

Plan for your best health

Advanced Control Plan

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.

2024 Pharmacy Drug Guide - Advanced Control Plan

Table of Contents

INFORMATIONAL SECTION.....	4
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION.....	13
ANESTHETICS - DRUGS FOR NUMBING.....	23
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS.....	23
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER.....	35
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS.....	43
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS.....	57
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES.....	84
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS.....	160
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS...	168
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS.....	172
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM.....	178
MEDICAL DEVICES.....	189
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS.....	189
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS.....	203
OTHER.....	209
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS.....	209
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS.....	219

How to use this guide

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

Your plan includes

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

What you can expect to pay

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

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

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

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

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

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

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

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

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

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

Have more questions about your pharmacy benefits?

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

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

Specialty Pharmacy Network

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

How to get started with a specialty pharmacy

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

- **To transfer your prescription**, just call us toll-free at [1-866-353-1892](tel:1-866-353-1892) (TTY: [711](tel:1-866-353-1892)).
- **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](tel:1-800-323-2445)
 - 3. Phone:** [1-800-237-2767](tel:1-800-237-2767) (TTY: [711](tel:1-800-237-2767))

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](tel:1-888-792-3862) (TTY: [711](tel:1-888-792-3862)). If you need the help of a telephone device for the hard of hearing, call [1-877-833-2779](tel:1-877-833-2779) (TTY: [711](tel:1-877-833-2779)).
- 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](tel:1-877-270-3317). Make sure they include your member ID number, date of birth and mailing address on the fax cover sheet. Only a doctor may fax a prescription.

Frequently asked questions

How can I save on prescriptions?

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

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

What are generic drugs?

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

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

What is precertification/prior authorization (PA)?

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

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

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

What is step therapy (ST)?

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

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

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

What are quantity limits (QL)?

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

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

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

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

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

How can your provider request a medical exception?

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

Pharmacy and Therapeutics (P&T) committee

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

Can the formulary change during the year?

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

- New drugs are approved.
- Existing drugs are removed from the market.
- Prescription drugs may become available over the counter (without a prescription). Over-the-counter drugs are not generally covered in a formulary.
- Brand-name drugs lose patent protection and generic versions become available. When this happens, the generic drug will be covered in place of the brand-name drug. The brand-name drug is likely to become non-formulary or covered at a higher cost. See the “What are generic drugs?” section above for more information.

Commercial 1557 Nondiscrimination Notice

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

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,

P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),

1-800-648-7817 (TTY: 711),

Fax: 859-425-3379 (CA HMO customers: 860-262-7705),

CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or at:

U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at **1-800-368-1019 (TTY: 711)**, **1-800-537-7697 (TDD) (TTY: 711)**.

TTY:711

[illegible]

Hawaiian	No ka wala'au 'ana me ka lawelawe 'ōlelo e kahea aku i ka helu kelepona ma kāu kāleka ID. Kāki 'ole 'ia kēia kōkua nei.
Hindi	बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, अपने आईडी कार्ड पर दिए नंबर पर कॉल करें।
Hmong	Yuav kom tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID.
Igbo	Inweta enyemaka asụsụ na akwughi ugwo obula, kpoo nomba no na kaadi njirimara gi
Ilocano	Tapno maakses dagiti serbisio ti pagsasao nga awanan ti bayadna, awagan ti numero nga adda ayan ti ID kardmo.
Indonesian	Untuk mengakses layanan bahasa tanpa dikenakan biaya, silakan hubungi nomor telepon di kartu asuransi Anda.
Italian	Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.
Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Karen	လၢတၢ်ကမၤန့ၣ်တၢ်မၤစၢအတၢ်ဖဲတၢ်မၤတဖၣ် လၢတအိၣ်ဒီးအပူၤလၢနကဘၣ်ဟ့ၣ်အီၤအဂီၢ်,ကိးဘၣ်လိတဝ်နီၣ်ဂံၢ်လၢအအိၣ်လၢနခိၣ်ဂီၢ် (ID) အလိၤန့ၣ်တက့ၢ်.
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Kru-Bassa	I nyuu kosna mahola ni language services ngui nsaa wogui wo, sebel i nsinga i ye ntilga i kat yong matibla
Kurdish	بۆ دەستگیر ئەگەریتن بە خزمەتگوزاری زمان بەبێ تێچوون بۆ تۆ، پەیوەندی بکە بە ژمارەی سەر ئای دی (ID) کارتێ خۆت.
Lao	ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ, ໃຫ້ໃບຫາເປີໂທຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ.
Marathi	आपल्याला कोणत्याही शुल्काशिवाय भाषा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डवरील क्रमांकावर फोन करा.
Marshallese	Nan bōk jipañ kōn kajin ilo an ejjelōk wōṇean ñan kwe, kwōn kallok nōm̄ba eo ilo kaat in ID eo am̄.
Micronesia-Ponapean	Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.
Mon-Khmer, Cambodian	ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។
Navajo	T'áá ni nizaad k'ehjí bee níká a'doowoł doo bááh ílínígóó naaltsoos bee atah nílíggo nanitinígíí bee néého'dólzínígíí béesh bee hane'í biká'ígíí áaji' hólne'.
Nepali	भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।
Nilotic-Dinka	Të koor yin ran de wëër de thokic ke cîn wëu kor keek tënɔŋ yin. Ke yin col ran ye koc kuony në namba de abac tɔ në ID kard duɔn de tīt de nyin de panakim kōu.
Norwegian	For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt.
Pennsylvanian-Dutch	Um Schprooch Services zu griege mitaus Koscht, ruff die Nummer uff dei ID Kaart.

[illegible]

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.

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. Pharmacy benefits are administered through an affiliated pharmacy benefit manager, CVS Caremark. Aetna is part of the CVS Health family of companies.

Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. To check coverage and copay information for a specific medicine, log into your member website. For questions, please call the toll-free number on the back of your member ID card.

The drugs on the Pharmacy Drug Guide (formulary), Formulary Exclusions, Precertification, and Quantity Limit Lists are subject to change. The quantity limits and step therapy drug coverage review programs are not available in all service areas. However, these programs are available to self-funded plans.

Information is subject to change. In accordance with state law or insurer policies, changes to drug coverage are not effective for commercial fully insured plans (including HMOs) in Louisiana, New York, Texas, and in most circumstances Connecticut and Vermont, until the plans' renewal date.

In accordance with state law, certain fully insured commercial California members (except Federal Employee Health Benefit Plan members) who obtained approval from an Aetna plan for coverage of drugs that are later added to the Preauthorization or Step Therapy Lists or removed from the Pharmacy Drug Guide will continue to have those drugs covered, for as long as the treating in-network provider continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition. Aetna reserves the right to periodically request clinical information from your provider to assess your medical condition and the appropriateness of your ongoing treatment. Failure to provide clinical information could result in subsequent denial of coverage for this medication.

In accordance with state law, fully insured Commercial Connecticut preferred provider organization (PPO) members (except Federal Employee Health Benefit Plan members) who are receiving coverage for drugs that are added to the Precertification or Step-Therapy Lists will continue to have those drugs covered for as long as the prescriber prescribes them, provided the drug is medically necessary and more medically beneficial than other covered drugs. Nothing in this section shall preclude the prescribing provider from prescribing another drug covered by the plan that is medically appropriate for the enrollee, nor shall anything in this section be construed to prohibit generic drug substitutions.

In accordance with state law, commercial fully insured (including HMO) members in Connecticut, Louisiana, New Mexico and Texas (except Federal Employee Health Benefit Plan members) who are receiving coverage for drugs that are added or removed from the Pharmacy Drug Guide and Specialty Drug List will continue to have those drugs covered at the same benefit level until their plan's renewal date. In Texas, preauthorization approval is known as "preservice utilization review." It is not "verification" as defined by Texas law. Preauthorization means a determination that healthcare services proposed to be provided to a patient are medically necessary and appropriate.

In certain states, including Arkansas, Colorado, Connecticut, Delaware, Georgia, Illinois, Louisiana, Maryland, Minnesota, North Dakota, Pennsylvania and Texas, step therapy programs do not apply to fully insured members utilizing prescription drugs for the treatment of stage-four advanced, metastatic cancer.

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.

	Drug Tier CE = Copay Exception: Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy. Certain limitations may apply. G = Generics NF = Non-formulary, not covered unless exception request granted NPB = Non-Preferred Brands NPSP = Non-Preferred Specialty PB = Preferred Brands PSP = Preferred Specialty	Drug Notes IBC = Indication Based Coverage LGC = Lowest Generic Copay Applies N8 = Drug Specific Coverage SPC = Select Plan Coverage: Only available for select plans. Refer to member plan documents for coverage.
lowercase italics = Generic drugs UPPERCASE = Brand name drugs		
Prescription Drug Name	Drug Tier	Drug Notes
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION		
COX-2 INHIBITORS		
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG (<i>celecoxib</i>)	NF	
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	G	
ELYXYB ORAL SOLUTION 120 MG/4.8ML (<i>celecoxib (migraine)</i>)	NF	
GOUT		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	G	
<i>colchicine oral capsule 0.6 mg</i>	NF	
<i>colchicine oral tablet 0.6 mg</i>	G	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	G	
COLCRYS ORAL TABLET 0.6 MG (<i>colchicine</i>)	NF	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	G	
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML (<i>pegloticase</i>)	NPSP	
MITIGARE ORAL CAPSULE 0.6 MG (<i>colchicine</i>)	PB	
<i>probenecid oral tablet 500 mg</i>	G	
ULORIC ORAL TABLET 40 MG, 80 MG (<i>febuxostat</i>)	NF	
MISCELLANEOUS		
RIDAURA ORAL CAPSULE 3 MG (<i>auranofin</i>)	NPB	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
NON-OPIOID ANALGESICS		
ALLZITAL ORAL TABLET 25-325 MG (<i>butalbital-acetaminophen</i>)	NF	
<i>butalbital-apap-cafeine</i> (Bac Oral Tablet 50-325-40 Mg)	G	
<i>butalbital-acetaminophen</i> (Bupap Oral Tablet 50-300 Mg)	NF	
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	NF	
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	NF	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	G	
<i>butalbital-apap-cafeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	NF	
<i>butalbital-apap-cafeine oral tablet 50-325-40 mg</i>	G	
<i>butalbital-aspirin-cafeine oral capsule 50-325-40 mg</i>	G	
<i>butalbital-apap-cafeine</i> (Esgic Oral Capsule 50-325-40 Mg)	NF	
FIORICET ORAL CAPSULE 50-300-40 MG (<i>butalbital-apap-cafeine</i>)	NF	
TENCON ORAL TABLET 50-325 MG (<i>butalbital-acetaminophen</i>)	G	
<i>butalbital-apap-cafeine</i> (Zebutal Oral Capsule 50-325-40 Mg)	NF	
NSAIDS		
CAMBIA ORAL PACKET 50 MG (<i>diclofenac potassium(migraine)</i>)	NF	
<i>dfs dr/ms/menthlcap pak combination kit 75 mg</i>	NF	
<i>diclofenac potassium oral capsule 25 mg</i>	NF	
<i>diclofenac potassium oral tablet 25 mg</i>	NF	
<i>diclofenac potassium oral tablet 50 mg</i>	G	
<i>diclofenac potassium(migraine) oral packet 50 mg</i>	NF	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	G	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	G	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	G	
<i>etodolac oral capsule 200 mg, 300 mg</i>	G	
<i>etodolac oral tablet 400 mg, 500 mg</i>	G	
<i>fenoprofen calcium oral capsule 200 mg, 400 mg</i>	NF	
<i>fenoprofen calcium oral tablet 600 mg</i>	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	G	
<i>ibuprofen (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg)</i>	G	
<i>ibuprofen oral suspension 100 mg/5ml</i>	G	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	G	
INDOCIN ORAL SUSPENSION 25 MG/5ML (<i>indomethacin</i>)	NF	
<i>indomethacin (Indocin Rectal Suppository 50 Mg)</i>	NF	
<i>indomethacin er oral capsule extended release 75 mg</i>	G	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	G	
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>	NF	
<i>ketoprofen oral capsule 25 mg</i>	NF	
<i>ketorolac tromethamine oral tablet 10 mg</i>	G	
LODINE ORAL TABLET 400 MG (<i>etodolac</i>)	NF	
<i>diclofenac potassium (Lofena Oral Tablet 25 Mg)</i>	NF	
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	G	
<i>mefenamic acid oral capsule 250 mg</i>	NF	
<i>meloxicam oral capsule 10 mg, 5 mg</i>	NF	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	G	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	G	
NALFON ORAL CAPSULE 400 MG (<i>fenoprofen calcium</i>)	NPB	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG (<i>naproxen sodium</i>)	NF	
NAPROSYN ORAL SUSPENSION 125 MG/5ML (<i>naproxen</i>)	NF	
<i>naproxen oral suspension 125 mg/5ml</i>	NF	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	G	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	G	
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg</i>	NF	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	G	
NUDROXIPAK DSDR-50 COMBINATION KIT 50 MG (<i>diclofenac sodium-liniment</i>)	NF	
NUDROXIPAK DSDR-75 COMBINATION KIT 75 MG (<i>diclofenac sodium-liniment</i>)	NF	
NUDROXIPAK E-400 COMBINATION KIT 400 MG (<i>etodolac-liniment</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
NUDROXIPAK I-800 COMBINATION KIT 800 MG (<i>ibuprofen-liniment</i>)	NF	
NUDROXIPAK M-15 COMBINATION KIT 15 MG (<i>meloxicam-liniment</i>)	NF	
NUDROXIPAK N-500 COMBINATION KIT 500 MG (<i>nabumetone-liniment</i>)	NF	
<i>oxaprozin oral tablet 600 mg</i>	G	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	G	
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (<i>ketorolac tromethamine</i>)	NF	
<i>sulindac oral tablet 150 mg, 200 mg</i>	G	
ZIPSOR ORAL CAPSULE 25 MG (<i>diclofenac potassium</i>)	NF	
ZORVOLEX ORAL CAPSULE 18 MG, 35 MG (<i>diclofenac</i>)	NF	
NSAIDS, COMBINATIONS		
ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG (<i>diclofenac-misoprostol</i>)	NF	
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	G	
DUEXIS ORAL TABLET 800-26.6 MG (<i>ibuprofen-famotidine</i>)	NPB	
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	NF	
<i>diclofenac sodium-capsaicin</i> (Inflammacin Combination Therapy Pack 75 & 0.025 Mg-%)	NF	
<i>naproxen-esomeprazole mg oral tablet delayed release 375-20 mg, 500-20 mg</i>	NF	
<i>diclofenac sodium-capsaicin</i> (Nudiclo Tabpak Combination Therapy Pack 75 & 0.025 Mg-%)	NF	
NUDROXIPAK COMBINATION THERAPY PACK 200 MG (<i>celecoxib-capsaicin-methsal</i>)	NF	
PREVIDOLRX ANALGESIC COMBINATION THERAPY PACK 75-20-0.025 MG-MG-% (<i>diclofenac-omeprazole-capsicum</i>)	NF	
READYSHARP ANESTH + KETOROLAC INJECTION KIT 15 & 0.5 & 1 MG/ML-%-% (<i>ketorolac & bupivacaine & lido</i>)	NF	
TORONOVA II SUIK COMBINATION KIT 30 MG/ML (<i>ketorolac trometh & anesthetic</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
TORONOVA SUIK COMBINATION KIT 30 MG/ML (ketorolac trometh & anesthetic)	NF	
VIMOVO ORAL TABLET DELAYED RELEASE 375-20 MG, 500-20 MG (naproxen-esomeprazole)	NPB	
OPIOID ANALGESICS		
acetaminophen-codeine oral solution 120-12 mg/5ml	G	
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	G	
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (benzhydrocodone-acetaminophen)	NF	
apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg	G	
butalbital-asa-caff-codeine (Ascomp-Codeine Oral Capsule 50-325-40-30 Mg)	G	
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	G	
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	G	
butorphanol tartrate nasal solution 10 mg/ml	G	
codeine sulfate oral tablet 60 mg	NPB	
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (tramadol hcl)	NPB	
DILAUDID INJECTION SOLUTION 1 MG/ML, 2 MG/ML (hydromorphone hcl)	NF	
DILAUDID ORAL LIQUID 1 MG/ML (hydromorphone hcl)	NPB	
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG (hydromorphone hcl)	NPB	
DSUVIA SUBLINGUAL TABLET SUBLINGUAL 30 MCG (sufentanil citrate)	NPB	
oxycodone-acetaminophen (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	G	
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	G	
fentanyl citrate buccal tablet 200 mcg, 400 mcg, 600 mcg, 800 mcg	G	
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr	G	
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (fentanyl citrate)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	NF	
<i>hydrocodone-acetaminophen oral solution 5-217 mg/10ml</i>	G	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	G	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	G	
<i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg</i>	G	
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	G	
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	G	
<i>hydromorphone hcl rectal suppository 3 mg</i>	NPB	
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (hydrocodone bitartrate)	NF	
<i>levorphanol tartrate oral tablet 2 mg, 3 mg</i>	NF	
<i>meperidine hcl oral solution 50 mg/5ml</i>	NF	
<i>meperidine hcl oral tablet 50 mg</i>	NF	
<i>methadone hcl injection solution 10 mg/ml</i>	NPB	
<i>methadone hcl (Methadone Hcl Intensol Oral Concentrate 10 Mg/ML)</i>	G	
<i>methadone hcl oral concentrate 10 mg/ml</i>	G	
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	G	
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	G	
<i>methadone hcl oral tablet soluble 40 mg</i>	G	
<i>methadone hcl-nacl intravenous solution prefilled syringe 1-0.9 mg/ml-%</i>	NPB	
METHADOSE ORAL CONCENTRATE 10 MG/ML (methadone hcl)	NPB	
<i>methadone hcl (Methadose Oral Tablet Soluble 40 Mg)</i>	G	
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML (methadone hcl)	NPB	
<i>morphine sulfate (concentrate) oral solution 20 mg/ml</i>	G	
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	G	
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	G	
<i>morphine sulfate intravenous solution 1 mg/ml</i>	NPB	
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	G	
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	G	
<i>morphine sulfate rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	G	
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG (<i>morphine sulfate</i>)	NPB	
<i>nalocet oral tablet 2.5-300 mg</i>	NF	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (<i>tapentadol hcl</i>)	NF	
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG (<i>tapentadol hcl</i>)	NF	
OXAYDO ORAL TABLET 5 MG, 7.5 MG (<i>oxycodone hcl</i>)	NF	
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg, 80 mg</i>	G	
<i>oxycodone hcl oral capsule 5 mg</i>	G	
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	G	
<i>oxycodone hcl oral solution 5 mg/5ml</i>	G	
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	G	
<i>oxycodone-acetaminophen oral solution 10-300 mg/5ml, 5-325 mg/5ml</i>	NF	
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg, 7.5-300 mg</i>	NF	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	G	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (<i>oxycodone hcl</i>)	NF	
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	NF	
<i>oxymorphone hcl oral tablet 10 mg, 5 mg</i>	G	
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (<i>oxycodone-acetaminophen</i>)	NF	
PROLATE ORAL SOLUTION 10-300 MG/5ML (<i>oxycodone-acetaminophen</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (<i>oxycodone-acetaminophen</i>)	NF	
QDOLO ORAL SOLUTION 5 MG/ML (<i>tramadol hcl</i>)	NF	
ROXICODONE ORAL TABLET 15 MG, 30 MG (<i>oxycodone hcl</i>)	NPB	
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG (<i>oxycodone hcl</i>)	NF	
SEGLENTIS ORAL TABLET 56-44 MG (<i>celecoxib-tramadol hcl</i>)	NF	
SUBSYS SUBLINGUAL LIQUID 100 MCG, 1200 (600 X 2) MCG, 1600 (800 X 2) MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>fentanyl</i>)	NF	
SYNAPRYN FUSEPAQ ORAL SUSPENSION RECONSTITUTED 10 MG/ML (<i>tramadol hcl</i>)	NF	
<i>tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	NF	
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	G	
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	G	
<i>tramadol hcl oral tablet 100 mg</i>	NF	
<i>tramadol hcl oral tablet 50 mg</i>	G	
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	G	
TREZIX ORAL CAPSULE 320.5-30-16 MG (<i>apap-caff-dihydrocodeine</i>)	NPB	
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG (<i>oxycodone</i>)	NF	
OPIOID PARTIAL AGONISTS		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (<i>buprenorphine hcl</i>)	PB	
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR (<i>buprenorphine</i>)	NF	
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML (buprenorphine)	NPB	
SALICYLATES		
<i>aspirin adult low dose oral tablet delayed release 81 mg</i>	CE	
<i>aspirin ec low strength oral tablet delayed release 81 mg</i>	CE	
<i>aspirin low dose oral tablet chewable 81 mg</i>	CE	
<i>aspirin low dose oral tablet delayed release 81 mg</i>	CE	
<i>aspirin oral tablet chewable 81 mg</i>	CE	
<i>aspirin oral tablet delayed release 81 mg</i>	CE	
<i>aspirin regimen oral tablet delayed release 81 mg</i>	CE	
ASPIR-LOW ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	CE	
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	CE	
BAYER LOW DOSE ORAL TABLET CHEWABLE 81 MG (<i>aspirin</i>)	CE	
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	CE	
<i>childrens aspirin oral tablet chewable 81 mg</i>	CE	
<i>cvs aspirin low dose oral tablet delayed release 81 mg</i>	CE	
<i>cvs aspirin low strength oral tablet delayed release 81 mg</i>	CE	
<i>diflunisal oral tablet 500 mg</i>	G	
ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	CE	
<i>eq aspirin low dose oral tablet chewable 81 mg</i>	CE	
<i>eq aspirin low dose oral tablet chewable 81 mg</i>	CE	
<i>gnp adult aspirin low strength oral tablet chewable 81 mg</i>	CE	
<i>gnp aspirin oral tablet delayed release 81 mg</i>	CE	
<i>goodsense aspirin low dose oral tablet delayed release 81 mg</i>	CE	
<i>h-e-b aspirin oral tablet delayed release 81 mg</i>	CE	
<i>kls aspirin low dose oral tablet delayed release 81 mg</i>	CE	
<i>kp aspirin oral tablet delayed release 81 mg</i>	CE	
<i>mm aspirin oral tablet delayed release 81 mg</i>	CE	
<i>px aspirin oral tablet chewable 81 mg</i>	CE	
<i>px enteric aspirin oral tablet delayed release 81 mg</i>	CE	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>qc aspirin low dose oral tablet chewable 81 mg</i>	CE	
<i>qc childrens aspirin oral tablet chewable 81 mg</i>	CE	
<i>ra aspirin adult low dose oral tablet chewable 81 mg</i>	CE	
<i>ra aspirin childrens oral tablet chewable 81 mg</i>	CE	
<i>ra aspirin ec adult low st oral tablet delayed release 81 mg</i>	CE	
<i>salsalate oral tablet 500 mg, 750 mg</i>	G	
<i>sb childrens aspirin oral tablet chewable 81 mg</i>	CE	
<i>sm aspirin adult low strength oral tablet delayed release 81 mg</i>	CE	
<i>sm aspirin low dose oral tablet chewable 81 mg</i>	CE	
<i>sm childrens aspirin oral tablet chewable 81 mg</i>	CE	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (<i>aspirin</i>)	CE	
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	CE	
VISCOSUPPLEMENTS		
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE 60 MG/3ML (<i>sodium hyaluronate (viscosup)</i>)	PSP	
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	PSP	
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE 30 MG/3ML (<i>cross-linked hyaluronate</i>)	NF	
GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16.8 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	PSP	
GENVISC 850 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 24 MG/3ML (<i>hyaluronan</i>)	NF	
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (<i>sodium hyaluronate (viscosup)</i>)	PSP	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
SYNOJOYNT INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
TRIVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
ANESTHETICS - DRUGS FOR NUMBING		
LOCAL ANESTHETICS		
<i>lidomark 2/5 injection kit 2 %</i>	NPB	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
ANTHELMINTICS - DRUGS FOR WORM INFECTION		
<i>albendazole oral tablet 200 mg</i>	G	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	NPB	
EMVERM ORAL TABLET CHEWABLE 100 MG (<i>mebendazole</i>)	NPB	
<i>ivermectin oral tablet 3 mg</i>	G	
<i>praziquantel oral tablet 600 mg</i>	G	
ANTI-BACTERIALS - MISCELLANEOUS		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML (<i>amikacin sulfate liposome</i>)	NPB	
HUMATIN ORAL CAPSULE 250 MG (<i>paromomycin sulfate</i>)	NF	
MONUROL ORAL PACKET 3 GM (<i>fosfomycin tromethamine</i>)	NPB	
<i>neomycin sulfate oral tablet 500 mg</i>	G	
<i>sulfadiazine oral tablet 500 mg</i>	NPB	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	G	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	G	
<i>sulfamethoxazole-trimethoprim (Sulfatrim Pediatric Oral Suspension 200-40 Mg/5Ml)</i>	G	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	G	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
BREXAFEMME ORAL TABLET 150 MG (<i>ibrexafungerp citrate</i>)	NPB	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
CRESEMBA ORAL CAPSULE 186 MG (<i>isavuconazonium sulfate</i>)	NF	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	G	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	G	
<i>flucytosine oral capsule 250 mg</i>	G	
<i>flucytosine oral capsule 500 mg</i>	NF	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	G	
<i>griseofulvin microsize oral tablet 500 mg</i>	G	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	G	
<i>itraconazole oral capsule 100 mg</i>	G	
<i>itraconazole oral solution 10 mg/ml</i>	G	
<i>ketoconazole oral tablet 200 mg</i>	G	
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7ML (<i>posaconazole</i>)	NF	
NOXAFIL ORAL PACKET 300 MG (<i>posaconazole</i>)	NF	
NOXAFIL ORAL SUSPENSION 40 MG/ML (<i>posaconazole</i>)	NF	
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG (<i>posaconazole</i>)	NF	
<i>nystatin oral tablet 500000 unit</i>	G	
<i>posaconazole oral tablet delayed release 100 mg</i>	NF	
SPORANOX ORAL CAPSULE 100 MG (<i>itraconazole</i>)	NF	
SPORANOX ORAL SOLUTION 10 MG/ML (<i>itraconazole</i>)	NF	
<i>terbinafine hcl oral tablet 250 mg</i>	G	
<i>tolsura oral capsule 65 mg</i>	NF	
VIVJOA ORAL CAPSULE THERAPY PACK 150 MG (<i>oteseconazole</i>)	NPB	
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	G	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	G	
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
ARAKODA ORAL TABLET 100 MG (<i>tafenoquine succinate</i>)	NF	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	G	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	G	
COARTEM ORAL TABLET 20-120 MG (<i>artemether-lumefantrine</i>)	NPB	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
KRINTAFEL ORAL TABLET 150 MG (<i>tafenoquine succinate</i>)	NF	
<i>mefloquine hcl oral tablet 250 mg</i>	G	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	NPB	
<i>quinine sulfate oral capsule 324 mg</i>	G	
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate oral solution 20 mg/ml</i>	G	
<i>abacavir sulfate oral tablet 300 mg</i>	G	
APTIVUS ORAL CAPSULE 250 MG (<i>tipranavir</i>)	NF	
<i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>	G	
EDURANT ORAL TABLET 25 MG (<i>rilpivirine hcl</i>)	NF	
<i>efavirenz oral capsule 200 mg, 50 mg</i>	G	
<i>efavirenz oral tablet 600 mg</i>	G	
EMTRIVA ORAL CAPSULE 200 MG (<i>emtricitabine</i>)	PSP	
EMTRIVA ORAL SOLUTION 10 MG/ML (<i>emtricitabine</i>)	PSP	
<i>fosamprenavir calcium oral tablet 700 mg</i>	G	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG (<i>enfuvirtide</i>)	PSP	
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG (<i>etravirine</i>)	NF	
ISENTRESS HD ORAL TABLET 600 MG (<i>raltegravir potassium</i>)	PSP	
ISENTRESS ORAL PACKET 100 MG (<i>raltegravir potassium</i>)	PSP	
ISENTRESS ORAL TABLET 400 MG (<i>raltegravir potassium</i>)	PSP	
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (<i>raltegravir potassium</i>)	PSP	
<i>lamivudine oral solution 10 mg/ml</i>	G	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	G	
LEXIVA ORAL SUSPENSION 50 MG/ML (<i>fosamprenavir calcium</i>)	NF	
LEXIVA ORAL TABLET 700 MG (<i>fosamprenavir calcium</i>)	NF	
<i>nevirapine er oral tablet extended release 24 hour 100 mg, 400 mg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>nevirapine oral suspension 50 mg/5ml</i>	G	
<i>nevirapine oral tablet 200 mg</i>	G	
NORVIR ORAL PACKET 100 MG (<i>ritonavir</i>)	NF	
NORVIR ORAL TABLET 100 MG (<i>ritonavir</i>)	NF	
PIFELTRO ORAL TABLET 100 MG (<i>doravirine</i>)	NF	
PREZISTA ORAL SUSPENSION 100 MG/ML (<i>darunavir</i>)	NF	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG (<i>darunavir</i>)	NF	
REYATAZ ORAL CAPSULE 200 MG, 300 MG (<i>atazanavir sulfate</i>)	NF	
REYATAZ ORAL PACKET 50 MG (<i>atazanavir sulfate</i>)	NF	
<i>ritonavir oral tablet 100 mg</i>	G	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (<i>fostemsavir tromethamine</i>)	NPSP	
SELZENTRY ORAL SOLUTION 20 MG/ML (<i>maraviroc</i>)	NF	
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG (<i>maraviroc</i>)	NF	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	G	
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG (<i>dolutegravir sodium</i>)	PSP	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (<i>dolutegravir sodium</i>)	PSP	
TYBOST ORAL TABLET 150 MG (<i>cobicistat</i>)	NPSP	
VIRACEPT ORAL TABLET 250 MG, 625 MG (<i>nelfinavir mesylate</i>)	NF	
VIREAD ORAL POWDER 40 MG/GM (<i>tenofovir disoproxil fumarate</i>)	NPSP	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG (<i>tenofovir disoproxil fumarate</i>)	NPSP	
<i>zidovudine oral capsule 100 mg</i>	G	
<i>zidovudine oral syrup 50 mg/5ml</i>	G	
<i>zidovudine oral tablet 300 mg</i>	G	
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	G	
ATRIPLA ORAL TABLET 600-200-300 MG (<i>efavirenz-emtricitab-tenofo df</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (bictegravir-emtricitab-tenofof)	PSP	
CIMDUO ORAL TABLET 300-300 MG (lamivudine-tenofovir)	PSP	
COMPLERA ORAL TABLET 200-25-300 MG (emtricitab-rilpivir-tenofovir)	NF	
DELSTRIGO ORAL TABLET 100-300-300 MG (doravirin-lamivudin-tenofov df)	NF	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG (emtricitabine-tenofovir af)	PSP	
DOVATO ORAL TABLET 50-300 MG (dolutegravir-lamivudine)	PSP	
emtricitabine-tenofovir df oral tablet 200-300 mg	CE	
EVOTAZ ORAL TABLET 300-150 MG (atazanavir-cobicistat)	NPSP	
GENVOYA ORAL TABLET 150-150-200-10 MG (elviteg-cobic-emtricit-tenofaf)	PSP	
JULUCA ORAL TABLET 50-25 MG (dolutegravir-rilpivirine)	NPSP	
KALETRA ORAL SOLUTION 400-100 MG/5ML (lopinavir-ritonavir)	NF	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG (lopinavir-ritonavir)	NF	
lamivudine-zidovudine oral tablet 150-300 mg	G	
lopinavir-ritonavir oral solution 400-100 mg/5ml	G	
ODEFSEY ORAL TABLET 200-25-25 MG (emtricitab-rilpivir-tenofov af)	PSP	
PREZCOBIX ORAL TABLET 800-150 MG (darunavir-cobicistat)	NPSP	
STRIBILD ORAL TABLET 150-150-200-300 MG (elviteg-cobic-emtricit-tenofdf)	NF	
SYMFI LO ORAL TABLET 400-300-300 MG (efavirenz-lamivudine-tenofovir)	NPSP	
SYMFI ORAL TABLET 600-300-300 MG (efavirenz-lamivudine-tenofovir)	NPSP	
SYMTUZA ORAL TABLET 800-150-200-10 MG (darun-cobic-emtricit-tenofaf)	PSP	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
TRIUMEQ ORAL TABLET 600-50-300 MG (<i>abacavir-dolutegravir-lamivud</i>)	PSP	
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG (<i>abacavir-dolutegravir-lamivud</i>)	PSP	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG (<i>emtricitabine-tenofovir df</i>)	NF	
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
<i>cycloserine oral capsule 250 mg</i>	G	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	G	
<i>isoniazid oral syrup 50 mg/5ml</i>	G	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	G	
<i>pretomanid oral tablet 200 mg</i>	NPB	
PRIFTIN ORAL TABLET 150 MG (<i>rifapentine</i>)	NPB	
<i>pyrazinamide oral tablet 500 mg</i>	G	
<i>rifabutin oral capsule 150 mg</i>	G	
<i>rifampin oral capsule 150 mg, 300 mg</i>	G	
SIRTURO ORAL TABLET 100 MG, 20 MG (<i>bedaquiline fumarate</i>)	NPB	
TRECTOR ORAL TABLET 250 MG (<i>ethionamide</i>)	NPB	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
<i>acyclovir oral capsule 200 mg</i>	G	
<i>acyclovir oral suspension 200 mg/5ml</i>	G	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	G	
<i>adefovir dipivoxil oral tablet 10 mg</i>	G	
BARACLUDE ORAL SOLUTION 0.05 MG/ML (<i>entecavir</i>)	NPSP	
BARACLUDE ORAL TABLET 0.5 MG, 1 MG (<i>entecavir</i>)	NF	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	G	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	G	
<i>lamivudine oral tablet 100 mg</i>	G	
LIVTENCITY ORAL TABLET 200 MG (<i>maribavir</i>)	NPSP	
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	G	
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	G	
PREVYMIS ORAL TABLET 240 MG, 480 MG (<i>letermovir</i>)	NPB	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT (<i>zanamivir</i>)	PB	
<i>rimantadine hcl oral tablet 100 mg</i>	G	
SITAVIG BUCCAL TABLET 50 MG (<i>acyclovir</i>)	NPB	
TEMBEXA ORAL SUSPENSION 10 MG/ML (<i>brincidofovir</i>)	NPB	
TEMBEXA ORAL TABLET 100 MG (<i>brincidofovir</i>)	NPB	
TPOXX ORAL CAPSULE 200 MG (<i>tecovirimat</i>)	NPB	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	G	
VALCYTE ORAL SOLUTION RECONSTITUTED 50 MG/ML (<i>valganciclovir hcl</i>)	NF	
VALCYTE ORAL TABLET 450 MG (<i>valganciclovir hcl</i>)	NF	
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	G	
<i>valganciclovir hcl oral tablet 450 mg</i>	G	
VALTREX ORAL TABLET 1 GM, 500 MG (<i>valacyclovir hcl</i>)	NF	
VEMLIDY ORAL TABLET 25 MG (<i>tenofovir alafenamide fumarate</i>)	NF	
XERESE EXTERNAL CREAM 5-1 % (<i>acyclovir-hydrocortisone</i>)	NF	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG (<i>baloxavir marboxil</i>)	NF	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG (<i>baloxavir marboxil</i>)	NF	
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	NPB	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	G	
<i>cefaclor oral suspension reconstituted 125 mg/5ml, 375 mg/5ml</i>	G	
<i>cefadroxil oral capsule 500 mg</i>	G	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	G	
<i>cefadroxil oral tablet 1 gm</i>	G	
<i>cefdinir oral capsule 300 mg</i>	G	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	
<i>cefixime oral capsule 400 mg</i>	G	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	G	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	G	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	G	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	G	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	G	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	G	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML (<i>cefixime</i>)	PB	
SUPRAX ORAL TABLET CHEWABLE 100 MG, 200 MG (<i>cefixime</i>)	PB	
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS		
<i>azithromycin oral packet 1 gm</i>	G	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	G	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	G	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	G	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	G	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML (<i>fidaxomicin</i>)	PB	
DIFICID ORAL TABLET 200 MG (<i>fidaxomicin</i>)	PB	
E.E.S. 400 ORAL TABLET 400 MG (<i>erythromycin ethylsuccinate</i>)	G	
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (<i>erythromycin ethylsuccinate</i>)	NF	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (<i>erythromycin ethylsuccinate</i>)	NF	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML (<i>erythromycin ethylsuccinate</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>erythromycin base</i> (Ery-Tab Oral Tablet Delayed Release 250 Mg, 333 Mg, 500 Mg)	G	
ERYTHROCIN STEARATE ORAL TABLET 250 MG (<i>erythromycin stearate</i>)	G	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	G	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	G	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	G	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	G	
<i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	G	
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
BAXDELA ORAL TABLET 450 MG (<i>delafloxacin meglumine</i>)	NPB	
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%) (<i>ciprofloxacin</i>)	NPB	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	G	
<i>levofloxacin oral solution 25 mg/ml</i>	G	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	G	
<i>moxifloxacin hcl oral tablet 400 mg</i>	G	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	G	
HEPATITIS C		
EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG (<i>sofosbuvir-velpatasvir</i>)	PSP	IBC (Preferred for all genotypes)
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG (<i>sofosbuvir-velpatasvir</i>)	PSP	IBC (Preferred for all genotypes)
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	PSP	
HARVONI ORAL TABLET 45-200 MG, 90-400 MG (<i>ledipasvir-sofosbuvir</i>)	PSP	IBC (Preferred for genotypes 1,4,5,6)
MAVYRET ORAL PACKET 50-20 MG (<i>glecaprevir-pibrentasvir</i>)	NF	
MAVYRET ORAL TABLET 100-40 MG (<i>glecaprevir-pibrentasvir</i>)	NF	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (<i>peginterferon alfa-2a</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (<i>peginterferon alfa-2a</i>)	NF	
<i>ribavirin oral capsule 200 mg</i>	G	
<i>ribavirin oral tablet 200 mg</i>	G	
SOVALDI ORAL PACKET 150 MG, 200 MG (<i>sofosbuvir</i>)	NPSP	
SOVALDI ORAL TABLET 200 MG, 400 MG (<i>sofosbuvir</i>)	NPSP	
VOSEVI ORAL TABLET 400-100-100 MG (<i>sofosbuv-velpatasv-voxilaprev</i>)	PSP	IBC (Preferred for all genotypes)
MISCELLANEOUS		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (<i>nitazoxanide</i>)	NPB	
ALINIA ORAL TABLET 500 MG (<i>nitazoxanide</i>)	NPB	
<i>atovaquone oral suspension 750 mg/5ml</i>	G	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	G	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	G	
<i>dapsone oral tablet 100 mg, 25 mg</i>	G	
DARAPRIM ORAL TABLET 25 MG (<i>pyrimethamine</i>)	NF	
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML (<i>metronidazole benzoate</i>)	NF	
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML (<i>vancomycin hcl</i>)	NF	
LAMPIT ORAL TABLET 120 MG, 30 MG (<i>nifurtimox</i>)	NPB	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	G	
<i>linezolid oral tablet 600 mg</i>	G	
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG (<i>nitrofurantoin macrocrystal</i>)	NF	
<i>methenamine hippurate oral tablet 1 gm</i>	G	
<i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>	G	
METRONIDAZOLE BENZO+SYRSPEND ORAL SUSPENSION RECONSTITUTED 50 MG/ML (<i>metronidazole benzoate</i>)	NF	
<i>metronidazole oral capsule 375 mg</i>	G	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	G	
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG (<i>pentamidine isethionate</i>)	NPB	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>nitrofurantoin monohydrate macro oral capsule 100 mg</i>	G	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	NF	
SIVEXTRO ORAL TABLET 200 MG (<i>tedizolid phosphate</i>)	NPB	
SOLOSEC ORAL PACKET 2 GM (<i>secnidazole</i>)	NF	
<i>trimethoprim oral tablet 100 mg</i>	NPB	
<i>vancomycin hcl intravenous solution 500 mg/100ml</i>	NPB	
<i>vancomycin hcl intravenous solution reconstituted 750 mg</i>	NPB	
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	G	
VANCOMYCIN+SYRSPEND SF ORAL SUSPENSION 50 MG/ML (<i>vancomycin hcl</i>)	NF	
XIFAXAN ORAL TABLET 200 MG (<i>rifaximin</i>)	NF	
XIFAXAN ORAL TABLET 550 MG (<i>rifaximin</i>)	PB	
ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (<i>linezolid</i>)	NF	
ZYVOX ORAL TABLET 600 MG (<i>linezolid</i>)	NF	
PENICILLINS - DRUGS TO TREAT INFECTIONS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	G	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	G	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	G	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	G	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	G	
<i>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</i>	G	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	G	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	G	
<i>ampicillin oral capsule 500 mg</i>	G	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	NPB	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	G	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	G	
PFIZERPEN INJECTION SOLUTION RECONSTITUTED 20000000 UNIT, 5000000 UNIT (<i>penicillin g potassium</i>)	NF	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
<i>avidoxy oral tablet 100 mg</i>	G	
<i>minocycline hcl</i> (Coremino Oral Tablet Extended Release 24 Hour 135 Mg, 45 Mg, 90 Mg)	NF	
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	G	
DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG, 60 MG (<i>doxycycline hyclate</i>)	NF	
DORYX ORAL TABLET DELAYED RELEASE 50 MG (<i>doxycycline hyclate</i>)	NF	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	G	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	G	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	NF	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg, 80 mg</i>	NF	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	G	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	NF	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	G	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	G	
<i>minocycline hcl er oral capsule extended release 24 hour 135 mg, 45 mg, 90 mg</i>	NF	
<i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	NF	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	G	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	G	
MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 135 MG (<i>minocycline hcl</i>)	NF	
<i>doxycycline monohydrate</i> (Mondoxylene NI Oral Capsule 100 Mg)	G	
NUZYRA ORAL TABLET 150 MG (<i>omadacycline tosylate</i>)	NPB	
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG (<i>sarecycline hcl</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG (<i>minocycline hcl</i>)	NF	
<i>doxycycline hyclate</i> (Targadox Oral Tablet 50 Mg)	NF	
<i>tetracycline hcl oral capsule</i> 250 mg, 500 mg	G	
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG (<i>minocycline hcl</i>)	NF	
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
<i>cyclophosphamide oral capsule</i> 25 mg, 50 mg	G	
<i>cyclophosphamide oral tablet</i> 25 mg, 50 mg	NPB	
EMCYT ORAL CAPSULE 140 MG (<i>estramustine phosphate sodium</i>)	NPB	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (<i>lomustine</i>)	NPB	
GLIADEL WAFER IMPLANT WAFER 7.7 MG (<i>carmustine in polifeprosan</i>)	NPB	
LEUKERAN ORAL TABLET 2 MG (<i>chlorambucil</i>)	PB	
MATULANE ORAL CAPSULE 50 MG (<i>procarbazine hcl</i>)	PB	
<i>melphalan oral tablet</i> 2 mg	G	
MYLERAN ORAL TABLET 2 MG (<i>busulfan</i>)	PB	
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>temozolomide</i>)	NPSP	
<i>temozolomide oral capsule</i> 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	G	
ANTIMETABOLITES		
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG (<i>pemetrexed disodium</i>)	NF	
<i>capecitabine oral tablet</i> 150 mg, 500 mg	G	
<i>fludarabine phosphate intravenous solution</i> 25 mg/ml	NPB	
INQOVI ORAL TABLET 35-100 MG (<i>decitabine-cedazuridine</i>)	NPSP	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG (<i>trifluridine-tipiracil</i>)	PSP	
<i>mercaptopurine oral tablet</i> 50 mg	G	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	G	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	G	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	G	
ONUREG ORAL TABLET 200 MG, 300 MG (<i>azacitidine</i>)	NPSP	
PURIXAN ORAL SUSPENSION 2000 MG/100ML (<i>mercaptopurine</i>)	NPSP	
TABLOID ORAL TABLET 40 MG (<i>thioguanine</i>)	PB	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	PB	
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	NPB	
XELODA ORAL TABLET 150 MG, 500 MG (<i>capecitabine</i>)	NPSP	
ANTINEOPLASTIC, BCL-2 INHIBITORS		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG (<i>venetoclax</i>)	NPB	
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (<i>venetoclax</i>)	NPB	
BIOLOGIC RESPONSE MODIFIERS		
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (<i>ropeginterferon alfa-2b-njft</i>)	PSP	
DAURISMO ORAL TABLET 100 MG, 25 MG (<i>glasdegib maleate</i>)	NF	
ERIVEDGE ORAL CAPSULE 150 MG (<i>vismodegib</i>)	PSP	
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (<i>pomalidomide</i>)	NPSP	
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (<i>lenalidomide</i>)	PSP	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG (<i>thalidomide</i>)	PSP	
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG (<i>bcg live</i>)	NPB	
TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (<i>rituximab-abbs</i>)	NF	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate oral tablet 250 mg</i>	G	
<i>anastrozole oral tablet 1 mg</i>	CE	
<i>bicalutamide oral tablet 50 mg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
ELIGARD SUBCUTANEOUS KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	PSP	
ERLEADA ORAL TABLET 240 MG, 60 MG (<i>apalutamide</i>)	PSP	
EULEXIN ORAL CAPSULE 125 MG (<i>flutamide</i>)	NF	
<i>exemestane oral tablet 25 mg</i>	CE	
FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 MG/5ML (<i>fulvestrant</i>)	NPB	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (<i>degarelix acetate</i>)	NF	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (<i>degarelix acetate</i>)	NF	
<i>letrozole oral tablet 2.5 mg</i>	G	
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	G	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG (<i>leuprolide acetate</i>)	NPSP	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG (<i>leuprolide acetate</i>)	NF	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (<i>leuprolide acetate (3 month)</i>)	NPSP	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG (<i>leuprolide acetate (3 month)</i>)	NF	
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	NF	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	NF	
LYSODREN ORAL TABLET 500 MG (<i>mitotane</i>)	PB	
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml</i>	G	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	G	
NILANDRON ORAL TABLET 150 MG (<i>nilutamide</i>)	NF	
<i>nilutamide oral tablet 150 mg</i>	G	
NUBEQA ORAL TABLET 300 MG (<i>darolutamide</i>)	PSP	
ORGOVYX ORAL TABLET 120 MG (<i>relugolix</i>)	NPSP	
SOLTAMOX ORAL SOLUTION 10 MG/5ML (<i>tamoxifen citrate</i>)	NPB	
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	CE	
<i>toremifene citrate oral tablet 60 mg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG (<i>triptorelin pamoate</i>)	NF	
XTANDI ORAL CAPSULE 40 MG (<i>enzalutamide</i>)	PSP	
XTANDI ORAL TABLET 40 MG, 80 MG (<i>enzalutamide</i>)	PSP	
YONSA ORAL TABLET 125 MG (<i>abiraterone acetate micronized</i>)	PSP	
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG (<i>goserelin acetate</i>)	NF	
KINASE INHIBITORS		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG (<i>everolimus</i>)	NF	
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG (<i>everolimus</i>)	NF	
ALECENSA ORAL CAPSULE 150 MG (<i>alectinib hcl</i>)	PSP	
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG (<i>brigatinib</i>)	PSP	
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG (<i>brigatinib</i>)	PSP	
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (<i>avapritinib</i>)	NF	
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG (<i>erdafitinib</i>)	NPB	
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG (<i>bosutinib</i>)	PSP	
BRAFTOVI ORAL CAPSULE 75 MG (<i>encorafenib</i>)	PSP	
BRUKINSA ORAL CAPSULE 80 MG (<i>zanubrutinib</i>)	PSP	
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (<i>cabozantinib s-malate</i>)	PSP	
CALQUENCE ORAL TABLET 100 MG (<i>acalabrutinib maleate</i>)	PSP	
CAPRELSA ORAL TABLET 100 MG, 300 MG (<i>vandetanib</i>)	NPB	
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG (<i>cabozantinib s-malate</i>)	NPSP	
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG (<i>cabozantinib s-malate</i>)	NPSP	
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG (<i>cabozantinib s-malate</i>)	NPSP	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (<i>duvelisib</i>)	PB	
COTELLIC ORAL TABLET 20 MG (<i>cobimetinib fumarate</i>)	PSP	
<i>erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg</i>	G	
EXKIVITY ORAL CAPSULE 40 MG (<i>mobocertinib succinate</i>)	NF	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG (<i>tivozanib hcl</i>)	NF	
GAVRETO ORAL CAPSULE 100 MG (<i>pralsetinib</i>)	PSP	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (<i>afatinib dimaleate</i>)	NPB	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	PSP	
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	PSP	
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG (<i>ponatinib hcl</i>)	NF	
<i>imatinib mesylate oral tablet 100 mg, 400 mg</i>	G	
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (<i>ibrutinib</i>)	PSP	
IMBRUVICA ORAL SUSPENSION 70 MG/ML (<i>ibrutinib</i>)	PSP	
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (<i>ibrutinib</i>)	PSP	
INLYTA ORAL TABLET 1 MG, 5 MG (<i>axitinib</i>)	PSP	
INREBIC ORAL CAPSULE 100 MG (<i>fedratinib hcl</i>)	NF	
IRESSA ORAL TABLET 250 MG (<i>gefitinib</i>)	NF	
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (<i>ruxolitinib phosphate</i>)	NF	
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>)	PSP	
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>)	PSP	
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>)	PSP	
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (<i>ribociclib-letrozole</i>)	PSP	
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (<i>ribociclib-letrozole</i>)	PSP	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (<i>ribociclib-letrozole</i>)	PSP	
KOSELUGO ORAL CAPSULE 10 MG, 25 MG (<i>selumetinib sulfate</i>)	PSP	
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG (<i>lenvatinib mesylate</i>)	PSP	
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG (<i>lenvatinib mesylate</i>)	PSP	
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG (<i>lenvatinib mesylate</i>)	PSP	
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG (<i>lenvatinib mesylate</i>)	PSP	
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG (<i>lenvatinib mesylate</i>)	PSP	
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG (<i>lenvatinib mesylate</i>)	PSP	
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG (<i>lenvatinib mesylate</i>)	PSP	
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG (<i>lenvatinib mesylate</i>)	PSP	
LORBRENA ORAL TABLET 100 MG, 25 MG (<i>lorlatinib</i>)	NF	
MARGENZA INTRAVENOUS SOLUTION 250 MG/10ML (<i>margetuximab-cmkb</i>)	NF	
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML (<i>trametinib dimethyl sulfoxide</i>)	NF	
MEKINIST ORAL TABLET 0.5 MG, 2 MG (<i>trametinib dimethyl sulfoxide</i>)	NF	
MEKTOVI ORAL TABLET 15 MG (<i>binimetinib</i>)	PSP	
NERLYNX ORAL TABLET 40 MG (<i>neratinib maleate</i>)	NPSP	
NEXAVAR ORAL TABLET 200 MG (<i>sorafenib tosylate</i>)	NF	
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (<i>pemigatinib</i>)	NF	
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>alpelisib</i>)	NPSP	
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG (<i>alpelisib</i>)	NPSP	
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG (<i>alpelisib</i>)	NPSP	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
QINLOCK ORAL TABLET 50 MG (<i>ripretinib</i>)	NF	
RETEVMO ORAL CAPSULE 40 MG, 80 MG (<i>selpercatinib</i>)	PSP	
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG (<i>entrectinib</i>)	PSP	
RYDAPT ORAL CAPSULE 25 MG (<i>midostaurin</i>)	PSP	
SCSEMBLIX ORAL TABLET 20 MG, 40 MG (<i>asciminib hcl</i>)	NF	
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG (<i>dasatinib</i>)	PSP	
STIVARGA ORAL TABLET 40 MG (<i>regorafenib</i>)	PSP	
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>sunitinib malate</i>)	NF	
TABRECTA ORAL TABLET 150 MG, 200 MG (<i>capmatinib hcl</i>)	NF	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (<i>dabrafenib mesylate</i>)	NF	
TAFINLAR ORAL TABLET SOLUBLE 10 MG (<i>dabrafenib mesylate</i>)	NF	
TAGRISSE ORAL TABLET 40 MG, 80 MG (<i>osimertinib mesylate</i>)	PSP	
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG (<i>erlotinib hcl</i>)	NPSP	
TEPMETKO ORAL TABLET 225 MG (<i>tepotinib hcl</i>)	NF	
TUKYSA ORAL TABLET 150 MG, 50 MG (<i>tucatinib</i>)	NPB	
TURALIO ORAL CAPSULE 125 MG (<i>pexidartinib hcl</i>)	NF	
TYKERB ORAL TABLET 250 MG (<i>lapatinib ditosylate</i>)	NPSP	
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>abemaciclib</i>)	NPSP	
VITRAKVI ORAL CAPSULE 100 MG, 25 MG (<i>larotrectinib sulfate</i>)	PSP	
VITRAKVI ORAL SOLUTION 20 MG/ML (<i>larotrectinib sulfate</i>)	PSP	
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (<i>dacomitinib</i>)	NF	
VONJO ORAL CAPSULE 100 MG (<i>pacritinib citrate</i>)	NPSP	
VOTRIENT ORAL TABLET 200 MG (<i>pazopanib hcl</i>)	NF	
XALKORI ORAL CAPSULE 200 MG, 250 MG (<i>crizotinib</i>)	NF	
XOSPATA ORAL TABLET 40 MG (<i>gilteritinib fumarate</i>)	PSP	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
ZELBORAF ORAL TABLET 240 MG (<i>vemurafenib</i>)	PSP	
ZYDELIG ORAL TABLET 100 MG, 150 MG (<i>idelalisib</i>)	PSP	
ZYKADIA ORAL TABLET 150 MG (<i>ceritinib</i>)	PSP	
MISCELLANEOUS		
<i>bexarotene oral capsule 75 mg</i>	G	
<i>hydroxyurea oral capsule 500 mg</i>	G	
IDHIFA ORAL TABLET 100 MG, 50 MG (<i>enasidenib mesylate</i>)	NPSP	
KRAZATI ORAL TABLET 200 MG (<i>adagrasib</i>)	PSP	
LUMAKRAS ORAL TABLET 120 MG, 320 MG (<i>sotorasib</i>)	PSP	
LYNPARZA ORAL TABLET 100 MG, 150 MG (<i>olaparib</i>)	PSP	
ODOMZO ORAL CAPSULE 200 MG (<i>sonidegib phosphate</i>)	PSP	
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG (<i>omacetaxine mepesuccinate</i>)	NPB	
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG (<i>talazoparib tosylate</i>)	NF	
TARGRETIN ORAL CAPSULE 75 MG (<i>bexarotene</i>)	NF	
TAZVERIK ORAL TABLET 200 MG (<i>tazemetostat hbr</i>)	NF	
TIBSOVO ORAL TABLET 250 MG (<i>ivosidenib</i>)	NPB	
<i>tretinoin oral capsule 10 mg</i>	G	
UVADEX EXTRACORPOREAL SOLUTION 20 MCG/ML (<i>methoxsalen (photopheresis)</i>)	NPB	
VISTOGARD ORAL PACKET 10 GM (<i>uridine triacetate</i>)	PB	
WELIREG ORAL TABLET 40 MG (<i>belzutifan</i>)	NF	
XOFIGO INTRAVENOUS SOLUTION 30 MCCI/ML (<i>radium ra 223 dichloride</i>)	NF	
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG (<i>selinexor</i>)	NPB	
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (<i>selinexor</i>)	NPB	
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (<i>selinexor</i>)	NPB	
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG (<i>selinexor</i>)	NPB	
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	NPB	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (<i>selinexor</i>)	NPB	
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	NPB	
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG (<i>niraparib tosylate</i>)	PSP	
ZOLINZA ORAL CAPSULE 100 MG (<i>vorinostat</i>)	PSP	
PLATINUM-BASED AGENTS		
<i>oxaliplatin intravenous solution 200 mg/40ml</i>	NPB	
PARAPLATIN INTRAVENOUS SOLUTION 1000 MG/100ML (<i>carboplatin</i>)	G	
PROTEASOME INHIBITORS		
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (<i>ixazomib citrate</i>)	PSP	
PROTECTIVE AGENTS		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	G	
MESNEX ORAL TABLET 400 MG (<i>mesna</i>)	NPB	
TOPOISOMERASE INHIBITORS		
<i>etoposide oral capsule 50 mg</i>	NPB	
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (<i>topotecan hcl</i>)	NPSP	
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>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</i>	G	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	G	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	G	
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	G	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	G	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (<i>perindopril arg-amlodipine</i>)	NF	
<i>quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	NPB	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (<i>lisinopril-hydrochlorothiazide</i>)	NF	
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	G	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	G	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	G	
EPANED ORAL SOLUTION 1 MG/ML (<i>enalapril maleate</i>)	NF	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	G	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	G	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	G	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	G	
QBRELIS ORAL SOLUTION 1 MG/ML (<i>lisinopril</i>)	NPB	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	G	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	G	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	G	
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	G	
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	G	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	G	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	G	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	G	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	G	
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG (<i>candesartan cilexetil-hctz</i>)	NF	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG (<i>amlodipine-olmesartan</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG (<i>olmesartan medoxomil-hctz</i>)	NF	
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	G	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG (<i>valsartan-hydrochlorothiazide</i>)	NF	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (<i>azilsartan-chlorthalidone</i>)	NF	
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG (<i>amlodipine-valsartan-hctz</i>)	NF	
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG (<i>amlodipine besylate-valsartan</i>)	NF	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG (<i>losartan potassium-hctz</i>)	NF	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	G	
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	G	
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG (<i>telmisartan-hctz</i>)	NF	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	G	
<i>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</i>	G	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	G	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	G	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	G	
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (<i>candesartan cilexetil</i>)	NF	
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG (<i>olmesartan medoxomil</i>)	NF	
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG (<i>losartan potassium</i>)	NF	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG (<i>valsartan</i>)	NF	
EDARBI ORAL TABLET 40 MG, 80 MG (<i>azilsartan medoxomil</i>)	NF	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	G	
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	G	
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG (<i>telmisartan</i>)	NF	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	G	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	G	
<i>valsartan oral solution 4 mg/ml</i>	NF	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	G	
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	G	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl af</i>)	NF	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl</i>)	NF	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	G	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	G	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	G	
<i>lidocaine hcl (cardiac) pf intravenous solution prefilled syringe 100 mg/5ml</i>	NPB	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	NPB	
MULTAQ ORAL TABLET 400 MG (<i>dronedarone hcl</i>)	PB	
NEXTERONE INTRAVENOUS SOLUTION 150-4.21 MG/100ML-%, 360-4.14 MG/200ML-% (<i>amiodarone hcl in dextrose</i>)	NF	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG (<i>disopyramide phosphate</i>)	NPB	
NORPACE ORAL CAPSULE 100 MG, 150 MG (<i>disopyramide phosphate</i>)	NF	
<i>amiodarone hcl (Pacerone Oral Tablet 100 Mg, 200 Mg, 400 Mg)</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	G	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	G	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	G	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	G	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	G	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	G	
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	NPB	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG (<i>dofetilide</i>)	NPSP	
ANTIPEMICS, ACL INHIBITORS/COMBINATIONS - DRUGS TO TREAT HIGH CHOLESTEROL		
NEXLETOL ORAL TABLET 180 MG (<i>bempedoic acid</i>)	PB	
NEXLIZET ORAL TABLET 180-10 MG (<i>bempedoic acid-ezetimibe</i>)	PB	
ANTIPEMICS, BILE ACID RESINS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>cholestyramine light oral packet 4 gm</i>	G	
<i>cholestyramine light oral powder 4 gm/dose</i>	G	
<i>cholestyramine oral packet 4 gm</i>	G	
<i>cholestyramine oral powder 4 gm/dose</i>	G	
<i>colesevelam hcl oral packet 3.75 gm</i>	G	
<i>colesevelam hcl oral tablet 625 mg</i>	G	
<i>colestipol hcl oral granules 5 gm</i>	G	
<i>colestipol hcl oral packet 5 gm</i>	G	
<i>colestipol hcl oral tablet 1 gm</i>	G	
<i>cholestyramine light</i> (Prevalite Oral Packet 4 Gm)	G	
<i>cholestyramine light</i> (Prevalite Oral Powder 4 Gm/Dose)	G	
ANTIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>ezetimibe oral tablet 10 mg</i>	G	
ZETIA ORAL TABLET 10 MG (<i>ezetimibe</i>)	NF	
ANTIPEMICS, FIBRATES - DRUGS TO TREAT HIGH CHOLESTEROL		
ANTARA ORAL CAPSULE 90 MG (<i>fenofibrate micronized</i>)	NPB	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>fenofibrate micronized oral capsule 130 mg, 90 mg</i>	NF	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	G	
<i>fenofibrate oral capsule 150 mg</i>	G	
<i>fenofibrate oral capsule 50 mg</i>	NF	
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	NF	
<i>fenofibrate oral tablet 145 mg, 48 mg, 54 mg</i>	G	
<i>fenofibrate oral tablet 160 mg</i>	NPB	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	G	
<i>fenofibric acid oral tablet 105 mg</i>	G	
FENOGLIDE ORAL TABLET 120 MG (<i>fenofibrate</i>)	NF	
FIBRICOR ORAL TABLET 105 MG, 35 MG (<i>fenofibric acid</i>)	NPB	
<i>gemfibrozil oral tablet 600 mg</i>	G	
TRICOR ORAL TABLET 145 MG, 48 MG (<i>fenofibrate</i>)	NF	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG (<i>lovastatin</i>)	NF	
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	CE	
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	G	
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (<i>rosuvastatin calcium</i>)	NF	
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (<i>rosuvastatin calcium</i>)	NF	
<i>flolipid oral suspension 20 mg/5ml, 40 mg/5ml</i>	NF	
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	G	
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	G	
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 80 MG (<i>fluvastatin sodium</i>)	NF	
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG (<i>atorvastatin calcium</i>)	NF	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (<i>pitavastatin calcium</i>)	NF	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	G	
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	G	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	CE	
<i>simvastatin oral tablet 80 mg</i>	G	
ZYPITAMAG ORAL TABLET 2 MG, 4 MG (<i>pitavastatin magnesium</i>)	NF	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	G	
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG (<i>ezetimibe-rosuvastatin</i>)	NF	
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG (<i>lomitapide mesylate</i>)	NF	
<i>niacin (antihyperlipidemic) oral tablet 500 mg</i>	NF	
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	G	
NIACOR ORAL TABLET 500 MG (<i>niacin (antihyperlipidemic)</i>)	NF	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>icosapent ethyl oral capsule 0.5 gm, 1 gm</i>	NF	N8 (Listing does not include certain NDCs)
LOVAZA ORAL CAPSULE 1 GM (<i>omega-3-acid ethyl esters</i>)	NF	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	G	
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM (<i>icosapent ethyl</i>)	PB	N8 (Listing does not include certain NDCs)
ANTILIPEMICS, PCSK9 INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML (<i>alirocumab</i>)	NF	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML (<i>evolocumab</i>)	PSP	
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (<i>evolocumab</i>)	PSP	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (<i>evolocumab</i>)	PSP	
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	G	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	G	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	G	
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	G	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	G	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	G	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	G	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (<i>nebivolol hcl</i>)	NF	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	G	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	G	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (<i>carvedilol phosphate</i>)	NF	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (<i>propranolol hcl</i>)	NPB	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (<i>propranolol hcl</i>)	NF	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (<i>propranolol hcl sr beads</i>)	NF	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (<i>propranolol hcl sr beads</i>)	NF	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	NF	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	G	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	G	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	G	
<i>pindolol oral tablet 10 mg, 5 mg</i>	G	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	G	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	G	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	G	
<i>timolol maleate oral tablet 10 mg, 5 mg</i>	G	
<i>timolol maleate oral tablet 20 mg</i>	NPB	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	NF	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>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</i>	G	
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	G	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (<i>diltiazem hcl coated beads</i>)	NF	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl</i>)	NF	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (<i>diltiazem hcl</i>)	NF	
<i>diltiazem hcl coated beads</i> (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg)	G	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG (<i>levamlodipine maleate</i>)	NF	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	G	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	G	
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	NF	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	G	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	G	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	G	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	G	
KATERZIA ORAL SUSPENSION 1 MG/ML (<i>amlodipine benzoate</i>)	NF	
<i>diltiazem hcl (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)</i>	NF	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	G	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	G	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	G	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	G	
<i>nimodipine oral capsule 30 mg</i>	G	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	G	
NORLIQVA ORAL SOLUTION 1 MG/ML (<i>amlodipine besylate</i>)	NF	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>amlodipine besylate</i>)	NF	
NYMALIZE ORAL SOLUTION 6 MG/ML (<i>nimodipine</i>)	NPB	
<i>diltiazem hcl er beads (Taztia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)</i>	G	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	G	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	G	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

