# Plan for your best health

## 2027 Aetna Pharmacy Drug Guide
Advanced Control Choice 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 Previous versions are no longer in effect.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 Choice Plan**

## Table of Contents


INFORMATIONAL SECTION....4
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION....21
ANESTHETICS - DRUGS FOR NUMBING....29
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS....29
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER....40
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS....49
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS....63
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES....91
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS....132
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS....140
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS....143
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM....150
MEDICAL DEVICES....161
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS....161
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS....164
OTHER....170
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS....170
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS....178

# Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# How to use this guide

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

## Your plan includes

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

## What you can expect to pay

With your pharmacy plan, the amount you pay depends on the drug your doctor prescribes. It's either a flat fee or a percentage of the drug's/medicine's price. If a pharmacy's retail price for a prescription drug is less than your total cost share amount, you will not be required to pay more than the retail drug price.

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

Specialty prescription drugs typically include higher-cost drugs that may require special handling, storage, or administration.  Specialty prescription drugs may also require monitoring from healthcare providers.

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

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

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

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

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

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

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

## Have more questions about your pharmacy benefits?

We're here to help. There are several ways you can learn more about your benefits:

- Check your Plan Design and Benefits Summary in your enrollment kit.
- Call the toll-free number on your member ID card.
- Review our pharmacy frequently asked questions (FAQs) and answers. Just visit the website that's on your member ID card to search for the "Pharmacy FAQ."
- Visit your secure member website and sign in to your account to view your plan information.

## Specialty Pharmacy Network

An in-network specialty pharmacy can fill your prescriptions for specialty drugs. These are the types of drugs that may be injected, infused or taken by mouth. They often need special storage and handling. And they need to be delivered quickly. A nurse or pharmacist may monitor you during your treatment, if needed. With this type of pharmacy, you can get this medicine sent right to your home.

## How to get started with a specialty pharmacy

Ordering your prescriptions through our specialty pharmacy is easy. And we typically offer a 30-day medicine supply.

- **To transfer your prescription**, just call us toll-free at **1-866-353-1892 (TTY: 711)**.
- **For a new prescription**, your doctor can send it to us in one of four ways:
  1. **Electronically:** Through e-prescribe
  2. **Fax: 1-800-323-2445**
  3. **Phone: 1-800-237-2767 (TTY: 711)**

If you mail in your own prescription, please send it with a completed Patient Profile Form. To find this form, just visit the website that's on your member ID card, to search for the "Patient Profile Form."

## CVS Caremark Mail Service Pharmacy™

You can have maintenance drugs sent right to your home or anywhere else you choose by CVS Caremark Mail Service Pharmacy. These are drugs that are taken regularly for chronic conditions like diabetes or asthma. Depending on your plan, you can get up to a 90-day supply of medicine for less cost. It's fast and convenient, and standard shipping is always free.

## Get started right away

You can submit your order using one of these options:

1. **Online** — Visit your secure member website and sign in to your account. There you can add or remove your prescriptions.
2. **Phone** — Call us toll-free, 24/7 at **1-888-792-3862 (TTY: 711)**. If you need the help of a telephone device for the hard of hearing, call **1-877-833-2779 (TTY: 711)**.
3. **Mail** — Get a new prescription from your doctor. Then mail it to us with a completed order form. You can find the form on your secure member website. The mailing address is on the form.

## Your doctor can submit your order using one of these options:

1. **Online** — They can submit your prescriptions using the e-prescribe services on our provider website.
2. **Fax** — They can fax your prescription to **1-877-270-3317**. Make sure they include your member ID number, date of birth and mailing address on the fax cover sheet. Only a doctor may fax a prescription.

# Frequently asked questions

### How can I save on prescriptions?

Here are some tips to pay less out of pocket for your prescription drugs:

- Ask your doctor to consider prescribing drugs that are on the Pharmacy Drug Guide (formulary).
- Ask your doctor to consider prescribing generic drugs instead of brand-name drugs.
- Our home delivery pharmacy may save you money. For more information, visit the website on your member ID card and log in to your account.

### What are generic drugs?

Generic drugs are proven to be just as safe and effective as brand-name drugs. They contain the same active ingredients in the same amounts as the brand-name drugs and work the same way. So they have the same risks and benefits as brand-name drugs. However, they typically cost less.

When appropriate, your doctor may decide to prescribe a generic drug or allow the pharmacist to substitute a generic drug.

### What is precertification/prior authorization (PA)?

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

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

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

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

- Most prior authorization approvals will be valid for 6 months, the length of treatment as determined by your prescribing provider, or the renewal of your plan, whichever of these is the shortest amount of time
- For maintenance medications to treat a chronic condition or long-term condition, your prior authorization will be valid for either 12 months or the length of time determined by your prescribing provider
- Different prior authorization requirements might apply to benzodiazepines and Schedule II narcotic drugs. Please refer to the formulary or contact us with questions about these drugs.

### What is step therapy (ST)?

Some drugs require step therapy. This means that you must try one or more prerequisite drug(s) before a step therapy drug is covered.

The prerequisite drugs have U.S. Food and Drug Administration (FDA) approval and may cost less. They treat the same condition as the step therapy drug.

If you don't try the appropriate prerequisite drug first, you may need to pay full cost for the step-therapy drug.

### What are quantity limits (QL)?

Quantity limits help your doctor and pharmacist make sure that you use your drug correctly and safely. We use medical guidelines and FDA-approved recommendations from drug makers to set these coverage limits. The quantity limit program includes:

- **Dose efficiency edits** — Limits prescription coverage to one dose per day for drugs that have approval for once-daily dosing
- **Maximum daily dose** — If a prescription is lower than the minimum or higher than the maximum allowed dose, a message is sent to the pharmacy
- **Quantity limits over time** — Limits prescription coverage to a specific number of units over a specific amount of time

### What if I need a drug that requires an exception to the precertification, step therapy or quantity limits requirements? Or what if I need a drug that's not covered under my plan?

In certain cases, you or your prescriber can request a medical exception to the precertification, step therapy or quantity limits requirements or for a drug that's not covered on your plan. You can ask for your request to be expedited. Expedited coverage decisions are made within 24 hours.

We'll then contact you or your prescriber with our decision. All medically necessary outpatient prescription drugs will be covered. If a medical exception is approved, you only need to pay the copay after the deductible. This amount is based on your pharmacy plan design.

### How can your provider request a medical exception?

- Submit their request through our secure provider website on **www.CoverMyMeds.com**.
- Call the Aetna Pharmacy Precertification Unit: NonSpecialty **1-800-294-5979 (TTY: 711)** or Specialty **1-866-814-5506 (TTY: 711)**.
- Fax the completed request form to: Non-Specialty **1-888-836-0730** or Specialty **1-866-249-6155**.
- Mail the completed request form to: Medical Exception to Pharmacy Prior Authorization Unit 1300 East Campbell Road Richardson, TX 75081

### Pharmacy and Therapeutics (P&T) committee

The services of an independent National Pharmacy and Therapeutics Committee ("P&T Committee") are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an external advisory body of clinical professionals from across the United States. The P&T Committee's voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Voting members of the P&T Committee are not employees of CVS Caremark and must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

### Can the formulary change during the year?

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

- New drugs are approved.
- Existing drugs are removed from the market.
- Prescription drugs may become available over the counter (without a prescription). Over-the-counter drugs are not generally covered in a formulary.
- Brand-name drugs lose patent protection and generic versions become available. When this happens, the generic drug will be covered in place of the brandname drug. The brand-name drug is likely to become non-formulary or covered at a higher cost. See the "What are generic drugs?" section above for more information.
- Change in drug or dosage form.
- Changes in tier placement of a drug that results in an increase in cost sharing.
- Any changes of utilization review restrictions, including any additions of these restrictions.

### Does Aetna provide notice of these changes?

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

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

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

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

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

# Discrimination is Against the Law

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

Aetna:

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

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

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

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

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

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

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

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

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# Language accessibility statement

Interpreter services are available for free.
TTY: 711

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# Notice of Language Assistance

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

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

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

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

# Non-discrimination notice

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

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

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

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

**Civil Rights Coordinator**
[P.O. Box 14462, Lexington, KY 40512
(CA HMO customers: PO Box 24030 Fresno, CA 93779)]
[1-800-648-7817, TTY: 711]
Fax: [859-425-3379 (CA HMO customers: 860-262-7705)]
Email: [CRCoordinator@aetna.com]

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

You can also file a civil rights complaint with:

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

*Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna).*

TTY:711

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| To access language services at no cost to you, call 1-888-982-3862 . |
| 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) |

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| 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) |

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| 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) |

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| 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 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 | |
| SPRIX NASAL SOLUTION 15.75 MG/SPRAY (*ketorolac tromethamine*) | NF | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *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 | |
| DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG (*hydromorphone hcl*) | NPB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| 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 | |
| *morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg* | G | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *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 | |
| ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG (*oxycodone hcl*) | NF | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *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* | 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 | |
| *aspirin regimen oral tablet delayed release 81 mg* | CE | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| 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 (*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* | NPB | |

| 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*) | NPB | |
| *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 PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 MCG/0.5ML (*ropeginterferon alfa-2b-njft*) | PSP | |
| 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| ELIGARD SUBCUTANEOUS KIT 45 MG (*leuprolide acetate (6 month)*) | PSP | |
| ELIGARD SUBCUTANEOUS KIT 7.5 MG (*leuprolide acetate*) | PSP | |
| ERLEADA ORAL TABLET 240 MG, 60 MG (*apalutamide*) | PSP | |
| EULEXIN ORAL CAPSULE 125 MG (*flutamide*) | NF | |
| *exemestane oral tablet 25 mg* | CE | |
| 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *toremifene citrate oral tablet 60 mg* | G | |
| TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG (*triptorelin pamoate*) | NF | |
| 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| BRAFTOVI ORAL CAPSULE 75 MG (*encorafenib*) | PSP | |
| BRUKINSA ORAL CAPSULE 80 MG (*zanubrutinib*) | PSP | |
| BRUKINSA ORAL TABLET 160 MG (*zanubrutinib*) | PB | |
| CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (*cabozantinib s-malate*) | PSP | |
| CALQUENCE ORAL TABLET 100 MG (*acalabrutinib maleate*) | PSP | |
| CAPRELSA ORAL TABLET 100 MG, 300 MG (*vandetanib*) | NPB | |
| COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG (*cabozantinib s-malate*) | NPSP | |
| COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG (*cabozantinib s-malate*) | NPSP | |
| COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG (*cabozantinib s-malate*) | NPSP | |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG (*duvelisib*) | 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| 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 | |
| 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG (*lenvatinib mesylate*) | PSP | |
| LORBRENA ORAL TABLET 100 MG, 25 MG (*lorlatinib*) | NPSP | |
| LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (*futibatinib*) | NF | |
| LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (*futibatinib*) | NF | |
| LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (*futibatinib*) | NF | |
| 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 | |
| RYDAPT ORAL CAPSULE 25 MG (*midostaurin*) | PSP | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| 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 | |
| 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| ZYDELIG ORAL TABLET 100 MG, 150 MG (*idelalisib*) | NF | |
| ZYKADIA ORAL TABLET 150 MG (*ceritinib*) | PSP | |
| **MISCELLANEOUS** | | |
| *bexarotene oral capsule 75 mg* | G | |
| *hydroxyurea oral capsule 500 mg* | G | |
| IDHIFA ORAL TABLET 100 MG, 50 MG (*enasidenib mesylate*) | 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (*selinexor*) | NPB | |
| 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg* | G | N8 (Listing does not include certain NDCs) |
| 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 | |
| *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 | |
| *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 | |
| *galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg* | G | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *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) |
| *desipramine hcl oral tablet 100 mg, 150 mg, 50 mg, 75 mg* | G | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *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 | |
| *paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg* | G | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *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 | |
| VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (*vilazodone hcl*) | NF | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| 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 | |
| GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG (*amantadine hcl*) | NF | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| 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 | |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (*aripiprazole*) | PB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| 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 | |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (*iloperidone*) | NF | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| 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 | |
| *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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *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, 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 | |
| *thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg* | G | |
| *trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg* | G | |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML, 125 MG/0.35ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML, 50 MG/0.14ML, 75 MG/0.21ML (*risperidone*) | NF | |
| VERSACLOZ ORAL SUSPENSION 50 MG/ML (*clozapine*) | NPB | |
| VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG (*cariprazine hcl*) | PB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *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 | |
| *diazepam oral concentrate 5 mg/ml* | G | |
| *diazepam oral solution 5 mg/5ml* | G | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *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 | |
| KLONOPIN ORAL TABLET 0.5 MG, 2 MG (*clonazepam*) | NPB | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG (*lamotrigine*) | NF | |
| LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG (*lamotrigine*) | NF | |
| LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (*lamotrigine*) | NF | |
| LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG (*lamotrigine*) | NF | |
| LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG, 84 X 25 MG & 14X100 MG (*lamotrigine*) | NF | |
| LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG (*lamotrigine*) | NF | |
| LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG (*lamotrigine*) | NF | |
| *lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg* | G | |
| *lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg* | G | |
| *lamotrigine oral tablet chewable 25 mg, 5 mg* | G | |
| *lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg* | G | |
| *lamotrigine starter kit-blue oral kit 35 x 25 mg* | G | |
| *lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg* | G | |
| *lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg* | G | |
| *levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg* | G | |
| *levetiracetam 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* | G | |
| LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (*pregabalin*) | NF | |
| LYRICA ORAL SOLUTION 20 MG/ML (*pregabalin*) | NF | |
| MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (*lacosamide*) | NF | |
| NAYZILAM NASAL SOLUTION 5 MG/0.1ML (*midazolam (anticonvulsant)*) | PB | |
| ONFI ORAL SUSPENSION 2.5 MG/ML (*clobazam*) | NF | |
| ONFI ORAL TABLET 10 MG, 20 MG (*clobazam*) | NF | |
| *oxcarbazepine oral suspension 300 mg/5ml* | G | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg* | G | |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG (*oxcarbazepine*) | PB | |
| *phenobarbital oral elixir 20 mg/5ml, 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*) | NPSP | |
| SABRIL ORAL TABLET 500 MG (*vigabatrin*) | NPSP | |
| 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 | |
| *topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg* | G | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| 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*) | PB | |
| 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, 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 | |
| MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*) | NPSP | |
| MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*) | NPSP | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| 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 | |
| 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| 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 | |
| *methocarbamol oral tablet 500 mg, 750 mg* | NF | |
| *norgesic forte oral tablet 50-770-60 mg* | NF | |
| *orphenadrine citrate er oral tablet extended release 12 hour 100 mg* | G | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *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 | |
| 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| **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 | |
| **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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| 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 | |
| *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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| 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 | |
| *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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *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 | |
| 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| 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 | |
| *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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| **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 | |
| *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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| **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, 60X4 &60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT (*insulin regular human*) | NF | |
| APIDRA INJECTION SOLUTION 100 UNIT/ML (*insulin glulisine*) | NF | |
| APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glulisine*) | NF | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glargine*) | NF | |
| BASAGLAR TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glargine*) | NF | |
| FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin aspart (w/niacinamide)*) | PB | |
| FIASP INJECTION SOLUTION 100 UNIT/ML (*insulin aspart (w/niacinamide)*) | PB | |
| FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (*insulin aspart (w/niacinamide)*) | PB | |
| FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (*insulin aspart (w/niacinamide)*) | NF | |
| HUMALOG INJECTION SOLUTION 100 UNIT/ML (*insulin lispro*) | NF | |
| HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 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 aspart flexpen subcutaneous solution pen-injector 100 unit/ml* | NF | |
| *insulin aspart injection solution 100 unit/ml* | NF | |
| *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 | |
| *insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml* | PB | |
| *insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml* | NF | |
| *insulin lispro injection solution 100 unit/ml* | NF | |
| *insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml* | NF | |
| LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glargine*) | PB | |
| LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin glargine*) | PB | |
| 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| 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 | |
| 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| 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*) | NF | |
| TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin degludec*) | NF | |
| **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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (*canagliflozin-metformin hcl*) | NF | |
| SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG (*ertugliflozin-metformin hcl*) | NF | |
| SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (*empagliflozin-metformin hcl*) | PB | |
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG (*empagliflozin-metformin hcl*) | PB | |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *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 | |
| *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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (*alendronate-cholecalciferol*) | NPB | |
| *ibandronate sodium oral tablet 150 mg* | G | |
| RECLAST INTRAVENOUS SOLUTION 5 MG/100ML (*zoledronic acid*) | NPSP | |
| *risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg* | G | |
| *risedronate sodium oral tablet delayed release 35 mg* | G | |
| *zoledronic acid intravenous concentrate 4 mg/5ml* | G | |
| *zoledronic acid intravenous solution 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| 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 | |
| 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| 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 | |
| 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *norethin ace-eth estrad-fe* (Aurovela Fe 1/20 Oral Tablet 1-20 Mg-Mcg) | CE | |
| *levonorgestrel-ethinyl estrad* (Aviane Oral Tablet 0.1-20 Mg-Mcg) | CE | |
| *levonorgestrel-ethinyl estrad* (Ayuna Oral Tablet 0.15-30 Mg-Mcg) | CE | |
| *desogestrel-ethinyl estradiol* (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5)) | CE | |
| *norethindrone-eth estradiol* (Balziva Oral Tablet 0.4-35 Mg-Mcg) | CE | |
| BEYAZ ORAL TABLET 3-0.02-0.451 MG (*drospiren-eth estrad-levomefol*) | NF | |
| *norethin ace-eth estrad-fe* (Blisovi 24 Fe Oral Tablet 1-20 Mg-Mcg(24)) | CE | |
| *norethin ace-eth estrad-fe* (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg) | CE | |
| *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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *levonorgest-eth estrad 91-day* (Daysee Oral Tablet 0.15-0.03 &0.01 Mg) | CE | |
| *norethindrone* (Deblitane Oral Tablet 0.35 Mg) | CE | |
| *levonorgestrel-ethinyl estrad* (Delyla Oral Tablet 0.1-20 Mg-Mcg) | CE | |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (*medroxyprogesterone acetate*) | CE | |
| *desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)* | CE | |
| *levonorgestrel-ethinyl estrad* (Dolishale Oral Tablet 90-20 Mcg) | CE | |
| *drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg* | CE | |
| *drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg* | CE | |
| ECONTRA ONE-STEP ORAL TABLET 1.5 MG (*levonorgestrel*) | CE | |
| *norgestrel-ethinyl estradiol* (Elinest Oral Tablet 0.3-30 Mg-Mcg) | CE | |
| ELLA ORAL TABLET 30 MG (*ulipristal acetate*) | CE | |
| *etonogestrel-ethinyl estradiol* (Eluryng Vaginal Ring 0.12-0.015 Mg/24Hr) | CE | |
| *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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *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 | |
| *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 | |

