Plan for your best health

2027 Aetna Pharmacy Drug Guide
High Value 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 Previous versions are no longer in effect.

Aetna.com

8586400-31-01 (01/27)

aetna®

Health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company of New York, Aetna Health Assurance Pennsylvania Inc., Aetna Health Insurance company and/or Aetna Life Insurance Company (Aetna). In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. In Utah and Wyoming by Aetna Health of Utah Inc. and Aetna Life Insurance Company. In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products. Pharmacy benefits are administered by an affiliated pharmacy benefit manager, CVS Caremark. Aetna is part of the CVS Health family of companies.

2027 Pharmacy Drug Guide

High Value Plan

Table of Contents

INFORMATIONAL SECTION....4
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION....21
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS....25
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER....32
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS....37
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS....45
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES....61
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS....83
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS....87
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS....89
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM....92
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS....97
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS....98
OTHER....100
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS....100
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS....104

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

Your plan includes

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

What you can expect to pay

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

- **Preferred generic:** the lowest cost
- **Preferred brand:** a slightly higher cost
- **Preferred brand specialty:** cost for 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

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.
- Check to see if your plan includes our home delivery pharmacy service. Depending upon your plan, our home delivery service may save you money. For more information, visit the website on your member ID card and log in to your account.
- Remind your doctor to check your plan to make sure you get maximum coverage.

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 are equally effective, 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 Non-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

How is the formulary (drug list) developed?

Our Pharmacy and Therapeutics Committee meets regularly to review new drugs and new information about current drugs. We review them for their safety, effectiveness and current use in therapy.

This committee includes licensed pharmacists and doctors. They are currently in practice or are Aetna employees.

Once we complete our clinical review, we also consider overall value before adding or removing a drug from the formulary. We may recommend moving a drug to a different coverage level. Or that it be placed on our Formulary Exclusions List and no longer be covered.

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 brand-name drug is likely to be covered at a higher cost. And the generic versions cost less. 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.

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.

Discrimination is Against the Law

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

Aetna:

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

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

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

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

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

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

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

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

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

Language accessibility statement

Interpreter services are available for free.
TTY: 711

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Notice of Language Assistance

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

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

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

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

Non-discrimination notice

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

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

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

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

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

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

You can also file a civil rights complaint with:

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

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

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)

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

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

Para acessar os serviços de idiomas sem custo para você, ligue para 1-888-982-3862 . (Portuguese)
ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, 1-888-982-3862 'ਤੇ ਫ਼ੋਨ ਕਰੋ। (Punjabi)
Pentru a accesa gratuit serviciile de limbă, apelați 1-888-982-3862 . (Romanian)
Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону 1-888-982-3862 . (Russian)
Mo le mauaina o auaunaga tau gagana e aunoa ma se totogi, vala'au le 1-888-982-3862 . (Samoan)
Za besplatne prevodilačke usluge pozovite 1-888-982-3862 . (Serbo-Croatian)
Heeba a nasta jangirde djey wolde wola chede bo apelou lamba 1-888-982-3862 . (Sudanic-Fulfulde)
Kupata huduma za lugha bila malipo kwako, piga 1-888-982-3862 . (Swahili)
1-888-982-3862 :ܟܬܒ ܠܗܘܢ ܕܠܐ ܡܫܠܡ ܒܥܘ ܕܬܬܠܘ ܠܝ ܒܠܫܢܐ ܕܝܠܟ ܒܚܢܡ ܠܐ ܡܫܠܡ ܐܢ ܒܥܝܬ ܠܟ ܫܘܡܫܢܐ ܕ

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

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

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

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

Health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company of New York, Aetna Health Assurance Pennsylvania Inc., Aetna Health Insurance company and/or Aetna Life Insurance Company (Aetna). In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. In Utah and Wyoming by Aetna Health of Utah Inc. and Aetna Life Insurance Company. In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products. Pharmacy benefits are administered by an affiliated pharmacy benefit manager, CVS Caremark. Aetna® is part of the CVS Health® family of companies.

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 Vermont, 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.

Aetna.com

©2026 Aetna Inc.

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.

This document contains trademarks or registered trademarks of CVS Pharmacy, Inc. or one of its affiliates; it may also contain references to products that are trademarks or registered trademarks of entities not affiliated with CVS Health.

This material is for information only. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Information is subject to change. CVS Caremark Mail Service Pharmacy is part of the CVS Health family of companies.

Aetna.com

©2026 Aetna Inc.

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
CE = Copay Exception: Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy. Certain limitations may apply.
PB = Preferred Brand
PBSP = Preferred Brand Specialty
PG = Preferred Generic

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

Prescription Drug Name	Drug Tier	Drug Notes
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION		
COX-2 INHIBITORS		
celecoxib oral capsule 100 mg, 200 mg, 400 mg	PG	
celecoxib oral capsule 50 mg	PG	N8 (Listing does not include certain NDCs)
GOUT		
allopurinol oral tablet 100 mg, 300 mg	PG	N8 (Listing does not include certain NDCs)
colchicine oral capsule 0.6 mg	PG	
colchicine oral tablet 0.6 mg	PG	
colchicine-probenecid oral tablet 0.5-500 mg	PG	
febuxostat oral tablet 40 mg, 80 mg	PG	
probenecid oral tablet 500 mg	PG	
NON-OPIOID ANALGESICS		
butalbital-apap-caffeine (Bac (Butalbital-Acetamin-Caff) Oral Tablet 50-325-40 Mg)	PG	
butalbital-acetaminophen oral capsule 50-300 mg	PG	
butalbital-acetaminophen oral tablet 50-325 mg	PG	
butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg	PG	
butalbital-apap-caffeine oral tablet 50-325-40 mg	PG	
TENCON ORAL TABLET 50-325 MG (*butalbital-acetaminophen*)	PG	
NSAIDS		
diclofenac potassium oral tablet 25 mg	PG	
diclofenac potassium oral tablet 50 mg	PG	N8 (Listing does not include certain NDCs)

Prescription Drug Name	Drug Tier	Drug Notes
diclofenac sodium er oral tablet extended release 24 hour 100 mg	PG	
diclofenac sodium external gel 1 %	PG	
diclofenac sodium external solution 1.5 %	PG	
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg	PG	
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg	PG	
etodolac oral capsule 300 mg	PG	
etodolac oral tablet 400 mg, 500 mg	PG	
flurbiprofen oral tablet 100 mg, 50 mg	PG	
ibuprofen (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg)	PG	
ibuprofen oral suspension 100 mg/5ml	PG	
ibuprofen oral tablet 400 mg, 600 mg	PG	
ibuprofen oral tablet 800 mg	PG	N8 (Listing does not include certain NDCs)
indomethacin er oral capsule extended release 75 mg	PG	
indomethacin oral capsule 25 mg, 50 mg	PG	
ketorolac tromethamine oral tablet 10 mg	PG	
diclofenac potassium (Lofena Oral Tablet 25 Mg)	PG	
meloxicam oral tablet 15 mg, 7.5 mg	PG	N8 (Listing does not include certain NDCs)
nabumetone oral tablet 500 mg, 750 mg	PG	N8 (Listing does not include certain NDCs)
naproxen oral tablet 250 mg, 375 mg	PG	
naproxen oral tablet 500 mg	PG	N8 (Listing does not include certain NDCs)
naproxen oral tablet delayed release 375 mg, 500 mg	PG	
naproxen sodium oral tablet 275 mg, 550 mg	PG	
oxaprozin oral tablet 600 mg	PG	
piroxicam oral capsule 10 mg, 20 mg	PG	
sulindac oral tablet 150 mg, 200 mg	PG	
NSAIDS, COMBINATIONS		
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	PG	
OPIOID ANALGESICS		
acetaminophen-codeine oral solution 120-12 mg/5ml, 300-30 mg/12.5ml	PG	

Prescription Drug Name	Drug Tier	Drug Notes
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	PG	
butalbital-asa-caff-codeine (Ascomp-Codeine Oral Capsule 50-325-40-30 Mg)	PG	
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	PG	
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	PG	
butorphanol tartrate nasal solution 10 mg/ml	PG	
oxycodone-acetaminophen (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	PG	
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	PG	
hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	PG	
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml	PG	
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	PG	
hydrocodone-ibuprofen oral tablet 10-200 mg, 7.5-200 mg	PG	
hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg	PG	
hydromorphone hcl oral liquid 5 mg/5ml	PG	
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	PG	
levorphanol tartrate oral tablet 3 mg	PG	
meperidine hcl oral tablet 50 mg	PG	
methadone hcl (Methadone Hcl Intensol Oral Concentrate 10 Mg/Ml)	PG	
methadone hcl oral concentrate 10 mg/ml	PG	
methadone hcl oral solution 10 mg/5ml, 5 mg/5ml	PG	
methadone hcl oral tablet 10 mg, 5 mg	PG	
methadone hcl (Methadose Oral Tablet Soluble 40 Mg)	PG	
morphine sulfate (concentrate) oral solution 20 mg/ml	PG	
morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	PG	
morphine sulfate oral solution 10 mg/5ml	PG	
morphine sulfate oral tablet 15 mg, 30 mg	PG	
oxycodone hcl oral capsule 5 mg	PG	
oxycodone hcl oral concentrate 100 mg/5ml	PG	
oxycodone hcl oral solution 5 mg/5ml	PG	

Prescription Drug Name	Drug Tier	Drug Notes
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	PG	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	PG	
oxymorphone hcl oral tablet 10 mg, 5 mg	PG	
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (*oxycodone-acetaminophen*)	PG	
tramadol hcl (er biphasic) oral tablet extended release 24 hour 200 mg, 300 mg	PG	
tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	PG	
tramadol hcl oral tablet 50 mg	PG	
tramadol-acetaminophen oral tablet 37.5-325 mg	PG	
OPIOID PARTIAL AGONISTS		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (*buprenorphine hcl*)	PB	
buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr	PG	
pentazocine-naloxone hcl oral tablet 50-0.5 mg	PG	
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	
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	

Prescription Drug Name	Drug Tier	Drug Notes
cvs aspirin low strength oral tablet delayed release 81 mg	CE	
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)*)	PB	
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (*sodium hyaluronate (viscosup)*)	PB	
GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16.8 MG/2ML (*sodium hyaluronate (viscosup)*)	PB	
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 30 MG/2ML (*hyaluronan*)	PBSP	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
ANTHELMINTICS - DRUGS FOR WORM INFECTION		
albendazole oral tablet 200 mg	PG	
EMVERM ORAL TABLET CHEWABLE 100 MG (*mebendazole*)	PB	
ivermectin oral tablet 3 mg	PG	
praziquantel oral tablet 600 mg	PG	

Prescription Drug Name	Drug Tier	Drug Notes
ANTI-BACTERIALS - MISCELLANEOUS		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML (*amikacin sulfate liposome*)	PBSP	
neomycin sulfate oral tablet 500 mg	PG	N8 (Listing does not include certain NDCs)
tinidazole oral tablet 250 mg, 500 mg	PG	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	PG	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	PG	
flucytosine oral capsule 250 mg	PG	
griseofulvin microsize oral tablet 500 mg	PG	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	PG	
itraconazole oral capsule 100 mg	PG	
itraconazole oral solution 10 mg/ml	PG	
ketoconazole oral tablet 200 mg	PG	
nystatin oral tablet 500000 unit	PG	
terbinafine hcl oral tablet 250 mg	PG	
VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML (*voriconazole*)	PB	
voriconazole oral suspension reconstituted 40 mg/ml	PG	
voriconazole oral tablet 200 mg, 50 mg	PG	
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	PG	
chloroquine phosphate oral tablet 250 mg, 500 mg	PG	
hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg	PG	
mefloquine hcl oral tablet 250 mg	PG	
primaquine phosphate oral tablet 26.3 (15 base) mg	PBSP	
quinine sulfate oral capsule 324 mg	PG	
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate oral solution 20 mg/ml	PBSP	
abacavir sulfate oral tablet 300 mg	PBSP	
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 MG/3ML (*cabotegravir*)	PBSP	
atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg	PBSP	
efavirenz oral tablet 600 mg	PBSP	

Prescription Drug Name	Drug Tier	Drug Notes
EMTRIVA ORAL CAPSULE 200 MG (*emtricitabine*)	PBSP	
EMTRIVA ORAL SOLUTION 10 MG/ML (*emtricitabine*)	PBSP	
ISENTRESS HD ORAL TABLET 600 MG (*raltegravir potassium*)	PBSP	
ISENTRESS ORAL PACKET 100 MG (*raltegravir potassium*)	PBSP	
ISENTRESS ORAL TABLET 400 MG (*raltegravir potassium*)	PBSP	
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (*raltegravir potassium*)	PBSP	
lamivudine oral solution 10 mg/ml	PBSP	
lamivudine oral tablet 150 mg, 300 mg	PBSP	
nevirapine er oral tablet extended release 24 hour 400 mg	PBSP	
nevirapine oral suspension 50 mg/5ml	PBSP	
nevirapine oral tablet 200 mg	PBSP	
NORVIR ORAL PACKET 100 MG (*ritonavir*)	PBSP	
ritonavir oral tablet 100 mg	PBSP	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (*fostemsavir tromethamine*)	PB	
tenofovir disoproxil fumarate oral tablet 300 mg	PBSP	
TIVICAY ORAL TABLET 50 MG (*dolutegravir sodium*)	PBSP	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (*dolutegravir sodium*)	PBSP	
YEZTUGO ORAL TABLET 300 MG (*lenacapavir sodium*)	PB	
YEZTUGO SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML (*lenacapavir sodium*)	PBSP	
zidovudine oral capsule 100 mg	PBSP	
zidovudine oral syrup 50 mg/5ml	PBSP	
zidovudine oral tablet 300 mg	PBSP	
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate-lamivudine oral tablet 600-300 mg	PBSP	
BIKTARVY ORAL TABLET 30-120-15 MG (*bictegravir-emtricitab-tenofov*)	PB	
BIKTARVY ORAL TABLET 50-200-25 MG (*bictegravir-emtricitab-tenofov*)	PBSP	
CIMDUO ORAL TABLET 300-300 MG (*lamivudine-tenofovir*)	PBSP	
DESCOVY ORAL TABLET 120-15 MG (*emtricitabine-tenofovir af*)	PB	

Prescription Drug Name	Drug Tier	Drug Notes
DESCOVY ORAL TABLET 200-25 MG (*emtricitabine-tenofovir af*)	PBSP	
DOVATO ORAL TABLET 50-300 MG (*dolutegravir-lamivudine*)	PBSP	
emtricitabine-tenofovir df oral tablet 200-300 mg	CE	
EVOTAZ ORAL TABLET 300-150 MG (*atazanavir-cobicistat*)	PBSP	
GENVOYA ORAL TABLET 150-150-200-10 MG (*elviteg-cobic-emtricit-tenofaf*)	PBSP	
JULUCA ORAL TABLET 50-25 MG (*dolutegravir-rilpivirine*)	PB	
KALETRA ORAL SOLUTION 400-100 MG/5ML (*lopinavir-ritonavir*)	PB	
lamivudine-zidovudine oral tablet 150-300 mg	PBSP	
ODEFSEY ORAL TABLET 200-25-25 MG (*emtricitab-rilpivir-tenofov af*)	PBSP	
PREZCOBIX ORAL TABLET 675-150 MG (*darunavir-cobicistat*)	PB	
PREZCOBIX ORAL TABLET 800-150 MG (*darunavir-cobicistat*)	PBSP	
SYMFI ORAL TABLET 600-300-300 MG (*efavirenz-lamivudine-tenofovir*)	PBSP	
SYMTUZA ORAL TABLET 800-150-200-10 MG (*darun-cobic-emtricit-tenofaf*)	PB	
TRIUMEQ ORAL TABLET 600-50-300 MG (*abacavir-dolutegravir-lamivud*)	PBSP	
triumeq pd oral tablet soluble 60-5-30 mg	PB	
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
cycloserine oral capsule 250 mg	PG	
ethambutol hcl oral tablet 100 mg, 400 mg	PG	
isoniazid oral syrup 50 mg/5ml	PG	
isoniazid oral tablet 100 mg, 300 mg	PG	N8 (Listing does not include certain NDCs)
PRIFTIN ORAL TABLET 150 MG (*rifapentine*)	PB	
pyrazinamide oral tablet 500 mg	PG	
rifabutin oral capsule 150 mg	PG	
rifampin oral capsule 150 mg, 300 mg	PG	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
acyclovir oral capsule 200 mg	PG	

Prescription Drug Name	Drug Tier	Drug Notes
acyclovir oral suspension 200 mg/5ml	PG	
acyclovir oral tablet 400 mg, 800 mg	PG	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	PG	
oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg	PG	
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	PG	
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	
valacyclovir hcl oral tablet 1 gm, 500 mg	PG	
valganciclovir hcl oral solution reconstituted 50 mg/ml	PG	
valganciclovir hcl oral tablet 450 mg	PG	
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
cefadroxil oral capsule 500 mg	PG	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	PG	
cefadroxil oral tablet 1 gm	PG	
cefdinir oral capsule 300 mg	PG	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	PG	
cefixime oral capsule 400 mg	PG	
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	PG	
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	PG	
cefpodoxime proxetil oral tablet 100 mg, 200 mg	PG	
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	PG	
cefprozil oral tablet 250 mg, 500 mg	PG	
cefuroxime axetil oral tablet 250 mg, 500 mg	PG	
cephalexin oral capsule 250 mg, 500 mg, 750 mg	PG	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	PG	
cephalexin oral tablet 250 mg, 500 mg	PG	
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS		
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	PG	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	PG	
clarithromycin er oral tablet extended release 24 hour 500 mg	PG	

Prescription Drug Name	Drug Tier	Drug Notes
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	PG	
clarithromycin oral tablet 250 mg, 500 mg	PG	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML (*fidaxomicin*)	PB	
DIFICID ORAL TABLET 200 MG (*fidaxomicin*)	PB	
E.E.S. 400 ORAL TABLET 400 MG (*erythromycin ethylsuccinate*)	PG	
erythromycin base (Ery-Tab Oral Tablet Delayed Release 250 Mg, 333 Mg, 500 Mg)	PG	
erythromycin base oral capsule delayed release particles 250 mg	PG	
erythromycin base oral tablet 250 mg, 500 mg	PG	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml	PG	
erythromycin ethylsuccinate oral tablet 400 mg	PG	
erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg	PG	
fidaxomicin oral tablet 200 mg	PG	
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%) (*ciprofloxacin*)	PB	
levofloxacin oral solution 25 mg/ml	PG	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	PG	
moxifloxacin hcl oral tablet 400 mg	PG	
ofloxacin oral tablet 300 mg, 400 mg	PG	
HEPATITIS B		
adefovir dipivoxil oral tablet 10 mg	PBSP	
entecavir oral tablet 0.5 mg, 1 mg	PBSP	
lamivudine oral tablet 100 mg	PBSP	
HEPATITIS C		
MAVYRET ORAL PACKET 50-20 MG (*glecaprevir-pibrentasvir*)	PBSP	
MAVYRET ORAL TABLET 100-40 MG (*glecaprevir-pibrentasvir*)	PBSP	
ribavirin oral capsule 200 mg	PG	
ribavirin oral tablet 200 mg	PG	

Prescription Drug Name	Drug Tier	Drug Notes
MISCELLANEOUS		
atovaquone oral suspension 750 mg/5ml	PG	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	PG	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	PG	
dapsone oral tablet 100 mg, 25 mg	PG	
linezolid oral suspension reconstituted 100 mg/5ml	PG	
linezolid oral tablet 600 mg	PG	
methenamine hippurate oral tablet 1 gm	PG	
methenamine mandelate oral tablet 0.5 gm, 1 gm	PG	
metronidazole oral capsule 375 mg	PG	
metronidazole oral tablet 250 mg, 500 mg	PG	N8 (Listing does not include certain NDCs)
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	PG	
nitrofurantoin monohyd macro oral capsule 100 mg	PG	
sulfamethoxazole-trimethoprim oral suspension 800-160 mg/20ml	PG	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg	PG	N8 (Listing does not include certain NDCs)
sulfamethoxazole-trimethoprim oral tablet 800-160 mg	PG	
sulfamethoxazole-trimethoprim (Sulfatrim Pediatric Oral Suspension 200-40 Mg/5Ml)	PG	
vancomycin hcl oral capsule 125 mg, 250 mg	PG	
XIFAXAN ORAL TABLET 550 MG (*rifaximin*)	PB	
PENICILLINS - DRUGS TO TREAT INFECTIONS		
amoxicillin oral capsule 250 mg, 500 mg	PG	N8 (Listing does not include certain NDCs)
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	PG	
amoxicillin oral tablet 500 mg, 875 mg	PG	
amoxicillin oral tablet chewable 125 mg, 250 mg	PG	
amoxicillin trihydrate oral suspension reconstituted 250 mg/5ml	PG	N8 (Listing does not include certain NDCs)
amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg	PG	
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	PG	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	PG	

