 500 mg	G	
VOQUEZNA ORAL TABLET 10 MG, 20 MG (*vonoprazan fumarate*)	NPB	
VOWST ORAL CAPSULE (*fecal microb spores, live-brpk*)	NPSP	
XERMELO ORAL TABLET 250 MG (*telotristat etiprate*)	NPB	
PANCREATIC ENZYMES		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (*pancrelipase (lip-prot-amyl)*)	PB	
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT (*pancrelipase (lip-prot-amyl)*)	NF	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT (*pancrelipase (lip-prot-amyl)*)	NF	
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT (*pancrelipase (lip-prot-amyl)*)	PB	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT (*pancrelipase (lip-prot-amyl)*)	PB	
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
ACIPHEX ORAL TABLET DELAYED RELEASE 20 MG (*rabeprazole sodium*)	NF	
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG (*dexlansoprazole*)	NF	
dexlansoprazole oral capsule delayed release 30 mg, 60 mg	NF	
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
KONVOMEP ORAL SUSPENSION RECONSTITUTED 2-84 MG/ML (*omeprazole-sodium bicarbonate*)	NF	
lansoprazole oral capsule delayed release 15 mg, 30 mg	G	
lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg	NF	
NEXIUM ORAL CAPSULE DELAYED RELEASE 20 MG, 40 MG (*esomeprazole magnesium*)	NF	
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG (*esomeprazole magnesium*)	NF	
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg	G	
omeprazole-sodium bicarbonate oral capsule 20-1100 mg, 40-1100 mg	NF	
omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg	NF	
pantoprazole sodium oral packet 40 mg	NF	
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	G	N8 (Listing does not include certain NDCs)
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG (*lansoprazole*)	NF	
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG, 30 MG (*lansoprazole*)	NF	
PRILOSEC ORAL PACKET 10 MG, 2.5 MG (*omeprazole magnesium*)	NF	
PROTONIX ORAL PACKET 40 MG (*pantoprazole sodium*)	NF	
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG, 40 MG (*pantoprazole sodium*)	NF	
rabeprazole sodium oral capsule sprinkle 10 mg	NPB	
rabeprazole sodium oral tablet delayed release 20 mg	G	
RECTAL, CORTICOSTEROIDS		
hydrocortisone (perianal) external cream 1 %, 2.5 %	G	
hydrocortisone ace-pramoxine external cream 1-1 %	G	
PROCORT EXTERNAL CREAM 1.85-1.15 % (*hydrocortisone ace-pramoxine*)	NF	
PROCTOCORT EXTERNAL CREAM 1 % (*hydrocortisone*)	NF	
PROCTOCORT RECTAL SUPPOSITORY 30 MG (*hydrocortisone acetate*)	NF	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (*hydrocortisone ace-pramoxine*)	PB	
hydrocortisone (Procto-Med Hc External Cream 2.5 %)	G	

Prescription Drug Name	Drug Tier	Drug Notes
hydrocortisone (Proctozone-Hc External Cream 2.5 %)	G	
RECTAL, MISCELLANEOUS		
BARRIGEL RECTAL GEL 20 MG/ML (*hyaluronic acid (rectal)*)	NF	
ULCER THERAPY COMBINATIONS		
amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg	G	
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 XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (*doxazosin mesylate*)	NPB	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	G	N8 (Listing does not include certain NDCs)
dutasteride oral capsule 0.5 mg	G	
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	G	
ENTADFI ORAL CAPSULE 5-5 MG (*finasteride-tadalafil*)	NF	
finasteride oral tablet 5 mg	G	
JALYN ORAL CAPSULE 0.5-0.4 MG (*dutasteride-tamsulosin hcl*)	NF	
silodosin oral capsule 4 mg, 8 mg	G	
tamsulosin hcl oral capsule 0.4 mg	G	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	G	N8 (Listing does not include certain NDCs)
TEZRULY ORAL SOLUTION 1 MG/ML (*terazosin hcl*)	NF	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG (*alfuzosin hcl*)	NF	
CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL		
ENCARE VAGINAL SUPPOSITORY 100 MG (*nonoxynol-9*)	CE	
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (*nonoxynol-9*)	CE	

Prescription Drug Name	Drug Tier	Drug Notes
PHEXX VAGINAL GEL 1.8-1-0.4 % (*lactic ac-citric ac-pot bitart*)	CE	
TODAY SPONGE VAGINAL 1000 MG (*nonoxynol-9*)	CE	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (*nonoxynol-9*)	CE	
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % (*nonoxynol-9*)	CE	
ERECTILE DYSFUNCTION		
bi-mix intracavernosal solution reconstituted 150-5 mg	NF	
CIALIS ORAL TABLET 10 MG, 20 MG, 5 MG (*tadalafil*)	NF	
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION 30-1 MG/ML (*papaverine-phentolamine*)	NF	
quad-mix intracavernosal solution reconstituted 150-10-0.1-1 mg	NF	
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG (*avanafil*)	NF	
super bi-mix intracavernosal solution reconstituted 150-10 mg	NF	
super quad-mix intracavernosal solution reconstituted 150-20-0.2-2 mg	NF	
super tri-mix intracavernosal solution reconstituted 150-10-100 mg-mg-mcg	NF	
tadalafil oral tablet 20 mg, 5 mg	G	N8 (Listing does not include certain NDCs)
tri-mix intracavernosal solution reconstituted 150-5-50 mg-mg-mcg	NF	
VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG (*sildenafil citrate*)	NF	
MISCELLANEOUS		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	G	N8 (Listing does not include certain NDCs)
ELMIRON ORAL CAPSULE 100 MG (*pentosan polysulfate sodium*)	NF	
FILSPARI ORAL TABLET 200 MG, 400 MG (*sparsentan*)	PSP	
LITHOSTAT ORAL TABLET 250 MG (*acetohydroxamic acid*)	NF	
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	

Prescription Drug Name	Drug Tier	Drug Notes
PROCYSBI ORAL PACKET 300 MG, 75 MG (*cysteamine bitartrate*)	NF	
RENACIDIN IRRIGATION SOLUTION (*citric ac-gluconolact-mg carb*)	NPB	
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5ML (*nedosiran sodium*)	NF	
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML, 160 MG/ML (*nedosiran sodium*)	NF	
sod citrate-citric acid oral solution 1500-1002 mg/15ml, 3000-2004 mg/30ml, 500-334 mg/5ml	G	
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG (*budesonide*)	NF	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG (*tiopronin*)	NF	
THIOLA ORAL TABLET 100 MG (*tiopronin*)	NF	
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	
GEMTESA ORAL TABLET 75 MG (*vibegron*)	PB	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML (*mirabegron*)	NF	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG (*mirabegron*)	NF	
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	G	N8 (Listing does not include certain NDCs)
oxybutynin chloride oral solution 5 mg/5ml	G	
oxybutynin chloride oral tablet 5 mg	G	
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR (*oxybutynin*)	NF	
solifenacin succinate oral tablet 10 mg, 5 mg	G	
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	G	
tolterodine tartrate oral tablet 1 mg, 2 mg	G	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (*fesoterodine fumarate*)	NF	
trospium chloride er oral capsule extended release 24 hour 60 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
trospium chloride oral tablet 20 mg	G	N8 (Listing does not include certain NDCs)
VESICARE ORAL TABLET 10 MG, 5 MG (*solifenacin succinate*)	NF	
VAGINAL ANTI-INFECTIVES - DRUGS TO TREAT VAGINAL INFECTIONS		
CLEOCIN VAGINAL SUPPOSITORY 100 MG (*clindamycin phosphate*)	NPB	
clindamycin phosphate vaginal cream 2 %	G	
CLINDESSE VAGINAL CREAM 2 % (*clindamycin phosphate (1 dose)*)	NPB	
GYNAZOLE-1 VAGINAL CREAM 2 % (*butoconazole nitrate (1 dose)*)	NPB	
metronidazole vaginal gel 0.75 %	G	
miconazole 3 vaginal suppository 200 mg	G	
NUVESSA VAGINAL GEL 1.3 % (*metronidazole*)	NF	
terconazole vaginal cream 0.4 %, 0.8 %	G	
terconazole vaginal suppository 80 mg	G	
VANDAZOLE VAGINAL GEL 0.75 % (*metronidazole*)	NF	
XACIATO VAGINAL GEL 2 % (*clindamycin phosphate*)	NPB	
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS - BLOOD THINNERS		
dabigatran etexilate mesylate oral capsule 110 mg	G	
dabigatran etexilate mesylate oral capsule 150 mg, 75 mg	NF	
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	

Prescription Drug Name	Drug Tier	Drug Notes
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*)	NF	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML (*dalteparin sodium*)	NF	
heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%	NF	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	G	
heparin sodium (porcine) pf injection solution 5000 unit/0.5ml	G	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG (*dabigatran etexilate mesylate*)	NF	
PRADAXA ORAL PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG (*dabigatran etexilate mesylate*)	NF	
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (*edoxaban tosylate*)	NF	
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	G	
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML (*rivaroxaban*)	PB	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG (*rivaroxaban*)	PB	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (*rivaroxaban*)	PB	
BLEEDING DISORDERS AGENTS		
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (*antihemophilic factor-vwf*)	NPSP	
CABLIVI INJECTION KIT 11 MG (*caplacizumab-yhdp*)	NF	
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT (*coagulation factor x (human)*)	NPSP	
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT (*antiinhibitor coagulant cmplx*)	NF	
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED 2 GM (*fibrinogen concentrate (human)*)	NPSP	