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

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *norethindrone acet-ethinyl est* (Loestrin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg) | CE | |
| *norethindrone acet-ethinyl est* (Loestrin 1/20 (21) Oral Tablet 1-20 Mg-Mcg) | CE | |
| *norethin ace-eth estrad-fe* (Loestrin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg) | CE | |
| *norethin ace-eth estrad-fe* (Loestrin Fe 1/20 Oral Tablet 1-20 Mg-Mcg) | CE | |
| *levonorgest-eth estrad 91-day* (Lojaimiess Oral Tablet 0.1-0.02 & 0.01 Mg) | CE | |
| *drospirenone-ethinyl estradiol* (Loryna Oral Tablet 3-0.02 Mg) | CE | |
| *norgestrel-ethinyl estradiol* (Low-Ogestrel Oral Tablet 0.3-30 Mg-Mcg) | CE | |
| *drospirenone-ethinyl estradiol* (Lo-Zumandimine Oral Tablet 3-0.02 Mg) | CE | |
| *norethindrone acet-ethinyl est* (Luizza 1.5/30 Oral Tablet 1.5-30 Mg-Mcg) | CE | |
| *norethindrone acet-ethinyl est* (Luizza 1/20 Oral Tablet 1-20 Mg-Mcg) | CE | |
| *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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *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 | |
| 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *norethindrone-eth estradiol* (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg) | CE | |
| *norethin-eth estrad triphasic* (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg) | CE | |
| NUVARING VAGINAL RING 0.12-0.015 MG/24HR (*etonogestrel-ethinyl estradiol*) | NF | |
| *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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| SHEWISE ORAL TABLET 1.5 MG (*levonorgestrel*) | CE | |
| *desogestrel-ethinyl estradiol* (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5)) | CE | |
| *levonorgest-eth estrad 91-day* (Simpesse Oral Tablet 0.15-0.03 &0.01 Mg) | CE | |
| SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (*levonorgestrel*) | CE | |
| SLYND ORAL TABLET 4 MG (*drospirenone*) | CE | |
| *desogestrel-ethinyl estradiol* (Solia Oral Tablet 0.15-30 Mg-Mcg) | CE | |
| *norgestimate-eth estradiol* (Sprintec 28 Oral Tablet 0.25-35 Mg-Mcg) | CE | |
| *levonorgestrel-ethinyl estrad* (Sronyx Oral Tablet 0.1-20 Mg-Mcg) | CE | |
| *drospirenone-ethinyl estradiol* (Syeda Oral Tablet 3-0.03 Mg) | CE | |
| TAKE ACTION ORAL TABLET 1.5 MG (*levonorgestrel*) | CE | |
| *norethin ace-eth estrad-fe* (Tarina 24 Fe Oral Tablet 1-20 Mg-Mcg(24)) | CE | |
| *norethin ace-eth estrad-fe* (Tarina Fe 1/20 Eq Oral Tablet 1-20 Mg-Mcg) | CE | |
| *norethin ace-eth estrad-fe* (Taysofy Oral Capsule 1-20 Mg-Mcg(24)) | CE | |
| 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *norgestim-eth estrad triphasic* (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg) | CE | |
| *norgestim-eth estrad triphasic* (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg) | CE | |
| *norgestim-eth estrad triphasic* (Trinessa (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg) | CE | |
| *norgestim-eth estrad triphasic* (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg) | CE | |
| *levonorg-eth estrad triphasic* (Trivora (28) Oral Tablet 50-30/75-40/ 125-30 Mcg) | CE | |
| *norgestim-eth estrad triphasic* (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg) | CE | |
| *norgestim-eth estrad triphasic* (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg) | CE | |
| *norgestrel-ethinyl estradiol* (Turqoz Oral Tablet 0.3-30 Mg-Mcg) | CE | |
| TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (*levonorgestrel-eth estradiol*) | CE | |
| TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (*levonorgestrel-ethinyl estrad*) | CE | |
| *drospiren-eth estrad-levomefol* (Tydemy Oral Tablet 3-0.03-0.451 Mg) | CE | |
| *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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*) | CE | |
| WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*) | CE | |
| WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*) | CE | |
| WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*) | CE | |
| WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*) | CE | |
| WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*) | CE | |
| WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*) | CE | |
| *norethin-eth estradiol-fe* (Wymzya Fe Oral Tablet Chewable 0.4-35 Mg-Mcg) | CE | |
| *norethindron-ethinyl estrad-fe* (Xarah Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg) | CE | |
| *norethin-eth estradiol-fe* (Xelria Fe Oral Tablet Chewable 0.4-35 Mg-Mcg) | CE | |
| *norelgestromin-eth estradiol* (Xulane Transdermal Patch Weekly 150-35 Mcg/24Hr) | CE | |
| 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| 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 | |
| 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| BD PEN NEEDLE ORIG ULTRAFINE 29G X 12.7MM (*insulin pen needle*) | PB | |
| BD PEN NEEDLE SHORT ULTRAFINE 31G X 8 MM (*insulin pen needle*) | PB | |
| BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML (*insulin syringe-needle u-100*) | PB | |
| *blood glucose test in vitro strip* | NF | |
| BLULINK GLUCOSE MONITORING SYS DEVICE (*blood glucose monitoring suppl*) | 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| 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 | |
| *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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| ENLITE GLUCOSE SENSOR (*continuous glucose sensor*) | NF | |
| *eq blood glucose test in vitro strip* | NF | |
| EVERSENSE 365 SENSOR/HOLDER (*continuous glucose sensor*) | NF | |
| 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 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| FREESTYLE LIBRE 2 READER DEVICE (*continuous glucose receiver*) | PB | |
| FREESTYLE LIBRE 2 SENSOR (*continuous glucose sensor*) | PB | |
| FREESTYLE LIBRE 3 PLUS SENSOR (*continuous glucose sensor*) | PB | |
| FREESTYLE LIBRE 3 READER DEVICE (*continuous glucose receiver*) | PB | |
| FREESTYLE LIBRE 3 SENSOR (*continuous glucose sensor*) | PB | |
| FREESTYLE 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| IGLUCOSE TEST STRIPS IN VITRO STRIP (*glucose blood*) | NF | |
| IHEALTH BLOOD GLUCOSE TEST STR IN VITRO STRIP (*glucose blood*) | NF | |
| IN TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*) | NF | |
| 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 INTRO (GEN 4) KIT (*insulin disposable pump*) | PB | |
| OMNIPOD DASH PDM (GEN 4) KIT (*insulin disposable pump*) | PB | |
| OMNIPOD DASH PODS (GEN 4) (*insulin disposable pump*) | PB | |
| 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| 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 | |
| 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| 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 | |
| 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| 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 | |
| **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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *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 | |
| *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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| **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 | |
| **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 | |
| ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG (*somatropin*) | NF | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| **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 | |
| 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 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| 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 | |
| *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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (*estradiol*) | NF | |
| *norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg* | G | |
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (*estrogens conjugated*) | NF | |
| PREMARIN VAGINAL CREAM 0.625 MG/GM (*estrogens, conjugated*) | NF | |
| PREMPHASE ORAL TABLET 0.625-5 MG (*conj estrog-medroxyprogest ace*) | 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 | |
| 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (*mecasermin*) | NPSP | |
| INTRAROSA VAGINAL INSERT 6.5 MG (*prasterone*) | NF | |
| JYNARQUE ORAL TABLET 15 MG, 30 MG (*tolvaptan*) | NF | |
| JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG (*tolvaptan*) | NF | |
| 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| **PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS** | | |
| AURYXIA ORAL TABLET 1 GM 210 MG(FE) (*ferric citrate*) | PB | |
| *calcium acetate (phos binder) oral capsule 667 mg* | G | |
| *calcium acetate (phos binder) oral tablet 667 mg* | G | |
| FOSRENOL ORAL PACKET 1000 MG, 750 MG (*lanthanum carbonate*) | 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *ec-rx progesterone transdermal cream 20 %* | NF | |
| ENDOMETRIN VAGINAL INSERT 100 MG (*progesterone*) | NF | |
| *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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG (*levothyroxine sodium*) | NF | |
| TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML (*levothyroxine sodium*) | NF | |
| *levothyroxine sodium* (Unithroid Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg) | G | |
| **UREA CYCLE DISORDER - DRUGS TO TREAT UREA CYCLE DISORDER** | | |
| BUPHENYL ORAL POWDER 3 GM/TSP (*sodium phenylbutyrate*) | NF | |
| BUPHENYL ORAL TABLET 500 MG (*sodium phenylbutyrate*) | NF | |
| CARBAGLU ORAL TABLET SOLUBLE 200 MG (*carglumic acid*) | NF | |
| *carglumic acid oral tablet soluble 200 mg* | G | |
| 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| **UTERINE FIBROIDS - DRUGS TO TREAT UTERINE FIBROIDS** | | |
| MYFEMBREE ORAL TABLET 40-1-0.5 MG (*relugolix-estradiol-norethind*) | PB | |
| ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (*elagolix-estradiol-norethind*) | PB | |
| **VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES** | | |
| 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *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) |
| *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 | |
| *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 | |
| *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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *dronabinol oral solution 5 mg/ml* | NF | |
| EMEND BIPACK ORAL CAPSULE 80 MG (*aprepitant*) | NF | |
| 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 | |
| *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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR (*granisetron*) | PB | |
| *scopolamine transdermal patch 72 hour 1 mg/3days* | G | |
| SYNDROS ORAL SOLUTION 5 MG/ML (*dronabinol*) | NF | |
| TRANSDERM SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS (*scopolamine base*) | NF | |
| *trimethobenzamide hcl oral capsule 300 mg* | G | 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* | NF | |
| *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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *mesalamine-cleanser rectal kit 4 gm* | G | |
| 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 | |
| *lubiprostone oral capsule 24 mcg, 8 mcg* | G | N8 (Listing does not include certain NDCs) |
| 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, 20 gm/30ml* | 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm* | CE | |
| *peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm* | CE | |
| PEG-PREP ORAL KIT 5-210 MG-GM (*bisacodyl-peg-kcl-nabicar-nacl*) | CE | |
| 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| 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 | |
| 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| 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 | |
| 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| 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 | |
| *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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| **CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL** | | |
| ENCARE VAGINAL SUPPOSITORY 100 MG (*nonoxynol-9*) | CE | |
| OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (*nonoxynol-9*) | CE | |
| PHEXX VAGINAL GEL 1.8-1-0.4 % (*lactic ac-citric ac-pot bitart*) | CE | |
| TODAY SPONGE VAGINAL 1000 MG (*nonoxynol-9*) | CE | |
| 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* | NF | |
| *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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *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 | |
| 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 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (*fesoterodine fumarate*) | NF | |
| *trospium chloride er oral capsule extended release 24 hour 60 mg* | G | |
| *trospium chloride oral tablet 20 mg* | G | N8 (Listing does not include certain NDCs) |
| VESICARE 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* | G | N8 (Listing does not include certain NDCs) |
| 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *enoxaparin sodium injection solution 300 mg/3ml* | G | |
| *enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml* | G | |
| *fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml* | G | |
| FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML (*dalteparin sodium*) | 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED 2 GM (*fibrinogen concentrate (human)*) | NPSP | |
| HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT (*antihemophilic factor-vwf*) | NPSP | |
| NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG (*coagulation factor viia recomb*) | PSP | |
| SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG (*coagulation factor viia-jncw*) | PSP | |
| VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT (*von willebrand factor (recomb)*) | 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim*) | NF | |
| NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (*filgrastim*) | NF | |
| NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (*filgrastim*) | NF | |
| NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (*filgrastim-aafi*) | PSP | |
| NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (*filgrastim-aafi*) | PSP | |
| 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT (*antihemophil fact single chain*) | PSP | |
| ALTUVIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (*antihem fact fc-vwf-xten-ehtl*) | PSP | |
| ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT (*antihem fact (bdd-rfviiifc)*) | PSP | |
| ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (*antihemoph fact rcmb gpeg-exei*) | PSP | |
| HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 12 MG/0.4ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML (*emicizumab-kxwh*) | NPSP | |
| HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT (*antihemophilic factor*) | NPSP | |
| JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT (*antihem factor recomb (rfviii)*) | NPSP | |
| XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (*antihem fact (bdd-rfviii,mor)*) | PSP | |
| XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*antihem fact (bdd-rfviii,mor)*) | PSP | |
| **HEMOPHILIA 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *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 | |
| 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| **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 | |
| 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab*) | PSP | |
| RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-abda*) | NF | |
| SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (*golimumab*) | PSP | |
| **AUTOIMMUNE AGENTS (SELF-ADMINISTERED)** | | |
| ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-afzb*) | NF | |
| ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-afzb*) | NF | |
| ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (*adalimumab-afzb*) | NF | |
| *adalimumab-aacf (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml* | NF | |
| *adalimumab-aacf (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.8ml* | NF | |
| *adalimumab-aacf(cd/uc/hs strt) subcutaneous auto-injector kit 40 mg/0.8ml* | NF | |
| *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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *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 | |
| *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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML (*dupilumab*) | PSP | |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML (*dupilumab*) | PSP | |
| ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (*etanercept*) | PSP | |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (*etanercept*) | PSP | |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (*etanercept*) | PSP | |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (*etanercept*) | PSP | |
| 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*) | PSP | |
| HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (*adalimumab*) | PSP | |
| HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab*) | PSP | |
| HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (*adalimumab*) | PSP | |
| HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML (*adalimumab-adaz*) | PSP | 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) |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| 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 | |
| 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| 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 | |
| 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| 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 | |
| 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML (*omalizumab*) | PSP | |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML (*omalizumab*) | PSP | |
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (*omalizumab*) | PSP | |
| YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML (*ustekinumab-kfce*) | PSP | |
| YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (*ustekinumab-kfce*) | PSP | |
| 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| **HEREDITARY ANGIOEDEMA** | | |
| ANDEMBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.2ML (*garadacimab-gxii*) | NPSP | |
| 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (*immune globulin (human)*) | NPSP | |
| GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM (*immune globulin (human)*) | NPSP | |
| GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (*immune globulin (human)*) | NPSP | |
| GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML (*immune globulin (human)*) | NPSP | |
| GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML (*immune globulin (human)*) | NPSP | |
| HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (*immune globulin (human)*) | NPSP | |
| HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (*immune globulin (human)*) | NPSP | |
| 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| **IMMUNOSUPPRESSANTS** | | |
| ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG (*tacrolimus*) | NPSP | |
| *azathioprine oral tablet 50 mg* | G | |
| 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *sirolimus oral tablet 0.5 mg, 1 mg, 2 mg* | G | |
| *tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg* | G | |
| ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (*everolimus*) | NPSP | |
| **MISCELLANEOUS** | | |
| BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (*nirsevimab-alip*) | NPB | |
| ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (*canakinumab*) | NPSP | |
| **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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *sodium fluoride oral tablet 1.1 (0.5 f) mg* | CE | |
| *sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg* | CE | |
| **PRENATAL VITAMINS** | | |
| ATABEX EC ORAL TABLET DELAYED RELEASE 29-1 MG (*prenatal vit-dss-fe cbn-fa*) | NF | |
| *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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *pnv prenatal plus multivit+dha oral 27-1 & 312 mg* | NF | |
| *pnv tabs 20-1 oral tablet 20-1 mg* | NF | |
| *pnv-dha oral capsule 27-0.6-0.4-300 mg* | G | |
| *pnv-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 | |
| 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| VITAFOL GUMMIES ORAL TABLET CHEWABLE 3.33-0.333-34.8 MG (*prenatal vit-fe phos-fa-omega*) | NF | |
| VITAFOL ULTRA ORAL CAPSULE 29-0.6-0.4-200 MG (*prenat-fe poly-methfol-fa-dha*) | NF | |
| VITAFOL-OB ORAL TABLET (*prenatal vit-fe fumarate-fa*) | NF | |
| VITAFOL-OB+DHA ORAL 65-1 & 250 MG (*prenatal mv-min-fe fum-fa-dha*) | NF | |
| VITAFOL-ONE ORAL CAPSULE 29-1-200 MG (*prenatal vit-fepoly-fa-dha*) | NF | |
| *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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *carteolol hcl ophthalmic solution 1 %* | G | |
| ISTALOL OPHTHALMIC SOLUTION 0.5 % (*timolol maleate*) | NF | |
| *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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *triple pmk ophthalmic solution reconstituted 1-0.5-0.5 %* | NF | |
| ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (*loteprednol-tobramycin*) | NF | |
| **ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS** | | |
| AZASITE OPHTHALMIC SOLUTION 1 % (*azithromycin*) | NF | |
| *bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm* | G | |
| 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 0.01 %* | G | N8 (Listing does not include certain NDCs) |
| *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** | | |
| *bevacizumab intravitreal solution prefilled syringe 2.75 mg/0.11ml* | NF | |
| 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML (*ranibizumab*) | NF | |
| **RHO KINASE INHIBITORS - DRUGS TO TREAT EYE CONDITIONS** | | |
| RHOPRESSA OPHTHALMIC SOLUTION 0.02 % (*netarsudil dimesylate*) | NF | |
| **SYMPATHOMIMETICS - DRUGS TO TREAT GLAUCOMA** | | |
| ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %, 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *epinephrine injection solution auto-injector 0.3 mg/0.3ml* | G | N8 (Listing does not include certain NDCs) |
| *epinephrine professional injection kit 1 mg/ml* | NF | |
| EPINEPHRINESNAP-EMS INJECTION KIT 1 MG/ML (*epinephrine*) | NF | |
| EPINEPHRINESNAP-V INJECTION KIT 1 MG/ML (*epinephrine*) | NF | |
| EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (*epinephrine*) | NF | |
| EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML (*epinephrine*) | NF | |
| 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT (*umeclidinium bromide*) | NF | |
| *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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *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 | |
| *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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| **COLD/COUGH** | | |
| ADRENALIN NASAL SOLUTION 0.1 % (*epinephrine hcl (nasal)*) | NPB | |
| *benzonatate oral capsule 100 mg, 200 mg* | G | |
| CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG (*desloratadine-pseudoephedrine*) | NPB | |
| *hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml* | G | |
| *hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml* | G | |
| *hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg* | G | |
| *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 (*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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (*dornase alfa*) | NPSP | |
| SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG (*tezacaftor-ivacaftor*) | NPB | |
| TOBI INHALATION NEBULIZATION SOLUTION 300 MG/5ML (*tobramycin*) | 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *sodium chloride inhalation nebulization solution 0.9 %* | G | N8 (Listing does not include certain NDCs) |
| *sodium chloride inhalation nebulization solution 10 %, 3 %, 7 %* | G | |
| **NASAL STEROIDS - DRUGS TO TREAT ALLERGIES** | | |
| *flunisolide nasal solution 25 mcg/act (0.025%)* | G | |
| *fluticasone propionate nasal suspension 50 mcg/act* | G | |
| *mometasone furoate nasal suspension 50 mcg/act* | G | |
| OMNARIS NASAL SUSPENSION 50 MCG/ACT (*ciclesonide*) | NF | |
| QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (*beclomethasone diprop (nasal)*) | NF | |
| QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (*beclomethasone diprop (nasal)*) | NF | |
| SINUVA NASAL IMPLANT 1350 MCG (*mometasone furoate*) | NF | |
| XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT (*fluticasone propionate*) | 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT (*mometasone furoate*) | NF | |
| ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (*mometasone furoate*) | NF | |
| ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (*mometasone furoate*) | 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 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*) | NPB | |
| 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 (*spesolimab-sbzo*) | NPSP | |
| SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (*spesolimab-sbzo*) | NPB | |
| TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (*calcipotriene-betameth diprop*) | NPB | |
| *tazarotene external cream 0.1 %* | G | |
| TAZORAC EXTERNAL CREAM 0.05 %, 0.1 % (*tazarotene*) | 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| **DERMATOLOGY, CORTICOSTEROIDS** | | |
| ADVANCED ALLERGY COLLECTION EXTERNAL KIT 2.5 % (*hydrocortisone*) | NF | |
| 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| CORDRAN EXTERNAL TAPE 4 MCG/SQCM (*flurandrenolide*) | NF | |
| *desonide external cream 0.05 %* | G | |
| *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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| HALOG EXTERNAL CREAM 0.1 % (*halcinonide*) | NF | |
| HALOG EXTERNAL SOLUTION 0.1 % (*halcinonide*) | NF | |
| *hydrocortisone butyrate external cream 0.1 %* | NF | |
| *hydrocortisone butyrate external lotion 0.1 %* | NF | |
| *hydrocortisone butyrate external ointment 0.1 %* | G | |
| *hydrocortisone butyrate external solution 0.1 %* | G | |
| *hydrocortisone external cream 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| *l.e.t. (racepinephrine) external gel 4-0.05-0.5 %* | NF | |
| *l.e.t. external gel 4-0.05-0.5 %* | NF | |
| LDO PLUS EXTERNAL GEL 4 % (*lidocaine hcl*) | NF | |
| *lidocaine external patch 5 %* | G | |
| *lidocaine hcl external solution 4 %* | G | |
| *lidocaine hcl urethral/mucosal external 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 | |
| ZTLIDO EXTERNAL PATCH 1.8 % (*lidocaine*) | NF | |
| **DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE** | | |
| ACUICYN EXTERNAL SOLUTION (*eyelid cleansers*) | NF | |
| *acyclovir external cream 5 %* | NF | |
| *acyclovir external ointment 5 %* | G | |
| AMELUZ EXTERNAL GEL 10 % (*aminolevulinic acid hcl*) | NF | |
| *ammonium lactate external cream 12 %* | G | |
| *ammonium lactate external lotion 12 %* | G | |
| AVENOVA EXTERNAL SOLUTION 0.01 % (*eyelid cleansers*) | NF | |
| CONDYLOX EXTERNAL GEL 0.5 % (*podofilox*) | NPB | |
| DENAVIR EXTERNAL CREAM 1 % (*penciclovir*) | 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| NEMLUVIO SUBCUTANEOUS AUTO-INJECTOR 30 MG (*nemolizumab-ilto*) | PSP | |
| *podofilox external solution 0.5 %* | G | |
| RECTIV RECTAL OINTMENT 0.4 % (*nitroglycerin*) | NPB | |
| SANTYL EXTERNAL OINTMENT 250 UNIT/GM (*collagenase*) | NPB | |
| 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| ZILXI EXTERNAL FOAM 1.5 % (*minocycline hcl micronized*) | NF | |
| **DERMATOLOGY, SCABICIDES AND PEDICULICIDES** | | |
| CROTAN EXTERNAL LOTION 10 % (*crotamiton*) | G | |
| *malathion external lotion 0.5 %* | G | |
| *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 | |
| *lidocaine viscous hcl mouth/throat solution 2 %* | 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 | |

| Prescription Drug Name | Drug Tier | Drug Notes |
|---|---|---|
| **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 | |
| *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 | |