Prescription Drug Name	Drug Tier	Drug Notes
amoxicillin-pot clavulanate oral tablet chewable 400-57 mg	PB	
ampicillin oral capsule 500 mg	PG	
ampicillin sodium intravenous solution reconstituted 10 gm	PG	N8 (Listing does not include certain NDCs)
dicloxacillin sodium oral capsule 250 mg, 500 mg	PG	
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	PG	
penicillin v potassium oral tablet 250 mg, 500 mg	PG	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
avidoxy oral tablet 100 mg	PG	
demeclocycline hcl oral tablet 150 mg, 300 mg	PG	
doxycycline hyclate oral capsule 100 mg, 50 mg	PG	
doxycycline hyclate oral tablet 100 mg, 20 mg	PG	
doxycycline monohydrate oral capsule 100 mg, 50 mg	PG	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	PG	
doxycycline monohydrate oral tablet 100 mg, 150 mg, 75 mg	PG	
doxycycline monohydrate oral tablet 50 mg	PG	N8 (Listing does not include certain NDCs)
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	PG	
minocycline hcl oral tablet 100 mg, 50 mg, 75 mg	PG	
doxycycline monohydrate (Mondoxyne Nl Oral Capsule 100 Mg)	PG	
tetracycline hcl oral capsule 250 mg, 500 mg	PG	
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
cyclophosphamide oral capsule 25 mg, 50 mg	PG	
dacarbazine intravenous solution reconstituted 100 mg	PG	
LEUKERAN ORAL TABLET 2 MG (*chlorambucil*)	PB	
MATULANE ORAL CAPSULE 50 MG (*procarbazine hcl*)	PB	
MYLERAN ORAL TABLET 2 MG (*busulfan*)	PB	
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	PBSP	
ANTIMETABOLITES		
capecitabine oral tablet 150 mg, 500 mg	PBSP	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG (*trifluridine-tipiracil*)	PBSP	

Prescription Drug Name	Drug Tier	Drug Notes
mercaptopurine oral tablet 50 mg	PG	
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	PBSP	
methotrexate sodium injection solution 250 mg/10ml	PBSP	
methotrexate sodium injection solution reconstituted 1 gm	PBSP	
ONUREG ORAL TABLET 200 MG, 300 MG (*azacitidine*)	PBSP	
TABLOID ORAL TABLET 40 MG (*thioguanine*)	PB	
ANTINEOPLASTIC, BCL-2 INHIBITORS		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG (*venetoclax*)	PBSP	
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (*venetoclax*)	PBSP	
BIOLOGIC RESPONSE MODIFIERS		
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (*ropeginterferon alfa-2b-njft*)	PBSP	
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (*pomalidomide*)	PBSP	
THALOMID ORAL CAPSULE 100 MG, 50 MG (*thalidomide*)	PBSP	
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate micronized oral tablet 125 mg	PBSP	
abiraterone acetate oral tablet 250 mg	PBSP	
anastrozole oral tablet 1 mg	CE	
bicalutamide oral tablet 50 mg	PG	
ELIGARD SUBCUTANEOUS KIT 22.5 MG (*leuprolide acetate (3 month)*)	PB	
ELIGARD SUBCUTANEOUS KIT 30 MG (*leuprolide acetate (4 month)*)	PB	
ELIGARD SUBCUTANEOUS KIT 45 MG (*leuprolide acetate (6 month)*)	PB	
ELIGARD SUBCUTANEOUS KIT 7.5 MG (*leuprolide acetate*)	PB	
ERLEADA ORAL TABLET 240 MG, 60 MG (*apalutamide*)	PBSP	
EULEXIN ORAL CAPSULE 125 MG (*flutamide*)	PB	
exemestane oral tablet 25 mg	CE	
fulvestrant intramuscular solution prefilled syringe 250 mg/5ml	PBSP	
letrozole oral tablet 2.5 mg	PG	
leuprolide acetate injection kit 1 mg/0.2ml	PBSP	

Prescription Drug Name	Drug Tier	Drug Notes
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG (*leuprolide acetate*)	PBSP	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (*leuprolide acetate (3 month)*)	PBSP	
LYSODREN ORAL TABLET 500 MG (*mitotane*)	PB	
megestrol acetate oral tablet 20 mg, 40 mg	PG	
nilutamide oral tablet 150 mg	PG	
NUBEQA ORAL TABLET 300 MG (*darolutamide*)	PBSP	
tamoxifen citrate oral tablet 10 mg, 20 mg	CE	
toremifene citrate oral tablet 60 mg	PG	
XTANDI ORAL CAPSULE 40 MG (*enzalutamide*)	PBSP	
XTANDI ORAL TABLET 40 MG, 80 MG (*enzalutamide*)	PBSP	
YONSA ORAL TABLET 125 MG (*abiraterone acetate micronized*)	PBSP	
KINASE INHIBITORS		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG (*everolimus*)	PBSP	
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG (*everolimus*)	PBSP	
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG (*brigatinib*)	PBSP	
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG (*brigatinib*)	PBSP	
AUGTYRO ORAL CAPSULE 160 MG, 40 MG (*repotrectinib*)	PBSP	
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG (*bosutinib*)	PBSP	
BRAFTOVI ORAL CAPSULE 75 MG (*encorafenib*)	PBSP	
BRUKINSA ORAL CAPSULE 80 MG (*zanubrutinib*)	PBSP	
BRUKINSA ORAL TABLET 160 MG (*zanubrutinib*)	PBSP	
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (*cabozantinib s-malate*)	PBSP	
CALQUENCE ORAL TABLET 100 MG (*acalabrutinib maleate*)	PBSP	
CAPRELSA ORAL TABLET 100 MG, 300 MG (*vandetanib*)	PBSP	
erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg	PBSP	
GAVRETO ORAL CAPSULE 100 MG (*pralsetinib*)	PBSP	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (*afatinib dimaleate*)	PBSP	
GOMEKLI ORAL CAPSULE 1 MG, 2 MG (*mirdametinib*)	PBSP	

Prescription Drug Name	Drug Tier	Drug Notes
GOMEKLI ORAL TABLET SOLUBLE 1 MG (*mirdametinib*)	PBSP	
IBRANCE ORAL CAPSULE 125 MG (*palbociclib*)	PBSP	
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (*palbociclib*)	PBSP	
IBTROZI ORAL CAPSULE 200 MG (*taletrectinib adipate*)	PBSP	
imatinib mesylate oral tablet 100 mg, 400 mg	PBSP	
ITOVEBI ORAL TABLET 3 MG, 9 MG (*inavolisib*)	PBSP	
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (*ruxolitinib phosphate*)	PBSP	
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG (*ruxolitinib phosphate*)	PBSP	
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (*ribociclib succinate*)	PBSP	
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (*ribociclib succinate*)	PBSP	
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (*ribociclib succinate*)	PBSP	
KOSELUGO ORAL CAPSULE 10 MG, 25 MG (*selumetinib sulfate*)	PBSP	
KOSELUGO ORAL CAPSULE SPRINKLE 5 MG, 7.5 MG (*selumetinib sulfate*)	PBSP	
LORBRENA ORAL TABLET 100 MG, 25 MG (*lorlatinib*)	PBSP	
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML (*trametinib dimethyl sulfoxide*)	PBSP	
MEKINIST ORAL TABLET 0.5 MG, 2 MG (*trametinib dimethyl sulfoxide*)	PBSP	
MEKTOVI ORAL TABLET 15 MG (*binimetinib*)	PBSP	
NERLYNX ORAL TABLET 40 MG (*neratinib maleate*)	PBSP	
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG (*alpelisib*)	PBSP	
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG (*alpelisib*)	PBSP	
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG (*alpelisib*)	PBSP	
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG (*selpercatinib*)	PBSP	
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG (*entrectinib*)	PBSP	
ROZLYTREK ORAL PACKET 50 MG (*entrectinib*)	PBSP	

Prescription Drug Name	Drug Tier	Drug Notes
RYDAPT ORAL CAPSULE 25 MG (*midostaurin*)	PBSP	
SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG (*asciminib hcl*)	PBSP	
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG (*dasatinib*)	PBSP	
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG (*sunitinib malate*)	PBSP	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (*dabrafenib mesylate*)	PBSP	
TAFINLAR ORAL TABLET SOLUBLE 10 MG (*dabrafenib mesylate*)	PBSP	
TAGRISSO ORAL TABLET 40 MG, 80 MG (*osimertinib mesylate*)	PBSP	
TRUQAP ORAL TABLET 200 MG (*capivasertib*)	PBSP	
TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG (*capivasertib*)	PBSP	
TUKYSA ORAL TABLET 150 MG, 50 MG (*tucatinib*)	PBSP	
TURALIO ORAL CAPSULE 125 MG (*pexidartinib hcl*)	PBSP	
TYKERB ORAL TABLET 250 MG (*lapatinib ditosylate*)	PBSP	
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (*abemaciclib*)	PBSP	
XALKORI ORAL CAPSULE SPRINKLE 150 MG, 20 MG, 50 MG (*crizotinib*)	PBSP	
XOSPATA ORAL TABLET 40 MG (*gilteritinib fumarate*)	PBSP	
ZYKADIA ORAL TABLET 150 MG (*ceritinib*)	PBSP	
MISCELLANEOUS		
bexarotene oral capsule 75 mg	PBSP	
hydroxyurea oral capsule 500 mg	PG	
KRAZATI ORAL TABLET 200 MG (*adagrasib*)	PBSP	
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG (*sotorasib*)	PBSP	
LYNPARZA ORAL TABLET 100 MG, 150 MG (*olaparib*)	PBSP	
ODOMZO ORAL CAPSULE 200 MG (*sonidegib phosphate*)	PBSP	
tretinoin oral capsule 10 mg	PG	
VISTOGARD ORAL PACKET 10 GM (*uridine triacetate*)	PBSP	
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG (*niraparib tosylate*)	PBSP	
ZOLINZA ORAL CAPSULE 100 MG (*vorinostat*)	PBSP	

Prescription Drug Name	Drug Tier	Drug Notes
PROTEASOME INHIBITORS		
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (*ixazomib citrate*)	PBSP	
PROTECTIVE AGENTS		
LEDERLE LEUCOVORIN ORAL TABLET 5 MG (*leucovorin calcium*)	PG	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg	PG	
MESNEX ORAL TABLET 400 MG (*mesna*)	PB	
TOPOISOMERASE INHIBITORS		
etoposide oral capsule 50 mg	PBSP	
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	PG	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	PG	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	PG	
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	PG	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	PG	N8 (Listing does not include certain NDCs)
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg	PG	
quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	PG	N8 (Listing does not include certain NDCs)
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	PG	N8 (Listing does not include certain NDCs)
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	PG	
enalapril maleate oral solution 1 mg/ml	PG	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	PG	
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	PG	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	PG	
moexipril hcl oral tablet 15 mg	PG	N8 (Listing does not include certain NDCs)
moexipril hcl oral tablet 7.5 mg	PG	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	PG	

Prescription Drug Name	Drug Tier	Drug Notes
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	PG	N8 (Listing does not include certain NDCs)
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	PG	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	PG	
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
eplerenone oral tablet 25 mg, 50 mg	PG	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG (*finerenone*)	PB	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	PG	
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	PG	
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	PG	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	PG	
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	PG	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	PG	
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	PG	
olmesartan medoxomil-hctz oral tablet 40-12.5 mg	PG	
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	PG	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	PG	
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	PG	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	PG	
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	PG	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	PG	N8 (Listing does not include certain NDCs)

Prescription Drug Name	Drug Tier	Drug Notes
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	PG	
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	PG	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	PG	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	PG	
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg	PG	
disopyramide phosphate oral capsule 100 mg, 150 mg	PG	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	PG	
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	PG	
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	PG	
amiodarone hcl (Pacerone Oral Tablet 100 Mg, 200 Mg)	PG	
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg	PG	
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	PG	
quinidine gluconate er oral tablet extended release 324 mg	PG	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	PG	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	PG	
ANTILIPEMICS, BILE ACID RESINS - DRUGS TO TREAT HIGH CHOLESTEROL		
cholestyramine light oral packet 4 gm	PG	
cholestyramine oral packet 4 gm	PG	
colesevelam hcl oral packet 3.75 gm	PG	
colesevelam hcl oral tablet 625 mg	PG	
colestipol hcl oral granules 5 gm	PG	
colestipol hcl oral packet 5 gm	PG	
colestipol hcl oral tablet 1 gm	PG	
cholestyramine light (Prevalite Oral Packet 4 Gm)	PG	
cholestyramine light (Prevalite Oral Powder 4 Gm/Dose)	PG	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR - DRUGS TO TREAT HIGH CHOLESTEROL		
ezetimibe oral tablet 10 mg	PG	
ANTILIPEMICS, FIBRATES - DRUGS TO TREAT HIGH CHOLESTEROL		
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	PG	
fenofibrate oral tablet 145 mg, 48 mg	PG	

Prescription Drug Name	Drug Tier	Drug Notes
fenofibrate oral tablet 160 mg, 54 mg	PG	N8 (Listing does not include certain NDCs)
fenofibric acid oral capsule delayed release 135 mg, 45 mg	PG	
gemfibrozil oral tablet 600 mg	PG	N8 (Listing does not include certain NDCs)
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
atorvastatin calcium oral tablet 10 mg, 20 mg	CE	N8 (Listing does not include certain NDCs)
atorvastatin calcium oral tablet 40 mg	PG	N8 (Listing does not include certain NDCs)
atorvastatin calcium oral tablet 80 mg	PG	
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	PG	
fluvastatin sodium oral capsule 20 mg, 40 mg	PG	
lovastatin oral tablet 10 mg, 20 mg, 40 mg	PG	
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	PG	
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	PG	
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	PG	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	CE	
simvastatin oral tablet 80 mg	PG	
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	PG	
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	PG	
NIACOR ORAL TABLET 500 MG (*niacin (antihyperlipidemic)*)	PG	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS - DRUGS TO TREAT HIGH CHOLESTEROL		
icosapent ethyl oral capsule 0.5 gm, 1 gm	PG	
omega-3-acid ethyl esters oral capsule 1 gm	PG	
ANTILIPEMICS, PCSK9 INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
LIPFENDRA ORAL TABLET 20 MG (*enlicitide decanoate*)	PBSP	

Prescription Drug Name	Drug Tier	Drug Notes
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (*evolocumab*)	PB	
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
atenolol-chlorthalidone oral tablet 100-25 mg	PG	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	PG	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	PG	
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
acebutolol hcl oral capsule 200 mg, 400 mg	PG	
atenolol oral tablet 100 mg, 25 mg, 50 mg	PG	
betaxolol hcl oral tablet 10 mg, 20 mg	PG	
bisoprolol fumarate oral tablet 10 mg, 5 mg	PG	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	PG	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg, 400 mg	PG	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	PG	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	PG	
nadolol oral tablet 20 mg, 40 mg, 80 mg	PG	
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	PG	N8 (Listing does not include certain NDCs)
pindolol oral tablet 10 mg, 5 mg	PG	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	PG	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	PG	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	PG	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	PG	
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	PG	

Prescription Drug Name	Drug Tier	Drug Notes
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	PG	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG (*diltiazem hcl*)	PB	
diltiazem hcl coated beads (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg)	PG	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	PG	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	PG	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	PG	
diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	PG	
diltiazem hcl intravenous solution 25 mg/5ml	PG	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	PG	N8 (Listing does not include certain NDCs)
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	PG	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	PG	
isradipine oral capsule 2.5 mg, 5 mg	PG	
diltiazem hcl (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	PG	
nicardipine hcl oral capsule 20 mg, 30 mg	PG	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	PG	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	PG	
nifedipine oral capsule 10 mg, 20 mg	PG	N8 (Listing does not include certain NDCs)
nimodipine oral capsule 30 mg	PG	
nisoldipine er oral tablet extended release 24 hour 17 mg, 8.5 mg	PG	N8 (Listing does not include certain NDCs)
nisoldipine er oral tablet extended release 24 hour 34 mg	PG	
diltiazem hcl er beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	PG	

Prescription Drug Name	Drug Tier	Drug Notes
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 240 mg, 300 mg, 360 mg	PG	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg	PG	N8 (Listing does not include certain NDCs)
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	PG	
verapamil hcl intravenous solution 2.5 mg/ml	PG	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	PG	N8 (Listing does not include certain NDCs)
DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS		
digoxin (Digox Oral Tablet 125 Mcg, 250 Mcg)	PG	
digoxin oral solution 0.05 mg/ml	PG	
digoxin oral tablet 125 mcg, 250 mcg	PG	
DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS		
aliskiren fumarate oral tablet 150 mg, 300 mg	PG	
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
acetazolamide er oral capsule extended release 12 hour 500 mg	PG	
acetazolamide oral tablet 125 mg, 250 mg	PG	
amiloride hcl oral tablet 5 mg	PG	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	PG	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	PG	
chlorthalidone oral tablet 25 mg, 50 mg	PG	
ethacrynic acid oral tablet 25 mg	PG	
furosemide oral solution 10 mg/ml, 8 mg/ml	PG	
furosemide oral tablet 20 mg, 40 mg	PG	N8 (Listing does not include certain NDCs)
furosemide oral tablet 80 mg	PG	
hydrochlorothiazide oral capsule 12.5 mg	PG	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	PG	N8 (Listing does not include certain NDCs)
indapamide oral tablet 1.25 mg, 2.5 mg	PG	
methazolamide oral tablet 25 mg, 50 mg	PG	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	PG	
spironolactone-hctz oral tablet 25-25 mg	PG	

Prescription Drug Name	Drug Tier	Drug Notes
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	PG	N8 (Listing does not include certain NDCs)
triamterene oral capsule 100 mg, 50 mg	PG	
triamterene-hctz oral capsule 37.5-25 mg	PG	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	PG	
HEART FAILURE		
CORLANOR ORAL SOLUTION 5 MG/5ML (*ivabradine hcl*)	PB	
CORLANOR ORAL TABLET 5 MG, 7.5 MG (*ivabradine hcl*)	PB	
MISCELLANEOUS		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (*mavacamten*)	PBSP	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	PG	
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	PG	N8 (Listing does not include certain NDCs)
guanfacine hcl oral tablet 1 mg, 2 mg	PG	
hydralazine hcl injection solution 20 mg/ml	PG	
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	PG	
methyldopa oral tablet 250 mg, 500 mg	PG	
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	PG	
minoxidil oral tablet 10 mg, 2.5 mg	PG	
phenoxybenzamine hcl oral capsule 10 mg	PG	
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	PG	
VYNDAMAX ORAL CAPSULE 61 MG (*tafamidis*)	PBSP	
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	PG	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	PG	
nitroglycerin (Nitro-Bid Transdermal Ointment 2 %)	PG	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR (*nitroglycerin*)	PB	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	PG	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	PG	
nitroglycerin translingual solution 0.4 mg/spray	PG	
NITROLINGUAL TRANSLINGUAL SOLUTION 0.4 MG/SPRAY (*nitroglycerin*)	PB	

Prescription Drug Name	Drug Tier	Drug Notes
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (*riociguat*)	PBSP	
tadalafil (pah) (Alyq Oral Tablet 20 Mg)	PBSP	
ambrisentan oral tablet 10 mg, 5 mg	PBSP	
epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg	PBSP	
OPSUMIT ORAL TABLET 10 MG (*macitentan*)	PBSP	
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG (*macitentan-tadalafil*)	PBSP	
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (*treprostinil diolamine*)	PBSP	
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (*treprostinil diolamine*)	PBSP	
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 &1 MG (*treprostinil diolamine*)	PBSP	
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (*treprostinil diolamine*)	PBSP	
sildenafil citrate oral suspension reconstituted 10 mg/ml	PBSP	
sildenafil citrate oral tablet 20 mg	PBSP	
tadalafil (pah) oral tablet 20 mg	PBSP	
TADLIQ ORAL SUSPENSION 20 MG/5ML (*tadalafil (pah)*)	PBSP	
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	PBSP	
UPTRAVI ORAL TABLET 100 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 150 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (*selexipag*)	PBSP	
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (*selexipag*)	PBSP	
YUTREPIA INHALATION CAPSULE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG (*treprostinil sodium*)	PBSP	
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
ALCOHOL DETERRENTS		
acamprosate calcium oral tablet delayed release 333 mg	PG	

Prescription Drug Name	Drug Tier	Drug Notes
disulfiram oral tablet 250 mg	PG	
AMYOTROPHIC LATERAL SCLEROSIS (ALS) - DRUGS TO TREAT ALS		
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML (*edaravone*)	PBSP	
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML (*edaravone*)	PBSP	
riluzole oral tablet 50 mg	PG	
ANTIANXIETY - DRUGS TO TREAT ANXIETY		
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	PG	
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (*alprazolam*)	PB	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	PG	
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg	PG	
alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	PG	
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	PG	
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg	PG	
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	PG	N8 (Listing does not include certain NDCs)
lorazepam oral concentrate 2 mg/ml	PG	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	PG	
meprobamate oral tablet 200 mg, 400 mg	PG	
oxazepam oral capsule 10 mg, 15 mg, 30 mg	PG	
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
donepezil hcl oral tablet 10 mg, 23 mg, 5 mg	PG	
donepezil hcl oral tablet dispersible 10 mg, 5 mg	PG	
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	PG	
galantamine hydrobromide oral solution 4 mg/ml	PG	
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	PG	
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	PG	
memantine hcl oral solution 2 mg/ml	PG	
memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg	PG	