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

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
SOAANZ ORAL TABLET 20 MG, 40 MG, 60 MG (<i>torseamide</i>)	NF	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	G	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	G	
THALITONE ORAL TABLET 15 MG (<i>chlorthalidone</i>)	NF	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	G	
<i>triamterene oral capsule 100 mg, 50 mg</i>	G	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	G	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	G	
HEART FAILURE		
BIDIL ORAL TABLET 20-37.5 MG (<i>isosorb dinitrate-hydralazine</i>)	PB	
CORLANOR ORAL SOLUTION 5 MG/5ML (<i>ivabradine hcl</i>)	NPB	
CORLANOR ORAL TABLET 5 MG, 7.5 MG (<i>ivabradine hcl</i>)	PB	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (<i>sacubitril-valsartan</i>)	PB	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>vericiguat</i>)	PB	
VYNDAMAX ORAL CAPSULE 61 MG (<i>tafamidis</i>)	NPSP	
VYND AQEL ORAL CAPSULE 20 MG (<i>tafamidis meglumine (cardiac)</i>)	NF	
MISCELLANEOUS		
ASPRUZYO SPRINKLE ORAL PACKET 1000 MG, 500 MG (<i>ranolazine</i>)	NF	
BIORPHEN INTRAVENOUS SOLUTION 0.5 MG/5ML (<i>phenylephrine hcl (pressors)</i>)	NF	
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (<i>mavacamten</i>)	NPSP	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	G	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	G	
DEM SER ORAL CAPSULE 250 MG (<i>metirosine</i>)	NPB	
GIAPREZA INTRAVENOUS SOLUTION 0.5 MG/ML, 2.5 MG/ML (<i>angiotensin ii acetate</i>)	NF	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	G	
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	G	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	G	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG (<i>clonidine hcl</i>)	NF	
NIPRIDE RTU INTRAVENOUS SOLUTION 20-0.9 MG/100ML-%, 50-0.9 MG/100ML-% (<i>nitroprusside sodium-nacl</i>)	NF	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG (<i>droxidopa</i>)	NF	
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	G	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	G	
VECAMYL ORAL TABLET 2.5 MG (<i>mecamylamine hcl</i>)	NPB	
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
ISORDIL TITRADOSE ORAL TABLET 40 MG, 5 MG (<i>isosorbide dinitrate</i>)	NF	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	G	
<i>isosorbide dinitrate oral tablet 40 mg</i>	NF	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	G	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	G	
NITRO-BID TRANSDERMAL OINTMENT 2 % (<i>nitroglycerin</i>)	NPB	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR (<i>nitroglycerin</i>)	NPB	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	G	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/1hr, 0.2 mg/1hr, 0.4 mg/1hr, 0.6 mg/1hr</i>	G	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	G	
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION		
ADCIRCA ORAL TABLET 20 MG (<i>tadalafil (pah)</i>)	NF	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (<i>riociguat</i>)	PSP	
<i>tadalafil (pah)</i> (Alyq Oral Tablet 20 Mg)	G	
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	G	
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>	G	
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	NPSP	
LETAIRIS ORAL TABLET 10 MG, 5 MG (<i>ambrisentan</i>)	NF	
OPSUMIT ORAL TABLET 10 MG (<i>macitentan</i>)	PSP	
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	PSP	
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	PSP	
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG (<i>treprostinil diolamine</i>)	PSP	
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (<i>treprostinil diolamine</i>)	PSP	
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML (<i>treprostinil</i>)	NF	
REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML (<i>sildenafil citrate</i>)	NF	
REVATIO ORAL TABLET 20 MG (<i>sildenafil citrate</i>)	NF	
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	NF	
<i>sildenafil citrate oral tablet 20 mg</i>	G	
<i>tadalafil (pah) oral tablet 20 mg</i>	G	
TADLIQ ORAL SUSPENSION 20 MG/5ML (<i>tadalafil (pah)</i>)	PSP	
TRACLEER ORAL TABLET 125 MG, 62.5 MG (<i>bosentan</i>)	NF	
TRACLEER ORAL TABLET SOLUBLE 32 MG (<i>bosentan</i>)	NF	
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	G	
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (<i>treprostinil</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG, 16 & 32 & 48 MCG (<i>treprostinil</i>)	NF	
TYVASO INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	NPSP	
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	NPSP	
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	NPSP	
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>selexipag</i>)	PSP	
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG (<i>selexipag</i>)	PSP	
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	NPSP	
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (<i>iloprost</i>)	NPSP	
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
ALCOHOL DETERRENTS		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	G	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	G	
ANTI-ANXIETY - DRUGS TO TREAT ANXIETY		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	G	
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (<i>alprazolam</i>)	NPB	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	G	
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	G	
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	G	
ATIVAN INJECTION SOLUTION 2 MG/ML, 4 MG/ML (<i>lorazepam</i>)	NF	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>lorazepam</i>)	NF	
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	G	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	G	
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	G	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	G	
<i>lorazepam oral concentrate 2 mg/ml</i>	G	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG, 2 MG, 3 MG (<i>lorazepam</i>)	NPB	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	G	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	G	
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG (<i>alprazolam</i>)	NF	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 2 MG, 3 MG (<i>alprazolam</i>)	NF	
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/DAY, 5 MG/DAY (<i>donepezil hcl</i>)	NF	
<i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i>	G	
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	G	
<i>ergoloid mesylates oral tablet 1 mg</i>	G	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	G	
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	G	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	G	
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	G	
<i>memantine hcl oral solution 2 mg/ml</i>	G	
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg</i>	G	
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG (<i>memantine hcl</i>)	NF	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG (<i>memantine hcl-donepezil hcl</i>)	PB	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG (<i>memantine hcl-donepezil hcl</i>)	PB	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	G	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	G	
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	G	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	G	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG (bupropion hbr)	NF	
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	G	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	G	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	NF	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	G	
<i>citalopram hydrobromide oral capsule 30 mg</i>	NF	
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	G	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	G	
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 30 MG, 60 MG (duloxetine hcl)	NF	
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	G	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	G	
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	G	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	G	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>	G	
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 37.5 MG, 75 MG (venlafaxine hcl)	NF	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (selegiline)	NPB	
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	G	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (<i>levomilnacipran hcl</i>)	NF	
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (<i>levomilnacipran hcl</i>)	NF	
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	G	
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	G	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	G	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	G	
<i>fluoxetine hcl oral tablet 60 mg</i>	NF	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	G	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	G	
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG (<i>escitalopram oxalate</i>)	NF	
MARPLAN ORAL TABLET 10 MG (<i>isocarboxazid</i>)	NPB	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	G	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	G	
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	G	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	G	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	G	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg</i>	G	
<i>paroxetine hcl er oral tablet extended release 24 hour 37.5 mg</i>	NF	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	G	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG (<i>paroxetine hcl</i>)	NF	
PAXIL ORAL SUSPENSION 10 MG/5ML (<i>paroxetine hcl</i>)	NF	
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (<i>paroxetine hcl</i>)	NF	
<i>phenelzine sulfate oral tablet 15 mg</i>	G	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG (<i>desvenlafaxine succinate</i>)	NF	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	G	
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG (<i>fluoxetine hcl</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>sertraline hcl oral capsule 150 mg, 200 mg</i>	NF	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	G	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	G	
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (<i>esketamine hcl</i>)	NPSP	
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (<i>esketamine hcl</i>)	NPSP	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	G	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	G	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	G	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (<i>vortioxetine hbr</i>)	PB	
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	G	
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	NF	
<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i>	G	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	G	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (<i>vilazodone hcl</i>)	NF	
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG (<i>vilazodone hcl</i>)	NF	
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG (<i>bupropion hcl</i>)	NF	
ZOLOFT ORAL CONCENTRATE 20 MG/ML (<i>sertraline hcl</i>)	NF	
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sertraline hcl</i>)	NF	
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
<i>amantadine hcl oral capsule 100 mg</i>	G	
<i>amantadine hcl oral tablet 100 mg</i>	G	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML (<i>apomorphine hcl</i>)	NF	
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
<i>bromocriptine mesylate oral capsule 5 mg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	G	
<i>carbidopa oral tablet 25 mg</i>	G	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	G	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	G	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	G	
<i>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</i>	G	
DHIVY ORAL TABLET 25-100 MG (<i>carbidopa-levodopa</i>)	NPB	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML (<i>carbidopa-levodopa</i>)	NPB	
<i>entacapone oral tablet 200 mg</i>	G	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG (<i>amantadine hcl</i>)	NF	
INBRIJA INHALATION CAPSULE 42 MG (<i>levodopa</i>)	PSP	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR (<i>rotigotine</i>)	PB	
NOURIANZ ORAL TABLET 20 MG, 40 MG (<i>istradefylline</i>)	NF	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG (<i>opicapone</i>)	NF	
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG (<i>amantadine hcl</i>)	NF	
<i>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</i>	G	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	G	
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	G	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	G	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	G	
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG (<i>carbidopa-levodopa</i>)	PB	
<i>selegiline hcl oral capsule 5 mg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>selegiline hcl oral tablet 5 mg</i>	G	
<i>tolcapone oral tablet 100 mg</i>	G	
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	G	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	G	
XADAGO ORAL TABLET 100 MG, 50 MG (<i>safinamide mesylate</i>)	NF	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (<i>selegiline hcl</i>)	NF	
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (<i>aripiprazole</i>)	PB	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (<i>aripiprazole</i>)	PB	
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (<i>aripiprazole w/ sens-strip-pod</i>)	NF	
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (<i>aripiprazole w/ sens-strip-pod</i>)	NF	
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (<i>aripiprazole</i>)	NF	
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED 10 MG (<i>loxapine</i>)	NPB	
<i>aripiprazole oral solution 1 mg/ml</i>	G	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	G	
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	G	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML (<i>aripiprazole lauroxil</i>)	NPB	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML (<i>aripiprazole lauroxil</i>)	NPB	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG (<i>lumateperone tosylate</i>)	NF	
<i>chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml</i>	NPB	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	G	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 25 mg</i>	G	
<i>clozapine oral tablet dispersible 150 mg, 200 mg</i>	NPB	
CLOZARIL ORAL TABLET 200 MG, 50 MG (<i>clozapine</i>)	NPB	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (<i>carbamazepine (antipsychotic)</i>)	NPB	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>iloperidone</i>)	NF	
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG (<i>iloperidone</i>)	NF	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	G	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	G	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	G	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	G	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	G	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG (<i>ziprasidone mesylate</i>)	NF	
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (<i>ziprasidone hcl</i>)	NF	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	G	
<i>haloperidol lactate injection solution 5 mg/ml</i>	G	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	G	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	G	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML (<i>paliperidone palmitate</i>)	NF	
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 (<i>paliperidone palmitate</i>)	NPB	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML (<i>paliperidone palmitate</i>)	NF	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG (<i>lurasidone hcl</i>)	NF	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	G	
NUPLAZID ORAL CAPSULE 34 MG (<i>pimavanserin tartrate</i>)	NPSP	
NUPLAZID ORAL TABLET 10 MG (<i>pimavanserin tartrate</i>)	NPSP	
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	G	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	G	
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	G	
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>	G	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	G	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG (<i>risperidone</i>)	PB	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	G	
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	G	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>brexpiprazole</i>)	NPB	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>risperidone microspheres</i>)	NPB	
<i>risperidone oral solution 1 mg/ml</i>	G	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	G	
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	G	
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG (<i>asenapine maleate</i>)	NPB	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR (<i>asenapine</i>)	NF	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG (<i>quetiapine fumarate</i>)	NF	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	G	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	G	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	G	
VERSACLOZ ORAL SUSPENSION 50 MG/ML (<i>clozapine</i>)	NPB	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (<i>cariprazine hcl</i>)	PB	
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG (<i>cariprazine hcl</i>)	PB	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	G	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG, 405 MG (<i>olanzapine pamoate</i>)	NPB	
ANTISEIZURE AGENTS - DRUGS TO TREAT SEIZURES		
APTOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (<i>eslicarbazepine acetate</i>)	PB	
BANZEL ORAL SUSPENSION 40 MG/ML (<i>rufinamide</i>)	NF	
BANZEL ORAL TABLET 200 MG, 400 MG (<i>rufinamide</i>)	NF	
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML (<i>brivaracetam</i>)	NPB	
BRIVIACT ORAL SOLUTION 10 MG/ML (<i>brivaracetam</i>)	NPB	
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (<i>brivaracetam</i>)	NPB	
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	G	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	G	
<i>carbamazepine oral suspension 100 mg/5ml</i>	G	
<i>carbamazepine oral tablet 200 mg</i>	G	
<i>carbamazepine oral tablet chewable 100 mg</i>	G	
CELONTIN ORAL CAPSULE 300 MG (<i>methsuximide</i>)	NPB	
<i>clobazam oral suspension 2.5 mg/ml</i>	G	
<i>clobazam oral tablet 10 mg, 20 mg</i>	G	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	G	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	G	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (<i>divalproex sodium</i>)	NF	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (<i>divalproex sodium</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (<i>divalproex sodium</i>)	NF	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (<i>stiripentol</i>)	NF	
DIACOMIT ORAL PACKET 250 MG, 500 MG (<i>stiripentol</i>)	NF	
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG (<i>diazepam</i>)	NF	
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG (<i>diazepam</i>)	NF	
<i>diazepam injection solution 5 mg/ml</i>	NPB	
<i>diazepam oral concentrate 5 mg/ml</i>	G	
<i>diazepam oral solution 5 mg/5ml</i>	G	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	G	
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	G	
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG (<i>phenytoin</i>)	NF	
DILANTIN ORAL CAPSULE 100 MG, 30 MG (<i>phenytoin sodium extended</i>)	NF	
DILANTIN ORAL SUSPENSION 125 MG/5ML (<i>phenytoin</i>)	NF	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	G	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	G	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	G	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 1500 MG (<i>levetiracetam</i>)	NF	
EPIDIOLEX ORAL SOLUTION 100 MG/ML (<i>cannabidiol</i>)	NPSP	
<i>carbamazepine (Eptol Oral Tablet 200 Mg)</i>	G	
EPRONTIA ORAL SOLUTION 25 MG/ML (<i>topiramate</i>)	NF	
<i>ethosuximide oral capsule 250 mg</i>	G	
<i>ethosuximide oral solution 250 mg/5ml</i>	G	
FANATREX FUSEPAQ ORAL SUSPENSION 25 MG/ML (<i>gabapentin</i>)	NF	
<i>felbamate oral suspension 600 mg/5ml</i>	G	
<i>felbamate oral tablet 400 mg, 600 mg</i>	G	
FINTEPLA ORAL SOLUTION 2.2 MG/ML (<i>fenfluramine hcl</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (<i>perampanel</i>)	PB	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>perampanel</i>)	PB	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	G	
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	G	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	G	
KEPPRA INTRAVENOUS SOLUTION 500 MG/5ML (<i>levetiracetam</i>)	NF	
KEPPRA ORAL SOLUTION 100 MG/ML (<i>levetiracetam</i>)	NF	
KEPPRA ORAL TABLET 1000 MG, 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	NF	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG (<i>levetiracetam</i>)	NF	
KLONOPIN ORAL TABLET 0.5 MG, 2 MG (<i>clonazepam</i>)	NPB	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG (<i>lamotrigine</i>)	NF	
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG (<i>lamotrigine</i>)	NF	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (<i>lamotrigine</i>)	NF	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG (<i>lamotrigine</i>)	NF	
LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG, 84 X 25 MG & 14X100 MG (<i>lamotrigine</i>)	NF	
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG (<i>lamotrigine</i>)	NF	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG (<i>lamotrigine</i>)	NF	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	G	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	G	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	G	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	G	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	G	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	G	
<i>levetiracetam oral solution 100 mg/ml</i>	G	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	G	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (<i>pregabalin</i>)	NF	
LYRICA ORAL SOLUTION 20 MG/ML (<i>pregabalin</i>)	NF	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (<i>midazolam (anticonvulsant)</i>)	PB	
ONFI ORAL SUSPENSION 2.5 MG/ML (<i>clobazam</i>)	NF	
ONFI ORAL TABLET 10 MG, 20 MG (<i>clobazam</i>)	NF	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	G	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	G	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG (<i>oxcarbazepine</i>)	PB	
<i>phenobarbital oral elixir 20 mg/5ml</i>	G	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	G	
<i>phenytoin oral suspension 125 mg/5ml</i>	G	
<i>phenytoin oral tablet chewable 50 mg</i>	G	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	G	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	G	
<i>pregabalin oral solution 20 mg/ml</i>	G	
<i>primidone oral tablet 250 mg, 50 mg</i>	G	
<i>levetiracetam (Roweepra Oral Tablet 500 Mg)</i>	G	
SABRIL ORAL PACKET 500 MG (<i>vigabatrin</i>)	NPSP	
SABRIL ORAL TABLET 500 MG (<i>vigabatrin</i>)	NPSP	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	NF	
<i>lamotrigine (Subvenite Oral Tablet 100 Mg, 150 Mg, 200 Mg, 25 Mg)</i>	G	
<i>lamotrigine (Subvenite Starter Kit-Blue Oral Kit 35 X 25 Mg)</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>lamotrigine</i> (Subvenite Starter Kit-Green Oral Kit 84 X 25 Mg & 14X100 Mg)	G	
<i>lamotrigine</i> (Subvenite Starter Kit-Orange Oral Kit 42 X 25 Mg & 7 X 100 Mg)	G	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (<i>clobazam</i>)	NF	
TEGRETOL ORAL SUSPENSION 100 MG/5ML (<i>carbamazepine</i>)	NF	
TEGRETOL ORAL TABLET 200 MG (<i>carbamazepine</i>)	NF	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG (<i>carbamazepine</i>)	NF	
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	G	
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	NF	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	G	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	G	
TRILEPTAL ORAL SUSPENSION 300 MG/5ML (<i>oxcarbazepine</i>)	NF	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (<i>oxcarbazepine</i>)	NF	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (<i>topiramate</i>)	PB	
<i>valproic acid oral capsule 250 mg</i>	G	
<i>valproic acid oral solution 250 mg/5ml</i>	G	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML (<i>diazepam</i>)	PB	
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML (<i>diazepam</i>)	PB	
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML (<i>diazepam</i>)	PB	
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML (<i>diazepam</i>)	PB	
<i>vigabatrin oral packet 500 mg</i>	G	
<i>vigabatrin oral tablet 500 mg</i>	G	
<i>vigabatrin</i> (Vigadrone Oral Packet 500 Mg)	G	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
VIMPAT INTRAVENOUS SOLUTION 200 MG/20ML (lacosamide)	NF	
VIMPAT ORAL SOLUTION 10 MG/ML (lacosamide)	NF	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (lacosamide)	NF	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG (cenobamate)	PB	
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG (cenobamate)	PB	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (cenobamate)	PB	
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG (cenobamate)	PB	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (zonisamide)	NF	
zonisamide oral capsule 100 mg, 25 mg, 50 mg	G	
ZTALMY ORAL SUSPENSION 50 MG/ML (ganaxolone)	NF	
ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG (amphetamine-dextroamphetamine)	NF	
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG (amphetamine-dextroamphetamine)	NF	
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (amphetamine)	NF	
amphetamine sulfate oral tablet 10 mg, 5 mg	G	
amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	G	
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	G	
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (methylphenidate hcl)	NF	
atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	G	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG (<i>serdexmethylphen-dexmethylphen</i>)	PB	
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	G	
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG (<i>methylphenidate hcl</i>)	NF	
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG (<i>methylphenidate</i>)	NF	
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR (<i>methylphenidate</i>)	NF	
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	G	
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	G	
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	G	
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	G	
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	G	
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML (<i>amphetamine</i>)	NF	
DYANAVEL XR ORAL TABLET CHEWABLE EXTENDED RELEASE 10 MG, 15 MG, 20 MG, 5 MG (<i>amphetamine</i>)	NF	
EVEKEO ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG (<i>amphetamine sulfate</i>)	NF	
EVEKEO ORAL TABLET 10 MG, 5 MG (<i>amphetamine sulfate</i>)	NF	
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG (<i>dexmethylphenidate hcl</i>)	NF	
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	G	
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 2 MG, 3 MG, 4 MG (<i>guanfacine hcl</i>)	NF	
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (<i>methylphenidate hcl</i>)	NF	
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG (<i>clonidine hcl</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>methamphetamine hcl oral tablet 5 mg</i>	G	
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	G	
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	G	
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg</i>	G	
<i>methylphenidate hcl er (osm) oral tablet extended release 45 mg, 63 mg</i>	NF	
<i>methylphenidate hcl er (osm) oral tablet extended release 72 mg</i>	NPB	
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	G	
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg</i>	G	
<i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	G	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	G	
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	G	
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>amphetamine-dextroamphetamine</i>)	NF	
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (<i>viloxazine hcl</i>)	PB	
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG, 40 MG (<i>methylphenidate hcl</i>)	NF	
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML (<i>methylphenidate hcl</i>)	NF	
RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG, 72 MG (<i>methylphenidate hcl</i>)	NF	
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (<i>lisdexamfetamine dimesylate</i>)	NPB	
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (<i>lisdexamfetamine dimesylate</i>)	NPB	
XELSTRYM TRANSDERMAL PATCH 13.5 MG/9HR, 18 MG/9HR, 4.5 MG/9HR, 9 MG/9HR (<i>dextroamphetamine</i>)	NF	
<i>dextroamphetamine sulfate</i> (Zenzedi Oral Tablet 10 Mg, 5 Mg)	G	
<i>dextroamphetamine sulfate</i> (Zenzedi Oral Tablet 15 Mg, 20 Mg, 30 Mg)	NPB	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG (dextroamphetamine sulfate)	NPB	
FIBROMYALGIA		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (milnacipran hcl)	NPB	
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (milnacipran hcl)	NPB	
HYPNOTICS - DRUGS TO TREAT INSOMNIA		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (suvorexant)	NF	
DAYVIGO ORAL TABLET 10 MG, 5 MG (lemborexant)	NF	
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG (zolpidem tartrate)	NF	
estazolam oral tablet 1 mg, 2 mg	G	
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	G	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (tasimelteon)	NPB	
HETLIOZ ORAL CAPSULE 20 MG (tasimelteon)	NPB	
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG (eszopiclone)	NF	
midazolam hcl oral syrup 2 mg/ml	G	
quazepam oral tablet 15 mg	NF	
QUVIVIQ ORAL TABLET 25 MG, 50 MG (daridorexant hcl)	NF	
ramelteon oral tablet 8 mg	G	
ROZEREM ORAL TABLET 8 MG (ramelteon)	NF	
SILENOR ORAL TABLET 3 MG, 6 MG (doxepin hcl)	NF	
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	G	
triazolam oral tablet 0.125 mg, 0.25 mg	G	
zaleplon oral capsule 10 mg, 5 mg	G	
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	G	
zolpidem tartrate oral tablet 10 mg, 5 mg	G	
zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML (<i>erenumab-aooe</i>)	NF	
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML (<i>fremanezumab-vfrm</i>)	PB	
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML (<i>fremanezumab-vfrm</i>)	PB	
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	G	
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	G	
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	NF	
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	G	
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>galcanezumab-gnlm</i>)	PB	
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (<i>galcanezumab-gnlm</i>)	PB	
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>galcanezumab-gnlm</i>)	PB	
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (<i>ergotamine tartrate</i>)	NPB	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	NF	
<i>frovatriptan succinate oral tablet 2.5 mg</i>	G	
MAXALT ORAL TABLET 10 MG (<i>rizatriptan benzoate</i>)	NF	
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG (<i>rizatriptan benzoate</i>)	NF	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (<i>ergotamine-caffeine</i>)	NF	
MIGRANAL NASAL SOLUTION 4 MG/ML (<i>dihydroergotamine mesylate</i>)	NF	
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	G	
NURTEC ORAL TABLET DISPERSIBLE 75 MG (<i>rimegepant sulfite</i>)	PB	
ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC (<i>sumatriptan succinate</i>)	NPB	
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (<i>atogepant</i>)	PB	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
REYVOW ORAL TABLET 100 MG, 50 MG (<i>lasmiditan succinate</i>)	NPB	
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	G	
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	G	
<i>sumatriptan nasal solution 20 mg/lact, 5 mg/lact</i>	G	
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	G	
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	G	
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	G	
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	G	
<i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i>	NF	
TOSYMRA NASAL SOLUTION 10 MG/ACT (<i>sumatriptan</i>)	NF	
TREXIMET ORAL TABLET 85-500 MG (<i>sumatriptan-naproxen sodium</i>)	NF	
TRUDHESA NASAL AEROSOL SOLUTION 0.725 MG/ACT (<i>dihydroergotamine mesylate hfa</i>)	NPB	
UBRELVY ORAL TABLET 100 MG, 50 MG (<i>ubrogepant</i>)	PB	
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML (<i>sumatriptan succinate</i>)	NPB	
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	G	
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	G	
ZOMIG NASAL SOLUTION 2.5 MG, 5 MG (<i>zolmitriptan</i>)	NPB	
MISCELLANEOUS		
DAYBUE ORAL SOLUTION 200 MG/ML (<i>trofinetide</i>)	NPSP	
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML (<i>risdiplam</i>)	NPB	
EXSERVAN ORAL FILM 50 MG (<i>riluzole</i>)	NF	
FIRDAPSE ORAL TABLET 10 MG (<i>amifampridine phosphate</i>)	NPB	
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	G	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	G	
<i>lithium carbonate oral tablet 300 mg</i>	G	
MESTINON ORAL SOLUTION 60 MG/5ML (<i>pyridostigmine bromide</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
MESTINON ORAL TABLET 60 MG (<i>pyridostigmine bromide</i>)	NF	
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	G	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	G	
<i>pyridostigmine bromide oral tablet 60 mg</i>	G	
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML (<i>edaravone</i>)	NPSP	
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML (<i>edaravone</i>)	NPSP	
<i>riluzole oral tablet 50 mg</i>	G	
TIGLUTIK ORAL SUSPENSION 50 MG/10ML (<i>riluzole</i>)	NF	
MOVEMENT DISORDERS		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (<i>deutetrabenazine</i>)	PSP	
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 6 MG (<i>deutetrabenazine</i>)	PSP	
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG (<i>deutetrabenazine</i>)	PSP	
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (<i>valbenazine tosylate</i>)	PSP	
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG (<i>valbenazine tosylate</i>)	PSP	
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	G	
XENAZINE ORAL TABLET 12.5 MG, 25 MG (<i>tetrabenazine</i>)	NF	
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG (<i>dalfampridine</i>)	NPSP	
AUBAGIO ORAL TABLET 14 MG, 7 MG (<i>teriflunomide</i>)	NF	
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	PSP	
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	PSP	
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (<i>monomethyl fumarate</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
BETASERON SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	PSP	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML (<i>glatiramer acetate</i>)	NF	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML (<i>glatiramer acetate</i>)	PSP	
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	G	
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	G	
<i>dimethyl fumarate starter pack oral 120 & 240 mg</i>	G	
EXTAVIA SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	NF	
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG (<i>fingolimod hcl</i>)	NF	
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	G	
<i>glatiramer acetate</i> (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/ML, 40 Mg/ML)	G	
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (<i>ofatumumab</i>)	PSP	
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG (<i>siponimod fumarate</i>)	PSP	
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG, 7 X 0.25 MG (<i>siponimod fumarate</i>)	PSP	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NPSP	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NPSP	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NPSP	
PLEGRIDY SUBCUTANEOUS SOLUTION PEN- INJECTOR 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NPSP	
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NPSP	
PONVORY ORAL TABLET 20 MG (<i>ponesimod</i>)	NPSP	
PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG (<i>ponesimod</i>)	NPSP	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML (<i>interferon beta-1a</i>)	PSP	
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>)	PSP	
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (<i>interferon beta-1a</i>)	PSP	
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>)	PSP	
TECFIDERA ORAL 120 & 240 MG (<i>dimethyl fumarate</i>)	NF	
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG (<i>dimethyl fumarate</i>)	NF	
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML (<i>natalizumab</i>)	PSP	
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG (<i>diroximel fumarate</i>)	PSP	
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG (<i>ozanimod hcl</i>)	PSP	IBC (Preferred agent for Ulcerative Colitis)