**Index**


*abacavir sulfate* ..... 31
*abacavir sulfate-lamivudine* ..... 32
ABILIFY ..... 70
ABILIFY ASIMTUFII ..... 69
ABILIFY MAINTENA ..... 69
*abiraterone acetate* ..... 41
*abiraterone acetate micronized* .. 41
ABRILADA (1 PEN) ..... 151
ABRILADA (2 PEN) ..... 151
ABRILADA (2 SYRINGE) ..... 151
ABSORICA ..... 178
ABSORICA LD ..... 178
*acamprosate calcium* ..... 63
ACANYA ..... 179
*acarbose* ..... 92
ACCU-CHEK AVIVA PLUS .. 113
ACCU-CHEK FASTCLIX LANCET ..... 114
ACCU-CHEK FASTCLIX LANCETS ..... 114
ACCU-CHEK GUIDE TEST ... 114
ACCU-CHEK SAFE-T PRO LANCETS ..... 114
ACCU-CHEK SMARTVIEW .. 114
ACCU-CHEK SOFTCLIX LANCET DEV ..... 114
ACCU-CHEK SOFTCLIX LANCETS ..... 114
ACCUTREND GLUCOSE ..... 114
*acebutolol hcl* ..... 56
*acetaminophen-codeine* ..... 24
*acetazolamide* ..... 59
*acetazolamide er* ..... 59
*acetic acid* ..... 189, 190
*acetylcysteine* ..... 175
ACIPHEX ..... 138
*acitretin* ..... 182
ACTHAR ..... 127
ACTHAR GEL ..... 127
ACTIMMUNE ..... 159
ACTOS ..... 98
ACUICYN ..... 187
ACUVAIL ..... 166
*acyclovir* ..... 34, 187
ACZONE ..... 179
*adainzoxia* ..... 179
*adalimumab-aacf (2 pen)* ..... 151
*adalimumab-aacf (2 syringe)* .... 151
*adalimumab-aacf(cd/uc/hs strt)* 151
*adalimumab-aacf(ps/uv starter)* 151
*adalimumab-aaty (1 pen)* ..... 151
*adalimumab-aaty (2 pen)* ..... 151
*adalimumab-aaty (2 syringe)* .... 151
*adalimumab-aaty cd/uc/hs start* 151
*adalimumab-adaz* ..... 151
*adalimumab-adbm (2 pen)* ..... 151
*adalimumab-adbm (2 syringe)* .. 151
*adalimumab-fkjp (2 pen)* ..... 151
*adalimumab-fkjp (2 syringe)* ..... 152
*adalimumab-ryvk (1 pen)* ..... 152
*adalimumab-ryvk (2 pen)* ..... 152
*adalimumab-ryvk (2 syringe)* .... 152
*adapalene* ..... 179
*adapalene-benzoyl peroxide* ..... 179
ADBRY ..... 183
ADCIRCA ..... 62
ADDERALL ..... 78
ADDERALL XR ..... 78
*adefovir dipivoxil* ..... 36
ADEMPAS ..... 62
ADMELOG ..... 94
ADMELOG SOLOSTAR ..... 94
ADRENALIN ..... 60, 174
ADVAIR DISKUS ..... 177
ADVAIR HFA ..... 177
ADVANCE INTUITION TEST ..... 114
ADVANCE MICRO-DRAW TEST ..... 114
ADVANCED ALLERGY COLLECTION ..... 184
ADVATE ..... 146
ADVOCATE REDI-CODE ..... 114
ADVOCATE REDI-CODE+ TEST ..... 114
ADVOCATE TEST ..... 114
*adynovate* ..... 146
ADZENYS XR-ODT ..... 78
AFINITOR ..... 43
AFINITOR DISPERZ ..... 43
Afirmelle ..... 103
AFREZZA ..... 94
AFSTYLA ..... 147
AFTERA ..... 103
AFTERPILL ..... 103
AGAMATRIX AMP TEST ..... 114
AGAMATRIX JAZZ TEST ..... 114
AGAMATRIX PRESTO TEST 114
AGAMREE ..... 122
AIMOVIG ..... 82
AIRSUPRA ..... 177
AJOVY ..... 82
AKEEGA ..... 41
AKLIEF ..... 179
AKTEN ..... 168
AKYNZEO ..... 133
ALA SCALP ..... 184
*ala-cort* ..... 184
*albendazole* ..... 29
*albuterol sulfate* ..... 173
*albuterol sulfate hfa* ..... 173
*alclometasone dipropionate* ..... 184
ALECENSA ..... 43
*alendronate sodium* ..... 100
*alfuzosin hcl er* ..... 140
*aliskiren fumarate* ..... 59
ALKINDI SPRINKLE ..... 122
*allopurinol* ..... 21
ALLZITAL ..... 22
*almotriptan malate* ..... 82
*alogliptin benzoate* ..... 93
*alogliptin-metformin hcl* ..... 93
*alogliptin-pioglitazone* ..... 93
ALORA ..... 125
*alosetron hcl* ..... 136
ALPHAGAN P ..... 170
ALPHANATE ..... 144
ALPHANINE SD ..... 148
*alprazolam* ..... 64
*alprazolam er* ..... 63
ALPRAZOLAM INTENSOL ..... 64
*alprazolam xr* ..... 64
ALPROLIX ..... 148
ALREX ..... 167
Altavera ..... 103
ALTRENO ..... 179
ALTUVIIIO ..... 147
ALUNBRIG ..... 43
ALVAIZ ..... 150
ALVESCO ..... 176
*alyacen 1/35* ..... 103
*alyacen 7/7/7* ..... 103
ALYFTREK ..... 174
ALYGLO ..... 158
Alyq ..... 62
*amantadine hcl* ..... 68
*ambrisentan* ..... 62
*amcinonide* ..... 184
AMELUZ ..... 187
Amethyst ..... 103
*amiloride hcl* ..... 59
*amiloride-hydrochlorothiazide* ... 59
*aminocaproic acid* ..... 148

*aminophylline* ..... 178
*amiodarone hcl* ..... 52
AMITIZA ..... 136
*amitriptyline hcl* ..... 65
AMJEVITA ..... 152
AMJEVITA-PED 10KG TO <15KG ..... 152
AMJEVITA-PED 15KG TO <30KG ..... 152
*amlodipine besy-benazepril hcl* .. 49
*amlodipine besylate* ..... 57
*amlodipine besylate-valsartan* .... 51
*amlodipine-atorvastatin* ..... 57
*amlodipine-olmesartan* ..... 51
*ammonium lactate* ..... 187
Amnesteem ..... 179
*amoxapine* ..... 65
*amoxicill-clarithro-lansopraz* ... 140
*amoxicillin* ..... 38, 39
*amoxicillin-pot clavulanate* ..... 39
*amoxicillin-pot clavulanate er* .... 39
*amphetamine sulfate* ..... 78
*amphetamine-dextroamphet er* ... 78
*amphetamine-dextroamphetamine* ..... 78
*ampicillin* ..... 39
*ampicillin sodium* ..... 39
*ampicillin-sulbactam sodium* ..... 39
AMPYRA ..... 84
AMRIX ..... 86
AMZEEQ ..... 179
*anagrelide hcl* ..... 148
*anastrozole* ..... 41
ANDEMBRY ..... 158
ANDROGEL PUMP ..... 91
ANGELIQ ..... 125
ANNOVERA ..... 103
ANORO ELLIPTA ..... 171
ANZUPGO ..... 183
*apap-caff-dihydrocodeine* ..... 24
*aphoria* ..... 179
APIDRA ..... 94
APIDRA SOLOSTAR ..... 94
APLENZIN ..... 65
APOKYN ..... 68
*apraclonidine hcl* ..... 170
*aprepitant* ..... 133
APRETUDE ..... 31
Apri ..... 103
APRISO ..... 135
APTIOM ..... 73
APTIVUS ..... 31
AQNEURSA ..... 125
ARAKODA ..... 30
ARALAST NP ..... 170
ARANELLE ..... 103
ARANESP (ALBUMIN FREE) ..... 145
ARAZLO ..... 179
ARBLI ..... 52
ARCALYST ..... 159
ARIKAYCE ..... 30
*aripiprazole* ..... 70
ARISTADA ..... 70
ARISTADA INITIO ..... 70
*armodafinil* ..... 87
ARMOUR THYROID ..... 130
ARNUITY ELLIPTA ..... 176
ARTHROTEC ..... 24
ASCENIV ..... 158
Ascomp-Codeine ..... 24
Ashlyna ..... 103
ASMANEX (120 METERED DOSES) ..... 176
ASMANEX (14 METERED DOSES) ..... 176
ASMANEX (30 METERED DOSES) ..... 177
ASMANEX (60 METERED DOSES) ..... 177
ASMANEX HFA ..... 177
*aspirin* ..... 27
*aspirin adult low dose* ..... 27
*aspirin adult low strength* ..... 27
*aspirin childrens* ..... 27
*aspirin ec adult low dose* ..... 27
*aspirin ec low strength* ..... 27
*aspirin low dose* ..... 27
*aspirin regimen* ..... 27
*aspirin-dipyridamole er* ..... 149
ASSURE 3 TEST ..... 114
ASSURE 4 TEST ..... 114
ASSURE II ..... 114
ASSURE II CHECK ..... 114
ASSURE PLATINUM ..... 114
ASSURE PRISM MULTI TEST ..... 114
ASSURE PRO TEST ..... 114
ASTAGRAF XL ..... 160
ATABEX EC ..... 162
ATACAND ..... 52
ATACAND HCT ..... 51
*atazanavir sulfate* ..... 31
*atenolol* ..... 56
*atenolol-chlorthalidone* ..... 56
ATIVAN ..... 64
*atomoxetine hcl* ..... 78
ATORVALIQ ..... 54
*atorvastatin calcium* ..... 54
*atovaquone* ..... 37
*atovaquone-proguanil hcl* ..... 30
ATRALIN ..... 179
*atropine sulfate* ..... 168
ATROVENT HFA ..... 171
ATTRUBY ..... 60
AUBAGIO ..... 84
Aubra Eq ..... 103
AUGTYRO ..... 43
Aurovela 1.5/30 ..... 103
Aurovela 1/20 ..... 103
Aurovela 24 Fe ..... 103
Aurovela Fe 1.5/30 ..... 103
Aurovela Fe 1/20 ..... 104
AURYXIA ..... 129
AUSTEDO ..... 83
AUSTEDO XR ..... 83
AUSTEDO XR PATIENT TITRATION ..... 83
AUVELITY ..... 65
AUVELITY TITRATION PACK ..... 65
AUVI-Q ..... 170
AVENOVA ..... 187
AVGEMSI ..... 40
Aviane ..... 104
*avidoxy* ..... 39
AVMAPKI FAKZYNJA CO-PACK ..... 43
AVONEX PEN ..... 84
AVONEX PREFILLED ..... 84
AVSOLA ..... 150
Ayuna ..... 104
AYVAKIT ..... 43
AZADROX ..... 189
AZASITE ..... 166
*azathioprine* ..... 160
*azelaic acid* ..... 188
*azelastine hcl* ..... 164, 172
AZELEX ..... 179
*azesco* ..... 162
*azithromycin* ..... 35
AZMIRO ..... 91
AZOPT ..... 168
AZOR ..... 51
AZSTARYS ..... 78
Azurette ..... 104

Bac (Butalbital-Acetamin-Caff) . 22
*bacitracin-polymyxin b* ..... 166
*bacitra-neomycin-polymyxin-hc* 165
*baclofen* ..... 86
BAFIERTAM ..... 84
*balsalazide disodium* ..... 135
BALVERSA ..... 43
Balziva ..... 104
BANZEL ..... 73
BAQSIMI ONE PACK ..... 123
BAQSIMI TWO PACK ..... 123
BARACLUDE ..... 36
BARRIGEL ..... 140
BASADROX ..... 189
BASAGLAR KWIKPEN ..... 95
BASAGLAR TEMPO PEN ..... 95
BAXDELA ..... 36
BAYER ASPIRIN EC LOW DOSE ..... 28
BAYER LOW DOSE ..... 28
BD INSULIN SYRINGE U-500 ..... 114
BD PEN NEEDLE MICRO ULTRAFINE ..... 114
BD PEN NEEDLE MINI ULTRAFINE ..... 114
BD PEN NEEDLE NANO 2ND GEN ..... 114
BD PEN NEEDLE NANO ULTRAFINE ..... 114
BD PEN NEEDLE ORIG ULTRAFINE ..... 115
BD PEN NEEDLE SHORT ULTRAFINE ..... 115
BD VEO INSULIN SYR ULTRAFINE ..... 115
*beclomethasone diprop hfa* ..... 177
BELBUCA ..... 27
BELSOMRA ..... 80
*benazepril hcl* ..... 50
*benazepril-hydrochlorothiazide* .. 49
BENEFIX ..... 148
BENICAR ..... 52
BENICAR HCT ..... 51
BENLYSTA ..... 160
BENZEPRO ..... 179
*benznidazole* ..... 29
*benzonatate* ..... 174
*benzoyl peroxide-erythromycin* . 179
*benztropine mesylate* ..... 68
BEPREVE ..... 164
BERINERT ..... 158
BESIVANCE ..... 166
BESREMI ..... 41
BESREMI PEN ..... 41
*betamethasone dipropionate* ..... 184
*betamethasone dipropionate aug* ..... 184
*betamethasone valerate* ..... 184
BETAPACE ..... 52
BETAPACE AF ..... 52
BETASERON ..... 84
*betaxolol hcl* ..... 56, 164
*bethanechol chloride* ..... 141
BETHKIS ..... 174
BETIMOL ..... 164
*bevacizumab* ..... 169
BEVESPI AEROSPHERE ..... 171
*bexagliflozin* ..... 99
*bexarotene* ..... 48
BEYAZ ..... 104
BEYFORTUS ..... 161
*bicalutamide* ..... 41
BIDIL ..... 60
BIJUVA ..... 125
BIKTARVY ..... 32
BILPREVDA ..... 101
*bimatoprost* ..... 169
*bi-mix* ..... 141
BIMZELX ..... 152
BINOSTO ..... 100
BIORPHEN ..... 60
*bisoprolol fumarate* ..... 56
*bisoprolol-hydrochlorothiazide* .. 56
BIVIGAM ..... 158
Blisovi 24 Fe ..... 104
Blisovi Fe 1.5/30 ..... 104
Blisovi Fe 1/20 ..... 104
*blood glucose test* ..... 115
BLUJEPA ..... 37
BLULINK GLUCOSE MONITORING SYS ..... 115
BOMYNTRA ..... 101
BONJESTA ..... 133
BONSITY ..... 101
*bosentan* ..... 62
BOSULIF ..... 43
BOTOX ..... 80
BRAFTOVI ..... 44
BRENZAVVY ..... 99
BREO ELLIPTA ..... 177
Breyna ..... 177
BREZTRI AEROSPHERE ..... 171
*briellyn* ..... 104
BRILINTA ..... 149
*brimonidine tartrate* ..... 170
BRINSUPRI ..... 175
BRIVIACT ..... 73
*bromfenac sodium (once-daily)* 167
*bromocriptine mesylate* ..... 68
BROMSITE ..... 167
BRONCHITOL ..... 174
BRONCHITOL TOLERANCE TEST ..... 174
BRUKINSA ..... 44
BRYHALI ..... 184
BUCAPSOL ..... 64
*budesonide* ..... 135, 177
*budesonide er* ..... 135
*budesonide-formoterol fumarate* ..... 178
*bumetanide* ..... 59
BUPHENYL ..... 131
*buprenorphine hcl* ..... 88
*buprenorphine hcl-naloxone hcl* . 88
*bupropion hcl* ..... 65
*bupropion hcl er (smoking det)* ... 89
*bupropion hcl er (sr)* ..... 65
*bupropion hcl er (xl)* ..... 65
*buspirone hcl* ..... 64
*butalbital-acetaminophen* ..... 22
*butalbital-apap-caff-cod* ..... 24
*butalbital-apap-caffeine* ..... 22
*butalbital-asa-caff-codeine* ..... 24
*butalbital-aspirin-caffeine* ..... 22
*butorphanol tartrate* ..... 24
BUTRANS ..... 27
BYLVAY ..... 137
BYLVAY (PELLETS) ..... 137
BYNFEZIA PEN ..... 91
BYOOVIZ ..... 169
BYSANTI ..... 70
BYSANTI TITRATION PACK A ..... 70
BYSANTI TITRATION PACK B ..... 70
BYSANTI TITRATION PACK C ..... 70
BYSTOLIC ..... 56
*cabergoline* ..... 127
CABLIVI ..... 144
CABOMETYX ..... 44
CABTREO ..... 179
CAFERGOT ..... 81
*calcipotriene* ..... 182
*calcipotriene-betameth diprop* .. 182