Prescription Drug Name	Drug Tier	Drug Notes
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	PG	
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	PG	
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	PG	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	PG	
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	PG	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	PG	
bupropion hcl oral tablet 100 mg, 75 mg	PG	N8 (Listing does not include certain NDCs)
citalopram hydrobromide oral solution 20 mg/10ml	PG	
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	PG	
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	PG	
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	PG	
doxepin hcl oral capsule 150 mg	PG	
doxepin hcl oral concentrate 10 mg/ml	PG	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg	PG	
escitalopram oxalate oral solution 5 mg/5ml	PG	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	PG	
fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg	PG	
fluoxetine hcl oral solution 20 mg/5ml	PG	N8 (Listing does not include certain NDCs)
fluoxetine hcl oral tablet 10 mg, 20 mg	PG	
imipramine hcl oral tablet 10 mg, 50 mg	PG	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	PG	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	PG	
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	PG	
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	PG	
nortriptyline hcl oral solution 10 mg/5ml	PG	
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg	PG	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	PG	

Prescription Drug Name	Drug Tier	Drug Notes
phenelzine sulfate oral tablet 15 mg	PG	
protriptyline hcl oral tablet 10 mg, 5 mg	PG	
sertraline hcl oral concentrate 20 mg/ml	PG	
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	PG	
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (*esketamine hcl*)	PBSP	
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (*esketamine hcl*)	PBSP	
tranylcypromine sulfate oral tablet 10 mg	PG	
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	PG	
trazodone hcl oral tablet 300 mg	PG	N8 (Listing does not include certain NDCs)
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	PG	
venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg	PG	
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	PG	
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG (*zuranolone*)	PBSP	
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
amantadine hcl oral capsule 100 mg	PG	
amantadine hcl oral solution 50 mg/5ml	PG	
amantadine hcl oral tablet 100 mg	PG	
benztropine mesylate oral tablet 0.5 mg	PG	N8 (Listing does not include certain NDCs)
benztropine mesylate oral tablet 1 mg, 2 mg	PG	
bromocriptine mesylate oral capsule 5 mg	PG	
bromocriptine mesylate oral tablet 2.5 mg	PG	
carbidopa oral tablet 25 mg	PG	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	PG	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	PG	
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	PG	
entacapone oral tablet 200 mg	PG	

Prescription Drug Name	Drug Tier	Drug Notes
INBRIJA INHALATION CAPSULE 42 MG (*levodopa*)	PBSP	
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	PG	
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	PG	
rasagiline mesylate oral tablet 0.5 mg, 1 mg	PG	
ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	PG	
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	PG	
selegiline hcl oral capsule 5 mg	PG	
selegiline hcl oral tablet 5 mg	PG	N8 (Listing does not include certain NDCs)
tolcapone oral tablet 100 mg	PG	
trihexyphenidyl hcl oral solution 0.4 mg/ml	PG	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	PG	
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (*aripiprazole*)	PB	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (*aripiprazole*)	PB	
aripiprazole oral solution 1 mg/ml	PG	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	PG	
aripiprazole oral tablet dispersible 10 mg, 15 mg	PG	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML (*aripiprazole lauroxil*)	PB	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML (*aripiprazole lauroxil*)	PB	
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	PG	
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	PG	
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	PG	
clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	PG	
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG (*xanomeline-trospium chloride*)	PB	

Prescription Drug Name	Drug Tier	Drug Notes
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG (*xanomeline-trospium chloride*)	PB	
fluphenazine decanoate injection solution 25 mg/ml	PG	
fluphenazine hcl injection solution 2.5 mg/ml	PG	
fluphenazine hcl oral concentrate 5 mg/ml	PG	
fluphenazine hcl oral elixir 2.5 mg/5ml	PG	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	PG	
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	PG	
haloperidol lactate injection solution 5 mg/ml	PG	
haloperidol lactate oral concentrate 2 mg/ml	PG	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	PG	
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	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	PG	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (*olanzapine-samidorphan*)	PB	
NUPLAZID ORAL CAPSULE 34 MG (*pimavanserin tartrate*)	PBSP	
NUPLAZID ORAL TABLET 10 MG (*pimavanserin tartrate*)	PBSP	
olanzapine intramuscular solution reconstituted 10 mg	PG	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	PG	
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	PG	
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg	PG	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	PG	
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	PG	
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	PG	
risperidone oral solution 1 mg/ml	PG	

Prescription Drug Name	Drug Tier	Drug Notes
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	PG	
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	PG	
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	PG	N8 (Listing does not include certain NDCs)
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	PG	
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	PG	
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG (*cariprazine hcl*)	PB	
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	PG	
ANTISEIZURE AGENTS - DRUGS TO TREAT SEIZURES		
carbamazepine er oral capsule extended release 12 hour 100 mg, 300 mg	PG	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	PG	
carbamazepine oral suspension 100 mg/5ml	PG	N8 (Listing does not include certain NDCs)
carbamazepine oral suspension 200 mg/10ml	PG	
carbamazepine oral tablet 200 mg	PG	
clobazam oral suspension 2.5 mg/ml	PG	
clobazam oral tablet 10 mg, 20 mg	PG	
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	PG	N8 (Listing does not include certain NDCs)
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	PG	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	PG	
diazepam oral concentrate 5 mg/ml	PG	
diazepam oral solution 5 mg/5ml	PG	
diazepam oral tablet 10 mg, 2 mg, 5 mg	PG	N8 (Listing does not include certain NDCs)
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	PG	
DILANTIN ORAL CAPSULE 30 MG (*phenytoin sodium extended*)	PB	
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	PG	
divalproex sodium oral capsule delayed release sprinkle 125 mg	PG	N8 (Listing does not include certain NDCs)

Prescription Drug Name	Drug Tier	Drug Notes
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	PG	
ethosuximide oral capsule 250 mg	PG	
ethosuximide oral solution 250 mg/5ml	PG	N8 (Listing does not include certain NDCs)
felbamate oral suspension 600 mg/5ml	PG	
felbamate oral tablet 400 mg, 600 mg	PG	
gabapentin oral solution 250 mg/5ml, 300 mg/6ml	PG	
gabapentin oral tablet 600 mg, 800 mg	PG	
KLONOPIN ORAL TABLET 0.5 MG, 2 MG (*clonazepam*)	PB	
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	PG	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	PG	
lamotrigine oral tablet chewable 25 mg, 5 mg	PG	
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	PG	
lamotrigine starter kit-blue oral kit 35 x 25 mg	PG	
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	PG	
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	PG	
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	PG	
levetiracetam oral solution 500 mg/5ml	PG	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	PG	
oxcarbazepine oral suspension 300 mg/5ml	PG	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	PG	
phenobarbital oral elixir 30 mg/7.5ml, 60 mg/15ml	PG	
phenytoin oral suspension 100 mg/4ml	PG	
phenytoin oral tablet chewable 50 mg	PG	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	PG	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	PG	
pregabalin oral solution 20 mg/ml	PG	
levetiracetam (Roweepra Oral Tablet 500 Mg)	PG	
lamotrigine (Subvenite Oral Tablet 100 Mg, 150 Mg, 200 Mg, 25 Mg)	PG	
lamotrigine (Subvenite Starter Kit-Blue Oral Kit 35 X 25 Mg)	PG	
lamotrigine (Subvenite Starter Kit-Green Oral Kit 84 X 25 Mg & 14X100 Mg)	PG	

Prescription Drug Name	Drug Tier	Drug Notes
lamotrigine (Subvenite Starter Kit-Orange Oral Kit 42 X 25 Mg & 7 X 100 Mg)	PG	
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	PG	
topiramate oral capsule sprinkle 15 mg, 25 mg	PG	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	PG	
valproic acid oral capsule 250 mg	PG	
valproic acid oral solution 250 mg/5ml, 500 mg/10ml	PG	
vigabatrin oral packet 500 mg	PBSP	
vigabatrin oral tablet 500 mg	PBSP	
vigabatrin (Vigadrone Oral Packet 500 Mg)	PBSP	
vigabatrin (Vigadrone Oral Tablet 500 Mg)	PG	
zonisamide oral capsule 100 mg, 25 mg, 50 mg	PG	
ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD		
amphetamine sulfate oral tablet 10 mg, 5 mg	PG	
amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	PG	
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	PG	
atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	PG	
clonidine hcl er oral tablet extended release 12 hour 0.1 mg	PG	
dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg	PG	
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg	PG	
dextroamphetamine sulfate oral solution 5 mg/5ml	PG	
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	PG	
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	PG	
lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	PG	
lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	PG	
methamphetamine hcl oral tablet 5 mg	PG	
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	PG	
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg	PG	

Prescription Drug Name	Drug Tier	Drug Notes
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	PG	
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	PG	
methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml	PG	
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	PG	
methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg	PG	
dextroamphetamine sulfate (Zenzedi Oral Tablet 10 Mg, 15 Mg, 2.5 Mg, 20 Mg, 30 Mg, 5 Mg, 7.5 Mg)	PG	
BOTULINUM TOXINS		
DAXXIFY INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT (*daxibotulinumtoxina-lanm*)	PBSP	
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (*abobotulinumtoxina*)	PBSP	
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT (*incobotulinumtoxina*)	PBSP	
FIBROMYALGIA		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (*milnacipran hcl*)	PB	
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (*milnacipran hcl*)	PB	
HYPNOTICS - DRUGS TO TREAT INSOMNIA		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (*suvorexant*)	PB	
doxepin hcl oral tablet 3 mg, 6 mg	PG	
estazolam oral tablet 1 mg, 2 mg	PG	
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	PG	
midazolam hcl oral syrup 2 mg/ml	PG	
ramelteon oral tablet 8 mg	PG	
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	PG	
triazolam oral tablet 0.125 mg, 0.25 mg	PG	
zaleplon oral capsule 10 mg, 5 mg	PG	
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	PG	
zolpidem tartrate oral tablet 10 mg, 5 mg	PG	
MIGRAINE - ERGOTAMINE DERIVATIVES - DRUGS TO TREAT SEVERE HEADACHES		
dihydroergotamine mesylate injection solution 1 mg/ml	PG	

Prescription Drug Name	Drug Tier	Drug Notes
MIGRAINE - MISCELLANEOUS - DRUGS TO TREAT SEVERE HEADACHES		
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (*atogepant*)	PBSP	
UBRELVY ORAL TABLET 100 MG, 50 MG (*ubrogepant*)	PB	
MIGRAINE - MONOCLONAL ANTIBODIES - DRUGS TO TREAT SEVERE HEADACHES		
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	PG	
eletriptan hydrobromide oral tablet 20 mg, 40 mg	PG	
frovatriptan succinate oral tablet 2.5 mg	PG	
naratriptan hcl oral tablet 1 mg, 2.5 mg	PG	
rizatriptan benzoate oral tablet 10 mg, 5 mg	PG	
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	PG	
sumatriptan nasal solution 20 mg/act, 5 mg/act	PG	
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	PG	
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	PG	
sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml	PG	
zolmitriptan nasal solution 5 mg	PG	
zolmitriptan oral tablet 2.5 mg, 5 mg	PG	
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg	PG	
MISCELLANEOUS		
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (*satralizumab-mwge*)	PBSP	
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML (*risdiplam*)	PBSP	
EVRYSDI ORAL TABLET 5 MG (*risdiplam*)	PBSP	

Prescription Drug Name	Drug Tier	Drug Notes
MOOD STABILIZERS - DRUGS TO TREAT MOOD DISORDERS		
lithium carbonate er oral tablet extended release 300 mg, 450 mg	PG	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	PG	
lithium carbonate oral tablet 300 mg	PG	
lithium oral solution 8 meq/5ml	PG	
MOVEMENT DISORDERS		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (*deutetrabenazine*)	PBSP	
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (*valbenazine tosylate*)	PBSP	
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG (*valbenazine tosylate*)	PBSP	
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG (*valbenazine tosylate*)	PBSP	
tetrabenazine oral tablet 12.5 mg, 25 mg	PBSP	
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
AUBAGIO ORAL TABLET 14 MG, 7 MG (*teriflunomide*)	PBSP	
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (*interferon beta-1a*)	PBSP	
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (*interferon beta-1a*)	PBSP	
BETASERON SUBCUTANEOUS KIT 0.3 MG (*interferon beta-1b*)	PBSP	
dalfampridine er oral tablet extended release 12 hour 10 mg	PBSP	
dimethyl fumarate oral capsule delayed release 120 mg, 240 mg	PG	
dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg	PG	
GILENYA ORAL CAPSULE 0.25 MG (*fingolimod hcl*)	PBSP	
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml	PBSP	
glatiramer acetate (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/Ml, 40 Mg/Ml)	PBSP	
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (*ofatumumab*)	PBSP	
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG (*siponimod fumarate*)	PBSP	

Prescription Drug Name	Drug Tier	Drug Notes
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG, 7 X 0.25 MG (*siponimod fumarate*)	PBSP	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML (*interferon beta-1a*)	PBSP	
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG (*interferon beta-1a*)	PBSP	
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (*interferon beta-1a*)	PBSP	
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (*interferon beta-1a*)	PBSP	
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG (*dimethyl fumarate*)	PBSP	
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK 120 & 240 MG (*dimethyl fumarate*)	PBSP	
TYRUKO INTRAVENOUS CONCENTRATE 300 MG/15ML (*natalizumab-sztn*)	PBSP	
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG (*ozanimod hcl*)	PBSP	
ZEPOSIA ORAL CAPSULE 0.92 MG (*ozanimod hcl*)	PBSP	
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21) (*ozanimod hcl*)	PBSP	
MUSCULOSKELETAL THERAPY AGENTS		
baclofen oral suspension 25 mg/5ml	PG	
baclofen oral tablet 10 mg	PG	N8 (Listing does not include certain NDCs)
baclofen oral tablet 20 mg, 5 mg	PG	
cyclobenzaprine hcl oral tablet 10 mg	PG	N8 (Listing does not include certain NDCs)
cyclobenzaprine hcl oral tablet 5 mg	PG	
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	PG	
metaxalone oral tablet 800 mg	PG	
methocarbamol oral tablet 500 mg, 750 mg	PG	N8 (Listing does not include certain NDCs)
NORGESIC ORAL TABLET 25-385-30 MG (*orphenadrine-aspirin-caffeine*)	PG	
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	PG	

Prescription Drug Name	Drug Tier	Drug Notes
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	PG	
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	PG	
tizanidine hcl oral tablet 2 mg, 4 mg	PG	
MYASTHENIA GRAVIS - DRUGS TO TREAT MYASTHENIA GRAVIS		
pyridostigmine bromide er oral tablet extended release 180 mg	PG	
pyridostigmine bromide oral solution 60 mg/5ml	PG	
pyridostigmine bromide oral tablet 60 mg	PG	
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1000-10000 MG-UNT/5ML (*efgartigimod alfa-hyalur-qvfc*)	PBSP	
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS		
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	PG	
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM (*sodium oxybate*)	PBSP	
LUMRYZ STARTER PACK ORAL THERAPY PACK 4.5 & 6 & 7.5 GM (*sodium oxybate*)	PBSP	
modafinil oral tablet 100 mg, 200 mg	PG	
sodium oxybate oral solution 500 mg/ml	PG	N8 (Listing does not include certain NDCs)
SUNOSI ORAL TABLET 150 MG, 75 MG (*solriamfetol hcl*)	PB	
WAKIX ORAL TABLET 17.8 MG, 4.45 MG (*pitolisant hcl*)	PBSP	
XYWAV ORAL SOLUTION 500 MG/ML (*ca, mg, k, and na oxybates*)	PBSP	
OPIOID AGONIST/ANTAGONIST		
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	PG	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	PG	
OPIOID ANTAGONIST		
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	PG	
naloxone hcl injection solution cartridge 0.4 mg/ml	PG	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	PG	
naloxone hcl nasal liquid 4 mg/0.1ml	PG	
naltrexone hcl oral tablet 50 mg	PG	N8 (Listing does not include certain NDCs)

Prescription Drug Name	Drug Tier	Drug Notes
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (*naltrexone*)	PBSP	
OPIOID PARTIAL AGONISTS		
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg	PG	
PSYCHOTHERAPEUTIC-MISC		
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	PG	
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	
HABITROL TRANSDERMAL PATCH 24 HOUR 21 MG/24HR (*nicotine*)	CE	
KLS QUIT2 MOUTH/THROAT GUM 2 MG (*nicotine polacrilex*)	CE	

Prescription Drug Name	Drug Tier	Drug Notes
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, 4 mg	CE	
nicotine polacrilex mini mouth/throat lozenge 2 mg	CE	
nicotine polacrilex mouth/throat gum 2 mg, 4 mg	CE	
nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	CE	
nicotine step 1 transdermal patch 24 hour 21 mg/24hr	CE	
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	CE	
NICOTROL NS NASAL SOLUTION 10 MG/ML (*nicotine*)	CE	
qc nicotine transdermal system transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	CE	
sm nicotine mouth/throat gum 4 mg	CE	
sm nicotine mouth/throat lozenge 2 mg	CE	
sm nicotine polacrilex mouth/throat lozenge 4 mg	CE	
THRIVE MOUTH/THROAT GUM 2 MG (*nicotine polacrilex*)	CE	
varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	CE	
varenicline tartrate oral tablet 0.5 mg, 1 mg	CE	

Prescription Drug Name	Drug Tier	Drug Notes
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES		
ACROMEGALY - DRUGS TO TREAT CONDITIONS THAT CAUSE EXCESSIVE GROWTH		
lanreotide acetate subcutaneous solution 120 mg/0.5ml	PBSP	
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	PBSP	
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	PG	
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML (*lanreotide acetate*)	PBSP	
ANDROGENS - DRUGS TO REGULATE MALE HORMONES		
methyltestosterone oral capsule 10 mg	PG	
NATESTO NASAL GEL 5.5 MG/ACT (*testosterone*)	PB	
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	PG	
testosterone enanthate intramuscular solution 200 mg/ml	PG	
testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	PG	
testosterone transdermal solution 30 mg/act	PG	
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS		
acarbose oral tablet 100 mg, 25 mg, 50 mg	PG	N8 (Listing does not include certain NDCs)
miglitol oral tablet 100 mg, 25 mg, 50 mg	PG	
ANTIDIABETICS, BIGUANIDE		
metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg	PG	
metformin hcl oral tablet 1000 mg, 500 mg	PG	
metformin hcl oral tablet 850 mg	CE	
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	PG	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	PG	

Prescription Drug Name	Drug Tier	Drug Notes
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS		
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		
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG (*sitagliptin*)	PB	
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
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	
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	
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (*insulin glargine-lixisenatide*)	PB	
ANTIDIABETICS, INSULIN		
AWIQLI FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 700 UNIT/ML (*insulin icodec-abae*)	PB	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin aspart (w/niacinamide)*)	PB	
FIASP INJECTION SOLUTION 100 UNIT/ML (*insulin aspart (w/niacinamide)*)	PB	

Prescription Drug Name	Drug Tier	Drug Notes
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (*insulin aspart (w/niacinamide)*)	PB	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (*insulin regular human*)	PB	
insulin glargine-yfgn subcutaneous solution 100 unit/ml	PB	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glargine*)	PB	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin glargine*)	PB	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	PB	
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 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 INJECTION SOLUTION 100 UNIT/ML (*insulin regular human*)	PB	
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 PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (*insulin aspart*)	PB	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (*insulin degludec*)	PB	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin degludec*)	PB	
ANTIDIABETICS, INSULIN SENSITIZER		
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	PG	

Prescription Drug Name	Drug Tier	Drug Notes
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	PG	
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg	PG	
ANTIDIABETICS, MEGLITINIDE		
nateglinide oral tablet 120 mg, 60 mg	PG	
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	PG	N8 (Listing does not include certain NDCs)
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS		
dapagliflozin base-metformin er oral tablet extended release 24 hour 10-1000 mg, 5-1000 mg	PG	
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (*empagliflozin-metformin hcl*)	PB	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG (*empagliflozin-metformin hcl*)	PB	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG (*dapagliflozin 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	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS		
dapagliflozin oral tablet 10 mg, 5 mg	PG	
FARXIGA ORAL TABLET 10 MG, 5 MG (*dapagliflozin*)	PB	
JARDIANCE ORAL TABLET 10 MG, 25 MG (*empagliflozin*)	PB	
ANTIDIABETICS, SULFONYLUREA		
glimepiride oral tablet 1 mg, 2 mg, 4 mg	PG	
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	PG	
glipizide oral tablet 10 mg, 5 mg	PG	

Prescription Drug Name	Drug Tier	Drug Notes
ANTIOBESITY		
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	PG	
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	
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	PBSP	
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG (*cinacalcet hcl*)	PBSP	
CALCIUM REGULATORS, BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS		
alendronate sodium oral solution 70 mg/75ml	PG	
ibandronate sodium oral tablet 150 mg	PG	
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg	PG	
risedronate sodium oral tablet delayed release 35 mg	PG	
zoledronic acid intravenous concentrate 4 mg/5ml	PBSP	
zoledronic acid intravenous solution 4 mg/100ml, 5 mg/100ml	PBSP	
CALCIUM REGULATORS, MISCELLANEOUS		
BILPREVDA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (*denosumab-nxxp*)	PBSP	
calcitonin (salmon) nasal solution 200 unit/act	PG	
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7ML (*denosumab-bmwo*)	PBSP	
OSPOMYV SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (*denosumab-dssb*)	PBSP	
STOBOCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (*denosumab-bmwo*)	PBSP	