Prescription Drug Name	Drug Tier	Drug Notes
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)*)	NF	
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*)	PSP	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML (*darbepoetin alfa*)	PSP	
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (*epoetin alfa*)	NF	
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-jmdb*)	PSP	
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-pbbk*)	NF	
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG (*sargramostim*)	NF	
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 120 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML (*methoxy peg-epoetin beta*)	NF	
NEULASTA ONPRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim*)	NF	
NEULASTA SUBCUTANEOUS SOLUTION 4 MG/0.4ML (*pegfilgrastim*)	NF	
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (*filgrastim*)	NF	
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (*filgrastim*)	NF	
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (*filgrastim-aafi*)	PSP	
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (*filgrastim-aafi*)	PSP	
NYPOZI INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (*filgrastim-txid*)	NF	
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-apgf*)	PSP	
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (*epoetin alfa*)	PSP	
releuko subcutaneous solution prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	NF	
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (*epoetin alfa-epbx*)	PSP	
ROLVEDON SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 13.2 MG/0.6ML (*eflapegrastim-xnst*)	NF	
STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-fpgk*)	NF	
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML (*pegfilgrastim-cbqv*)	NF	
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-cbqv*)	NF	
XOLREMDI ORAL CAPSULE 100 MG (*mavorixafor*)	NF	
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-bmez*)	NF	
HEMOPHILIA A AGENTS		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (*antihemophil factor (rahf-pfm)*)	PSP	
adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 3000 unit, 500 unit, 750 unit	PSP	
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT (*antihemophil fact single chain*)	PSP	

Prescription Drug Name	Drug Tier	Drug Notes
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)*)	PSP	
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, 12 MG/0.4ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML (*emicizumab-kxwh*)	NPSP	
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT (*antihemophilic factor*)	NPSP	
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 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	
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*antihemophil factor (rahf-pfm)*)	PSP	
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*antihemophil fact bd truncated*)	PSP	
NUWIQ INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (*antihem fact (bdd-rfviii,sim)*)	PSP	
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (*antihem fact (bdd-rfviii,sim)*)	PSP	
obizur intravenous solution reconstituted 500 unit	NPSP	
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT (*antihem factor recomb (rfviii)*)	NPSP	
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (*antihem fact (bdd-rfviii,mor)*)	PSP	

Prescription Drug Name	Drug Tier	Drug Notes
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*antihem fact (bdd-rfviii,mor)*)	PSP	
HEMOPHILIA A AND B AGENTS		
HYMPAVZI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/0.5ML (*marstacimab-hncq*)	NPSP	
HEMOPHILIA B AGENTS		
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (*coagulation factor ix*)	NPSP	
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (*coagulation factor ix (rfixfc)*)	NF	
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)*)	NF	
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (*factor ix complex*)	NPSP	
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 500 UNIT (*coagulation factor ix glycopeg*)	PSP	
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 3000 UNIT (*coagulation factor ix glycopeg*)	PB	
rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit	NF	
MISCELLANEOUS		
aminocaproic acid oral tablet 1000 mg, 500 mg	G	
anagrelide hcl oral capsule 0.5 mg, 1 mg	G	
cilostazol oral tablet 100 mg, 50 mg	G	N8 (Listing does not include certain NDCs)
pentoxifylline er oral tablet extended release 400 mg	G	
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG (*mitapivat sulfate*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG (*mitapivat sulfate*)	NF	
TAVNEOS ORAL CAPSULE 10 MG (*avacopan*)	NPSP	
THROMBIN-JMI EXTERNAL SOLUTION 5000 UNIT/5ML (*thrombin*)	NPB	
tranexamic acid oral tablet 650 mg	G	
PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS		
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML (*pegcetacoplan*)	PSP	
FABHALTA ORAL CAPSULE 200 MG (*iptacopan hcl*)	NPSP	
VOYDEYA ORAL TABLET 100 MG (*danicopan*)	NF	
VOYDEYA ORAL TABLET THERAPY PACK 50 & 100 MG (*danicopan*)	NF	
PLATELET AGGREGATION INHIBITORS - BLOOD THINNERS		
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	G	
BRILINTA ORAL TABLET 60 MG, 90 MG (*ticagrelor*)	NPB	
clopidogrel bisulfate oral tablet 300 mg, 75 mg	G	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	G	
PLAVIX ORAL TABLET 75 MG (*clopidogrel bisulfate*)	NF	
prasugrel hcl oral tablet 10 mg, 5 mg	G	
YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG (*aspirin-omeprazole*)	NF	
ZONTIVITY ORAL TABLET 2.08 MG (*vorapaxar sulfate*)	NF	
SICKLE CELL DISEASE		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (*hydroxyurea*)	NPB	
ENDARI ORAL PACKET 5 GM (*glutamine (sickle cell)*)	PSP	
SIKLOS ORAL TABLET 100 MG, 1000 MG (*hydroxyurea*)	PB	
XROMI ORAL SOLUTION 100 MG/ML (*hydroxyurea*)	NF	
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*)	NF	
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG, 250 MCG, 500 MCG (*romiplostim*)	NF	
PROMACTA ORAL PACKET 12.5 MG, 25 MG (*eltrombopag olamine*)	NF	
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (*eltrombopag olamine*)	NF	
TAVALISSE ORAL TABLET 100 MG, 150 MG (*fostamatinib disodium*)	NF	
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*)	NF	
infliximab intravenous solution reconstituted 100 mg	PSP	
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (*abatacept*)	NF	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab*)	PSP	
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-abda*)	NF	
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (*golimumab*)	PSP	

Prescription Drug Name	Drug Tier	Drug Notes
AUTOIMMUNE AGENTS (SELF-ADMINISTERED)		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-afzb*)	NF	
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-afzb*)	NF	
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (*adalimumab-afzb*)	NF	
adalimumab-aacf (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml	NF	
adalimumab-aacf (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.8ml	NF	
adalimumab-aacf(cd/uc/hs strt) subcutaneous auto-injector kit 40 mg/0.8ml	NF	
adalimumab-aacf(ps/uv starter) subcutaneous auto-injector kit 40 mg/0.8ml	NF	
adalimumab-aaty (1 pen) subcutaneous auto-injector kit 40 mg/0.4ml, 80 mg/0.8ml	NF	
adalimumab-aaty (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml	NF	
adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml	NF	
adalimumab-aaty cd/uc/hs start subcutaneous auto-injector kit 80 mg/0.8ml	NF	
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-adbm (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml, 40 mg/0.8ml	NF	
adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit 10 mg/0.2ml, 20 mg/0.4ml, 40 mg/0.4ml, 40 mg/0.8ml	NF	
adalimumab-fkjp (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml	NF	
adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml	NF	
adalimumab-ryvk (1 pen) subcutaneous auto-injector kit 80 mg/0.8ml	NF	
adalimumab-ryvk (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml	NF	

Prescription Drug Name	Drug Tier	Drug Notes
adalimumab-ryvk (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.4ml	NF	
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (*adalimumab-atto*)	NF	
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab-atto*)	NF	
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML (*adalimumab-atto*)	NF	
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML (*adalimumab-atto*)	NF	
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML, 320 MG/2ML (*bimekizumab-bkzx*)	PSP	
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML, 320 MG/2ML (*bimekizumab-bkzx*)	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	
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab-adbm*)	NF	
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab-adbm*)	NF	
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	

Prescription Drug Name	Drug Tier	Drug Notes
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	
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML (*vedolizumab*)	PSP	
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab-bwwd*)	NF	
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab-bwwd*)	NF	
HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-fkjp*)	NF	
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML (*adalimumab-fkjp*)	NF	
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (*adalimumab*)	NF	
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (*adalimumab*)	NF	
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab*)	NF	
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (*adalimumab*)	NF	
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML (*adalimumab-adaz*)	PSP	N8 (Listing does not include certain NDCs)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML, 40 MG/0.4ML (*adalimumab-adaz*)	PSP	N8 (Listing does not include certain NDCs)
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML (*adalimumab-adaz*)	PSP	N8 (Listing does not include certain NDCs)
IMULDOSA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (*ustekinumab-srlf*)	NF	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (*sarilumab*)	PSP	
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (*sarilumab*)	PSP	

Prescription Drug Name	Drug Tier	Drug Notes
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (*anakinra*)	NF	
LEQSELVI ORAL TABLET 8 MG (*deuruxolitinib phosphate*)	NF	
LITFULO ORAL CAPSULE 50 MG (*ritlecitinib tosylate*)	PSP	
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (*mepolizumab*)	PSP	
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG (*mepolizumab*)	NF	
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (*baricitinib*)	PSP	
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML & 200 MG/2ML (*mirikizumab-mrkz*)	NF	
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML & 200 MG/2ML (*mirikizumab-mrkz*)	NF	
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (*abatacept*)	PSP	
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (*abatacept*)	PSP	
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML, 87.5 MG/0.7ML (*abatacept*)	NPSP	
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	
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	
OTULFI SUBCUTANEOUS SOLUTION 45 MG/0.5ML (*ustekinumab-aauz*)	NF	
OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (*ustekinumab-aauz*)	NF	
PYZCHIVA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (*ustekinumab-ttwe*)	NF	
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*)	NF	
RINVOQ LQ ORAL SOLUTION 1 MG/ML (*upadacitinib*)	PSP	