*calcitonin (salmon)* ..... 101
Calcitrene ..... 182
*calcitriol* ..... 132, 182
*calcium acetate (phos binder)* ... 129
CALQUENCE ..... 44
CAMBIA ..... 22
Camila ..... 104
Camrese ..... 104
Camrese Lo ..... 104
CAMZYOS ..... 60
CANASA ..... 135
*candesartan cilexetil* ..... 52
*candesartan cilexetil-hctz* ..... 51
*capecitabine* ..... 40
CAPLYTA ..... 70
CAPRELSA ..... 44
*captopril* ..... 50
CARAFATE ..... 137
CARBAGLU ..... 131
*carbamazepine* ..... 73
*carbamazepine er* ..... 73
*carbidopa* ..... 68
*carbidopa-levodopa* ..... 68
*carbidopa-levodopa er* ..... 68
*carbidopa-levodopa-entacapone* 68
*carbinoxamine maleate* ..... 172
CARDIZEM ..... 57
CARDIZEM CD ..... 57
CARDIZEM LA ..... 57
CARDURA XL ..... 140
CARESENS N GLUCOSE TEST ..... 115
CARESENS S GLUCOSE TEST ..... 115
CARETOUCH TEST ..... 115
*carglumic acid* ..... 131
*carisoprodol* ..... 86
CARNITOR ..... 102
CARNITOR SF ..... 102
CAROSPIR ..... 50
*carteolol hcl* ..... 165
Cartia Xt ..... 57
*carvedilol* ..... 56
*carvedilol phosphate er* ..... 56
CAYA ..... 104
CAYSTON ..... 174
*cefaclor* ..... 35
*cefaclor er* ..... 35
*cefadroxil* ..... 35
*cefdinir* ..... 35
*cefixime* ..... 35
*cefpodoxime proxetil* ..... 35
*cefprozil* ..... 35
*cefuroxime axetil* ..... 35
CELEBREX ..... 21
*celecoxib* ..... 21
CELLCEPT ..... 160
CELONTIN ..... 73
*cephalexin* ..... 35
CEQUA ..... 168
CERDELGA ..... 125
CEREZYME ..... 125
*cetirizine hcl* ..... 172
CETROTIDE ..... 121
*cevimeline hcl* ..... 189
Charlotte 24 Fe ..... 104
Chateal Eq ..... 104
CHEMET ..... 102
*childrens aspirin* ..... 28
*chlordiazepoxide hcl* ..... 64
*chlordiazepoxide-amitriptyline* ... 88
*chlorhexidine gluconate* ..... 189
*chloroquine phosphate* ..... 31
*chlorpromazine hcl* ..... 70
*chlorthalidone* ..... 59
*chlorzoxazone* ..... 86
CHOLBAM ..... 137
*cholestyramine* ..... 53
*cholestyramine light* ..... 53
*chorionic gonadotropin* ..... 121
CIALIS ..... 141
CIBINQO ..... 183
Ciclodan ..... 181
*ciclopirox* ..... 181
*ciclopirox olamine* ..... 181
*cilostazol* ..... 149
CILOXAN ..... 166
CIMDUO ..... 32
CIMERLI ..... 169
*cimetidine* ..... 135
*cimetidine hcl* ..... 135
CIMZIA (2 SYRINGE) ..... 152
CIMZIA-STARTER ..... 152
*cinacalcet hcl* ..... 100
CINRYZE ..... 158
CIPRO ..... 36
CIPRO HC ..... 190
*ciprofloxacin hcl* ..... 36, 166, 190
*ciprofloxacin-fluocinolone pf* .... 190
*cisplatin* ..... 49
*citalopram hydrobromide* ..... 65
CITRANATAL 90 DHA ..... 162
Claravis ..... 179
CLARINEX-D 12 HOUR ..... 174
*clarithromycin* ..... 35
*clarithromycin er* ..... 35
*clemastine fumarate* ..... 172
CLENPIQ ..... 136
CLEOCIN ..... 143
CLEVER CHEK AUTO-CODE TEST ..... 115
CLEVER CHEK AUTO-CODE VOICE ..... 115
CLEVER CHEK TEST ..... 115
CLEVER CHOICE AUTO-CODE TEST ..... 115
CLEVER CHOICE MICRO TEST ..... 115
CLEVER CHOICE NO CODING ..... 115
CLEVER CHOICE TALK SYSTEM ..... 115
CLIMARA ..... 125
CLIMARA PRO ..... 125
Clindacin Etz ..... 179
Clindacin-P ..... 179
CLINDAGEL ..... 179
*clindamycin hcl* ..... 37
*clindamycin palmitate hcl* ..... 37
*clindamycin phos (once-daily)* .. 179
*clindamycin phos (twice-daily)* . 179
*clindamycin phos-benzoyl perox* ..... 179
*clindamycin phosphate* ..... 143, 179
*clindamycin-tretinoin* ..... 179
CLINDESSE ..... 143
CLINOIN ..... 180
*clobazam* ..... 73
*clobetasol prop emollient base* . 184
*clobetasol propionate* ..... 184
*clobetasol propionate e* ..... 184
*clobetasol propionate emulsion* 184
CLOBEX SPRAY ..... 184
*clocortolone pivalate* ..... 184
Clodan ..... 184
*clomipramine hcl* ..... 64
*clonazepam* ..... 73
*clonidine* ..... 60
*clonidine hcl* ..... 60
*clonidine hcl er* ..... 78
*clopidogrel bisulfate* ..... 149
*clorazepate dipotassium* ..... 73
*clotrimazole* ..... 181, 189
*clotrimazole-betamethasone* ..... 181
*clozapine* ..... 70
COAGADEX ..... 144

COARTEM....31
COBENFY....70
COBENFY STARTER PACK... 70
*codeine sulfate*.... 24
*colchicine*....21
*colchicine-probenecid*....21
*colesevelam hcl*.... 53
*colestipol hcl*.... 53
COMBIGAN....165
COMBIPATCH.... 125
COMBIVENT RESPIMAT.....171
COMBOGESIC.... 24
COMETRIQ (100 MG DAILY DOSE)....44
COMETRIQ (140 MG DAILY DOSE)....44
COMETRIQ (60 MG DAILY DOSE)....44
COMPLERA....32
*completenate*.... 162
Compro.... 133
CONCEPT OB....162
CONCERTA....78
*condoms*.... 104
CONDYLOX....187
CONEXXENCE.... 101
CONJUPRI.... 57
*constulose*.... 136
CONTOUR NEXT TEST.....115
CONTOUR TEST.... 115
CONTRAVE....99
CONZIP....24
COOL BLOOD GLUCOSE TEST STRIPS....115
COPAXONE....84
COPIKTRA.... 44
CORDRAN....185
COREG CR.... 56
CORLANOR.... 60
CORTIFOAM....135
CORTISPORIN-TC....190
CORTROPHIN....127
CORTROPHIN GEL.... 127
COSENTYX.... 152
COSENTYX (300 MG DOSE).152
COSENTYX SENSOREADY (300 MG).... 152
COSENTYX SENSOREADY PEN....152
COSENTYX UNOREADY.....152
COSOPT PF....165
COTELLIC.... 44
COTEMPLA XR-ODT....78
COXANTO....22
COZAAR....52
CRENESSITY.... 127
CREON....138
CRESEMBA....30
CRESTOR.... 54
CREXONT.... 68
CRINONE....129
*cromolyn sodium*.....137, 164, 175
CROTAN....189
Cryselle.... 104
Cryselle-28....104
CTEXLI.... 137
CUPRIMINE.... 102
CUTAQUIG....158
CUVITRU....158
CUVPOSA....132
CUVRIOR.... 102
CVS ADVANCED GLUCOSE TEST....115
*cvs aspirin low dose*....28
*cvs aspirin low strength*....28
*cvs folic acid*.... 164
*cvs nicotine*.... 89
*cvs nicotine polacrilex*.... 89
*cyclobenzaprine hcl*.... 86
*cyclobenzaprine hcl er*....86
*cyclopentolate hcl*.... 168
*cyclophosphamide*....40
*cycloserine*.... 33
CYCLOSET....94
*cyclosporine*.... 160
*cyclosporine (pf)*.... 168
*cyclosporine modified*.... 160
CYLTEZO (2 PEN).... 152
CYLTEZO (2 SYRINGE)..... 152
*cyproheptadine hcl*....172
Cyred Eq.... 104
CYSTADANE.... 127
CYSTADROPS.... 168
CYSTAGON....127
CYSTARAN....168
CYTOMEL.... 130
*dabigatran etexilate mesylate*... 143
*dalfampridine er*.... 84
DALIRESP.... 175
*danazol*....121
*dantrolene sodium*.... 86
DANZITEN.... 44
*dapagliflozin base-metformin er*....98
*dapagliflozin*.... 99
*dapsone*.... 37, 180
DARAPRIM.... 37
*darifenacin hydrobromide er*....142
Dasetta 1/35 (28)....104
Dasetta 7/7/7.... 104
DAURISMO.... 41
DAXXIFY.... 80
DAYBUE....83
DAYBUE STIX....83
Daysee....105
DAYTRANA.... 78
DAYVIGO....80
D-CARE BLOOD GLUCOSE. 115
Deblitane....105
*deferasirox*.... 102
*deferoxamine mesylate*.....102
DELESTROGEN....125
DELSTRIGO.... 33
Delyla....105
*demeclocycline hcl*....39
DENAVIR.... 187
DEPAKOTE.... 73
DEPAKOTE ER.... 73
DEPAKOTE SPRINKLES.....73
DEPEN TITRATABS..... 102
DEPO-ESTRADIOL..... 125
DEPO-SUBQ PROVERA 104. 105
Depo-Testosterone....91
DERMACURE.... 187
DESCOVY.... 33
DESFERAL.... 102
*desipramine hcl*....65
*desloratadine*.... 172
DESMODA....132
*desmopressin ace spray refrig*.. 132
*desmopressin acetate*.... 132
*desmopressin acetate spray*..... 132
*desogestrel-ethinyl estradiol*.....105
*desonide*.... 185
*desoximetasone*.... 185
*desvenlafaxine succinate er*..... 66
*dexamethasone*....122
*dexamethasone (la)*.... 122
DEXAMETHASONE INTENSOL....122
*dexamethasone sod phosphate pf*.... 122
*dexamethasone sodium phosphate*.....122, 167
DEXCOM G6 RECEIVER.....115
DEXCOM G6 SENSOR.....115

DEXCOM G6 TRANSMITTER ..... 115
DEXCOM G7 15 DAY SENSOR ..... 115
DEXCOM G7 RECEIVER ..... 116
DEXCOM G7 SENSOR ..... 116
DEXILANT ..... 139
*dexlansoprazole* ..... 139
*dexmethylphenidate hcl* ..... 78
*dexmethylphenidate hcl er* ..... 78
DEXONTO 0.4% ..... 122
DEXTENZA ..... 167
*dextroamphetamine sulfate* ..... 78
*dextroamphetamine sulfate er* ..... 78
DEXYCU ..... 167
DHIVY ..... 68
DIACOMIT ..... 73
DIATHRIVE GLUCOSE TEST ..... 116
*diazepam* ..... 73, 74
*diclofenac epolamine* ..... 22
*diclofenac potassium* ..... 22
*diclofenac potassium(migraine)* ..... 22
*diclofenac sodium* ..... 22, 167
*diclofenac sodium er* ..... 22
*diclofenac-misoprostol* ..... 24
*dicloxacillin sodium* ..... 39
*dicyclomine hcl* ..... 132
*diethylpropion hcl er* ..... 100
DIFICID ..... 35
*diflorasone diacetate* ..... 185
*diflunisal* ..... 28
Digox ..... 59
*digoxin* ..... 59
*dihydroergotamine mesylate* ..... 81
DILANTIN ..... 74
DILANTIN INFATABS ..... 74
DILANTIN-125 ..... 74
DILAUDID ..... 24
*diltiazem hcl* ..... 58
*diltiazem hcl er* ..... 58
*diltiazem hcl er beads* ..... 57
*diltiazem hcl er coated beads* ..... 58
*dilt-xr* ..... 58
*dimethyl fumarate* ..... 84
DIOVAN ..... 52
DIOVAN HCT ..... 51
DIPENTUM ..... 135
*diphenhydramine hcl* ..... 172
*diphenoxylate-atropine* ..... 133
*dipyridamole* ..... 149
DISKETS ..... 25
*disopyramide phosphate* ..... 52
*disulfiram* ..... 63
*divalproex sodium* ..... 74
*divalproex sodium er* ..... 74
DIVIGEL ..... 126
DOCIVYX ..... 49
*dofetilide* ..... 52
Dolishale ..... 105
*donepezil hcl* ..... 64
DOPTELET ..... 150
DOPTELET SPRINKLE ..... 150
DORYX MPC ..... 39
*dorzolamide hcl* ..... 168
*dorzolamide hcl-timolol mal* ..... 165
*dorzolamide hcl-timolol mal pf* ..... 165
Dotti ..... 126
*double pm* ..... 165
DOVATO ..... 33
*doxazosin mesylate* ..... 140
*doxepin hcl* ..... 66, 182
*doxercalciferol* ..... 132
*doxycycline* ..... 188
*doxycycline hyclate* ..... 39
*doxycycline monohydrate* ..... 39, 40
*doxylamine-pyridoxine* ..... 133
*dronabinol* ..... 133, 134
*drospiren-eth estrad-levomefol* ..... 105
*drospirenone-ethinyl estradiol* ..... 105
DROXIA ..... 149
DUAKLIR PRESSAIR ..... 178
DUAVEE ..... 126
DULERA ..... 178
*duloxetine hcl* ..... 66
DUOBRII ..... 185
DUO-CARE TEST ..... 116
DUOPA ..... 68
DUPIXENT ..... 153
DUREZOL ..... 167
DUROLANE ..... 28
*dutasteride* ..... 140
*dutasteride-tamsulosin hcl* ..... 140
DUVYZAT ..... 86
*d-xylose* ..... 161
DYANAVEL XR ..... 78
DYMISTA ..... 172
DYRENIUM ..... 59
DYSPORT ..... 80
E.E.S. 400 ..... 36
E.E.S. GRANULES ..... 36
*easy plus ii glucose test* ..... 116
EASY STEP TEST ..... 116
*easy talk blood glucose test* ..... 116
*easy trak blood glucose test* ..... 116
EASYGEL ..... 189
EASYGLUCO ..... 116
EASYMAX 15 TEST ..... 116
EASYMAX TEST ..... 116
EASYPRO BLOOD GLUCOSE TEST ..... 116
EASYPRO PLUS ..... 116
EBGLYSS ..... 183
*econazole nitrate* ..... 181
ECONTRA ONE-STEP ..... 105
ECOTRIN LOW STRENGTH ..... 28
ECOZA ..... 181
*ec-rx estradiol* ..... 126
*ec-rx progesterone* ..... 130
*ec-rx testosterone* ..... 91
EDARBI ..... 52
EDARBYCLOR ..... 51
EDLUAR ..... 80
EDURANT ..... 31
EDURANT PED ..... 31
*efavirenz* ..... 31
EFFEXOR XR ..... 66
EGRIFTA WR ..... 127
EKTERLY ..... 158
*element compact test* ..... 116
ELEMENT TEST ..... 116
ELEPSIA XR ..... 74
ELESTRIN ..... 126
*eletriptan hydrobromide* ..... 82
ELFABRIO ..... 125
ELIGARD ..... 41, 42
Elinest ..... 105
ELIQUIS ..... 143
ELIQUIS (1.5 MG PACK) ..... 143
ELIQUIS (2 MG PACK) ..... 143
ELIQUIS DVT/PE STARTER PACK ..... 143
Elixophyllin ..... 178
ELLA ..... 105
ELMIRON ..... 141
ELOCTATE ..... 147
Eluryng ..... 105
ELYXYB ..... 21
EMBECTA AUTOSHIELD DUO ..... 116
EMBECTA INSULIN SYR ULTRAFINE ..... 116
EMBECTA INSULIN SYRINGE U-500 ..... 116
EMBECTA PEN NEEDLE NANO ..... 116

EMBECTA PEN NEEDLE ULTRAFINE ..... 116
EMBRACE BLOOD GLUCOSE TEST ..... 116
EMBRACE EVO BLOOD GLUCOSE TEST ..... 116
EMBRACE PRO GLUCOSE TEST ..... 116
EMBRACE TALK GLUCOSE TEST ..... 116
EMEND ..... 134
EMEND BIPACK ..... 134
EMEND TRIPACK ..... 134
EMFLAZA ..... 122
EMGALITY ..... 82
EMGALITY (300 MG DOSE) ... 82
EMPAVELI ..... 149
EMROSI ..... 188
EMSAM ..... 66
*emtricitabine-tenofovir df* ..... 33
EMTRIVA ..... 31
EMVERM ..... 29
Emzahh ..... 105
*enalapril maleate* ..... 50
*enalapril-hydrochlorothiazide* .... 49
ENBRACE HR ..... 162
ENBREL ..... 153
ENBREL MINI ..... 153
ENBREL SURECLICK ..... 153
ENCARE ..... 141
ENDARI ..... 149
Endocet ..... 25
ENDOMETRIN ..... 130
Enilloring ..... 105
ENLITE GLUCOSE SENSOR . 117
*enoxaparin sodium* ..... 144
Enskyce ..... 105
ENSPRYNG ..... 83
ENSTILAR ..... 182
*entacapone* ..... 68
ENTADFI ..... 140
*entecavir* ..... 36
ENTRESTO ..... 60
ENTYVIO ..... 150
ENTYVIO PEN ..... 153
*enulose* ..... 136
ENVARSUS XR ..... 160
EOHILIA ..... 137
EPANED ..... 50
EPCLUSA ..... 36
EPIDIOLEX ..... 74
EPIDUO FORTE ..... 180
*epinastine hcl* ..... 164
*epinephrine* ..... 170, 171
*epinephrine professional* ..... 171
EPINEPHRINESNAP-EMS ..... 171
EPINEPHRINESNAP-V ..... 171
EPIPEN 2-PAK ..... 171
EPIPEN JR 2-PAK ..... 171
EPISIL ..... 189
*eplerenone* ..... 50
EPOGEN ..... 145
*epoprostenol sodium* ..... 62
EPRONTIA ..... 74
EPSOLAY ..... 188
*eq aspirin low dose* ..... 28
*eq blood glucose test* ..... 117
*eq nicotine* ..... 89
*eq nicotine polacrilex* ..... 89
*eq nicotine step 3* ..... 89
*eql aspirin low dose* ..... 28
EQUETRO ..... 70
ERGOMAR ..... 81
*ergotamine-caffeine* ..... 81
ERIVEDGE ..... 41
ERLEADA ..... 42
*erlotinib hcl* ..... 44
Errin ..... 105
ERTACZO ..... 181
*ery* ..... 180
ERYPED 400 ..... 36
Ery-Tab ..... 36
*erythromycin* ..... 36, 166, 180
*erythromycin base* ..... 36
*erythromycin ethylsuccinate* ..... 36
ERZOFRI ..... 70
ESBRIET ..... 176
*escitalopram oxalate* ..... 66
*esomeprazole magnesium* ..... 139
ESPEROCT ..... 147
Estarylla ..... 105
*estazolam* ..... 80
*estradiol* ..... 126
*estradiol valerate* ..... 126
*estradiol-norethindrone acet* .... 126
ESTRING ..... 126
ESTROGEL ..... 126
*eszopiclone* ..... 80
*ethacrynic acid* ..... 59
*ethambutol hcl* ..... 33
*ethosuximide* ..... 74
*etodolac* ..... 22
*etodolac er* ..... 22
*etonogestrel-ethinyl estradiol* ... 105
*etoposide* ..... 49
EUCRISA ..... 183
EUFLEXXA ..... 28
EULEXIN ..... 42
EVAMIST ..... 126
EVEKEO ..... 78
EVENITY ..... 127
EVERSENSE 365 SENSOR/HOLDER ..... 117
EVERSENSE 365 SMART TRANSMIT ..... 117
EVERSENSE SENSOR/HOLDER ..... 117
Evesse ..... 185
EVOLUTION AUTOCODE .... 117
EVOTAZ ..... 33
EVRYSDI ..... 83
EXELDERM ..... 181
*exemestane* ..... 42
EXFORGE ..... 51
EXFORGE HCT ..... 51
EXJADE ..... 102
EYLEA ..... 169
EYSUVIS ..... 167
*ezetimibe* ..... 54
*ezetimibe-simvastatin* ..... 55
FA-8 ..... 164
FABHALTA ..... 149
Falmina ..... 105
*famciclovir* ..... 34
*famotidine* ..... 135
FANAPT ..... 70
FANAPT TITRATION PACK A ..... 71
FANAPT TITRATION PACK C ..... 71
FARXIGA ..... 98
FASENRA ..... 176
FASENRA PEN ..... 176
FASLODEX ..... 42
FC2 FEMALE CONDOM ..... 105
*febuxostat* ..... 21
FEIBA ..... 144
Feirza 1.5/30 ..... 105
Feirza 1/20 ..... 105
*felbamate* ..... 74
*felodipine er* ..... 58
FEMCAP ..... 105
FEMLYV ..... 105
FEMRING ..... 126
*fenofibrate* ..... 54
*fenofibrate micronized* ..... 54