Prescription Drug Name	Drug Tier	Drug Notes
CALCIUM REGULATORS, PARATHYROID HORMONES		
BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML (*teriparatide*)	PBSP	
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml	PBSP	
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (*abaloparatide*)	PBSP	
CARNITINE DEFICIENCY AGENTS		
levocarnitine oral solution 1 gm/10ml	PG	
levocarnitine oral tablet 330 mg	PG	
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*)	PBSP	
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG (*leuprolide acetate (3 month)*)	PBSP	
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG (*leuprolide acetate (6 month)*)	PBSP	
SUPPRELIN LA SUBCUTANEOUS KIT 50 MG (*histrelin acetate*)	PBSP	
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG (*triptorelin pamoate*)	PBSP	
CHELATING AGENTS		
deferasirox granules oral packet 180 mg, 360 mg, 90 mg	PG	
deferasirox oral packet 180 mg, 360 mg, 90 mg	PG	
deferasirox oral tablet 180 mg, 360 mg, 90 mg	PG	
deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg	PG	
deferiprone oral tablet 500 mg	PG	
deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg	PG	
penicillamine oral capsule 250 mg	PG	
penicillamine oral tablet 250 mg	PG	
trientine hcl oral capsule 250 mg	PG	
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	

Prescription Drug Name	Drug Tier	Drug Notes
levonorgestrel-ethinyl estrad (Altavera Oral Tablet 0.15-30 Mg-Mcg)	CE	
alyacen 1/35 oral tablet 1-35 mg-mcg	CE	
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	CE	
levonorgestrel-ethinyl estrad (Amethyst Oral Tablet 90-20 Mcg)	CE	
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (*segesterone-ethinyl estradiol*)	CE	
desogestrel-ethinyl estradiol (Apri Oral Tablet 0.15-30 Mg-Mcg)	CE	
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG (*norethin-eth estrad triphasic*)	CE	
levonorgest-eth estrad 91-day (Ashlyna Oral Tablet 0.15-0.03 &0.01 Mg)	CE	
levonorgestrel-ethinyl estrad (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	CE	
norethindrone acet-ethinyl est (Aurovela 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
norethindrone acet-ethinyl est (Aurovela 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
norethin ace-eth estrad-fe (Aurovela 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	
norethin ace-eth estrad-fe (Aurovela Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
norethin ace-eth estrad-fe (Aurovela Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
levonorgestrel-ethinyl estrad (Aviane Oral Tablet 0.1-20 Mg-Mcg)	CE	
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	
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	

Prescription Drug Name	Drug Tier	Drug Notes
levonorgest-eth estrad 91-day (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	CE	
levonorgest-eth estrad 91-day (Camrese Oral Tablet 0.15-0.03 &0.01 Mg)	CE	
CAYA VAGINAL DIAPHRAGM (*diaphragm arc-spring*)	CE	
norethin ace-eth estrad-fe (Charlotte 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	CE	
levonorgestrel-ethinyl estrad (Chateal Eq Oral Tablet 0.15-30 Mg-Mcg)	CE	
condoms	CE	
norgestrel-ethinyl estradiol (Cryselle Oral Tablet 0.3-30 Mg-Mcg)	CE	
norgestrel-ethinyl estradiol (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)	CE	
desogestrel-ethinyl estradiol (Cyred Eq Oral Tablet 0.15-30 Mg-Mcg)	CE	
norethindrone-eth estradiol (Dasetta 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	CE	
norethin-eth estrad triphasic (Dasetta 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	
levonorgest-eth estrad 91-day (Daysee Oral Tablet 0.15-0.03 &0.01 Mg)	CE	
norethindrone (Deblitane Oral Tablet 0.35 Mg)	CE	
levonorgestrel-ethinyl estrad (Delyla Oral Tablet 0.1-20 Mg-Mcg)	CE	
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	

Prescription Drug Name	Drug Tier	Drug Notes
etonogestrel-ethinyl estradiol (Enilloring Vaginal Ring 0.12-0.015 Mg/24Hr)	CE	
desogestrel-ethinyl estradiol (Enskyce Oral Tablet 0.15-30 Mg-Mcg)	CE	
norethindrone (Errin Oral Tablet 0.35 Mg)	CE	
norgestimate-eth estradiol (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	CE	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	CE	
levonorgestrel-ethinyl estrad (Falmina Oral Tablet 0.1-20 Mg-Mcg)	CE	
FC2 FEMALE CONDOM (*condoms - female*)	CE	
norethin ace-eth estrad-fe (Feirza 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
norethin ace-eth estrad-fe (Feirza 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (*cervical caps*)	CE	
FEMLYV ORAL TABLET DISPERSIBLE 1-0.02 MG (*norethindrone acet-ethinyl est*)	CE	
norethin ace-eth estrad-fe (Finzala Oral Tablet Chewable 1-20 Mg-Mcg(24))	CE	
norethin ace-eth estrad-fe (Gemmily Oral Capsule 1-20 Mg-Mcg(24))	CE	
GWYN LO TRANSDERMAL PATCH WEEKLY 220-20 MCG/24HR (*norelgestromin-eth estradiol*)	CE	
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	

Prescription Drug Name	Drug Tier	Drug Notes
desogestrel-ethinyl estradiol (Isibloom Oral Tablet 0.15-30 Mg-Mcg)	CE	
levonorgest-eth estrad 91-day (Jaimiess Oral Tablet 0.15-0.03 &0.01 Mg)	CE	
drospirenone-ethinyl estradiol (Jasmiel Oral Tablet 3-0.02 Mg)	CE	
norethindrone (Jencycla Oral Tablet 0.35 Mg)	CE	
levonorgest-eth estrad 91-day (Jolessa Oral Tablet 0.15-0.03 Mg)	CE	
levonorgest-eth estrad-fe bisg (Joyeaux Oral Tablet 0.1-20 Mg-Mcg(21))	CE	
desogestrel-ethinyl estradiol (Juleber Oral Tablet 0.15-30 Mg-Mcg)	CE	
norethindrone acet-ethinyl est (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
norethindrone acet-ethinyl est (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
norethin ace-eth estrad-fe (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
norethin ace-eth estrad-fe (Junel Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
norethin ace-eth estrad-fe (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24))	CE	
norethin-eth estradiol-fe (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	
desogestrel-ethinyl estradiol (Kalliga Oral Tablet 0.15-30 Mg-Mcg)	CE	
desogestrel-ethinyl estradiol (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	
ethynodiol diac-eth estradiol (Kelnor 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	
levonorgestrel-ethinyl estrad (Kurvelo Oral Tablet 0.15-30 Mg-Mcg)	CE	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (*levonorgestrel*)	CE	
norethindrone acet-ethinyl est (Larin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
norethindrone acet-ethinyl est (Larin 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
norethin ace-eth estrad-fe (Larin 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	

Prescription Drug Name	Drug Tier	Drug Notes
norethin ace-eth estrad-fe (Larin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
norethin ace-eth estrad-fe (Larin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
levonorgestrel-ethinyl estrad (Lessina Oral Tablet 0.1-20 Mg-Mcg)	CE	
levonorg-eth estrad triphasic (Levonest Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 &0.01 mg, 0.15-0.03 mg	CE	
levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)	CE	
levonorgestrel oral tablet 1.5 mg	CE	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg	CE	
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	CE	
levonorgestrel-ethinyl estrad (Levora 0.15/30 (28) Oral Tablet 0.15-30 Mg-Mcg)	CE	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY (*levonorgestrel*)	CE	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (*norethin-eth estrad-fe biphas*)	CE	
norethindrone acet-ethinyl est (Loestrin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	CE	
norethindrone acet-ethinyl est (Loestrin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	CE	
norethin ace-eth estrad-fe (Loestrin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
norethin ace-eth estrad-fe (Loestrin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
levonorgest-eth estrad 91-day (Lojaimiess Oral Tablet 0.1-0.02 & 0.01 Mg)	CE	
drospirenone-ethinyl estradiol (Loryna Oral Tablet 3-0.02 Mg)	CE	
norgestrel-ethinyl estradiol (Low-Ogestrel Oral Tablet 0.3-30 Mg-Mcg)	CE	
drospirenone-ethinyl estradiol (Lo-Zumandimine Oral Tablet 3-0.02 Mg)	CE	
norethindrone acet-ethinyl est (Luizza 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
norethindrone acet-ethinyl est (Luizza 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	

Prescription Drug Name	Drug Tier	Drug Notes
levonorgestrel-ethinyl estrad (Lutera Oral Tablet 0.1-20 Mg-Mcg)	CE	
norethindrone (Lyleq Oral Tablet 0.35 Mg)	CE	
norethindrone (Lyza Oral Tablet 0.35 Mg)	CE	
marlissa oral tablet 0.15-30 mg-mcg	CE	
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	CE	
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	CE	
norethindrone (Meleya Oral Tablet 0.35 Mg)	CE	
norethin ace-eth estrad-fe (Mibelas 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	CE	
norethindrone acet-ethinyl est (Microgestin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
norethindrone acet-ethinyl est (Microgestin 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
norethin ace-eth estrad-fe (Microgestin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
norethin ace-eth estrad-fe (Microgestin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
norgestimate-eth estradiol (Mili Oral Tablet 0.25-35 Mg-Mcg)	CE	
levonorgest-eth estradiol-iron (Minzoya Oral Tablet 0.1-20 Mg-Mcg(21))	CE	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 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	

Prescription Drug Name	Drug Tier	Drug Notes
NEXTSTELLIS ORAL TABLET 3-14.2 MG (*drospirenone-estetrol*)	CE	
drospirenone-ethinyl estradiol (Nikki Oral Tablet 3-0.02 Mg)	CE	
norethindrone (Nora-Be Oral Tablet 0.35 Mg)	CE	
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	CE	
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	CE	
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	CE	
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg	CE	
norethindrone oral tablet 0.35 mg	CE	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	CE	
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	CE	
norethindrone (Norlyda Oral Tablet 0.35 Mg)	CE	
norethindrone (Norlyroc Oral Tablet 0.35 Mg)	CE	
norethindrone-eth estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	CE	
norethindrone-eth estradiol (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)	CE	
norethindrone-eth estradiol (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	CE	
norethin-eth estrad triphasic (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	
NUVARING VAGINAL RING 0.12-0.015 MG/24HR (*etonogestrel-ethinyl estradiol*)	PB	
norethindrone-eth estradiol (Nylia 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	
norethin-eth estrad triphasic (Nylia 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM (*diaphragms*)	CE	
OPCICON ONE-STEP ORAL TABLET 1.5 MG (*levonorgestrel*)	CE	
OPILL ORAL TABLET 0.075 MG (*norgestrel*)	CE	
OPTION 2 ORAL TABLET 1.5 MG (*levonorgestrel*)	CE	
norethindrone (Orquidea Oral Tablet 0.35 Mg)	CE	
levonorgestrel-ethinyl estrad (Orsythia Oral Tablet 0.1-20 Mg-Mcg)	CE	

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

Prescription Drug Name	Drug Tier	Drug Notes
norethin ace-eth estrad-fe (Taysofy Oral Capsule 1-20 Mg-Mcg(24))	CE	
norethindron-ethinyl estrad-fe (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	
norgestim-eth estrad triphasic (Tri Femynor Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
norgestim-eth estrad triphasic (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
norethindron-ethinyl estrad-fe (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	
norgestim-eth estrad triphasic (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
norgestim-eth estrad triphasic (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	
norgestim-eth estrad triphasic (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	
norgestim-eth estrad triphasic (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	
norgestim-eth estrad triphasic (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	
norgestim-eth estrad triphasic (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
norgestim-eth estrad triphasic (Trinessa (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
norgestim-eth estrad triphasic (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
levonorg-eth estrad triphasic (Trivora (28) Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	
norgestim-eth estrad triphasic (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	
norgestim-eth estrad triphasic (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
norgestrel-ethinyl estradiol (Turqoz Oral Tablet 0.3-30 Mg-Mcg)	CE	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (*levonorgestrel-eth estradiol*)	CE	
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (*levonorgestrel-ethinyl estrad*)	CE	
drospiren-eth estrad-levomefol (Tydemy Oral Tablet 3-0.03-0.451 Mg)	CE	

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

Prescription Drug Name	Drug Tier	Drug Notes
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	
DIABETIC SUPPLIES		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP (*glucose blood*)	PB	
ACCU-CHEK FASTCLIX LANCET KIT (*lancets misc.*)	PB	
ACCU-CHEK FASTCLIX LANCETS (*lancets*)	PB	
ACCU-CHEK GUIDE TEST IN VITRO STRIP (*glucose blood*)	PB	
ACCU-CHEK SAFE-T PRO LANCETS (*lancets*)	PB	
ACCU-CHEK SMARTVIEW IN VITRO STRIP (*glucose blood*)	PB	
ACCU-CHEK SOFTCLIX LANCET DEV KIT (*lancets misc.*)	PB	
ACCU-CHEK SOFTCLIX LANCETS (*lancets*)	PB	
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML (*insulin syringe/needle u-500*)	PB	
BD PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM (*insulin pen needle*)	PB	
BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM (*insulin pen needle*)	PB	
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM (*insulin pen needle*)	PB	
BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM (*insulin pen needle*)	PB	
BD PEN NEEDLE ORIG ULTRAFINE 29G X 12.7MM (*insulin pen needle*)	PB	
BD PEN NEEDLE SHORT ULTRAFINE 31G X 8 MM (*insulin pen needle*)	PB	
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML, 31G X 15/64" 1 ML (*insulin syringe-needle u-100*)	PB	
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	

Prescription Drug Name	Drug Tier	Drug Notes
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	
FREESTYLE LIBRE 14 DAY READER DEVICE (*continuous glucose receiver*)	PB	
FREESTYLE LIBRE 14 DAY SENSOR (*continuous glucose sensor*)	PB	
FREESTYLE LIBRE 2 PLUS SENSOR (*continuous glucose sensor*)	PB	
FREESTYLE LIBRE 2 READER DEVICE (*continuous glucose receiver*)	PB	
FREESTYLE LIBRE 2 SENSOR (*continuous glucose sensor*)	PB	
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	
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	
RELION TRUE METRIX TEST STRIPS IN VITRO STRIP (*glucose blood*)	PB	
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	PB	
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	
ENDOMETRIOSIS		
danazol oral capsule 100 mg, 200 mg, 50 mg	PG	
ORILISSA ORAL TABLET 150 MG, 200 MG (*elagolix sodium*)	PB	

Prescription Drug Name	Drug Tier	Drug Notes
FERTILITY REGULATORS		
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML (*follitropin beta*)	PBSP	
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	PBSP	
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (*menotropins*)	PBSP	
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT (*chorionic gonadotropin*)	PBSP	
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
dexamethasone oral elixir 0.5 mg/5ml	PG	N8 (Listing does not include certain NDCs)
dexamethasone oral solution 0.5 mg/5ml	PG	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 4 mg, 6 mg	PG	
dexamethasone oral tablet 1.5 mg	PG	N8 (Listing does not include certain NDCs)
dexamethasone oral tablet 2 mg	PB	
dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)	PG	
dexamethasone sod phosphate pf injection solution 10 mg/ml	PG	
fludrocortisone acetate oral tablet 0.1 mg	PG	
dexamethasone (Hidex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21))	PG	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	PG	
MEDROL ORAL TABLET 2 MG (*methylprednisolone*)	PB	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	PG	
methylprednisolone oral tablet therapy pack 4 mg	PG	
prednisolone oral solution 15 mg/5ml	PG	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 5 mg/5ml	PG	
prednisone oral solution 5 mg/5ml	PG	
prednisone oral tablet 1 mg, 5 mg	PG	N8 (Listing does not include certain NDCs)
prednisone oral tablet 10 mg, 2.5 mg, 20 mg, 50 mg	PG	
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	PG	

Prescription Drug Name	Drug Tier	Drug Notes
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (*dexamethasone*)	PG	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (*dexamethasone*)	PG	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (*glucagon*)	PB	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (*glucagon*)	PB	
glucagon emergency injection solution reconstituted 1 mg	PB	
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	
HEREDITARY TYROSINEMIA TYPE 1 AGENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT		
nitisinone oral capsule 10 mg, 2 mg, 5 mg	PBSP	
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (*nitisinone*)	PBSP	
ORFADIN ORAL SUSPENSION 4 MG/ML (*nitisinone*)	PBSP	
HUMAN GROWTH HORMONES - DRUGS TO REGULATE PITUITARY HORMONES		
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 5 MG/1.5ML (*somatropin*)	PBSP	
SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML (*somapacitan-beco*)	PBSP	
LYSOSOMAL STORAGE DISORDERS - FABRY DISEASE - DRUGS TO TREAT FABRY DISEASE		
ELFABRIO INTRAVENOUS SOLUTION 20 MG/10ML, 5 MG/2.5ML (*pegunigalsidase alfa-iwxj*)	PBSP	
GALAFOLD ORAL CAPSULE 123 MG (*migalastat hcl*)	PBSP	
LYSOSOMAL STORAGE DISORDERS - GAUCHER DISEASE - DRUGS TO TREAT GAUCHER DISEASE		
CERDELGA ORAL CAPSULE 84 MG (*eliglustat tartrate*)	PBSP	
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (*imiglucerase*)	PBSP	

Prescription Drug Name	Drug Tier	Drug Notes
miglustat oral capsule 100 mg	PBSP	
MENOPAUSAL SYMPTOM AGENTS - DRUGS TO TREAT MENOPAUSE		
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (*estradiol-norethindrone acet*)	PB	
estradiol (Dotti Transdermal Patch Twice Weekly 0.025 Mg/24Hr, 0.0375 Mg/24Hr, 0.05 Mg/24Hr, 0.075 Mg/24Hr, 0.1 Mg/24Hr)	PG	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	PG	
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	PG	
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	PG	
estradiol vaginal cream 0.01 %	PG	
estradiol vaginal tablet 10 mcg	PG	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	PG	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	PG	
norethindrone-eth estradiol (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)	PG	
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)	PG	
estradiol-norethindrone acet (Mimvey Oral Tablet 1-0.5 Mg)	PG	
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	PG	
estradiol (Yuvafem Vaginal Tablet 10 Mcg)	PG	
MISCELLANEOUS		
cabergoline oral tablet 0.5 mg	PG	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (*cysteamine bitartrate*)	PBSP	
methylergonovine maleate (Methergine Oral Tablet 0.2 Mg)	PG	
methylergonovine maleate oral tablet 0.2 mg	PG	
raloxifene hcl oral tablet 60 mg	CE	
sapropterin dihydrochloride oral packet 100 mg, 500 mg	PG	

Prescription Drug Name	Drug Tier	Drug Notes
sapropterin dihydrochloride oral tablet 100 mg	PG	
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML (*asfotase alfa*)	PBSP	
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
calcium acetate (phos binder) oral capsule 667 mg	PG	
calcium acetate (phos binder) oral tablet 667 mg	PG	
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	PG	
sevelamer carbonate oral tablet 800 mg	PG	
sevelamer hcl oral tablet 400 mg, 800 mg	PG	
POTASSIUM-REMOVING AGENTS - DRUGS TO REGULATE POTASSIUM LEVELS		
sodium polystyrene sulfonate (Kionex Combination Suspension 15 Gm/60Ml)	PG	
sodium polystyrene sulfonate oral powder	PG	
sodium polystyrene sulfonate (Sps (Sodium Polystyrene Sulf) Combination Suspension 15 Gm/60Ml)	PG	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML (*sodium polystyrene sulfonate*)	PG	
PROGESTINS - DRUGS TO REGULATE PROGESTIN		
CRINONE VAGINAL GEL 4 %, 8 % (*progesterone*)	PB	
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	PG	
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 625 mg/5ml	PG	
norethindrone acetate oral tablet 5 mg	PG	
progesterone intramuscular oil 50 mg/ml	PG	
progesterone oral capsule 100 mg, 200 mg	PG	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
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	PG	
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)	PG	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	PG	
methimazole oral tablet 10 mg, 5 mg	PG	
propylthiouracil oral tablet 50 mg	PG	

Prescription Drug Name	Drug Tier	Drug Notes
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)	PG	
UREA CYCLE DISORDER - DRUGS TO TREAT UREA CYCLE DISORDER		
PHEBURANE ORAL PELLET 483 MG/GM (*sodium phenylbutyrate*)	PBSP	
sodium phenylbutyrate oral powder 3 gm/tsp	PBSP	
sodium phenylbutyrate oral tablet 500 mg	PBSP	
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		
desmopressin ace spray refrig nasal solution 0.01 %	PG	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	PG	
desmopressin acetate spray nasal solution 0.01 %	PG	
VITAMIN D ANALOGS		
calcitriol oral capsule 0.25 mcg, 0.5 mcg	PG	
calcitriol oral solution 1 mcg/ml	PG	
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	PG	N8 (Listing does not include certain NDCs)
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	PG	
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTICHOLINERGICS		
CUVPOSA ORAL SOLUTION 1 MG/5ML (*glycopyrrolate*)	PB	
dicyclomine hcl intramuscular solution 10 mg/ml	PG	
dicyclomine hcl oral capsule 10 mg	PG	N8 (Listing does not include certain NDCs)
dicyclomine hcl oral solution 10 mg/5ml	PG	
glycopyrrolate oral tablet 1 mg, 2 mg	PG	N8 (Listing does not include certain NDCs)
hyoscyamine sulfate oral elixir 0.125 mg/5ml	PG	
hyoscyamine sulfate oral solution 0.125 mg/ml	PG	