Prescription Drug Name	Drug Tier	Drug Notes
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG (*upadacitinib*)	PSP	
SELARSDI SUBCUTANEOUS SOLUTION 45 MG/0.5ML (*ustekinumab-aekn*)	NF	
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (*ustekinumab-aekn*)	NF	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML (*brodalumab*)	NF	
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML (*adalimumab-ryvk*)	NF	
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-ryvk*)	NF	
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML (*adalimumab-ryvk*)	NF	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (*golimumab*)	NF	
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (*golimumab*)	NF	
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*risankizumab-rzaa*)	PSP	
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML (*risankizumab-rzaa*)	PSP	
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 55 MG/0.37ML (*risankizumab-rzaa*)	PSP	
SOTYKTU ORAL TABLET 6 MG (*deucravacitinib*)	PSP	
STARJEMZA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (*ustekinumab-hmny*)	NF	
STARJEMZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (*ustekinumab-hmny*)	NF	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (*ustekinumab*)	NF	
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (*ustekinumab*)	NF	
STEQEYMA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (*ustekinumab-stba*)	NF	
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (*ustekinumab-stba*)	NF	
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML (*ixekizumab*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML, 40 MG/0.5ML, 80 MG/ML (*ixekizumab*)	NF	
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (*guselkumab*)	PSP	
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (*guselkumab*)	PSP	
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 200 MG/2ML (*guselkumab*)	PSP	
TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (*guselkumab*)	PSP	
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (*tocilizumab-aazg*)	NF	
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (*tocilizumab-aazg*)	NF	
ustekinumab subcutaneous solution 45 mg/0.5ml	NF	
ustekinumab subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml	NF	
ustekinumab-aauz subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml	NF	
ustekinumab-aekn subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml	NF	
ustekinumab-ttwe subcutaneous solution 45 mg/0.5ml	NF	
ustekinumab-ttwe subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml	NF	
VELSIPITY ORAL TABLET 2 MG (*etrasimod arginine*)	NF	
WEZLANA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (*ustekinumab-auub*)	NF	
WEZLANA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (*ustekinumab-auub*)	NF	
XELJANZ ORAL SOLUTION 1 MG/ML (*tofacitinib citrate*)	NF	
XELJANZ ORAL TABLET 10 MG, 5 MG (*tofacitinib citrate*)	NF	
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG (*tofacitinib citrate*)	NF	
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	

Prescription Drug Name	Drug Tier	Drug Notes
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	
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML (*adalimumab-aaty*)	NF	
YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-aaty*)	NF	
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (*adalimumab-aaty*)	NF	
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (*adalimumab-aaty*)	NF	
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (*adalimumab-aqvh*)	NF	
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML (*infliximab-dyyb*)	NF	
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML (*infliximab-dyyb*)	NF	
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML (*infliximab-dyyb*)	NF	
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS		
hydroxychloroquine sulfate oral tablet 200 mg	G	N8 (Listing does not include certain NDCs)
leflunomide oral tablet 10 mg, 20 mg	G	
methotrexate sodium oral tablet 2.5 mg	G	N8 (Listing does not include certain NDCs)
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	
SOVUNA ORAL TABLET 200 MG (*hydroxychloroquine sulfate*)	NF	
HEREDITARY ANGIOEDEMA		
ANDEMBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.2ML (*garadacimab-gxii*)	NPSP	

Prescription Drug Name	Drug Tier	Drug Notes
BERINERT INTRAVENOUS KIT 500 UNIT (*c1 esterase inhibitor (human)*)	NF	
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (*c1 esterase inhibitor (human)*)	NF	
EKTERLY ORAL TABLET 300 MG (*sebetralstat*)	PSP	
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML (*icatibant acetate*)	NF	
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (*c1 esterase inhibitor (human)*)	NPSP	
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	G	
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (*berotralstat hcl*)	PSP	
ORLADEYO ORAL PACKET 108 MG, 132 MG, 72 MG, 96 MG (*berotralstat hcl*)	PSP	
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (*c1 esterase inhibitor (recomb)*)	PSP	
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML (*lanadelumab-flyo*)	PSP	
IMMUNOGLOBULIN		
ALYGLO INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (*immune globulin (human)-stwk*)	NF	
ASCENIV INTRAVENOUS SOLUTION 5 GM/50ML (*immune globulin (human)-slra*)	NF	
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML (*immune globulin (human)*)	NPSP	
CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML, 1.65 GM/10ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML (*immune globulin (human)-hipp*)	PSP	
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML (*immune globulin (human)*)	NF	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML (*immune globulin (human)*)	NPSP	
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (*immune globulin (human)*)	NPSP	
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM (*immune globulin (human)*)	NPSP	

Prescription Drug Name	Drug Tier	Drug Notes
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (*immune globulin (human)*)	NPSP	
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML (*immune globulin (human)*)	NPSP	
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML (*immune globulin (human)*)	NPSP	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (*immune globulin (human)*)	NPSP	
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (*immune globulin (human)*)	NPSP	
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (*immune globulin-hyaluronidase*)	NF	
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML (*immune globulin (human)*)	NF	
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (*immune globulin (human)-ifas*)	NF	
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 40 GM/400ML, 5 GM/50ML (*immune globulin (human)*)	NPSP	
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*)	NF	
JOENJA ORAL TABLET 70 MG (*leniolisib phosphate*)	NF	
IMMUNOSUPPRESSANTS		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG (*tacrolimus*)	NPSP	
azathioprine oral tablet 50 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (*belimumab*)	PSP	
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (*belimumab*)	PSP	
CELLCEPT ORAL CAPSULE 250 MG (*mycophenolate mofetil*)	NPSP	
CELLCEPT ORAL SUSPENSION RECONSTITUTED 200 MG/ML (*mycophenolate mofetil*)	NPSP	
CELLCEPT ORAL TABLET 500 MG (*mycophenolate mofetil*)	NPSP	
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	G	
cyclosporine modified oral solution 100 mg/ml	G	
cyclosporine oral capsule 100 mg, 25 mg	G	
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG (*tacrolimus*)	NPSP	
cyclosporine modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	G	
LUPKYNIS ORAL CAPSULE 7.9 MG (*voclosporin*)	NF	
mycophenolate mofetil oral capsule 250 mg	G	
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	G	
mycophenolate mofetil oral tablet 500 mg	G	
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	G	
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG, 360 MG (*mycophenolate sodium*)	NPSP	
MYHIBBIN ORAL SUSPENSION 200 MG/ML (*mycophenolate mofetil*)	NF	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (*tacrolimus*)	NPSP	
PROGRAF ORAL PACKET 0.2 MG, 1 MG (*tacrolimus*)	NPSP	
REZUROCK ORAL TABLET 200 MG (*belumosudil mesylate*)	NF	
SAPHNELO INTRAVENOUS SOLUTION 300 MG/2ML (*anifrolumab-fnia*)	NF	
SAPHNELO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/0.8ML (*anifrolumab-fnia*)	PSP	
SAPHNELO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/0.8ML (*anifrolumab-fnia*)	PSP	
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	

Prescription Drug Name	Drug Tier	Drug Notes
MISCELLANEOUS		
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (*nirsevimab-alip*)	NPB	
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (*canakinumab*)	NPSP	
VACCINES		
ROTARIX ORAL SUSPENSION (*rotavirus vaccine live oral*)	NPB	
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		
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	
POKONZA ORAL PACKET 10 MEQ (*potassium chloride*)	NF	
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 solution 20 meq/15ml (10%), 40 meq/15ml (20%)	G	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	CE	
sodium fluoride oral tablet 1.1 (0.5 f) mg	CE	
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg	CE	