*fenofibric acid* ..... 54
*fenoprofen calcium* ..... 23
*fentanyl* ..... 25
FERRIPROX ..... 103
FERRIPROX TWICE-A-DAY .103
FETZIMA ..... 66
FETZIMA TITRATION ..... 66
Fexmid ..... 86
FIASP ..... 95
FIASP FLEXTOUCH ..... 95
FIASP PENFILL ..... 95
FIASP PUMPCART ..... 95
FIBRYGA ..... 145
FIFTY50 GLUCOSE TEST 2.0 117
FILSPARI ..... 141
FILSUVEZ ..... 189
FINACEA ..... 188
*finasteride* ..... 140
FINTEPLA ..... 74
Finzala ..... 105
FIORICET ..... 22
FIRAZYR ..... 158
FIRDAPSE ..... 83
FIRMAGON ..... 42
FIRMAGON (240 MG DOSE) ... 42
FIRVANQ ..... 37
FLAREX ..... 167
*flavoxate hcl* ..... 142
FLEBOGAMMA DIF ..... 158
*flecainide acetate* ..... 52
FLECTOR ..... 23
FLEQSUVY ..... 86
*flolipid* ..... 54
*fluconazole* ..... 30
*flucytosine* ..... 30
*fludrocortisone acetate* ..... 122
*flunisolide* ..... 176
*fluocinolone acetonide* ..... 185, 190
*fluocinolone acetonide body* ..... 185
*fluocinolone acetonide scalp* ..... 185
*fluocinonide* ..... 185
*fluocinonide emulsified base* ..... 185
*fluorometholone* ..... 167
*fluorouracil* ..... 180
*fluoxetine hcl* ..... 66
*fluoxetine hcl (pmdd)* ..... 88
*fluphenazine decanoate* ..... 71
*fluphenazine hcl* ..... 71
*flurandrenolide* ..... 185
*flurazepam hcl* ..... 80
*flurbiprofen* ..... 23
*flurbiprofen sodium* ..... 167
*fluticasone furoate-vilanterol* ... 178
*fluticasone propionate* ..... 176, 185
*fluticasone propionate diskus* ... 177
*fluticasone propionate hfa* ..... 177
*fluticasone-salmeterol* ..... 178
*fluvastatin sodium* ..... 54
*fluvastatin sodium er* ..... 54
*fluvoxamine maleate* ..... 64
*fluvoxamine maleate er* ..... 64
FML FORTE ..... 167
FML LIQUIFILM ..... 167
FOCALIN XR ..... 79
*folate* ..... 164
*folic acid* ..... 164
FOLIVANE-OB ..... 162
FOLLISTIM AQ ..... 121
*fondaparinux sodium* ..... 144
FORA 6 CONNECT ..... 117
FORA D40/G31 BLOOD GLUCOSE ..... 117
FORA G20 BLOOD GLUCOSE TEST ..... 117
FORA GD20 TEST ..... 117
FORA GD50 BLOOD GLUCOSE TEST ..... 117
FORA GTEL BLOOD GLUCOSE TEST ..... 117
FORA TN'G/TN'G VOICE ..... 117
FORA V10 BLOOD GLUCOSE TEST ..... 117
FORA V30A BLOOD GLUCOSE TEST ..... 117
FORACARE GD40 TEST ..... 117
FORACARE PREMIUM V10 TEST ..... 117
FORACARE TEST N GO TEST ..... 117
FORTEO ..... 102
FOSAMAX PLUS D ..... 101
*fosamprenavir calcium* ..... 31
*fosinopril sodium* ..... 50
*fosinopril sodium-hctz* ..... 49
FOSRENOL ..... 129
FOTIVDA ..... 44
FOUNDAYO ..... 100
FRAGMIN ..... 144
FREESTYLE INSULINX TEST ..... 117
FREESTYLE LIBRE 14 DAY READER ..... 117
FREESTYLE LIBRE 14 DAY SENSOR ..... 117
FREESTYLE LIBRE 2 PLUS SENSOR ..... 117
FREESTYLE LIBRE 2 READER ..... 118
FREESTYLE LIBRE 2 SENSOR ..... 118
FREESTYLE LIBRE 3 PLUS SENSOR ..... 118
FREESTYLE LIBRE 3 READER ..... 118
FREESTYLE LIBRE 3 SENSOR ..... 118
FREESTYLE LITE TEST ..... 118
FREESTYLE PRECISION NEO TEST ..... 118
FREESTYLE TEST ..... 118
*frovatriptan succinate* ..... 82
FRUZAQLA ..... 44
*ft aspirin* ..... 28
*ft aspirin low dose* ..... 28
*ft folic acid* ..... 164
*ft nicotine* ..... 89
*ft nicotine mini* ..... 89
FULPHILA ..... 145
FUROSCIX ..... 59
*furosemide* ..... 59
Fyavolv ..... 126
FYCOMPA ..... 74
FYLNETRA ..... 145
Fyremadel ..... 121
*gabapentin* ..... 74
GALAFOLD ..... 125
*galantamine hydrobromide* ..... 64
*galantamine hydrobromide er* ..... 64
GAMMAGARD ..... 159
GAMMAGARD S/D LESS IGA ..... 159
GAMMAKED ..... 159
GAMMAPLEX ..... 159
GAMUNEX-C ..... 159
*ganirelix acetate* ..... 121
*gatifloxacin* ..... 166
GATTEX ..... 137
GAVRETO ..... 44
*ge100 blood glucose test* ..... 118
GEL-ONE ..... 28
GELSYN-3 ..... 29
*gemfibrozil* ..... 54
Gemmily ..... 106
GEMTESA ..... 142
*generlac* ..... 136
Gengraf ..... 160

GENOTROPIN ..... 124
GENOTROPIN MINIQUICK .. 124
*gentamicin sulfate* ..... 166, 181
GENULTIMATE TEST ..... 118
GENVISC 850 ..... 29
GENVOYA ..... 33
GEODON ..... 71
*ght test* ..... 118
GIAPREZA ..... 61
GILENYA ..... 84
GILOTRIF ..... 44
GIMOTI ..... 137
GLASSIA ..... 170
*glatiramer acetate* ..... 84
Glatopa ..... 84
GLEEVEC ..... 44
GLEOLAN ..... 161
GLEOSTINE ..... 40
*glimepiride* ..... 99
*glipizide* ..... 99
*glipizide er* ..... 99
*glipizide-metformin hcl* ..... 93
GLOPERBA ..... 21
*glucagon emergency* ..... 123
GLUCO PERFECT 3 TEST ..... 118
GLUCOCARD 01 SENSOR PLUS ..... 118
GLUCOCARD EXPRESSION TEST ..... 118
GLUCOCARD SHINE TEST .. 118
GLUCOCARD VITAL TEST .. 118
GLUCOCARD X-SENSOR ..... 118
GLUCOCOM TEST ..... 118
GLUCONAVII BLOOD GLUCOSE TEST ..... 118
*glucose meter test* ..... 118
*glyburide* ..... 99
*glyburide-metformin* ..... 93
GLYCATE ..... 132
*glycolic acid* ..... 183
*glycopyrrolate* ..... 132
Glydo ..... 186
GLYXAMBI ..... 99
*gnp adult aspirin low strength* .... 28
*gnp aspirin* ..... 28
*gnp easy touch glucose test* ..... 118
*gnp nicotine* ..... 89
*gnp nicotine mini* ..... 89
*gnp nicotine polacrilex* ..... 89
GOCOVRI ..... 68
GOJJI BLOOD TEST STRIP/LANCETS ..... 118
GOLYTELY ..... 136
GOMEKLI ..... 44
GONAL-F ..... 121
GONAL-F RFF REDIJECT ..... 121
*goodsense aspirin low dose* ..... 28
*goodsense nicotine* ..... 89
GRALISE ..... 88
*granisetron hcl* ..... 134
GRASTEK ..... 150
*griseofulvin microsize* ..... 30
*griseofulvin ultramicrosize* ..... 30
*guanfacine hcl* ..... 61
*guanfacine hcl er* ..... 79
GUARDIAN 4 GLUCOSE SENSOR ..... 118
GUARDIAN 4 TRANSMITTER ..... 118
GUARDIAN SENSOR (3) ..... 118
*guardian sensor 3* ..... 118
GVOKE HYPOPEN 1-PACK .. 123
GVOKE HYPOPEN 2-PACK .. 123
GVOKE PFS ..... 123
GWYN LO ..... 106
GYNAZOLE-1 ..... 143
HABITROL ..... 90
HADLIMA ..... 153
HADLIMA PUSHTOUCH ..... 153
HAEGARDA ..... 158
Hailey 1.5/30 ..... 106
Hailey 24 Fe ..... 106
Hailey Fe 1.5/30 ..... 106
Hailey Fe 1/20 ..... 106
*halcinonide* ..... 185
*halobetasol propionate* ..... 185
HALOG ..... 186
*haloperidol* ..... 71
*haloperidol decanoate* ..... 71
*haloperidol lactate* ..... 71
HARLIKU ..... 127
HARVONI ..... 37
Heather ..... 106
*h-e-b aspirin* ..... 28
HEMADY ..... 122
HEMANGEOL ..... 56
HEMICLOR ..... 59
HEMLIBRA ..... 147
HEMOFIL M ..... 147
*heparin sod (porcine) in d5w* .... 144
*heparin sodium (porcine)* ..... 144
*heparin sodium (porcine) pf* ..... 144
HER STYLE ..... 106
HERNEXEOS ..... 44
HETLIOZ ..... 81
HETLIOZ LQ ..... 80
Hidex 6-Day ..... 122
HIZENTRA ..... 159
HORIZANT ..... 88
HULIO (2 PEN) ..... 153
HULIO (2 SYRINGE) ..... 153
HUMALOG ..... 95
HUMALOG JUNIOR KWIKPEN ..... 95
HUMALOG KWIKPEN ..... 95
HUMALOG MIX 50/50 KWIKPEN ..... 95
HUMALOG MIX 75/25 ..... 95
HUMALOG MIX 75/25 KWIKPEN ..... 95
HUMATE-P ..... 145
HUMATIN ..... 30
HUMATROPE ..... 124
HUMIRA (1 PEN) ..... 153
HUMIRA (2 PEN) ..... 153
HUMIRA (2 SYRINGE) ..... 153
HUMIRA-PSORIASIS/UVEIT STARTER ..... 153
HUMULIN 70/30 ..... 95
HUMULIN 70/30 KWIKPEN .... 95
HUMULIN N ..... 95
HUMULIN N KWIKPEN ..... 95
HUMULIN R ..... 95
HUMULIN R U-500 KWIKPEN ..... 96
HW EMBRACE PRO GLUCOSE TEST ..... 118
HW EMBRACE TALK GLUCOSE TEST ..... 118
HYALGAN ..... 29
HYCAMTIN ..... 49
*hydralazine hcl* ..... 61
*hydrochlorothiazide* ..... 59
*hydrocod poli-chlorphe poli er* . 174
*hydrocodone bitartrate er* ..... 25
*hydrocodone bit-homatrop mbr* 174
*hydrocodone-acetaminophen* ..... 25
*hydrocodone-ibuprofen* ..... 25
*hydrocortisone* ..... 122, 135, 186
*hydrocortisone (perianal)* ..... 139
*hydrocortisone ace-pramoxine* . 139
*hydrocortisone butyrate* ..... 186
*hydrocortisone valerate* ..... 186
*hydrocortisone-acetic acid* ..... 190
*hydromorphone hcl* ..... 25
*hydromorphone hcl er* ..... 25

*hydroxychloroquine sulfate* 31, 157
*hydroxyurea* 48
*hydroxyzine hcl* 172
*hydroxyzine pamoate* 172, 173
HYFTOR 187
HYMOVIS 29
HYMOVIS ONE 29
HYMPAVZI 148
*hyoscyamine sulfate* 133
*hyoscyamine sulfate er* 132
*hyosyne* 133
HYPERSAL 175
HYQVIA 159
HYRIMOZ 153
HYRIMOZ-PLAQUE PSORIASIS START 153
HYSINGLA ER 25
HYZAAR 51
*ibandronate sodium* 101
IBRANCE 44
IBSRELA 136
IBTROZI 44
Ibu 23
*ibuprofen* 23
*ibuprofen-famotidine* 24
*icatibant acetate* 158
Iclevia 106
ICLUSIG 44
*icosapent ethyl* 55
IDELVION 148
IDHIFA 48
IFE-BIMIX 30/1 141
IGLUCOSE TEST STRIPS 119
IHEALTH BLOOD GLUCOSE TEST STR 119
ILARIS 161
ILEVRO 167
ILUMYA 150
*imatinib mesylate* 44
IMBRUVICA 44, 45
IMCIVREE 127
*imipramine hcl* 66
*imipramine pamoate* 66
*imiquimod* 180
*imiquimod pump* 180
*imkeldi* 45
IMPOYZ 186
IMULDOSA 154
IMVEXXY MAINTENANCE PACK 126
IMVEXXY STARTER PACK 126
IN TOUCH BLOOD GLUCOSE TEST 119
INBRIJA 69
Incassia 106
INCRELEX 128
INCRUSE ELLIPTA 172
*indapamide* 59
INDERAL LA 56
INDERAL XL 56
INDOCIN 23
Indocin 23
*indomethacin* 23
*indomethacin er* 23
INFINITY BLOOD GLUCOSE TEST 119
INFINITY VOICE 119
INFLECTRA 150
*infliximab* 150
INGREZZA 83, 84
INLYTA 45
INNOPRAN XL 56
INPEFA 60
INQOVI 40
INREBIC 45
*insulin aspart* 96
*insulin aspart flexpen* 96
*insulin degludec flextouch* 96
*insulin glargine max solostar* 96
*insulin glargine solostar* 96
*insulin glargine-yfgn* 96
*insulin lispro* 96
*insulin lispro (1 unit dial)* 96
*insulin lispro junior kwikpen* 96
INTELENCE 31
INTRAROSA 128
Introvale 106
INTUNIV 79
INVEGA HAFYERA 71
INVEGA SUSTENNA 71
INVEGA TRINZA 71
INVELTYS 167
INVOKAMET 98
INVOKAMET XR 99
INVOKANA 99
INZIRQO 60
*iodine tincture* 187
IOPIDINE 170
*ipratropium bromide* 172
*ipratropium-albuterol* 171
IQIRVO 137
*irbesartan* 52
*irbesartan-hydrochlorothiazide* 51
IRESSA 45
ISENTRESS 31
ISENTRESS HD 31
Isibloom 106
*isoniazid* 33
*isosorbide dinitrate* 61
*isosorbide mononitrate* 61
*isosorbide mononitrate er* 61
*isotretinoin* 180
*isradipine* 58
ISTALOL 165
ISTURISA 113
ITOVEBI 45
*itraconazole* 30
*ivermectin* 29, 188
IXINITY 148
IYUZEH 169
JADENU 103
JADENU SPRINKLE 103
Jaimiess 106
JAKAFI 45
JAKAFI XR 45
JALYN 140
JANUMET 93
JANUMET XR 93
JANUVIA 93
JARDIANCE 99
JASCAYD 176
Jasmiel 106
JATENZO 91
JAYPIRCA 45
Jencycla 106
*jenliva prenatal/postnatal* 162
JENTADUETO 93
JENTADUETO XR 93
Jinteli 126
JIVI 147
JOENJA 159
Jolessa 106
JORNAY PM 79
JOURNAVX 22
Joyeaux 106
JUBBONTI 101
JUBLIA 181
Juleber 106
JULUCA 33
Junel 1.5/30 106
Junel 1/20 106
Junel Fe 1.5/30 106
Junel Fe 1/20 106
Junel Fe 24 106
JUXTAPID 55

JYLAMVO ..... 40
JYNARQUE ..... 128
Kaitlib Fe ..... 107
KALETRA ..... 33
Kalliga ..... 107
KALYDECO ..... 174
KAPSPARGO SPRINKLE ..... 56
KARBINAL ER ..... 173
Kariva ..... 107
KATERZIA ..... 58
Kelnor 1/35 ..... 107
KEPPRA ..... 74
KEPPRA XR ..... 74
KERASTAT ..... 189
KERENDIA ..... 50
KESIMPTA ..... 84
*ketoconazole* ..... 30, 181, 182, 183
Ketodan ..... 182
KETO-DIASTIX ..... 119
*ketoprofen* ..... 23
*ketoprofen er* ..... 23
*ketorolac tromethamine* ..... 23, 167
KETOSTIX ..... 119
KEVEYIS ..... 60
KEVZARA ..... 154
KHINDIVI ..... 122
KINERET ..... 154
Kionex ..... 129
KISQALI (200 MG DOSE) ..... 45
KISQALI (400 MG DOSE) ..... 45
KISQALI (600 MG DOSE) ..... 45
KITABIS PAK (W/ NEBULIZER) ..... 174
KLARITY-A ..... 166
KLARITY-L ..... 167
KLISYRI (250 MG) ..... 181
KLISYRI (350 MG) ..... 181
KLONOPIN ..... 74
Klor-Con ..... 161
Klor-Con 10 ..... 161
Klor-Con M10 ..... 161
Klor-Con M15 ..... 161
Klor-Con M20 ..... 161
KLOXXADO ..... 88
*kls aspirin low dose* ..... 28
KLS QUIT2 ..... 90
KLS QUIT4 ..... 90
KOATE ..... 147
KOATE-DVI ..... 147
KOMZIFTI ..... 48
KONVOMEP ..... 139
KORLYM ..... 128
KOSELUGO ..... 45
*kosher prenatal plus iron* ..... 162
KOVALTRY ..... 147
*kp aspirin* ..... 28
*kp folic acid* ..... 164
KRAZATI ..... 48
KRINTAFEL ..... 31
Kristalose ..... 136
KRYSTEXXA ..... 21
Kurvelo ..... 107
KUVAN ..... 128
KYLEENA ..... 107
KYZATREX ..... 91
*l.e.t.* ..... 187
*l.e.t. (racepinephrine)* ..... 187
*labetalol hcl* ..... 56
*lactated ringers* ..... 170
LACTEROL ..... 133
*lactulose* ..... 136
LAMICTAL ..... 75
LAMICTAL ODT ..... 75
LAMICTAL STARTER ..... 75
LAMICTAL XR ..... 75
*lamivudine* ..... 31, 36
*lamivudine-zidovudine* ..... 33
*lamotrigine* ..... 75
*lamotrigine er* ..... 75
*lamotrigine starter kit-blue* ..... 75
*lamotrigine starter kit-green* ..... 75
*lamotrigine starter kit-orange* ..... 75
LAMPIT ..... 37
LANOXIN ..... 59
*lanreotide acetate* ..... 91
*lansoprazole* ..... 139
*lanthanum carbonate* ..... 129
LANTUS ..... 96
LANTUS SOLOSTAR ..... 96
Larin 1.5/30 ..... 107
Larin 1/20 ..... 107
Larin 24 Fe ..... 107
Larin Fe 1.5/30 ..... 107
Larin Fe 1/20 ..... 107
LASTACAFT ..... 164
*latanoprost* ..... 169
LATUDA ..... 71
LAZCLUZE ..... 45
LDO PLUS ..... 187
LEDERLE LEUCOVORIN ..... 49
*ledipasvir-sofosbuvir* ..... 37
*leflunomide* ..... 157
LENVIMA (10 MG DAILY DOSE) ..... 45
LENVIMA (12 MG DAILY DOSE) ..... 45
LENVIMA (14 MG DAILY DOSE) ..... 45
LENVIMA (18 MG DAILY DOSE) ..... 45
LENVIMA (20 MG DAILY DOSE) ..... 45
LENVIMA (24 MG DAILY DOSE) ..... 45
LENVIMA (4 MG DAILY DOSE) ..... 45
LENVIMA (8 MG DAILY DOSE) ..... 46
LEQSELVI ..... 154
LESCOL XL ..... 54
Lessina ..... 107
LETAIRIS ..... 62
*letrozole* ..... 42
*leucovorin calcium* ..... 49
LEUKERAN ..... 40
LEUKINE ..... 145
*leuprolide acetate* ..... 42
*levalbuterol hcl* ..... 173
*levalbuterol tartrate* ..... 173
*levetiracetam* ..... 75
*levetiracetam er* ..... 75
*levobunolol hcl* ..... 165
*levocarnitine* ..... 102
*levocetirizine dihydrochloride* ..... 173
*levofloxacin* ..... 36, 166
Levonest ..... 107
*levonorgest-eth estrad 91-day* ..... 107
*levonorgest-eth estradiol-iron* ..... 107
*levonorgestrel* ..... 107
*levonorgestrel-ethinyl estrad* ..... 107
*levonorg-eth estrad triphasic* ..... 107
Levora 0.15/30 (28) ..... 107
*levorphanol tartrate* ..... 25
*levothyroxine sodium* ..... 130
Levoxyl ..... 130
LEVULAN KERASTICK ..... 187
LEXAPRO ..... 66
LEXETTE ..... 186
LIALDA ..... 135
LIBRAX ..... 135
LICART ..... 23
*lidocaine* ..... 187
*lidocaine hcl* ..... 187, 189
*lidocaine hcl (cardiac) pf* ..... 52
*lidocaine hcl urethral/mucosal* ..... 187
*lidocaine viscous hcl* ..... 189