Prescription Drug Name	Drug Tier	Drug Notes
hyoscyamine sulfate oral tablet dispersible 0.125 mg	PG	
hyoscyamine sulfate sublingual tablet sublingual 0.125 mg	PG	
methscopolamine bromide oral tablet 2.5 mg, 5 mg	PG	
ANTIDIARRHEALS		
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	PG	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	PG	
loperamide hcl oral capsule 2 mg	PG	
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
aprepitant oral capsule 125 mg, 40 mg, 80 mg	PG	N8 (Listing does not include certain NDCs)
aprepitant oral capsule therapy pack 80 & 125 mg	PG	
prochlorperazine (Compro Rectal Suppository 25 Mg)	PG	
doxylamine-pyridoxine oral tablet delayed release 10-10 mg	PG	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	PG	
fosaprepitant dimeglumine intravenous solution reconstituted 150 mg	PG	
granisetron hcl oral tablet 1 mg	PG	
meclizine hcl oral tablet 12.5 mg, 25 mg, 50 mg	PG	N8 (Listing does not include certain NDCs)
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	PG	
metoclopramide hcl oral tablet 10 mg, 5 mg	PG	
ondansetron hcl oral solution 4 mg/5ml	PG	
ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg	PG	
ondansetron oral tablet dispersible 4 mg, 8 mg	PG	
prochlorperazine edisylate injection solution 10 mg/2ml	PG	
prochlorperazine maleate oral tablet 10 mg, 5 mg	PG	N8 (Listing does not include certain NDCs)
prochlorperazine rectal suppository 25 mg	PG	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	PG	
promethazine hcl rectal suppository 12.5 mg, 25 mg	PG	
promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg)	PG	
scopolamine transdermal patch 72 hour 1 mg/3days	PG	
trimethobenzamide hcl oral capsule 300 mg	PG	N8 (Listing does not include certain NDCs)

Prescription Drug Name	Drug Tier	Drug Notes
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
cimetidine hcl oral solution 300 mg/5ml	PG	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	PG	
famotidine oral suspension reconstituted 40 mg/5ml	PG	
famotidine oral tablet 20 mg, 40 mg	PG	
nizatidine oral capsule 150 mg, 300 mg	PG	
INFLAMMATORY BOWEL DISEASE - BOWEL, INTESTINE, AND STOMACH CONDITION DRUGS		
balsalazide disodium oral capsule 750 mg	PG	
budesonide er oral tablet extended release 24 hour 9 mg	PG	
budesonide oral capsule delayed release particles 3 mg	PG	
hydrocortisone rectal enema 100 mg/60ml	PG	
mesalamine oral capsule delayed release 400 mg	PG	
mesalamine oral tablet delayed release 1.2 gm, 800 mg	PG	
mesalamine rectal enema 4 gm	PG	
mesalamine-cleanser rectal kit 4 gm	PG	
sulfasalazine oral tablet 500 mg	PG	
sulfasalazine oral tablet delayed release 500 mg	PG	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (*linaclotide*)	PB	
lubiprostone oral capsule 24 mcg, 8 mcg	PG	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
alosetron hcl oral tablet 0.5 mg, 1 mg	PG	
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	PG	
enulose oral solution 10 gm/15ml	PG	
peg 3350-kcl-nabcb-nacl-nasulf (Gavilyte-G Oral Solution Reconstituted 236 Gm)	PG	
generlac oral solution 10 gm/15ml	PG	
lactulose encephalopathy oral solution 10 gm/15ml	PG	N8 (Listing does not include certain NDCs)

Prescription Drug Name	Drug Tier	Drug Notes
lactulose oral solution 10 gm/15ml, 20 gm/30ml	PG	N8 (Listing does not include certain NDCs)
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	CE	
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	PG	
peg-3350/electrolytes oral solution reconstituted 236 gm	PG	
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*)	PB	
SUTAB ORAL TABLET 1479-225-188 MG (*sodium sulfate-mag sulfate-kcl*)	CE	
MISCELLANEOUS		
cromolyn sodium oral concentrate 100 mg/5ml	PG	
IQIRVO ORAL TABLET 80 MG (*elafibranor*)	PBSP	
misoprostol oral tablet 100 mcg, 200 mcg	PG	
SUCRAID ORAL SOLUTION 8500 UNIT/ML (*sacrosidase*)	PB	
sucralfate oral tablet 1 gm	PG	
SYMPROIC ORAL TABLET 0.2 MG (*naldemedine tosylate*)	PB	
ursodiol oral capsule 300 mg	PG	
ursodiol oral tablet 250 mg, 500 mg	PG	
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)*)	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	

Prescription Drug Name	Drug Tier	Drug Notes
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	PG	
lansoprazole oral capsule delayed release 15 mg, 30 mg	PG	
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg	PG	
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	PG	
rabeprazole sodium oral tablet delayed release 20 mg	PG	
RECTAL, CORTICOSTEROIDS		
hydrocortisone (perianal) external cream 1 %, 2.5 %	PG	
hydrocortisone ace-pramoxine external cream 1-1 %	PG	
hydrocortisone (Procto-Med Hc External Cream 2.5 %)	PG	
hydrocortisone (Proctozone-Hc External Cream 2.5 %)	PG	
ULCER THERAPY COMBINATIONS		
amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg	PG	
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	PG	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	PG	
dutasteride oral capsule 0.5 mg	PG	
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	PG	
finasteride oral tablet 5 mg	PG	
silodosin oral capsule 4 mg, 8 mg	PG	
tamsulosin hcl oral capsule 0.4 mg	PG	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	PG	N8 (Listing does not include certain NDCs)
CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL		
ENCARE VAGINAL SUPPOSITORY 100 MG (*nonoxynol-9*)	CE	
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (*nonoxynol-9*)	CE	
PHEXX VAGINAL GEL 1.8-1-0.4 % (*lactic ac-citric ac-pot bitart*)	CE	
TODAY SPONGE VAGINAL 1000 MG (*nonoxynol-9*)	CE	

Prescription Drug Name	Drug Tier	Drug Notes
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (*nonoxynol-9*)	CE	
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % (*nonoxynol-9*)	CE	
ERECTILE DYSFUNCTION		
tadalafil oral tablet 20 mg, 5 mg	PG	
MISCELLANEOUS		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	PG	N8 (Listing does not include certain NDCs)
FILSPARI ORAL TABLET 200 MG, 400 MG (*sparsentan*)	PBSP	
pot & sod cit-cit ac oral solution 550-500-334 mg/5ml	PG	
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	PG	
sod citrate-citric acid oral solution 500-334 mg/5ml	PG	
VANRAFIA ORAL TABLET 0.75 MG (*atrasentan hcl*)	PBSP	
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg	PG	
flavoxate hcl oral tablet 100 mg	PG	
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	PG	
oxybutynin chloride oral solution 5 mg/5ml	PG	
solifenacin succinate oral tablet 10 mg, 5 mg	PG	
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	PG	
tolterodine tartrate oral tablet 1 mg, 2 mg	PG	
trospium chloride er oral capsule extended release 24 hour 60 mg	PG	
trospium chloride oral tablet 20 mg	PG	
VAGINAL ANTI-INFECTIVES - DRUGS TO TREAT VAGINAL INFECTIONS		
clindamycin phosphate vaginal cream 2 %	PG	
metronidazole vaginal gel 0.75 %	PG	
terconazole vaginal cream 0.4 %, 0.8 %	PG	
terconazole vaginal suppository 80 mg	PG	
VANDAZOLE VAGINAL GEL 0.75 % (*metronidazole*)	PG	

Prescription Drug Name	Drug Tier	Drug Notes
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS - BLOOD THINNERS		
dabigatran etexilate mesylate oral capsule 150 mg, 75 mg	PG	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	
enoxaparin sodium injection solution 300 mg/3ml	PG	
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	PG	
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml	PG	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	PG	
heparin sodium (porcine) pf injection solution 5000 unit/0.5ml	PG	
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	PG	
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		
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG (*coagulation factor viia-jncw*)	PBSP	
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT (*antihemophilic factor-vwf*)	PBSP	

Prescription Drug Name	Drug Tier	Drug Notes
HEMATOPOIETIC GROWTH FACTORS		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (*darbepoetin alfa*)	PBSP	
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*)	PBSP	
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-jmdb*)	PBSP	
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (*filgrastim-aafi*)	PBSP	
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (*filgrastim-aafi*)	PBSP	
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-apgf*)	PBSP	
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (*epoetin alfa*)	PBSP	
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (*epoetin alfa-epbx*)	PBSP	
HEMOPHILIA A AGENTS		
adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 3000 unit, 500 unit, 750 unit	PBSP	
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT (*antihemophil fact single chain*)	PBSP	
ALTUVIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (*antihem fact fc-vwf-xten-ehtl*)	PBSP	
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)*)	PBSP	
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (*antihemoph fact rcmb gpeg-exei*)	PBSP	
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML, 300 MG/2ML (*emicizumab-kxwh*)	PBSP	

Prescription Drug Name	Drug Tier	Drug Notes
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (*ahf (bdd-rfviii peg-aucl)*)	PBSP	
NUWIQ INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (*antihem fact (bdd-rfviii,sim)*)	PBSP	
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)*)	PBSP	
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (*antihem fact (bdd-rfviii,mor)*)	PBSP	
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*antihem fact (bdd-rfviii,mor)*)	PBSP	
HEMOPHILIA A AND B AGENTS		
HYMPAVZI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/0.5ML (*marstacimab-hncq*)	PBSP	
HEMOPHILIA B AGENTS		
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*coagulation factor ix (recomb)*)	PBSP	
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (*coagulation factor ix glycopeg*)	PBSP	
MISCELLANEOUS		
aminocaproic acid oral tablet 1000 mg, 500 mg	PG	
anagrelide hcl oral capsule 0.5 mg, 1 mg	PG	
cilostazol oral tablet 100 mg, 50 mg	PG	N8 (Listing does not include certain NDCs)
pentoxifylline er oral tablet extended release 400 mg	PG	
tranexamic acid intravenous solution 1000 mg/10ml	PG	
tranexamic acid oral tablet 650 mg	PG	
PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS		
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML (*pegcetacoplan*)	PBSP	
PLATELET AGGREGATION INHIBITORS - BLOOD THINNERS		
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	PG	
clopidogrel bisulfate oral tablet 300 mg, 75 mg	PG	

Prescription Drug Name	Drug Tier	Drug Notes
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	PG	
prasugrel hcl oral tablet 10 mg, 5 mg	PG	
SICKLE CELL DISEASE		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (*hydroxyurea*)	PB	
ENDARI ORAL PACKET 5 GM (*glutamine (sickle cell)*)	PBSP	
SIKLOS ORAL TABLET 100 MG, 1000 MG (*hydroxyurea*)	PB	
THROMBOCYTOPENIA AGENTS - DRUGS TO TREAT PLATELET DISORDERS		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG (*eltrombopag choline*)	PBSP	
DOPTELET ORAL TABLET 20 MG (*avatrombopag maleate*)	PBSP	
DOPTELET SPRINKLE ORAL CAPSULE SPRINKLE 10 MG (*avatrombopag maleate*)	PBSP	
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
ALLERGENIC EXTRACTS		
ORALAIR ADULT STARTER PACK SUBLINGUAL TABLET SUBLINGUAL 300 IR (*grass mix pollens allergen ext*)	PB	
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR (*grass mix pollens allergen ext*)	PB	
AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)		
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-axxq*)	PBSP	
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (*vedolizumab*)	PBSP	
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*tildrakizumab-asmn*)	PBSP	
infliximab intravenous solution reconstituted 100 mg	PB	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab*)	PBSP	
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (*golimumab*)	PBSP	
AUTOIMMUNE AGENTS (SELF-ADMINISTERED)		
adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml, 80 mg/0.8ml	PBSP	
adalimumab-adaz subcutaneous solution prefilled syringe 10 mg/0.1ml, 20 mg/0.2ml, 40 mg/0.4ml	PBSP	

Prescription Drug Name	Drug Tier	Drug Notes
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML, 320 MG/2ML (*bimekizumab-bkzx*)	PBSP	
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML, 320 MG/2ML (*bimekizumab-bkzx*)	PBSP	
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (*certolizumab pegol*)	PBSP	
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (*certolizumab pegol*)	PBSP	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*secukinumab*)	PBSP	
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*secukinumab*)	PBSP	
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*secukinumab*)	PBSP	
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML (*secukinumab*)	PBSP	
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (*secukinumab*)	PBSP	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML (*dupilumab*)	PBSP	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML (*dupilumab*)	PBSP	
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (*etanercept*)	PBSP	
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (*etanercept*)	PBSP	
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (*etanercept*)	PBSP	
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (*etanercept*)	PBSP	
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML (*vedolizumab*)	PBSP	
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab-bwwd*)	PBSP	
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab-bwwd*)	PBSP	
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML (*adalimumab-adaz*)	PBSP	N8 (Listing does not include certain NDCs)

Prescription Drug Name	Drug Tier	Drug Notes
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML, 40 MG/0.4ML (*adalimumab-adaz*)	PBSP	N8 (Listing does not include certain NDCs)
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML (*adalimumab-adaz*)	PBSP	N8 (Listing does not include certain NDCs)
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (*sarilumab*)	PBSP	
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (*sarilumab*)	PBSP	
LITFULO ORAL CAPSULE 50 MG (*ritlecitinib tosylate*)	PBSP	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (*mepolizumab*)	PBSP	
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 40 MG/0.4ML (*mepolizumab*)	PBSP	
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (*baricitinib*)	PBSP	
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (*abatacept*)	PBSP	
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (*abatacept*)	PBSP	
OTEZLA ORAL TABLET 20 MG, 30 MG (*apremilast*)	PBSP	
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG (*apremilast*)	PBSP	
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG (*apremilast*)	PBSP	
OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK 10&20&30&(ER)75 MG (*apremilast*)	PBSP	
PYZCHIVA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.5ML, 90 MG/ML (*ustekinumab-ttwe*)	PBSP	
RINVOQ LQ ORAL SOLUTION 1 MG/ML (*upadacitinib*)	PBSP	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG (*upadacitinib*)	PBSP	
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*risankizumab-rzaa*)	PBSP	
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML (*risankizumab-rzaa*)	PBSP	
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 55 MG/0.37ML (*risankizumab-rzaa*)	PBSP	
SOTYKTU ORAL TABLET 6 MG (*deucravacitinib*)	PBSP	
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (*guselkumab*)	PBSP	

Prescription Drug Name	Drug Tier	Drug Notes
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (*guselkumab*)	PBSP	
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 200 MG/2ML (*guselkumab*)	PBSP	
XELJANZ ORAL TABLET 10 MG, 5 MG (*tofacitinib citrate*)	PBSP	
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG (*tofacitinib citrate*)	PBSP	
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML (*omalizumab*)	PBSP	
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML (*omalizumab*)	PBSP	
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (*omalizumab*)	PBSP	
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML (*ustekinumab-kfce*)	PBSP	
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (*ustekinumab-kfce*)	PBSP	
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS		
hydroxychloroquine sulfate oral tablet 200 mg	PG	N8 (Listing does not include certain NDCs)
leflunomide oral tablet 10 mg, 20 mg	PG	
methotrexate sodium oral tablet 2.5 mg	PG	
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)*)	PBSP	
HEREDITARY ANGIOEDEMA		
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML (*icatibant acetate*)	PBSP	
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	PBSP	
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (*berotralstat hcl*)	PBSP	
ORLADEYO ORAL PACKET 108 MG, 132 MG, 72 MG, 96 MG (*berotralstat hcl*)	PBSP	
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (*c1 esterase inhibitor (recomb)*)	PBSP	

Prescription Drug Name	Drug Tier	Drug Notes
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML (*lanadelumab-flyo*)	PBSP	
IMMUNOGLOBULIN		
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*)	PBSP	
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)*)	PBSP	
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)*)	PBSP	
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 40 GM/400ML, 5 GM/50ML (*immune globulin (human)*)	PBSP	
XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (*immune globulin (human)-klhw*)	PBSP	
IMMUNOSUPPRESSANTS		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG (*tacrolimus*)	PB	
azathioprine oral tablet 50 mg	PG	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (*belimumab*)	PBSP	
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (*belimumab*)	PBSP	
CELLCEPT ORAL CAPSULE 250 MG (*mycophenolate mofetil*)	PB	
CELLCEPT ORAL SUSPENSION RECONSTITUTED 200 MG/ML (*mycophenolate mofetil*)	PB	
CELLCEPT ORAL TABLET 500 MG (*mycophenolate mofetil*)	PB	
cyclosporine oral capsule 100 mg, 25 mg	PBSP	
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG (*tacrolimus*)	PB	
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	PBSP	
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG, 360 MG (*mycophenolate sodium*)	PB	
NEORAL ORAL CAPSULE 100 MG, 25 MG (*cyclosporine modified*)	PB	
NEORAL ORAL SOLUTION 100 MG/ML (*cyclosporine modified*)	PB	

Prescription Drug Name	Drug Tier	Drug Notes
PROGRAF ORAL PACKET 0.2 MG, 1 MG (*tacrolimus*)	PB	
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML (*cyclosporine*)	PB	
SAPHNELO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/0.8ML (*anifrolumab-fnia*)	PBSP	
SAPHNELO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/0.8ML (*anifrolumab-fnia*)	PBSP	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	PG	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (*everolimus*)	PB	
MISCELLANEOUS		
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (*nirsevimab-alip*)	PB	
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (*canakinumab*)	PBSP	
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS		
ELECTROLYTES		
potassium chloride (Klor-Con 10 Oral Tablet Extended Release 10 Meq)	PG	N8 (Listing does not include certain NDCs)
potassium chloride crys er (Klor-Con M10 Oral Tablet Extended Release 10 Meq)	PG	
potassium chloride crys er (Klor-Con M15 Oral Tablet Extended Release 15 Meq)	PG	
potassium chloride crys er (Klor-Con M20 Oral Tablet Extended Release 20 Meq)	PG	
potassium chloride (Klor-Con Oral Packet 20 Meq)	PG	
potassium chloride crys er oral tablet extended release 20 meq	PG	
potassium chloride er oral capsule extended release 10 meq, 8 meq	PG	
potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	PG	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	PG	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	CE	
sodium fluoride oral tablet 1.1 (0.5 f) mg	CE	
sodium fluoride oral tablet 2.2 (1 f) mg	PG	
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg	CE	

Prescription Drug Name	Drug Tier	Drug Notes
sodium fluoride oral tablet chewable 2.2 (1 f) mg	PG	
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 %	PG	
cromolyn sodium ophthalmic solution 4 %	PG	
epinastine hcl ophthalmic solution 0.05 %	PG	
olopatadine hcl ophthalmic solution 0.1 %, 0.2 %	PG	
ANTIGLAUCOMA BETA-BLOCKERS - DRUGS TO TREAT GLAUCOMA		
betaxolol hcl ophthalmic solution 0.5 %	PG	
timolol hemihydrate ophthalmic solution 0.5 %	PG	
timolol maleate (once-daily) ophthalmic solution 0.5 %	PG	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	PG	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	PG	
ANTIGLAUCOMA COMBINATION AGENTS - DRUGS TO TREAT GLAUCOMA		
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	PG	
ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION		
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	PG	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	PG	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	PG	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	PG	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	PG	

Prescription Drug Name	Drug Tier	Drug Notes
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	PG	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	PG	
ciprofloxacin hcl ophthalmic solution 0.3 %	PG	
erythromycin ophthalmic ointment 5 mg/gm	PB	
gatifloxacin ophthalmic solution 0.5 %	PG	
gentamicin sulfate ophthalmic solution 0.3 %	PG	
moxifloxacin hcl ophthalmic solution 0.5 %	PG	
NATACYN OPHTHALMIC SUSPENSION 5 % (*natamycin*)	PB	
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	PG	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	PG	
ofloxacin ophthalmic solution 0.3 %	PG	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	PG	
sulfacetamide sodium ophthalmic solution 10 %	PG	
tobramycin ophthalmic solution 0.3 %	PG	
TOBREX OPHTHALMIC OINTMENT 0.3 % (*tobramycin*)	PB	
trifluridine ophthalmic solution 1 %	PG	
XDEMVY OPHTHALMIC SOLUTION 0.25 % (*lotilaner*)	PB	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	PG	
dexamethasone sodium phosphate ophthalmic solution 0.1 %	PG	
diclofenac sodium ophthalmic solution 0.1 %	PG	
fluorometholone ophthalmic suspension 0.1 %	PG	
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	PG	
loteprednol etabonate ophthalmic suspension 0.5 %	PG	
prednisolone acetate ophthalmic suspension 1 %	PG	
prednisolone sodium phosphate ophthalmic solution 1 %	PB	
DRY EYE DISEASE		
cyclosporine (pf) ophthalmic emulsion 0.05 %	PG	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (*cyclosporine*)	PB	
VEVYE OPHTHALMIC SOLUTION 0.1 % (*cyclosporine*)	PB	