Prescription Drug Name	Drug Tier	Drug Notes
PRENATAL VITAMINS		
ATABEX EC ORAL TABLET DELAYED RELEASE 29-1 MG (*prenatal vit-dss-fe cbn-fa*)	NF	
azesco oral tablet 13-1 mg	NF	
CITRANATAL 90 DHA ORAL 90-1 & 300 MG (*prenat w/o a-fecbgl-dss-fa-dha*)	NF	
completenate oral tablet chewable 29-1 mg	NF	
CONCEPT OB ORAL CAPSULE 130-92.4-1 MG (*prenat w/o a vit-fefum-fepo-fa*)	NF	
ENBRACE HR ORAL CAPSULE (*prenat vit-fe gly cys-fa-omega*)	NF	
FOLIVANE-OB ORAL CAPSULE 85-1 MG (*prenat w/o a vit-fefum-fepo-fa*)	NF	
jenliva prenatal/postnatal oral capsule 1 mg	NF	
kosher prenatal plus iron oral tablet 30-1 mg	NF	
MATERNACEL ORAL TABLET 20-1 MG (*prenatal vit w/ fe bisg-fa*)	NF	
natal pnv oral tablet 6-0.5 mg	NF	
NEEVO DHA ORAL CAPSULE 27-1.13 MG (*prenat w/oa-fefum-methf-omegas*)	NF	
NESTABS DHA ORAL 32-1 MG (*prenat-w/oa-fe bisgly-fa-omega*)	NF	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (*prenat-fe-methylfol-dha w/o a*)	NF	
NESTABS ORAL TABLET 32-1 MG (*prenat-fe bisgly-fa-w/o vit a*)	NF	
OB COMPLETE ONE ORAL CAPSULE 50-1-476 MG (*prenat-fecbn-feaspgl-fa-fish*)	NF	
OB COMPLETE ORAL TABLET 50-1.25 MG (*prenatal vit-iron carbonyl-fa*)	NF	
OB COMPLETE PETITE ORAL CAPSULE 35-5-1-200 MG (*prenat-fecbn-feaspgl-fa-omega*)	NF	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG (*prenatal-fe cbn-fe asp gly-fa*)	NF	
OB COMPLETE/DHA ORAL CAPSULE 30-10-1-200 MG (*prenat-fecbn-feaspgl-fa-omega*)	NF	
pnv prenatal plus multivit+dha oral 27-1 & 312 mg	NF	
pnv tabs 20-1 oral tablet 20-1 mg	NF	
pnv-dha oral capsule 27-0.6-0.4-300 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
pnv-omega oral capsule 28-0.6-0.4-340 mg	NF	
pregen dha oral capsule 28-1-35 mg	NF	
pregenna oral tablet 20-1 mg	NF	
prena 1 true oral 30-1.4 & 300 mg	NF	
prena1 oral tablet chewable 1.4 mg	NF	
PRENATAL-U ORAL CAPSULE 106.5-1 MG (*prenatal w/o a vit-fe fum-fa*)	NF	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (*prenat-feasp-meth-fa-dha w/o a*)	NF	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG (*prenatal-feaspgly-methylfol-fa*)	NF	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (*prenat w/o a-fe-methfol-fa-dha*)	NF	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (*prenat-fecbn-feasp-meth-fa-dha*)	NF	
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (*prenat mv-min-methylfolate-fa*)	NF	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (*prenat-feasp-meth-fa-dha w/o a*)	NF	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (*prenat w/o a-fe-methfol-fa-dha*)	NF	
PRENATOL-M ORAL TABLET 27-1.2 MG (*prenatal vit-fe fumarate-fa*)	NF	
PROVIDA OB ORAL CAPSULE 20-20-1.25 MG (*prenat w/o a vit-fefum-fepo-fa*)	NF	
SELECT-OB ORAL TABLET CHEWABLE 29-0.6-0.4 MG (*prenat vit-fepoly-methylfol-fa*)	NF	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (*prenatal vit-fe psac cmplx-fa*)	NF	
SELECT-OB+DHA ORAL 29-1 & 250 MG (*prenatal vit-fepoly-fa-dha*)	NF	
TARON-C DHA ORAL CAPSULE 35-1 MG (*prenat-fefum-fepo-fa-omega 3*)	NF	
trinatal rx 1 oral tablet 60-1 mg	NF	
tristart dha oral capsule 31-0.6-0.4-200 mg	NF	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (*prenat-fe poly-methfol-fa-dha*)	NF	
VITAFOL GUMMIES ORAL TABLET CHEWABLE 3.33-0.333-34.8 MG (*prenatal vit-fe phos-fa-omega*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
VITAFOL ULTRA ORAL CAPSULE 29-0.6-0.4-200 MG (*prenat-fe poly-methfol-fa-dha*)	NF	
VITAFOL-OB ORAL TABLET (*prenatal vit-fe fumarate-fa*)	NF	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (*prenatal mv-min-fe fum-fa-dha*)	NF	
VITAFOL-ONE ORAL CAPSULE 29-1-200 MG (*prenatal vit-fepoly-fa-dha*)	NF	
vitalara oral tablet 20-1 mg	NF	
wescap-pn dha oral capsule 27-0.6-0.4-300 mg	NF	
westgel dha oral capsule 31-0.6-0.4-200 mg	NF	
zalvit oral tablet 13-1 mg	NF	
VITAMINS - VITAMINS AND SUPPLEMENTS		
cvs folic acid oral tablet 800 mcg	CE	
FA-8 ORAL CAPSULE 0.8 MG (*folic acid*)	CE	
folate oral tablet 400 mcg	CE	
folic acid oral capsule 0.8 mg	CE	
folic acid oral tablet 400 mcg, 800 mcg	CE	
ft folic acid oral tablet 400 mcg, 800 mcg	CE	
kp folic acid oral tablet 800 mcg	CE	
qc folic acid oral tablet 800 mcg	CE	
yl folic acid oral tablet 400 mcg	CE	
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS		
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
azelastine hcl ophthalmic solution 0.05 %	G	
BEPREVE OPHTHALMIC SOLUTION 1.5 % (*bepotastine besilate*)	NF	
cromolyn sodium ophthalmic solution 4 %	G	
epinastine hcl ophthalmic solution 0.05 %	G	
LASTACAFT OPHTHALMIC SOLUTION 0.25 % (*alcaftadine*)	NF	
olopatadine hcl ophthalmic solution 0.1 %, 0.2 %	G	
ANTIGLAUCOMA BETA-BLOCKERS - DRUGS TO TREAT GLAUCOMA		
betaxolol hcl ophthalmic solution 0.5 %	G	
BETIMOL OPHTHALMIC SOLUTION 0.5 % (*timolol hemihydrate*)	NF	
carteolol hcl ophthalmic solution 1 %	G	
ISTALOL OPHTHALMIC SOLUTION 0.5 % (*timolol maleate*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
levobunolol hcl ophthalmic solution 0.5 %	G	
timolol hemihydrate ophthalmic solution 0.5 %	NF	
timolol maleate (once-daily) ophthalmic solution 0.5 %	G	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	G	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	G	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 % (*timolol maleate*)	NF	
ANTIGLAUCOMA COMBINATION AGENTS - DRUGS TO TREAT GLAUCOMA		
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (*brimonidine tartrate-timolol*)	NF	
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 % (*dorzolamide hcl-timolol mal*)	NF	
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	G	
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	G	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (*netarsudil-latanoprost*)	NF	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (*brinzolamide-brimonidine*)	PB	
ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION		
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	G	
double pm ophthalmic solution reconstituted 1-0.5 %	NF	
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	
prednisolone-gatifloxacin ophthalmic suspension 1-0.5 %	NF	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	G	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (*tobramycin-dexamethasone*)	NF	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (*tobramycin-dexamethasone*)	NF	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	G	
triple pmb ophthalmic solution reconstituted 1-0.5-0.09 %	NF	
triple pmk ophthalmic solution reconstituted 1-0.5-0.5 %	NF	