*lidocaine-prilocaine* ..... 187
*lidocanna* ..... 187
LIDODERM ..... 187
*lidopin* ..... 187
LIKMEZ ..... 37
LILETTA (52 MG) ..... 107
*linezolid* ..... 37
LINZESS ..... 136
*liothyronine sodium* ..... 130
LIPFENDRA ..... 55
LIPITOR ..... 54
*liraglutide* ..... 94
*liraglutide -weight management* ..... 100
*lisdexamfetamine dimesylate* ..... 79
*lisinopril* ..... 50
*lisinopril-hydrochlorothiazide* ..... 50
LITFULO ..... 154
*lithium carbonate* ..... 83
*lithium carbonate er* ..... 83
LITHOSTAT ..... 141
LIVALO ..... 55
LIVDELZI ..... 137
LIVMARLI ..... 137
LIVTENCITY ..... 34
LMR PLUS ..... 187
LO LOESTRIN FE ..... 107
LODINE ..... 23
LODOCO ..... 61
Loestrin 1.5/30 (21) ..... 108
Loestrin 1/20 (21) ..... 108
Loestrin Fe 1.5/30 ..... 108
Loestrin Fe 1/20 ..... 108
Lofena ..... 23
Lojaimiess ..... 108
LOKELMA ..... 129
Lomaira ..... 100
LONSURF ..... 40
*loperamide hcl* ..... 133
LOPRESSOR ..... 56
*lorazepam* ..... 64
LORBRENA ..... 46
LOREEV XR ..... 64
Loryna ..... 108
*losartan potassium* ..... 52
*losartan potassium-hctz* ..... 51
LOTEMAX ..... 167
LOTEMAX SM ..... 167
*loteprednol etabonate* ..... 167
*lovastatin* ..... 55
LOVAZA ..... 55
Low-Ogestrel ..... 108
*loxapine succinate* ..... 71
Lo-Zumandimine ..... 108
*lubiprostone* ..... 136
LUCEMYRA ..... 88
LUCENTIS ..... 170
Luizza 1.5/30 ..... 108
Luizza 1/20 ..... 108
*luliconazole* ..... 182
LUMAKRAS ..... 48
LUMIGAN ..... 169
LUMRYZ ..... 87
LUMRYZ STARTER PACK ..... 87
LUNESTA ..... 81
LUPKYNIS ..... 160
LUPRON DEPOT (1-MONTH) ..... 42
LUPRON DEPOT (3-MONTH) ..... 42
LUPRON DEPOT (4-MONTH) ..... 42
LUPRON DEPOT (6-MONTH) ..... 42
LUPRON DEPOT-PED (1-MONTH) ..... 102
LUPRON DEPOT-PED (3-MONTH) ..... 102
LUPRON DEPOT-PED (6-MONTH) ..... 102
Lutera ..... 108
LUTRATE DEPOT ..... 42
LUZU ..... 182
LYBALVI ..... 71
Lyleq ..... 108
LYNKUET ..... 126
LYNPARZA ..... 48
LYRICA ..... 75
LYRICA CR ..... 88
LYSODREN ..... 42
LYTGOBI (12 MG DAILY DOSE) ..... 46
LYTGOBI (16 MG DAILY DOSE) ..... 46
LYTGOBI (20 MG DAILY DOSE) ..... 46
LYUMJEV ..... 96
LYUMJEV KWIKPEN ..... 96
Lyza ..... 108
*malathion* ..... 189
MARCAINE/EPINEPHRINE ..... 29
*marlissa* ..... 108
MARPLAN ..... 66
MATERNACEL ..... 162
MATULANE ..... 40
Matzim La ..... 58
MAVENCLAD (10 TABS) ..... 84
MAVENCLAD (4 TABS) ..... 84
MAVENCLAD (5 TABS) ..... 84
MAVENCLAD (6 TABS) ..... 84
MAVENCLAD (7 TABS) ..... 85
MAVENCLAD (8 TABS) ..... 85
MAVENCLAD (9 TABS) ..... 85
MAVYRET ..... 37
MAXALT ..... 82
MAXALT-MLT ..... 82
MAXIDEX ..... 167
MAYZENT ..... 85
MAYZENT STARTER PACK ..... 85
*mb caps* ..... 37
*meclizine hcl* ..... 134
*meclofenamate sodium* ..... 23
MEDPURA HYDROCORTISONE ..... 186
MEDROL ..... 122
*medroxyprogesterone acetate* ..... 108, 130
*mefenamic acid* ..... 23
*mefloquine hcl* ..... 31
*megestrol acetate* ..... 42, 130
MEIJER TRUETEST TEST ..... 119
MEIJER TRUETRACK TEST ..... 119
MEKINIST ..... 46
MEKTOVI ..... 46
Meleya ..... 108
*meloxicam* ..... 23
*memantine hcl* ..... 65
*memantine hcl er* ..... 65
MENOPUR ..... 121
MENOSTAR ..... 126
*meperidine hcl* ..... 25
*meprobamate* ..... 64
*mercaptopurine* ..... 40
MERILOG ..... 96
MERILOG SOLOSTAR ..... 96
*mesalamine* ..... 135
*mesalamine-cleanser* ..... 136
MESNEX ..... 49
MESTINON ..... 87
*metaxalone* ..... 86
*metformin hcl* ..... 92
*metformin hcl er* ..... 92
*metformin hcl er (mod)* ..... 92
*metformin hcl er (osm)* ..... 92
*methadone hcl* ..... 25
Methadone Hcl Intensol ..... 25
*methadone hcl-sodium chloride* ..... 25
METHADOSE ..... 25
Methadose ..... 25
METHADOSE SUGAR-FREE ..... 25

*methamphetamine hcl* ..... 79
*methazolamide* ..... 60
*methenamine hippurate* ..... 38
*methenamine mandelate* ..... 38
Methergine ..... 128
*methimazole* ..... 130
*methitest* ..... 91
*methocarbamol* ..... 86
*methotrexate sodium* ..... 40, 41, 157
*methotrexate sodium (pf)* ..... 40
*methoxsalen rapid* ..... 182
*methscopolamine bromide* ..... 133
*methyldopa* ..... 61
*methylergonovine maleate* ..... 128
*methylphenidate er* ..... 79
*methylphenidate hcl* ..... 79
*methylphenidate hcl er* ..... 79
*methylphenidate hcl er (cd)* ..... 79
*methylphenidate hcl er (la)* ..... 79
*methylphenidate hcl er (osm)* ..... 79
*methylprednisolone* ..... 123
*methylprednisolone acetate* ..... 123
*methyltestosterone* ..... 91
*metoclopramide hcl* ..... 134
*metolazone* ..... 60
*metoprolol succinate er* ..... 57
*metoprolol tartrate* ..... 57
*metoprolol-hydrochlorothiazide* ..... 56
*metronidazole* ..... 38, 143, 188
*mexiletine hcl* ..... 53
MIACALCIN ..... 101
Mibelas 24 Fe ..... 108
MICARDIS ..... 52
MICARDIS HCT ..... 51
*miconazole 3* ..... 143
*miconazole-zinc oxide-petrolat* ..... 182
MICRODOT TEST ..... 119
Microgestin 1.5/30 ..... 108
Microgestin 1/20 ..... 108
Microgestin Fe 1.5/30 ..... 108
Microgestin Fe 1/20 ..... 108
*midazolam hcl* ..... 81
*midodrine hcl* ..... 61
MIEBO ..... 168
MIGERGOT ..... 81
*miglitol* ..... 92
*miglustat* ..... 125
Mili ..... 108
Mimvey ..... 126
MINIMED INSTINCT GLUC SENSOR ..... 119
MINIVELLE ..... 127
*minocycline hcl* ..... 40
*minocycline hcl er* ..... 40
*minoxidil* ..... 61
Minzoya ..... 109
MIPLYFFA ..... 125
MIRCERA ..... 145
MIRENA (52 MG) ..... 109
*mirtazapine* ..... 66
MIRVASO ..... 188
*misoprostol* ..... 137
MITIGARE ..... 21
MITOSOL ..... 166
MIUDELLA ..... 109
*mm aspirin* ..... 28
*modafinil* ..... 87
MODEYSO ..... 48
*moexipril hcl* ..... 50
*mometasone furoate* ..... 176, 186
Mondoxyne Nl ..... 40
Mono-Linyah ..... 109
MONOVISC ..... 29
*montelukast sodium* ..... 175
*morphine sulfate* ..... 26
*morphine sulfate (concentrate)* ..... 25
*morphine sulfate er* ..... 26
*morphine sulfate er beads* ..... 25
MOTEGRITY ..... 137
MOTOFEN ..... 133
MOTPOLY XR ..... 75
MOUNJARO ..... 94
MOVANTIK ..... 137
MOVIPREP ..... 136
*moxifloxacin hcl* ..... 36, 166
MS CONTIN ..... 26
MUGARD ..... 189
MULPLETA ..... 150
MULTAQ ..... 53
*mupirocin* ..... 181
*mupirocin calcium* ..... 181
MY CHOICE ..... 109
MY WAY ..... 109
MYALEPT ..... 128
MYCAPSSA ..... 91
*mycophenolate mofetil* ..... 160
*mycophenolate sodium* ..... 160
MYDAYIS ..... 79
MYFEMBREE ..... 132
MYFORTIC ..... 160
MYGLUCOHEALTH TEST ..... 119
MYHIBBIN ..... 160
MYLERAN ..... 40
MYRBETRIQ ..... 142
MYTESI ..... 133
*na sulfate-k sulfate-mg sulf* ..... 136
*nabumetone* ..... 23
*nadolol* ..... 57
*naftifine hcl* ..... 182
NAFTIN ..... 182
*nalmefene hcl* ..... 88
*nalocet* ..... 26
*naloxone hcl* ..... 88
*naltrexone hcl* ..... 88
NAMZARIC ..... 65
NAPRELAN ..... 23
*naproxen* ..... 23
*naproxen sodium* ..... 23
*naproxen sodium er* ..... 23
*naproxen-esomeprazole mg* ..... 24
*naratriptan hcl* ..... 82
NARCAN ..... 88
NATACYN ..... 166
*natal pnv* ..... 162
NATAZIA ..... 109
*nateglinide* ..... 98
NATESTO ..... 91
NAVITRUX ..... 134
NAYZILAM ..... 75
*nebivolol hcl* ..... 57
NEBUPENT ..... 38
NEBUSAL ..... 175
Necon 0.5/35 (28) ..... 109
Necon 1/35 (28) ..... 109
NEEVO DHA ..... 162
*nefazodone hcl* ..... 66
NEFFY ..... 171
NEMLUVIO ..... 188
*neomycin sulfate* ..... 30
*neomycin-bacitracin zn-polymyx* ..... 166
*neomycin-polymyxin-dexameth* ..... 165
*neomycin-polymyxin-gramicidin* ..... 166
*neomycin-polymyxin-hc* ..... 165, 190
NEO-SYNALAR ..... 181
NERLYNX ..... 46
NESTABS ..... 162
NESTABS DHA ..... 162
NESTABS ONE ..... 162
Neuac ..... 180
NEULASTA ..... 145, 146
NEULASTA ONPRO ..... 145
NEUPOGEN ..... 146
NEUPRO ..... 69
NEUTEK 2TEK TEST ..... 119

NEVANAC ..... 167
*nevirapine* ..... 31, 32
*nevirapine er* ..... 31
NEW DAY ..... 109
NEXAVAR ..... 46
NEXICLON XR ..... 61
NEXIUM ..... 139
*nexiva* ..... 133
NEXLETOL ..... 53
NEXLIZET ..... 53
NEXPLANON ..... 109
NEXTERONE ..... 53
NEXTSTELLIS ..... 109
NGENLA ..... 124
*niacin (antihyperlipidemic)* ..... 55
*niacin er (antihyperlipidemic)* ..... 55
NIACOR ..... 55
*nicardipine hcl* ..... 58
NICODERM CQ ..... 90
NICORELIEF ..... 90
NICORETTE ..... 90
NICORETTE MINI ..... 90
NICORETTE STARTER KIT ..... 90
*nicotine* ..... 90
*nicotine mini* ..... 90
*nicotine polacrilex* ..... 90
*nicotine polacrilex mini* ..... 90
*nicotine step 1* ..... 90
*nicotine step 2* ..... 90
*nicotine step 3* ..... 90
NICOTROL NS ..... 90
*nifedipine* ..... 58
*nifedipine er* ..... 58
*nifedipine er osmotic release* ..... 58
Nikki ..... 109
*nilutamide* ..... 42
*nimodipine* ..... 58
NINLARO ..... 49
NIPRIDE RTU ..... 61
*nisoldipine er* ..... 58
Nitro-Bid ..... 61
NITRO-DUR ..... 61
*nitrofurantoin* ..... 38
*nitrofurantoin macrocrystal* ..... 38
*nitrofurantoin monohyd macro* ..... 38
*nitroglycerin* ..... 61
NITROLINGUAL ..... 62
NITYR ..... 124
*niva thyroid* ..... 130
NIVESTYM ..... 146
*nizatidine* ..... 135
Nora-Be ..... 109
NORDITROPIN FLEXPRO ..... 124
*norelgestromin-eth estradiol* ..... 109
*norethin ace-eth estrad-fe* ..... 109
*norethindrone* ..... 109
*norethindrone acetate* ..... 130
*norethindrone acet-ethinyl est* ..... 109
*norethindrone-eth estradiol* ..... 127
*norgesic forte* ..... 86
*norgestimate-eth estradiol* ..... 109
*norgestim-eth estrad triphasic* ..... 109
NORITATE ..... 188
NORLIQVA ..... 58
Norlyda ..... 109
Norlyroc ..... 109
NORPACE ..... 53
NORTHERA ..... 61
Nortrel 0.5/35 (28) ..... 109
Nortrel 1/35 (21) ..... 109
Nortrel 1/35 (28) ..... 110
Nortrel 7/7/7 ..... 110
*nortriptyline hcl* ..... 66
NORVASC ..... 58
NORVIR ..... 32
NOURIANZ ..... 69
NOVA MAX GLUCOSE TEST ..... 119
NOVAREL ..... 122
NOVOEIGHT ..... 147
NOVOLIN 70/30 ..... 97
NOVOLIN 70/30 FLEXPEN ..... 96
NOVOLIN 70/30 FLEXPEN RELION ..... 96
NOVOLIN 70/30 RELION ..... 96
NOVOLIN N ..... 97
NOVOLIN N FLEXPEN ..... 97
NOVOLIN N RELION ..... 97
NOVOLIN R ..... 97
NOVOLIN R FLEXPEN ..... 97
NOVOLIN R FLEXPEN RELION ..... 97
NOVOLIN R RELION ..... 97
NOVOLOG ..... 97
NOVOLOG 70/30 FLEXPEN RELION ..... 97
NOVOLOG FLEXPEN ..... 97
NOVOLOG FLEXPEN RELION ..... 97
NOVOLOG MIX 70/30 ..... 97
NOVOLOG MIX 70/30 FLEXPEN ..... 97
NOVOLOG MIX 70/30 RELION ..... 97
NOVOLOG PENFILL ..... 97
NOVOLOG RELION ..... 97
NOVOSEVEN RT ..... 145
NOXAFIL ..... 30
NP THYROID ..... 130
NPLATE ..... 150
NUBEQA ..... 42
NUCALA ..... 154
NUCYNTA ..... 26
NUCYNTA ER ..... 26
NUEDEXTA ..... 89
NULEV ..... 133
NUPLAZID ..... 71
NURTEC ..... 81
NUVARING ..... 110
NUVESSA ..... 143
NUVIGIL ..... 87
NUWIQ ..... 147
NUZYRA ..... 40
Nylia 1/35 ..... 110
Nylia 7/7/7 ..... 110
NYMALIZE ..... 58
NYPOZI ..... 146
*nystatin* ..... 30, 182, 189
*nystatin-triamcinolone* ..... 182
Nystop ..... 182
NYVEPRIA ..... 146
OB COMPLETE ..... 162
OB COMPLETE ONE ..... 162
OB COMPLETE PETITE ..... 162
OB COMPLETE PREMIER ..... 162
OB COMPLETE/DHA ..... 162
*obizur* ..... 147
OCTAGAM ..... 159
*octreotide acetate* ..... 91
ODACTRA ..... 150
ODEFSEY ..... 33
ODOMZO ..... 48
OFEV ..... 176
*ofloxacin* ..... 36, 166, 190
OGSIVEO ..... 48
OHTUVAYRE ..... 175
OJEMDA ..... 46
OJJAARA ..... 46
*olanzapine* ..... 71, 72
*olanzapine-fluoxetine hcl* ..... 89
*olmesartan medoxomil* ..... 52
*olmesartan medoxomil-hctz* ..... 51
*olmesartan-amlodipine-hctz* ..... 51
*olopatadine hcl* ..... 164, 173
OLPRUVA (2 GM DOSE) ..... 131
OLPRUVA (3 GM DOSE) ..... 131