Prescription Drug Name	Drug Tier	Drug Notes
MISCELLANEOUS		
cyclopentolate hcl ophthalmic solution 1 %	PG	
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	PG	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	PG	
proparacaine hcl ophthalmic solution 0.5 %	PG	
tropicamide ophthalmic solution 0.5 %, 1 %	PG	
PROSTAGLANDINS - DRUGS TO TREAT GLAUCOMA		
latanoprost ophthalmic solution 0.005 %	PG	N8 (Listing does not include certain NDCs)
RETINAL DISORDERS		
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05ML (*ranibizumab-nuna*)	PBSP	
SYMPATHOMIMETICS - DRUGS TO TREAT GLAUCOMA		
apraclonidine hcl ophthalmic solution 0.5 %	PG	
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	PG	
OTHER		
IRRIGATION SOLUTIONS		
ARGYLE STERILE WATER IRRIGATION SOLUTION (*water for irrigation, sterile*)	PG	
lactated ringers irrigation solution	PG	
PHYSIOLYTE IRRIGATION SOLUTION (*irrigation solns physiological*)	PG	
ringers irrigation irrigation solution	PG	
sterile water for irrigation irrigation solution	PG	
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*)	PBSP	
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML, 4 GM/200ML, 5 GM/250ML (*alpha1-proteinase inhibitor*)	PBSP	
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 4000 MG, 5000 MG (*alpha1-proteinase inhibitor*)	PBSP	

Prescription Drug Name	Drug Tier	Drug Notes
ANAPHYLAXIS TREATMENT AGENTS		
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.3 mg/0.3ml	PG	
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (*umeclidinium-vilanterol*)	PB	
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (*glycopyrrolate-formoterol*)	PB	
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	PG	
ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (*fluticasone-umeclidin-vilant*)	PB	
ANTICHOLINERGICS		
ipratropium bromide inhalation solution 0.02 %	PG	N8 (Listing does not include certain NDCs)
ipratropium bromide nasal solution 0.03 %, 0.06 %	PG	
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	
YUPELRI INHALATION NEBULIZATION SOLUTION 175 MCG/3ML (*revefenacin*)	PB	
ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES		
azelastine hcl nasal solution 137 mcg/spray	PG	
carbinoxamine maleate oral tablet 4 mg	PG	
cetirizine hcl oral solution 1 mg/ml	PG	
cyproheptadine hcl oral syrup 2 mg/5ml	PG	
cyproheptadine hcl oral tablet 4 mg	PG	N8 (Listing does not include certain NDCs)
desloratadine oral tablet 5 mg	PG	
diphenhydramine hcl oral elixir 12.5 mg/5ml	PG	
hydroxyzine hcl oral syrup 10 mg/5ml	PG	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	PG	

Prescription Drug Name	Drug Tier	Drug Notes
hydroxyzine pamoate oral capsule 25 mg, 50 mg	PG	N8 (Listing does not include certain NDCs)
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	PG	
levocetirizine dihydrochloride oral tablet 5 mg	PG	
olopatadine hcl nasal solution 0.6 %	PG	
RYCLORA ORAL SOLUTION 2 MG/5ML (*dexchlorpheniramine maleate*)	PG	
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	PG	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	PG	N8 (Listing does not include certain NDCs)
albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml	PG	
albuterol sulfate oral syrup 2 mg/5ml	PG	
albuterol sulfate oral tablet 2 mg, 4 mg	PG	
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	PG	
levalbuterol tartrate inhalation aerosol 45 mcg/act	PG	
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (*formoterol fumarate*)	PB	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (*olodaterol hcl*)	PB	
terbutaline sulfate oral tablet 2.5 mg, 5 mg	PG	
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (*levalbuterol tartrate*)	PB	
COLD/COUGH		
benzonatate oral capsule 100 mg, 200 mg	PG	
hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml	PG	
hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg	PG	
promethazine-codeine oral solution 6.25-10 mg/5ml	PG	
promethazine-codeine oral syrup 6.25-10 mg/5ml	PG	
promethazine-dm oral syrup 6.25-15 mg/5ml	PG	
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	PG	N8 (Listing does not include certain NDCs)

Prescription Drug Name	Drug Tier	Drug Notes
CYSTIC FIBROSIS		
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG (*vanzacaft-tezacaft-deutivacaft*)	PBSP	
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML (*tobramycin*)	PBSP	
KALYDECO ORAL PACKET 13.4 MG, 5.8 MG (*ivacaftor*)	PBSP	
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (*dornase alfa*)	PBSP	
tobramycin inhalation nebulization solution 300 mg/5ml	PBSP	
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG (*elexacaftor-tezacaftor-ivacaft*)	PBSP	
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG (*elexacaftor-tezacaftor-ivacaft*)	PBSP	
LEUKOTRIENE RECEPTOR ANTAGONISTS - DRUGS TO TREAT ASTHMA AND ALLERGIES		
montelukast sodium oral packet 4 mg	PG	
montelukast sodium oral tablet 10 mg	PG	
montelukast sodium oral tablet chewable 4 mg, 5 mg	PG	
zafirlukast oral tablet 10 mg, 20 mg	PG	
MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES		
cromolyn sodium inhalation nebulization solution 20 mg/2ml	PG	
MISCELLANEOUS		
acetylcysteine inhalation solution 10 %, 20 %	PG	
sodium chloride inhalation nebulization solution 0.9 %	PG	N8 (Listing does not include certain NDCs)
sodium chloride inhalation nebulization solution 10 %, 3 %, 7 %	PG	
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
flunisolide nasal solution 25 mcg/act (0.025%)	PG	
fluticasone propionate nasal suspension 50 mcg/act	PG	
mometasone furoate nasal suspension 50 mcg/act	PG	
PULMONARY FIBROSIS AGENTS		
ESBRIET ORAL TABLET 267 MG, 801 MG (*pirfenidone*)	PBSP	
JASCAYD ORAL TABLET 18 MG, 9 MG (*nerandomilast*)	PBSP	
OFEV ORAL CAPSULE 100 MG, 150 MG (*nintedanib esylate*)	PBSP	
pirfenidone oral tablet 534 mg	PG	

Prescription Drug Name	Drug Tier	Drug Notes
SEVERE ASTHMA AGENTS		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML (*benralizumab*)	PBSP	
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML (*benralizumab*)	PBSP	
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML (*tezepelumab-ekko*)	PBSP	
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (*mometasone furoate*)	PB	
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	PG	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT (*budesonide*)	PB	
STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (*albuterol-budesonide*)	PB	
budesonide-formoterol fumarate (Breyna Inhalation Aerosol 160-4.5 Mcg/Act, 80-4.5 Mcg/Act)	PG	
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	PG	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	PG	N8 (Listing does not include certain NDCs)
fluticasone-salmeterol (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Act, 250-50 Mcg/Act, 500-50 Mcg/Act)	PG	
XANTHINES - DRUGS TO TREAT COPD		
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	PG	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	PG	
theophylline oral elixir 80 mg/15ml	PG	
theophylline oral solution 80 mg/15ml	PG	
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS		
DERMATOLOGY, ACNE		
adapalene external cream 0.1 %	PG	

Prescription Drug Name	Drug Tier	Drug Notes
adapalene external gel 0.1 %	PG	
adapalene external gel 0.3 %	PG	N8 (Listing does not include certain NDCs)
adapalene-benzoyl peroxide external gel 0.1-2.5 %	PG	
BENZEPRO EXTERNAL FOAM 5.3 % (*benzoyl peroxide*)	PG	
benzoyl peroxide-erythromycin external gel 5-3 %	PG	
clindamycin phosphate (Clindacin Etz External Swab 1 %)	PG	
clindamycin phosphate (Clindacin-P External Swab 1 %)	PG	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %, 1.2-5 %	PG	
clindamycin phosphate external lotion 1 %	PG	
clindamycin phosphate external solution 1 %	PG	
clindamycin phosphate external swab 1 %	PG	
clindamycin-tretinoin external gel 1.2-0.025 %	PG	
dapsone external gel 5 %	PG	N8 (Listing does not include certain NDCs)
dapsone external gel 7.5 %	PG	
erythromycin external gel 2 %	PG	
erythromycin external solution 2 %	PG	
clindamycin-benzoyl per (refr) (Neuac External Gel 1.2-5 %)	PG	
sulfacetamide sodium (acne) external lotion 10 %	PG	
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	PG	
tretinoin external gel 0.01 %, 0.025 %, 0.05 %	PG	
tretinoin microsphere external gel 0.04 %, 0.1 %	PG	
tretinoin microsphere pump external gel 0.04 %	PG	
DERMATOLOGY, ACTINIC KERATOSIS		
fluorouracil external cream 5 %	PG	
fluorouracil external solution 2 %, 5 %	PG	
imiquimod external cream 5 %	PG	
imiquimod pump external cream 3.75 %	PG	
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate external cream 0.1 %	PG	
gentamicin sulfate external ointment 0.1 %	PG	
mupirocin external ointment 2 %	PG	
silver sulfadiazine external cream 1 %	PG	
silver sulfadiazine (Ssd External Cream 1 %)	PG	

Prescription Drug Name	Drug Tier	Drug Notes
DERMATOLOGY, ANTIFUNGALS		
ciclopirox (Ciclodan External Solution 8 %)	PG	
ciclopirox external gel 0.77 %	PG	
ciclopirox external shampoo 1 %	PG	
ciclopirox external solution 8 %	PG	
ciclopirox olamine external cream 0.77 %	PG	
ciclopirox olamine external suspension 0.77 %	PG	
clotrimazole external cream 1 %	PG	
clotrimazole external solution 1 %	PG	
clotrimazole-betamethasone external cream 1-0.05 %	PG	
clotrimazole-betamethasone external lotion 1-0.05 %	PG	
econazole nitrate external cream 1 %	PG	
ketoconazole external cream 2 %	PG	
naftifine hcl external cream 2 %	PG	
nystatin external cream 100000 unit/gm	PG	
nystatin external ointment 100000 unit/gm	PG	
nystatin external powder 100000 unit/gm	PG	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	PG	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	PG	
nystatin (Nystop External Powder 100000 Unit/Gm)	PG	
DERMATOLOGY, ANTIPRURITIC		
doxepin hcl external cream 5 %	PG	
DERMATOLOGY, ANTIPSORIATICS		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	PG	
calcipotriene external ointment 0.005 %	PG	
calcipotriene external solution 0.005 %	PG	
calcipotriene (Calcitrene External Ointment 0.005 %)	PG	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (*calcipotriene-betameth diprop*)	PB	
methoxsalen rapid oral capsule 10 mg	PG	
tazarotene external cream 0.1 %	PG	
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole external shampoo 2 %	PG	
selenium sulfide external lotion 2.5 %	PG	

Prescription Drug Name	Drug Tier	Drug Notes
DERMATOLOGY, ATOPIC DERMATITIS		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (*abrocitinib*)	PBSP	
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 250 MG/2ML (*lebrikizumab-lbkz*)	PBSP	
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MG/2ML (*lebrikizumab-lbkz*)	PBSP	
pimecrolimus external cream 1 %	PG	
tacrolimus external ointment 0.03 %, 0.1 %	PG	
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort external cream 1 %	PG	
alclometasone dipropionate external cream 0.05 %	PG	
alclometasone dipropionate external ointment 0.05 %	PG	
amcinonide external ointment 0.1 %	PB	
betamethasone dipropionate aug external cream 0.05 %	PG	
betamethasone dipropionate aug external gel 0.05 %	PG	
betamethasone dipropionate aug external lotion 0.05 %	PG	
betamethasone dipropionate aug external ointment 0.05 %	PG	
betamethasone dipropionate external cream 0.05 %	PG	
betamethasone dipropionate external lotion 0.05 %	PG	
betamethasone valerate external cream 0.1 %	PG	
betamethasone valerate external foam 0.12 %	PG	
betamethasone valerate external lotion 0.1 %	PG	
betamethasone valerate external ointment 0.1 %	PG	
clobetasol prop emollient base external cream 0.05 %	PG	
clobetasol propionate external foam 0.05 %	PG	
clobetasol propionate external gel 0.05 %	PG	
clobetasol propionate external liquid 0.05 %	PG	
clobetasol propionate external lotion 0.05 %	PG	
clobetasol propionate external ointment 0.05 %	PG	
clobetasol propionate external shampoo 0.05 %	PG	
clobetasol propionate external solution 0.05 %	PG	
clobetasol propionate (Clodan External Shampoo 0.05 %)	PG	
desonide external cream 0.05 %	PG	
desonide external gel 0.05 %	PG	
desonide external lotion 0.05 %	PG	

Prescription Drug Name	Drug Tier	Drug Notes
desonide external ointment 0.05 %	PG	
desoximetasone external cream 0.05 %, 0.25 %	PG	
desoximetasone external gel 0.05 %	PG	
desoximetasone external liquid 0.25 %	PG	
desoximetasone external ointment 0.25 %	PG	
fluocinolone acetonide body external oil 0.01 %	PG	
fluocinolone acetonide external cream 0.01 %, 0.025 %	PG	
fluocinolone acetonide external ointment 0.025 %	PG	
fluocinolone acetonide external solution 0.01 %	PG	
fluocinolone acetonide scalp external oil 0.01 %	PG	
fluocinonide emulsified base external cream 0.05 %	PG	
fluocinonide external cream 0.05 %, 0.1 %	PG	
fluocinonide external gel 0.05 %	PG	
fluocinonide external ointment 0.05 %	PG	
fluocinonide external solution 0.05 %	PG	
fluticasone propionate external cream 0.05 %	PG	
fluticasone propionate external lotion 0.05 %	PG	
fluticasone propionate external ointment 0.005 %	PG	
halobetasol propionate external cream 0.05 %	PG	
halobetasol propionate external ointment 0.05 %	PG	
hydrocortisone butyrate external ointment 0.1 %	PG	
hydrocortisone butyrate external solution 0.1 %	PG	
hydrocortisone external cream 2.5 %	PG	
hydrocortisone external lotion 2.5 %	PG	
hydrocortisone external ointment 1 %, 2.5 %	PG	
hydrocortisone valerate external cream 0.2 %	PG	
hydrocortisone valerate external ointment 0.2 %	PG	
LEXETTE EXTERNAL FOAM 0.05 % (*halobetasol propionate*)	PB	
MEDPURA HYDROCORTISONE EXTERNAL CREAM 1 % (*hydrocortisone*)	PG	
mometasone furoate external cream 0.1 %	PG	
mometasone furoate external ointment 0.1 %	PG	
mometasone furoate external solution 0.1 %	PG	
triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %	PG	
triamcinolone acetonide external lotion 0.025 %, 0.1 %	PG	

Prescription Drug Name	Drug Tier	Drug Notes
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	PG	
triamcinolone acetonide (Triderm External Cream 0.5 %)	PG	
DERMATOLOGY, LOCAL ANESTHETICS		
lidocaine hcl (Glydo External Prefilled Syringe 2 %)	PG	
lidocaine external patch 5 %	PG	
lidocaine hcl external solution 4 %	PG	
lidocaine hcl urethral/mucosal external prefilled syringe 2 %	PG	
lidocaine-prilocaine external cream 2.5-2.5 %	PG	
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
acyclovir external ointment 5 %	PG	
ammonium lactate external cream 12 %	PG	
ammonium lactate external lotion 12 %	PG	
NEMLUVIO SUBCUTANEOUS AUTO-INJECTOR 30 MG (*nemolizumab-ilto*)	PBSP	
podofilox external solution 0.5 %	PG	
DERMATOLOGY, ROSACEA		
azelaic acid external gel 15 %	PG	
doxycycline oral capsule delayed release 40 mg	PG	
metronidazole external cream 0.75 %	PG	
metronidazole external gel 0.75 %, 1 %	PG	
metronidazole external lotion 0.75 %	PG	
DERMATOLOGY, SCABICIDES AND PEDICULICIDES		
CROTAN EXTERNAL LOTION 10 % (*crotamiton*)	PG	
malathion external lotion 0.5 %	PG	
permethrin external cream 5 %	PG	
DERMATOLOGY, WOUND CARE AGENTS		
acetic acid irrigation solution 0.25 %	PG	
CURITY STERILE SALINE IRRIGATION SOLUTION 0.9 % (*sodium chloride (gu irrigant)*)	PG	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl oral capsule 30 mg	PG	
chlorhexidine gluconate mouth/throat solution 0.12 %	PG	N8 (Listing does not include certain NDCs)
clotrimazole mouth/throat troche 10 mg	PG	

Prescription Drug Name	Drug Tier	Drug Notes
FLUORIDEX DAILY RENEWAL MOUTH/THROAT CONCENTRATE 0.63 % (*stannous fluoride*)	PG	
lidocaine viscous hcl mouth/throat solution 2 %	PG	
nystatin mouth/throat suspension 100000 unit/ml	PG	
triamcinolone acetonide (Oralone Mouth/Throat Paste 0.1 %)	PG	
chlorhexidine gluconate (Periogard Mouth/Throat Solution 0.12 %)	PG	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	PG	
triamcinolone acetonide mouth/throat paste 0.1 %	PG	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
acetic acid otic solution 2 %	PG	
ciprofloxacin hcl otic solution 0.2 %	PG	
fluocinolone acetonide otic oil 0.01 %	PG	
hydrocortisone-acetic acid otic solution 1-2 %	PG	
neomycin-polymyxin-hc otic solution 3.5-10000-1	PG	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	PG	
ofloxacin otic solution 0.3 %	PG	

Index

abacavir sulfate 26
abacavir sulfate-lamivudine 27
ABILIFY MAINTENA 49
abiraterone acetate 33
abiraterone acetate micronized .. 33
acamprosate calcium 45
acarbose 61
ACCU-CHEK AVIVA PLUS 77
ACCU-CHEK FASTCLIX LANCET 77
ACCU-CHEK FASTCLIX LANCETS 77
ACCU-CHEK GUIDE TEST 77
ACCU-CHEK SAFE-T PRO LANCETS 77
ACCU-CHEK SMARTVIEW 77
ACCU-CHEK SOFTCLIX LANCET DEV 77
ACCU-CHEK SOFTCLIX LANCETS 77
acebutolol hcl 41
acetaminophen-codeine 22, 23
acetazolamide 43
acetazolamide er 43
acetic acid 109, 110
acetylcysteine 103
acitretin 106
acyclovir 28, 29, 109
adalimumab-adaz 92
adapalene 104, 105
adapalene-benzoyl peroxide 105
adefovir dipivoxil 30
ADEMPAS 45
adynovate 90
AFINITOR 34
AFINITOR DISPERZ 34
Afirmelle 66
AFSTYLA 90
AFTERA 66
AFTERPILL 66
AIRSUPRA 104
AJOVY 55
ala-cort 107
albendazole 25
albuterol sulfate 102
albuterol sulfate hfa 102
alclometasone dipropionate 107
alendronate sodium 65
alfuzosin hcl er 87
aliskiren fumarate 43
allopurinol 21
almotriptan malate 55
alosetron hcl 85
alprazolam 46
alprazolam er 46
ALPRAZOLAM INTENSOL 46
alprazolam xr 46
Altavera 67
ALTUVIIIO 90
ALUNBRIG 34
ALVAIZ 92
alyacen 1/35 67
alyacen 7/7/7 67
ALYFTREK 103
Alyq 45
amantadine hcl 48
ambrisentan 45
amcinonide 107
Amethyst 67
amiloride hcl 43
amiloride-hydrochlorothiazide ... 43
aminocaproic acid 91
amiodarone hcl 39
amitriptyline hcl 47
amlodipine besy-benazepril hcl .. 37
amlodipine besylate 42
amlodipine besylate-valsartan 38
amlodipine-atorvastatin 41
amlodipine-olmesartan 38
ammonium lactate 109
amoxapine 47
amoxicill-clarithro-lansopraz 87
amoxicillin 31
amoxicillin trihydrate 31
amoxicillin-pot clavulanate .. 31, 32
amoxicillin-pot clavulanate er 31
amphetamine sulfate 53
amphetamine-dextroamphet er ... 53
amphetamine-dextroamphetamine 53
ampicillin 32
ampicillin sodium 32
anagrelide hcl 91
anastrozole 33
ANNOVERA 67
ANORO ELLIPTA 101
apraclonidine hcl 100
aprepitant 84
APRETUDE 26
Apri 67
ARALAST NP 100
ARANELLE 67
ARANESP (ALBUMIN FREE) . 90
ARGYLE STERILE WATER .. 100
ARIKAYCE 26
aripiprazole 49
ARISTADA 49
ARISTADA INITIO 49
armodafinil 58
Ascomp-Codeine 23
asenapine maleate 49
Ashlyna 67
ASMANEX HFA 104
aspirin 24
aspirin adult low dose 24
aspirin adult low strength 24
aspirin childrens 24
aspirin ec adult low dose 24
aspirin ec low strength 24
aspirin low dose 24
aspirin regimen 24
aspirin-dipyridamole er 91
ASTAGRAF XL 96
atazanavir sulfate 26
atenolol 41
atenolol-chlorthalidone 41
atomoxetine hcl 53
atorvastatin calcium 40
atovaquone 31
atovaquone-proguanil hcl 26
AUBAGIO 56
Aubra Eq 67
AUGTYRO 34
Aurovela 1.5/30 67
Aurovela 1/20 67
Aurovela 24 Fe 67
Aurovela Fe 1.5/30 67
Aurovela Fe 1/20 67
AUSTEDO 56
Aviane 67
avidoxy 32
AVONEX PEN 56
AVONEX PREFILLED 56
AVSOLA 92
AWIQLI FLEXTOUCH 62
Ayuna 67
azathioprine 96
azelaic acid 109
azelastine hcl 98, 101
azithromycin 29
Azurette 67
Bac (Butalbital-Acetamin-Caff) . 21
bacitracin-polymyxin b 99