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
ZEPOSIA ORAL CAPSULE 0.92 MG (<i>ozanimod hcl</i>)	PSP	IBC (Preferred agent for Ulcerative Colitis)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21) (<i>ozanimod hcl</i>)	PSP	IBC (Preferred agent for Ulcerative Colitis)
MUSCULOSKELETAL THERAPY AGENTS		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 30 MG (<i>cyclobenzaprine hcl</i>)	NF	
<i>baclofen oral suspension 25 mg/5ml</i>	NF	
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	G	
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT (<i>onabotulinumtoxinA</i>)	NF	
<i>carisoprodol oral tablet 250 mg</i>	NF	
<i>carisoprodol oral tablet 350 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 500 mg, 750 mg</i>	NF	
<i>cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg</i>	NF	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	G	
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	NF	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	G	
DYSPORE INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (<i>abobotulinumtoxinA</i>)	PSP	
<i>cyclobenzaprine hcl</i> (Fexmid Oral Tablet 7.5 Mg)	NF	
FLEQSUVY ORAL SUSPENSION 25 MG/5ML (<i>baclofen</i>)	NF	
<i>chlorzoxazone</i> (Lorzone Oral Tablet 375 Mg, 750 Mg)	NF	
LYVISPAH ORAL PACKET 10 MG, 20 MG, 5 MG (<i>baclofen</i>)	NPB	
METAXALL CP COMBINATION KIT 800 & 0.025 MG & % (<i>metaxalone-capsaicin</i>)	NF	
<i>metaxalone oral tablet 400 mg</i>	NF	
<i>metaxalone oral tablet 800 mg</i>	G	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	NF	
<i>norgesic forte oral tablet 50-770-60 mg</i>	NF	
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	G	
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>orphenadrine-aspirin-cafeine</i> (Orphengesic Forte Oral Tablet 50-770-60 Mg)	NF	
TABRADOL FUSEPAQ ORAL SUSPENSION 1 MG/ML (<i>cyclobenzaprine hcl-msm</i>)	NF	
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	G	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	G	
<i>carisoprodol</i> (Vanadom Oral Tablet 350 Mg)	NF	
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT (<i>incobotulinumtoxina</i>)	PSP	
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	G	
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM (<i>sodium oxybate</i>)	PSP	
<i>modafinil oral tablet 100 mg, 200 mg</i>	G	
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG (<i>armodafinil</i>)	NF	
PROVIGIL ORAL TABLET 100 MG, 200 MG (<i>modafinil</i>)	NF	
SUNOSI ORAL TABLET 150 MG, 75 MG (<i>solriamfetol hcl</i>)	PB	
WAKIX ORAL TABLET 17.8 MG, 4.45 MG (<i>pitolisant hcl</i>)	PSP	
XYREM ORAL SOLUTION 500 MG/ML (<i>sodium oxybate</i>)	NF	
XYWAV ORAL SOLUTION 500 MG/ML (<i>ca, mg, k, and na oxybates</i>)	PSP	
OPIOID AGONIST/ANTAGONIST		
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	G	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	G	
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG (<i>buprenorphine hcl-naloxone hcl</i>)	NF	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG (<i>buprenorphine hcl-naloxone hcl</i>)	PB	
OPIOID ANTAGONIST		
KLOXXADO NASAL LIQUID 8 MG/0.1ML (<i>naloxone hcl</i>)	NPB	
<i>nalmefene hcl injection solution 1 mg/ml</i>	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	G	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	G	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	G	
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	G	
<i>naltrexone hcl oral tablet 50 mg</i>	G	
NARCAN NASAL LIQUID 4 MG/0.1ML (<i>naloxone hcl</i>)	NPB	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (<i>naltrexone</i>)	NPSP	
OPIOID PARTIAL AGONISTS		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	G	
POSTHERPETIC NEURALGIA (PHN)		
GRALISE ORAL TABLET 450 MG, 750 MG, 900 MG (<i>gabapentin (once-daily)</i>)	PB	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG (<i>gabapentin enacarbil</i>)	NF	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG (<i>pregabalin</i>)	NF	
PSYCHOTHERAPEUTIC-MISC		
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>	G	
<i>fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg</i>	NF	
LUCEMYRA ORAL TABLET 0.18 MG (<i>lofexidine hcl</i>)	NF	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (<i>olanzapine-samidorphan</i>)	NF	
NUEDEXTA ORAL CAPSULE 20-10 MG (<i>dextromethorphan-quinidine</i>)	NF	
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	G	
<i>paroxetine mesylate oral capsule 7.5 mg</i>	NF	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	G	
<i>pimozide oral tablet 1 mg, 2 mg</i>	G	
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML (<i>bremelanotide acetate</i>)	NF	
SMOKING DETERRENTS		
<i>apo-varenicline oral tablet 0.5 mg, 1 mg</i>	CE	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	CE	
<i>cvs nicotine mouth/throat gum 2 mg, 4 mg</i>	CE	
<i>cvs nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	CE	
<i>cvs nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	CE	
<i>cvs nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	CE	
<i>eq nicotine mouth/throat lozenge 4 mg</i>	CE	
<i>eq nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	CE	
<i>eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	CE	
<i>eq nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	CE	
<i>eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	CE	
<i>gnp nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	CE	
<i>gnp nicotine mouth/throat gum 4 mg</i>	CE	
<i>gnp nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	CE	
<i>gnp nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	CE	
<i>gnp nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr</i>	CE	
<i>goodsense nicotine mouth/throat gum 4 mg</i>	CE	
<i>goodsense nicotine mouth/throat lozenge 4 mg</i>	CE	
HABITROL TRANSDERMAL PATCH 24 HOUR 21 MG/24HR (<i>nicotine</i>)	CE	
<i>hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	CE	
<i>hm nicotine polacrilex mouth/throat lozenge 2 mg</i>	CE	
<i>hm nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr</i>	CE	
KLS QUIT2 MOUTH/THROAT GUM 2 MG (<i>nicotine polacrilex</i>)	CE	
KLS QUIT2 MOUTH/THROAT LOZENGE 2 MG (<i>nicotine polacrilex</i>)	CE	
KLS QUIT4 MOUTH/THROAT GUM 4 MG (<i>nicotine polacrilex</i>)	CE	
KLS QUIT4 MOUTH/THROAT LOZENGE 4 MG (<i>nicotine polacrilex</i>)	CE	
NICORELIEF MOUTH/THROAT GUM 2 MG (<i>nicotine polacrilex</i>)	CE	
<i>nicotine mini mouth/throat lozenge 2 mg</i>	CE	
<i>nicotine polacrilex mini mouth/throat lozenge 2 mg</i>	CE	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	CE	
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	CE	
<i>nicotine step 1 transdermal patch 24 hour 21 mg/24hr</i>	CE	
<i>nicotine step 2 transdermal patch 24 hour 14 mg/24hr</i>	CE	
<i>nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	CE	
<i>nicotine transdermal kit 21-14-7 mg/24hr</i>	CE	
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	CE	
NICOTROL INHALATION INHALER 10 MG (<i>nicotine</i>)	CE	
NICOTROL NS NASAL SOLUTION 10 MG/ML (<i>nicotine</i>)	CE	
<i>px stop smoking aid mouth/throat gum 2 mg, 4 mg</i>	CE	
<i>px stop smoking aid mouth/throat lozenge 2 mg, 4 mg</i>	CE	
<i>qc nicotine transdermal system transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	CE	
<i>ra mini nicotine mouth/throat lozenge 2 mg, 4 mg</i>	CE	
<i>ra nicotine mouth/throat gum 2 mg, 4 mg</i>	CE	
<i>ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	CE	
<i>sm nicotine mouth/throat gum 4 mg</i>	CE	
<i>sm nicotine mouth/throat lozenge 2 mg</i>	CE	
<i>sm nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	CE	
<i>sm nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	CE	
<i>sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	CE	
THRIVE MOUTH/THROAT GUM 2 MG (<i>nicotine polacrilex</i>)	CE	
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	CE	
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	CE	
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES		
ACROMEGALY - DRUGS TO TREAT CONDITIONS THAT CAUSE EXCESSIVE GROWTH		
<i>lanreotide acetate subcutaneous solution 120 mg/0.5ml</i>	NF	
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG (<i>octreotide acetate</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	G	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (<i>octreotide acetate</i>)	NPSP	
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG (<i>octreotide acetate</i>)	NF	
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML (<i>lanreotide acetate</i>)	PSP	
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (<i>pegvisomant</i>)	NF	
ANDROGENS - DRUGS TO REGULATE MALE HORMONES		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR (<i>testosterone</i>)	NPB	
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%) (<i>testosterone</i>)	NF	
<i>testosterone cypionate</i> (Depo-Testosterone Intramuscular Solution 100 Mg/ML, 200 Mg/ML)	NPB	
<i>ec-rx testosterone transdermal cream 0.2 %, 0.4 %, 10 %, 20 %</i>	NF	
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%) (<i>testosterone</i>)	NF	
INTRAROSA VAGINAL INSERT 6.5 MG (<i>prasterone</i>)	NF	
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG (<i>testosterone undecanoate</i>)	NPB	
<i>methitest oral tablet 10 mg</i>	NPB	
<i>methyltestosterone oral capsule 10 mg</i>	G	
NATESTO NASAL GEL 5.5 MG/ACT (<i>testosterone</i>)	PB	
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%) (<i>testosterone</i>)	NF	
TESTONE CIK INTRAMUSCULAR KIT 200 MG/ML (<i>testosterone cypionate</i>)	NF	
TESTOPEL IMPLANT PELLET 75 MG (<i>testosterone</i>)	NPB	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	G	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	G	
<i>testosterone gel 12.5 mg/lact (1%) transdermal</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>testosterone gel 12.5 mg/lact (1%) transdermal</i>	NF	
<i>testosterone gel 50 mg/5gm (1%) transdermal</i>	G	
<i>testosterone gel 50 mg/5gm (1%) transdermal</i>	NF	
<i>testosterone transdermal gel 1.62 %, 10 mg/lact (2%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%)</i>	G	
<i>testosterone transdermal solution 30 mg/lact</i>	G	
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%) (<i>testosterone</i>)	NF	
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%) (<i>testosterone</i>)	NF	
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML (<i>testosterone enanthate</i>)	NF	
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	G	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	G	
ANTIDIABETICS, AMYLIN ANALOGS		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML (<i>pramlintide acetate</i>)	PB	
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML (<i>pramlintide acetate</i>)	PB	
ANTIDIABETICS, BIGUANIDE		
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG (<i>metformin hcl</i>)	NF	
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg</i>	NF	
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg</i>	NF	
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	G	
<i>metformin hcl oral solution 500 mg/5ml</i>	NPB	
<i>metformin hcl oral tablet 1000 mg, 500 mg</i>	G	
<i>metformin hcl oral tablet 850 mg</i>	CE	
RIOMET ORAL SOLUTION 500 MG/5ML (<i>metformin hcl</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	G	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	G	
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS		
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	NF	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sitagliptin phosphate</i>)	PB	
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG (<i>alogliptin benzoate</i>)	NF	
ONGLYZA ORAL TABLET 2.5 MG, 5 MG (<i>saxagliptin hcl</i>)	NF	
TRADJENTA ORAL TABLET 5 MG (<i>linagliptin</i>)	NF	
ANTIDIABETICS, DOPAMINE RECEPTOR AGONISTS		
CYCLOSET ORAL TABLET 0.8 MG (<i>bromocriptine mesylate</i>)	NF	
ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS		
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>	NF	
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	NF	
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (<i>sitagliptin-metformin hcl</i>)	PB	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (<i>sitagliptin-metformin hcl</i>)	PB	
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (<i>linagliptin-metformin hcl</i>)	NF	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG (<i>linagliptin- metformin hcl</i>)	NF	
KAZANO ORAL TABLET 12.5-1000 MG, 12.5-500 MG (<i>alogliptin-metformin hcl</i>)	NF	
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG (<i>saxagliptin-metformin</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG (<i>alogliptin-pioglitazone</i>)	NF	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG (<i>empagliflozin-linagliptin-metformin</i>)	PB	
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML (<i>exenatide</i>)	NF	
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML (<i>exenatide</i>)	NF	
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML (<i>exenatide</i>)	NF	
MOUNJARO SUBCUTANEOUS SOLUTION PEN-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 (<i>tirzepatide</i>)	PB	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML (<i>semaglutide</i>)	PB	
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML (<i>semaglutide</i>)	PB	
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML (<i>semaglutide</i>)	PB	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (<i>semaglutide</i>)	PB	
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML (<i>dulaglutide</i>)	PB	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (<i>liraglutide</i>)	PB	
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (<i>insulin glargine-lixisenatide</i>)	PB	
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (<i>insulin degludec-liraglutide</i>)	PB	
ANTIDIABETICS, INSULIN		
ADMELOG INJECTION SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro</i>)	NF	
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT (<i>insulin regular human</i>)	NF	
APIDRA INJECTION SOLUTION 100 UNIT/ML (<i>insulin glulisine</i>)	NF	
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glulisine</i>)	NF	
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	PB	
BASAGLAR TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	NF	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	PB	
FIASP INJECTION SOLUTION 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	PB	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	PB	
HUMALOG INJECTION SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	NF	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin lispro</i>)	NF	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	NF	
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	NF	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	NF	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	NF	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin lispro</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	NF	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	NF	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	NF	
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	NF	
HUMULIN R INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	NF	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML (<i>insulin regular human</i>)	PB	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (<i>insulin regular human</i>)	PB	
<i>insulin glargine solostar subcutaneous solution pen-injector 100 unit/ml</i>	NF	
<i>insulin glargine subcutaneous solution 100 unit/ml</i>	NF	
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>	NF	
<i>insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml</i>	NF	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	PB	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glargine</i>)	PB	
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin detemir</i>)	NF	
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin detemir</i>)	NF	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	NF	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	PB	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	NF	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	PB	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	PB	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	NF	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	PB	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin regular human</i>)	PB	
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin regular human</i>)	NF	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	PB	
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	NF	
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	NF	
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart</i>)	NF	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart</i>)	PB	
NOVOLOG INJECTION SOLUTION 100 UNIT/ML (<i>insulin aspart</i>)	PB	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	PB	
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	NF	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	PB	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart</i>)	PB	
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML (<i>insulin aspart</i>)	NF	
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glargine-yfgn</i>)	NF	
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine-yfgn</i>)	NF	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>)	PB	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>)	PB	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin degludec</i>)	PB	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin degludec</i>)	PB	
ANTIDIABETICS, INSULIN SENSITIZER		
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG (<i>pioglitazone hcl</i>)	NF	
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	G	
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	G	
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	G	
ANTIDIABETICS, MEGLITINIDE		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	G	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
ANTIDIABETICS, MISCELLANEOUS		
KORLYM ORAL TABLET 300 MG (<i>mifepristone</i>)	NF	
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2)/DPP-4 INHIBITOR COMBINATIONS		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (<i>empagliflozin-linagliptin</i>)	PB	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
QTERN ORAL TABLET 10-5 MG, 5-5 MG (<i>dapagliflozin-saxagliptin</i>)	NPB	
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (<i>ertugliflozin-sitagliptin</i>)	NF	
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGTL2) COMBINATIONS		
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (<i>canagliflozin-metformin hcl</i>)	NF	
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (<i>canagliflozin-metformin hcl</i>)	NF	
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG (<i>ertugliflozin-metformin hcl</i>)	NF	
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (<i>empagliflozin-metformin hcl</i>)	PB	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG (<i>empagliflozin-metformin hcl</i>)	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 (<i>dapagliflozin-metformin hcl</i>)	PB	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER2 (SGLT2) INHIBITORS		
FARXIGA ORAL TABLET 10 MG, 5 MG (<i>dapagliflozin propanediol</i>)	PB	
INVOKANA ORAL TABLET 100 MG, 300 MG (<i>canagliflozin</i>)	NF	
JARDIANCE ORAL TABLET 10 MG, 25 MG (<i>empagliflozin</i>)	PB	
STEGLATRO ORAL TABLET 15 MG, 5 MG (<i>ertugliflozin l-pyrogutamicac</i>)	NF	
ANTIDIABETICS, SULFONYLUREA		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	G	
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	G	
<i>glipizide oral tablet 10 mg, 5 mg</i>	G	
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	G	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	G	
ANTIOBESITY		
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG (<i>naltrexone-bupropion hcl</i>)	NF	
LOMAIRA ORAL TABLET 8 MG (<i>phentermine hcl</i>)	NF	
PLENITY ORAL CAPSULE (<i>carboxymeth-cellulose-citricac</i>)	NF	
PLENITY WELCOME KIT ORAL CAPSULE (<i>carboxymeth-cellulose-citricac</i>)	NF	
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG (<i>phentermine-topiramate</i>)	PB	
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (<i>liraglutide -weight management</i>)	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 (<i>semaglutide-weight management</i>)	PB	
XENICAL ORAL CAPSULE 120 MG (<i>orlistat</i>)	NF	
BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS		
<i>alendronate sodium oral solution 70 mg/75ml</i>	G	
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	G	
BINOSTO ORAL TABLET EFFERVESCENT 70 MG (<i>alendronate sodium</i>)	NPB	
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (<i>alendronate-cholecalciferol</i>)	NPB	
<i>ibandronate sodium oral tablet 150 mg</i>	G	
RECLAST INTRAVENOUS SOLUTION 5 MG/100ML (<i>zoledronic acid</i>)	NPSP	
<i>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg</i>	G	
<i>risedronate sodium oral tablet delayed release 35 mg</i>	G	
<i>zoledronic acid intravenous concentrate 4 mg/5ml</i>	G	
<i>zoledronic acid intravenous solution 4 mg/100ml</i>	NPSP	
<i>zoledronic acid intravenous solution 5 mg/100ml</i>	G	
CALCIUM RECEPTOR AGONISTS		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG (<i>cinacalcet hcl</i>)	NPSP	
CARNITINE DEFICIENCY AGENTS		
CARNITOR ORAL SOLUTION 1 GM/10ML (<i>levocarnitine</i>)	NF	
CARNITOR ORAL TABLET 330 MG (<i>levocarnitine</i>)	NF	
CARNITOR SF ORAL SOLUTION 1 GM/10ML (<i>levocarnitine</i>)	NF	
<i>levocarnitine oral solution 1 gm/10ml</i>	G	
<i>levocarnitine oral tablet 330 mg</i>	G	
CHELATING AGENTS		
CHEMET ORAL CAPSULE 100 MG (<i>succimer</i>)	NPB	
CUPRIMINE ORAL CAPSULE 250 MG (<i>penicillamine</i>)	NF	
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	G	
<i>deferoxamine mesylate injection solution reconstituted 2 gm</i>	NPSP	
DEPEN TITRATABS ORAL TABLET 250 MG (<i>penicillamine</i>)	NPB	
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG (<i>deferoxamine mesylate</i>)	NF	
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG (<i>deferasirox</i>)	NF	
FERRIPROX ORAL SOLUTION 100 MG/ML (<i>deferiprone</i>)	NF	
FERRIPROX ORAL TABLET 1000 MG, 500 MG (<i>deferiprone</i>)	NF	
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG (<i>deferiprone</i>)	NF	
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG (<i>deferasirox</i>)	NF	
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG (<i>deferasirox</i>)	NF	
LOKELMA ORAL PACKET 10 GM, 5 GM (<i>sodium zirconium cyclosilicate</i>)	NF	
<i>penicillamine oral capsule 250 mg</i>	G	
<i>sodium polystyrene sulfonate oral powder</i>	G	
SPS ORAL SUSPENSION 15 GM/60ML (<i>sodium polystyrene sulfonate</i>)	G	
SYPRINE ORAL CAPSULE 250 MG (<i>trientine hcl</i>)	NF	
<i>trientine hcl oral capsule 250 mg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (patiromer sorbitex calcium)	PB	
CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL		
levonorgestrel-ethinyl estrad (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	CE	
AFTERA ORAL TABLET 1.5 MG (levonorgestrel)	CE	
AFTERPILL ORAL TABLET 1.5 MG (levonorgestrel)	CE	
levonorgestrel-ethinyl estrad (Altavera Oral Tablet 0.15-30 Mg-Mcg)	CE	
alyacen 1/35 oral tablet 1-35 mg-mcg	CE	
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	CE	
levonorgest-eth estrad 91-day (Amethia Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	
levonorgestrel-ethinyl estrad (Amethyst Oral Tablet 90-20 Mcg)	CE	
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (segesterone-ethinyl estradiol)	CE	
desogestrel-ethinyl estradiol (Apri Oral Tablet 0.15-30 Mg-Mcg)	CE	
norethin-eth estrad triphasic (Aranelle Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	CE	
levonorgest-eth estrad 91-day (Ashlyna Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	
levonorgestrel-ethinyl estrad (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	CE	
norethindrone acet-ethinyl est (Aurovela 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
norethindrone acet-ethinyl est (Aurovela 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
norethin ace-eth estrad-fe (Aurovela 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	
norethin ace-eth estrad-fe (Aurovela Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
norethin ace-eth estrad-fe (Aurovela Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
levonorgestrel-ethinyl estrad (Aviane Oral Tablet 0.1-20 Mg-Mcg)	CE	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>levonorgestrel-ethinyl estrad</i> (Ayuna Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>desogestrel-ethinyl estradiol</i> (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (<i>levonorgest-eth estrad-fe bisg</i>)	CE	
<i>norethindrone-eth estradiol</i> (Balziva Oral Tablet 0.4-35 Mg-Mcg)	CE	
BEYAZ ORAL TABLET 3-0.02-0.451 MG (<i>drospiren-eth estrad-levomefol</i>)	NF	
<i>norethin ace-eth estrad-fe</i> (Blisovi 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	CE	
<i>norethindrone</i> (Camila Oral Tablet 0.35 Mg)	CE	
<i>levonorgest-eth estrad 91-day</i> (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	CE	
<i>levonorgest-eth estrad 91-day</i> (Camrese Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	
CAYA VAGINAL DIAPHRAGM (<i>diaphragm arc-spring</i>)	CE	
<i>norethin ace-eth estrad-fe</i> (Charlotte 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	CE	
<i>levonorgestrel-ethinyl estrad</i> (Chateal Eq Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>condoms</i>	CE	
<i>norgestrel-ethinyl estradiol</i> (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)	CE	
<i>desogestrel-ethinyl estradiol</i> (Cyred Eq Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>norethindrone-eth estradiol</i> (Dasetta 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	
<i>norethin-eth estrad triphasic</i> (Dasetta 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	
<i>levonorgest-eth estrad 91-day</i> (Daysee Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>norethindrone</i> (Deblitane Oral Tablet 0.35 Mg)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Delyla Oral Tablet 0.1-20 Mg-Mcg)	CE	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (<i>medroxyprogesterone acetate</i>)	CE	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg</i> (21/5)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Dolishale Oral Tablet 90-20 Mcg)	CE	
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	CE	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	CE	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	
<i>norgestrel-ethinyl estradiol</i> (Elinest Oral Tablet 0.3-30 Mg-Mcg)	CE	
ELLA ORAL TABLET 30 MG (<i>ulipristal acetate</i>)	CE	
<i>etonogestrel-ethinyl estradiol</i> (Eluryng Vaginal Ring 0.12-0.015 Mg/24Hr)	CE	
<i>levonorg-eth estrad triphasic</i> (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	
<i>desogestrel-ethinyl estradiol</i> (Enskyce Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>norethindrone</i> (Errin Oral Tablet 0.35 Mg)	CE	
<i>norgestimate-eth estradiol</i> (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	CE	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	CE	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	CE	
<i>levonorgestrel-ethinyl estrad</i> (Falmina Oral Tablet 0.1-20 Mg-Mcg)	CE	
<i>levonorgest-eth estrad 91-day</i> (Fayosim Oral Tablet 42-21-21-7 Days)	CE	
FC2 FEMALE CONDOM (<i>condoms - female</i>)	CE	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (<i>cervical caps</i>)	CE	
<i>norethin ace-eth estrad-fe</i> (Finzala Oral Tablet Chewable 1-20 Mg-Mcg(24))	CE	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>norethin ace-eth estrad-fe</i> (Gemmily Oral Capsule 1-20 Mg-Mcg(24))	CE	
<i>norethindrone acet-ethinyl est</i> (Hailey 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Hailey 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	
<i>norethin ace-eth estrad-fe</i> (Hailey Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Hailey Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>etonogestrel-ethinyl estradiol</i> (Haloette Vaginal Ring 0.12-0.015 Mg/24Hr)	CE	
<i>norethindrone</i> (Heather Oral Tablet 0.35 Mg)	CE	
HER STYLE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	
<i>levonorgest-eth estrad 91-day</i> (Iclevia Oral Tablet 0.15-0.03 Mg)	CE	
<i>norethindrone</i> (Incassia Oral Tablet 0.35 Mg)	CE	
<i>levonorgest-eth estrad 91-day</i> (Introvale Oral Tablet 0.15-0.03 Mg)	CE	
<i>desogestrel-ethinyl estradiol</i> (Isibloom Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>levonorgest-eth estrad 91-day</i> (Jaimiess Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	
<i>drospirenone-ethinyl estradiol</i> (Jasmiel Oral Tablet 3-0.02 Mg)	CE	
<i>norethindrone</i> (Jencycla Oral Tablet 0.35 Mg)	CE	
<i>levonorgest-eth estrad 91-day</i> (Jolessa Oral Tablet 0.15-0.03 Mg)	CE	
<i>desogestrel-ethinyl estradiol</i> (Juleber Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>norethindrone acet-ethinyl est</i> (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethindrone acet-ethinyl est</i> (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>norethin ace-eth estrad-fe</i> (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24))	CE	
<i>norethin-eth estradiol-fe</i> (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	
<i>desogestrel-ethinyl estradiol</i> (Kalliga Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>desogestrel-ethinyl estradiol</i> (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/50 Oral Tablet 1-50 Mg-Mcg)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Kurvelo Oral Tablet 0.15-30 Mg-Mcg)	CE	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (<i>levonorgestrel</i>)	CE	
<i>norethindrone acet-ethinyl est</i> (Larin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethindrone acet-ethinyl est</i> (Larin 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Larin 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>norethin-eth estradiol-fe</i> (Layolis Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	
<i>norethin-eth estrad triphasic</i> (Leena Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Lessina Oral Tablet 0.1-20 Mg-Mcg)	CE	
<i>levonorg-eth estrad triphasic</i> (Levonest Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	
<i>levonorgest-eth est & eth est oral tablet 42-21-21-7 days</i>	CE	
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	CE	
<i>levonorgestrel oral tablet 1.5 mg</i>	CE	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	CE	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	CE	
<i>levonorgestrel-ethinyl estrad (Levora 0.15/30 (28) Oral Tablet 0.15-30 Mg-Mcg)</i>	CE	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY (<i>levonorgestrel</i>)	CE	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (<i>norethin-eth estrad-fe biphas</i>)	CE	
<i>norethindrone acet-ethinyl est (Loestrin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)</i>	CE	
<i>norethindrone acet-ethinyl est (Loestrin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)</i>	CE	
<i>norethin ace-eth estrad-fe (Loestrin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)</i>	CE	
<i>norethin ace-eth estrad-fe (Loestrin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)</i>	CE	
<i>levonorgest-eth estrad 91-day (Lojaimiess Oral Tablet 0.1-0.02 & 0.01 Mg)</i>	CE	
<i>drospirenone-ethinyl estradiol (Loryna Oral Tablet 3-0.02 Mg)</i>	CE	
<i>norgestrel-ethinyl estradiol (Low-Ogestrel Oral Tablet 0.3-30 Mg-Mcg)</i>	CE	
<i>drospirenone-ethinyl estradiol (Lo-Zumandimine Oral Tablet 3-0.02 Mg)</i>	CE	
<i>levonorgestrel-ethinyl estrad (Lutera Oral Tablet 0.1-20 Mg-Mcg)</i>	CE	
<i>norethindrone (Lyleq Oral Tablet 0.35 Mg)</i>	CE	
<i>norethindrone (Lyza Oral Tablet 0.35 Mg)</i>	CE	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	CE	
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	CE	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	CE	
<i>norethin ace-eth estrad-fe (Merzee Oral Capsule 1-20 Mg-Mcg(24))</i>	CE	
<i>norethindrone acet-ethinyl est (Microgestin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)</i>	CE	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>norethindrone acet-ethinyl est</i> (Microgestin 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Microgestin 24 Fe Oral Tablet 1-20 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>norgestimate-eth estradiol</i> (Mili Oral Tablet 0.25-35 Mg-Mcg)	CE	
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24) (<i>norethin ace-eth estrad-fe</i>)	NF	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY (<i>levonorgestrel</i>)	CE	
<i>norgestimate-eth estradiol</i> (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	CE	
MY CHOICE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	
MY WAY ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (<i>estradiol valerate-dienogest</i>)	CE	
<i>norethindrone-eth estradiol</i> (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	CE	
<i>norethindrone-eth estradiol</i> (Necon 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	CE	
NEW DAY ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (<i>etonogestrel</i>)	CE	
NEXTSTELLIS ORAL TABLET 3-14.2 MG (<i>drospirenone-estetrol</i>)	CE	
<i>drospirenone-ethinyl estradiol</i> (Nikki Oral Tablet 3-0.02 Mg)	CE	
<i>norethindrone</i> (Nora-Be Oral Tablet 0.35 Mg)	CE	
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	CE	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	CE	
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	CE	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	CE	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>norethindrone oral tablet 0.35 mg</i>	CE	
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	CE	
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	CE	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	CE	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	CE	
<i>norethindrone (Norlyda Oral Tablet 0.35 Mg)</i>	CE	
<i>norethindrone (Norlyroc Oral Tablet 0.35 Mg)</i>	CE	
<i>norethindrone-eth estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)</i>	CE	
<i>norethindrone-eth estradiol (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)</i>	CE	
<i>norethindrone-eth estradiol (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)</i>	CE	
<i>norethin-eth estrad triphasic (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)</i>	CE	
NUVARING VAGINAL RING 0.12-0.015 MG/24HR (<i>etonogestrel-ethinyl estradiol</i>)	PB	
<i>norethindrone-eth estradiol (Nylia 1/35 Oral Tablet 1-35 Mg-Mcg)</i>	CE	
<i>norethin-eth estrad triphasic (Nylia 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)</i>	CE	
<i>norgestimate-eth estradiol (Nymyo Oral Tablet 0.25-35 Mg-Mcg)</i>	CE	
<i>drospirenone-ethinyl estradiol (Ocella Oral Tablet 3-0.03 Mg)</i>	CE	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM (<i>diaphragms</i>)	CE	
OPCICON ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	
OPTION 2 ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	
<i>levonorgestrel-ethinyl estrad (Orsythia Oral Tablet 0.1-20 Mg-Mcg)</i>	CE	
ORTHO TRI-CYCLEN LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG (<i>norgestim-eth estrad triphasic</i>)	NF	
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (<i>copper</i>)	CE	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>norethindrone-eth estradiol</i> (Philith Oral Tablet 0.4-35 Mg-Mcg)	CE	
<i>desogestrel-ethinyl estradiol</i> (Pimtrea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	
<i>norethin-eth estrad triphasic</i> (Pirmella 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Portia-28 Oral Tablet 0.15-30 Mg-Mcg)	CE	
QUARTETTE ORAL TABLET 42-21-21-7 DAYS (<i>levonorgest-eth estrad 91-day</i>)	NF	
REACT ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	
<i>desogestrel-ethinyl estradiol</i> (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>levonorgest-eth estrad 91-day</i> (Rivelsa Oral Tablet 42-21-21-7 Days)	CE	
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (<i>drospiren-eth estrad-levomefol</i>)	NPB	
SEASONIQUE ORAL TABLET 0.15-0.03 & 0.01 MG (<i>levonorgest-eth estrad 91-day</i>)	NF	
<i>levonorgest-eth estrad 91-day</i> (Setlakin Oral Tablet 0.15-0.03 Mg)	CE	
<i>norethindrone</i> (Sharobel Oral Tablet 0.35 Mg)	CE	
<i>desogestrel-ethinyl estradiol</i> (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	
<i>levonorgest-eth estrad 91-day</i> (Simpesse Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (<i>levonorgestrel</i>)	CE	
SLYND ORAL TABLET 4 MG (<i>drospirenone</i>)	CE	
<i>desogestrel-ethinyl estradiol</i> (Solia Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>norgestimate-eth estradiol</i> (Sprintec 28 Oral Tablet 0.25-35 Mg-Mcg)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	CE	
<i>drospirenone-ethinyl estradiol</i> (Syeda Oral Tablet 3-0.03 Mg)	CE	
TAKE ACTION ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>norethin ace-eth estrad-fe</i> (Tarina 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	
<i>norethin ace-eth estrad-fe</i> (Tarina Fe 1/20 Eq Oral Tablet 1-20 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Taysofy Oral Capsule 1-20 Mg-Mcg(24))	CE	
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) (<i>norethin ace-eth estrad-fe</i>)	NF	
<i>norethindron-ethinyl estrad-fe</i> (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri Femynor Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
<i>norethindron-ethinyl estrad-fe</i> (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Trinessa (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Nymyo Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
<i>levonorg-eth estrad triphasic</i> (Trivora (28) Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (<i>levonorgestrel-eth estradiol</i>)	CE	
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (<i>levonorgestrel-ethinyl estrad</i>)	CE	
<i>drospiren-eth estrad-levomefol</i> (Tydemy Oral Tablet 3-0.03-0.451 Mg)	CE	
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG (<i>desogestrel-ethinyl estradiol</i>)	CE	
<i>drospirenone-ethinyl estradiol</i> (Vestura Oral Tablet 3-0.02 Mg)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Vienva Oral Tablet 0.1-20 Mg-Mcg)	CE	
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	CE	
<i>desogestrel-ethinyl estradiol</i> (Volnea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	
<i>norethindrone-eth estradiol</i> (Vyfemla Oral Tablet 0.4-35 Mg-Mcg)	CE	
<i>norgestimate-eth estradiol</i> (Vylibra Oral Tablet 0.25-35 Mg-Mcg)	CE	
<i>norethindrone-eth estradiol</i> (Wera Oral Tablet 0.5-35 Mg-Mcg)	CE	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>norethin-eth estradiol-fe</i> (Wymzya Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)	CE	
<i>norelgestromin-eth estradiol</i> (Xulane Transdermal Patch Weekly 150-35 Mcg/24Hr)	CE	
YASMIN 28 ORAL TABLET 3-0.03 MG (<i>drospirenone-ethinyl estradiol</i>)	NF	
YAZ ORAL TABLET 3-0.02 MG (<i>drospirenone-ethinyl estradiol</i>)	NF	
<i>norelgestromin-eth estradiol</i> (Zafemy Transdermal Patch Weekly 150-35 Mcg/24Hr)	CE	
<i>ethynodiol diac-eth estradiol</i> (Zovia 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	CE	
<i>drospirenone-ethinyl estradiol</i> (Zumandimine Oral Tablet 3-0.03 Mg)	CE	
CORTISOL SYNTHESIS INHIBITORS		
ISTURISA ORAL TABLET 1 MG, 5 MG (<i>osilodrostat phosphate</i>)	NF	
RECORLEV ORAL TABLET 150 MG (<i>levoketoconazole</i>)	NF	
DIABETIC SUPPLIES		
12-PANEL POC TOXICOLOGY SYSTEM IN VITRO KIT (<i>drug assay (urine)</i>)	NPB	
<i>1st tier unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm , 33g x 4 mm</i>	NF	
<i>1st tier unifine pentips plus 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm</i>	NF	
ABOUTTIME PEN NEEDLE 30G X 8 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NF	
ACCU-CHEK AVIVA PLUS IN VITRO STRIP (<i>glucose blood</i>)	PB	
ACCU-CHEK AVIVA PLUS KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	PB	
ACCU-CHEK FASTCLIX LANCET KIT (<i>lancets misc.</i>)	NPB	
ACCU-CHEK FASTCLIX LANCETS (<i>lancets</i>)	NPB	
ACCU-CHEK GUIDE IN VITRO STRIP (<i>glucose blood</i>)	PB	
ACCU-CHEK GUIDE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	PB	
ACCU-CHEK GUIDE ME KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	PB	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
ACCU-CHEK LINKASSIST (<i>insulin pump accessories</i>)	NPB	
ACCU-CHEK PLASTIC CARTRIDGE (<i>insulin infusion pump supplies</i>)	NPB	
ACCU-CHEK SAFE-T PRO LANCETS (<i>lancets</i>)	NPB	
ACCU-CHEK SMARTVIEW IN VITRO STRIP (<i>glucose blood</i>)	PB	
ACCU-CHEK SOFTCLIX LANCET DEV KIT (<i>lancets misc.</i>)	NPB	
ACCU-CHEK SOFTCLIX LANCETS (<i>lancets</i>)	NPB	
ACCU-CHEK ULTRAFLEX INF SET (<i>insulin infusion pump supplies</i>)	NPB	
ACCU-CHEK ULTRAFLEX-1 INF SET (<i>insulin infusion pump supplies</i>)	NPB	
ACCUTREND GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>acti-lance 28g</i>	NPB	
<i>acti-lance lite lancets 28g</i>	NPB	
<i>acti-lance special lancets 17g</i>	NPB	
<i>acti-lance universal 23g</i>	NPB	
<i>adjustable lancing device</i>	NPB	
ADVANCE INTUITION METER DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
ADVANCE INTUITION MONITOR KIT (<i>blood glucose monitoring suppl</i>)	NF	
ADVANCE INTUITION TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ADVANCE MICRO-DRAW METER DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
ADVANCE MICRO-DRAW TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ADVOCATE BLOOD GLUCOSE MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
ADVOCATE BLOOD GLUCOSE SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 33G X 4 MM (<i>insulin pen needle</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NF	
ADVOCATE LANCETS 30G (<i>lancets</i>)	NPB	
ADVOCATE LANCING DEVICE (<i>lancet devices</i>)	NPB	
ADVOCATE RAPID-SAFE LANCING (<i>lancet devices</i>)	NPB	
ADVOCATE REDI-CODE DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
ADVOCATE REDI-CODE IN VITRO STRIP (<i>glucose blood</i>)	NF	
ADVOCATE REDI-CODE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
ADVOCATE REDI-CODE+ DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
ADVOCATE REDI-CODE+ TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ADVOCATE SAFETY LANCETS (<i>lancets</i>)	NPB	
ADVOCATE SAFETY LANCETS 26G (<i>lancets</i>)	NPB	
ADVOCATE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
AGAMATRIX AMP DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
AGAMATRIX AMP TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
AGAMATRIX JAZZ TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
AGAMATRIX JAZZ WIRELESS 2 KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
AGAMATRIX KEYNOTE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
AGAMATRIX PRESTO KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
AGAMATRIX PRESTO PRO METER DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
AGAMATRIX PRESTO TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
AGAMATRIX ULTRA-THIN LANCETS (<i>lancets</i>)	NPB	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>aimsco twist lancets 32g</i>	NPB	
AIMSCO TWIST LANCETS 33G (<i>lancets</i>)	NPB	
AQUALANCE LANCETS 30G (<i>lancets</i>)	NPB	
ASSURE 3 METER KIT (<i>blood glucose monitoring suppl</i>)	NF	
ASSURE 3 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ASSURE 4 METER DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
ASSURE 4 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>assure comfort lancets 28g</i>	NPB	
ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML (<i>insulin syringe-needle u-100</i>)	NF	
ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM (<i>insulin pen needle</i>)	NF	
ASSURE II CHECK IN VITRO STRIP (<i>glucose blood</i>)	NF	
ASSURE II IN VITRO STRIP (<i>glucose blood</i>)	NF	
ASSURE PLATINUM IN VITRO STRIP (<i>glucose blood</i>)	NF	
ASSURE PLATINUM METER DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
ASSURE PRISM MULTI TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ASSURE PRO BLOOD GLUCOSE METER DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
ASSURE PRO TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>aum mini insulin pen needle 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 32g x 8 mm</i>	NF	
<i>aum pen needle 33g x 4 mm , 33g x 5 mm , 33g x 6 mm</i>	NF	
<i>aurora lancet super thin 30g</i>	NPB	
<i>aurora lancet thin 23g</i>	NPB	
<i>aurora pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm</i>	NF	
AUTO-LANCET (<i>lancet devices</i>)	NPB	
AUTO-LANCET MINI (<i>lancet devices</i>)	NPB	
AUTOLET II CLINISAFE KIT (<i>lancets misc.</i>)	NPB	
AUTOLET LITE CLINISAFE KIT (<i>lancets misc.</i>)	NPB	
AUTOLET LITE STARTER PACK KIT (<i>lancets misc.</i>)	NPB	
AUTOLET MINI (<i>lancet devices</i>)	NPB	
AUTOLET PLATFORMS (<i>lancets misc.</i>)	NPB	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
AUTOLET PLUS (<i>lancet devices</i>)	NPB	
AUTOSOFT 30 INFUSION SET (<i>insulin infusion pump supplies</i>)	NPB	
AUTOSOFT 90 INFUSION SET (<i>insulin infusion pump supplies</i>)	NPB	
AUTOSOFT XC INFUSION SET (<i>insulin infusion pump supplies</i>)	NPB	
BD AUTOSHIELD DUO 30G X 5 MM (<i>insulin pen needle</i>)	PB	
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD INSULIN SYRINGE U/F 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD INSULIN SYRINGE U-100 1 ML (<i>insulin syringes (disposable)</i>)	PB	
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML (<i>insulin syringe/needle u-500</i>)	PB	
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 0.5 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD LATITUDE DIABETES KIT (<i>blood glucose monitoring suppl</i>)	NF	
BD LOGIC BLOOD GLUCOSE MONITOR KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
BD MICROTAINER LANCETS (<i>lancets</i>)	NPB	
BD PEN NEEDLE MICRO U/F 32G X 6 MM (<i>insulin pen needle</i>)	PB	
BD PEN NEEDLE MINI U/F 31G X 5 MM (<i>insulin pen needle</i>)	PB	
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM (<i>insulin pen needle</i>)	PB	
BD PEN NEEDLE NANO U/F 32G X 4 MM (<i>insulin pen needle</i>)	PB	
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM (<i>insulin pen needle</i>)	PB	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
BD PEN NEEDLE SHORT U/F 31G X 8 MM (<i>insulin pen needle</i>)	PB	
BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML (<i>insulin syringe-needle u-100</i>)	PB	
BIGFOOT UNITY PROGRAM KIT (<i>blood glucose monitoring suppl</i>)	NF	
BIOTEL CARE BLOOD GLUCOSE SYST KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
<i>blood glucose monitor system kit w/device</i>	NF	
<i>blood glucose monitoring 333 device</i>	NF	
<i>blood glucose system pak kit</i>	NF	
<i>blood glucose test in vitro strip</i>	NF	
<i>blood glucose test strips 333 in vitro strip</i>	NF	
BLULINK GLUCOSE MONITORING SYS DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
BLULINK GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CARDIOCOM LANCING DEVICE (<i>lancet devices</i>)	NPB	
CAREFINE PEN NEEDLES 29G X 12MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM (<i>insulin pen needle</i>)	NF	
<i>careone advanced lancing dev</i>	NPB	
CAREONE BLOOD GLUCOSE SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
CAREONE BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>careone insulin syringe 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NF	
CAREONE LANCET SUPER THIN 30G (<i>lancets</i>)	NPB	
<i>careone lancet thin 23g</i>	NPB	
<i>careone unifine pentips plus 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
CARESENS N GLUCOSE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
CARESENS N GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CARESENS N VOICE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML, 29G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NF	
CARETOUCH LANCING/EJECTOR (<i>lancet devices</i>)	NPB	
CARETOUCH MONITOR SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
CARETOUCH PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM (<i>insulin pen needle</i>)	NF	
CARETOUCH SAFETY LANCETS (<i>lancets</i>)	NPB	
CARETOUCH SAFETY LANCETS 26G (<i>lancets</i>)	NPB	
CARETOUCH TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CARETOUCH TWIST LANCETS 28G (<i>lancets</i>)	NPB	
CARETOUCH TWIST LANCETS 30G (<i>lancets</i>)	NPB	
CARETOUCH TWIST LANCETS 33G (<i>lancets</i>)	NPB	
CARETOUCH TWIST MC LANCETS 30G (<i>lancets</i>)	NPB	
CHEMSTRIP K IN VITRO STRIP (<i>acetone (urine) test</i>)	NPB	
CHEMSTRIP UGK IN VITRO STRIP (<i>urine glucose-ketones test</i>)	NPB	
CLEANLET LANCETS 28G (<i>lancets</i>)	NPB	
CLEVER CHEK AUTO-CODE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CLEVER CHEK AUTO-CODE VOICE DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP (<i>glucose blood</i>)	NF	
CLEVER CHEK LANCETS (<i>lancets</i>)	NPB	
CLEVER CHEK SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
CLEVER CHEK TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
CLEVER CHOICE AUTO-CODE SYSTEM DEVICE (blood glucose monitoring suppl)	NF	
CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP (glucose blood)	NF	
CLEVER CHOICE COMFORT EZ (lancets)	NPB	
CLEVER CHOICE COMFORT EZ 29G X 12MM , 33G X 4 MM (insulin pen needle)	NF	
CLEVER CHOICE LANCETS 21G (lancets)	NPB	
CLEVER CHOICE LANCETS 23G (lancets)	NPB	
CLEVER CHOICE LANCETS 28G (lancets)	NPB	
CLEVER CHOICE MICRO SYSTEM KIT W/DEVICE (blood glucose monitoring suppl)	NF	
CLEVER CHOICE MICRO TEST IN VITRO STRIP (glucose blood)	NF	
CLEVER CHOICE MINI SYSTEM DEVICE (blood glucose monitoring suppl)	NF	
CLEVER CHOICE NO CODING IN VITRO STRIP (glucose blood)	NF	
CLEVER CHOICE TALK SYSTEM DEVICE (blood glucose monitoring suppl)	NF	
CLEVER CHOICE TALK SYSTEM IN VITRO STRIP (glucose blood)	NF	
CLICKFINE PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 32G X 4 MM (insulin pen needle)	NF	
clickfine pen needles 31g x 8 mm	NF	
COAGUCHEK LANCETS (lancets)	NPB	
COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ML (insulin syringe-needle u-100)	NF	
comfort assured lancets 28g	NPB	
comfort assured lancets 33g	NPB	
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (insulin syringe-needle u-100)	NF	
COMFORT EZ MICRO PEN NEEDLES 32G X 4 MM (insulin pen needle)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
COMFORT EZ PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM (<i>insulin pen needle</i>)	NF	
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM , 31G X 4 MM (<i>insulin pen needle</i>)	NF	
COMFORT EZ SHORT PEN NEEDLES 31G X 8 MM (<i>insulin pen needle</i>)	NF	
COMFORT TOUCH INSULIN PEN NEED 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM (<i>insulin pen needle</i>)	NF	
COMFORT TOUCH LANCETS 31G (<i>lancets</i>)	NPB	
COMFORT TOUCH PLUS LANCETS 28G (<i>lancets</i>)	NPB	
COMFORT TOUCH PLUS LANCETS 30G (<i>lancets</i>)	NPB	
CONTOUR MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
CONTOUR NEXT EZ KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
CONTOUR NEXT LINK KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
CONTOUR NEXT MONITOR KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
CONTOUR NEXT ONE KIT (<i>blood glucose monitoring suppl</i>)	NF	
CONTOUR NEXT TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CONTOUR TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
COOL BLOOD GLUCOSE TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	NF	
COOL MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
COOL MONITOR KIT KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
CVS ADVANCED GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CVS BLOOD GLUCOSE METER KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
<i>cvs glucose meter test strips in vitro strip</i>	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
CVS KETONE CARE IN VITRO STRIP (<i>urine glucose-ketones test</i>)	NPB	
<i>cvs lancets 21g</i>	NPB	
<i>cvs lancets micro thin 33g</i>	NPB	
<i>cvs lancets original</i>	NPB	
<i>cvs lancets thin 26g</i>	NPB	
<i>cvs lancets ultra thin 30g</i>	NPB	
<i>cvs lancets ultra-thin 30g</i>	NPB	
<i>cvs lancing device</i>	NPB	
<i>cvs ultra thin lancets</i>	NPB	
D-CARE BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
D-CARE GLUCOMETER KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
DEXCOM G6 RECEIVER DEVICE (<i>continuous blood gluc receiver</i>)	PB	
DEXCOM G6 SENSOR (<i>continuous blood gluc sensor</i>)	PB	
DEXCOM G6 TRANSMITTER (<i>continuous blood gluc transmit</i>)	PB	
DEXCOM G7 RECEIVER DEVICE (<i>continuous blood gluc receiver</i>)	PB	
DEXCOM G7 SENSOR (<i>continuous blood gluc sensor</i>)	PB	
DIASTIX IN VITRO STRIP (<i>glucose urine test-glucose ox</i>)	NPB	
DIATHRIVE BLOOD GLUCOSE METER DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
DIATHRIVE BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
DIATHRIVE GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
DIATHRIVE LANCET ULTRA THIN 30 (<i>lancets</i>)	NPB	
DIATHRIVE LANCETS (<i>lancets</i>)	NPB	
DIATHRIVE LANCING DEVICE (<i>lancet devices</i>)	NPB	
DIATHRIVE PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NF	
DIATHRIVE+ GLUCOSE MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
DIATHRIVE+ GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>diatrue plus blood glucose device</i>	NF	
<i>diatrue plus test in vitro strip</i>	NF	
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NF	
DROPLET LANCETS ULTRA THIN 30G (<i>lancets</i>)	NPB	
DROPLET LANCING DEVICE (<i>lancet devices</i>)	NPB	
DROPLET MICRON 34G X 3.5 MM (<i>insulin pen needle</i>)	NF	
DROPLET PEN NEEDLES 29G X 10MM , 29G X 12MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM (<i>insulin pen needle</i>)	NF	
DROPLET PERSONAL LANCETS 30G (<i>lancets</i>)	NPB	
<i>dropsafe safety pen needles 31g x 6 mm , 31g x 8 mm</i>	NF	
DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NF	
<i>drug mart lancets thin 26g</i>	NPB	
DRUG MART ON-THE-GO LANCET 30G (<i>lancets</i>)	NPB	
<i>drug mart unifine pentips 29g x 12mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>	NF	
<i>drug mart unifine pentips plus 32g x 4 mm</i>	NF	
DUO-CARE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>easy comfort insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 32g x 5/16" 0.5 ml, 32g x 5/16" 1 ml</i>	NF	
<i>easy comfort lancets</i>	NPB	
<i>easy comfort lancets twist top</i>	NPB	
<i>easy comfort pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm</i>	NF	
<i>easy glide pen needles 33g x 4 mm</i>	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>easy mini eject lancing device</i>	NPB	
<i>easy mini lancing device</i>	NPB	
<i>easy plus ii glucose system device</i>	NF	
<i>easy plus ii glucose test in vitro strip</i>	NF	
EASY STEP GLUCOSE MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
EASY STEP TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>easy talk blood glucose system device</i>	NF	
<i>easy talk blood glucose test in vitro strip</i>	NF	
EASY TOUCH FLIPLOCK INSULIN SY 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NF	
EASY TOUCH GLUCOSE SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML (<i>insulin syringe-needle u-100</i>)	NF	
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NF	
EASY TOUCH LANCETS 21G (<i>lancets</i>)	NPB	
EASY TOUCH LANCETS 23G (<i>lancets</i>)	NPB	
EASY TOUCH LANCETS 28G (<i>lancets</i>)	NPB	
EASY TOUCH LANCETS 30G (<i>lancets</i>)	NPB	
EASY TOUCH LANCETS 32G (<i>lancets</i>)	NPB	
EASY TOUCH LANCING DEVICE (<i>lancet devices</i>)	NPB	
EASY TOUCH PEN NEEDLES 29G X 12MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM (<i>insulin pen needle</i>)	NF	
EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM , 29G X 8MM , 30G X 8 MM (<i>insulin pen needle</i>)	NF	
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
EASY TOUCH TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>easy trak blood glucose system device</i>	NF	
<i>easy trak blood glucose test in vitro strip</i>	NF	
<i>easy trak ii blood glucose sys device</i>	NF	
<i>easy trak ii glucose test in vitro strip</i>	NF	
EASYGLUCO IN VITRO STRIP (<i>glucose blood</i>)	NF	
EASYGLUCO KIT (<i>blood glucose monitoring suppl</i>)	NF	
EASYMAX 15 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EASYMAX NG BLOOD GLUCOSE DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
EASYMAX NG BLOOD GLUCOSE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
EASYMAX TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EASYMAX V BLOOD GLUCOSE DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
EASYPRO BLOOD GLUCOSE MONITOR KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
EASYPRO BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EASYPRO PLUS IN VITRO STRIP (<i>glucose blood</i>)	NF	
EASYPRO PLUS KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
ELEMENT AUTOCODE SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
<i>element compact glucose system device</i>	NF	
<i>element compact test in vitro strip</i>	NF	
<i>element compact v glucose sys device</i>	NF	
ELEMENT PLUS DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
ELEMENT TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EMBRACE BLOOD GLUCOSE MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
EMBRACE BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EMBRACE EVO BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EMBRACE EVO GLUCOSE MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
EMBRACE EVO GLUCOSE MONITORING KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
EMBRACE LANCETS ULTRA THIN 30G (<i>lancets</i>)	NPB	
EMBRACE PEN NEEDLES 29G X 12MM , 30G X 5 MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NF	
EMBRACE PRESSURE ACTIVATED 21G (<i>lancets</i>)	NPB	
EMBRACE PRESSURE ACTIVATED 28G (<i>lancets</i>)	NPB	
EMBRACE PRO GLUCOSE METER DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EMBRACE TALK BLOOD GLUCOSE DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EMBRACE TALK MONITORING SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
ENLITE GLUCOSE SENSOR (<i>continuous blood gluc sensor</i>)	NF	
ENLITE SERTER (<i>insulin infusion pump supplies</i>)	NPB	
<i>eq blood glucose test in vitro strip</i>	NF	
<i>eq color lancets 21g</i>	NPB	
<i>eq color lancets micro 33g</i>	NPB	
<i>eq insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NF	
<i>eq super thin lancets 30g</i>	NPB	
<i>eq thin lancets 26g</i>	NPB	
EVERSENSE E3 SENSOR/HOLDER (<i>continuous blood gluc sensor</i>)	NF	
EVERSENSE E3 SMART TRANSMITTER (<i>continuous blood gluc transmit</i>)	NF	
EVERSENSE SENSOR/HOLDER (<i>continuous blood gluc sensor</i>)	NF	
EVERSENSE SMART TRANSMITTER (<i>continuous blood gluc transmit</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