OLPRUVA (4 GM DOSE)..... 131
OLPRUVA (5 GM DOSE)..... 131
OLPRUVA (6 GM DOSE)..... 131
OLPRUVA (6.67 GM DOSE).. 131
OLUMIANT..... 154
*omega-3-acid ethyl esters*..... 55
*omeprazole*..... 139
*omeprazole-sodium bicarbonate*
..... 139
OMNARIS..... 176
OMNIFLEX DIAPHRAGM..... 110
OMNIPOD 5 DEXG7G6
INTRO GEN 5..... 119
OMNIPOD 5 DEXG7G6 PODS
GEN 5..... 119
OMNIPOD DASH INTRO
(GEN 4)..... 119
OMNIPOD DASH PDM (GEN
4)..... 119
OMNIPOD DASH PODS
(GEN 4)..... 119
OMNITROPE..... 124
OMVOH (300 MG DOSE)..... 154
ON CALL EXPRESS BLOOD
GLUCOSE..... 119
ONAPGO..... 69
*ondansetron*..... 134
*ondansetron hcl*..... 134
*ondansetron hcl +rfid*..... 134
*one drop test*..... 119
ONETOUCH DELICA PLUS
LANCET30G..... 119
ONETOUCH DELICA PLUS
LANCET33G..... 119
ONETOUCH DELICA PLUS
LANCING..... 119
ONETOUCH ULTRA BLUE
TEST..... 119
ONETOUCH ULTRA TEST..... 119
ONETOUCH ULTRASOFT 2
LANCETS..... 119
ONETOUCH VERIO..... 119
ONEXTON..... 180
ONFI..... 75
ONGENTYS..... 69
ONUREG..... 41
ONYDA XR..... 79
ONZETRA XSAIL..... 82
OPCICON ONE-STEP..... 110
OPFOLDA..... 125
OPILL..... 110
OPIPZA..... 72
OPSUMIT..... 62
OPSYNVI..... 62
OPTION 2..... 110
OPTIONS GYNOL II
CONTRACEPTIVE..... 141
OPTIUMEZ TEST..... 120
OPVEE..... 88
OPZELURA..... 183
ORACEA..... 188
ORACIT..... 141
ORALAIR..... 150
Oralone..... 189
ORAPEUTIC..... 189
ORAVIG..... 189
ORENCIA..... 150, 154
ORENCIA CLICKJECT..... 154
ORENITRAM..... 62
ORENITRAM MONTH 1..... 62
ORENITRAM MONTH 2..... 62
ORENITRAM MONTH 3..... 62
ORFADIN..... 124
ORGOVYX..... 42
ORIAHNN..... 132
ORILISSA..... 121
ORKAMBI..... 174
ORLADEYO..... 158
ORLYNVAH..... 38
*orphenadrine citrate er*..... 86
*orphenadrine-aspirin-caffeine*..... 87
ORPHENGESIC FORTE..... 87
Orquidea..... 110
ORSERDU..... 42
Orsythia..... 110
ORTHOVISC..... 29
*oscimin*..... 133
*oseltamivir phosphate*..... 34
OSENVELT..... 101
OSPHENA..... 128
OSPOMYV..... 101
OTEZLA..... 154
OTEZLA XR..... 154
OTEZLA/OTEZLA XR
INITIATION PK..... 154
OTOVEL..... 190
OTULFI..... 154
OVIDREL..... 122
*oxaliplatin*..... 49
*oxaprozin*..... 23
*oxazepam*..... 64
*oxcarbazepine*..... 75, 76
*oxiconazole nitrate*..... 182
OXISTAT..... 182
OXTELLAR XR..... 76
*oxybutynin chloride*..... 142
*oxybutynin chloride er*..... 142
*oxycodone hcl*..... 26
*oxycodone-acetaminophen*..... 26
OXYCONTIN..... 26
*oxymorphone hcl*..... 26
*oxymorphone hcl er*..... 26
OXYTROL..... 142
OZEMPIC..... 94
OZEMPIC (0.25 OR 0.5
MG/DOSE)..... 94
OZEMPIC (1 MG/DOSE)..... 94
OZEMPIC (2 MG/DOSE)..... 94
OZOBAX DS..... 87
OZURDEX..... 168
Pacerone..... 53
*paliperidone er*..... 72
PALYNZIQ..... 128
PANCREAZE..... 138
*pantoprazole sodium*..... 139
PANZYGA..... 159
PARAGARD
INTRAUTERINE COPPER..... 110
*paricalcitol*..... 132
*paroxetine hcl*..... 67
*paroxetine hcl er*..... 66, 67
*paroxetine mesylate*..... 89
PAXIL..... 67
PAXIL CR..... 67
PAXLOVID (150/100)..... 34
PAXLOVID (300/100 &
150/100)..... 34
PAXLOVID (300/100)..... 34
*peg-3350/electrolytes/ascorbat*..... 137
PEGASYS..... 37
*peg-kcl-nacl-nasulf-na asc-c*..... 137
PEG-PREP..... 137
PEMAZYRE..... 46
*penicillamine*..... 103
*penicillin v potassium*..... 39
PENTASA..... 136
*pentazocine-naloxone hcl*..... 27
*pentoxifylline er*..... 149
PERCOCET..... 26
PERFOROMIST..... 173
*perindopril erbumine*..... 50
Periogard..... 189
*permethrin*..... 189
*perphenazine*..... 72
*perphenazine-amitriptyline*..... 89
PERSERIS..... 72

PERTZYE ..... 138
Pfizerpen ..... 39
PHARMACIST CHOICE AUTOCODE ..... 120
*pharmacist choice no coding* ..... 120
PHEBURANE ..... 131
*phendimetrazine tartrate er* ..... 100
*phenelzine sulfate* ..... 67
*phenobarbital* ..... 76
*phenoxybenzamine hcl* ..... 61
*phentermine hcl* ..... 100
*phenylephrine hcl* ..... 168
*phenytoin* ..... 76
*phenytoin sodium extended* ..... 76
PHEXX ..... 141
Philith ..... 110
PHYRAGO ..... 46
PHYSIOLYTE ..... 170
PIFELTRO ..... 32
*pilocarpine hcl* ..... 168, 189
*pimecrolimus* ..... 183
*pimozide* ..... 89
Pimtrea ..... 110
*pindolol* ..... 57
*pioglitazone hcl* ..... 98
*pioglitazone hcl-glimepiride* ..... 98
*pioglitazone hcl-metformin hcl* ..... 98
PIQRAY (200 MG DAILY DOSE) ..... 46
PIQRAY (250 MG DAILY DOSE) ..... 46
PIQRAY (300 MG DAILY DOSE) ..... 46
*pirfenidone* ..... 176
Pirmella 7/7/7 ..... 110
*piroxicam* ..... 23
PLAN B ONE-STEP ..... 110
PLAVIX ..... 149
PLEGRIDY ..... 85
PLEGRIDY STARTER PACK ..... 85
PLENITY ..... 100
PLENITY WELCOME KIT ..... 100
*pnv prenatal plus multivit+dha* 163
*pnv tabs 20-1* ..... 163
*pnv-dha* ..... 163
*pnv-omega* ..... 163
POCKETCHEM EZ TEST ..... 120
*podofilox* ..... 188
POGO AUTOMATIC TEST CARTRIDGES ..... 120
POKONZA ..... 161
*polymyxin b-trimethoprim* ..... 166
POMALYST ..... 41
PONVORY ..... 85
PONVORY STARTER PACK ..... 85
Portia-28 ..... 110
*posaconazole* ..... 30
POSFREA ..... 134
*pot & sod cit-cit ac* ..... 142
*potassium chloride* ..... 161
*potassium chloride crys er* ..... 161
*potassium chloride er* ..... 161
*potassium citrate er* ..... 142
PR BENZOYL PEROXIDE ..... 180
PRADAXA ..... 144
PRALUENT ..... 55
*pramipexole dihydrochloride* ..... 69
*pramipexole dihydrochloride er* ..... 69
*prasugrel hcl* ..... 149
*pravastatin sodium* ..... 55
*praziquantel* ..... 30
*prazosin hcl* ..... 50
PRED FORTE ..... 168
PRED MILD ..... 168
*prednisolone* ..... 123
*prednisolone acetate* ..... 168
*prednisolone acetate p-f* ..... 168
*prednisolone sodium phosphate* ..... 123, 168
*prednisolone-gatifloxacin* ..... 165
*prednisone* ..... 123
PREDNISONE INTENSOL ..... 123
*pregabalin* ..... 76
*pregen dha* ..... 163
*pregenna* ..... 163
PREGNYL ..... 122
PREMARIN ..... 127
PREMPHASE ..... 127
PREMPRO ..... 127
PRENATAL-U ..... 163
PRENATE ..... 163
PRENATE DHA ..... 163
PRENATE ELITE ..... 163
PRENATE ENHANCE ..... 163
PRENATE MINI ..... 163
PRENATE PIXIE ..... 163
PRENATE RESTORE ..... 163
PRENATOL-M ..... 163
PRESTALIA ..... 50
*pretomanid* ..... 33
PREVACID ..... 139
PREVACID SOLUTAB ..... 139
Prevalite ..... 53
PREVIDOLRX ANALGESIC ..... 24
*previdolrx plus analgesic* ..... 24
PREVYMIS ..... 34
PREZCOBIX ..... 33
PREZISTA ..... 32
PRIFTIN ..... 34
PRILOSEC ..... 139
*primaquine phosphate* ..... 31
*primidone* ..... 76
PRISTIQ ..... 67
PRIVIGEN ..... 159
*pro voice v8/v9 glucose* ..... 120
PROAIR RESPICLICK ..... 173
*probenecid* ..... 21
*prochlorperazine* ..... 134
*prochlorperazine edisylate* ..... 134
*prochlorperazine maleate* ..... 134
PROCORT ..... 139
PROCRIT ..... 146
PROCTOCORT ..... 139, 140
PROCTOFOAM HC ..... 140
Procto-Med Hc ..... 140
Proctozone-Hc ..... 140
PROCYSBI ..... 142
PRODIGY NO CODING BLOOD GLUC ..... 120
PROFILNINE ..... 148
*progesterone* ..... 130
PROGLYCEM ..... 123
PROGRAF ..... 160
PROLASTIN-C ..... 170
PROLATE ..... 26
PROLENSA ..... 168
PROLIA ..... 101
PROMACTA ..... 150
*promethazine hcl* ..... 134
*promethazine-codeine* ..... 174
*promethazine-dm* ..... 174
Promethegan ..... 134
PROMETHEGAN ..... 134
PROMETRIUM ..... 130
*propafenone hcl* ..... 53
*propafenone hcl er* ..... 53
*proparacaine hcl* ..... 168
*propranolol hcl* ..... 57
*propranolol hcl er* ..... 57
*propylthiouracil* ..... 130
PROTONIX ..... 139
*protriptyline hcl* ..... 67
PROVIDA OB ..... 163
PROVIGIL ..... 87
*pseudoeph-bromphen-dm* ..... 174
PULMICORT ..... 177

PULMICORT FLEXHALER...177
PULMOZYME....175
PURIXAN....41
PYLERA....140
*pyrazinamide*....34
*pyridostigmine bromide*....87
*pyridostigmine bromide er*....87
PYRUKYND....149
PYRUKYND TAPER PACK...149
PYZCHIVA....154, 155
QBRELIS....50
*qc aspirin low dose*....28
*qc folic acid*....164
*qc nicotine transdermal system*...90
QELBREE....79
QINLOCK....46
QLOSI....169
QNASL....176
QNASL CHILDRENS....176
QSYMIA....100
*quad-mix*....141
*quazepam*....81
*quetiapine fumarate*....72
*quetiapine fumarate er*....72
QUICKTEK TEST....120
QUILLICHEW ER....79
QUILLIVANT XR....79
*quinapril hcl*....50
*quinapril-hydrochlorothiazide*....50
*quinidine gluconate er*....53
*quinidine sulfate*....53
*quinine sulfate*....31
QUINTET AC BLOOD GLUCOSE TEST....120
QUINTET BLOOD GLUCOSE TEST....120
QULIPTA....81
QUTENZA....187
QUTENZA (2 PATCH)....187
QUVIVIQ....81
QVAR REDIHALER....177
*rabeprazole sodium*....139
RADICAVA ORS....63
RADICAVA ORS STARTER KIT....63
RAGWITEK....150
RALDESY....67
*raloxifene hcl*....128
*ramelteon*....81
*ramipril*....50
*ranolazine er*....61
*rasagiline mesylate*....69
RASUVO....157
RAVICTI....131
RAYALDEE....132
REBIF....85
REBIF REBIDOSE....85
REBIF REBIDOSE TITRATION PACK....85
REBIF TITRATION PACK....85
REBINYN....148
RECLAST....101
Reclipsen....110
RECOMBINATE....148
RECORLEV....113
RECTIV....188
REFUAH PLUS BLOOD GLUCOSE TEST....120
RELENZA DISKHALER....34
*releuko*....146
RELEXXII....80
RELION CONFIRM/MICRO TEST....120
RELION TRUE METRIX TEST STRIPS....120
RELISTOR....137, 138
RELTONE....138
REMICADE....151
REMODULIN....62
RENACIDIN....142
RENFLEXIS....151
RENTHYROID....130
RENVELA....129
*repaglinide*....98
REPATHA SURECLICK....55
RESTASIS....168
RESTASIS MULTIDOSE....168
RETACRIT....146
RETEVMO....46
RETIN-A MICRO PUMP....180
REVATIO....62
REVLIMID....41
REVUFORJ....48
REXTOVY....88
REXULTI....72
REYATAZ....32
REZDIFFRA....128
REZLIDHIA....48
REZUROCK....160
REZVOGLAR KWIKPEN....97
RHOFADE....188
RHOPRESSA....170
*ribavirin*....37
*rifabutin*....34
*rifampin*....34
RIGHTEST GS100 BLOOD GLUCOSE....120
RIGHTEST GS300 BLOOD GLUCOSE....120
RIGHTEST GS550 BLOOD GLUCOSE....120
*riluzole*....63
*rimantadine hcl*....34
*ringers irrigation*....170
RINVOQ....155
RINVOQ LQ....155
RIOMET....92
*risedronate sodium*....101
RISPERDAL CONSTA....72
*risperidone*....72
RITALIN LA....80
*ritonavir*....32
*rivastigmine*....65
*rivastigmine tartrate*....65
Rivelsa....110
RIVFLOZA....142
*rixubis*....148
*rizatriptan benzoate*....82
ROCKLATAN....165
ROLVEDON....146
ROMVIMZA....46
*ropinirole hcl*....69
*ropinirole hcl er*....69
*rosuvastatin calcium*....55
Rosyrah....110
ROTARIX....161
ROWASA....136
Roweepra....76
ROXICODONE....26
ROXYBOND....26
ROZEREM....81
ROZLYTREK....46
RUBRACA....48
RUCONEST....158
RUKOBIA....32
RYALTRIS....172
RYBELSUS....94
RYCLORA....173
RYDAPT....46
RYKINDO....72
RYTARY....69
Ryvent....173
SABRIL....76
SAFYRAL....110
SAMSCA....128
SANCUSO....135

SANDOSTATIN ..... 91
SANDOSTATIN LAR DEPOT ..91
SANTYL ..... 188
SAPHNELO ..... 160
SAPHNELO PEN ..... 160
SAPHRIS ..... 72
SAVAYSA ..... 144
SAVELLA ..... 80
SAVELLA TITRATION PACK 80
SAXENDA ..... 100
*sb childrens aspirin* ..... 28
SCEMBLIX ..... 47
*scopolamine* ..... 135
SECUADO ..... 72
SEGLUROMET ..... 99
SELARSDI ..... 155
SELECT-OB ..... 163
SELECT-OB+DHA ..... 163
*selegiline hcl* ..... 69
*selenium sulfide* ..... 183
SELZENTRY ..... 32
SEMGLEE (YFGN) ..... 97, 98
SENSIPAR ..... 100
SEREVENT DISKUS ..... 173
SERNIVO ..... 186
SEROQUEL XR ..... 72
SEROSTIM ..... 124
*sertraline hcl* ..... 67
Setlakin ..... 110
*sevelamer carbonate* ..... 129
*sevelamer hcl* ..... 129
SEVENFACT ..... 145
SEYSARA ..... 40
Sharobel ..... 110
SHEWISE ..... 111
SIGNIFOR ..... 128
SIGNIFOR LAR ..... 128
SIKLOS ..... 149
*sildenafil citrate* ..... 62
SILENOR ..... 81
SILIQ ..... 155
*silodosin* ..... 140
*silver sulfadiazine* ..... 181
SIMBRINZA ..... 165
SIMLANDI (1 PEN) ..... 155
SIMLANDI (2 PEN) ..... 155
SIMLANDI (2 SYRINGE) ..... 155
Simliya ..... 111
Simpesse ..... 111
SIMPLERA SENSOR ..... 120
SIMPLERA SYNC SENSOR ..120
SIMPLERA SYSTEM ..... 120
SIMPONI ..... 155
SIMPONI ARIA ..... 151
*simvastatin* ..... 55
SINGULAIR ..... 175
SINUVA ..... 176
*sirolimus* ..... 160, 161
SIRTURO ..... 34
*sitaglipt base-metform hcl er* ..... 93
*sitagliptin* ..... 93
*sitagliptin base-metformin hcl* .... 93
SIVEXTRO ..... 38
SKYCLARYS ..... 83
SKYLA ..... 111
SKYRIZI ..... 155
SKYRIZI PEN ..... 155
SKYTROFA ..... 124
SLYND ..... 111
*sm nicotine* ..... 90
*sm nicotine polacrilex* ..... 90
SMARTEST BLOOD GLUCOSE TEST ..... 120
SOAANZ ..... 60
*sod citrate-citric acid* ..... 142
*sodium chloride* ..... 176
*sodium fluoride* ..... 161, 162
*sodium oxybate* ..... 87
*sodium phenylbutyrate* ..... 131
*sodium polystyrene sulfonate* .... 129
SOFDRA ..... 188
*sofosbuvir-velpatasvir* ..... 37
SOHONOS ..... 87
Solia ..... 111
*solifenacin succinate* ..... 142
SOLIQUA ..... 94
SOLOSEC ..... 38
SOLTAMOX ..... 42
SOLUS V2 TEST ..... 120
SOMATULINE DEPOT ..... 91
SOMAVERT ..... 91
SOOLANTRA ..... 188
SORILUX ..... 182
*sotalol hcl* ..... 53
*sotalol hcl (af)* ..... 53
SOTYKTU ..... 155
SOTYLIZE ..... 53
SOVALDI ..... 37
SOVUNA ..... 31, 157
SPEVIGO ..... 183
*spinosad* ..... 189
SPIRIVA HANDIHALER ..... 172
SPIRIVA RESPIMAT ..... 172
*spironolactone* ..... 50
*spironolactone-hctz* ..... 60
SPORANOX ..... 30
SPRAVATO (56 MG DOSE) ..... 67
SPRAVATO (84 MG DOSE) ..... 67
Sprintec 28 ..... 111
SPRITAM ..... 76
SPRIX ..... 23
SPRYCEL ..... 47
Sps (Sodium Polystyrene Sulf) . 129
SPS (SODIUM POLYSTYRENE SULF) ..... 129
Sronyx ..... 111
Ssd ..... 181
ST JOSEPH LOW DOSE ..... 28
STARJEMZA ..... 155
STEGLATRO ..... 99
STEGLUJAN ..... 99
STELARA ..... 155
STENDRA ..... 141
STEQEYMA ..... 156
*sterile water for irrigation* ..... 170
STIMUFEND ..... 146
STIOLTO RESPIMAT ..... 171
STIVARGA ..... 47
STOBOCLO ..... 101
STRENSIQ ..... 128
STRIBILD ..... 33
STRIVERDI RESPIMAT ..... 173
SUBLOCADE ..... 27
SUBOXONE ..... 88
Subvenite ..... 76
Subvenite Starter Kit-Blue ..... 76
Subvenite Starter Kit-Green ..... 76
Subvenite Starter Kit-Orange ..... 76
SUCRAID ..... 138
*sucralfate* ..... 138
SUFLAVE ..... 137
*sulfacetamide sodium* ..... 166
*sulfacetamide sodium (acne)* .... 180
*sulfacetamide-prednisolone* ..... 165
*sulfadiazine* ..... 30
*sulfamethoxazole-trimethoprim* .. 38
SULFAMYLON ..... 181
*sulfasalazine* ..... 136
Sulfatrim Pediatric ..... 38
*sulfurated lime* ..... 189
*sulindac* ..... 24
*sumatriptan* ..... 82
*sumatriptan succinate* ..... 82
*sumatriptan-naproxen sodium* .... 82
SUNOSI ..... 87
SUPARTZ FX ..... 29