Prescription Drug Name	Drug Tier	Drug Notes
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (*loteprednol-tobramycin*)	NF	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
AZASITE OPHTHALMIC SOLUTION 1 % (*azithromycin*)	NF	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	G	
besifloxacin hcl ophthalmic suspension 0.6 %	NF	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (*besifloxacin hcl*)	NF	
CILOXAN OPHTHALMIC OINTMENT 0.3 % (*ciprofloxacin hcl*)	NF	
ciprofloxacin hcl ophthalmic solution 0.3 %	G	
erythromycin ophthalmic ointment 5 mg/gm	G	N8 (Listing does not include certain NDCs)
gatifloxacin ophthalmic solution 0.5 %	G	
gentamicin sulfate ophthalmic solution 0.3 %	G	
KLARITY-A OPHTHALMIC SOLUTION 1 % (*azithromycin*)	NF	
levofloxacin ophthalmic solution 0.5 %	G	
MITOSOL OPHTHALMIC KIT 0.2 MG (*mitomycin*)	NPB	
moxifloxacin hcl ophthalmic solution 0.5 %	G	
NATACYN OPHTHALMIC SUSPENSION 5 % (*natamycin*)	NPB	
neomycin-bacitracin zn-polymyx ophthalmic ointment 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	
sulfacetamide sodium ophthalmic solution 10 %	G	
tobramycin ophthalmic solution 0.3 %	G	
TOBREX OPHTHALMIC OINTMENT 0.3 % (*tobramycin*)	NPB	
trifluridine ophthalmic solution 1 %	G	
XDEMVY OPHTHALMIC SOLUTION 0.25 % (*lotilaner*)	PB	
ZIRGAN OPHTHALMIC GEL 0.15 % (*ganciclovir*)	NF	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
ACUVAIL OPHTHALMIC SOLUTION 0.45 % (*ketorolac tromethamine*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
ALREX OPHTHALMIC SUSPENSION 0.2 % (*loteprednol etabonate*)	NPB	
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	G	
BROMSITE OPHTHALMIC SOLUTION 0.075 % (*bromfenac sodium*)	NF	
dexamethasone sodium phosphate ophthalmic solution 0.1 %	G	
DEXTENZA OPHTHALMIC INSERT 0.4 MG (*dexamethasone*)	NF	
DEXYCU INTRAOCULAR SUSPENSION 9 % (*dexamethasone*)	NF	
diclofenac sodium ophthalmic solution 0.1 %	G	
DUREZOL OPHTHALMIC EMULSION 0.05 % (*difluprednate*)	NPB	
EYSUVIS OPHTHALMIC SUSPENSION 0.25 % (*loteprednol etabonate*)	NPB	
FLAREX OPHTHALMIC SUSPENSION 0.1 % (*fluorometholone acetate*)	NF	
fluorometholone ophthalmic suspension 0.1 %	G	
flurbiprofen sodium ophthalmic solution 0.03 %	G	
FML FORTE OPHTHALMIC SUSPENSION 0.25 % (*fluorometholone*)	NF	
FML LIQUIFILM OPHTHALMIC SUSPENSION 0.1 % (*fluorometholone*)	NF	
ILEVRO OPHTHALMIC SUSPENSION 0.3 % (*nepafenac*)	NF	
INVELTYS OPHTHALMIC SUSPENSION 1 % (*loteprednol etabonate*)	NF	
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	G	
KLARITY-L OPHTHALMIC EMULSION 0.2 %, 0.5 % (*loteprednol etabonate*)	NF	
LOTEMAX OPHTHALMIC GEL 0.5 % (*loteprednol etabonate*)	NF	
LOTEMAX OPHTHALMIC OINTMENT 0.5 % (*loteprednol etabonate*)	NF	
LOTEMAX OPHTHALMIC SUSPENSION 0.5 % (*loteprednol etabonate*)	NF	
LOTEMAX SM OPHTHALMIC GEL 0.38 % (*loteprednol etabonate*)	NF	
loteprednol etabonate ophthalmic suspension 0.5 %	G	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % (*dexamethasone*)	NF	
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (*nepafenac*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
OZURDEX INTRAVITREAL IMPLANT 0.7 MG (*dexamethasone*)	NPSP	
PRED FORTE OPHTHALMIC SUSPENSION 1 % (*prednisolone acetate*)	NF	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (*prednisolone acetate*)	NF	
prednisolone acetate ophthalmic suspension 1 %	G	
prednisolone acetate p-f ophthalmic suspension 1 %	NF	
prednisolone sodium phosphate ophthalmic solution 1 %	NPB	
PROLENSA OPHTHALMIC SOLUTION 0.07 % (*bromfenac sodium*)	NF	
CARBONIC ANHYDRASE INHIBITORS - DRUGS TO TREAT GLAUCOMA		
AZOPT OPHTHALMIC SUSPENSION 1 % (*brinzolamide*)	NF	
dorzolamide hcl ophthalmic solution 2 %	G	N8 (Listing does not include certain NDCs)
DRY EYE DISEASE		
CEQUA OPHTHALMIC SOLUTION 0.09 % (*cyclosporine*)	NF	
cyclosporine (pf) ophthalmic emulsion 0.05 %	G	
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML (*perfluorohexyloctane*)	PB	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (*cyclosporine*)	PB	
RESTASIS OPHTHALMIC EMULSION 0.05 % (*cyclosporine*)	NF	
TRYPTYR OPHTHALMIC SOLUTION 0.003 % (*acoltremon*)	NF	
VEVYE OPHTHALMIC SOLUTION 0.1 % (*cyclosporine*)	PB	
XIIDRA OPHTHALMIC SOLUTION 5 % (*lifitegrast*)	NF	
MISCELLANEOUS		
AKTEN OPHTHALMIC GEL 3.5 % (*lidocaine hcl*)	NPB	
atropine sulfate ophthalmic solution 1 %	NPB	
cyclopentolate hcl ophthalmic solution 1 %	G	
CYSTADROPS OPHTHALMIC SOLUTION 0.37 % (*cysteamine hcl*)	NF	
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (*cysteamine hcl*)	NPB	
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	G	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	G	
proparacaine hcl ophthalmic solution 0.5 %	G	

Prescription Drug Name	Drug Tier	Drug Notes
QLOSI OPHTHALMIC SOLUTION 0.4 % (*pilocarpine hcl*)	NF	
tropicamide ophthalmic solution 0.5 %, 1 %	G	
TYRVAYA NASAL SOLUTION 0.03 MG/ACT (*varenicline tartrate*)	NF	
UPNEEQ OPHTHALMIC SOLUTION 0.1 % (*oxymetazoline hcl*)	NF	
VERKAZIA OPHTHALMIC EMULSION 0.1 % (*cyclosporine*)	NF	
VIZZ OPHTHALMIC SOLUTION 1.44 % (*aceclidine hcl*)	NF	
VUITY OPHTHALMIC SOLUTION 1.25 % (*pilocarpine hcl*)	NF	
YUVEZZI OPHTHALMIC SOLUTION 2.75-0.1 % (*carbachol-brimonidine tartrate*)	NF	
PROSTAGLANDINS - DRUGS TO TREAT GLAUCOMA		
bimatoprost ophthalmic solution 0.03 %	G	
IYUZEH OPHTHALMIC SOLUTION 0.005 % (*latanoprost*)	NF	
latanoprost ophthalmic solution 0.005 %	G	
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (*bimatoprost*)	NF	
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 % (*travoprost*)	NF	
travoprost (bak free) ophthalmic solution 0.004 %	G	N8 (Listing does not include certain NDCs)
VYZULTA OPHTHALMIC SOLUTION 0.024 % (*latanoprostene bunod*)	NF	
XELPROS OPHTHALMIC EMULSION 0.005 % (*latanoprost*)	NF	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % (*tafluprost*)	NPB	
RETINAL DISORDERS		
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05ML (*ranibizumab-nuna*)	PSP	
CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05ML, 0.5 MG/0.05ML (*ranibizumab-eqrn*)	NPSP	
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML (*aflibercept*)	NF	
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML (*aflibercept*)	NF	
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML (*ranibizumab*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
RHO KINASE INHIBITORS - DRUGS TO TREAT EYE CONDITIONS		
RHOPRESSA OPHTHALMIC SOLUTION 0.02 % (*netarsudil dimesylate*)	NF	
SYMPATHOMIMETICS - DRUGS TO TREAT GLAUCOMA		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %, 0.15 % (*brimonidine tartrate*)	NPB	
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		
lactated ringers irrigation solution	G	
PHYSIOLYTE IRRIGATION SOLUTION (*irrigation solns physiological*)	NPB	
ringers irrigation irrigation solution	NPB	
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*)	NF	
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 4000 MG, 5000 MG (*alpha1-proteinase inhibitor*)	PSP	
ANAPHYLAXIS TREATMENT AGENTS		
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML (*epinephrine*)	PB	
epinephrine injection solution auto-injector 0.15 mg/0.15ml	G	
epinephrine injection solution auto-injector 0.15 mg/0.3ml	NF	
epinephrine injection solution auto-injector 0.3 mg/0.3ml	G	N8 (Listing does not include certain NDCs)