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

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
FORA G30/PREM V10 GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA G30A BLOOD GLUCOSE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
FORA GD20 BLOOD GLUCOSE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
FORA GD20 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA GD50 BLOOD GLUCOSE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
FORA GD50 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA GTEL BLOOD GLUCOSE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
FORA GTEL BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA GTEL BLOOD KETONE TEST IN VITRO STRIP (<i>ketone blood test</i>)	NPB	
FORA LANCETS (<i>lancets</i>)	NPB	
FORA LANCING DEVICE (<i>lancet devices</i>)	NPB	
FORA PREMIUM V10 BLE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
FORA TEST N' GO MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
FORA TN'G VOICE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
FORA TN'G/TN'G VOICE IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA V10 BLOOD GLUCOSE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
FORA V10 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA V12 BLOOD GLUCOSE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
FORA V12 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA V20 BLOOD GLUCOSE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
FORA V20 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA V30A BLOOD GLUCOSE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
FORA V30A BLOOD GLUCOSE SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
FORA V30A BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORACARE GD40 MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
FORACARE GD40 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORACARE PREMIUM V10 DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
FORACARE PREMIUM V10 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORACARE TEST N GO MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
FORACARE TEST N GO TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORTISCARE G1 TEST STRIP IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORTISCARE T1 GLUCOSE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
FORTISCARE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FREESTYLE FREEDOM LITE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
FREESTYLE INSULINX TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FREESTYLE LIBRE 14 DAY READER DEVICE (<i>continuous blood gluc receiver</i>)	NF	
FREESTYLE LIBRE 14 DAY SENSOR (<i>continuous blood gluc sensor</i>)	NF	
FREESTYLE LIBRE 2 READER DEVICE (<i>continuous blood gluc receiver</i>)	NF	
FREESTYLE LIBRE 2 SENSOR (<i>continuous blood gluc sensor</i>)	NF	
<i>freestyle libre 3 sensor</i>	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
FREESTYLE LIBRE READER DEVICE (<i>continuous blood gluc receiver</i>)	NF	
FREESTYLE LITE DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
FREESTYLE LITE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FREESTYLE PRECISION NEO SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
FREESTYLE PRECISION NEO TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FREESTYLE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FREESTYLE UNISTICK II LANCETS (<i>lancets</i>)	NPB	
<i>ge100 blood glucose system device</i>	NF	
<i>ge100 blood glucose system kit wldevice</i>	NF	
<i>ge100 blood glucose test in vitro strip</i>	NF	
GENTEEL BUTTERFLY TOUCH LANCET (<i>lancets</i>)	NPB	
GENTEEL CONTACT TIPS (BLUE) (<i>lancets misc.</i>)	NPB	
GENTEEL CONTACT TIPS (CLEAR) (<i>lancets misc.</i>)	NPB	
GENTEEL CONTACT TIPS (GREEN) (<i>lancets misc.</i>)	NPB	
GENTEEL CONTACT TIPS (ORANGE) (<i>lancets misc.</i>)	NPB	
GENTEEL CONTACT TIPS (RAINBOW) (<i>lancets misc.</i>)	NPB	
GENTEEL CONTACT TIPS (VIOLET) (<i>lancets misc.</i>)	NPB	
GENTEEL CONTACT TIPS (YELLOW) (<i>lancets misc.</i>)	NPB	
GENTEEL LANCING KIT (BLUE) KIT (<i>lancets misc.</i>)	NPB	
GENTEEL NOZZLES (<i>lancets misc.</i>)	NPB	
GENTEEL PLUS LANCING (BLACK) (<i>lancet devices</i>)	NPB	
GENTEEL PLUS LANCING (PURPLE) (<i>lancet devices</i>)	NPB	
GENTEEL PLUS LANCING (WHITE) (<i>lancet devices</i>)	NPB	
GENTEEL PLUS LANCING DEV(BLUE) (<i>lancet devices</i>)	NPB	
GENTEEL PLUS LANCING DEV(PINK) (<i>lancet devices</i>)	NPB	
GENTLE-LET GP LANCETS (<i>lancets</i>)	NPB	
GENTLE-LET LANCETS (<i>lancets</i>)	NPB	
GENTLE-LET PLATFORMS (<i>lancets misc.</i>)	NPB	
GENULTIMATE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	
<i>ght blood glucose monitor kit wldevice</i>	NF	
<i>ght test in vitro strip</i>	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>global ease inject pen needles 29g x 12mm , 31g x 5 mm , 31g x 8 mm , 32g x 4 mm</i>	NF	
<i>global easy glide insulin syr 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml, 31g x 5/16" 0.3 ml</i>	NF	
<i>global easy glide pen needles 32g x 4 mm</i>	NF	
<i>global inject ease insulin syr 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NF	
<i>global inject ease lancets 28g</i>	NPB	
<i>global inject ease lancets 30g</i>	NPB	
<i>global insulin syringes 30g x 1/2" 0.3 ml, 30g x 5/16" 0.3 ml</i>	NF	
<i>global lancing device</i>	NPB	
GLUCO PERFECT 3 METER DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
GLUCO PERFECT 3 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCOCARD 01 BLOOD GLUCOSE DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
GLUCOCARD 01 BLOOD GLUCOSE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCOCARD 01-MINI GLUCOSE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
GLUCOCARD EXPRESSION MONITOR KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
GLUCOCARD EXPRESSION TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCOCARD SHINE CONNEX KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
GLUCOCARD SHINE EXPRESS KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
GLUCOCARD SHINE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	
GLUCOCARD SHINE XL DEVICE (<i>blood glucose monitoring suppl</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

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

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>gnp sterile lancets 28g</i>	NPB	
<i>gnp sterile lancets 30g</i>	NPB	
<i>gnp sterile lancets 33g</i>	NPB	
<i>gnp ulticare pen needles 31g x 5 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm</i>	NF	
GNP ULTIGUARD SAFEPACK NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (<i>insulin pen needle</i>)	NF	
<i>gnp ultra com insulin syringe 28g x 1/2" 1 ml</i>	NF	
GOJJI BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
GOJJI BLOOD TEST STRIP/LANCETS IN VITRO STRIP (<i>glucose blood</i>)	NF	
GOJJI STERILE LANCETS (<i>lancets</i>)	NPB	
<i>goodsense blood glucose in vitro strip</i>	NF	
<i>goodsense blood glucose kit w/device</i>	NF	
<i>goodsense clickfine pen needle 31g x 5 mm</i>	NF	
<i>goodsense lancets 26g univ</i>	NPB	
<i>goodsense lancets 30g univ</i>	NPB	
<i>goodsense lancets 33g univ</i>	NPB	
<i>goodsense lancing device</i>	NPB	
GOODSENSE PEN NEEDLE PENFINE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (<i>insulin pen needle</i>)	NF	
GUARDIAN 4 GLUCOSE SENSOR (<i>continuous blood gluc sensor</i>)	NF	
GUARDIAN 4 TRANSMITTER (<i>continuous blood gluc transmit</i>)	NF	
GUARDIAN CONNECT TRANSMITTER (<i>continuous blood gluc transmit</i>)	NF	
GUARDIAN LINK 3 TRANSMITTER (<i>continuous blood gluc transmit</i>)	NF	
GUARDIAN REAL-TIME CHARGER (<i>continuous glucose monitor sup</i>)	NPB	
GUARDIAN REAL-TIME REPLACE PED DEVICE (<i>continuous blood gluc receiver</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
GUARDIAN REAL-TIME TEST PLUG (<i>continuous glucose monitor sup</i>)	NPB	
GUARDIAN SENSOR (3) (<i>continuous blood gluc sensor</i>)	NF	
<i>guardian sensor 3</i>	NF	
HEALTH CARE LANCING DEVICE (<i>lancet devices</i>)	NPB	
<i>healthwise insulin syr/needle 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NF	
<i>healthwise micron pen needles 32g x 4 mm</i>	NF	
<i>healthwise short pen needles 31g x 5 mm , 31g x 8 mm</i>	NF	
<i>h-e-b incontrol adv lancing</i>	NPB	
<i>h-e-b incontrol lancets 28g</i>	NPB	
<i>h-e-b incontrol lancets 30g</i>	NPB	
<i>h-e-b incontrol lancets 33g</i>	NPB	
<i>h-e-b incontrol pen needles 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>	NF	
H-E-B INCONTROL UNIFINE PENTIP 32G X 4 MM (<i>insulin pen needle</i>)	NF	
HM EMBRACE TALK SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
HM ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	NF	
HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM (<i>insulin pen needle</i>)	NF	
HW EMBRACE PRO GLUCOSE METER DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
HW EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
HW EMBRACE TALK BLOOD GLUCOSE DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
HW EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
HY-VEE LANCETS (<i>lancets</i>)	NPB	
<i>hy-vee thin lancets</i>	NPB	
IGLUCOSE MONITORING SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
IGLUCOSE TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	NF	
IN TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
IN TOUCH DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
IN TOUCH LANCING DEVICE (<i>lancet devices</i>)	NPB	
IN TOUCH STERILE LANCETS 30G (<i>lancets</i>)	NPB	
INCONTROL ULTICARE PEN NEEDLES 32G X 4 MM (<i>insulin pen needle</i>)	NF	
INFINITY BLOOD GLUCOSE SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
INFINITY VOICE IN VITRO STRIP (<i>glucose blood</i>)	NF	
INFINITY VOICE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
<i>insulin syringe 29g x 1/2" 0.3 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml</i>	NF	
<i>insulin syringe-needle u-100 27g x 1/2" 0.5 ml, 27g x 1/2" 1 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NF	
<i>insupen pen needles 29g x 12mm , 31g x 5 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm</i>	NF	
INSUPEN SENSITIVE 32G X 6 MM , 32G X 8 MM (<i>insulin pen needle</i>)	NF	
INSUPEN ULTRAFIN 30G X 8 MM , 31G X 6 MM , 31G X 8 MM (<i>insulin pen needle</i>)	NF	
KETO-DIASTIX IN VITRO STRIP (<i>urine glucose-ketones test</i>)	NPB	
<i>ketone test in vitro strip</i>	NPB	
KETOSTIX IN VITRO STRIP (<i>acetone (urine) test</i>)	NPB	
<i>kinney lancets</i>	NPB	
<i>kinney thin lancets</i>	NPB	
<i>kinray insulin syringe 29g x 1/2" 0.5 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>kmart valu insulin syringe 29g u-100 0.5 ml, u-100 1 ml</i>	NF	
<i>kmart valu insulin syringe 30g u-100 0.3 ml, u-100 0.5 ml, u-100 1 ml</i>	NF	
<i>croger blood glucose kit w/device</i>	NF	
<i>croger blood glucose test in vitro strip</i>	NF	
KROGER HEALTHPRO GLUCOSE TEST IN VITRO STRIP (glucose blood)	NF	
<i>croger insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NF	
<i>croger lancets</i>	NPB	
<i>croger lancets super thin</i>	NPB	
<i>croger lancets thin</i>	NPB	
<i>croger pen needles 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm</i>	NF	
<i>croger premium blood glucose kit w/device</i>	NF	
<i>croger premium glucose test in vitro strip</i>	NF	
<i>lancet device</i>	NPB	
<i>lancet device with ejector</i>	NPB	
<i>lancet transporter case</i>	NPB	
<i>lancets</i>	NPB	
<i>lancets 30g</i>	NPB	
<i>lancets 33g</i>	NPB	
<i>lancets micro thin 33g</i>	NPB	
<i>lancets thin</i>	NPB	
LANCETS ULTRA THIN (lancets)	NPB	
<i>lancets ultra thin 30g</i>	NPB	
<i>lancing device</i>	NPB	
LANZO (lancet devices)	NPB	
<i>leader insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NF	
LEADER UNIFINE PENTIPS 31G X 5 MM , 32G X 4 MM (insulin pen needle)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
LEADER UNIFINE PENTIPS PLUS 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NF	
<i>liberty blood glucose meter device</i>	NF	
LIBERTY NEXT GENERATION TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
LIBERTY NXT GENERATION MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
<i>liberty test in vitro strip</i>	NF	
<i>lite touch lancets</i>	NPB	
LITE TOUCH LANCING PEN (<i>lancet devices</i>)	NPB	
LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NF	
LITETOUCH LANCETS (<i>lancets</i>)	NPB	
LITETOUCH PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NF	
<i>longs insulin syringe 31g x 5/16" 0.5 ml</i>	NF	
<i>longs lancets standard</i>	NPB	
<i>longs lancets thin</i>	NPB	
<i>longs lancets ultra thin</i>	NPB	
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NF	
MARATHON MEDICAL PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NF	
MAXICOMFORT II PEN NEEDLE 31G X 6 MM (<i>insulin pen needle</i>)	NF	
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	NF	
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM , 29G X 8MM (<i>insulin pen needle</i>)	NF	
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	NF	
<i>medic insulin syringe 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml</i>	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>medichoice safety lancet extra</i>	NPB	
<i>medicine shoppe pen needles 29g x 12mm , 31g x 8 mm</i>	NF	
MEDLANCE PLUS EXTRA 21G (<i>lancets</i>)	NPB	
MEDLANCE PLUS LANCETS (<i>lancets</i>)	NPB	
MEDLANCE PLUS LITE 25G (<i>lancets</i>)	NPB	
MEDLANCE PLUS SPECIAL 0.8MM (<i>lancets</i>)	NPB	
MEDLANCE PLUS SUPERLITE 30G (<i>lancets</i>)	NPB	
MEDLANCE PLUS UNIVERSAL 21G (<i>lancets</i>)	NPB	
<i>meijer blood glucose kit w/device</i>	NF	
<i>meijer blood glucose test in vitro strip</i>	NF	
<i>meijer essential blood glucose kit w/device</i>	NF	
<i>meijer essential glucose test in vitro strip</i>	NF	
MEIJER LANCETS THIN (<i>lancets</i>)	NPB	
MEIJER LANCETS UNIVERSAL 21G (<i>lancets</i>)	NPB	
MEIJER LANCETS UNIVERSAL 30G (<i>lancets</i>)	NPB	
MEIJER LANCETS UNIVERSAL 33G (<i>lancets</i>)	NPB	
<i>meijer pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm</i>	NF	
<i>meijer premium blood glucose kit w/device</i>	NF	
MEIJER SUPER THIN LANCETS (<i>lancets</i>)	NPB	
MEIJER TRUE2GO BLOOD GLUCOSE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
MEIJER TRUERESULT GLUCOSE SYS KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
MEIJER TRUETEST TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
MEIJER TRUETRACK GLUCOSE SYS KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
MEIJER TRUETRACK TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
MICRODOT BLOOD GLUCOSE SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
MICRODOT PEN NEEDLE 31G X 6 MM , 32G X 4 MM , 33G X 4 MM (<i>insulin pen needle</i>)	NF	
MICRODOT TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
MICROLET LANCETS (<i>lancets</i>)	NPB	
MICROLET NEXT LANCING DEVICE (<i>lancet devices</i>)	NPB	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>mini lancing device</i>	NPB	
MINILINK REAL-TIME TRANSMITTER (<i>continuous blood gluc transmit</i>)	NF	
MINIMED 630G GUARDIAN PRESS (<i>continuous blood gluc transmit</i>)	NF	
MINIMED PUMP RESERVOIR 3ML (<i>insulin infusion pump supplies</i>)	NPB	
MINIMED RESERVOIR 1.8ML (<i>insulin infusion pump supplies</i>)	NPB	
MINIMED RESERVOIR 3ML (<i>insulin infusion pump supplies</i>)	NPB	
MM EASY TOUCH GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
MM EASY TOUCH GLUCOSE METER KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
<i>mm insulin syringe/needle 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NF	
MM PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NF	
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NF	
MONOJECT INSULIN SYRINGE U-100 1 ML (<i>insulin syringes (disposable)</i>)	NF	
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML (<i>insulin syringe-needle u-100</i>)	NF	
MONOLET LANCETS (<i>lancets</i>)	NPB	
MONOLET OPD LANCETS (<i>lancets</i>)	NPB	
MONOLETTOR SAFETY LANCETS (<i>lancets</i>)	NPB	
<i>mpd safety lancet 21g</i>	NPB	
<i>mpd safety lancet 23g</i>	NPB	
<i>mpd safety lancet 28g</i>	NPB	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>mpd safety lancet 30g</i>	NPB	
<i>ms insulin syringe 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NF	
MULTI-LANCET DEVICE 2 KIT (<i>lancets misc.</i>)	NPB	
MYGLUCOHEALTH BLOOD GLUCOSE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
MYGLUCOHEALTH LANCETS 30G (<i>lancets</i>)	NPB	
MYGLUCOHEALTH TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
NEUTEK 2TEK TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
NOVA MAX BLOOD GLUCOSE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
NOVA MAX BLOOD GLUCOSE SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
NOVA MAX GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
NOVA MAX PLUS KETONE TEST IN VITRO STRIP (<i>ketone blood test</i>)	NPB	
NOVA SAFETY LANCETS 23G (<i>lancets</i>)	NPB	
NOVA SAFETY LANCETS 28G (<i>lancets</i>)	NPB	
NOVA SUREFLEX LANCETS (<i>lancets</i>)	NPB	
NOVA SUREFLEX LANCING DEVICE (<i>lancet devices</i>)	NPB	
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM (<i>insulin pen needle</i>)	NF	
NOVOFINE PEN NEEDLE 32G X 6 MM (<i>insulin pen needle</i>)	NF	
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM (<i>insulin pen needle</i>)	NF	
OMNIPOD 5 G6 INTRO (GEN 5) KIT (<i>insulin disposable pump</i>)	PB	
OMNIPOD 5 G6 POD (GEN 5) (<i>insulin disposable pump</i>)	PB	
OMNIPOD CLASSIC PODS (GEN 3) (<i>insulin disposable pump</i>)	PB	
OMNIPOD DASH PODS (GEN 4) (<i>insulin disposable pump</i>)	PB	
ON CALL EXPRESS BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
ON CALL EXPRESS MONITORING SYS KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
<i>one drop blood glucose monitor kit w/device</i>	NF	
<i>one drop test in vitro strip</i>	NF	
ONETOUCH DELICA PLUS LANCET30G (<i>lancets</i>)	PB	
ONETOUCH DELICA PLUS LANCET33G (<i>lancets</i>)	PB	
ONETOUCH DELICA PLUS LANCING (<i>lancet devices</i>)	PB	
ONETOUCH DELICA SAFETY LANCING (<i>lancet devices</i>)	PB	
ONETOUCH ULTRA IN VITRO STRIP (<i>glucose blood</i>)	PB	
ONETOUCH ULTRASOFT 2 LANCETS (<i>lancets</i>)	PB	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	PB	
ONETOUCH VERIO IN VITRO STRIP (<i>glucose blood</i>)	PB	
ONETOUCH VERIO REFLECT KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	PB	
OPTIUMEZ TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
PARADIGM PUMP RESERVOIR 1.8ML (<i>insulin infusion pump supplies</i>)	NPB	
PARADIGM PUMP RESERVOIR 3ML (<i>insulin infusion pump supplies</i>)	NPB	
PARADIGM REAL-TIME TRANSMITTER (<i>continuous blood gluc transmit</i>)	NF	
PARADIGM SILHOUETTE COMBO 23" (<i>insulin infusion pump supplies</i>)	NPB	
<i>pc unifine pentips 31g x 5 mm , 31g x 6 mm , 31g x 8 mm</i>	NF	
<i>pen needles 29g x 12mm , 30g x 5 mm , 30g x 8 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm</i>	NF	
<i>pen needles 5/16" 31g x 8 mm</i>	NF	
PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (<i>insulin pen needle</i>)	NF	
PERFECT LANCETS 28G (<i>lancets</i>)	NPB	
PERFECT LANCETS 30G (<i>lancets</i>)	NPB	
<i>ph strips in vitro diagnostic test</i>	NPB	
PHARMACIST CHOICE AUTOCODE IN VITRO STRIP (<i>glucose blood</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

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

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NF	
<i>pro comfort lancets 30g</i>	NPB	
<i>pro comfort lancets 31g</i>	NPB	
<i>pro comfort pen needles 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm</i>	NF	
<i>pro comfort safety lancets 30g</i>	NPB	
<i>pro voice v8 glucose system device</i>	NF	
<i>pro voice v8/v9 glucose in vitro strip</i>	NF	
<i>pro voice v9 glucose system device</i>	NF	
PRODIGY AUTOCODE BLOOD GLUCOSE DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
PRODIGY AUTOCODE BLOOD GLUCOSE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML (<i>insulin syringe-needle u-100</i>)	NF	
PRODIGY LANCETS 28G (<i>lancets</i>)	NPB	
PRODIGY LANCING DEVICE (<i>lancet devices</i>)	NPB	
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP (<i>glucose blood</i>)	NF	
PRODIGY POCKET BLOOD GLUCOSE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
PRODIGY SAFETY LANCETS 26G (<i>lancets</i>)	NPB	
PRODIGY VOICE BLOOD GLUCOSE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
PSS SELECT GP LANCETS (<i>lancets</i>)	NPB	
PSS SELECT PLATFORMS (<i>lancets misc.</i>)	NPB	
PSS SELECT SAFETY LANCETS (<i>lancets</i>)	NPB	
<i>pure comfort lancets 30g</i>	NPB	
<i>pure comfort safety pen needle 31g x 6 mm , 32g x 4 mm</i>	NF	
<i>px extra short pen needles 31g x 6 mm</i>	NF	
<i>px insulin syringe 30g x 1/2" 0.5 ml</i>	NF	
<i>px lancet auto injector</i>	NPB	
<i>px lancets microthin 33g</i>	NPB	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

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

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
REFUAH PLUS BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
REFUAH PLUS MONITORING SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
RELION BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
RELION CONFIRM GLUCOSE MONITOR KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
RELION CONFIRM/MICRO TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
RELION INSULIN SYRINGE 29G X 1/2" 0.5 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 (<i>insulin syringe-needle u-100</i>)	NF	
RELION KETONE TEST IN VITRO STRIP (<i>acetone (urine) test</i>)	NPB	
RELION LANCET DEVICES 30G (<i>lancet devices</i>)	NPB	
RELION LANCETS MICRO-THIN 33G (<i>lancets</i>)	NPB	
RELION LANCETS THIN 26G (<i>lancets</i>)	NPB	
RELION LANCETS ULTRA-THIN 30G (<i>lancets</i>)	NPB	
RELION LANCING DEVICE (<i>lancet devices</i>)	NPB	
RELION LANCING DEVICE KIT (<i>lancets misc.</i>)	NPB	
RELION MICRO KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
RELION MINI PEN NEEDLES 31G X 6 MM (<i>insulin pen needle</i>)	NF	
RELION PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NF	
RELION PREMIER BLU MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
RELION PREMIER COMPACT SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
RELION PREMIER VOICE MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
RELION PRIME MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
RELION PRIME TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
RELION SHORT PEN NEEDLES 31G X 8 MM (<i>insulin pen needle</i>)	NF	
RELION ULTIMA GLUCOSE SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
RELION ULTIMA TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
RELION ULTRA THIN LANCETS 30G (<i>lancets</i>)	NPB	
RELION ULTRA THIN PLUS LANCETS (<i>lancets</i>)	NPB	
REXALL BLOOD GLUCOSE SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
REXALL BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
RIGHTEST ALTERNATE SITE ADAPT (<i>lancets misc.</i>)	NPB	
RIGHTEST GD500 LANCING DEVICE (<i>lancet devices</i>)	NPB	
RIGHTEST GL300 LANCETS (<i>lancets</i>)	NPB	
RIGHTEST GM100 BLOOD GLUCOSE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
RIGHTEST GM300 BLOOD GLUCOSE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
RIGHTEST GM550 BLOOD GLUCOSE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
RIGHTEST GS100 BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
RIGHTEST GS300 BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
RIGHTEST GS550 BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
RIGHTEST GT333 GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
SAFE-T-LANCE (<i>lancets</i>)	NPB	
SAFE-T-LANCE PLUS (<i>lancets</i>)	NPB	
<i>safety lancet 30g/pressure act</i>	NPB	
SAFETY LANCETS 21G (<i>lancets</i>)	NPB	
SAFETY LANCETS 23G (<i>lancets</i>)	NPB	
<i>safety lancets 28g</i>	NPB	
<i>safety pen needles 30g x 5 mm , 30g x 8 mm</i>	NF	
<i>saps health twist top lancets</i>	NPB	
<i>saps twist top lancets</i>	NPB	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

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

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

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

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
TECHLITE PEN NEEDLES 29G X 10MM , 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM , 32G X 8 MM (<i>insulin pen needle</i>)	NF	
TEMPO REFILL KIT (<i>blood glucose monitoring suppl</i>)	NF	
TEMPO WELCOME KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
<i>tgt blood glucose monitoring kit w/device</i>	NF	
<i>tgt blood glucose test in vitro strip</i>	NF	
<i>tgt lancet micro thin 33g</i>	NPB	
<i>tgt lancet thin 26g</i>	NPB	
<i>tgt lancet ultra thin 30g</i>	NPB	
<i>tgt lancing device</i>	NPB	
THINLETS GP LANCETS (<i>lancets</i>)	NPB	
<i>today's health pen needles 29g x 12mm</i>	NF	
<i>today's health short pen needle 31g x 8 mm</i>	NF	
<i>topcare clickfine pen needles 31g x 6 mm , 31g x 8 mm</i>	NF	
<i>topcare lancets micro-thin 33g</i>	NPB	
<i>topcare ultra comfort ins syr 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NF	
TOXICOLOGY MED COLLECTION SYS IN VITRO KIT (<i>drug assay (urine)</i>)	NPB	
TRAVEL LANCETS ADVANCED 28G (<i>lancets</i>)	NPB	
<i>true comfort insulin syringe 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NF	
<i>true comfort pen needles 31g x 5 mm , 31g x 6 mm , 32g x 4 mm</i>	NF	
<i>true comfort pro insulin syr 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 32g x 5/16" 1 ml</i>	NF	
<i>true comfort safety lancets</i>	NPB	
<i>true comfort twist top lancets</i>	NPB	
TRUE FOCUS BLOOD GLUCOSE METER DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
<i>true focus blood glucose strip in vitro strip</i>	NF	
TRUE METRIX AIR GLUCOSE METER KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