*super bi-mix* ..... 141
*super quad-mix* ..... 141
*super tri-mix* ..... 141
SUPPRELIN LA ..... 102
SUPREME TEST ..... 120
SUPREP BOWEL PREP KIT .. 137
*surebiotic probiotic support* ..... 133
SUTAB ..... 137
SUTENT ..... 47
Syeda ..... 111
SYMBICORT ..... 178
SYMBRAVO ..... 82
SYMDEKO ..... 175
SYMFI ..... 33
SYMPAZAN ..... 76
SYMPROIC ..... 138
SYMTUZA ..... 33
SYNAREL ..... 121
SYNDROS ..... 135
SYNJARDY ..... 99
SYNJARDY XR ..... 99
SYNOJOYNT ..... 29
SYNTHROID ..... 130
SYNVISC ..... 29
SYNVISC ONE ..... 29
SYPRINE ..... 103
TABLOID ..... 41
TABRECTA ..... 47
TACLONEX ..... 183
*tacrolimus* ..... 161, 183
*tadalafil* ..... 141
*tadalafil (pah)* ..... 62
TADLIQ ..... 62
TAFINLAR ..... 47
TAGRISSO ..... 47
TAKE ACTION ..... 111
TAKHZYRO ..... 158
TALICIA ..... 140
TALTZ ..... 156
TALZENNA ..... 48
*tamoxifen citrate* ..... 42
*tamsulosin hcl* ..... 140
*tapentadol hcl er* ..... 27
TAPERDEX 12-DAY ..... 123
Taperdex 6-Day ..... 123
TAPERDEX 7-DAY ..... 123
Targadox ..... 40
TARGRETIN ..... 48, 188
Tarina 24 Fe ..... 111
Tarina Fe 1/20 Eq ..... 111
TARON-C DHA ..... 163
TARPEYO ..... 142
TASCENSO ODT ..... 85
TASIGNA ..... 47
*tavaborole* ..... 182
TAVALISSE ..... 150
TAVNEOS ..... 149
Taysofy ..... 111
TAYTULLA ..... 111
*tazarotene* ..... 180, 183
TAZORAC ..... 183
TECFIDERA ..... 85
TEGLUTIK ..... 63
TEGRETOL ..... 76
TEGRETOL-XR ..... 76
TEKTURNA ..... 59
*telmisartan* ..... 52
*telmisartan-amlodipine* ..... 51
*telmisartan-hctz* ..... 51
*temazepam* ..... 81
TEMBEXA ..... 34
TEMODAR ..... 40
*temozolomide* ..... 40
TENCON ..... 22
*tenofovir disoproxil fumarate* ..... 32
TEPMETKO ..... 47
*terazosin hcl* ..... 140
*terbinafine hcl* ..... 30
*terbutaline sulfate* ..... 173
*terconazole* ..... 143
*teriparatide* ..... 102
TESTIM ..... 92
TESTOPEL ..... 92
*testosterone* ..... 92
*testosterone cypionate* ..... 92
*testosterone enanthate* ..... 92
*tetrabenazine* ..... 84
*tetracycline hcl* ..... 40
TEXACORT ..... 186
TEZRULY ..... 140
TEZSPIRE ..... 176
THALITONE ..... 60
THALOMID ..... 41
THEO-24 ..... 178
*theophylline* ..... 178
*theophylline er* ..... 178
THIOLA ..... 142
THIOLA EC ..... 142
*thioridazine hcl* ..... 72
*thiothixene* ..... 72
THRIVE ..... 90
THROMBIN-JMI ..... 149
THYQUIDITY ..... 130
*thyroid* ..... 130
*tiagabine hcl* ..... 76
TIBSOVO ..... 48
TIKOSYN ..... 53
Tilia Fe ..... 111
*timolol hemihydrate* ..... 165
*timolol maleate* ..... 57, 165
*timolol maleate (once-daily)* ..... 165
TIMOPTIC OCUDOSE ..... 165
*tinidazole* ..... 30
*tiotropium bromide* ..... 172
TIROSINT ..... 131
TIROSINT-SOL ..... 131
TIVICAY ..... 32
TIVICAY PD ..... 32
*tizanidine hcl* ..... 87
TLANDO ..... 92
TOBI ..... 175
TOBI PODHALER ..... 175
TOBRADEX ..... 165
TOBRADEX ST ..... 165
*tobramycin* ..... 166, 175
*tobramycin-dexamethasone* ..... 165
TOBREX ..... 166
TODAY SPONGE ..... 141
TOLAK ..... 181
*tolcapone* ..... 69
*tolmetin sodium* ..... 24
*tolsura* ..... 30
*tolterodine tartrate* ..... 142
*tolterodine tartrate er* ..... 142
TONMYA ..... 80
*topiramate* ..... 76
*topiramate er* ..... 76
TOPROL XL ..... 57
*toremifene citrate* ..... 43
*torsemide* ..... 60
TOSYMRA ..... 82
TOUJEO MAX SOLOSTAR ..... 98
TOUJEO SOLOSTAR ..... 98
Tovet ..... 186
TOVIAZ ..... 143
TPOXX ..... 34
TRACLEER ..... 62
TRADJENTA ..... 93
*tramadol hcl* ..... 27
*tramadol hcl (er biphasic)* ..... 27
*tramadol hcl er* ..... 27
*tramadol-acetaminophen* ..... 27
*trandolapril* ..... 50
*trandolapril-verapamil hcl er* ..... 50
*tranexamic acid* ..... 149
TRANSDERM SCOP ..... 135

*tranylcypromine sulfate* ..... 67
TRAVATAN Z ..... 169
*travoprost (bak free)* ..... 169
*trazodone hcl* ..... 67
TRELEGY ELLIPTA ..... 171
TRELSTAR MIXJECT ..... 43
TREMFYA ..... 156
TREMFYA ONE-PRESS ..... 156
TREMFYA PEN ..... 156
TREMFYA-CD/UC INDUCTION ..... 156
*treprostinil* ..... 62
TRESIBA ..... 98
TRESIBA FLEXTOUCH ..... 98
*tretinoin* ..... 48, 180
*tretinoin microsphere* ..... 180
*tretinoin microsphere pump* ..... 180
TREXALL ..... 41
TREXIMET ..... 82
TREZIX ..... 27
Tri Femynor ..... 111
*triamcinolone acetonide* ... 186, 189
*triamcinolone in absorbase* ..... 186
*triamterene* ..... 60
*triamterene-hctz* ..... 60
*triazolam* ..... 81
TRICOR ..... 54
Triderm ..... 186
*trientine hcl* ..... 103
Tri-Estarylla ..... 111
*trifluoperazine hcl* ..... 72
*trifluridine* ..... 166
*trihexyphenidyl hcl* ..... 69
TRIJARDY XR ..... 93
TRIKAFTA ..... 175
Tri-Legest Fe ..... 111
TRILEPTAL ..... 77
Tri-Linyah ..... 111
Tri-Lo-Estarylla ..... 111
Tri-Lo-Marzia ..... 111
Tri-Lo-Mili ..... 111
Tri-Lo-Sprintec ..... 112
*trimethobenzamide hcl* ..... 135
*trimethoprim* ..... 38
Tri-Mili ..... 112
*trimipramine maleate* ..... 67
*tri-mix* ..... 141
*trinatal rx 1* ..... 163
Trinessa (28) ..... 112
TRINTELLIX ..... 67
*triple pmb* ..... 165
*triple pmk* ..... 166
TRIPTODUR ..... 102
Tri-Sprintec ..... 112
*tristart dha* ..... 163
TRIUMEQ ..... 33
*triumeq pd* ..... 33
TRIVISC ..... 29
Trivora (28) ..... 112
Tri-Vylibra ..... 112
Tri-Vylibra Lo ..... 112
TROKENDI XR ..... 77
*tropicamide* ..... 169
*trospium chloride* ..... 143
*trospium chloride er* ..... 143
TRUDHESA ..... 81
*true focus blood glucose strip* ... 120
TRUE METRIX BLOOD GLUCOSE TEST ..... 120
TRUETEST TEST ..... 120
TRUETRACK TEST ..... 121
TRULANCE ..... 136
TRULICITY ..... 94
TRUQAP ..... 47
TRUVADA ..... 33
TRYNGOLZA ..... 61
TRYPTYR ..... 168
TRYVIO ..... 61
TUDORZA PRESSAIR ..... 172
TUKYSA ..... 47
TURALIO ..... 47
Turqoz ..... 112
TUXARIN ER ..... 174
TWIIST REFILL KIT ..... 121
TWIIST REFILL KIT/INFUSION SET ..... 121
TWIIST STARTER KIT ..... 121
TWIRLA ..... 112
TWYNEO ..... 180
TYBLUME ..... 112
Tydemy ..... 112
TYENNE ..... 156
TYKERB ..... 47
TYMLOS ..... 102
TYRUKO ..... 86
TYRVAYA ..... 169
TYSABRI ..... 86
TYVASO ..... 63
TYVASO DPI INSTITUTIONAL KIT ..... 63
TYVASO DPI MAINTENANCE KIT ..... 63
TYVASO DPI TITRATION KIT ..... 63
TYVASO REFILL KIT ..... 63
TYVASO STARTER KIT ..... 63
UBRELVY ..... 81
UCERIS ..... 136
UDENYCA ..... 146
ULORIC ..... 21
ULTRAVATE ..... 186
*umeclidinium-vilanterol* ..... 171
UNISTRIP1 GENERIC ..... 121
Unithroid ..... 131
UPNEEQ ..... 169
UPTRAVI ..... 63
UPTRAVI TITRATION ..... 63
URIMAR-T ..... 38
UROXATRAL ..... 140
*ursodiol* ..... 138
*ustekinumab* ..... 156
*ustekinumab-aauz* ..... 156
*ustekinumab-aekn* ..... 156
*ustekinumab-ttwe* ..... 156
UVADEX ..... 48
UZEDY ..... 72
VABRINTY ..... 43
VAGIFEM ..... 127
*valacyclovir hcl* ..... 34
VALCHLOR ..... 188
VALCYTE ..... 34
*valganciclovir hcl* ..... 34
*valproic acid* ..... 77
*valsartan* ..... 52
*valsartan-hydrochlorothiazide* ... 52
VALTOCO 10 MG DOSE ..... 77
VALTOCO 15 MG DOSE ..... 77
VALTOCO 20 MG DOSE ..... 77
VALTOCO 5 MG DOSE ..... 77
VALTREX ..... 34
Valtya 1/35 ..... 112
VALTYA 1/50 ..... 112
*vancomycin hcl* ..... 38
VANCOMYCIN+SYRSPEND SF ..... 38
VANDAZOLE ..... 143
VANFLYTA ..... 47
VANOS ..... 186
VANRAFIA ..... 142
*varenicline tartrate* ..... 91
*varenicline tartrate (starter)* ..... 91
VARUBI (180 MG DOSE) ..... 135
VASCEPA ..... 55
VASOSTRICT ..... 132
VCF VAGINAL CONTRACEPTIVE ..... 141

VECAMYL....61
VECTICAL....183
VELETRI....63
VELIVET....112
VELPHORO....129
VELSIPITY....156
VELTASSA....129
VEMLIDY....36
VENCLEXTA....41
VENCLEXTA STARTING PACK....41
VENIPUNCTURE PX1 PHLEBOTOMY....187
*venlafaxine besylate er*....67
*venlafaxine hcl*....67
*venlafaxine hcl er*....67
VENTOLIN HFA....173
VEOZAH....128
*verapamil hcl*....59
*verapamil hcl er*....58
*verasens blood glucose test*....121
VEREGEN....188
VERKAZIA....169
VERQUVO....60
VERSACLOZ....72
VERZENIO....47
VESICARE....143
Vestura....112
VEVYE....168
V-GO 20....121
V-GO 30....121
V-GO 40....121
VIAGRA....141
VIBERZI....136
VICTOZA....94
Vienva....112
*vigabatrin*....77
Vigadrone....77
VIGAFYDE....77
VIIBRYD....67
VIJOICE....128
VIMPAT....77
VIOKACE....138
*viorele*....112
VIRACEPT....32
VIREAD....32
VISCO-3....29
VISTOGARD....48
VITAFOL FE+....163
VITAFOL GUMMIES....164
VITAFOL ULTRA....164
VITAFOL-OB....164
VITAFOL-OB+DHA....164
VITAFOL-ONE....164
*vitalara*....164
VITRAKVI....47
VIVAGUARD INO TEST STRIPS....121
VIVELLE-DOT....127
VIVITROL....88
VIVJOA....30
VIZZ....169
VOGELXO....92
VOGELXO PUMP....92
Volnea....112
VOLTAREN....24
VONJO....47
VONVENDI....145
VOQUEZNA....138
VORANIGO....48
*voriconazole*....30
VOSEVI....37
VOTRIENT....47
VOWST....138
VOXZOGO....124
VOYDEYA....149
VPRIV....125
VRAYLAR....72
VTAMA....183
VUITY....169
VUMERITY....86
VUSION....182
VYALEV....69
Vyfemla....112
VYJUVEK....189
VYKAT XR....128
VYLEESI....89
Vylibra....112
VYNDAMAX....61
VYVANSE....80
VYVGART HYTRULO....87
VYZULTA....169
WAINUA....129
WAKIX....87
*warfarin sodium*....144
WEGOVY....100
WEGOVY HD....100
WELIREG....48
WELLBUTRIN XL....68
*wellpro 31*....133
Wera....112
*wescap-pn dha*....164
*westgel dha*....164
WEZLANA....156
WIDE-SEAL DIAPHRAGM 60....112
WIDE-SEAL DIAPHRAGM 65....113
WIDE-SEAL DIAPHRAGM 70....113
WIDE-SEAL DIAPHRAGM 75....113
WIDE-SEAL DIAPHRAGM 80....113
WIDE-SEAL DIAPHRAGM 85....113
WIDE-SEAL DIAPHRAGM 90....113
WIDE-SEAL DIAPHRAGM 95....113
WILATE....145
WINLEVI....180
WINREVAIR....63
Wixela Inhub....178
Wymzya Fe....113
WYNZORA....183
WYOST....101
XACIATO....143
XADAGO....69
XALKORI....47
XANAX....64
Xarah Fe....113
XARELTO....144
XARELTO STARTER PACK....144
XATMEP....41
XCOPRI....77
XCOPRI (250 MG DAILY DOSE)....77
XCOPRI (350 MG DAILY DOSE)....77
XDEMVY....166
XELJANZ....156
XELJANZ XR....156
XELPROS....169
Xelria Fe....113
XELSTRYM....80
XEMBIFY....159
XENAZINE....84
XENICAL....100
XEOMIN....80
XERAC AC....188
XERESE....34
XERMELO....138
XGEVA....101
XHANCE....176
XIFAXAN....38

XIGDUO XR ..... 98, 99
XIIDRA ..... 168
XOFLUZA (40 MG DOSE) ..... 35
XOFLUZA (80 MG DOSE) ..... 35
XOLAIR ..... 157
XOLREMDI ..... 146
XOPENEX HFA ..... 173
XOSPATA ..... 47
XPHOZAH ..... 129
XPOVIO (100 MG ONCE WEEKLY) ..... 48
XPOVIO (40 MG ONCE WEEKLY) ..... 48
XPOVIO (40 MG TWICE WEEKLY) ..... 48
XPOVIO (60 MG ONCE WEEKLY) ..... 48
XPOVIO (60 MG TWICE WEEKLY) ..... 49
XPOVIO (80 MG ONCE WEEKLY) ..... 49
XPOVIO (80 MG TWICE WEEKLY) ..... 49
XROMI ..... 149
XTAMPZA ER ..... 27
XTANDI ..... 43
Xulane ..... 113
XULTOPHY ..... 94
XURIDEN ..... 128
XYNTHA ..... 148
XYNTHA SOLOFUSE ..... 148
XYOSTED ..... 92
XYREM ..... 87
XYWAV ..... 87
YASMIN 28 ..... 113
YAZ ..... 113
YCANTH ..... 188
YESINTEK ..... 157
YEZTUGO ..... 32
*yl folic acid* ..... 164
YONSA ..... 43
YORVIPATH ..... 102
YOSPRALA ..... 149
YOUR CHOICE ..... 113
YUFLYMA (1 PEN) ..... 157
YUFLYMA (2 PEN) ..... 157
YUFLYMA (2 SYRINGE) ..... 157
YUFLYMA-CD/UC/HS STARTER ..... 157
YUPELRI ..... 172
YUSIMRY ..... 157
YUTREPIA ..... 63
Yuvafem ..... 127
YUVEZZI ..... 169
YUVIWEL ..... 124
Zafemy ..... 113
*zafirlukast* ..... 175
*zaleplon* ..... 81
*zalvit* ..... 164
ZANAFLEX ..... 87
ZAVESCA ..... 125
ZAVZPRET ..... 81
ZEJULA ..... 49
*zelac* ..... 133
ZELAPAR ..... 69
ZELBORAF ..... 47
ZELSUVMI ..... 188
ZEMAIRA ..... 170
ZEMBRACE SYMTOUCH ..... 83
Zenatane ..... 180
ZENPEP ..... 138
Zenzedi ..... 80
ZEPBOUND ..... 100
ZEPOSIA ..... 86
ZEPOSIA 7-DAY STARTER PACK ..... 86
ZEPOSIA STARTER KIT ..... 86
*zeruvia* ..... 187
ZESTORETIC ..... 50
ZETIA ..... 54
ZIANA ..... 180
*zidovudine* ..... 32
ZIEXTENZO ..... 146
ZILBRYSQ ..... 83
*zileuton er* ..... 175
ZILXI ..... 189
ZIOPTAN ..... 169
*ziprasidone hcl* ..... 73
ZIPSOR ..... 24
ZIRGAN ..... 166
ZITUVIMET ..... 93
ZITUVIMET XR ..... 93
ZITUVIO ..... 93
ZOKINVY ..... 128
ZOLADEX ..... 43
*zoledronic acid* ..... 101
ZOLINZA ..... 49
*zolmitriptan* ..... 83
ZOLOFT ..... 68
*zolpidem tartrate* ..... 81
*zolpidem tartrate er* ..... 81
ZOMACTON ..... 124
ZOMIG ..... 83
Zomig ..... 83
ZONEGRAN ..... 77
ZONISADE ..... 77
*zonisamide* ..... 77
ZONTIVITY ..... 149
ZORTRESS ..... 161
ZORYVE ..... 183
Zovia 1/35 (28) ..... 113
ZOVIRAX ..... 188
ZTALMY ..... 77
ZTLIDO ..... 187
ZUBSOLV ..... 88
Zumandimine ..... 113
ZUNVEYL ..... 65
ZURZUVAE ..... 68
ZYCLARA PUMP ..... 181
ZYDELIG ..... 48
ZYKADIA ..... 48
ZYLET ..... 166
ZYMFENTRA (1 PEN) ..... 157
ZYMFENTRA (2 PEN) ..... 157
ZYMFENTRA (2 SYRINGE) ..... 157
ZYPITAMAG ..... 55
ZYTIGA ..... 43