Prescription Drug Name	Drug Tier	Drug Notes
epinephrine professional injection kit 1 mg/ml	NF	
EPINEPHRINESNAP-EMS INJECTION KIT 1 MG/ML (*epinephrine*)	NF	
EPINEPHRINESNAP-V INJECTION KIT 1 MG/ML (*epinephrine*)	NF	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (*epinephrine*)	NF	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML (*epinephrine*)	NF	
NEFFY NASAL SOLUTION 1 MG/0.1ML, 2 MG/0.1ML (*epinephrine*)	NF	
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (*umeclidinium-vilanterol*)	PB	
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (*glycopyrrolate-formoterol*)	NF	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (*ipratropium-albuterol*)	NF	
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	G	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (*tiotropium bromide-olodaterol*)	PB	
umeclidinium-vilanterol inhalation aerosol powder breath activated 62.5-25 mcg/act	NF	
ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
BREZTRI AEROSPHERE INHALATION AEROSOL 160-18-4.8 MCG/ACT, 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*)	NF	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT (*umeclidinium bromide*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
ipratropium bromide inhalation solution 0.02 %	G	N8 (Listing does not include certain NDCs)
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	
tiotropium bromide inhalation capsule 18 mcg	NF	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT (*aclidinium bromide*)	NF	
YUPELRI INHALATION NEBULIZATION SOLUTION 175 MCG/3ML (*revefenacin*)	PB	
ANTIHISTAMINE COMBINATIONS		
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (*azelastine-fluticasone*)	NF	
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (*olopatadine-mometasone*)	NF	
ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES		
azelastine hcl nasal solution 137 mcg/spray	G	
carbinoxamine maleate oral solution 4 mg/5ml	G	
carbinoxamine maleate oral tablet 4 mg	G	
carbinoxamine maleate oral tablet 6 mg	NF	
cetirizine hcl oral solution 1 mg/ml	G	
clemastine fumarate oral tablet 2.68 mg	G	
cyproheptadine hcl oral syrup 2 mg/5ml	G	
cyproheptadine hcl oral tablet 4 mg	G	N8 (Listing does not include certain NDCs)
desloratadine oral tablet 5 mg	G	
desloratadine oral tablet dispersible 2.5 mg, 5 mg	G	
diphenhydramine hcl oral elixir 12.5 mg/5ml	G	
hydroxyzine hcl oral syrup 10 mg/5ml	G	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	G	N8 (Listing does not include certain NDCs)
hydroxyzine pamoate oral capsule 100 mg	G	
hydroxyzine pamoate oral capsule 25 mg, 50 mg	G	N8 (Listing does not include certain NDCs)
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (*carbinoxamine maleate*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	G	
levocetirizine dihydrochloride oral tablet 5 mg	G	
olopatadine hcl nasal solution 0.6 %	G	
RYCLORA ORAL SOLUTION 2 MG/5ML (*dexchlorpheniramine maleate*)	NF	
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	N8 (Listing does not include certain NDCs)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml	G	N8 (Listing does not include certain NDCs)
albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml	G	
albuterol sulfate oral syrup 2 mg/5ml	G	
albuterol sulfate oral tablet 2 mg	G	
albuterol sulfate oral tablet 4 mg	G	N8 (Listing does not include certain NDCs)
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	G	
levalbuterol tartrate inhalation aerosol 45 mcg/act	G	
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (*formoterol fumarate*)	NPB	
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (*albuterol sulfate*)	NF	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (*salmeterol xinafoate*)	NF	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (*olodaterol hcl*)	PB	
terbutaline sulfate oral tablet 2.5 mg, 5 mg	G	N8 (Listing does not include certain NDCs)
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (*albuterol sulfate*)	NF	
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (*levalbuterol tartrate*)	NF	
COLD/COUGH		
ADRENALIN NASAL SOLUTION 0.1 % (*epinephrine hcl (nasal)*)	NPB	
benzonatate oral capsule 100 mg, 200 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
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	
promethazine-codeine oral solution 6.25-10 mg/5ml	G	
promethazine-codeine oral syrup 6.25-10 mg/5ml	G	
promethazine-dm oral syrup 6.25-15 mg/5ml	G	
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	G	N8 (Listing does not include certain NDCs)
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (*chlorpheniramine-codeine*)	NF	
CYSTIC FIBROSIS		
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG (*vanzacaft-tezacaft-deutivacaft*)	NPSP	
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML (*tobramycin*)	NF	
BRONCHITOL INHALATION CAPSULE 40 MG (*mannitol (cystic fibrosis)*)	NF	
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG (*mannitol (cystic fibrosis)*)	NF	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (*aztreonam lysine*)	NF	
KALYDECO ORAL PACKET 13.4 MG, 5.8 MG (*ivacaftor*)	NPSP	
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG (*ivacaftor*)	NPB	
KITABIS PAK (W/ NEBULIZER) INHALATION NEBULIZATION SOLUTION 300 MG/5ML (*tobramycin*)	NF	
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG (*lumacaftor-ivacaftor*)	NPB	
ORKAMBI ORAL PACKET 75-94 MG (*lumacaftor-ivacaftor*)	NPSP	
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (*lumacaftor-ivacaftor*)	NPB	
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (*dornase alfa*)	NPSP	
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG (*tezacaftor-ivacaftor*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
TOBI INHALATION NEBULIZATION SOLUTION 300 MG/5ML (*tobramycin*)	NF	
TOBI PODHALER INHALATION CAPSULE 28 MG (*tobramycin*)	NF	
tobramycin inhalation nebulization solution 300 mg/5ml	G	
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG (*elexacaftor-tezacaftor-ivacaft*)	NPB	
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG (*elexacaftor-tezacaftor-ivacaft*)	NPSP	
LEUKOTRIENE MODIFIERS		
zileuton er oral tablet extended release 12 hour 600 mg	NF	
LEUKOTRIENE RECEPTOR ANTAGONISTS - DRUGS TO TREAT ASTHMA AND ALLERGIES		
montelukast sodium oral packet 4 mg	G	
montelukast sodium oral tablet 10 mg	G	
montelukast sodium oral tablet chewable 4 mg, 5 mg	G	
SINGULAIR ORAL PACKET 4 MG (*montelukast sodium*)	NF	
SINGULAIR ORAL TABLET 10 MG (*montelukast sodium*)	NF	
SINGULAIR ORAL TABLET CHEWABLE 4 MG, 5 MG (*montelukast sodium*)	NF	
zafirlukast oral tablet 10 mg, 20 mg	G	
MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES		
cromolyn sodium inhalation nebulization solution 20 mg/2ml	G	
MISCELLANEOUS		
acetylcysteine inhalation solution 10 %, 20 %	G	
BRINSUPRI ORAL TABLET 10 MG, 25 MG (*brensocatib*)	NPB	
DALIRESP ORAL TABLET 250 MCG, 500 MCG (*roflumilast*)	NF	
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 % (*sodium chloride*)	NPB	
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 % (*sodium chloride*)	NPB	
OHTUVAYRE INHALATION SUSPENSION 3 MG/2.5ML (*ensifentrine*)	NF	
sodium chloride inhalation nebulization solution 0.9 %	G	N8 (Listing does not include certain NDCs)
sodium chloride inhalation nebulization solution 10 %, 3 %, 7 %	G	

Prescription Drug Name	Drug Tier	Drug Notes
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
flunisolide nasal solution 25 mcg/act (0.025%)	G	
fluticasone propionate nasal suspension 50 mcg/act	G	
mometasone furoate nasal suspension 50 mcg/act	G	
OMNARIS NASAL SUSPENSION 50 MCG/ACT (*ciclesonide*)	NF	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (*beclomethasone diprop (nasal)*)	NF	
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (*beclomethasone diprop (nasal)*)	NF	
SINUVA NASAL IMPLANT 1350 MCG (*mometasone furoate*)	NF	
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT (*fluticasone propionate*)	PB	
PULMONARY FIBROSIS AGENTS		
ESBRIET ORAL TABLET 267 MG, 801 MG (*pirfenidone*)	NF	
JASCAYD ORAL TABLET 18 MG, 9 MG (*nerandomilast*)	PSP	
OFEV ORAL CAPSULE 100 MG, 150 MG (*nintedanib esylate*)	PSP	
pirfenidone oral tablet 534 mg	G	
SEVERE ASTHMA AGENTS		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML (*benralizumab*)	PSP	
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML (*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*)	NF	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (*fluticasone furoate*)	NF	
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (*mometasone furoate*)	NF	
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (*mometasone furoate*)	NF	
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT (*mometasone furoate*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (*mometasone furoate*)	NF	
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (*mometasone furoate*)	PB	
beclomethasone diprop hfa inhalation aerosol solution 40 mcg/act, 80 mcg/act	NPB	
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	G	
fluticasone furoate ellipta inhalation aerosol powder breath activated 100 mcg/act, 200 mcg/act, 50 mcg/act	NF	
fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 250 mcg/act, 50 mcg/act	NF	
fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act, 44 mcg/act	NF	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT (*budesonide*)	PB	
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML (*budesonide*)	NF	
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (*beclomethasone diprop hfa*)	NF	
STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT (*fluticasone-salmeterol*)	NF	
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (*fluticasone-salmeterol*)	NF	
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (*albuterol-budesonide*)	PB	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT (*fluticasone furoate-vilanterol*)	PB	N8 (Listing does not include certain NDCs)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH (*fluticasone furoate-vilanterol*)	PB	
budesonide-formoterol fumarate (Breyna Inhalation Aerosol 160-4.5 Mcg/Act, 80-4.5 Mcg/Act)	G	

Prescription Drug Name	Drug Tier	Drug Notes
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	G	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT (*aclidinium br-formoterol fum*)	NF	
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT (*mometasone furo-formoterol fum*)	NF	
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	NF	
fluticasone-salmeterol inhalation aerosol 115-21 mcg/act, 230-21 mcg/act, 45-21 mcg/act	NF	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	G	N8 (Listing does not include certain NDCs)
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	NF	
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (*budesonide-formoterol fumarate*)	NF	
fluticasone-salmeterol (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Act, 250-50 Mcg/Act, 500-50 Mcg/Act)	G	
XANTHINES - DRUGS TO TREAT COPD		
aminophylline intravenous solution 25 mg/ml	NPB	
theophylline (Elixophyllin Oral Elixir 80 Mg/15Ml)	NPB	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (*theophylline*)	NF	
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg	G	N8 (Listing does not include certain NDCs)
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	G	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	G	
theophylline oral elixir 80 mg/15ml	G	
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS		
DERMATOLOGY, ACNE		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG (*isotretinoin micronized*)	NF	
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG (*isotretinoin*)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
ACANYA EXTERNAL GEL 1.2-2.5 % (*clindamycin phos-benzoyl perox*)	NF	
ACZONE EXTERNAL GEL 7.5 % (*dapsone*)	NF	
adainzoxia external gel 0.3-2.5-4 %	NF	
adapalene external cream 0.1 %	G	
adapalene external gel 0.1 %	G	
adapalene external gel 0.3 %	G	N8 (Listing does not include certain NDCs)
adapalene external pad 0.1 %	NF	
adapalene external solution 0.1 %	NF	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	G	
AKLIEF EXTERNAL CREAM 0.005 % (*trifarotene*)	PB	
ALTRENO EXTERNAL LOTION 0.05 % (*tretinoin*)	NF	
isotretinoin (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)	G	
AMZEEQ EXTERNAL FOAM 4 % (*minocycline hcl micronized*)	NF	
aphoria external gel 0.3-2.5-4 %	NF	
ARAZLO EXTERNAL LOTION 0.045 % (*tazarotene*)	NF	
ATRALIN EXTERNAL GEL 0.05 % (*tretinoin*)	NF	
AZELEX EXTERNAL CREAM 20 % (*azelaic acid*)	NF	
BENZEPRO EXTERNAL FOAM 5.3 % (*benzoyl peroxide*)	G	
benzoyl peroxide-erythromycin external gel 5-3 %	G	
CABTREO EXTERNAL GEL 0.15-3.1-1.2 % (*adapalene-benzoyl per-clindamy*)	NF	
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	
CLINDAGEL EXTERNAL GEL 1 % (*clindamycin phosphate*)	NF	
clindamycin phos (once-daily) external gel 1 %	NF	
clindamycin phos (twice-daily) external gel 1 %	NF	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %	G	
clindamycin phosphate external foam 1 %	G	
clindamycin phosphate external lotion 1 %	G	
clindamycin phosphate external solution 1 %	G	
clindamycin phosphate external swab 1 %	G	
clindamycin-tretinoin external gel 1.2-0.025 %	G	