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

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NF	
ULTICARE MICRO PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NF	
ULTICARE MINI PEN NEEDLES 31G X 6 MM , 32G X 6 MM (<i>insulin pen needle</i>)	NF	
ULTICARE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM (<i>insulin pen needle</i>)	NF	
ULTICARE SHORT PEN NEEDLES 31G X 8 MM (<i>insulin pen needle</i>)	NF	
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (<i>insulin pen needle</i>)	NF	
ULTI-LANCE AUTOMATIC (<i>lancet devices</i>)	NPB	
ULTILET CLASSIC LANCETS (<i>lancets</i>)	NPB	
ULTILET LANCETS (<i>lancets</i>)	NPB	
ULTILET PEN NEEDLE 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NF	
ULTILET SAFETY LANCETS (<i>lancets</i>)	NPB	
ULTILET SAFETY LANCETS 23G (<i>lancets</i>)	NPB	
<i>ultra comfort insulin syringe 30g x 5/16" 0.3 ml</i>	NF	
<i>ultra thin lancets 31g</i>	NPB	
ULTRA THIN PEN NEEDLES 32G X 4 MM (<i>insulin pen needle</i>)	NF	
<i>ultracare insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NF	
<i>ultra-care lancets 30g</i>	NPB	
<i>ultracare pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm</i>	NF	
ULTRA-THIN II AUTO LANCET (<i>lancets</i>)	NPB	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NF	
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	NF	
ULTRA-THIN II LANCETS (<i>lancets</i>)	NPB	
ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM (<i>insulin pen needle</i>)	NF	
ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM (<i>insulin pen needle</i>)	NF	
ULTRA-THIN II PEN NEEDLES 29G X 12.7MM (<i>insulin pen needle</i>)	NF	
UNIFINE PENTIPS 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM , 33G X 4 MM (<i>insulin pen needle</i>)	NF	
UNIFINE PENTIPS PLUS 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM (<i>insulin pen needle</i>)	NF	
UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NF	
UNILET COMFORTOUCH LANCET (<i>lancets</i>)	NPB	
UNILET EXCELITE (<i>lancets</i>)	NPB	
UNILET EXCELITE II (<i>lancets</i>)	NPB	
UNILET G.P. LANCET (<i>lancets</i>)	NPB	
UNILET G.P. SUPERLITE LANCET (<i>lancets</i>)	NPB	
UNILET GP 28 ULTRA THIN (<i>lancets</i>)	NPB	
UNILET LANCET (<i>lancets</i>)	NPB	
UNILET MICRO-THIN 33G (<i>lancets</i>)	NPB	
UNILET SUPERLITE LANCET (<i>lancets</i>)	NPB	
UNILET SUPER-THIN 30G (<i>lancets</i>)	NPB	
UNILET ULTRA-THIN 28G (<i>lancets</i>)	NPB	
UNISTIK 1 (<i>lancets misc.</i>)	NPB	
UNISTIK 2 (<i>lancets misc.</i>)	NPB	
UNISTIK 2 COMFORT (<i>lancets misc.</i>)	NPB	
UNISTIK 2 EXTRA (<i>lancets misc.</i>)	NPB	
UNISTIK 2 NEONATAL (<i>lancets misc.</i>)	NPB	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
UNISTIK 2 NORMAL (<i>lancets misc.</i>)	NPB	
UNISTIK 2 SUPER (<i>lancets misc.</i>)	NPB	
UNISTIK 3 (<i>lancets misc.</i>)	NPB	
UNISTIK 3 COMFORT (<i>lancets misc.</i>)	NPB	
UNISTIK 3 EXTRA (<i>lancets misc.</i>)	NPB	
UNISTIK 3 GENTLE (<i>lancets</i>)	NPB	
UNISTIK 3 NEONATAL (<i>lancets misc.</i>)	NPB	
UNISTIK 3 NORMAL (<i>lancets misc.</i>)	NPB	
UNISTIK CZT COMFORT (<i>lancets misc.</i>)	NPB	
UNISTIK CZT NORMAL (<i>lancets misc.</i>)	NPB	
UNISTIK NORMAL (<i>lancets misc.</i>)	NPB	
UNISTIK PRO SAFETY LANCET (<i>lancets</i>)	NPB	
UNISTIK SAFETY LANCETS 28G (<i>lancets</i>)	NPB	
UNISTIK SAFETY LANCETS 30G (<i>lancets</i>)	NPB	
UNISTIK TOUCH SAFETY LANC 21G (<i>lancets</i>)	NPB	
UNISTIK TOUCH SAFETY LANC 23G (<i>lancets</i>)	NPB	
UNISTIK TOUCH SAFETY LANC 28G (<i>lancets</i>)	NPB	
UNISTIK TOUCH SAFETY LANC 30G (<i>lancets</i>)	NPB	
UNISTRIP1 GENERIC IN VITRO STRIP (<i>glucose blood</i>)	NF	
UNIVERSAL 1 LANCETS THIN 26G (<i>lancets</i>)	NPB	
UNIVERSAL 1 LANCETS THIN 33G (<i>lancets</i>)	NPB	
UNIVERSAL 1 LANCETS ULTRA THIN (<i>lancets</i>)	NPB	
value health insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml	NF	
value plus lancet standard 21g	NPB	
value plus lancets super thin	NPB	
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.5 ML, 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NF	
VARISOFT INFUSION SET (<i>insulin infusion pump supplies</i>)	NPB	
verasens blood glucose meter device	NF	
verasens blood glucose system kit w/device	NF	
verasens blood glucose test in vitro strip	NF	
VERIFINE INSULIN PEN NEEDLE 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 6 MM (<i>insulin pen needle</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NF	
VERIFINE PLUS PEN NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NF	
VERIFINE SAFE LANCET MINI 21G (<i>lancets</i>)	NPB	
VERIFINE SAFE LANCET MINI 23G (<i>lancets</i>)	NPB	
VERIFINE SAFE LANCET MINI 28G (<i>lancets</i>)	NPB	
VERIFINE SAFE LANCET MINI 30G (<i>lancets</i>)	NPB	
VERIFINE UNIVERSAL LANCETS 28G (<i>lancets</i>)	NPB	
VERIFINE UNIVERSAL LANCETS 30G (<i>lancets</i>)	NPB	
VERIFINE UNIVERSAL LANCETS 33G (<i>lancets</i>)	NPB	
V-GO 20 KIT 20 UNIT/24HR (<i>insulin disposable pump</i>)	PB	
V-GO 30 KIT 30 UNIT/24HR (<i>insulin disposable pump</i>)	PB	
V-GO 40 KIT 40 UNIT/24HR (<i>insulin disposable pump</i>)	PB	
VIVAGUARD INO GLUCOSE METER DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
VIVAGUARD INO TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	NF	
VIVAGUARD LANCETS (<i>lancets</i>)	NPB	
VIVAGUARD LANCING DEVICE (<i>lancet devices</i>)	NPB	
<i>vp insulin syringe 29g x 1/2" 0.3 ml</i>	NF	
WALGREENS LANCETS (<i>lancets</i>)	NPB	
<i>walgreens lancets micro thin</i>	NPB	
<i>walgreens lancets super thin</i>	NPB	
WALGREENS THIN LANCETS (<i>lancets</i>)	NPB	
WALGREENS ULTRA THIN LANCETS (<i>lancets</i>)	NPB	
WAVESENSE AMP KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
<i>wegmans unifine pentips plus 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>	NF	
<i>zevrx insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml</i>	NF	
<i>zevrx pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>	NF	
<i>zevrx twist top lancets 30g</i>	NPB	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
ENDOMETRIOSIS		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	G	
ORILISSA ORAL TABLET 150 MG, 200 MG (<i>elagolix sodium</i>)	PB	
ENZYME REPLACEMENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT		
BUPHENYL ORAL POWDER 3 GM/TSP (<i>sodium phenylbutyrate</i>)	NF	
BUPHENYL ORAL TABLET 500 MG (<i>sodium phenylbutyrate</i>)	NF	
CARBAGLU ORAL TABLET SOLUBLE 200 MG (<i>carglumic acid</i>)	NF	
<i>carglumic acid oral tablet soluble 200 mg</i>	G	
CERDELGA ORAL CAPSULE 84 MG (<i>eliglustat tartrate</i>)	PSP	
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (<i>imiglucerase</i>)	PSP	
CYSTADANE ORAL POWDER (<i>betaine</i>)	NF	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (<i>cysteamine bitartrate</i>)	PSP	
KUVAN ORAL PACKET 100 MG, 500 MG (<i>sapropterin dihydrochloride</i>)	NF	
KUVAN ORAL TABLET 100 MG (<i>sapropterin dihydrochloride</i>)	NF	
<i>miglustat oral capsule 100 mg</i>	G	
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG (<i>metreleptin</i>)	NPB	
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (<i>nitisinone</i>)	PSP	
ORFADIN ORAL SUSPENSION 4 MG/ML (<i>nitisinone</i>)	PSP	
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML (<i>pegvaliase-pqpz</i>)	NF	
PHEBURANE ORAL PELLET 483 MG/GM (<i>sodium phenylbutyrate</i>)	PSP	
RAVICTI ORAL LIQUID 1.1 GM/ML (<i>glycerol phenylbutyrate</i>)	NF	
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>sodium phenylbutyrate oral tablet 500 mg</i>	G	
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML (<i>asfotase alfa</i>)	NPB	
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (<i>velagluclerose alfa</i>)	NPSP	
ZAVESCA ORAL CAPSULE 100 MG (<i>miglustat</i>)	NPB	
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	NF	
<i>estradiol-norethindrone acet</i> (Amabelz Oral Tablet 0.5-0.1 Mg, 1-0.5 Mg)	G	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (<i>drospirenone-estradiol</i>)	NF	
BIJUVA ORAL CAPSULE 1-100 MG (<i>estradiol-progesterone</i>)	PB	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (<i>estradiol-levonorgestrel</i>)	PB	
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	NF	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (<i>estradiol-norethindrone acet</i>)	PB	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML (<i>estradiol valerate</i>)	NPB	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (<i>estradiol cypionate</i>)	NPB	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM (<i>estradiol</i>)	PB	
<i>estradiol</i> (Dotti Transdermal Patch Twice Weekly 0.025 Mg/24Hr, 0.0375 Mg/24Hr, 0.05 Mg/24Hr, 0.075 Mg/24Hr, 0.1 Mg/24Hr)	G	
DUAVEE ORAL TABLET 0.45-20 MG (<i>conj estrogens-bazedoxifene</i>)	NF	
<i>ec-rx estradiol transdermal cream 0.4 %, 0.6 %</i>	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (<i>estradiol</i>)	NF	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
<i>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</i>	G	
<i>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</i>	G	
<i>estradiol vaginal cream 0.1 mg/gm</i>	G	
<i>estradiol vaginal tablet 10 mcg</i>	G	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	G	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	G	
ESTRING VAGINAL RING 7.5 MCG/24HR (<i>estradiol</i>)	NF	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (<i>estradiol</i>)	NF	
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (<i>estradiol</i>)	PB	
<i>norethindrone-eth estradiol (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)</i>	G	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG (<i>estradiol</i>)	PB	
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG (<i>estradiol</i>)	PB	
<i>norethindrone-eth estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)</i>	G	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG (<i>esterified estrogens</i>)	NF	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (<i>estradiol</i>)	NF	
<i>estradiol-norethindrone acet (Mimvey Oral Tablet 1-0.5 Mg)</i>	G	
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	NF	
MYFEMBREE ORAL TABLET 40-1-0.5 MG (<i>relugolix-estradiol-norethind</i>)	PB	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	G	
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (<i>elagolix-estradiol-norethind</i>)	PB	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
PREFEST ORAL TABLET 1/1-0.09 MG (15/15) (<i>estradiol-norgestimate</i>)	NF	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (<i>estrogens conjugated</i>)	NF	
PREMARIN VAGINAL CREAM 0.625 MG/GM (<i>estrogens, conjugated</i>)	NF	
PREMPHASE ORAL TABLET 0.625-5 MG (<i>conj estrogen-medroxyprogesterone</i>)	NF	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (<i>conj estrogen-medroxyprogesterone</i>)	NF	
VAGIFEM VAGINAL TABLET 10 MCG (<i>estradiol</i>)	PB	
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	NF	
<i>estradiol</i> (YuvaFem Vaginal Tablet 10 Mcg)	G	
FERTILITY REGULATORS		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG (<i>cetorelix acetate</i>)	NF	
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML (<i>follitropin beta</i>)	PSP	
<i>ganirelix acetate</i> (Fyremadel Subcutaneous Solution Prefilled Syringe 250 Mcg/0.5ml)	NF	
<i>ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous</i>	NF	
<i>ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous</i>	PSP	
GONAL-F INJECTION SOLUTION RECONSTITUTED 1050 UNIT, 450 UNIT (<i>follitropin alfa</i>)	NF	
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/0.5ML, 450 UNIT/0.75ML, 900 UNIT/1.5ML (<i>follitropin alfa</i>)	NF	
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (<i>follitropin alfa</i>)	NF	
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (<i>menotropins</i>)	PSP	
OVIDREL SUBCUTANEOUS INJECTABLE 250 MCG/0.5ML (<i>choriogonadotropin alfa</i>)	PSP	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG (<i>hydrocortisone</i>)	NF	
<i>betamethasone combo injection suspension 6 (3-3) mg/ml, 7 (4-3) mg/ml</i>	NF	
<i>betamethasone sod phos & acet injection suspension 7 (4-3) mg/ml</i>	NF	
<i>dexamethasone (la) injection suspension 8 mg/ml</i>	NF	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML (<i>dexamethasone</i>)	NPB	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	G	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	G	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	G	
<i>dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)</i>	G	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	NPB	
DEXONTO 0.4% IONTOPHORESIS SOLUTION 20 MG/5ML (<i>dexamethasone sodium phosphate</i>)	NF	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (<i>deflazacort</i>)	NF	
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (<i>deflazacort</i>)	NF	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	G	
HEMADY ORAL TABLET 20 MG (<i>dexamethasone</i>)	NF	
<i>dexamethasone (Hidex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21))</i>	G	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	G	
MEDROL ORAL TABLET 2 MG (<i>methylprednisolone</i>)	NPB	
<i>methylprednisolone acetate injection suspension 40 mg/ml</i>	NPB	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	G	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	G	
<i>prednisolone (Millipred Oral Tablet 5 Mg)</i>	NF	
<i>prednisolone oral solution 15 mg/5ml</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml</i>	NF	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	G	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	G	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML (<i>prednisone</i>)	NPB	
<i>prednisone oral solution 5 mg/5ml</i>	G	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	G	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	G	
RAYOS ORAL TABLET DELAYED RELEASE 1 MG, 2 MG, 5 MG (<i>prednisone</i>)	NF	
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (<i>dexamethasone</i>)	NF	
<i>dexamethasone</i> (Taperdex 6-Day Oral Tablet Therapy Pack 1.5 Mg, 1.5 Mg (21))	NF	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (<i>dexamethasone</i>)	NF	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	PB	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	PB	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG (<i>glucagon hcl (rdna)</i>)	NF	
<i>glucagon emergency injection kit 1 mg</i>	NF	
<i>glucagon emergency injection solution reconstituted 1 mg/ml</i>	NF	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	PB	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	PB	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	PB	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
PROGLYCEM ORAL SUSPENSION 50 MG/ML (<i>diazoxide</i>)	NPB	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO- INJECTOR 0.6 MG/0.6ML (<i>dasiglucagon hcl</i>)	PB	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (<i>dasiglucagon hcl</i>)	PB	
GROWTH IMPROVEMENT AGENTS - DRUGS TO PROMOTE GROWTH		
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG (<i>vosoritide</i>)	NPSP	
HEREDITARY TYROSINEMIA TYPE 1 AGENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT		
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (<i>nitisinone</i>)	NF	
HUMAN GROWTH HORMONES - DRUGS TO REGULATE PITUITARY HORMONES		
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG (<i>somatropin</i>)	NF	
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG (<i>somatropin</i>)	NF	
HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG (<i>somatropin</i>)	PSP	
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML (<i>somatropin</i>)	PSP	
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML (<i>somatropin</i>)	NF	
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML (<i>somatropin</i>)	NF	
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML (<i>somatropin</i>)	NF	
OMNITROPE PEN 10 INJ DEVICE (<i>injection device</i>)	NF	
OMNITROPE PEN 5 INJ DEVICE (<i>injection device</i>)	NF	
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML (<i>somatropin</i>)	NF	
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (<i>somatropin</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG, 8.8 MG (<i>somatropin (non-refrigerated)</i>)	NF	
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (<i>somatropin (non-refrigerated)</i>)	NPSP	
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG (<i>lonapegsomatropin-tcgd</i>)	NF	
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG (<i>somatropin</i>)	NF	
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG (<i>somatropin (non-refrigerated)</i>)	NPSP	
LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS		
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	PSP	
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (<i>leuprolide acetate</i>)	PSP	
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED), 30 MG (<i>leuprolide acetate (3 month)</i>)	PSP	
SYNAREL NASAL SOLUTION 2 MG/ML (<i>nafarelin acetate</i>)	NPB	
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG (<i>triptorelin pamoate</i>)	NF	
MINERALOCORTICOID RECEPTOR ANTAGONISTS - DRUGS TO TREAT CHRONIC KIDNEY DISEASE ASSOCIATED WITH TYPE 2 DIABETES		
KERENDIA ORAL TABLET 10 MG, 20 MG (<i>finerenone</i>)	PB	
MISCELLANEOUS		
ACTHAR INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	NPSP	
<i>cabergoline oral tablet 0.5 mg</i>	G	
<i>calcitonin (salmon) nasal solution 200 unit/lact</i>	G	
CORTROPHIN INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	NPSP	
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML (<i>romosozumab-aqqg</i>)	NF	
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML (<i>teriparatide (recombinant)</i>)	PSP	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
GALAFOLD ORAL CAPSULE 123 MG (<i>migalastat hcl</i>)	NPB	
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (<i>setmelanotide acetate</i>)	NF	
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (<i>mecasermin</i>)	NPSP	
JYNARQUE ORAL TABLET 15 MG, 30 MG (<i>tolvaptan</i>)	NF	
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG (<i>tolvaptan</i>)	NF	
<i>methylergonovine maleate</i> (Methergine Oral Tablet 0.2 Mg)	G	
<i>methylergonovine maleate oral tablet 0.2 mg</i>	G	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (<i>calcitonin (salmon)</i>)	NF	
OSPHEA ORAL TABLET 60 MG (<i>ospemifene</i>)	NF	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (<i>denosumab</i>)	PSP	
<i>raloxifene hcl oral tablet 60 mg</i>	CE	
SAMSCA ORAL TABLET 15 MG, 30 MG (<i>tolvaptan</i>)	NPSP	
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG (<i>pasireotide pamoate</i>)	NF	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML (<i>pasireotide diaspertate</i>)	NPB	
SUPPRELIN LA SUBCUTANEOUS KIT 50 MG (<i>histrelin acetate (cpp)</i>)	PSP	
<i>teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml</i>	NF	
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (<i>abaloparatide</i>)	PSP	
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (<i>denosumab</i>)	NPSP	
XURIDEN ORAL PACKET 2 GM (<i>uridine triacetate</i>)	NPB	
ZOKINVY ORAL CAPSULE 50 MG, 75 MG (<i>lonafarnib</i>)	NPSP	
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
AURYXIA ORAL TABLET 1 GM 210 MG(FE) (<i>ferric citrate</i>)	PB	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	G	
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	G	
FOSRENOL ORAL PACKET 1000 MG, 750 MG (<i>lanthanum carbonate</i>)	NF	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG (<i>lanthanum carbonate</i>)	NF	
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	NF	
REVELA ORAL PACKET 0.8 GM, 2.4 GM (<i>sevelamer carbonate</i>)	NF	
REVELA ORAL TABLET 800 MG (<i>sevelamer carbonate</i>)	NF	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	G	
<i>sevelamer carbonate oral tablet 800 mg</i>	G	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	G	
VELPHORO ORAL TABLET CHEWABLE 500 MG (<i>sucroferric oxyhydroxide</i>)	PB	
POLYNEUROPATHY		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML (<i>inotersen sodium</i>)	PSP	
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
CRINONE VAGINAL GEL 4 %, 8 % (<i>progesterone</i>)	NF	
<i>ec-rx progesterone transdermal cream 20 %</i>	NF	
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	G	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	G	
<i>norethindrone acetate oral tablet 5 mg</i>	G	
<i>progesterone intramuscular oil 50 mg/ml</i>	G	
<i>progesterone oral capsule 100 mg, 200 mg</i>	G	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG (<i>progesterone</i>)	NF	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG (<i>thyroid</i>)	NPB	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG (<i>liothyronine sodium</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>levothyroxine sodium</i> (Euthyrox Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	G	
<i>levothyroxine sodium</i> (Levo-T Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	G	
<i>levothyroxine sodium intravenous solution reconstituted 100 mcg, 500 mcg</i>	NPB	
<i>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</i>	G	
<i>levothyroxine sodium</i> (Levoxyl Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	G	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	G	
<i>methimazole oral tablet 10 mg, 5 mg</i>	G	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (<i>thyroid</i>)	NPB	
<i>propylthiouracil oral tablet 50 mg</i>	G	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (<i>levothyroxine sodium</i>)	NPB	
THYQUIDITY ORAL SOLUTION 100 MCG/5ML (<i>levothyroxine sodium</i>)	NF	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG (<i>levothyroxine sodium</i>)	NF	
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML (<i>levothyroxine sodium</i>)	NF	
<i>levothyroxine sodium</i> (Unithroid Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	G	
VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES		
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	G	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	G	
NOC DURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG (<i>desmopressin acetate</i>)	NPB	
VITAMINS - VITAMINS AND SUPPLEMENTS		
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG (<i>calcifediol</i>)	NPB	
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTICHOLINERGICS		
CUVPOSA ORAL SOLUTION 1 MG/5ML (<i>glycopyrrolate</i>)	NPB	
DARTISLA ODT ORAL TABLET DISPERSIBLE 1.7 MG (<i>glycopyrrolate</i>)	NF	
<i>dicyclomine hcl oral capsule 10 mg</i>	G	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	G	
<i>dicyclomine hcl oral tablet 20 mg</i>	G	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	G	
<i>glycopyrrolate oral tablet 1.5 mg</i>	NF	
<i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>	NF	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>	G	
<i>hyoscyamine sulfate oral solution 0.125 mg/ml</i>	G	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	G	
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	G	
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	G	
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	G	
<i>hyoscyamine sulfate</i> (Nulev Oral Tablet Dispersible 0.125 Mg)	G	
<i>oscimin oral tablet 0.125 mg</i>	G	
<i>oscimin sublingual tablet sublingual 0.125 mg</i>	G	
ROBINUL ORAL TABLET 1 MG (<i>glycopyrrolate</i>)	NF	
ROBINUL-FORTE ORAL TABLET 2 MG (<i>glycopyrrolate</i>)	NF	
ANTIDIARRHEALS		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	G	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	G	
LACTEROL ORAL CAPSULE (<i>probiotic product</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>loperamide hcl oral capsule 2 mg</i>	G	
MOTOFEN ORAL TABLET 1-0.025 MG (<i>difenoxin-atropine</i>)	NF	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG (<i>crofelemer</i>)	NF	
<i>opium oral tincture 10 mg/ml (1%)</i>	G	
<i>zelac oral capsule</i>	NF	
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED 235-0.25 MG (<i>fosnetupitant-palonosetron</i>)	NF	
AKYNZEO ORAL CAPSULE 300-0.5 MG (<i>netupitant-palonosetron</i>)	NF	
ANTIVERT ORAL TABLET 50 MG (<i>meclizine hcl</i>)	NF	
ANTIVERT ORAL TABLET CHEWABLE 25 MG (<i>meclizine hcl</i>)	NF	
ANZEMET ORAL TABLET 50 MG (<i>dolasetron mesylate</i>)	NF	
<i>aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg</i>	G	
BONJESTA ORAL TABLET EXTENDED RELEASE 20-20 MG (<i>doxylamine-pyridoxine</i>)	NPB	
CINVANTI INTRAVENOUS EMULSION 130 MG/18ML (<i>aprepitant</i>)	NF	
<i>prochlorperazine (Compro Rectal Suppository 25 Mg)</i>	G	
<i>doxylamine-pyridoxine oral tablet delayed release 10-10 mg</i>	G	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	G	
EMEND INTRAVENOUS SOLUTION RECONSTITUTED 150 MG (<i>fosaprepitant dimeglumine</i>)	NF	
EMEND ORAL CAPSULE 80 MG (<i>aprepitant</i>)	NF	
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML (<i>aprepitant</i>)	NF	
EMEND TRI-PACK ORAL CAPSULE 80 & 125 MG (<i>aprepitant</i>)	NF	
<i>granisetron hcl oral tablet 1 mg</i>	G	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	G	
<i>meclizine hcl oral tablet chewable 25 mg</i>	NF	
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	G	
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>	G	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	G	
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	G	
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	G	
<i>prochlorperazine edisylate injection solution 10 mg/2ml</i>	G	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	G	
<i>prochlorperazine rectal suppository 25 mg</i>	G	
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	G	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	G	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	G	
<i>promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg)</i>	G	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (<i>promethazine hcl</i>)	G	
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR (<i>granisetron</i>)	PB	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	G	
SYNDROS ORAL SOLUTION 5 MG/ML (<i>dronabinol</i>)	NF	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS (<i>scopolamine base</i>)	NF	
<i>trimethobenzamide hcl oral capsule 300 mg</i>	G	
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG (<i>rolapitant hcl</i>)	NF	
ANTISPASMODICS - DRUGS FOR MUSCLE SPASM		
<i>belladonna alkaloids-opium rectal suppository 16.2-60 mg</i>	NPB	
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	NF	
LIBRAX ORAL CAPSULE 5-2.5 MG (<i>chlordiazepoxide-clidinium</i>)	NF	
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	G	
<i>eq famotidine max st oral tablet 20 mg</i>	G	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	G	
<i>famotidine oral tablet 20 mg, 40 mg</i>	G	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
INFLAMMATORY BOWEL DISEASE - BOWEL, INTESTINE, AND STOMACH CONDITION DRUGS		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM (<i>mesalamine</i>)	NPB	
<i>balsalazide disodium oral capsule 750 mg</i>	G	
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	NF	
<i>budesonide oral capsule delayed release particles 3 mg</i>	G	
CANASA RECTAL SUPPOSITORY 1000 MG (<i>mesalamine</i>)	NF	
COLAZAL ORAL CAPSULE 750 MG (<i>balsalazide disodium</i>)	NF	
CORTIFOAM EXTERNAL FOAM 10 % (<i>hydrocortisone acetate</i>)	PB	
DELZICOL ORAL CAPSULE DELAYED RELEASE 400 MG (<i>mesalamine</i>)	NF	
DIPENTUM ORAL CAPSULE 250 MG (<i>olsalazine sodium</i>)	NPB	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	G	
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM (<i>mesalamine</i>)	NF	
<i>mesalamine oral capsule delayed release 400 mg</i>	G	
<i>mesalamine oral tablet delayed release 1.2 gm, 800 mg</i>	G	
<i>mesalamine rectal enema 4 gm</i>	G	
<i>mesalamine rectal suppository 1000 mg</i>	G	
<i>mesalamine-cleanser rectal kit 4 gm</i>	G	
ORTIKOS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 6 MG, 9 MG (<i>budesonide</i>)	NF	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG (<i>mesalamine</i>)	NF	
ROWASA RECTAL KIT 4 GM (<i>mesalamine-cleanser</i>)	NF	
SFROWASA RECTAL ENEMA 4 GM/60ML (<i>mesalamine</i>)	NF	
<i>sulfasalazine oral tablet 500 mg</i>	G	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	G	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG (<i>budesonide</i>)	PB	
UCERIS RECTAL FOAM 2 MG/ACT (<i>budesonide</i>)	NF	
IRRITABLE BOWEL SYNDROME		
TRULANCE ORAL TABLET 3 MG (<i>plecanatide</i>)	NPB	
VIBERZI ORAL TABLET 100 MG, 75 MG (<i>eluxadoline</i>)	PB	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (lubiprostone)	NF	
IBSRELA ORAL TABLET 50 MG (tenapanor hcl)	NF	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (linaclotide)	PB	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
alosetron hcl oral tablet 0.5 mg, 1 mg	G	
LOTRONEX ORAL TABLET 0.5 MG, 1 MG (alosetron hcl)	NPB	
LAXATIVES - DRUGS FOR CONSTIPATION		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM - GM/160ML, 10-3.5-12 MG-GM -GM/175ML (sod picosulfate-mag ox-cit acid)	CE	
constulose oral solution 10 gm/15ml	G	
enulose oral solution 10 gm/15ml	G	
generlac oral solution 10 gm/15ml	G	
GIALAX ORAL KIT (polyethylene glycol 3350)	NF	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM (peg 3350-kcl-nabcb-nacl-nasulf)	NF	
KRISTALOSE ORAL PACKET 10 GM, 20 GM (lactulose)	NPB	
lactulose oral packet 10 gm	NF	
lactulose oral solution 10 gm/15ml	G	
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (peg-kcl-nacl-nasulf-na asc-c)	NF	
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	CE	
peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm	CE	
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm	CE	
PEG-PREP ORAL KIT 5-210 MG-GM (bisacodyl-peg-kcl- nabicar-nacl)	CE	
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (peg-kcl-nacl-nasulf-na asc-c)	CE	
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13- 1.6 GM/177ML (na sulfate-k sulfate-mg sulf)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
SUTAB ORAL TABLET 1479-225-188 MG (<i>sodium sulfate-mag sulfate-kcl</i>)	CE	
MISCELLANEOUS		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG (<i>odevixibat</i>)	NF	
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG (<i>odevixibat</i>)	NF	
CARAFATE ORAL SUSPENSION 1 GM/10ML (<i>sucralfate</i>)	NF	
CARAFATE ORAL TABLET 1 GM (<i>sucralfate</i>)	NF	
CHENODAL ORAL TABLET 250 MG (<i>chenodiol</i>)	NPB	
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (<i>cholic acid</i>)	NPSP	
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	G	
ENTEREG ORAL CAPSULE 12 MG (<i>alvimopan</i>)	NPB	
GATTEX SUBCUTANEOUS KIT 5 MG (<i>teduglutide (rdna)</i>)	NPSP	
GIMOTI NASAL SOLUTION 15 MG/ACT (<i>metoclopramide hcl</i>)	NF	
LIVMARLI ORAL SOLUTION 9.5 MG/ML (<i>maralixibat chloride</i>)	NPSP	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	G	
MOTEGRITY ORAL TABLET 1 MG, 2 MG (<i>prucalopride succinate</i>)	NF	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (<i>naloxegol oxalate</i>)	NF	
OALIVA ORAL TABLET 10 MG, 5 MG (<i>obeticholic acid</i>)	NPSP	
RELISTOR ORAL TABLET 150 MG (<i>methylnaltrexone bromide</i>)	NF	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML (<i>methylnaltrexone bromide</i>)	NF	
RELTONE ORAL CAPSULE 200 MG, 400 MG (<i>ursodiol</i>)	NF	
SUCRAID ORAL SOLUTION 8500 UNIT/ML (<i>sacrosidase</i>)	NPB	
<i>sucralfate oral suspension 1 gm/10ml</i>	NF	
<i>sucralfate oral tablet 1 gm</i>	G	N8 (Listing does not include certain NDCs)
SYMPROIC ORAL TABLET 0.2 MG (<i>naldemedine tosylate</i>)	PB	
<i>ursodiol oral capsule 200 mg, 400 mg</i>	NF	
<i>ursodiol oral capsule 300 mg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>ursodiol oral tablet 250 mg, 500 mg</i>	G	
VOWST ORAL CAPSULE (<i>fecal microb spores, live-brpk</i>)	NPSP	
XERMELO ORAL TABLET 250 MG (<i>telotristat etiprate</i>)	NPB	
PANCREATIC ENZYMES		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	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 (<i>pancrelipase (lip-prot-amyl)</i>)	NF	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	NF	
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	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 (<i>pancrelipase (lip-prot-amyl)</i>)	PB	
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
ACIPHEX ORAL TABLET DELAYED RELEASE 20 MG (<i>rabeprazole sodium</i>)	NF	
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG (<i>dexlansoprazole</i>)	NF	
<i>dexlansoprazole oral capsule delayed release 30 mg, 60 mg</i>	NF	
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	G	
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	G	
<i>lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg</i>	NF	
NEXIUM 24HR CLEAR MINIS ORAL CAPSULE DELAYED RELEASE 20 MG (<i>esomeprazole magnesium</i>)	NF	
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE 20 MG (<i>esomeprazole magnesium</i>)	NF	
NEXIUM ORAL CAPSULE DELAYED RELEASE 20 MG, 40 MG (<i>esomeprazole magnesium</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG (<i>esomeprazole magnesium</i>)	NF	
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	G	
<i>omeprazole-sodium bicarbonate oral capsule 20-1100 mg, 40-1100 mg</i>	NF	
<i>omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg</i>	NF	
<i>pantoprazole sodium oral packet 40 mg</i>	NF	
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	G	
PREVACID 24HR ORAL CAPSULE DELAYED RELEASE 15 MG (<i>lansoprazole</i>)	NF	
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG (<i>lansoprazole</i>)	NF	
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG, 30 MG (<i>lansoprazole</i>)	NF	
PRILOSEC ORAL PACKET 10 MG, 2.5 MG (<i>omeprazole magnesium</i>)	NF	
PROTONIX ORAL PACKET 40 MG (<i>pantoprazole sodium</i>)	NF	
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG, 40 MG (<i>pantoprazole sodium</i>)	NF	
<i>rabeprazole sodium oral capsule sprinkle 10 mg</i>	NPB	
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	G	
ZEGERID ORAL CAPSULE 20-1100 MG, 40-1100 MG (<i>omeprazole-sodium bicarbonate</i>)	NF	
ZEGERID ORAL PACKET 20-1680 MG, 40-1680 MG (<i>omeprazole-sodium bicarbonate</i>)	NF	
RECTAL, CORTICOSTEROIDS		
<i>hydrocortisone (perianal) external cream 1 %, 2.5 %</i>	G	
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	G	
PROCORT EXTERNAL CREAM 1.85-1.15 % (<i>hydrocortisone ace-pramoxine</i>)	NF	
PROCTOCORT EXTERNAL CREAM 1 % (<i>hydrocortisone</i>)	NF	
PROCTOCORT RECTAL SUPPOSITORY 30 MG (<i>hydrocortisone acetate</i>)	NF	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (<i>hydrocortisone ace-pramoxine</i>)	PB	
<i>hydrocortisone (Procto-Med Hc External Cream 2.5 %)</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>hydrocortisone</i> (Proctozone-Hc External Cream 2.5 %)	G	
ULCER THERAPY COMBINATIONS		
<i>amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg</i>	G	
OMECLAMOX-PAK ORAL 500-500-20 MG (<i>amoxicill-clarithro-omeprazole</i>)	NPB	
PYLERA ORAL CAPSULE 140-125-125 MG (<i>bis subcit-metronid-tetracyc</i>)	PB	
TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG (<i>amoxicill-rifabutin-omeprazole</i>)	PB	
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG (<i>amoxicillin-vonoprazan</i>)	NPB	
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG (<i>amoxicill-clarithro-vonoprazan</i>)	NPB	
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	G	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (<i>doxazosin mesylate</i>)	NPB	
<i>dutasteride oral capsule 0.5 mg</i>	G	
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	G	
<i>finasteride oral tablet 5 mg</i>	G	
JALYN ORAL CAPSULE 0.5-0.4 MG (<i>dutasteride-tamsulosin hcl</i>)	NF	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG (<i>silodosin</i>)	NF	
<i>silodosin oral capsule 4 mg, 8 mg</i>	G	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	G	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG (<i>alfuzosin hcl</i>)	NF	
CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL		
ENCARE VAGINAL SUPPOSITORY 100 MG (<i>nonoxynol-9</i>)	CE	
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (<i>nonoxynol-9</i>)	CE	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
PHEXXI VAGINAL GEL 1.8-1-0.4 % (<i>lactic ac-citric ac-pot bitart</i>)	CE	
TODAY SPONGE VAGINAL 1000 MG (<i>nonoxynol-9</i>)	CE	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (<i>nonoxynol-9</i>)	CE	
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM 12.5 % (<i>nonoxynol-9</i>)	CE	
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % (<i>nonoxynol-9</i>)	CE	
ERECTILE DYSFUNCTION		
<i>bi-mix intracavernosal solution reconstituted 150-5 mg</i>	NF	
CIALIS ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (<i>tadalafil</i>)	NF	
<i>quad-mix intracavernosal solution reconstituted 150-10-0.1-1 mg</i>	NF	
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG (<i>avanafil</i>)	NF	
<i>super bi-mix intracavernosal solution reconstituted 150-10 mg</i>	NF	
<i>super quad-mix intracavernosal solution reconstituted 150-20-0.2-2 mg</i>	NF	
<i>super tri-mix intracavernosal solution reconstituted 150-10-100 mg-mg-mcg</i>	NF	
<i>tri-mix intracavernosal solution reconstituted 150-5-50 mg-mg-mcg</i>	NF	
VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sildenafil citrate</i>)	NF	
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (<i>estradiol acetate</i>)	NF	
MISCELLANEOUS		
<i>cytra k crystals oral packet 3300-1002 mg</i>	NPB	
ELMIRON ORAL CAPSULE 100 MG (<i>pentosan polysulfate sodium</i>)	NF	
LITHOSTAT ORAL TABLET 250 MG (<i>acetohydroxamic acid</i>)	NF	
ORACIT ORAL SOLUTION 490-640 MG/5ML (<i>sod citrate-citric acid</i>)	NPB	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>phenazopyridine hcl</i> (Phenazo Oral Tablet 200 Mg)	G	
<i>pot & sod cit-cit ac oral solution 550-500-334 mg/5ml</i>	G	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	G	
<i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i>	G	
PROCYSBI ORAL PACKET 300 MG, 75 MG (<i>cysteamine bitartrate</i>)	NF	
RIMSO-50 INTRAVESICAL SOLUTION 50 % (<i>dimethyl sulfoxide</i>)	NF	
<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>	G	
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG (<i>budesonide</i>)	NF	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG (<i>tiopronin</i>)	NF	
THIOLA ORAL TABLET 100 MG (<i>tiopronin</i>)	NF	
<i>tricitrates oral solution 550-500-334 mg/5ml</i>	G	
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
ENDOMETRIN VAGINAL INSERT 100 MG (<i>progesterone</i>)	PB	
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	G	
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	G	
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG (<i>tolterodine tartrate</i>)	NF	
<i>flavoxate hcl oral tablet 100 mg</i>	G	
GELNIQUE TRANSDERMAL GEL 10 % (<i>oxybutynin chloride</i>)	NF	
GEMTESA ORAL TABLET 75 MG (<i>vibegron</i>)	PB	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML (<i>mirabegron</i>)	NF	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG (<i>mirabegron</i>)	NF	
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	G	
<i>oxybutynin chloride oral tablet 5 mg</i>	G	
OXYTROL FOR WOMEN TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR (<i>oxybutynin</i>)	NF	
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR (<i>oxybutynin</i>)	NF	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	G	
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	G	
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	G	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (<i>fesoterodine fumarate</i>)	NF	
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>	G	
<i>trospium chloride oral tablet 20 mg</i>	G	
VESICARE LS ORAL SUSPENSION 5 MG/5ML (<i>solifenacin succinate</i>)	NPB	
VESICARE ORAL TABLET 10 MG, 5 MG (<i>solifenacin succinate</i>)	NF	
VAGINAL ANTI-INFECTIVES - DRUGS TO TREAT VAGINAL INFECTIONS		
CLEOCIN VAGINAL SUPPOSITORY 100 MG (<i>clindamycin phosphate</i>)	NPB	
<i>clindamycin phosphate vaginal cream 2 %</i>	G	
CLINDESSE VAGINAL CREAM 2 % (<i>clindamycin phosphate (1 dose)</i>)	NPB	
GYNAZOLE-1 VAGINAL CREAM 2 % (<i>butoconazole nitrate (1 dose)</i>)	NPB	
<i>metronidazole vaginal gel 0.75 %</i>	G	
<i>miconazole 3 vaginal suppository 200 mg</i>	G	
NUVESSA VAGINAL GEL 1.3 % (<i>metronidazole</i>)	NF	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	G	
<i>terconazole vaginal suppository 80 mg</i>	G	
XACIATO VAGINAL GEL 2 % (<i>clindamycin phosphate</i>)	NPB	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS - BLOOD THINNERS		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (<i>apixaban</i>)	PB	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (<i>apixaban</i>)	PB	
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	G	
<i>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</i>	G	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	G	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML (<i>dalteparin sodium</i>)	NF	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNIT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML (<i>dalteparin sodium</i>)	NF	
<i>heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%</i>	NF	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	G	
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</i>	G	
<i>hepmed combination kit 100&0.9&2.5-2.5 ut/ml&%</i>	NF	
<i>warfarin sodium (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)</i>	G	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG (<i>dabigatran etexilate mesylate</i>)	NF	
PRADAXA ORAL PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG (<i>dabigatran etexilate mesylate</i>)	NF	
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (<i>edoxaban tosylate</i>)	NF	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	G	
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML (<i>rivaroxaban</i>)	PB	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG (<i>rivaroxaban</i>)	PB	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (<i>rivaroxaban</i>)	PB	
BLEEDING DISORDERS AGENTS		
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor-vwf</i>)	NPSP	
CABLIVI INJECTION KIT 11 MG (<i>caplacizumab-yhdp</i>)	NF	
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT (<i>coagulation factor x (human)</i>)	NPSP	
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT (<i>antiinhibitor coagulant cmplx</i>)	NF	
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT (<i>antihemophilic factor-vwf</i>)	NPSP	
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG (<i>coagulation factor viia recomb</i>)	PSP	
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG (<i>coagulation factor viia-jncw</i>)	PSP	
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT (<i>von willebrand factor (recomb)</i>)	NF	
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT (<i>antihemophilic factor-vwf</i>)	NPSP	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (<i>darbepoetin alfa</i>)	PSP	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML (<i>darbepoetin alfa</i>)	PSP	
DOPTELET ORAL TABLET 20 MG (<i>avatrombopag maleate</i>)	PSP	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (<i>epoetin alfa</i>)	NF	
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-jmdb</i>)	NF	
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-pbbk</i>)	PSP	
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG (<i>sargramostim</i>)	NF	
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 120 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML (<i>methoxy peg-epoetin beta</i>)	NF	
MULPLETA ORAL TABLET 3 MG (<i>lusutrombopag</i>)	NPSP	
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML (<i>pegfilgrastim</i>)	NF	
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim</i>)	NF	
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>filgrastim-aafi</i>)	PSP	
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-aafi</i>)	PSP	
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG, 250 MCG, 500 MCG (<i>romiplostim</i>)	NF	
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-apgf</i>)	PSP	
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa</i>)	PSP	
PROMACTA ORAL PACKET 12.5 MG, 25 MG (<i>eltrombopag olamine</i>)	PSP	
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (<i>eltrombopag olamine</i>)	PSP	
RELEUKO INJECTION SOLUTION 300 MCG/ML (<i>filgrastim-ayow</i>)	NF	
<i>releuko injection solution 480 mcg/1.6ml</i>	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>releuko subcutaneous solution prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml</i>	NF	
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa-epbx</i>)	PSP	
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML (<i>pegfilgrastim-cbqv</i>)	NF	
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-cbqv</i>)	NF	
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-bmez</i>)	NF	
HEMOPHILIA A AGENTS		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihemophil factor (rahf-pfm)</i>)	PSP	
<i>adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 3000 unit, 500 unit, 750 unit</i>	PSP	
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil fact single chain</i>)	PSP	
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT (<i>antihem fact (bdd-rfviiiifc)</i>)	PSP	
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (<i>antihemoph fact rcmb gpeg-exei</i>)	PSP	
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML (<i>emicizumab-kxwh</i>)	NPSP	
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	NPSP	
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (<i>ahf (bdd-rfviii peg-aucl)</i>)	PSP	
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	NPSP	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	NPSP	
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihem factor recomb (rfviii)</i>)	PSP	
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil factor (rahf-pfm)</i>)	PSP	
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil fact bd truncated</i>)	PSP	
NUWIK INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,sim)</i>)	PSP	
NUWIK INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,sim)</i>)	PSP	
<i>obizur intravenous solution reconstituted 500 unit</i>	NPSP	
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT (<i>antihem factor recomb (rfviii)</i>)	NPSP	
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,mor)</i>)	PSP	
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,mor)</i>)	PSP	
HEMOPHILIA B AGENTS		
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (<i>coagulation factor ix</i>)	NPSP	
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>coagulation factor ix (rfixfc)</i>)	PSP	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix (recomb)</i>)	NF	
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT (<i>coagulation factor ix (rix-fp)</i>)	NPSP	
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix (recomb)</i>)	NF	
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (<i>factor ix complex</i>)	NPSP	
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 500 UNIT (<i>coagulation factor ix glycopeg</i>)	PSP	
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 3000 UNIT (<i>coagulation factor ix glycopeg</i>)	PB	
<i>rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit</i>	NF	
MISCELLANEOUS		
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	G	
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	G	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	G	
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (<i>hydroxyurea</i>)	NPB	
ENDARI ORAL PACKET 5 GM (<i>glutamine (sickle cell)</i>)	PSP	
OXBRYTA ORAL TABLET 500 MG (<i>voxelotor</i>)	NF	
OXBRYTA ORAL TABLET SOLUBLE 300 MG (<i>voxelotor</i>)	NF	
<i>pentoxifylline er oral tablet extended release 400 mg</i>	G	
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG (<i>mitapivat sulfat</i>)	NF	
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG (<i>mitapivat sulfat</i>)	NF	
SIKLOS ORAL TABLET 100 MG, 1000 MG (<i>hydroxyurea</i>)	PB	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
TAVALISSE ORAL TABLET 100 MG, 150 MG (fostamatinib disodium)	PSP	
TAVNEOS ORAL CAPSULE 10 MG (avacopan)	NPSP	
tranexamic acid oral tablet 650 mg	G	
PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS		
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML (pegcetacoplan)	PSP	
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/3ML (ravulizumab-cwvz)	NPSP	
PLATELET AGGREGATION INHIBITORS - BLOOD THINNERS		
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	G	
BRILINTA ORAL TABLET 60 MG, 90 MG (ticagrelor)	PB	
clopidogrel bisulfate oral tablet 300 mg, 75 mg	G	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	G	
PLAVIX ORAL TABLET 75 MG (clopidogrel bisulfate)	NF	
prasugrel hcl oral tablet 10 mg, 5 mg	G	
YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG (aspirin-omeprazole)	NF	
ZONTIVITY ORAL TABLET 2.08 MG (vorapaxar sulfate)	NF	
SICKLE CELL DISEASE		
OXBRYTA ORAL TABLET 300 MG (voxelotor)	NF	
VITAMINS - VITAMINS AND SUPPLEMENTS		
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (cyanocobalamin)	NPB	
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
ALLERGENIC EXTRACTS		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU (timothy grass pollen allergen)	PB	
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM (dust mite mixed allergen ext)	NPB	
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR (grass mix pollens allergen ext)	PB	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
PALFORZIA (12 MG DAILY DOSE) ORAL 2 X 1 MG & 10 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (120 MG DAILY DOSE) ORAL 20 MG & 100 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (160 MG DAILY DOSE) ORAL 3 X 20 MG & 100 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (20 MG DAILY DOSE) ORAL 20 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (200 MG DAILY DOSE) ORAL 2 X 100 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (240 MG DAILY DOSE) ORAL 2 X 20 MG & 2 X 100 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (3 MG DAILY DOSE) ORAL 3 X 1 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET 300 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (300 MG TITRATION) ORAL PACKET 300 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (40 MG DAILY DOSE) ORAL 2 X 20 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (6 MG DAILY DOSE) ORAL 6 X 1 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (80 MG DAILY DOSE) ORAL 4 X 20 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA INITIAL ESCALATION ORAL 0.5 & 1 & 1.5 & 3 & 6 MG (<i>peanut powder-dnfp</i>)	NF	
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U (<i>short ragweed pollen ext</i>)	PB	
<i>sorrelldock mix subcutaneous solution 1:20</i>	NF	
AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)		
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (<i>tocilizumab</i>)	NF	
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-axxq</i>)	PSP	
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (<i>vedolizumab</i>)	NF	IBC (Available as NPSP with PA for Ulcerative Colitis)

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>tildrakizumab-asmn</i>)	PSP	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-dyyb</i>)	NF	
<i>infliximab intravenous solution reconstituted 100 mg</i>	NF	
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (<i>abatacept</i>)	NF	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab</i>)	PSP	
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-abda</i>)	NF	
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (<i>golimumab</i>)	PSP	
AUTOIMMUNE AGENTS (SELF-ADMINISTERED)		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (<i>tocilizumab</i>)	NF	
<i>adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml</i>	PSP	
<i>adalimumab-adaz subcutaneous solution prefilled syringe 40 mg/0.4ml</i>	PSP	
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (<i>adalimumab-atto</i>)	NF	
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-atto</i>)	NF	
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML (<i>certolizumab pegol</i>)	PSP	IBC (Preferred agent for Non-radiographical Axial Spondyloarthritis and preferred agent for Ankylosing Spondylitis, Crohn's, Psoriasis, Psoriatic Arthritis, and Rheumatoid Arthritis after the failure of two preferred agents.)