bacitra-neomycin-polymyxin-hc . 98
baclofen 57
balsalazide disodium 85
Balziva 67
BAQSIMI ONE PACK 80
BAQSIMI TWO PACK 80
BAYER ASPIRIN EC LOW DOSE 24
BAYER LOW DOSE 24
BD INSULIN SYRINGE U-500 77
BD PEN NEEDLE MICRO ULTRAFINE 77
BD PEN NEEDLE MINI ULTRAFINE 77
BD PEN NEEDLE NANO 2ND GEN 77
BD PEN NEEDLE NANO ULTRAFINE 77
BD PEN NEEDLE ORIG ULTRAFINE 77
BD PEN NEEDLE SHORT ULTRAFINE 77
BD VEO INSULIN SYR ULTRAFINE 77
BELBUCA 24
BELSOMRA 54
benazepril hcl 37
benazepril-hydrochlorothiazide .. 37
BENEFIX 91
BENLYSTA 96
BENZEPRO 105
benzonatate 102
benzoyl peroxide-erythromycin . 105
benztropine mesylate 48
BESREMI 33
betamethasone dipropionate 107
betamethasone dipropionate aug 107
betamethasone valerate 107
BETASERON 56
betaxolol hcl 41, 98
bethanechol chloride 88
BETHKIS 103
BEVESPI AEROSPHERE 101
bexarotene 36
BEYFORTUS 97
bicalutamide 33
BIKTARVY 27
BILPREVDA 65
BIMZELX 93
bisoprolol fumarate 41
bisoprolol-hydrochlorothiazide .. 41
Blisovi 24 Fe 67
Blisovi Fe 1.5/30 67
Blisovi Fe 1/20 67
BONSITY 66
BOSULIF 34
BRAFTOVI 34
Breyna 104
briellyn 67
brimonidine tartrate 100
bromfenac sodium (once-daily) .. 99
bromocriptine mesylate 48
BRUKINSA 34
budesonide 85, 104
budesonide er 85
budesonide-formoterol fumarate 104
bumetanide 43
buprenorphine 24
buprenorphine hcl 59
buprenorphine hcl-naloxone hcl . 58
bupropion hcl 47
bupropion hcl er (smoking det) ... 59
bupropion hcl er (sr) 47
bupropion hcl er (xl) 47
butalbital-acetaminophen 21
butalbital-apap-caff-cod 23
butalbital-apap-caffeine 21
butalbital-asa-caff-codeine 23
butorphanol tartrate 23
BYOOVIZ 100
cabergoline 81
CABOMETYX 34
calcipotriene 106
calcitonin (salmon) 65
Calcitrene 106
calcitriol 83
calcium acetate (phos binder) 82
CALQUENCE 34
Camila 67
Camrese 68
Camrese Lo 68
CAMZYOS 44
candesartan cilexetil 38
candesartan cilexetil-hctz 38
capecitabine 32
CAPRELSA 34
captopril 37
carbamazepine 51
carbamazepine er 51
carbidopa 48
carbidopa-levodopa 48
carbidopa-levodopa er 48
carbidopa-levodopa-entacapone 48
carbinoxamine maleate 101
CARDIZEM LA 42
Cartia Xt 42
carvedilol 41
CAYA 68
cefadroxil 29
cefdinir 29
cefixime 29
cefpodoxime proxetil 29
cefprozil 29
cefuroxime axetil 29
celecoxib 21
CELLCEPT 96
cephalexin 29
CERDELGA 80
CEREZYME 80
cetirizine hcl 101
cevimeline hcl 109
Charlotte 24 Fe 68
Chateal Eq 68
childrens aspirin 24
chlorhexidine gluconate 109
chloroquine phosphate 26
chlorpromazine hcl 49
chlorthalidone 43
cholestyramine 39
cholestyramine light 39
CIBINQO 107
Ciclodan 106
ciclopirox 106
ciclopirox olamine 106
cilostazol 91
CIMDUO 27
cimetidine 85
cimetidine hcl 85
CIMZIA (2 SYRINGE) 93
CIMZIA-STARTER 93
cinacalcet hcl 65
CIPRO 30
ciprofloxacin hcl 99, 110
citalopram hydrobromide 47
clarithromycin 30
clarithromycin er 29
CLENPIQ 85
Clindacin Etz 105
Clindacin-P 105
clindamycin hcl 31
clindamycin palmitate hcl 31
clindamycin phos-benzoyl perox 105
clindamycin phosphate 88, 105

clindamycin-tretinoin 105
clobazam 51
clobetasol prop emollient base . 107
clobetasol propionate 107
Clodan 107
clomipramine hcl 46
clonazepam 51
clonidine 44
clonidine hcl 44
clonidine hcl er 53
clopidogrel bisulfate 91
clorazepate dipotassium 51
clotrimazole 106, 109
clotrimazole-betamethasone 106
clozapine 49
COBENFY 49
COBENFY STARTER PACK ... 50
colchicine 21
colchicine-probenecid 21
colesevelam hcl 39
colestipol hcl 39
COMBIPATCH 81
Compro 84
condoms 68
constulose 85
CORLANOR 44
COSENTYX 93
COSENTYX (300 MG DOSE) ... 93
COSENTYX SENSOREADY (300 MG) 93
COSENTYX SENSOREADY PEN 93
COSENTYX UNOREADY 93
CREON 86
CRINONE 82
cromolyn sodium 86, 98, 103
CROTAN 109
Cryselle 68
Cryselle-28 68
CURITY STERILE SALINE ... 109
CUTAQUIG 96
CUVPOSA 83
cvs aspirin low dose 24
cvs aspirin low strength 25
cvs folic acid 98
cvs nicotine 59
cvs nicotine polacrilex 59
cyclobenzaprine hcl 57
cyclopentolate hcl 100
cyclophosphamide 32
cycloserine 28
cyclosporine 96
cyclosporine (pf) 99
cyproheptadine hcl 101
Cyred Eq 68
CYSTAGON 81
dabigatran etexilate mesylate 89
dacarbazine 32
dalfampridine er 56
danazol 78
dantrolene sodium 57
dapagliflozin base-metformin er 64
dapagliflozin 64
dapsone 31, 105
darifenacin hydrobromide er 88
Dasetta 1/35 (28) 68
Dasetta 7/7/7 68
DAXXIFY 54
Daysee 68
Deblitane 68
deferasirox 66
deferasirox granules 66
deferiprone 66
deferoxamine mesylate 66
Delyla 68
demeclocycline hcl 32
DEPO-SUBQ PROVERA 104 ... 68
DESCOVY 27, 28
desipramine hcl 47
desloratadine 101
desmopressin ace spray refrig 83
desmopressin acetate 83
desmopressin acetate spray 83
desogestrel-ethinyl estradiol 68
desonide 107, 108
desoximetasone 108
desvenlafaxine succinate er 47
dexamethasone 79
dexamethasone sod phosphate pf 79
dexamethasone sodium phosphate 99
dexmethylphenidate hcl 53
dextroamphetamine sulfate 53
dextroamphetamine sulfate er 53
diazepam 51
diclofenac potassium 21
diclofenac sodium 22, 99
diclofenac sodium er 22
diclofenac-misoprostol 22
dicloxacillin sodium 32
dicyclomine hcl 83
DIFICID 30
Digox 43
digoxin 43
dihydroergotamine mesylate 54
DILANTIN 51
diltiazem hcl 42
diltiazem hcl er 42
diltiazem hcl er beads 42
diltiazem hcl er coated beads 42
dilt-xr 42
dimethyl fumarate 56
dimethyl fumarate starter pack ... 56
diphenhydramine hcl 101
diphenoxylate-atropine 84
dipyridamole 92
disopyramide phosphate 39
disulfiram 46
divalproex sodium 51, 52
divalproex sodium er 51
dofetilide 39
Dolishale 68
donepezil hcl 46
DOPTELET 92
DOPTELET SPRINKLE 92
dorzolamide hcl-timolol mal pf ... 98
Dotti 81
DOVATO 28
doxazosin mesylate 87
doxepin hcl 47, 54, 106
doxercalciferol 83
doxycycline 109
doxycycline hyclate 32
doxycycline monohydrate 32
doxylamine-pyridoxine 84
dronabinol 84
drospiren-eth estrad-levomefol ... 68
drospirenone-ethinyl estradiol 68
DROXIA 92
duloxetine hcl 47
DUPIXENT 93
DUROLANE 25
dutasteride 87
dutasteride-tamsulosin hcl 87
DYSPORT 54
E.E.S. 400 30
EBGLYSS 107
econazole nitrate 106
ECONTRA ONE-STEP 68
ECOTRIN LOW STRENGTH ... 25
efavirenz 26
eletriptan hydrobromide 55
ELFABRIO 80
ELIGARD 33
Elinest 68

ELIQUIS 89
ELIQUIS (1.5 MG PACK) 89
ELIQUIS (2 MG PACK) 89
ELIQUIS DVT/PE STARTER PACK 89
ELLA 68
ELOCTATE 90
Eluryng 68
EMBECTA AUTOSHIELD DUO 77
EMBECTA INSULIN SYR ULTRAFINE 77
EMBECTA INSULIN SYRINGE U-500 78
EMBECTA PEN NEEDLE NANO 78
EMBECTA PEN NEEDLE ULTRAFINE 78
EMGALITY 55
EMGALITY (300 MG DOSE) 55
EMPAVELI 91
emtricitabine-tenofovir df 28
EMTRIVA 27
EMVERM 25
Emzahh 68
enalapril maleate 37
enalapril-hydrochlorothiazide 37
ENBREL 93
ENBREL MINI 93
ENBREL SURECLICK 93
ENCARE 87
ENDARI 92
Endocet 23
Enilloring 69
enoxaparin sodium 89
Enskyce 69
ENSPRYNG 55
ENSTILAR 106
entacapone 48
entecavir 30
ENTYVIO 92
ENTYVIO PEN 93
enulose 85
ENVARSUS XR 96
epinastine hcl 98
epinephrine 101
eplerenone 38
epoprostenol sodium 45
eq aspirin low dose 25
eq nicotine 59
eq nicotine polacrilex 59
eq nicotine step 3 59
eql aspirin low dose 25
ERLEADA 33
erlotinib hcl 34
Errin 69
Ery-Tab 30
erythromycin 30, 99, 105
erythromycin base 30
erythromycin ethylsuccinate 30
ESBRIET 103
escitalopram oxalate 47
esomeprazole magnesium 87
ESPEROCT 90
Estarylla 69
estazolam 54
estradiol 81
estradiol valerate 81
estradiol-norethindrone acet 81
eszopiclone 54
ethacrynic acid 43
ethambutol hcl 28
ethosuximide 52
etodolac 22
etodolac er 22
etonogestrel-ethinyl estradiol 69
etoposide 37
EUFLEXXA 25
EULEXIN 33
EVOTAZ 28
EVRYSDI 55
exemestane 33
ezetimibe 39
ezetimibe-simvastatin 40
FA-8 98
Falmina 69
famciclovir 29
famotidine 85
FARXIGA 64
FASENRA 104
FASENRA PEN 104
FC2 FEMALE CONDOM 69
febuxostat 21
Feirza 1.5/30 69
Feirza 1/20 69
felbamate 52
felodipine er 42
FEMCAP 69
FEMLYV 69
fenofibrate 39, 40
fenofibrate micronized 39
fenofibric acid 40
fentanyl 23
FIASP 62
FIASP FLEXTOUCH 62
FIASP PENFILL 63
fidaxomicin 30
FILSPARI 88
finasteride 87
Finzala 69
FIRAZYR 95
flavoxate hcl 88
flecainide acetate 39
fluconazole 26
flucytosine 26
fludrocortisone acetate 79
flunisolide 103
fluocinolone acetonide 108, 110
fluocinolone acetonide body 108
fluocinolone acetonide scalp 108
fluocinonide 108
fluocinonide emulsified base 108
FLUORIDEX DAILY RENEWAL 110
fluorometholone 99
fluorouracil 105
fluoxetine hcl 47
fluphenazine decanoate 50
fluphenazine hcl 50
flurbiprofen 22
fluticasone propionate 103, 108
fluticasone-salmeterol 104
fluvastatin sodium 40
fluvastatin sodium er 40
fluvoxamine maleate 46
fluvoxamine maleate er 46
folate 98
folic acid 98
FOLLISTIM AQ 79
fondaparinux sodium 89
fosaprepitant dimeglumine 84
fosinopril sodium 37
fosinopril sodium-hctz 37
FOUNDAYO 65
FREESTYLE LIBRE 14 DAY READER 78
FREESTYLE LIBRE 14 DAY SENSOR 78
FREESTYLE LIBRE 2 PLUS SENSOR 78
FREESTYLE LIBRE 2 READER 78
FREESTYLE LIBRE 2 SENSOR 78
FREESTYLE LIBRE 3 PLUS SENSOR 78

FREESTYLE LIBRE 3 READER 78
FREESTYLE LIBRE 3 SENSOR 78
frovatriptan succinate 55
ft aspirin 25
ft aspirin low dose 25
ft folic acid 98
ft nicotine 59
ft nicotine mini 59
FULPHILA 90
fulvestrant 33
furosemide 43
Fyavolv 81
gabapentin 52
GALAFOLD 80
galantamine hydrobromide 46
galantamine hydrobromide er 46
GAMMAGARD 96
GAMUNEX-C 96
ganirelix acetate 79
gatifloxacin 99
Gavilyte-G 85
GAVRETO 34
GELSYN-3 25
gemfibrozil 40
Gemmily 69
generlac 85
gentamicin sulfate 99, 105
GENVOYA 28
GILENYA 56
GILOTRIF 34
GLASSIA 100
glatiramer acetate 56
Glatopa 56
glimepiride 64
glipizide 64
glipizide er 64
glipizide-metformin hcl 61
glucagon emergency 80
glyburide-metformin 61
glycopyrrolate 83
Glydo 109
GLYXAMBI 64
gnp adult aspirin low strength 25
gnp aspirin 25
gnp nicotine 59
gnp nicotine mini 59
gnp nicotine polacrilex 59
GOMEKLI 34, 35
goodsense aspirin low dose 25
goodsense nicotine 59
granisetron hcl 84
griseofulvin microsize 26
griseofulvin ultramicrosize 26
guanfacine hcl 44
guanfacine hcl er 53
GVOKE HYPOPEN 1-PACK 80
GVOKE HYPOPEN 2-PACK 80
GVOKE PFS 80
GWYN LO 69
HABITROL 59
HADLIMA 93
HADLIMA PUSHTOUCH 93
Hailey 1.5/30 69
Hailey 24 Fe 69
Hailey Fe 1.5/30 69
Hailey Fe 1/20 69
halobetasol propionate 108
haloperidol 50
haloperidol decanoate 50
haloperidol lactate 50
Heather 69
h-e-b aspirin 25
HEMLIBRA 90
heparin sodium (porcine) 89
heparin sodium (porcine) pf 89
HER STYLE 69
Hidex 6-Day 79
HUMULIN R U-500 KWIKPEN 63
hydralazine hcl 44
hydrochlorothiazide 43
hydrocod poli-chlorphe poli er 102
hydrocodone bitartrate er 23
hydrocodone bit-homatrop mbr 102
hydrocodone-acetaminophen 23
hydrocodone-ibuprofen 23
hydrocortisone 79, 85, 108
hydrocortisone (perianal) 87
hydrocortisone ace-pramoxine 87
hydrocortisone butyrate 108
hydrocortisone valerate 108
hydrocortisone-acetic acid 110
hydromorphone hcl 23
hydromorphone hcl er 23
hydroxychloroquine sulfate 26, 95
hydroxyurea 36
hydroxyzine hcl 101
hydroxyzine pamoate 102
HYMPAVZI 91
hyoscyamine sulfate 83, 84
HYRIMOZ 93, 94
HYRIMOZ-PLAQUE PSORIASIS START 94
ibandronate sodium 65
IBRANCE 35
IBTROZI 35
Ibu 22
ibuprofen 22
icatibant acetate 95
Iclevia 69
icosapent ethyl 40
ILARIS 97
ILUMYA 92
imatinib mesylate 35
imipramine hcl 47
imipramine pamoate 47
imiquimod 105
imiquimod pump 105
IMVEXXY MAINTENANCE PACK 81
IMVEXXY STARTER PACK 81
INBRIJA 49
Incassia 69
indapamide 43
indomethacin 22
indomethacin er 22
infliximab 92
INGREZZA 56
insulin glargine-yfgn 63
Introvale 69
INVEGA HAFYERA 50
INVEGA SUSTENNA 50
INVEGA TRINZA 50
ipratropium bromide 101
ipratropium-albuterol 101
IQIRVO 86
irbesartan 38
irbesartan-hydrochlorothiazide 38
ISENTRESS 27
ISENTRESS HD 27
Isibloom 70
isoniazid 28
isosorbide dinitrate 44
isosorbide mononitrate er 44
isradipine 42
ITOVEBI 35
itraconazole 26
ivermectin 25
Jaimiess 70
JAKAFI 35
JAKAFI XR 35
JARDIANCE 64
JASCAYD 103

Jasmiel 70
Jencycla 70
Jinteli 81
JIVI 91
Jolessa 70
Joyeaux 70
Juleber 70
JULUCA 28
Junel 1.5/30 70
Junel 1/20 70
Junel Fe 1.5/30 70
Junel Fe 1/20 70
Junel Fe 24 70
Kaitlib Fe 70
KALETRA 28
Kalliga 70
KALYDECO 103
Kariva 70
Kelnor 1/35 70
KERENDIA 38
KESIMPTA 56
ketoconazole 26, 106
ketorolac tromethamine 22, 99
KEVZARA 94
Kionex 82
KISQALI (200 MG DOSE) 35
KISQALI (400 MG DOSE) 35
KISQALI (600 MG DOSE) 35
KLONOPIN 52
Klor-Con 97
Klor-Con 10 97
Klor-Con M10 97
Klor-Con M15 97
Klor-Con M20 97
kls aspirin low dose 25
KLS QUIT2 ..... 59, 60
KLS QUIT4 60
KOSELUGO 35
kp aspirin 25
kp folic acid 98
KRAZATI 36
Kurvelo 70
KYLEENA 70
labetalol hcl 41
lactated ringers 100
lactulose 86
lactulose encephalopathy 85
lamivudine 27, 30
lamivudine-zidovudine 28
lamotrigine 52
lamotrigine er 52
lamotrigine starter kit-blue 52
lamotrigine starter kit-green 52
lamotrigine starter kit-orange 52
lanreotide acetate 61
lansoprazole 87
LANTUS 63
LANTUS SOLOSTAR 63
Larin 1.5/30 70
Larin 1/20 70
Larin 24 Fe 70
Larin Fe 1.5/30 71
Larin Fe 1/20 71
latanoprost 100
LEDERLE LEUCOVORIN 37
leflunomide 95
Lessina 71
letrozole 33
leucovorin calcium 37
LEUKERAN 32
leuprolide acetate 33
levalbuterol hcl 102
levalbuterol tartrate 102
levetiracetam 52
levetiracetam er 52
levocarnitine 66
levocetirizine dihydrochloride 102
levofloxacin 30
Levonest 71
levonorgest-eth estrad 91-day 71
levonorgest-eth estradiol-iron 71
levonorgestrel 71
levonorgestrel-ethinyl estrad 71
levonorg-eth estrad triphasic 71
Levora 0.15/30 (28) 71
levorphanol tartrate 23
levothyroxine sodium 82
Levoxyl 82
LEXETTE 108
lidocaine 109
lidocaine hcl 109
lidocaine hcl urethral/mucosal 109
lidocaine viscous hcl 110
lidocaine-prilocaine 109
LILETTA (52 MG) 71
linezolid 31
LINZESS 85
liothyronine sodium 82
LIPFENDRA 40
liraglutide -weight management 65
lisdexamfetamine dimesylate 53
lisinopril 37
lisinopril-hydrochlorothiazide 37
LITFULO 94
lithium 56
lithium carbonate 56
lithium carbonate er 56
LO LOESTRIN FE 71
Loestrin 1.5/30 (21) 71
Loestrin 1/20 (21) 71
Loestrin Fe 1.5/30 71
Loestrin Fe 1/20 71
Lofena 22
Lojaimiess 71
LONSURF 32
loperamide hcl 84
lorazepam 46
LORBRENA 35
Loryna 71
losartan potassium 39
losartan potassium-hctz 38
loteprednol etabonate 99
lovastatin 40
Low-Ogestrel 71
loxapine succinate 50
Lo-Zumandimine 71
lubiprostone 85
Luizza 1.5/30 71
Luizza 1/20 71
LUMAKRAS 36
LUMRYZ 58
LUMRYZ STARTER PACK 58
LUPRON DEPOT (1-MONTH) 34
LUPRON DEPOT (3-MONTH) 34
LUPRON DEPOT-PED (1-MONTH) 66
LUPRON DEPOT-PED (3-MONTH) 66
LUPRON DEPOT-PED (6-MONTH) 66
Lutera 72
LYBALVI 50
Lyleq 72
LYNPARZA 36
LYSODREN 34
Lyza 72
malathion 109
marlissa 72
MATULANE 32
Matzim La 42
MAVYRET 30
MAYZENT 56
MAYZENT STARTER PACK 57
meclizine hcl 84
MEDPURA HYDROCORTISONE 108