Prescription Drug Name	Drug Tier	Drug Notes
CLINOIN EXTERNAL CREAM 1.25-0.025-1 % (*clindamycin-tretinoin-cholesty*)	NF	
dapsone external gel 5 %	G	N8 (Listing does not include certain NDCs)
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	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	G	
isotretinoin oral capsule 25 mg, 35 mg	NF	
clindamycin-benzoyl per (refr) (Neuac External Gel 1.2-5 %)	G	
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 PUMP EXTERNAL GEL 0.06 %, 0.08 % (*tretinoin microsphere*)	NF	
sulfacetamide sodium (acne) external lotion 10 %	G	
tazarotene external foam 0.1 %	NF	
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	G	
tretinoin external gel 0.01 %, 0.025 %, 0.05 %	G	
tretinoin microsphere external gel 0.04 %, 0.1 %	G	
tretinoin microsphere pump external gel 0.04 %	G	
TWYNEO EXTERNAL CREAM 0.1-3 % (*tretinoin-benzoyl peroxide*)	NF	
WINLEVI EXTERNAL CREAM 1 % (*clascoterone*)	NPB	
isotretinoin (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	G	
ZIANA EXTERNAL GEL 1.2-0.025 % (*clindamycin-tretinoin*)	NF	
DERMATOLOGY, ACTINIC KERATOSIS		
fluorouracil external cream 0.5 %	NF	
fluorouracil external cream 5 %	G	
fluorouracil external solution 2 %, 5 %	G	
imiquimod external cream 5 %	G	
imiquimod pump external cream 3.75 %	G	

Prescription Drug Name	Drug Tier	Drug Notes
KLISYRI (250 MG) EXTERNAL OINTMENT 1 % (*tirbanibulin*)	NPB	
KLISYRI (350 MG) EXTERNAL OINTMENT 1 % (*tirbanibulin*)	NPB	
TOLAK EXTERNAL CREAM 4 % (*fluorouracil*)	NF	
ZYCLARA PUMP EXTERNAL CREAM 3.75 % (*imiquimod*)	NF	
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate external cream 0.1 %	G	
gentamicin sulfate external ointment 0.1 %	G	
mupirocin calcium external cream 2 %	NF	
mupirocin external ointment 2 %	G	
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % (*neomycin-fluocinolone*)	NF	
silver sulfadiazine external cream 1 %	G	
silver sulfadiazine (Ssd External Cream 1 %)	G	
SULFAMYLON EXTERNAL CREAM 85 MG/GM (*mafenide acetate*)	NPB	
DERMATOLOGY, ANTIFUNGALS		
ciclopirox (Ciclodan External Solution 8 %)	G	
ciclopirox external gel 0.77 %	G	
ciclopirox external shampoo 1 %	G	
ciclopirox external solution 8 %	G	
ciclopirox olamine external cream 0.77 %	G	
ciclopirox olamine external suspension 0.77 %	G	
clotrimazole external cream 1 %	G	
clotrimazole external solution 1 %	G	
clotrimazole-betamethasone external cream 1-0.05 %	G	
clotrimazole-betamethasone external lotion 1-0.05 %	G	
econazole nitrate external cream 1 %	G	
econazole nitrate external foam 1 %	NPB	
ECOZA EXTERNAL FOAM 1 % (*econazole nitrate*)	NF	
ERTACZO EXTERNAL CREAM 2 % (*sertaconazole nitrate*)	NF	
EXELDERM EXTERNAL CREAM 1 % (*sulconazole nitrate*)	NPB	
EXELDERM EXTERNAL SOLUTION 1 % (*sulconazole nitrate*)	NPB	
JUBLIA EXTERNAL SOLUTION 10 % (*efinaconazole*)	NPB	
ketoconazole external cream 2 %	G	

Prescription Drug Name	Drug Tier	Drug Notes
ketoconazole external foam 2 %	NF	
ketoconazole (Ketodan External Foam 2 %)	NF	
luliconazole external cream 1 %	NF	
LUZU EXTERNAL CREAM 1 % (*luliconazole*)	NF	
miconazole-zinc oxide-petrolat external ointment 0.25-15-81.35 %	G	
naftifine hcl external cream 1 %, 2 %	G	
NAFTIN EXTERNAL GEL 2 % (*naftifine hcl*)	NF	
nystatin external cream 100000 unit/gm	G	
nystatin external ointment 100000 unit/gm	G	
nystatin external powder 100000 unit/gm	G	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	G	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	G	
nystatin (Nystop External Powder 100000 Unit/Gm)	G	
oxiconazole nitrate external cream 1 %	NF	
OXISTAT EXTERNAL LOTION 1 % (*oxiconazole nitrate*)	NF	
tavaborole external solution 5 %	NF	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (*miconazole-zinc oxide-petrolat*)	NF	
DERMATOLOGY, ANTIPRURITIC		
doxepin hcl external cream 5 %	NF	
DERMATOLOGY, ANTIPSORIATICS		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	G	
calcipotriene external cream 0.005 %	NF	
calcipotriene external foam 0.005 %	NF	
calcipotriene external ointment 0.005 %	G	
calcipotriene external solution 0.005 %	G	
calcipotriene-betameth diprop external ointment 0.005-0.064 %	NF	
calcipotriene-betameth diprop external suspension 0.005-0.064 %	NF	
calcipotriene (Calcitrene External Ointment 0.005 %)	G	
calcitriol external ointment 3 mcg/gm	NF	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (*calcipotriene-betameth diprop*)	PB	
methoxsalen rapid oral capsule 10 mg	G	
SORILUX EXTERNAL FOAM 0.005 % (*calcipotriene*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML (*spesolimab-sbzo*)	NPSP	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (*calcipotriene-betameth diprop*)	NPB	
tazarotene external cream 0.1 %	G	
TAZORAC EXTERNAL CREAM 0.05 %, 0.1 % (*tazarotene*)	NF	
TAZORAC EXTERNAL GEL 0.05 %, 0.1 % (*tazarotene*)	NF	
VECTICAL EXTERNAL OINTMENT 3 MCG/GM (*calcitriol*)	NF	
VTAMA EXTERNAL CREAM 1 % (*tapinarof*)	PB	
WYNZORA EXTERNAL CREAM 0.005-0.064 % (*calcipotriene-betameth diprop*)	NF	
ZORYVE EXTERNAL CREAM 0.3 % (*roflumilast*)	PB	
DERMATOLOGY, ANTISEBORRHEICS		
glycolic acid solution 70 %	NPB	
ketoconazole external shampoo 2 %	G	
selenium sulfide external lotion 2.5 %	G	
ZORYVE EXTERNAL FOAM 0.3 % (*roflumilast*)	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	
ANZUPGO EXTERNAL CREAM 20 MG/GM (*delgocitinib*)	NF	
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		
ADVANCED ALLERGY COLLECTION EXTERNAL KIT 2.5 % (*hydrocortisone*)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
ALA SCALP EXTERNAL LOTION 2 % (*hydrocortisone*)	NF	
ala-cort external cream 1 %	G	
alclometasone dipropionate external cream 0.05 %	G	
alclometasone dipropionate external ointment 0.05 %	G	
amcinonide external cream 0.1 %	NF	
amcinonide external ointment 0.1 %	NF	
betamethasone dipropionate aug external cream 0.05 %	G	
betamethasone dipropionate aug external gel 0.05 %	G	
betamethasone dipropionate aug external lotion 0.05 %	G	
betamethasone dipropionate aug external ointment 0.05 %	G	
betamethasone dipropionate external cream 0.05 %	G	
betamethasone dipropionate external lotion 0.05 %	G	
betamethasone dipropionate external ointment 0.05 %	NF	
betamethasone valerate external cream 0.1 %	G	
betamethasone valerate external foam 0.12 %	G	
betamethasone valerate external lotion 0.1 %	G	
betamethasone valerate external ointment 0.1 %	G	
BRYHALI EXTERNAL LOTION 0.01 % (*halobetasol propionate*)	PB	
clobetasol prop emollient base external cream 0.05 %	G	
clobetasol propionate e external cream 0.05 %	G	
clobetasol propionate emulsion external foam 0.05 %	NF	
clobetasol propionate external foam 0.05 %	G	
clobetasol propionate external gel 0.05 %	G	
clobetasol propionate external liquid 0.05 %	NF	
clobetasol propionate external lotion 0.05 %	G	
clobetasol propionate external ointment 0.05 %	G	
clobetasol propionate external shampoo 0.05 %	G	
clobetasol propionate external solution 0.05 %	G	
CLOBEX SPRAY EXTERNAL LIQUID 0.05 % (*clobetasol propionate*)	NF	
clocortolone pivalate external cream 0.1 %	NF	
clobetasol propionate (Clodan External Shampoo 0.05 %)	G	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM (*flurandrenolide*)	NF	
desonide external cream 0.05 %	G	