Prescription Drug Name	Drug Tier	Drug Notes
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML (<i>certolizumab pegol</i>)	PSP	IBC (Preferred agent for Non-radiographical Axial Spondyloarthritis and preferred agent for Ankylosing Spondylitis, Crohn's, Psoriasis, Psoriatic Arthritis, and Rheumatoid Arthritis after the failure of two preferred agents.)
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	PSP	IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Non-radiographical Axial Spondyloarthritis. Not covered for Psoriasis)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	PSP	IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Non-radiographical Axial Spondyloarthritis. Not covered for Psoriasis)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	PSP	IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Non-radiographical Axial Spondyloarthritis. Not covered for Psoriasis)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML (<i>secukinumab</i>)	PSP	IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Non-radiographical Axial Spondyloarthritis. Not covered for Psoriasis)
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>secukinumab</i>)	PSP	IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Non-radiographical Axial Spondyloarthritis. Not covered for Psoriasis.)
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (<i>etanercept</i>)	PSP	IBC (Preferred agent for all conditions except Psoriasis)

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (<i>etanercept</i>)	PSP	IBC (Preferred agent for all conditions except Psoriasis)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (<i>etanercept</i>)	PSP	IBC (Preferred agent for all conditions except Psoriasis)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (<i>etanercept</i>)	PSP	IBC (Preferred agent for all conditions except Psoriasis)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	PSP	
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML (<i>adalimumab</i>)	PSP	
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML (<i>adalimumab</i>)	PSP	
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>)	PSP	
HUMIRA PEN-PSOR/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	PSP	
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab</i>)	PSP	
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML (<i>adalimumab-adaz</i>)	PSP	
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML (<i>adalimumab-adaz</i>)	PSP	
HYRIMOZ-CROHNS/UC STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (<i>adalimumab-adaz</i>)	PSP	
HYRIMOZ-PED CROHNS STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab-adaz</i>)	PSP	
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab-adaz</i>)	PSP	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	PSP	IBC (Preferred agent for Rheumatoid Arthritis)

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	PSP	IBC (Preferred agent for Rheumatoid Arthritis)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (<i>anakinra</i>)	NF	
LITFULO ORAL CAPSULE 50 MG (<i>ritlecitinib tosylate</i>)	NPSP	
OLUMIANT ORAL TABLET 1 MG, 4 MG (<i>baricitinib</i>)	NF	
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (<i>abatacept</i>)	PSP	IBC (Preferred agent for Rheumatoid Arthritis. Not covered for other conditions)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML (<i>abatacept</i>)	PSP	IBC (Preferred agent for Rheumatoid Arthritis. Not covered for other conditions)
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	PSP	IBC (Preferred agent for Psoriasis and Psoriatic Arthritis)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (<i>apremilast</i>)	PSP	IBC (Preferred agent for Psoriasis and Psoriatic Arthritis)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG (<i>upadacitinib</i>)	PSP	IBC (Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Atopic Dermatitis, Ankylosing Spondylitis, Ulcerative Colitis, Non-radiographical Axial Spondyloarthritis, and Crohn's Disease)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG (<i>upadacitinib</i>)	PSP	IBC (Preferred agent for Atopic Dermatitis, Ulcerative Colitis, and Crohn's Disease)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG (<i>upadacitinib</i>)	PSP	IBC (Preferred agent for Ulcerative Colitis and Crohn's Disease)
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML (<i>brodalumab</i>)	NF	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (<i>golimumab</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (<i>golimumab</i>)	NF	
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>risankizumab-rzaa</i>)	PSP	IBC (Preferred agent for Psoriasis and Psoriatic Arthritis)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML (<i>risankizumab-rzaa</i>)	PSP	IBC (Preferred agent for Crohn's Disease)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>risankizumab-rzaa</i>)	PSP	IBC (Preferred agent for Psoriasis and Psoriatic Arthritis)
SOTYKTU ORAL TABLET 6 MG (<i>deucravacitinib</i>)	PSP	IBC (Preferred agent for Psoriasis)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab</i>)	PSP	IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (<i>ustekinumab</i>)	PSP	IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML (<i>ixekizumab</i>)	PSP	IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis, Non-Radiographic Axial Spondyloarthritis or Ankylosing Spondylitis)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML (<i>ixekizumab</i>)	PSP	IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis, Non-Radiographic Axial Spondyloarthritis or Ankylosing Spondylitis)
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (<i>guselkumab</i>)	PSP	IBC (Preferred agent for Psoriasis and Psoriatic Arthritis)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>guselkumab</i>)	PSP	IBC (Preferred agent for Psoriasis and Psoriatic Arthritis)

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
XELJANZ ORAL SOLUTION 1 MG/ML (<i>tofacitinib citrate</i>)	PSP	IBC (Preferred agent for Rheumatoid Arthritis, Ulcerative Colitis. Not covered for Psoriatic Arthritis, Ankylosing Spondylitis)
XELJANZ ORAL TABLET 10 MG, 5 MG (<i>tofacitinib citrate</i>)	PSP	IBC (Preferred agent for Rheumatoid Arthritis, Ulcerative Colitis. Not covered for Psoriatic Arthritis, Ankylosing Spondylitis)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG (<i>tofacitinib citrate</i>)	PSP	IBC (Preferred agent for Rheumatoid Arthritis, Ulcerative Colitis. Not covered for Psoriatic Arthritis, Ankylosing Spondylitis)
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS		
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	G	
<i>leflunomide oral tablet 10 mg, 20 mg</i>	G	
<i>methotrexate sodium oral tablet 2.5 mg</i>	G	
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 (<i>methotrexate (anti-rheumatic)</i>)	PSP	
REDITREX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.4ML, 12.5 MG/0.5ML, 15 MG/0.6ML, 17.5 MG/0.7ML, 20 MG/0.8ML, 22.5 MG/0.9ML, 25 MG/ML, 7.5 MG/0.3ML (<i>methotrexate (anti-rheumatic)</i>)	NF	
HEREDITARY ANGIOEDEMA		
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (<i>c1 esterase inhibitor (human)</i>)	NF	
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML (<i>icatibant acetate</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (<i>c1 esterase inhibitor (human)</i>)	NPSP	
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	G	
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (<i>berotralstat hcl</i>)	PSP	
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (<i>c1 esterase inhibitor (recomb)</i>)	PSP	
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (<i>lanadelumab-flyo</i>)	PSP	
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML (<i>lanadelumab-flyo</i>)	PSP	
IMMUNOGLOBULIN		
ASCENIV INTRAVENOUS SOLUTION 5 GM/50ML (<i>immune globulin (human)-slra</i>)	NF	
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	
CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML, 1.65 GM/10ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML (<i>immune globulin (human)-hipp</i>)	PSP	
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML (<i>immune globulin (human)</i>)	NF	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM (<i>immune globulin (human)</i>)	NPSP	
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)</i>)	NPSP	
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)</i>)	NPSP	
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin-hyaluronidase</i>)	NF	
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NF	
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin (human)-ifas</i>)	NF	
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	
XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)-klhw</i>)	NPSP	
IMMUNOMODULATORS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML (<i>interferon gamma-1b</i>)	NPSP	
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (<i>rilonacept</i>)	NF	
IMMUNOSUPPRESSANTS		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	NPSP	
azathioprine oral tablet 50 mg	G	
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG (<i>belimumab</i>)	NPSP	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (<i>belimumab</i>)	NPSP	
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (<i>belimumab</i>)	NPSP	
CELLCEPT INTRAVENOUS INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (<i>mycophenolate mofetil hcl</i>)	NPSP	
CELLCEPT ORAL CAPSULE 250 MG (<i>mycophenolate mofetil</i>)	NPSP	
CELLCEPT ORAL SUSPENSION RECONSTITUTED 200 MG/ML (<i>mycophenolate mofetil</i>)	NPSP	
CELLCEPT ORAL TABLET 500 MG (<i>mycophenolate mofetil</i>)	NPSP	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	G	
<i>cyclosporine modified oral solution 100 mg/ml</i>	G	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	G	
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>satralizumab-mwge</i>)	PSP	
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG (<i>tacrolimus</i>)	NPSP	
<i>cyclosporine modified</i> (Gengraf Oral Capsule 100 Mg, 25 Mg)	G	
<i>cyclosporine modified</i> (Gengraf Oral Solution 100 Mg/ML)	G	
LUPKYNIS ORAL CAPSULE 7.9 MG (<i>voclosporin</i>)	NF	
<i>mycophenolate mofetil oral capsule 250 mg</i>	G	
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	G	
<i>mycophenolate mofetil oral tablet 500 mg</i>	G	
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	G	
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG, 360 MG (<i>mycophenolate sodium</i>)	NPSP	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	NPSP	
PROGRAF ORAL PACKET 0.2 MG, 1 MG (<i>tacrolimus</i>)	NPSP	
RAPAMUNE ORAL SOLUTION 1 MG/ML (<i>sirolimus</i>)	NPSP	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>sirolimus</i>)	NPSP	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
REZUROCK ORAL TABLET 200 MG (<i>belumosudil mesylate</i>)	NF	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (<i>cyclosporine</i>)	NPSP	
<i>sirolimus oral solution 1 mg/ml</i>	G	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	G	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (<i>everolimus</i>)	NPSP	
MISCELLANEOUS		
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (<i>nirsevimab-alip</i>)	NPB	
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (<i>canakinumab</i>)	NPSP	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML (<i>palivizumab</i>)	NPSP	
VEOPOZ INJECTION SOLUTION 400 MG/2ML (<i>pozelimab-bbfg</i>)	NPSP	
VACCINES		
ROTARIX ORAL SUSPENSION (<i>rotavirus vaccine live oral</i>)	NPB	
MEDICAL DEVICES		
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
<i>d-xylose powder</i>	NPB	
GLEOLAN ORAL SOLUTION RECONSTITUTED 1.5 GM (<i>aminolevulinic acid hcl</i>)	NPB	
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS		
ELECTROLYTES		
<i>potassium bicarbonate</i> (Effer-K Oral Tablet Effervescent 25 Meq)	G	
<i>potassium chloride</i> (Klor-Con 10 Oral Tablet Extended Release 10 Meq)	G	
<i>potassium chloride crys er</i> (Klor-Con M10 Oral Tablet Extended Release 10 Meq)	G	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>potassium chloride crys er</i> (Klor-Con M15 Oral Tablet Extended Release 15 Meq)	G	
<i>potassium chloride crys er</i> (Klor-Con M20 Oral Tablet Extended Release 20 Meq)	G	
<i>potassium chloride</i> (Klor-Con Oral Packet 20 Meq)	G	
<i>potassium chloride</i> (Klor-Con Oral Tablet Extended Release 8 Meq)	G	
<i>potassium bicarbonate</i> (Klor-Con/Ef Oral Tablet Effervescent 25 Meq)	G	
K-PHOS ORAL TABLET 500 MG (<i>potassium phosphate monobasic</i>)	NPB	
<i>potassium bicarbonate</i> (K-Prime Oral Tablet Effervescent 25 Meq)	G	
<i>magnesium sulfate injection solution 50 %</i>	NPB	
<i>k phos mono-sod phos di & mono</i> (Phospha 250 Neutral Oral Tablet 155-852-130 Mg)	G	
<i>phosphorous oral tablet 155-852-130 mg</i>	G	
<i>k phos mono-sod phos di & mono</i> (Phospho-Trin 250 Neutral Oral Tablet 155-852-130 Mg)	G	
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	G	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	G	
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	G	
<i>potassium chloride oral packet 20 meq</i>	G	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	G	
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	CE	
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg</i>	CE	
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg</i>	CE	
MISCELLANEOUS		
<i>zinc chloride intravenous solution 1 mg/ml</i>	NPB	
<i>zinc sulfate intravenous solution 5 mg/ml</i>	NPB	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
PRENATAL VITAMINS		
ATABEX EC ORAL TABLET DELAYED RELEASE 29-1 MG (<i>prenatal vit-dss-fe cbn-fa</i>)	NF	
ATABEX OB ORAL TABLET 29-1 MG (<i>prenatal vit w/ fe bisg-fa</i>)	NF	
<i>azesco oral tablet 13-1 mg</i>	NF	
CITRANATAL 90 DHA ORAL 90-1 & 300 MG (<i>prenat w/o a-fecbgl-dss-fa-dha</i>)	NF	
CITRANATAL ASSURE ORAL 35-1 & 300 MG (<i>prenat w/o a-fecbgl-dss-fa-dha</i>)	NF	
CITRANATAL B-CALM ORAL 20-1 MG & 2 X 25 MG (<i>prenat w/o a fecbnfeglu-fa &b6</i>)	NF	
CITRANATAL BLOOM ORAL TABLET 90-1 MG (<i>prenatal-dss-fecb-fegl-fa</i>)	NF	
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG (<i>prenat-fefmcb-dss-fa-dha w/o a</i>)	NF	
<i>c-nate dha oral capsule 28-1-200 mg</i>	NF	
<i>completenate oral tablet chewable 29-1 mg</i>	NF	
CO-NATAL FA ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	NF	
CONCEPT DHA ORAL CAPSULE 53.5-38-1 MG (<i>prenat-fefum-fepo-fa-omega 3</i>)	NF	
CONCEPT OB ORAL CAPSULE 130-92.4-1 MG (<i>prenat w/o a vit-fefum-fepo-fa</i>)	NF	
DERMACINRX PRETRATE ORAL TABLET 1 MG (<i>prenatal multivit-min-fe-fa</i>)	NF	
DUET DHA 400 ORAL 25-1 & 400 MG (<i>prenat-fepoly-fered-fa-omega 3</i>)	NF	
DUET DHA BALANCED ORAL 25-1 & 267 MG (<i>prenat-fepoly-fered-fa-omega 3</i>)	NF	
ENBRACE HR ORAL CAPSULE (<i>prenat vit-fe gly cys-fa-omega</i>)	NF	
FOLIVANE-OB ORAL CAPSULE 85-1 MG (<i>prenat w/o a vit-fefum-fepo-fa</i>)	NF	
INATAL GT ORAL TABLET (<i>prenatal vit-dss-fe cbn-fa</i>)	G	
<i>jenliva prenatal/postnatal oral capsule 1 mg</i>	NF	
<i>kosher prenatal plus iron oral tablet 30-1 mg</i>	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>m-natal plus oral tablet 27-1 mg</i>	NF	
<i>multi-mac oral tablet 15-0.75-1 mg</i>	NF	
NATACHEW ORAL TABLET CHEWABLE 28-1 MG (<i>prenatal vit-fe fum-fe bisg-fa</i>)	NF	
<i>natal pnv oral tablet 6-0.5 mg</i>	NF	
NATALVIT ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	NF	
NEEVO DHA ORAL CAPSULE 27-1.13 MG (<i>prenat wloa-fefum-methf-omegas</i>)	NF	
<i>neonatal + dha oral 29-1 & 200 mg</i>	NF	
<i>neonatal 19 oral tablet 1 mg</i>	NF	
<i>neonatal complete oral tablet 27-1 mg, 29-1 mg</i>	NF	
<i>neonatal fe oral tablet 90-1 mg</i>	NF	
NEONATAL PLUS ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	NF	
NESTABS DHA ORAL 32-1 MG (<i>prenat-wloa-fe bisgly-fa-omega</i>)	NF	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (<i>prenat-fe-methylfol-dha wlo a</i>)	NF	
NESTABS ORAL TABLET 32-1 MG (<i>prenat-fe bisgly-fa-wlo vit a</i>)	NF	
NIVA-PLUS ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	NF	
OB COMPLETE ONE ORAL CAPSULE 50-1-476 MG (<i>prenat-fecbn-feaspgl-fa-fish</i>)	NF	
OB COMPLETE ORAL TABLET 50-1.25 MG (<i>prenatal vit-iron carbonyl-fa</i>)	NF	
OB COMPLETE PETITE ORAL CAPSULE 35-5-1-200 MG (<i>prenat-fecbn-feaspgl-fa-omega</i>)	NF	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG (<i>prenatal-fe cbn-fe asp gly-fa</i>)	NF	
OB COMPLETE/DHA ORAL CAPSULE 30-10-1-200 MG (<i>prenat-fecbn-feaspgl-fa-omega</i>)	NF	
OBSTETRIX DHA ORAL 29-1 & 350 MG (<i>prenatal mv-min-fe cbn-fa-dha</i>)	NF	
OBSTETRIX ONE ORAL CAPSULE 38-1-225 MG (<i>prenatal-fe cbn-fa-dha wlo a</i>)	NF	
<i>one vite womens plus oral tablet 27-1 mg</i>	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>pnv prenatal plus multivit+dha oral 27-1 & 312 mg</i>	NF	
<i>pnv prenatal plus multivitamin oral tablet 27-1 mg</i>	NPB	
<i>pnv tabs 20-1 oral tablet 20-1 mg</i>	NF	
<i>pnv-dha oral capsule 27-0.6-0.4-300 mg</i>	G	
<i>pnv-dha+docusate oral capsule 27-1.25-300 mg</i>	NF	
<i>pnv-omega oral capsule 28-0.6-0.4-340 mg</i>	NF	
<i>pnv-select oral tablet 27-0.6-0.4 mg</i>	G	
<i>pregen dha oral capsule 28-1-35 mg</i>	NF	
<i>pregenna oral tablet 20-1 mg</i>	NF	
PREMESISRX ORAL TABLET 1 MG (<i>prenatal ca-b6-b12-fa-ginger</i>)	NF	
<i>prena 1 true oral 30-1.4 & 300 mg</i>	NF	
<i>prena1 oral tablet chewable 1.4 mg</i>	NF	
<i>prena1 pearl oral capsule extended release 30-1.4-200 mg</i>	NF	
<i>prenaissance oral capsule 29-1.25-325 mg</i>	NF	
<i>prenaissance plus oral capsule 28-1-250 mg</i>	NF	
PRENATABS RX ORAL TABLET 29-1 MG (<i>prenatal vit-iron carbonyl-fa</i>)	G	
<i>prenatal 19 oral tablet</i>	NPB	
<i>prenatal 19 oral tablet 29-1 mg</i>	NF	
<i>prenatal 19 oral tablet chewable</i>	G	
<i>prenatal 19 oral tablet chewable 29-1 mg</i>	NF	
<i>prenatal oral tablet 27-1 mg</i>	NF	
<i>prenatal plus oral tablet 27-1 mg</i>	NF	
PRENATAL-U ORAL CAPSULE 106.5-1 MG (<i>prenatal w/o a vit-fe fum-fa</i>)	NF	
PRENATE AM ORAL TABLET 1 MG (<i>prenatal ca-b6-b12-fa-ginger</i>)	NF	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	NF	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG (<i>prenatal-feaspgly-methylfol-fa</i>)	NF	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	NF	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (prenat-fecbn-feasp-meth-fa-dha)	NF	
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (prenat mv-min-methylfolate-fa)	NF	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (prenat-feasp-meth-fa-dha w/o a)	NF	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (prenat w/o a-fe-methfol-fa-dha)	NF	
PRENATRIX ORAL TABLET 27-1 MG (prenatal vit-fe fumarate-fa)	NF	
PRENATRYL ORAL TABLET 27-1 MG (prenatal vit-fe fumarate-fa)	NF	
prenatvite complete oral tablet 1 mg	NF	
prenatvite plus oral tablet 1 mg	NF	
prenatvite rx oral tablet 0.8 mg	NF	
PRIMACARE ORAL CAPSULE 30-1-470 MG (pren-fe-meth-fa-omeg w/o a)	NF	
PROVIDA OB ORAL CAPSULE 20-20-1.25 MG (prenat w/o a vit-fefum-fepo-fa)	NF	
relnate dha oral capsule 28-1-200 mg	NF	
SELECT-OB ORAL TABLET CHEWABLE 29-0.6-0.4 MG (prenat vit-fepoly-methylfol-fa)	NF	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (prenatal vit-fe psac cmplx-fa)	NF	
SELECT-OB+DHA ORAL 29-1 & 250 MG (prenatal vit-fepoly-fa-dha)	NF	
se-natal 19 oral tablet 29-1 mg	NF	
se-natal 19 oral tablet chewable 29-1 mg	NF	
TARON-C DHA ORAL CAPSULE 35-1 MG (prenat-fefum-fepo-fa-omega 3)	NF	
THERANATAL CORE NUTRITION ORAL TABLET 27-1 MG (prenatal vit-fe fumarate-fa)	NPB	
thrivite rx oral tablet 29-1 mg	NF	
TRICARE ORAL TABLET (prenatal vit-fe fumarate-fa)	NF	
trinatal rx 1 oral tablet 60-1 mg	NF	
TRINATE ORAL TABLET (prenatal vit-fe fumarate-fa)	G	
tristart dha oral capsule 31-0.6-0.4-200 mg	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
VINATE DHA RF ORAL CAPSULE 27-1.13 MG (<i>prenat w/oa-fefum-methf-omegas</i>)	NF	
VINATE II ORAL TABLET 29-1 MG (<i>prenatal vit w/ fe bisg-fa</i>)	NF	
VINATE ONE ORAL TABLET 60-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	NF	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (<i>prenat-fe poly-methfol-fa-dha</i>)	NF	
VITAFOL GUMMIES ORAL TABLET CHEWABLE 3.33-0.333-34.8 MG (<i>prenatal vit-fe phos-fa-omega</i>)	NF	
VITAFOL STRIPS ORAL FILM 1 MG (<i>prenatal-b6-b12-d3-folic acid</i>)	NF	
VITAFOL ULTRA ORAL CAPSULE 29-0.6-0.4-200 MG (<i>prenat-fe poly-methfol-fa-dha</i>)	NF	
VITAFOL-NANO ORAL TABLET 18-0.6-0.4 MG (<i>prenatal-fe fum-methf-fa w/o a</i>)	NF	
VITAFOL-OB ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	NF	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (<i>prenatal mv-min-fe fum-fa-dha</i>)	NF	
VITAFOL-ONE ORAL CAPSULE 29-1-200 MG (<i>prenatal vit-fepoly-fa-dha</i>)	NF	
VITAMEDMD REDICHEW RX ORAL TABLET CHEWABLE 1.4 MG (<i>prenat-b2-b6-b12-d3-fa</i>)	NF	
VITAPEARL ORAL CAPSULE EXTENDED RELEASE 30-1.4-200 MG (<i>prenat-fefum-fered-fa-dha w/oa</i>)	NF	
VITATHELY WITH GINGER ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	NF	
VITATRUE ORAL 30-1.4 & 300 MG (<i>prenat-fechel-fa-dha w/o vit a</i>)	NF	
VIVA DHA ORAL CAPSULE 28-1-200 MG (<i>prenatal vit-fe fum-fa-omega</i>)	NF	
wescap-c dha oral capsule 53.5-38-1 mg	NF	
wescap-pn dha oral capsule 27-0.6-0.4-300 mg	NF	
wesnatal dha complete oral 29-1-200 & 200 mg	NF	
wesnate dha oral capsule 28-1-200 mg	NF	
westab plus oral tablet 27-1 mg	NF	
westgel dha oral capsule 31-0.6-0.4-200 mg	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
zalvit oral tablet 13-1 mg	NF	
ziphex oral tablet 13-1 mg	NF	
VITAMINS - VITAMINS AND SUPPLEMENTS		
ACCRUFER ORAL CAPSULE 30 MG (<i>ferric maltol</i>)	NF	
active fe oral tablet 75-1.25 mg	NPB	
activite oral tablet 1 mg	NF	
adclf (0.5mg/ml) oral solution 0.5 mg/ml	G	
folic acid-vit b6-vit b12 (Airavite Oral Tablet 2.5-25-1 Mg)	G	
AMLADEX ORAL TABLET (<i>multiple vitamin</i>)	NF	
ASTAMED MYO ORAL CAPSULE (<i>astaxanthin-tocotrienol-zn-d3</i>)	NF	
b-6 folic acid oral capsule 8.333-100-1 mg	NPB	
BACMIN ORAL TABLET (<i>multiple vitamins-minerals</i>)	NF	
BENTIVITE ORAL TABLET 35-1 MG (<i>ferrous sulfate-folic acid</i>)	NF	
biocel oral tablet	G	
bp vit 3 oral capsule 1 mg	NPB	
b-plex oral tablet	G	
b-plex plus oral tablet	G	
CALCIFOL ORAL WAFER 1342-1.6 MG (<i>ca carb-fa-d-b6-b12-boron-mg</i>)	NPB	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	G	
calcitriol oral solution 1 mcg/ml	G	
calcium gluconate intravenous solution 10 %	NPB	
CENFOL ORAL TABLET 2.3-24.5-2 MG (<i>folic acid-vit b6-vit b12</i>)	NPB	
CHOLEXMAX ORAL POWDER (<i>dietary management product</i>)	NF	
CHOLEXTRA T/F ORAL POWDER (<i>dietary management product</i>)	NF	
CIFEREX ORAL CAPSULE 1-3775 MG-UNIT (<i>folic acid-cholecalciferol</i>)	NF	
CORVITE 150 ORAL TABLET (<i>iron combinations</i>)	NPB	
corvite fe oral tablet	NPB	
cvs folic acid oral tablet 800 mcg	CE	
cyanocobalamin injection solution 1000 mcg/ml	G	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>dayavite oral tablet</i>	NF	
DERMACINRX DAVIMET ORAL TABLET CHEWABLE (multiple vitamin)	NF	
DERMACINRX DOTREMINE ORAL TABLET 1-10000 MG-UNIT (folic acid-cholecalciferol)	NF	
DERMACINRX FOLTAMIN ORAL TABLET 125-1 MCG-MG (folic acid-cholecalciferol)	NF	
DERMACINRX MULTITAM ORAL TABLET (multiple vitamins-minerals)	NF	
DERMACINRX RIBOTIN-E ORAL TABLET (multiple vitamins-minerals)	NF	
DERMACINRX ZINTREXYL-C ORAL TABLET (multiple vitamins-minerals)	NF	
<i>b complex-c-folic acid</i> (Dexifol Oral Tablet 5 Mg)	NF	
DIALYVITE SUPREME D ORAL TABLET (multiple vitamins-minerals)	NF	
DIALYVITE/ZINC ORAL TABLET (<i>b complex-c-zn-folic acid</i>)	NF	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	G	
ELFOLATE PLUS ORAL TABLET 3-35-2 MG (<i>l- methylfolate-b6-b12</i>)	NF	
<i>ergocalciferol oral capsule 1.25 mg (50000 ut)</i>	G	
FA-8 ORAL CAPSULE 0.8 MG (folic acid)	CE	
<i>fabb oral tablet 2.2-25-1 mg</i>	G	
<i>fa-vitamin b-6-vitamin b-12 oral tablet 2.2-25-0.5 mg</i>	G	
<i>ferocon oral capsule</i>	G	
<i>ferottrinsic oral capsule</i>	G	
<i>fe fum-fa-b cmp-c-zn-mg-mn-cu</i> (Ferrocite Plus Oral Tablet 106-1 Mg)	G	
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML (<i>sodium fluoride-vitamin d</i>)	NF	
FLORIVA ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>ped multiple vit-minerals-fl</i>)	NF	
FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML (<i>pediatric multivitamins-fl</i>)	NF	
<i>folagent dha oral capsule</i>	NF	
<i>folamax oral tablet</i>	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>folamed dha oral capsule</i>	NF	
<i>folate oral tablet 400 mcg</i>	CE	
<i>folbee oral tablet 2.5-25-1 mg</i>	G	
<i>folbee plus oral tablet</i>	G	
FOLBIC ORAL TABLET 2.5-25-2 MG (<i>fa-pyridoxine-cyanocobalamin</i>)	NPB	
FOLDITAM ORAL TABLET 1-10000 MG-UNIT (<i>folic acid-cholecalciferol</i>)	NF	
FOLGARD OS ORAL TABLET 500-1.1 MG (<i>multiple vitamin-calcium-fa</i>)	NF	
<i>folic acid injection solution 5 mg/ml</i>	G	
<i>folic acid oral capsule 0.8 mg</i>	CE	
<i>folic acid oral tablet 400 mcg</i>	CE	
FOLI-D ORAL TABLET 1-2000 MG-UNIT (<i>folic acid-cholecalciferol</i>)	NF	
FOLIFLEX ORAL TABLET (<i>multiple vitamins-minerals</i>)	NF	
<i>folite oral tablet</i>	NF	
FOLITIN-Z ORAL TABLET (<i>multiple vitamins-minerals</i>)	NF	
<i>folplex 2.2 oral tablet 2.2-25-0.5 mg</i>	G	
FOLTANX RF ORAL CAPSULE 3-90.314-2-35 MG (<i>l-methylfolate-algae-b12-b6</i>)	NPB	
<i>foltrin oral capsule</i>	G	
<i>folic acid-cholecalciferol</i> (Folvite-D Oral Tablet 1-3775 Mg-Unit)	NF	
FOSTEUM ORAL CAPSULE 27-20-200 MG-MG-UNIT (<i>genistein-zn chelate-vit d</i>)	NF	
FOSTEUM PLUS ORAL CAPSULE (<i>dietary management product</i>)	NF	
FUSION PLUS ORAL CAPSULE (<i>iron-fa-b cmp-c-biot-probiotic</i>)	NPB	
GENICIN VITA-D ORAL TABLET 1-3775 MG-UNIT (<i>folic acid-cholecalciferol</i>)	NF	
GENICIN VITA-Q ORAL TABLET (<i>multiple vitamin</i>)	NF	
<i>b complex-c-folic acid</i> (Genicin Vita-S Oral Tablet 1 Mg)	NF	
<i>gnp folic acid oral tablet 400 mcg</i>	CE	
<i>hematinic plus vit/minerals oral tablet 106-1 mg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
HEMOCYTE PLUS ORAL CAPSULE 106-1 MG (<i>fe fum-fa-b cmp-c-zn-mg-mn-cu</i>)	NPB	
<i>hm folic acid oral tablet 400 mcg</i>	CE	
<i>hylavite oral tablet</i>	NF	
<i>hylazinc oral tablet</i>	NF	
ICAR-C PLUS ORAL TABLET 100-250-0.025-1 MG (<i>iron-vit c-vit b12-folic acid</i>)	NF	
<i>iron polysacch cmplx-b12-fa</i> (IfereX 150 Forte Oral Capsule 150-25-1 Mg-Mcg-Mg)	G	
INFUVITE ADULT INTRAVENOUS INJECTABLE (<i>multiple vitamin</i>)	NF	
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION (<i>pediatric multiple vitamins</i>)	NF	
INTEGRA PLUS ORAL CAPSULE (<i>fefum-fepoly-fa-b cmp-c-biot</i>)	NPB	
<i>keyfolic oral tablet</i>	NF	
<i>fefum-fepo-fa-b cmp-c-zn-mn-cu</i> (K-Tan Plus Oral Capsule 162-115.2-1 Mg)	G	
LDL CARE ORAL POWDER (<i>dietary management product</i>)	NF	
<i>l-methylfolate forte oral capsule 15-90.314 mg, 7.5-90.314 mg</i>	NPB	
<i>multiple vitamins-minerals</i> (Lysiplex Plus Oral Tablet)	G	
METAFOLBIC PLUS RF ORAL TABLET 6-90.314-2-600 MG (<i>methylfol-algae-b12-acetylcyst</i>)	NPB	
MULTIGEN FOLIC ORAL TABLET 70-150-2-1 MG (<i>fe asp gly-succ-c-thre-b12-fa</i>)	NPB	
MULTIGEN ORAL TABLET 70 MG (<i>fe-succ-c-thre-b12-des stomach</i>)	NPB	
MULTIGEN PLUS ORAL TABLET 50-101-1 MG (<i>feasp-fefum -suc-c-thre-b12-fa</i>)	NPB	
<i>multipro oral capsule</i>	NF	
<i>multi-vit/iron/fluoride oral solution 0.25-10 mg/ml</i>	G	
<i>multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	NF	
<i>multivitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	G	
<i>multi-vitamin/fluoride oral solution 0.5 mg/ml</i>	G	
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	G	
<i>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>)	NF	
NEOKE BCAA4 ORAL POWDER (<i>dietary management product</i>)	NF	
<i>neoke bhb oral powder</i>	NF	
<i>neovite oral tablet</i>	NF	
NEPHPLEX RX ORAL TABLET (<i>b complex-c-zn-folic acid</i>)	NF	
<i>b complex-c-folic acid</i> (Nephronex Oral Tablet)	G	
NICADAN ORAL TABLET (<i>multiple vitamins-minerals</i>)	NF	
NICAPRIN ORAL TABLET (<i>dietary management product</i>)	NF	
NICAZEL FORTE ORAL TABLET (<i>multiple vitamins-minerals</i>)	NF	
NICAZEL ORAL TABLET (<i>multiple vitamins-minerals</i>)	NF	
NICOMIDE ORAL TABLET 750-27-2-0.5 MG (<i>niacinamide-zn-cu-methfo-se-cr</i>)	NF	
<i>nicotinamide oral tablet 750-27-2-0.5 mg</i>	NF	
<i>nitrvia oral capsule</i>	NF	
<i>folic acid-vit b6-vit b12</i> (Nufol Oral Tablet 2.5-25-1 Mg)	G	
NUTRICAP ORAL TABLET (<i>multiple vitamins-minerals</i>)	NF	
<i>multiple vitamins-minerals</i> (Nutrifac Zx Oral Tablet)	G	
OCUVEL ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	NF	
<i>onevite oral tablet</i>	NF	
<i>ortho df oral capsule 1-3775 mg-unit</i>	NF	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	G	
<i>phytonadione injection solution 1 mg/0.5ml, 10 mg/ml</i>	G	
<i>phytonadione oral tablet 5 mg</i>	G	
<i>poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	G	
<i>polysaccharide iron forte oral capsule 150-25-1 mg-mcg-mg</i>	G	
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (<i>pediatric multivitamins-fl</i>)	NF	
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>)	NF	
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML (<i>ped multivitamins-fl-iron</i>)	NF	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG (<i>ped multivitamins-fl-iron</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

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

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
VASCULERA ORAL TABLET (<i>dietary management product</i>)	NF	
vb6 p5p oral powder	NF	
v-c forte oral capsule	G	
VENEXA FE ORAL TABLET (<i>multiple vitamins-minerals</i>)	NF	
VENEXA ORAL TABLET (<i>multiple vitamins-minerals</i>)	NF	
VENTRIXYL FE ORAL TABLET (<i>multiple vitamins-minerals</i>)	NF	
VENTRIXYL ORAL TABLET (<i>multiple vitamins-minerals</i>)	NF	
<i>multiple vitamins-minerals</i> (Vic-Forte Oral Capsule)	G	
virt-caps oral capsule 1 mg	G	
<i>multiple vitamins-minerals</i> (Vita S Forte Oral Tablet)	G	
<i>multiple vitamins-minerals</i> (Vitacel Oral Tablet)	G	
VITAMEZ ORAL CAPSULE 1 MG (<i>fa-b6-b12-omega 3-phytosterols</i>)	NPB	
vitamin d (<i>ergocalciferol</i>) oral capsule 1.25 mg (50000 ut)	G	
vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml	G	
vita-min oral capsule	G	
vitamins acd-fluoride oral solution 0.25 mg/ml	G	
VITAROCA PLUS ORAL TABLET (<i>multiple vitamins-minerals</i>)	NF	
vitasure oral tablet 1 mg	NF	
VITRAMYN ORAL TABLET (<i>multiple vitamins-minerals</i>)	NF	
VITRANOL FE ORAL TABLET (<i>multiple vitamins-minerals</i>)	NF	
VITRANOL ORAL TABLET (<i>multiple vitamins-minerals</i>)	NF	
VITREXATE FE ORAL TABLET (<i>multiple vitamins-minerals</i>)	NF	
VITREXATE ORAL TABLET (<i>multiple vitamins-minerals</i>)	NF	
VITREXYL + IRON ORAL TABLET (<i>multiple vitamins-minerals</i>)	NF	
VITREXYL ORAL TABLET (<i>multiple vitamins-minerals</i>)	NF	
vp-vite rx oral tablet 1 mg	G	
wellfola oral tablet	NF	
xyzbac oral tablet	NF	
yl folic acid oral tablet 400 mcg	CE	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS		
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
ALOCRILOPHTHALMIC SOLUTION 2 % (<i>nedocromil sodium</i>)	NPB	
ALOMIDEOPHTHALMIC SOLUTION 0.1 % (<i>lodoxamide tromethamine</i>)	NPB	
<i>azelastine hcl ophthalmic solution 0.05 %</i>	G	
BEPREVEOPHTHALMIC SOLUTION 1.5 % (<i>bepotastine besilate</i>)	NF	
<i>cromolyn sodium ophthalmic solution 4 %</i>	G	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	G	
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	G	
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % (<i>brimonidine tartrate</i>)	PB	
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	G	
AZOPTOPHTHALMIC SUSPENSION 1 % (<i>brinzolamide</i>)	NF	
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	G	
BETIMOLOPHTHALMIC SOLUTION 0.25 %, 0.5 % (<i>timolol hemihydrate</i>)	NF	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (<i>betaxolol hcl</i>)	NF	
<i>bimatoprost ophthalmic solution 0.03 %</i>	G	
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	G	
<i>carteolol hcl ophthalmic solution 1 %</i>	G	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (<i>brimonidine tartrate-timolol</i>)	NF	
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 % (<i>dorzolamide hcl-timolol mal</i>)	NF	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	NPB	
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	G	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	G	
IOPIDINE OPHTHALMIC SOLUTION 1 % (<i>apraclonidine hcl</i>)	NPB	
ISTALOLOPHTHALMIC SOLUTION 0.5 % (<i>timolol maleate</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>latanoprost ophthalmic solution 0.005 %</i>	G	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	G	
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (bimatoprost)	NF	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	G	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 % (netarsudil dimesylate)	NF	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (netarsudil-latanoprost)	NF	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (brinzolamide-brimonidine)	PB	
<i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>	G	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	G	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	G	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 % (timolol maleate)	NF	
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 % (travoprost)	NF	
VUITY OPHTHALMIC SOLUTION 1.25 % (pilocarpine hcl)	NF	
VYZULTA OPHTHALMIC SOLUTION 0.024 % (latanoprostene bunod)	NF	
XELPROS OPHTHALMIC EMULSION 0.005 % (latanoprost)	NF	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % (tafluprost)	NPB	
ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	G	
<i>double pm ophthalmic solution reconstituted 1-0.5 %</i>	NF	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000- 0.1</i>	G	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5- 10000-0.1</i>	G	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	G	
<i>bacitracin-polymyx-neo-hc</i> (Neo-Polycin Hc Ophthalmic Ointment 1 %)	G	
<i>prednisolone-gatifloxacin ophthalmic suspension 1-0.5 %</i>	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