MEDROL 79
medroxyprogesterone acetate 72, 82
mefloquine hcl 26
megestrol acetate 34, 82
MEKINIST 35
MEKTOVI 35
Meleya 72
meloxicam 22
memantine hcl 46
memantine hcl er 46
MENOPUR 79
meperidine hcl 23
meprobamate 46
mercaptopurine 33
mesalamine 85
mesalamine-cleanser 85
MESNEX 37
metaxalone 57
metformin hcl 61
metformin hcl er 61
methadone hcl 23
Methadone Hcl Intensol 23
Methadose 23
methamphetamine hcl 53
methazolamide 43
methenamine hippurate 31
methenamine mandelate 31
Methergine 81
methimazole 82
methocarbamol 57
methotrexate sodium 33, 95
methotrexate sodium (pf) 33
methoxsalen rapid 106
methscopolamine bromide 84
methyldopa 44
methylergonovine maleate 81
methylphenidate hcl 54
methylphenidate hcl er 54
methylphenidate hcl er (cd) 53
methylphenidate hcl er (la) 53
methylphenidate hcl er (osm) 54
methylprednisolone 79
methyltestosterone 61
metoclopramide hcl 84
metolazone 43
metoprolol succinate er 41
metoprolol tartrate 41
metoprolol-hydrochlorothiazide 41
metronidazole 31, 88, 109
mexiletine hcl 39
Mibelas 24 Fe 72
Microgestin 1.5/30 72
Microgestin 1/20 72
Microgestin Fe 1.5/30 72
Microgestin Fe 1/20 72
midazolam hcl 54
midodrine hcl 44
miglitol 61
miglustat 81
Mili 72
Mimvey 81
minocycline hcl 32
minoxidil 44
Minzoya 72
MIRENA (52 MG) 72
mirtazapine 47
misoprostol 86
MIUDELLA 72
mm aspirin 25
modafinil 58
moexipril hcl 37
mometasone furoate 103, 108
Mondoxyne Nl 32
Mono-Linyah 72
montelukast sodium 103
morphine sulfate 23
morphine sulfate (concentrate) 23
morphine sulfate er 23
MOUNJARO 62
moxifloxacin hcl 30, 99
mupirocin 105
MY CHOICE 72
MY WAY 72
mycophenolate sodium 96
MYFEMBREE 83
MYFORTIC 96
MYLERAN 32
na sulfate-k sulfate-mg sulf 86
nabumetone 22
nadolol 41
naftifine hcl 106
naloxone hcl 58
naltrexone hcl 58
naproxen 22
naproxen sodium 22
naratriptan hcl 55
NATACYN 99
NATAZIA 72
nateglinide 64
NATESTO 61
nebivolol hcl 41
Necon 0.5/35 (28) 72
Necon 1/35 (28) 72
NEMLUVIO 109
neomycin sulfate 26
neomycin-bacitracin zn-polymyx 99
neomycin-polymyxin-dexameth 98
neomycin-polymyxin-gramicidin 99
neomycin-polymyxin-hc 98, 110
NEORAL 96
NERLYNX 35
Neuac 105
nevirapine 27
nevirapine er 27
NEW DAY 72
NEXPLANON 72
NEXTSTELLIS 73
niacin er (antihyperlipidemic) 40
NIACOR 40
nicardipine hcl 42
NICODERM CQ 60
NICORELIEF 60
NICORETTE 60
NICORETTE MINI 60
NICORETTE STARTER KIT 60
nicotine 60
nicotine mini 60
nicotine polacrilex 60
nicotine polacrilex mini 60
nicotine step 1 60
nicotine step 2 60
nicotine step 3 60
NICOTROL NS 60
nifedipine 42
nifedipine er 42
nifedipine er osmotic release 42
Nikki 73
nilutamide 34
nimodipine 42
NINLARO 37
nisoldipine er 42
nitisinone 80
Nitro-Bid 44
NITRO-DUR 44
nitrofurantoin macrocrystal 31
nitrofurantoin monohyd macro 31
nitroglycerin 44
NITROLINGUAL 44
NIVESTYM 90
nizatidine 85
Nora-Be 73
NORDITROPIN FLEXPRO 80
norelgestromin-eth estradiol 73
norethin ace-eth estrad-fe 73

norethindrone 73
norethindrone acetate 82
norethindrone acet-ethinyl est 73
norethindrone-eth estradiol 81
NORGESIC 57
norgestimate-eth estradiol 73
norgestim-eth estrad triphasic 73
Norlyda 73
Norlyroc 73
Nortrel 0.5/35 (28) 73
Nortrel 1/35 (21) 73
Nortrel 1/35 (28) 73
Nortrel 7/7/7 73
nortriptyline hcl 47
NORVIR 27
NOVOLIN 70/30 63
NOVOLIN 70/30 FLEXPEN 63
NOVOLIN N 63
NOVOLIN N FLEXPEN 63
NOVOLIN R 63
NOVOLIN R FLEXPEN 63
NOVOLOG 63
NOVOLOG FLEXPEN 63
NOVOLOG MIX 70/30 FLEXPEN 63
NOVOLOG PENFILL 63
NUBEQA 34
NUCALA 94
NUPLAZID 50
NUVARING 73
NUWIQ 91
Nylia 1/35 73
Nylia 7/7/7 73
nystatin 26, 106, 110
nystatin-triamcinolone 106
Nystop 106
NYVEPRIA 90
octreotide acetate 61
ODEFSEY 28
ODOMZO 36
OFEV 103
ofloxacin 30, 99, 110
olanzapine 50
olanzapine-fluoxetine hcl 59
olmesartan medoxomil 39
olmesartan medoxomil-hctz 38
olmesartan-amlodipine-hctz 38
olopatadine hcl 98, 102
OLUMIANT 94
omega-3-acid ethyl esters 40
omeprazole 87
OMNIFLEX DIAPHRAGM 73
OMNIPOD 5 DEXG7G6 INTRO GEN 5 78
OMNIPOD 5 DEXG7G6 PODS GEN 5 78
OMNIPOD DASH INTRO (GEN 4) 78
OMNIPOD DASH PDM (GEN 4) 78
OMNIPOD DASH PODS (GEN 4) 78
ondansetron 84
ondansetron hcl 84
ONUREG 33
OPCICON ONE-STEP 73
OPILL 73
OPSUMIT 45
OPSYNVI 45
OPTION 2 73
OPTIONS GYNOL II CONTRACEPTIVE 87
ORALAIR 92
ORALAIR ADULT STARTER PACK 92
Oralone 110
ORENCIA 94
ORENCIA CLICKJECT 94
ORENITRAM 45
ORENITRAM MONTH 1 45
ORENITRAM MONTH 2 45
ORENITRAM MONTH 3 45
ORFADIN 80
ORIAHNN 83
ORILISSA 78
ORLADEYO 95
orphenadrine citrate er 57
orphenadrine-aspirin-caffeine 58
Orquidea 73
Orsythia 73
ORTHOVISC 25
oseltamivir phosphate 29
OSENVELT 65
OSPOMYV 65
OTEZLA 94
OTEZLA XR 94
OTEZLA/OTEZLA XR INITIATION PK 94
oxaprozin 22
oxazepam 46
oxcarbazepine 52
oxybutynin chloride 88
oxybutynin chloride er 88
oxycodone hcl 23, 24
oxycodone-acetaminophen 24
oxymorphone hcl 24
OZEMPIC (0.25 OR 0.5 MG/DOSE) 62
OZEMPIC (1 MG/DOSE) 62
OZEMPIC (2 MG/DOSE) 62
Pacerone 39
paliperidone er 50
PANCREAZE 86
pantoprazole sodium 87
PARAGARD INTRAUTERINE COPPER 74
paricalcitol 83
paroxetine hcl 47
paroxetine hcl er 47
PAXLOVID (150/100) 29
PAXLOVID (300/100 & 150/100) 29
PAXLOVID (300/100) 29
peg 3350-kcl-na bicarb-nacl 86
peg-3350/electrolytes 86
peg-3350/electrolytes/ascorbat ... 86
peg-kcl-nacl-nasulf-na asc-c 86
PEG-PREP 86
penicillamine 66
penicillin v potassium 32
pentazocine-naloxone hcl 24
pentoxifylline er 91
PERFOROMIST 102
perindopril erbumine 37
Periogard 110
permethrin 109
perphenazine 50
PHEBURANE 83
phenelzine sulfate 48
phenobarbital 52
phenoxybenzamine hcl 44
phenylephrine hcl 100
phenytoin 52
phenytoin sodium extended 52
PHEXX 87
Philith 74
PHYSIOLYTE 100
pilocarpine hcl 100, 110
pimecrolimus 107
Pimtrea 74
pindolol 41
pioglitazone hcl 63
pioglitazone hcl-glimepiride 64
pioglitazone hcl-metformin hcl ... 64
PIQRAY (200 MG DAILY DOSE) 35

PIQRAY (250 MG DAILY DOSE) 35
PIQRAY (300 MG DAILY DOSE) 35
pirfenidone 103
Pirmella 7/7/7 74
piroxicam 22
pitavastatin calcium 40
PLAN B ONE-STEP 74
podofilox 109
polymyxin b-trimethoprim 99
POMALYST 33
Portia-28 74
pot & sod cit-cit ac 88
potassium chloride 97
potassium chloride crys er 97
potassium chloride er 97
potassium citrate er 88
pramipexole dihydrochloride 49
pramipexole dihydrochloride er . 49
prasugrel hcl 92
pravastatin sodium 40
praziquantel 25
prazosin hcl 38
prednisolone 79
prednisolone acetate 99
prednisolone sodium phosphate 79, 99
prednisone 79
pregabalin 52
PREGNYL 79
Prevalite 39
PREZCOBIX 28
PRIFTIN 28
primaquine phosphate 26
PRIVIGEN 96
probenecid 21
prochlorperazine 84
prochlorperazine edisylate 84
prochlorperazine maleate 84
PROCRIT 90
Procto-Med Hc 87
Proctozone-Hc 87
progesterone 82
PROGRAF 97
PROLATE 24
promethazine hcl 84
promethazine-codeine 102
promethazine-dm 102
Promethegan 84
propafenone hcl 39
propafenone hcl er 39
proparacaine hcl 100
propranolol hcl 41
propranolol hcl er 41
propylthiouracil 82
protriptyline hcl 48
pseudoeph-bromphen-dm 102
PULMICORT FLEXHALER 104
PULMOZYME 103
pyrazinamide 28
pyridostigmine bromide 58
pyridostigmine bromide er 58
PYZCHIVA 94
qc aspirin low dose 25
qc folic acid 98
qc nicotine transdermal system 60
quetiapine fumarate 50
quetiapine fumarate er 50
quinapril hcl 38
quinapril-hydrochlorothiazide 37
quinidine gluconate er 39
quinine sulfate 26
QULIPTA 55
rabeprazole sodium 87
RADICAVA ORS 46
RADICAVA ORS STARTER KIT 46
raloxifene hcl 81
ramelteon 54
ramipril 38
ranolazine er 44
rasagiline mesylate 49
RASUVO 95
REBIF 57
REBIF REBIDOSE 57
REBIF REBIDOSE TITRATION PACK 57
REBIF TITRATION PACK 57
REBINYN 91
Reclipsen 74
RELION TRUE METRIX TEST STRIPS 78
REMICADE 92
repaglinide 64
REPATHA SURECLICK 41
RESTASIS MULTIDOSE 99
RETACRIT 90
RETEVMO 35
ribavirin 30
rifabutin 28
rifampin 28
riluzole 46
ringers irrigation 100
RINVOQ 94
RINVOQ LQ 94
risedronate sodium 65
risperidone 50, 51
ritonavir 27
rivastigmine 47
rivastigmine tartrate 47
Rivelsa 74
rizatriptan benzoate 55
ropinirole hcl 49
ropinirole hcl er 49
rosuvastatin calcium 40
Rosyrah 74
Roweepra 52
ROZLYTREK 35
RUCONEST 95
RUKOBIA 27
RYBELSUS 62
RYCLORA 102
RYDAPT 36
SANDIMMUNE 97
SAPHNELO 97
SAPHNELO PEN 97
sapropterin dihydrochloride . 81, 82
SAVELLA 54
SAVELLA TITRATION PACK 54
sb childrens aspirin 25
SCEMBLIX 36
scopolamine 84
selegiline hcl 49
selenium sulfide 106
SENSIPAR 65
sertraline hcl 48
Setlakin 74
sevelamer carbonate 82
sevelamer hcl 82
SEVENFACT 89
Sharobel 74
SHEWISE 74
SIKLOS 92
sildenafil citrate 45
silodosin 87
silver sulfadiazine 105
Simliya 74
Simpesse 74
SIMPONI ARIA 92
simvastatin 40
SKYLA 74
SKYRIZI 94
SKYRIZI PEN 94
SLYND 74
sm nicotine 60

sm nicotine polacrilex 60
sod citrate-citric acid 88
sodium chloride 103
sodium fluoride 97, 98
sodium oxybate 58
sodium phenylbutyrate 83
sodium polystyrene sulfonate 82
SOGROYA 80
Solia 74
solifenacin succinate 88
SOLIQUA 62
SOMATULINE DEPOT 61
sotalol hcl 39
sotalol hcl (af) 39
SOTYKTU 94
SPIRIVA HANDIHALER 101
SPIRIVA RESPIMAT 101
spironolactone 38
spironolactone-hctz 43
SPRAVATO (56 MG DOSE) 48
SPRAVATO (84 MG DOSE) 48
Sprintec 28 74
SPRYCEL 36
Sps (Sodium Polystyrene Sulf) ... 82
SPS (SODIUM POLYSTYRENE SULF) 82
Sronyx 74
Ssd 105
ST JOSEPH LOW DOSE 25
sterile water for irrigation 100
STOBOCLO 65
STRENSIQ 82
STRIVERDI RESPIMAT 102
Subvenite 52
Subvenite Starter Kit-Blue 52
Subvenite Starter Kit-Green 52
Subvenite Starter Kit-Orange 53
SUCRAID 86
sucralfate 86
SUFLAVE 86
sulfacetamide sodium 99
sulfacetamide sodium (acne) 105
sulfacetamide-prednisolone 98
sulfamethoxazole-trimethoprim .. 31
sulfasalazine 85
Sulfatrim Pediatric 31
sulindac 22
sumatriptan 55
sumatriptan succinate 55
SUNOSI 58
SUPPRELIN LA 66
SUPREP BOWEL PREP KIT 86
SUTAB 86
SUTENT 36
Syeda 74
SYMFI 28
SYMPROIC 86
SYMTUZA 28
SYNJARDY 64
SYNJARDY XR 64
TABLOID 33
tacrolimus 97, 107
tadalafil 88
tadalafil (pah) 45
TADLIQ 45
TAFINLAR 36
TAGRISSO 36
TAKE ACTION 74
TAKHZYRO 96
tamoxifen citrate 34
tamsulosin hcl 87
TAPERDEX 12-DAY 80
TAPERDEX 7-DAY 80
Tarina 24 Fe 74
Tarina Fe 1/20 Eq 74
Taysofy 75
tazarotene 106
TECFIDERA 57
telmisartan 39
telmisartan-amlodipine 38
telmisartan-hctz 38
temazepam 54
temozolomide 32
TENCON 21
tenofovir disoproxil fumarate 27
terazosin hcl 87
terbinafine hcl 26
terbutaline sulfate 102
terconazole 88
teriparatide 66
testosterone 61
testosterone cypionate 61
testosterone enanthate 61
tetrabenazine 56
tetracycline hcl 32
TEZSPIRE 104
THALOMID 33
theophylline 104
theophylline er 104
thioridazine hcl 51
thiothixene 51
THRIVE 60
Tiadylt Er 42
tiagabine hcl 53
Tilia Fe 75
timolol hemihydrate 98
timolol maleate 41, 98
timolol maleate (once-daily) 98
tinidazole 26
TIVICAY 27
TIVICAY PD 27
tizanidine hcl 58
tobramycin 99, 103
tobramycin-dexamethasone 99
TOBREX 99
TODAY SPONGE 87
tolcapone 49
tolterodine tartrate 88
tolterodine tartrate er 88
topiramate 53
toremifene citrate 34
torsemide 44
tramadol hcl 24
tramadol hcl (er biphasic) 24
tramadol hcl er 24
tramadol-acetaminophen 24
trandolapril 38
tranexamic acid 91
tranylcypromine sulfate 48
trazodone hcl 48
TRELEGY ELLIPTA 101
TREMFYA 95
TREMFYA ONE-PRESS 94
TREMFYA PEN 95
treprostinil 45
TRESIBA 63
TRESIBA FLEXTOUCH 63
tretinoin 36, 105
tretinoin microsphere 105
tretinoin microsphere pump 105
Tri Femynor 75
triamcinolone acetonide 108, 109, 110
triamterene 44
triamterene-hctz 44
triazolam 54
Triderm 109
trientine hcl 66
Tri-Estarylla 75
trifluoperazine hcl 51
trifluridine 99
trihexyphenidyl hcl 49
TRIJARDY XR 62
TRIKAFTA 103
Tri-Legest Fe 75
Tri-Linyah 75

Tri-Lo-Estarylla 75
Tri-Lo-Marzia 75
Tri-Lo-Mili 75
Tri-Lo-Sprintec 75
trimethobenzamide hcl 84
Tri-Mili 75
Trinessa (28) 75
TRIPTODUR 66
Tri-Sprintec 75
TRIUMEQ 28
triumeq pd 28
Trivora (28) 75
Tri-Vylibra 75
Tri-Vylibra Lo 75
tropicamide 100
trospium chloride 88
trospium chloride er 88
TRUE METRIX BLOOD GLUCOSE TEST 78
TRULICITY 62
TRUQAP 36
TUKYSA 36
TURALIO 36
Turqoz 75
TWIIST REFILL KIT 78
TWIIST REFILL KIT/INFUSION SET 78
TWIIST STARTER KIT 78
TWIRLA 75
TYBLUME 75
Tydemy 75
TYKERB 36
TYMLOS 66
TYRUKO 57
UBRELVY 55
Unithroid 83
UPTRAVI 45
UPTRAVI TITRATION 45
ursodiol 86
valacyclovir hcl 29
valganciclovir hcl 29
valproic acid 53
valsartan 39
valsartan-hydrochlorothiazide 38
Valtya 1/35 76
VALTYA 1/50 76
vancomycin hcl 31
VANDAZOLE 88
VANRAFIA 88
varenicline tartrate 60
varenicline tartrate (starter) 60
VCF VAGINAL CONTRACEPTIVE 88
VELIVET 76
VENCLEXTA 33
VENCLEXTA STARTING PACK 33
venlafaxine hcl 48
venlafaxine hcl er 48
verapamil hcl 43
verapamil hcl er 43
VERZENIO 36
Vestura 76
VEVYE 99
VFEND 26
Vienva 76
vigabatrin 53
Vigadrone 53
viorele 76
VISTOGARD 36
VIVITROL 59
Volnea 76
voriconazole 26
VRAYLAR 51
Vyfemla 76
Vylibra 76
VYNDAMAX 44
VYVGART HYTRULO 58
WAKIX 58
warfarin sodium 89
WEGOVY 65
WEGOVY HD 65
Wera 76
WIDE-SEAL DIAPHRAGM 60 76
WIDE-SEAL DIAPHRAGM 65 76
WIDE-SEAL DIAPHRAGM 70 76
WIDE-SEAL DIAPHRAGM 75 76
WIDE-SEAL DIAPHRAGM 80 76
WIDE-SEAL DIAPHRAGM 85 76
WIDE-SEAL DIAPHRAGM 90 76
WIDE-SEAL DIAPHRAGM 95 76
WILATE 89
Wixela Inhub 104
Wymzya Fe 76
XALKORI 36
Xarah Fe 76
XARELTO 89
XARELTO STARTER PACK 89
XDEMVY 99
XELJANZ 95
XELJANZ XR 95
Xelria Fe 76
XEMBIFY 96
XEOMIN 54
XIFAXAN 31
XIGDUO XR 64
XOLAIR 95
XOPENEX HFA 102
XOSPATA 36
XTANDI 34
Xulane 76
XYNTHA 91
XYNTHA SOLOFUSE 91
XYWAV 58
YESINTEK 95
YEZTUGO 27
yl folic acid 98
YONSA 34
YOUR CHOICE 77
YUPELRI 101
YUTREPIA 45
Yuvafem 81
Zafemy 77
zafirlukast 103
zaleplon 54
ZEJULA 36
ZEMAIRA 100
ZENPEP 86
Zenzedi 54
ZEPBOUND 65
ZEPOSIA 57
ZEPOSIA 7-DAY STARTER PACK 57
ZEPOSIA STARTER KIT 57
zidovudine 27
ziprasidone hcl 51
ZITUVIMET 62
ZITUVIMET XR 62
ZITUVIO 62
zoledronic acid 65
ZOLINZA 36
zolmitriptan 55
zolpidem tartrate 54
zolpidem tartrate er 54
zonisamide 53
ZORTRESS 97
Zovia 1/35 (28) 77
Zumandimine 77
ZURZUVAE 48
ZYKADIA 36