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

Prescription Drug Name	Drug Tier	Drug Notes
hydrocortisone butyrate external cream 0.1 %	NF	
hydrocortisone butyrate external lotion 0.1 %	NF	
hydrocortisone butyrate external ointment 0.1 %	G	
hydrocortisone butyrate external solution 0.1 %	G	
hydrocortisone external cream 2.5 %	G	
hydrocortisone external lotion 2 %	NF	
hydrocortisone external lotion 2.5 %	G	
hydrocortisone external ointment 1 %, 2.5 %	G	
hydrocortisone external solution 2.5 %	NF	
hydrocortisone valerate external cream 0.2 %	G	
hydrocortisone valerate external ointment 0.2 %	G	
IMPOYZ EXTERNAL CREAM 0.025 % (*clobetasol propionate*)	NF	
LEXETTE EXTERNAL FOAM 0.05 % (*halobetasol propionate*)	NF	
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	
clobetasol propionate emulsion (Tovet External Foam 0.05 %)	NF	
triamcinolone acetonide external aerosol solution 0.147 mg/gm	NF	
triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %	G	
triamcinolone acetonide external lotion 0.025 %, 0.1 %	G	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	G	
triamcinolone acetonide external ointment 0.05 %	NF	
triamcinolone in absorbase external ointment 0.05 %	NF	
triamcinolone acetonide (Triderm External Cream 0.5 %)	G	
ULTRAVATE EXTERNAL LOTION 0.05 % (*halobetasol propionate*)	NF	
VANOS EXTERNAL CREAM 0.1 % (*fluocinonide*)	NF	
DERMATOLOGY, LOCAL ANESTHETICS		
lidocaine hcl (Glydo External Prefilled Syringe 2 %)	G	
l.e.t. (racepinephrine) external gel 4-0.05-0.5 %	NF	
l.e.t. external gel 4-0.05-0.5 %	NF	

Prescription Drug Name	Drug Tier	Drug Notes
LDO PLUS EXTERNAL GEL 4 % (*lidocaine hcl*)	NF	
lidocaine external patch 5 %	G	
lidocaine hcl external solution 4 %	G	
lidocaine hcl urethral/mucosal external gel 2 %	G	
lidocaine hcl urethral/mucosal external prefilled syringe 2 %	G	
lidocaine-prilocaine external cream 2.5-2.5 %	G	
lidocanna external patch 4 %	G	
LIDODERM EXTERNAL PATCH 5 % (*lidocaine*)	NPB	
lidopin external cream 3 %	NPB	
LMR PLUS EXTERNAL KIT 5 & 0.5-0.5 % (*lidocaine-camphor-menthol*)	NF	
QUTENZA (2 PATCH) EXTERNAL KIT 8 % (*capsaicin-cleansing gel*)	NPB	
QUTENZA EXTERNAL KIT 8 % (*capsaicin-cleansing gel*)	NPB	
VENIPUNCTURE PX1 PHLEBOTOMY EXTERNAL KIT 2 % (*lidocaine hcl-blood collection*)	NF	
zeruvia external patch 4-1 %	NPB	
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
ACUICYN EXTERNAL SOLUTION (*eyelid cleansers*)	NF	
acyclovir external cream 5 %	NF	
acyclovir external ointment 5 %	G	
AMELUZ EXTERNAL GEL 10 % (*aminolevulinic acid hcl*)	NF	
ammonium lactate external cream 12 %	G	
ammonium lactate external lotion 12 %	G	
AVENOVA EXTERNAL SOLUTION 0.01 % (*eyelid cleansers*)	NF	
CONDYLOX EXTERNAL GEL 0.5 % (*podofilox*)	NPB	
DENAVIR EXTERNAL CREAM 1 % (*penciclovir*)	NF	
DERMACURE EXTERNAL CREAM 41 % (*urea*)	NPB	
HYFTOR EXTERNAL GEL 0.2 % (*sirolimus*)	NF	
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	

Prescription Drug Name	Drug Tier	Drug Notes
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (*collagenase*)	NPB	
SOFDRA EXTERNAL GEL 12.45 % (*sofpironium bromide*)	NPB	
TARGRETIN EXTERNAL GEL 1 % (*bexarotene*)	NF	
VALCHLOR EXTERNAL GEL 0.016 % (*mechlorethamine hcl (topical)*)	NPB	
VEREGEN EXTERNAL OINTMENT 15 % (*sinecatechins*)	NF	
XERAC AC EXTERNAL SOLUTION 6.25 % (*aluminum chloride in alcohol*)	NPB	
YCANTH EXTERNAL SOLUTION 0.7 % (*cantharidin*)	NPB	
ZELSUVMI EXTERNAL GEL 10.3 % (*berdazimer sodium*)	NF	
ZOVIRAX EXTERNAL CREAM 5 % (*acyclovir*)	NF	
ZOVIRAX EXTERNAL OINTMENT 5 % (*acyclovir*)	NF	
DERMATOLOGY, ROSACEA		
azelaic acid external gel 15 %	G	
doxycycline oral capsule delayed release 40 mg	G	
EMROSI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG (*minocycline hcl micronized*)	NF	
EPSOLAY EXTERNAL CREAM 5 % (*benzoyl peroxide*)	NF	
FINACEA EXTERNAL FOAM 15 % (*azelaic acid*)	PB	
FINACEA EXTERNAL GEL 15 % (*azelaic acid*)	NF	
ivermectin external cream 1 %	G	
metronidazole external cream 0.75 %	G	N8 (Listing does not include certain NDCs)
metronidazole external gel 0.75 %, 1 %	G	
metronidazole external lotion 0.75 %	G	N8 (Listing does not include certain NDCs)
MIRVASO EXTERNAL GEL 0.33 % (*brimonidine tartrate*)	NF	
NORITATE EXTERNAL CREAM 1 % (*metronidazole*)	NF	
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG (*doxycycline*)	NF	
RHOFADE EXTERNAL CREAM 1 % (*oxymetazoline hcl*)	NF	
SOOLANTRA EXTERNAL CREAM 1 % (*ivermectin*)	NF	
ZILXI EXTERNAL FOAM 1.5 % (*minocycline hcl micronized*)	NF	
DERMATOLOGY, SCABICIDES AND PEDICULICIDES		
CROTAN EXTERNAL LOTION 10 % (*crotamiton*)	G	
malathion external lotion 0.5 %	G	

Prescription Drug Name	Drug Tier	Drug Notes
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	
AZADROX EXTERNAL GEL (*silver*)	NF	
BASADROX EXTERNAL GEL (*silver*)	NF	
FILSUVEZ EXTERNAL GEL 10 % (*birch triterpenes*)	NF	
KERASTAT EXTERNAL CREAM (*keratin*)	NF	
KERASTAT EXTERNAL GEL 5 % (*keratin*)	NF	
VYJUVEK EXTERNAL GEL 5000000000 PFU/2.5ML (*beremagene geperpavec-svdt*)	NF	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl oral capsule 30 mg	G	
chlorhexidine gluconate mouth/throat solution 0.12 %	G	N8 (Listing does not include certain NDCs)
clotrimazole mouth/throat troche 10 mg	G	
EASYGEL DENTAL GEL 0.4 % (*stannous fluoride*)	NPB	
EPISIL MOUTH/THROAT LIQUID (*oral wound care products*)	PB	
lidocaine hcl mouth/throat solution 4 %	G	
MUGARD MOUTH/THROAT LIQUID (*oral wound care products*)	PB	
nystatin mouth/throat suspension 100000 unit/ml	G	
triamcinolone acetonide (Oralone Mouth/Throat Paste 0.1 %)	G	
ORAPEUTIC MOUTH/THROAT GEL (*oral wound care products*)	NPB	
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	
triamcinolone acetonide mouth/throat paste 0.1 %	G	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
acetic acid otic solution 2 %	G	N8 (Listing does not include certain NDCs)
CIPRO HC OTIC SUSPENSION 0.2-1 % (*ciprofloxacin-hydrocortisone*)	NF	
ciprofloxacin hcl otic solution 0.2 %	G	

Prescription Drug Name	Drug Tier	Drug Notes
ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %	NF	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (*neomycin-colist-hc-thonzonium*)	NPB	
fluocinolone acetonide otic oil 0.01 %	G	
hydrocortisone-acetic acid otic solution 1-2 %	G	
neomycin-polymyxin-hc otic solution 3.5-10000-1	G	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	G	
ofloxacin otic solution 0.3 %	G	
OTOVEL OTIC SOLUTION 0.3-0.025 % (*ciprofloxacin-fluocinolone*)	NF	

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