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

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>bacitracin-polymyxin b</i> (Polycin Ophthalmic Ointment 500-10000 Unit/Gm)	G	
<i>polymyxin b-trimethoprim ophthalmic solution</i> 10000-0.1 unit/ml-%	G	
<i>sulfacetamide sodium ophthalmic ointment</i> 10 %	G	
<i>sulfacetamide sodium ophthalmic solution</i> 10 %	G	
<i>tobramycin ophthalmic solution</i> 0.3 %	G	
TOBREX OPHTHALMIC OINTMENT 0.3 % (<i>tobramycin</i>)	NPB	
<i>trifluridine ophthalmic solution</i> 1 %	G	
ZIRGAN OPHTHALMIC GEL 0.15 % (<i>ganciclovir</i>)	NF	
ZYMAXID OPHTHALMIC SOLUTION 0.5 % (<i>gatifloxacin</i>)	NF	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
ACUVAIL OPHTHALMIC SOLUTION 0.45 % (<i>ketorolac tromethamine</i>)	NF	
ALREX OPHTHALMIC SUSPENSION 0.2 % (<i>loteprednol etabonate</i>)	NPB	
<i>bromfenac sodium (once-daily) ophthalmic solution</i> 0.09 %	G	
BROMSITE OPHTHALMIC SOLUTION 0.075 % (<i>bromfenac sodium</i>)	NF	
<i>dexamethasone sodium phosphate ophthalmic solution</i> 0.1 %	G	
DEXTENZA OPHTHALMIC INSERT 0.4 MG (<i>dexamethasone</i>)	NF	
DEXYCU INTRAOCULAR SUSPENSION 9 % (<i>dexamethasone</i>)	NF	
<i>diclofenac sodium ophthalmic solution</i> 0.1 %	G	
DUREZOL OPHTHALMIC EMULSION 0.05 % (<i>difluprednate</i>)	NPB	
EYSUVIS OPHTHALMIC SUSPENSION 0.25 % (<i>loteprednol etabonate</i>)	NPB	
FLAREX OPHTHALMIC SUSPENSION 0.1 % (<i>fluorometholone acetate</i>)	NF	
<i>fluorometholone ophthalmic suspension</i> 0.1 %	G	
<i>flurbiprofen sodium ophthalmic solution</i> 0.03 %	G	
FML FORTE OPHTHALMIC SUSPENSION 0.25 % (<i>fluorometholone</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
FML LIQUIFILM OPHTHALMIC SUSPENSION 0.1 % (fluorometholone)	NF	
ILEVRO OPHTHALMIC SUSPENSION 0.3 % (nepafenac)	NF	
INVELTYS OPHTHALMIC SUSPENSION 1 % (loteprednol etabonate)	NF	
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	G	
KLARITY-L OPHTHALMIC EMULSION 0.2 %, 0.5 % (loteprednol etabonate)	NF	
LOTEMAX OPHTHALMIC GEL 0.5 % (loteprednol etabonate)	NF	
LOTEMAX OPHTHALMIC OINTMENT 0.5 % (loteprednol etabonate)	NF	
LOTEMAX OPHTHALMIC SUSPENSION 0.5 % (loteprednol etabonate)	NF	
LOTEMAX SM OPHTHALMIC GEL 0.38 % (loteprednol etabonate)	NF	
loteprednol etabonate ophthalmic suspension 0.5 %	G	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % (dexamethasone)	NF	
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (nepafenac)	NF	
OZURDEX INTRAVITREAL IMPLANT 0.7 MG (dexamethasone)	NPSP	
PRED FORTE OPHTHALMIC SUSPENSION 1 % (prednisolone acetate)	NF	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (prednisolone acetate)	NF	
prednisolone acetate ophthalmic suspension 1 %	G	
prednisolone acetate p-f ophthalmic suspension 1 %	NF	
prednisolone sodium phosphate ophthalmic solution 1 %	NPB	
PROLENSA OPHTHALMIC SOLUTION 0.07 % (bromfenac sodium)	NF	
DRY EYE DISEASE		
CEQUA OPHTHALMIC SOLUTION 0.09 % (cyclosporine)	NF	
cyclosporine ophthalmic emulsion 0.05 %	NF	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (cyclosporine)	PB	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
RESTASIS OPHTHALMIC EMULSION 0.05 % (cyclosporine)	G	
XIIDRA OPHTHALMIC SOLUTION 5 % (lifitegrast)	PB	
MISCELLANEOUS		
AKTEN OPHTHALMIC GEL 3.5 % (lidocaine hcl)	NPB	
tetracaine hcl (Altacaine Ophthalmic Solution 0.5 %)	G	
phenylephrine hcl (Altafrin Ophthalmic Solution 10 %, 2.5 %)	G	
atropine sulfate ophthalmic ointment 1 %	G	
atropine sulfate ophthalmic solution 1 %	NPB	
cyclopentolate hcl ophthalmic solution 1 %	G	
CYCLOSPORINE IN KLARITY OPHTHALMIC EMULSION 0.1 % (cyclosporine)	NF	
CYSTADROPS OPHTHALMIC SOLUTION 0.37 % (cysteamine hcl)	NF	
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (cysteamine hcl)	NPB	
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 % (atropine sulfate)	NPB	
LACRISERT OPHTHALMIC INSERT 5 MG (artificial tear insert)	NF	
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	G	
proparacaine hcl ophthalmic solution 0.5 %	G	
tetracaine hcl ophthalmic solution 0.5 %	G	
tropicamide ophthalmic solution 0.5 %, 1 %	G	
TYRVAYA NASAL SOLUTION 0.03 MG/ACT (varenicline tartrate)	NF	
UPNEEQ OPHTHALMIC SOLUTION 0.1 % (oxymetazoline hcl)	NF	
RETINAL DISORDERS		
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05ML (ranibizumab-nuna)	PSP	
CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05ML, 0.5 MG/0.05ML (ranibizumab-eqrn)	PSP	
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML (aflibercept)	NF	
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML (aflibercept)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML (<i>ranibizumab</i>)	NF	
OTHER		
IRRIGATION SOLUTIONS		
<i>water for irrigation, sterile</i> (Argyle Sterile Water Irrigation Solution)	G	
<i>lactated ringers irrigation solution</i>	G	
<i>irrigation solns physiological</i> (Physiolyte Irrigation Solution)	G	
<i>irrigation solns physiological</i> (Physiosol Irrigation Irrigation Solution)	G	
<i>ringers irrigation irrigation solution</i>	G	
<i>sterile water for irrigation irrigation solution</i>	G	
<i>ringers irrigation</i> (Tis-U-Sol Irrigation Solution)	G	
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS		
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG (<i>alpha1-proteinase inhibitor</i>)	NF	
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML (<i>alpha1-proteinase inhibitor</i>)	NF	
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML (<i>alpha1-proteinase inhibitor</i>)	PSP	
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (<i>alpha1-proteinase inhibitor</i>)	PSP	
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (<i>alpha1-proteinase inhibitor</i>)	PSP	
ANAPHYLAXIS TREATMENT AGENTS		
ADRENALIN INJECTION SOLUTION 1 MG/ML, 30 MG/30ML (<i>epinephrine</i>)	NF	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML (<i>epinephrine</i>)	PB	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml</i>	G	
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	NF	N8 (Listing does not include certain NDCs)

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>epinephrine professional injection kit 1 mg/ml</i>	NF	
EPINEPHRINESNAP-EMS INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	NF	
EPINEPHRINESNAP-V INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	NF	
EPIPEN 2-PAK INJECTION SOLUTION AUTO- INJECTOR 0.3 MG/0.3ML (<i>epinephrine</i>)	NF	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO- INJECTOR 0.15 MG/0.3ML (<i>epinephrine</i>)	NF	
EPISNAP INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	NF	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML (<i>epinephrine</i>)	NF	
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD		
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT (<i>fluticasone-salmeterol</i>)	NF	
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT (<i>fluticasone-salmeterol</i>)	NF	
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT (<i>fluticasone-salmeterol</i>)	NF	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (<i>umeclidinium- vilanterol</i>)	PB	
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (<i>glycopyrrolate-formoterol</i>)	NF	
BREZTRI AEROSPHERE INHALATION AEROSOL 160- 9-4.8 MCG/ACT (<i>budeson-glycopyrrol-formoterol</i>)	NPB	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (<i>ipratropium-albuterol</i>)	NPB	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/lact, 232-14 mcg/lact, 55-14 mcg/lact</i>	NF	
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	G	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (<i>tiotropium bromide- olodaterol</i>)	PB	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
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 (<i>fluticasone-umeclidin-vilant</i>)	PB	
ANTICHOLINERGICS		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (<i>ipratropium bromide hfa</i>)	NF	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT (<i>umeclidinium bromide</i>)	NF	
<i>ipratropium bromide inhalation solution 0.02 %</i>	G	
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	G	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (<i>tiotropium bromide monohydrate</i>)	PB	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (<i>tiotropium bromide monohydrate</i>)	PB	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT (<i>aclidinium bromide</i>)	NF	
YUPELRI INHALATION SOLUTION 175 MCG/3ML (<i>revefenacin</i>)	PB	
ANTIHIISTAMINE COMBINATIONS		
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (<i>azelastine-fluticasone</i>)	NF	
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (<i>olopatadine-mometasone</i>)	NF	
ANTIHIISTAMINES - DRUGS TO TREAT ALLERGIES		
<i>azelastine hcl nasal solution 0.15 %, 137 mcg/spray</i>	G	
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	G	
<i>carbinoxamine maleate oral tablet 4 mg</i>	G	
<i>carbinoxamine maleate oral tablet 6 mg</i>	NF	
<i>cetirizine hcl oral solution 1 mg/ml</i>	G	
<i>clemastine fumarate oral tablet 2.68 mg</i>	G	
<i>cypheptadine hcl oral syrup 2 mg/5ml</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>ciproheptadine hcl oral tablet 4 mg</i>	G	
<i>desloratadine oral tablet 5 mg</i>	G	
<i>desloratadine oral tablet dispersible 2.5 mg, 5 mg</i>	G	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	G	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	G	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	G	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	G	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (<i>carbinoxamine maleate</i>)	NPB	
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	G	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	G	
<i>olopatadine hcl nasal solution 0.6 %</i>	G	
RYCLORA ORAL SOLUTION 2 MG/5ML (<i>dexchlorpheniramine maleate</i>)	NF	
RYVENT ORAL TABLET 6 MG (<i>carbinoxamine maleate</i>)	G	
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/lact</i>	NF	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	G	
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</i>	NF	
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	G	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	G	
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML (<i>arformoterol tartrate</i>)	NF	
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	G	
<i>levalbuterol tartrate inhalation aerosol 45 mcg/lact</i>	G	
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (<i>formoterol fumarate</i>)	NPB	
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (<i>albuterol sulfate (sensor)</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	NF	
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	NF	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (<i>salmeterol xinafoate</i>)	NF	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (<i>olodaterol hcl</i>)	PB	
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	G	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	NF	
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (<i>levalbuterol tartrate</i>)	NF	
COLD/COUGH		
ADRENALIN NASAL SOLUTION 0.1 % (<i>epinephrine hcl (nasal)</i>)	NPB	
<i>benzonatate oral capsule 100 mg, 200 mg</i>	G	
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG (<i>desloratadine-pseudoephedrine</i>)	NPB	
<i>g tussin ac oral solution 100-10 mg/5ml</i>	G	
GILPHEX TR ORAL TABLET 10-388 MG (<i>phenylephrine-guaifenesin</i>)	NPB	
<i>guaiaatussin ac oral syrup 100-10 mg/5ml</i>	G	
<i>guaifenesin-codeine oral solution 100-10 mg/5ml</i>	G	
HYCODAN ORAL SOLUTION 5-1.5 MG/5ML (<i>hydrocodone bit-homatrop mbr</i>)	NF	
HYCODAN ORAL TABLET 5-1.5 MG (<i>hydrocodone bit-homatrop mbr</i>)	NF	
<i>hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml</i>	G	
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	G	
<i>hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg</i>	G	
<i>hydromet oral solution 5-1.5 mg/5ml</i>	G	
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>	G	
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	G	
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	G	
TUSNEL C ORAL SYRUP 30-10-100 MG/5ML (<i>pseudoephedrine-codeine-gg</i>)	NPB	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (<i>chlorpheniramine-codeine</i>)	NF	
<i>virtussin alc oral solution 100-10 mg/5ml</i>	G	
CYSTIC FIBROSIS		
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML (<i>tobramycin</i>)	NF	
BRONCHITOL INHALATION CAPSULE 40 MG (<i>mannitol (cystic fibrosis)</i>)	NF	
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG (<i>mannitol (cystic fibrosis)</i>)	NF	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (<i>aztreonam lysine</i>)	NF	
KALYDECO ORAL PACKET 13.4 MG (<i>ivacaftor</i>)	NPSP	
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG (<i>ivacaftor</i>)	NPB	
KITABIS PAK INHALATION NEBULIZATION SOLUTION 300 MG/5ML (<i>tobramycin</i>)	NF	
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG (<i>lumacaftor-ivacaftor</i>)	NPB	
ORKAMBI ORAL PACKET 75-94 MG (<i>lumacaftor-ivacaftor</i>)	NPSP	
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (<i>lumacaftor-ivacaftor</i>)	NPB	
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (<i>dornase alfa</i>)	NPSP	
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG (<i>tezacaftor-ivacaftor</i>)	NPB	
TOBI INHALATION NEBULIZATION SOLUTION 300 MG/5ML (<i>tobramycin</i>)	NF	
TOBI PODHALER INHALATION CAPSULE 28 MG (<i>tobramycin</i>)	NF	
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG (<i>elexacaftor-tezacaftor-ivacaft</i>)	NPB	
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG (<i>elexacaftor-tezacaftor-ivacaft</i>)	NPSP	
LEUKOTRIENE MODIFIERS		
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	NF	
ZYFLO ORAL TABLET 600 MG (<i>zileuton</i>)	NPB	
LEUKOTRIENE RECEPTOR ANTAGONISTS - DRUGS TO TREAT ASTHMA AND ALLERGIES		
<i>montelukast sodium oral packet 4 mg</i>	G	
<i>montelukast sodium oral tablet 10 mg</i>	G	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	G	
SINGULAIR ORAL PACKET 4 MG (<i>montelukast sodium</i>)	NF	
SINGULAIR ORAL TABLET 10 MG (<i>montelukast sodium</i>)	NF	
SINGULAIR ORAL TABLET CHEWABLE 4 MG, 5 MG (<i>montelukast sodium</i>)	NF	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	G	
MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	G	
MISCELLANEOUS		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	G	
DALIRESP ORAL TABLET 250 MCG, 500 MCG (<i>roflumilast</i>)	NF	
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 % (<i>sodium chloride</i>)	NPB	
<i>sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %</i>	G	
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
BECONASE AQ NASAL SUSPENSION 42 MCG/SPRAY (<i>beclomethasone diprop monohyd</i>)	NF	
<i>flunisolide nasal solution 25 mcg/lact (0.025%)</i>	G	
<i>fluticasone propionate nasal suspension 50 mcg/lact</i>	G	
<i>mometasone furoate nasal suspension 50 mcg/lact</i>	G	
OMNARIS NASAL SUSPENSION 50 MCG/ACT (<i>ciclesonide</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	NF	
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	NF	
SINUVA NASAL IMPLANT 1350 MCG (<i>mometasone furoate</i>)	NF	
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT (<i>fluticasone propionate</i>)	NPB	
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT (<i>ciclesonide</i>)	NF	
PULMONARY FIBROSIS AGENTS		
ESBRIET ORAL CAPSULE 267 MG (<i>pirfenidone</i>)	NF	
ESBRIET ORAL TABLET 267 MG, 801 MG (<i>pirfenidone</i>)	NF	
OFEV ORAL CAPSULE 100 MG, 150 MG (<i>nintedanib esylate</i>)	PSP	
SEVERE ASTHMA AGENTS		
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (<i>dupilumab</i>)	PSP	
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML (<i>benralizumab</i>)	PSP	
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (<i>mepolizumab</i>)	PSP	
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG (<i>mepolizumab</i>)	NF	
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML (<i>tezepehumab-ekko</i>)	PSP	
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML (<i>omalizumab</i>)	PSP	
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (<i>omalizumab</i>)	PSP	
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT (<i>ciclesonide</i>)	NF	
ARMONAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113 MCG/ACT, 232 MCG/ACT, 55 MCG/ACT (<i>fluticasone propionate (sensor)</i>)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (<i>fluticasone furoate</i>)	NF	
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (<i>mometasone furoate</i>)	NF	
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (<i>mometasone furoate</i>)	NF	
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT (<i>mometasone furoate</i>)	NF	
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (<i>mometasone furoate</i>)	NF	
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (<i>mometasone furoate</i>)	NF	
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	G	
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT (<i>fluticasone propionate (inhal)</i>)	NF	
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT (<i>fluticasone propionate hfa</i>)	NF	N8 (Covered for members age 6 years and younger)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/lact, 220 mcg/lact</i>	NF	N8 (Covered for members age 6 years and younger)
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/lact</i>	NPB	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT (<i>budesonide</i>)	PB	
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML (<i>budesonide</i>)	NF	
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (<i>beclomethasone diprop hfa</i>)	NF	N8 (Covered for members age 6 years and younger)

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT (<i>fluticasone-salmeterol</i>)	NF	
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (<i>fluticasone-salmeterol</i>)	NF	
AIRDUO DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT (<i>fluticasone-salmeterol</i> (<i>sensor</i>))	NF	
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (<i>albuterol-budesonide</i>)	NPB	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT (<i>fluticasone furoate-vilanterol</i>)	PB	N8 (Listing does not include certain NDCs)
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT (<i>aclidinium br-formoterol fum</i>)	NF	
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT (<i>mometasone furo-formoterol fum</i>)	NPB	
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcglact, 200-25 mcglact</i>	NF	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcglact, 250-50 mcglact, 500-50 mcglact</i>	G	N8 (Listing does not include certain NDCs)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (<i>budesonide-formoterol fumarate</i>)	NF	
<i>fluticasone-salmeterol</i> (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Act, 250-50 Mcg/Act, 500-50 Mcg/Act)	G	
XANTHINES - DRUGS TO TREAT COPD		
<i>theophylline</i> (Elixophyllin Oral Elixir 80 Mg/15Ml)	NPB	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>)	NF	
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	G	
<i>theophylline oral elixir 80 mg/15ml</i>	G	
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS		
DERMATOLOGY, ACNE		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG (<i>isotretinoin micronized</i>)	NF	
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG (<i>isotretinoin</i>)	NPB	
ACANYA EXTERNAL GEL 1.2-2.5 % (<i>clindamycin phos-benzoyl perox</i>)	NF	
ACZONE EXTERNAL GEL 5 %, 7.5 % (<i>dapsone</i>)	NF	
<i>adainzde external gel 0.3-2.5-1 %</i>	NF	
<i>adainzoxia external gel 0.3-2.5-4 %</i>	NF	
<i>adapalene external cream 0.1 %</i>	G	
<i>adapalene external gel 0.1 %, 0.3 %</i>	G	
<i>adapalene external pad 0.1 %</i>	NF	
<i>adapalene external solution 0.1 %</i>	NF	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	G	
AKLIEF EXTERNAL CREAM 0.005 % (<i>trifarotene</i>)	PB	
ALTRENO EXTERNAL LOTION 0.05 % (<i>tretinoin</i>)	NF	
<i>isotretinoin</i> (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)	G	
AMZEEQ EXTERNAL FOAM 4 % (<i>minocycline hcl micronized</i>)	NF	
ARAZLO EXTERNAL LOTION 0.045 % (<i>tazarotene</i>)	NF	
ATRALIN EXTERNAL GEL 0.05 % (<i>tretinoin</i>)	NF	
<i>tretinoin</i> (Avita External Cream 0.025 %)	G	
AZELEX EXTERNAL CREAM 20 % (<i>azelaic acid</i>)	NF	
BENZEPRO CREAMY WASH EXTERNAL LIQUID 7 % (<i>benzoyl peroxide</i>)	NPB	
<i>benzoyl peroxide</i> (Benzepro External Foam 5.3 %)	G	
<i>benzoyl perox-hydrocortisone external lotion 5-0.5 %</i>	G	
<i>benzoyl peroxide external foam 9.8 %</i>	G	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	G	
<i>bp wash external liquid 2.5 %</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>isotretinoin</i> (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	G	
CLENIA PLUS EXTERNAL SUSPENSION 9-4.25 % (<i>sulfacetamide sodium-sulfur</i>)	NF	
<i>clindamycin phosphate</i> (Clindacin Etz External Swab 1 %)	G	
<i>clindamycin phosphate</i> (Clindacin-P External Swab 1 %)	G	
CLINDAGEL EXTERNAL GEL 1 % (<i>clindamycin phosphate</i>)	NF	
<i>clindamycin phos-benzoyl perox external gel</i> 1-5 %, 1.2-2.5 %, 1.2-5 %	G	
<i>clindamycin phosphate external foam</i> 1 %	G	
<i>clindamycin phosphate external gel</i> 1 %	NF	
<i>clindamycin phosphate external lotion</i> 1 %	G	
<i>clindamycin phosphate external solution</i> 1 %	G	
<i>clindamycin phosphate external swab</i> 1 %	G	
<i>clindavix external kit</i> 1 & 1.8-2 %	NF	
CLINOIN EXTERNAL CREAM 1.25-0.025-1 % (<i>clindamycin-tretinoin-cholesty</i>)	NF	
<i>dapsone external gel</i> 5 %	G	
DIFFERIN EXTERNAL LOTION 0.1 % (<i>adapalene</i>)	NF	
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (<i>adapalene-benzoyl peroxide</i>)	PB	
<i>ery external pad</i> 2 %	G	
<i>erythromycin external gel</i> 2 %	G	
<i>erythromycin external solution</i> 2 %	G	
FABIOR EXTERNAL FOAM 0.1 % (<i>tazarotene</i>)	NF	
<i>isotretinoin oral capsule</i> 10 mg, 20 mg, 30 mg, 40 mg	G	
<i>isotretinoin oral capsule</i> 25 mg, 35 mg	NF	
<i>clindamycin-benzoyl per (refr)</i> (Neuac External Gel 1.2-5 %)	G	
NUCARACLINPAK EXTERNAL KIT 1 % (<i>clindamycin phos- moisturizer</i>)	NF	
NUCARARXPAK EXTERNAL KIT 1-2.5 % (<i>clindamycin-benzoyl per-moist</i>)	NF	
ONEXTON EXTERNAL GEL 1.2-3.75 % (<i>clindamycin phos-benzoyl perox</i>)	PB	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
PR BENZOYL PEROXIDE EXTERNAL LIQUID 6.9 % (benzoyl peroxide)	NPB	
PR BENZOYL PEROXIDE WASH EXTERNAL LIQUID 7 % (benzoyl peroxide)	NPB	
resorcinol-sulfur external lotion 2-5 %	G	
RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 % (tretinoin microsphere)	NF	
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.06 %, 0.08 %, 0.1 % (tretinoin microsphere)	NF	
sulfacetamide sodium (acne) external lotion 10 %	G	
sulfacetamide sodium-sulfur external pad 10-4 %	G	
sulfacetamide sodium-sulfur external pad 9.8-4.8 %	NF	
sulfacetamide sodium-sulfur external suspension 9-4.25 %	NF	
sulfamez wash external emulsion 10-1 %	G	
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	G	
tretinoin external gel 0.01 %, 0.025 %, 0.05 %	G	
tretinoin microsphere external gel 0.04 %, 0.1 %	G	
tretinoin microsphere pump external gel 0.04 %	G	
TWYNEO EXTERNAL CREAM 0.1-3 % (tretinoin-benzoyl peroxide)	PB	
benzoyl perox-hydrocortisone (Vanoxide-Hc External Lotion 5-0.5 %)	NF	
VELTIN EXTERNAL GEL 1.2-0.025 % (clindamycin-tretinoin)	NF	
WINLEVI EXTERNAL CREAM 1 % (clascoterone)	NPB	
zaclir cleansing external lotion 8 %	NPB	
isotretinoin (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	G	
ZIANA EXTERNAL GEL 1.2-0.025 % (clindamycin-tretinoin)	NF	
DERMATOLOGY, ACTINIC KERATOSIS		
CARAC EXTERNAL CREAM 0.5 % (fluorouracil)	NF	
fluorouracil external cream 0.5 %	NF	
fluorouracil external cream 5 %	G	
fluorouracil external solution 2 %, 5 %	G	
imiquimod external cream 5 %	G	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>imiquimod pump external cream 3.75 %</i>	G	
KLISYRI EXTERNAL OINTMENT 1 % (<i>tirbanibulin</i>)	NF	
ZYCLARA EXTERNAL CREAM 3.75 % (<i>imiquimod</i>)	NF	
ZYCLARA PUMP EXTERNAL CREAM 2.5 %, 3.75 % (<i>imiquimod</i>)	NF	
DERMATOLOGY, ANTIBIOTICS		
ALTABAX EXTERNAL OINTMENT 1 % (<i>retapamulin</i>)	NPB	
<i>gentamicin sulfate external cream 0.1 %</i>	G	
<i>gentamicin sulfate external ointment 0.1 %</i>	G	
<i>mafenide acetate external packet 5 %</i>	G	
<i>mupirocin calcium external cream 2 %</i>	NF	
<i>mupirocin external ointment 2 %</i>	G	
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % (<i>neomycin-fluocinolone</i>)	NF	
NEO-SYNALAR EXTERNAL KIT 0.5-0.025 % (<i>neo-fluocinolone & emollient</i>)	NF	
<i>silver sulfadiazine external cream 1 %</i>	G	
<i>silver sulfadiazine (Ssd External Cream 1 %)</i>	G	
SULFAMYLON EXTERNAL CREAM 85 MG/GM (<i>mafenide acetate</i>)	NPB	
XEPI EXTERNAL CREAM 1 % (<i>ozenoxacin</i>)	NPB	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox (Ciclodan External Solution 8 %)</i>	G	
<i>ciclopirox external gel 0.77 %</i>	G	
<i>ciclopirox external shampoo 1 %</i>	G	
<i>ciclopirox external solution 8 %</i>	G	
<i>ciclopirox olamine external cream 0.77 %</i>	G	
<i>ciclopirox olamine external suspension 0.77 %</i>	G	
<i>clotrimazole external cream 1 %</i>	G	
<i>clotrimazole external solution 1 %</i>	G	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	G	
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	G	
DERMACINRX THERAZOLE PAK EXTERNAL THERAPY PACK 1-0.05 & 20 % (<i>clotrimazole-betameth & zn ox</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>econazole nitrate external cream 1 %</i>	G	
ECOZA EXTERNAL FOAM 1 % (<i>econazole nitrate</i>)	NF	
ERTACZO EXTERNAL CREAM 2 % (<i>sertaconazole nitrate</i>)	NF	
EXELDERM EXTERNAL CREAM 1 % (<i>sulconazole nitrate</i>)	NPB	
EXELDERM EXTERNAL SOLUTION 1 % (<i>sulconazole nitrate</i>)	NPB	
<i>fungimez external solution</i>	NF	
<i>g-myco nail external solution</i>	NF	
JUBLIA EXTERNAL SOLUTION 10 % (<i>efinaconazole</i>)	NPB	
KERYDIN EXTERNAL SOLUTION 5 % (<i>tavaborole</i>)	NF	
<i>ketoconazole external cream 2 %</i>	G	
<i>ketoconazole external foam 2 %</i>	NF	
<i>ketoconazole</i> (Ketodan External Foam 2 %)	NF	
LOPROX EXTERNAL KIT 0.77 % (SUSP) (<i>ciclopirox olamine-cleanser</i>)	NF	
LOPROX EXTERNAL SUSPENSION 0.77 % (<i>ciclopirox olamine</i>)	NF	
<i>luliconazole external cream 1 %</i>	NF	
LUZU EXTERNAL CREAM 1 % (<i>luliconazole</i>)	NF	
<i>miconazole-zinc oxide-petrolat external ointment 0.25-15-81.35 %</i>	G	
MYCO NAIL EXTERNAL SOLUTION , 25 % (<i>misc antifungal combo products</i>)	NF	
<i>naftifine hcl external cream 1 %, 2 %</i>	G	
NAFTIN EXTERNAL GEL 1 %, 2 % (<i>naftifine hcl</i>)	NF	
<i>nystatin</i> (Nyamyc External Powder 100000 Unit/Gm)	G	
<i>nystatin external cream 100000 unit/gm</i>	G	
<i>nystatin external ointment 100000 unit/gm</i>	G	
<i>nystatin external powder 100000 unit/gm</i>	G	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	G	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	G	
<i>nystatin</i> (Nystop External Powder 100000 Unit/Gm)	G	
<i>oxiconazole nitrate external cream 1 %</i>	NF	
OXISTAT EXTERNAL CREAM 1 % (<i>oxiconazole nitrate</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
OXISTAT EXTERNAL LOTION 1 % (<i>oxiconazole nitrate</i>)	NF	
RECURA EXTERNAL CREAM (<i>misc antifungal combo products</i>)	NF	
<i>tavaborole external solution 5 %</i>	NF	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (<i>miconazole-zinc oxide-petrolat</i>)	NF	
XOLEGEL COREPAK EXTERNAL KIT 2 & 1 % (<i>ketoconazole-hydrocortisone</i>)	NF	
XOLEGEL DUO/HEAD & SHOULDERS EXTERNAL KIT 2 & 1 % (<i>ketoconazole & pyrithione zinc</i>)	NF	
XOLEGEL DUO/XOLEX EXTERNAL KIT 2 & 1 % (<i>ketoconazole & pyrithione zinc</i>)	NF	
DERMATOLOGY, ANTIPRURITIC		
<i>doxepin hcl external cream 5 %</i>	NF	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	G	
<i>calcipotriene external cream 0.005 %</i>	NF	
<i>calcipotriene external foam 0.005 %</i>	NF	
<i>calcipotriene external ointment 0.005 %</i>	G	
<i>calcipotriene external solution 0.005 %</i>	G	
<i>calcipotriene (Calcitrene External Ointment 0.005 %)</i>	G	
<i>calcitriol external ointment 3 mcg/gm</i>	NF	
<i>methoxsalen rapid oral capsule 10 mg</i>	G	
SORILUX EXTERNAL FOAM 0.005 % (<i>calcipotriene</i>)	NF	
<i>tazarotene external cream 0.1 %</i>	G	
TAZORAC EXTERNAL CREAM 0.05 %, 0.1 % (<i>tazarotene</i>)	NF	
TAZORAC EXTERNAL GEL 0.05 %, 0.1 % (<i>tazarotene</i>)	NF	
VECTICAL EXTERNAL OINTMENT 3 MCG/GM (<i>calcitriol</i>)	NF	
VTAMA EXTERNAL CREAM 1 % (<i>tapinarof</i>)	PB	
WYNZORA EXTERNAL CREAM 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	NF	
ZORYVE EXTERNAL CREAM 0.3 % (<i>roflumilast</i>)	PB	
DERMATOLOGY, ANTISEBORRHEICS		
<i>glycolic acid solution 70 %</i>	NPB	
<i>ketoconazole external shampoo 2 %</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
OVACE PLUS EXTERNAL FOAM 9.8 % (<i>sulfacetamide sodium</i>)	NF	
<i>selenium sulfide external lotion 2.5 %</i>	G	
<i>sodium sulfacetamide wash external liquid 10 %</i>	NPB	
DERMATOLOGY, ATOPIC DERMATITIS		
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>tralokinumab-ldrm</i>)	PSP	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (<i>abrocitinib</i>)	PSP	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML, 300 MG/2ML (<i>dupilumab</i>)	PSP	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML (<i>dupilumab</i>)	PSP	
OPZELURA EXTERNAL CREAM 1.5 % (<i>ruxolitinib phosphate</i>)	PB	
DERMATOLOGY, CORTICOSTEROIDS		
ADVANCED ALLERGY COLLECTION EXTERNAL KIT 2.5 % (<i>hydrocortisone</i>)	NF	
ALA SCALP EXTERNAL LOTION 2 % (<i>hydrocortisone</i>)	NPB	
<i>ala-cort external cream 1 %</i>	G	
<i>alclometasone dipropionate external cream 0.05 %</i>	G	
<i>alclometasone dipropionate external ointment 0.05 %</i>	G	
<i>amcinonide external lotion 0.1 %</i>	G	
<i>amcinonide external ointment 0.1 %</i>	NPB	
APEXICON E EXTERNAL CREAM 0.05 % (<i>diflorasone diacet emoll base</i>)	NF	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	G	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	G	
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	G	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	G	
<i>betamethasone dipropionate external cream 0.05 %</i>	G	
<i>betamethasone dipropionate external lotion 0.05 %</i>	G	
<i>betamethasone dipropionate external ointment 0.05 %</i>	NF	
<i>betamethasone valerate external cream 0.1 %</i>	G	
<i>betamethasone valerate external foam 0.12 %</i>	G	
<i>betamethasone valerate external lotion 0.1 %</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>betamethasone valerate external ointment 0.1 %</i>	G	
BRYHALI EXTERNAL LOTION 0.01 % (<i>halobetasol propionate</i>)	PB	
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	NF	
<i>calcipotriene-betameth diprop external suspension 0.005-0.064 %</i>	NF	
CAPEX EXTERNAL SHAMPOO 0.01 % (<i>fluocinolone acetonide</i>)	NF	
<i>clobetasol prop emollient base external cream 0.05 %</i>	G	
<i>clobetasol propionate e external cream 0.05 %</i>	G	
<i>clobetasol propionate emulsion external foam 0.05 %</i>	NF	
<i>clobetasol propionate external cream 0.05 %</i>	G	
<i>clobetasol propionate external foam 0.05 %</i>	G	
<i>clobetasol propionate external gel 0.05 %</i>	G	
<i>clobetasol propionate external liquid 0.05 %</i>	NF	
<i>clobetasol propionate external lotion 0.05 %</i>	G	
<i>clobetasol propionate external ointment 0.05 %</i>	G	
<i>clobetasol propionate external shampoo 0.05 %</i>	G	
<i>clobetasol propionate external solution 0.05 %</i>	G	
CLOBEX SPRAY EXTERNAL LIQUID 0.05 % (<i>clobetasol propionate</i>)	NF	
<i>clocortolone pivalate external cream 0.1 %</i>	NF	
<i>clobetasol propionate</i> (Clodan External Shampoo 0.05 %)	G	
CLODERM EXTERNAL CREAM 0.1 % (<i>clocortolone pivalate</i>)	NPB	
CORDRAN EXTERNAL CREAM 0.05 % (<i>flurandrenolide</i>)	NF	
CORDRAN EXTERNAL LOTION 0.05 % (<i>flurandrenolide</i>)	NF	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM (<i>flurandrenolide</i>)	NF	
<i>desonide external cream 0.05 %</i>	G	
<i>desonide external gel 0.05 %</i>	NF	
<i>desonide external lotion 0.05 %</i>	G	
<i>desonide external ointment 0.05 %</i>	G	
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	G	
<i>desoximetasone external gel 0.05 %</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>desoximetasone external liquid 0.25 %</i>	G	
<i>desoximetasone external ointment 0.05 %</i>	NF	
<i>desoximetasone external ointment 0.25 %</i>	G	
<i>desonide (Desrx External Gel 0.05 %)</i>	NF	
<i>diflorasone diacetate external cream 0.05 %</i>	NF	
<i>diflorasone diacetate external ointment 0.05 %</i>	NF	
DUOBRII EXTERNAL LOTION 0.01-0.045 % (<i>halobetasol prop-tazarotene</i>)	NF	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	PB	
<i>fluocinolone acetonide body external oil 0.01 %</i>	G	
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	G	
<i>fluocinolone acetonide external ointment 0.025 %</i>	G	
<i>fluocinolone acetonide external solution 0.01 %</i>	G	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	G	
<i>fluocinonide emulsified base external cream 0.05 %</i>	G	
<i>fluocinonide external cream 0.05 %</i>	G	
<i>fluocinonide external cream 0.1 %</i>	NF	
<i>fluocinonide external gel 0.05 %</i>	G	
<i>fluocinonide external ointment 0.05 %</i>	G	
<i>fluocinonide external solution 0.05 %</i>	G	
<i>flurandrenolide external cream 0.05 %</i>	NF	
<i>flurandrenolide external lotion 0.05 %</i>	NF	
<i>fluticasone propionate external cream 0.05 %</i>	G	
<i>fluticasone propionate external lotion 0.05 %</i>	G	
<i>fluticasone propionate external ointment 0.005 %</i>	G	
<i>halcinonide external cream 0.1 %</i>	NF	
<i>halobetasol propionate external cream 0.05 %</i>	G	
<i>halobetasol propionate external foam 0.05 %</i>	NF	
<i>halobetasol propionate external ointment 0.05 %</i>	G	
HALOG EXTERNAL CREAM 0.1 % (<i>halcinonide</i>)	NF	
HALOG EXTERNAL OINTMENT 0.1 % (<i>halcinonide</i>)	NF	
HALOG EXTERNAL SOLUTION 0.1 % (<i>halcinonide</i>)	NF	
<i>hydrocortisone butyr lipo base external cream 0.1 %</i>	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>hydrocortisone butyrate external cream 0.1 %</i>	NF	
<i>hydrocortisone butyrate external lotion 0.1 %</i>	NF	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	G	
<i>hydrocortisone butyrate external solution 0.1 %</i>	G	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	G	
<i>hydrocortisone external lotion 2.5 %</i>	G	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	G	
<i>hydrocortisone valerate external cream 0.2 %</i>	G	
<i>hydrocortisone valerate external ointment 0.2 %</i>	G	
IMPOYZ EXTERNAL CREAM 0.025 % (<i>clobetasol propionate</i>)	NF	
KENALOG EXTERNAL AEROSOL SOLUTION 0.147 MG/GM (<i>triamcinolone acetonide</i>)	NF	
LEXETTE EXTERNAL FOAM 0.05 % (<i>halobetasol propionate</i>)	NF	
<i>mometasone furoate external cream 0.1 %</i>	G	
<i>mometasone furoate external ointment 0.1 %</i>	G	
<i>mometasone furoate external solution 0.1 %</i>	G	
OLUX-E EXTERNAL FOAM 0.05 % (<i>clobetasol propionate emulsion</i>)	NF	
PANDEL EXTERNAL CREAM 0.1 % (<i>hydrocortisone probutate</i>)	NPB	
SERNIVO EXTERNAL EMULSION 0.05 % (<i>betamethasone dipropionate</i>)	NPB	
TACLONEX EXTERNAL OINTMENT 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	PB	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	PB	
TEXACORT EXTERNAL SOLUTION 2.5 % (<i>hydrocortisone</i>)	NPB	
<i>clobetasol propionate emulsion (Tovet External Foam 0.05 %)</i>	NF	
<i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>	NF	
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	G	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	G	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>triamcinolone acetonide external ointment 0.05 %</i>	NF	
<i>triamcinolone in absorbase external ointment 0.05 %</i>	NF	
<i>triamcinolone acetonide</i> (Trianex External Ointment 0.05 %)	NF	
<i>triamcinolone acetonide</i> (Triderm External Cream 0.5 %)	G	
ULTRAVATE EXTERNAL LOTION 0.05 % (<i>halobetasol propionate</i>)	NF	
VANOS EXTERNAL CREAM 0.1 % (<i>fluocinonide</i>)	NF	
VERDESO EXTERNAL FOAM 0.05 % (<i>desonide</i>)	NF	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>1st relief spray external liquid 4-1 %</i>	NF	
<i>lidocaine hcl</i> (7T Lido External Gel 2 %)	G	
ACCUCAINE COMBINATION KIT 1 % (<i>lido-pentaf-tetrafl-ultrasound</i>)	NF	
ALOCANE EMERGENCY BURN MAX STR EXTERNAL GEL 4 % (<i>lidocaine hcl</i>)	NF	
APRIZIO PAK EXTERNAL KIT 2.5-2.5 % (<i>lidocaine-prilocaine-dressing</i>)	NF	
ASTERO EXTERNAL GEL 4 % (<i>lidocaine hcl</i>)	NF	
CADIRAMD EXTERNAL KIT 2.5-2.5 % (<i>lido-prilocaine-blood collect</i>)	NF	
CETACAINE EXTERNAL GEL 2-2-14 % (<i>butamben-tetracaine-benzocaine</i>)	NF	
CETACAINE EXTERNAL LIQUID 2-2-14 % (<i>butamben-tetracaine-benzocaine</i>)	NF	
DERMACINRX PHN EXTERNAL THERAPY PACK 5 & 5 % (<i>lidocaine-dimethicone</i>)	NF	
DERMACINRX ZRM EXTERNAL THERAPY PACK 5 % (<i>lidocaine-emollient</i>)	NF	
<i>dermalid external therapy pack 5 %</i>	NF	
<i>lidocaine hcl</i> (Glydo External Prefilled Syringe 2 %)	G	
ICY HOT PM EXTERNAL PATCH 0.025-5 % (<i>capsaicin-menthol</i>)	NF	
L.E.T. EXTERNAL GEL 4-0.05-0.5 % (<i>lido-epinephrine-tetracaine</i>)	NF	
LDO PLUS EXTERNAL GEL 4 % (<i>lidocaine hcl</i>)	NF	
<i>lidocaine external ointment 5 %</i>	G	
<i>lidocaine external patch 5 %</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>lidocaine hcl external solution 4 %</i>	G	
<i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i>	G	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	G	
LIDOCARE ARM/NECK/LEG EXTERNAL PATCH 4 % (<i>lidocaine</i>)	NF	
LIDOCARE BACK/SHOULDER EXTERNAL PATCH 4 % (<i>lidocaine</i>)	NF	
LIDODERM EXTERNAL PATCH 5 % (<i>lidocaine</i>)	NPB	
<i>lidopin external cream 3.25 %</i>	NF	
LIDOPURE PATCH EXTERNAL KIT 5 % (<i>lidocaine- adhesive sheets</i>)	NF	
LIDOTHOL EXTERNAL GEL 4.5-5 % (<i>lidocaine-menthol</i>)	NF	
LIDOTHOL EXTERNAL PATCH 4.5-5 % (<i>lidocaine- menthol</i>)	NF	
LIDOTRAL EXTERNAL CREAM 3.88 % (<i>lidocaine hcl</i>)	NF	
LMR PLUS EXTERNAL KIT 5 & 0.5-0.5 % (<i>lidocaine- camphor-menthol</i>)	NF	
<i>paingo kft external kit 2.5-2.5-10-30 %</i>	NF	
PLIAGLIS EXTERNAL CREAM 7-7 % (<i>lidocaine- tetracaine</i>)	NF	
<i>premium scar external patch 2-4-30 %</i>	NF	
<i>prepiw supply combination kit 2.5-2.5 & 0.9 %</i>	NF	
QUTENZA (2 PATCH) EXTERNAL KIT 8 % (<i>capsaicin- cleansing gel</i>)	NPB	
QUTENZA EXTERNAL KIT 8 % (<i>capsaicin-cleansing gel</i>)	NPB	
SX1 MEDICATED POST-OPERATIVE EXTERNAL KIT 2 % (<i>lidocaine hcl & post-op system</i>)	NF	
SYNERA EXTERNAL PATCH 70-70 MG (<i>lidocaine- tetracaine</i>)	NPB	
VENIPUNCTURE PX1 PHLEBOTOMY EXTERNAL KIT 2 % (<i>lidocaine hcl-blood collection</i>)	NF	
<i>wpr plus wound healing system external therapy pack 4 & 10-30 %</i>	NF	
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
ACUICYN EXTERNAL SOLUTION (<i>eyelid cleansers</i>)	NF	
<i>acyclovir external cream 5 %</i>	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>acyclovir external ointment 5 %</i>	G	
AMELUZ EXTERNAL GEL 10 % (<i>aminolevulinic acid hcl</i>)	NF	
<i>ammonium lactate external cream 12 %</i>	G	
<i>ammonium lactate external lotion 12 %</i>	G	
AVENOVA EXTERNAL SOLUTION 0.01 % (<i>eyelid cleansers</i>)	NF	
<i>bensal hp external ointment 3 %</i>	NF	
CONDYLOX EXTERNAL GEL 0.5 % (<i>podofilox</i>)	NPB	
DENAVIR EXTERNAL CREAM 1 % (<i>penciclovir</i>)	NF	
DERMACINRX CLORHEXACIN EXTERNAL KIT 4 & 2 & 5 % (OINT) (<i>chlorhex-mupir-dimeth-silicone</i>)	NF	
<i>dermacinrx surgical combopak combination kit</i>	NF	
<i>diclofenac epolamine external patch 1.3 %</i>	G	
<i>diclofenac sodium external gel 3 %</i>	G	
<i>diclofenac sodium external solution 1.5 %</i>	G	
<i>diclofenac sodium external solution 2 %</i>	NF	
DICLOFONO EXTERNAL GEL 1.6 % (<i>diclofenac sodium</i>)	NF	
ELIDEL EXTERNAL CREAM 1 % (<i>pimecrolimus</i>)	NF	
<i>enovarx-diclofenac sodium external cream 2.5 %</i>	NF	
EUCRISA EXTERNAL OINTMENT 2 % (<i>crisaborole</i>)	PB	
FLECTOR EXTERNAL PATCH 1.3 % (<i>diclofenac epolamine</i>)	NF	
<i>iodine tincture external tincture 2 %</i>	NPB	
<i>lactic acid external lotion 10 %</i>	NPB	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % (<i>aminolevulinic acid hcl</i>)	NPB	
LICART EXTERNAL PATCH 24 HOUR 1.3 % (<i>diclofenac epolamine</i>)	NF	
NUSURGEPAK SURGICAL PREP/CARE EXTERNAL KIT 4 & 2 & 5 % (OINT) (<i>chlorhex-mupir-dimeth-silicone</i>)	NF	
PENNSAID EXTERNAL SOLUTION 2 % (<i>diclofenac sodium</i>)	NF	
<i>pimecrolimus external cream 1 %</i>	G	
<i>podofilox external solution 0.5 %</i>	G	
RECTIV RECTAL OINTMENT 0.4 % (<i>nitroglycerin</i>)	NPB	
<i>salicylic acid external ointment 3 %</i>	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>salimez forte external cream 10 %</i>	NPB	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (<i>collagenase</i>)	NPB	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	G	
TARGRETIN EXTERNAL GEL 1 % (<i>bexarotene</i>)	NF	
VALCHLOR EXTERNAL GEL 0.016 % (<i>mechlorethamine hcl (topical)</i>)	NPB	
VEREGEN EXTERNAL OINTMENT 15 % (<i>sinecatechins</i>)	NF	
VOLTAREN EXTERNAL GEL 1 % (<i>diclofenac sodium</i>)	NPB	
XALIX EXTERNAL SOLUTION 28 % (<i>salicylic acid</i>)	NF	
XERAC AC EXTERNAL SOLUTION 6.25 % (<i>aluminum chloride in alcohol</i>)	NPB	
ZOVIRAX EXTERNAL CREAM 5 % (<i>acyclovir</i>)	NF	
ZOVIRAX EXTERNAL OINTMENT 5 % (<i>acyclovir</i>)	NF	
DERMATOLOGY, ROSACEA		
<i>azelaic acid external gel 15 %</i>	G	
<i>doxycycline oral capsule delayed release 40 mg</i>	NF	
EPSOLAY EXTERNAL CREAM 5 % (<i>benzoyl peroxide</i>)	NF	
FINACEA EXTERNAL FOAM 15 % (<i>azelaic acid</i>)	PB	
FINACEA EXTERNAL GEL 15 % (<i>azelaic acid</i>)	NF	
<i>ivermectin external cream 1 %</i>	NF	
METROGEL EXTERNAL GEL 1 % (<i>metronidazole</i>)	NF	
<i>metronidazole external cream 0.75 %</i>	G	
<i>metronidazole external gel 0.75 %, 1 %</i>	G	
<i>metronidazole external lotion 0.75 %</i>	G	
MIRVASO EXTERNAL GEL 0.33 % (<i>brimonidine tartrate</i>)	NF	
NORITATE EXTERNAL CREAM 1 % (<i>metronidazole</i>)	NF	
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG (<i>doxycycline</i>)	PB	
RHOFADE EXTERNAL CREAM 1 % (<i>oxymetazoline hcl</i>)	NF	
SOOLANTRA EXTERNAL CREAM 1 % (<i>ivermectin</i>)	PB	
ZILXI EXTERNAL FOAM 1.5 % (<i>minocycline hcl micronized</i>)	NF	
DERMATOLOGY, SCABICIDES AND PEDICULICIDES		
CROTAN EXTERNAL LOTION 10 % (<i>crotamiton</i>)	G	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>lindane external shampoo 1 %</i>	G	
<i>malathion external lotion 0.5 %</i>	G	
<i>permethrin external cream 5 %</i>	G	
<i>spinosad external suspension 0.9 %</i>	G	
<i>sulfurated lime external solution</i>	NPB	
DERMATOLOGY, WOUND CARE AGENTS		
<i>acetic acid irrigation solution 0.25 %</i>	G	
<i>sodium chloride (gu irrigant) (Argyle Sterile Saline Irrigation Solution 0.9 %)</i>	G	
AZADROX EXTERNAL GEL (<i>silver</i>)	NF	
BASADROX EXTERNAL GEL (<i>silver</i>)	NF	
<i>sodium chloride (gu irrigant) (Curity Sterile Saline Irrigation Solution 0.9 %)</i>	G	
<i>glycine irrigation solution 1.5 %</i>	G	
KERASTAT EXTERNAL CREAM (<i>keratin</i>)	NF	
KERASTAT EXTERNAL GEL 5 % (<i>keratin</i>)	NF	
REGANEX EXTERNAL GEL 0.01 % (<i>becaplermin</i>)	NPB	
RENACIDIN IRRIGATION SOLUTION (<i>citric ac-gluconolact-mg carb</i>)	NPB	
<i>sodium chloride irrigation solution 0.9 %</i>	G	
<i>sorbitol irrigation solution 3 %</i>	NPB	
<i>sorbitol-mannitol irrigation solution 2.7-0.54 gml/100ml</i>	NPB	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl oral capsule 30 mg</i>	G	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	G	
<i>clotrimazole mouth/throat troche 10 mg</i>	G	
<i>lidocaine hcl mouth/throat solution 4 %</i>	G	
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	G	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	G	
<i>triamcinolone acetanide (Oralene Mouth/Throat Paste 0.1 %)</i>	G	
ORAVIG BUCCAL TABLET 50 MG (<i>miconazole</i>)	NPB	
<i>chlorhexidine gluconate (Periogard Mouth/Throat Solution 0.12 %)</i>	G	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 % (<i>sodium fluoride</i>)	NF	
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 % (<i>sodium fluoride</i>)	NF	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 % (<i>sodium fluoride</i>)	NF	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 % (<i>sodium fluoride</i>)	NF	
PREVIDENT DENTAL GEL 1.1 % (<i>sodium fluoride</i>)	NF	
PREVIDENT MOUTH/THROAT SOLUTION 0.2 % (<i>sodium fluoride</i>)	NF	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	G	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
<i>acetic acid otic solution 2 %</i>	G	
CIPRO HC OTIC SUSPENSION 0.2-1 % (<i>ciprofloxacin-hydrocortisone</i>)	NF	
CIPRODEX OTIC SUSPENSION 0.3-0.1 % (<i>ciprofloxacin-dexamethasone</i>)	NF	
<i>ciprofloxacin hcl otic solution 0.2 %</i>	G	
<i>ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %</i>	NF	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (<i>neomycin-colist-hc-thonzonium</i>)	NPB	
<i>fluocinolone acetonide (Flac Otic Oil 0.01 %)</i>	G	
<i>fluocinolone acetonide otic oil 0.01 %</i>	G	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	G	
<i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i>	G	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	G	
<i>ofloxacin otic solution 0.3 %</i>	G	
OTOVEL OTIC SOLUTION 0.3-0.025 % (<i>ciprofloxacin-fluocinolone</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan

The formulary is updated the first week of each month.

01/01/2024

Index

12-PANEL POC TOXICOLOGY SYSTEM.....	107	<i>acebutolol hcl</i>	50	ADVANCE MICRO-DRAW METER.....	108
<i>1st relief spray</i>	229	<i>acetaminophen-codeine</i>	17	ADVANCE MICRO-DRAW TEST.....	108
<i>1st tier unifine pentips</i>	107	<i>acetazolamide</i>	53	ADVANCED ALLERGY COLLECTION.....	225
<i>1st tier unifine pentips plus</i>	107	<i>acetazolamide er</i>	53	ADVATE.....	175
7T Lido.....	229	<i>acetic acid</i>	233, 234	ADVOCATE BLOOD GLUCOSE MONITOR.....	108
<i>abacavir sulfate</i>	25	<i>acetylcysteine</i>	215	ADVOCATE BLOOD GLUCOSE SYSTEM.....	108
<i>abacavir sulfate-lamivudine</i>	26	ACIPHEX.....	166	ADVOCATE INSULIN PEN NEEDLES.....	108
ABILIFY.....	63	<i>acitretin</i>	224	ADVOCATE INSULIN SYRINGE.....	109
ABILIFY MAINTENA.....	63	ACTEMRA.....	179	ADVOCATE LANCETS 30G.....	109
ABILIFY MYCITE MAINTENANCE KIT.....	63	ACTEMRA ACTPEN.....	180	ADVOCATE LANCING DEVICE.....	109
ABILIFY MYCITE STARTER KIT.....	63	ACTHAR.....	156	ADVOCATE RAPID-SAFE LANCING.....	109
<i>abiraterone acetate</i>	36	<i>acti-lance 28g</i>	108	ADVOCATE REDI-CODE..	109
ABOUTTIME PEN NEEDLE.....	107	<i>acti-lance lite lancets 28g</i>	108	ADVOCATE REDI-CODE+	109
ABSORICA.....	219	<i>acti-lance special lancets 17g..</i>	108	TEST.....	109
ABSORICA LD.....	219	<i>acti-lance universal 23g</i>	108	ADVOCATE SAFETY LANCETS.....	109
<i>acamprosate calcium</i>	57	ACTIMMUNE.....	187	ADVOCATE SAFETY LANCETS 26G.....	109
ACANYA.....	219	<i>active fe</i>	196	ADVOCATE TEST.....	109
<i>acarbose</i>	86	<i>activite</i>	196	<i>adynovate</i>	175
ACCRUFER.....	196	ACTOS.....	92	ADZENYS XR-ODT.....	71
ACCUCAINE.....	229	ACUICYN.....	230	AFINITOR.....	38
ACCU-CHEK AVIVA PLUS.....	107	ACUVAIL.....	206	AFINITOR DISPERZ.....	38
ACCU-CHEK FASTCLIX LANCET.....	107	<i>acyclovir</i>	28, 230, 231	Afirmelle.....	96
ACCU-CHEK FASTCLIX LANCETS.....	107	ACZONE.....	219	AFREZZA.....	89
ACCU-CHEK GUIDE.....	107	<i>adainzde</i>	219	AFSTYLA.....	175
ACCU-CHEK GUIDE ME..	107	<i>adainzoxia</i>	219	AFTERA.....	96
ACCU-CHEK LINKASSIST.....	108	<i>adalimumab-adaz</i>	180	AFTERPILL.....	96
ACCU-CHEK PLASTIC CARTRIDGE.....	108	<i>adapalene</i>	219	AGAMATRIX AMP.....	109
ACCU-CHEK SAFE-T PRO LANCETS.....	108	<i>adapalene-benzoyl peroxide</i>	219	AGAMATRIX AMP TEST..	109
ACCU-CHEK SMARTVIEW.....	108	ADASUVE.....	63	AGAMATRIX JAZZ TEST..	109
ACCU-CHEK SOFTCLIX LANCET DEV.....	108	ADBRY.....	225	AGAMATRIX JAZZ WIRELESS 2.....	109
ACCU-CHEK SOFTCLIX LANCETS.....	108	<i>adclf (0.5mg/ml)</i>	196	AGAMATRIX KEYNOTE TEST.....	109
ACCU-CHEK ULTRAFLEX INF SET.....	108	ADCIRCA.....	55	AGAMATRIX PRESTO.....	109
ACCU-CHEK ULTRAFLEX-1 INF SET....	108	ADDERALL.....	71	AGAMATRIX PRESTO PRO METER.....	109
ACCUTREND GLUCOSE..	108	ADDERALL XR.....	71		
		<i>adefovir dipivoxil</i>	28		
		ADEMPAS.....	55		
		<i>adjustable lancing device</i>	108		
		ADLARITY.....	58		
		ADMELOG.....	88		
		ADMELOG SOLOSTAR.....	89		
		ADRENALIN.....	209, 213		
		ADVAIR DISKUS.....	218		
		ADVAIR HFA.....	218		
		ADVANCE INTUITION METER.....	108		
		ADVANCE INTUITION MONITOR.....	108		
		ADVANCE INTUITION TEST.....	108		

AGAMATRIX PRESTO TEST.....	109	<i>alprazolam er</i>	57	AMRIX.....	80
AGAMATRIX ULTRA-THIN LANCETS.....	109	ALPRAZOLAM INTENSOL.....	57	AMZEEQ.....	219
AIMOVIG.....	75	<i>alprazolam xr</i>	57	<i>anagrelide hcl</i>	177
<i>aimSCO twist lancets 32g</i>	110	ALPROLIX.....	176	<i>anastrozole</i>	36
AIMSCO TWIST LANCETS 33G.....	110	ALREX.....	206	ANDRODERM.....	85
Airavite.....	196	ALTABAX.....	222	ANDROGEL PUMP.....	85
AIRDUO DIGIHALER.....	218	Altacaine.....	208	ANGELIQ.....	150
AIRDUO RESPICLICK 113/14.....	210	Altafrin.....	208	ANNOVERA.....	96
AIRDUO RESPICLICK 232/14.....	210	Altavera.....	96	ANORO ELLIPTA.....	210
AIRDUO RESPICLICK 55/14.....	210	ALTOPREV.....	48	ANTARA.....	47
AIRSUPRA.....	218	ALTRENO.....	219	ANTIVERT.....	161
AJOVY.....	75	ALUNBRIG.....	38	ANZEMET.....	161
AKLIEF.....	219	ALVESCO.....	216	APADAZ.....	17
AKTEN.....	208	<i>alyacen 11/35</i>	96	<i>apap-caff-dihydrocodeine</i>	17
AKYNZEO.....	161	<i>alyacen 71/717</i>	96	APEXICON E.....	225
ALA SCALP.....	225	Alyq.....	55	APIDRA.....	89
<i>ala-cort</i>	225	Amabelz.....	150	APIDRA SOLOSTAR.....	89
<i>albendazole</i>	23	<i>amantadine hcl</i>	61	APLENZIN.....	59
<i>albuterol sulfate</i>	212	<i>ambrisentan</i>	55	APOKYN.....	61
<i>albuterol sulfate hfa</i>	212	<i>amcinonide</i>	225	<i>apo-varenicline</i>	82
<i>alclometasone dipropionate</i>	225	AMELUZ.....	231	<i>apraclonidine hcl</i>	203
ALECENSA.....	38	Amethia.....	96	<i>aprepitant</i>	161
<i>alendronate sodium</i>	94	Amethyst.....	96	Apri.....	96
<i>alfuzosin hcl er</i>	168	<i>amiloride hcl</i>	53	APRISO.....	163
ALIMTA.....	35	<i>amiloride-hydrochlorothiazide</i> ..	53	APRIZIO PAK.....	229
ALINIA.....	32	<i>aminocaproic acid</i>	177	APTENSIO XR.....	71
<i>aliskiren fumarate</i>	53	<i>amiodarone hcl</i>	46	APTIOM.....	66
ALKINDI SPRINKLE.....	153	AMITIZA.....	164	APTIVUS.....	25
<i>allopurinol</i>	13	<i>amitriptyline hcl</i>	59	AQUALANCE LANCETS 30G.....	110
ALLZITAL.....	14	AMJEVITA.....	180	ARAKODA.....	24
<i>almotriptan malate</i>	75	AMLADEX.....	196	ARALAST NP.....	209
ALOCANE EMERGENCY BURN MAX STR.....	229	<i>amlodipine besy-benazepril hcl</i> ..	43	Aranelle.....	96
ALOCRIL.....	203	<i>amlodipine besylate</i>	51	ARANESP (ALBUMIN FREE).....	173
<i>alogliptin benzoate</i>	87	<i>amlodipine besylate-valsartan</i> ...	44	ARAZLO.....	219
<i>alogliptin-metformin hcl</i>	87	<i>amlodipine-atorvastatin</i>	51	ARCALYST.....	187
<i>alogliptin-pioglitazone</i>	87	<i>amlodipine-olmesartan</i>	44	Argyle Sterile Saline.....	233
ALOMIDE.....	203	<i>ammonium lactate</i>	231	Argyle Sterile Water.....	209
ALORA.....	150	Amnesteem.....	219	ARIKAYCE.....	23
<i>alosetron hcl</i>	164	<i>amoxapine</i>	59	<i>aripiprazole</i>	63
ALPHAGAN P.....	203	<i>amoxicill-clarithro-lansopraz</i> ..	168	ARISTADA.....	63
ALPHANATE.....	173	<i>amoxicillin</i>	33	ARISTADA INITIO.....	63
ALPHANINE SD.....	176	<i>amoxicillin-pot clavulanate</i>	33	<i>armodafinil</i>	81
<i>alprazolam</i>	57	<i>amoxicillin-pot clavulanate er</i> ...	33	ARMONAIR DIGIHALER.....	216
		<i>amphetamine sulfate</i>	71	ARMOUR THYROID.....	158
		<i>amphetamine-dextroamphet er</i> ..	71	ARNUITY ELLIPTA.....	217
		<i>amphetamine-dextroamphetamine</i>	71	ARTHROTEC.....	16
		<i>ampicillin</i>	33	ASCENIV.....	186
		<i>ampicillin-sulbactam sodium</i>	33	Ascomp-Codeine.....	17
		AMPYRA.....	77		

Ashlyna.....	96	atovaquone.....	32	AZASITE.....	205
ASMANEX (120 METERED DOSES).....	217	atovaquone-proguanil hcl.....	24	azathioprine.....	187
ASMANEX (14 METERED DOSES).....	217	ATRALIN.....	219	azelaic acid.....	232
ASMANEX (30 METERED DOSES).....	217	ATRIPLA.....	26	azelastine hcl.....	203, 211
ASMANEX (60 METERED DOSES).....	217	atropine sulfate.....	208	AZELEX.....	219
ASMANEX HFA.....	217	ATROVENT HFA.....	211	azesco.....	191
aspirin.....	21	AUBAGIO.....	77	azithromycin.....	30
aspirin adult low dose.....	21	Aubra Eq.....	96	AZOPT.....	203
aspirin ec low strength.....	21	aum mini insulin pen needle.....	110	AZOR.....	44
aspirin low dose.....	21	aum pen needle.....	110	AZSTARYS.....	72
aspirin regimen.....	21	aurora lancet super thin 30g...	110	Azurette.....	97
aspirin-dipyridamole er.....	178	aurora lancet thin 23g.....	110	b-6 folic acid.....	196
ASPIR-LOW.....	21	aurora pen needles.....	110	Bac.....	14
ASPRUZYO SPRINKLE.....	54	Aurovela 1.5/30.....	96	bacitracin.....	205
ASSURE 3 METER.....	110	Aurovela 1/20.....	96	bacitracin-polymyxin b.....	205
ASSURE 3 TEST.....	110	Aurovela 24 Fe.....	96	bacitra-neomycin-polymyxin- hc.....	204
ASSURE 4 METER.....	110	Aurovela Fe 1.5/30.....	96	baclofen.....	80
ASSURE 4 TEST.....	110	Aurovela Fe 1/20.....	96	BACMIN.....	196
assure comfort lancets 28g.....	110	AURYXIA.....	157	BAFIERTAM.....	77
ASSURE ID INSULIN		AUSTEDO.....	77	BALCOLTRA.....	97
SAFETY SYR.....	110	AUSTEDO XR.....	77	balsalazide disodium.....	163
ASSURE ID SAFETY PEN		AUSTEDO XR PATIENT		BALVERSA.....	38
NEEDLES.....	110	TITRATION.....	77	Balziva.....	97
ASSURE II.....	110	AUTO-LANCET.....	110	BANZEL.....	66
ASSURE II CHECK.....	110	AUTO-LANCET MINI.....	110	BAQSIMI ONE PACK.....	154
ASSURE PLATINUM.....	110	AUTOLET II CLINISAFE..	110	BAQSIMI TWO PACK.....	154
ASSURE PLATINUM		AUTOLET LITE		BARACLUDE.....	28
METER.....	110	CLINISAFE.....	110	BASADROX.....	233
ASSURE PRISM MULTI		AUTOLET LITE STARTER		BASAGLAR KWIKPEN.....	89
TEST.....	110	PACK.....	110	BASAGLAR TEMPO PEN...	89
ASSURE PRO BLOOD		AUTOLET MINI.....	110	BAXDELA.....	31
GLUCOSE METER.....	110	AUTOLET PLATFORMS..	110	BAYER ASPIRIN EC LOW	
ASSURE PRO TEST.....	110	AUTOLET PLUS.....	111	DOSE.....	21
ASTAGRAF XL.....	187	AUTOSOFT 30 INFUSION		BAYER LOW DOSE.....	21
ASTAMED MYO.....	196	SET.....	111	BD AUTOSHIELD DUO....	111
ASTERO.....	229	AUTOSOFT 90 INFUSION		BD INSULIN SYRINGE....	111
ATABEX EC.....	191	SET.....	111	BD INSULIN SYRINGE	
ATABEX OB.....	191	AUTOSOFT XC INFUSION		MICROFINE.....	111
ATACAND.....	45	SET.....	111	BD INSULIN SYRINGE	
ATACAND HCT.....	44	AUVI-Q.....	209	U/F.....	111
atazanavir sulfate.....	25	AVENOVA.....	231	BD INSULIN SYRINGE U- 500.....	111
atenolol.....	50	Aviane.....	96	BD INSULIN SYRINGE	
atenolol-chlorthalidone.....	50	avidoxy.....	34	ULTRAFINE.....	111
ATIVAN.....	57	Avita.....	219	BD LATITUDE DIABETES	111
atomoxetine hcl.....	71	AVONEX PEN.....	77	BD LOGIC BLOOD	
atorvastatin calcium.....	48	AVONEX PREFILLED.....	77	GLUCOSE MONITOR.....	111
		AVSOLA.....	179	BD MICROTAINER	
		Ayuna.....	97	LANCETS.....	111
		AYVAKIT.....	38		
		AZADROX.....	233		

BD PEN NEEDLE MICRO U/F	111	BETAPACE.....	46	BREXAFEMME.....	23
BD PEN NEEDLE MINI U/F	111	BETAPACE AF	46	BREZTRI AEROSPHERE..	210
BD PEN NEEDLE NANO 2ND GEN.....	111	BETASERON.....	78	<i>briellyn</i>	97
BD PEN NEEDLE NANO U/F	111	<i>betaxolol hcl</i>	50, 203	BRILINTA.....	178
BD PEN NEEDLE ORIGINAL U/F	111	<i>bethanechol chloride</i>	170	<i>brimonidine tartrate</i>	203
BD PEN NEEDLE SHORT U/F	112	BETHKIS.....	214	BRIVIACT.....	66
BD SAFETYGLIDE INSULIN SYRINGE.....	112	BETIMOL.....	203	<i>bromfenac sodium (once-daily)</i>	206
BD VEO INSULIN SYR U/F 1/2UNIT.....	112	BETOPTIC-S.....	203	<i>bromocriptine mesylate</i>	61, 62
BD VEO INSULIN SYRINGE U/F.....	112	BEVESPI AEROSPHERE....	210	BROMSITE.....	206
BECONASE AQ.....	215	<i>bexarotene</i>	42	BRONCHITOL.....	214
BELBUCA.....	20	BEYAZ.....	97	BRONCHITOL TOLERANCE TEST	214
<i>belladonna alkaloids-opium</i>	162	BEYFORTUS.....	189	BROVANA.....	212
BELSOMRA.....	74	<i>bicalutamide</i>	36	BRUKINSA.....	38
<i>benazepril hcl</i>	44	BIDIL.....	54	BRYHALI.....	226
<i>benazepril-hydrochlorothiazide</i> ..	43	BIGFOOT UNITY PROGRAM.....	112	<i>budesonide</i>	163, 217
BENEFIX.....	177	BIJUVA.....	150	<i>budesonide er</i>	163
BENICAR.....	45	BIKTARVY.....	27	<i>bumetanide</i>	53
BENICAR HCT.....	45	<i>bimatoprost</i>	203	Bupap.....	14
BENLYSTA.....	187, 188	<i>bi-mix</i>	169	BUPHENYL.....	149
<i>bensal hp</i>	231	BINOSTO.....	94	<i>buprenorphine hcl</i>	82
BENTIVITE.....	196	<i>biocel</i>	196	<i>buprenorphine hcl-naloxone hcl</i> ..	81
Benzepro.....	219	BIORPHEN.....	54	<i>bupropion hcl</i>	59
BENZEPRO CREAMY WASH.....	219	BIOTEL CARE BLOOD GLUCOSE SYST	112	<i>bupropion hcl er (smoking det)</i> ..	83
<i>benznidazole</i>	23	<i>bisoprolol fumarate</i>	50	<i>bupropion hcl er (sr)</i>	59
<i>benzonatate</i>	213	<i>bisoprolol-hydrochlorothiazide</i> ..	50	<i>bupropion hcl er (xl)</i>	59
<i>benzoyl perox-hydrocortisone</i> ..	219	BIVIGAM.....	186	<i>buspirone hcl</i>	57
<i>benzoyl peroxide</i>	219	Blisovi 24 Fe.....	97	<i>butalbital-acetaminophen</i>	14
<i>benzoyl peroxide-erythromycin</i>	219	Blisovi Fe 1.5/30.....	97	<i>butalbital-apap-caff-cod</i>	17
<i>benztropine mesylate</i>	61	Blisovi Fe 1/20.....	97	<i>butalbital-apap-caffeine</i>	14
BEPREVE.....	203	<i>blood glucose monitor system</i> ..	112	<i>butalbital-asa-caff-codeine</i>	17
BESIVANCE.....	205	<i>blood glucose monitoring 333</i> ..	112	<i>butalbital-aspirin-caffeine</i>	14
BESREMI.....	36	<i>blood glucose system pak</i>	112	<i>butorphanol tartrate</i>	17
<i>betamethasone combo</i>	153	<i>blood glucose test</i>	112	BUTRANS.....	20
<i>betamethasone dipropionate</i>	225	<i>blood glucose test strips 333</i>	112	BYDUREON BCISE.....	88
<i>betamethasone dipropionate</i> <i>aug</i>	225	BLULINK GLUCOSE MONITORING SYS.....	112	BYETTA 10 MCG PEN.....	88
<i>betamethasone sod phos & acet</i>	153	BLULINK GLUCOSE TEST	112	BYETTA 5 MCG PEN.....	88
<i>betamethasone valerate</i>	225, 226	BONJESTA.....	161	BYLVAY.....	165
		<i>bosentan</i>	56	BYLVAY (PELLETS).....	165
		BOSULIF.....	38	BYOOVIZ.....	208
		BOTOX.....	80	BYSTOLIC.....	50
		<i>bp vit 3</i>	196	<i>cabergoline</i>	156
		<i>bp wash</i>	219	CABLIVI.....	173
		<i>b-plex</i>	196	CABOMETYX.....	38
		<i>b-plex plus</i>	196	CADIRAMD.....	229
		BRAFTOVI.....	38	CALCIFOL.....	196
		BREO ELLIPTA.....	218	<i>calcipotriene</i>	224
				<i>calcipotriene-betameth diprop</i> ..	226
				<i>calcitonin (salmon)</i>	156

Calcitrene.....	224	CARESENS N VOICE		CEQUA.....	207
<i>calcitriol</i>	196, 224	SYSTEM.....	113	CERDELGA.....	149
<i>calcium acetate (phos binder)</i>	158	CARETOUCH INSULIN		CEREZYME.....	149
<i>calcium gluconate</i>	196	SYRINGE.....	113	CETACAINE.....	229
CALQUENCE.....	38	CARETOUCH		<i>cetirizine hcl</i>	211
CAMBIA.....	14	LANCING/EJECTOR.....	113	CETROTIDE.....	152
Camila.....	97	CARETOUCH MONITOR		<i>cevimeline hcl</i>	233
Camrese.....	97	SYSTEM.....	113	Charlotte 24 Fe.....	97
Camrese Lo.....	97	CARETOUCH PEN		Chateal Eq.....	97
CAMZYOS.....	54	NEEDLES.....	113	CHEMET.....	95
CANASA.....	163	CARETOUCH SAFETY		CHEMSTRIP K.....	113
<i>candesartan cilexetil</i>	45	LANCETS.....	113	CHEMSTRIP UGK.....	113
<i>candesartan cilexetil-hctz</i>	45	CARETOUCH SAFETY		CHENODAL.....	165
<i>capecitabine</i>	35	LANCETS 26G.....	113	<i>childrens aspirin</i>	21
CAPEX.....	226	CARETOUCH TEST.....	113	<i>chlordiazepoxide hcl</i>	57
CAPLYTA.....	63	CARETOUCH TWIST		<i>chlordiazepoxide-amitriptyline</i>	82
CAPRELSA.....	38	LANCETS 28G.....	113	<i>chlordiazepoxide-clidinium</i>	162
<i>captopril</i>	44	CARETOUCH TWIST		<i>chlorhexidine gluconate</i>	233
CARAC.....	221	LANCETS 30G.....	113	<i>chloroquine phosphate</i>	24
CARAFATE.....	165	CARETOUCH TWIST		<i>chlorpromazine hcl</i>	63
CARBAGLU.....	149	LANCETS 33G.....	113	<i>chlorthalidone</i>	53
<i>carbamazepine</i>	66	CARETOUCH TWIST MC		<i>chlorzoxazone</i>	80
<i>carbamazepine er</i>	66	LANCETS 30G.....	113	CHOLBAM.....	165
<i>carbidopa</i>	62	<i>carglumic acid</i>	149	<i>cholestyramine</i>	47
<i>carbidopa-levodopa</i>	62	<i>carisoprodol</i>	80	<i>cholestyramine light</i>	47
<i>carbidopa-levodopa er</i>	62	CARNITOR.....	95	CHOLEXMAX.....	196
<i>carbidopa-levodopa-entacapone</i>	62	CARNITOR SF.....	95	CHOLEXTRA T/F.....	196
<i>carbinoxamine maleate</i>	211	CAROSPIR.....	53	CIALIS.....	169
CARDIOCOM LANCING		<i>carteolol hcl</i>	203	CIBINQO.....	225
DEVICE.....	112	Cartia Xt.....	51	Ciclodan.....	222
CARDIZEM.....	51	<i>carvedilol</i>	50	<i>ciclopirox</i>	222
CARDIZEM CD.....	51	<i>carvedilol phosphate er</i>	50	<i>ciclopirox olamine</i>	222
CARDIZEM LA.....	51	CAYA.....	97	CIFEREX.....	196
CARDURA XL.....	168	CAYSTON.....	214	<i>cilostazol</i>	177
CAREFINE PEN NEEDLES		<i>cefaclor</i>	29	CILOXAN.....	205
.....	112	<i>cefaclor er</i>	29	CIMDUO.....	27
<i>careone advanced lancing dev</i>	112	<i>cefadroxil</i>	29	CIMERLI.....	208
CAREONE BLOOD		<i>cefdinir</i>	29	<i>cimetidine</i>	162
GLUCOSE SYSTEM.....	112	<i>cefixime</i>	29	CIMZIA.....	181
CAREONE BLOOD		<i>cefpodoxime proxetil</i>	30	CIMZIA STARTER KIT.....	180
GLUCOSE TEST.....	112	<i>cefprozil</i>	30	<i>cinacalcet hcl</i>	94
<i>careone insulin syringe</i>	112	<i>cefuroxime axetil</i>	30	CINRYZE.....	185
CAREONE LANCET		CELEBREX.....	13	CINVANTI.....	161
SUPER THIN 30G.....	112	<i>celecoxib</i>	13	CIPRO.....	31
<i>careone lancet thin 23g</i>	112	CELLCEPT.....	188	CIPRO HC.....	234
<i>careone unifine pentips plus</i>	112	CELLCEPT		CIPRODEX.....	234
CARESENS N GLUCOSE		INTRAVENOUS.....	188	<i>ciprofloxacin hcl</i>	31, 205, 234
SYSTEM.....	113	CELONTIN.....	66	<i>ciprofloxacin-fluocinolone pf</i>	234
CARESENS N GLUCOSE		CENFOL.....	196	<i>citalopram hydrobromide</i>	59
TEST.....	113	<i>cephalexin</i>	30	CITRANATAL 90 DHA.....	191

CITRANATAL ASSURE....	191	CLIMARA PRO.....	150	COMETRIQ (60 MG DAILY DOSE).....	38
CITRANATAL B-CALM....	191	Clindacin Etz.....	220	COMFORT ASSIST	
CITRANATAL BLOOM.....	191	Clindacin-P.....	220	INSULIN SYRINGE.....	114
CITRANATAL HARMONY		CLINDAGEL.....	220	<i>comfort assured lancets 28g</i>	114
.....	191	<i>clindamycin hcl</i>	32	<i>comfort assured lancets 33g</i>	114
Claravis.....	220	<i>clindamycin palmitate hcl</i>	32	COMFORT EZ INSULIN	
CLARINEX-D 12 HOUR....	213	<i>clindamycin phos-benzoyl</i>		SYRINGE.....	114
<i>clarithromycin</i>	30	<i>perox</i>	220	COMFORT EZ MICRO	
<i>clarithromycin er</i>	30	<i>clindamycin phosphate</i>	171, 220	PEN NEEDLES.....	114
CLEANLET LANCETS 28G		<i>clindavix</i>	220	COMFORT EZ PEN	
.....	113	CLINDESSE.....	171	NEEDLES.....	115
<i>clemastine fumarate</i>	211	CLINOIN.....	220	COMFORT EZ PRO PEN	
CLENIA PLUS.....	220	<i>clobazam</i>	66	NEEDLES.....	115
CLENPIQ.....	164	<i>clobetasol prop emollient base</i>	226	COMFORT EZ SHORT	
CLEOCIN.....	171	<i>clobetasol propionate</i>	226	PEN NEEDLES.....	115
CLEVER CHEK AUTO-		<i>clobetasol propionate e</i>	226	COMFORT TOUCH	
CODE SYSTEM.....	113	<i>clobetasol propionate emulsion</i>	226	INSULIN PEN NEED.....	115
CLEVER CHEK AUTO-		CLOBEX SPRAY.....	226	COMFORT TOUCH	
CODE TEST.....	113	<i>clocortolone pivalate</i>	226	LANCETS 31G.....	115
CLEVER CHEK AUTO-		Clodan.....	226	COMFORT TOUCH PLUS	
CODE VOICE.....	113	CLODERM.....	226	LANCETS 28G.....	115
CLEVER CHEK LANCETS	113	<i>clomipramine hcl</i>	58	COMFORT TOUCH PLUS	
CLEVER CHEK SYSTEM..	113	<i>clonazepam</i>	66	LANCETS 30G.....	115
CLEVER CHEK TEST.....	113	<i>clonidine</i>	54	COMPLERA.....	27
CLEVER CHOICE AUTO-		<i>clonidine hcl</i>	54	<i>completenate</i>	191
CODE SYSTEM.....	114	<i>clonidine hcl er</i>	72	Compro.....	161
CLEVER CHOICE AUTO-		<i>clopidogrel bisulfate</i>	178	CO-NATAL FA.....	191
CODE TEST.....	114	<i>clorazepate dipotassium</i>	66	CONCEPT DHA.....	191
CLEVER CHOICE		<i>clotrimazole</i>	222, 233	CONCEPT OB.....	191
COMFORT EZ.....	114	<i>clotrimazole-betamethasone</i>	222	CONCERTA.....	72
CLEVER CHOICE		<i>clozapine</i>	63, 64	<i>condoms</i>	97
LANCETS 21G.....	114	CLOZARIL.....	64	CONDYLOX.....	231
CLEVER CHOICE		<i>c-nate dha</i>	191	CONJUPRI.....	51
LANCETS 23G.....	114	COAGADEX.....	173	<i>constulose</i>	164
CLEVER CHOICE		COAGUCHEK LANCETS..	114	CONTOUR MONITOR.....	115
LANCETS 28G.....	114	COARTEM.....	24	CONTOUR NEXT EZ.....	115
CLEVER CHOICE MICRO		<i>codeine sulfate</i>	17	CONTOUR NEXT LINK....	115
SYSTEM.....	114	COLAZAL.....	163	CONTOUR NEXT	
CLEVER CHOICE MICRO		<i>colchicine</i>	13	MONITOR.....	115
TEST.....	114	<i>colchicine-probenecid</i>	13	CONTOUR NEXT ONE.....	115
CLEVER CHOICE MINI		COLCRYS.....	13	CONTOUR NEXT TEST....	115
SYSTEM.....	114	<i>colesevelam hcl</i>	47	CONTOUR TEST.....	115
CLEVER CHOICE NO		<i>colestipol hcl</i>	47	CONTRACE.....	94
CODING.....	114	COMBIGAN.....	203	CONZIP.....	17
CLEVER CHOICE TALK		COMBIPATCH.....	150	COOL BLOOD GLUCOSE	
SYSTEM.....	114	COMBIVENT RESPIMAT..	210	TEST STRIPS.....	115
CLICKFINE PEN		COMETRIQ (100 MG		COOL MONITOR.....	115
NEEDLES.....	114	DAILY DOSE).....	38	COOL MONITOR KIT.....	115
<i>clickfine pen needles</i>	114	COMETRIQ (140 MG		COPAXONE.....	78
CLIMARA.....	150	DAILY DOSE).....	38		

COPIKTRA.....	39	<i>cvs nicotine</i>	83	DEMSEr.....	54
CORDRAN.....	226	<i>cvs nicotine polacrilex</i>	83	DENAVIR.....	231
COREG CR.....	50	<i>cvs ultra thin lancets</i>	116	DEPAKOTE.....	66
Coremino.....	34	<i>cyanocobalamin</i>	196	DEPAKOTE ER.....	66
CORLANOR.....	54	<i>cyclobenzaprine hcl</i>	80	DEPAKOTE SPRINKLES....	67
CORTIFOAM.....	163	<i>cyclobenzaprine hcl er</i>	80	DEPEN TITRATABS.....	95
CORTISPORIN-TC.....	234	<i>cyclopentolate hcl</i>	208	DEPO-ESTRADIOL.....	150
CORTROPHIN.....	156	<i>cyclophosphamide</i>	35	DEPO-SUBQ PROVERA	
CORVITE 150.....	196	<i>cycloserine</i>	28	104.....	98
<i>corvite fe</i>	196	CYCLOSET.....	87	Depo-Testosterone.....	85
COSENTYX.....	181	<i>cyclosporine</i>	188, 207	DERMACINRX	
COSENTYX (300 MG		CYCLOSPORINE IN		CLORHEXACIN.....	231
DOSE).....	181	KLARITY.....	208	DERMACINRX DAVIMET	197
COSENTYX		<i>cyclosporine modified</i>	188	DERMACINRX	
SENSOREADY (300 MG)...	181	CYMBALTA.....	59	DOTREMIN.....	197
COSENTYX		<i>cyproheptadine hcl</i>	211, 212	DERMACINRX	
SENSOREADY PEN.....	181	Cyred Eq.....	97	FOLTAMIN.....	197
COSENTYX UNOREADY.	181	CYSTADANE.....	149	DERMACINRX	
COSOPT PF.....	203	CYSTADROPS.....	208	MULTITAM.....	197
COTELLIC.....	39	CYSTAGON.....	149	DERMACINRX PHN.....	229
COTEMPLA XR-ODT.....	72	CYSTARAN.....	208	DERMACINRX	
COZAAR.....	46	CYTOMEL.....	158	PRETRATE.....	191
CREON.....	166	<i>cytra k crystals</i>	169	DERMACINRX RIBOTIN-	
CRESEMBA.....	24	<i>dalfampridine er</i>	78	E.....	197
CRESTOR.....	48	DALIRESP.....	215	<i>dermacinrx surgical combopak</i>	231
CRINONE.....	158	<i>danazol</i>	149	DERMACINRX	
<i>cromolyn sodium</i>	165, 203, 215	<i>dantrolene sodium</i>	80	THERAZOLE PAK.....	222
CROTAN.....	232	<i>dapsone</i>	32, 220	DERMACINRX	
Cryselle-28.....	97	DARAPRIM.....	32	ZINTREXYL-C.....	197
CUPRIMINE.....	95	<i>darifenacin hydrobromide er</i> ...	170	DERMACINRX ZRM.....	229
Curity Sterile Saline.....	233	DARTISLA ODT.....	160	<i>dermalid</i>	229
CUTAQUIG.....	186	Dasetta 1/35.....	97	DESCOVY.....	27
CUVITRU.....	186	Dasetta 7/7/7.....	97	DESFERAL.....	95
CUVPOSA.....	160	DAURISMO.....	36	<i>desipramine hcl</i>	59
CVS ADVANCED		<i>dayavite</i>	197	<i>desloratadine</i>	212
GLUCOSE TEST.....	115	DAYBUE.....	76	<i>desmopressin ace spray refig.</i>	159
<i>cvs aspirin low dose</i>	21	Daysee.....	97	<i>desmopressin acetate</i>	160
<i>cvs aspirin low strength</i>	21	DAYTRANA.....	72	<i>desmopressin acetate spray</i>	160
CVS BLOOD GLUCOSE		DAYVIGO.....	74	<i>desogestrel-ethinyl estradiol</i>	98
METER.....	115	D-CARE BLOOD		<i>desonide</i>	226
<i>cvs folic acid</i>	196	GLUCOSE.....	116	<i>desoximetasone</i>	226, 227
<i>cvs glucose meter test strips</i>	115	D-CARE GLUCOMETER..	116	Desrx.....	227
CVS KETONE CARE.....	116	Deblitane.....	98	<i>desvenlafaxine succinate er</i>	59
<i>cvs lancets 21g</i>	116	<i>deferasirox</i>	95	DETROL LA.....	170
<i>cvs lancets micro thin 33g</i>	116	<i>deferoxamine mesylate</i>	95	<i>dexamethasone</i>	153
<i>cvs lancets original</i>	116	DELESTROGEN.....	150	<i>dexamethasone (la)</i>	153
<i>cvs lancets thin 26g</i>	116	DELSTRIGO.....	27	DEXAMETHASONE	
<i>cvs lancets ultra thin 30g</i>	116	Delyla.....	98	INTENSOL.....	153
<i>cvs lancets ultra-thin 30g</i>	116	DELZICOL.....	163	<i>dexamethasone sodium</i>	
<i>cvs lancing device</i>	116	<i>demeclocycline hcl</i>	34	<i>phosphate</i>	153, 206

DEXCOM G6 RECEIVER.. 116	<i>diclofenac-misoprostol</i> 16	<i>doxycycline monohydrate</i> 34
DEXCOM G6 SENSOR..... 116	DICLOFONO..... 231	<i>doxylamine-pyridoxine</i> 161
DEXCOM G6	<i>dicloxacillin sodium</i> 33	<i>dronabinol</i> 161
TRANSMITTER..... 116	<i>dicyclomine hcl</i> 160	DROPLET INSULIN
DEXCOM G7 RECEIVER.. 116	DIFFERIN..... 220	SYRINGE..... 117
DEXCOM G7 SENSOR..... 116	DIFICID..... 30	DROPLET LANCETS
Dexifol..... 197	<i>diflorasone diacetate</i> 227	ULTRA THIN 30G..... 117
DEXILANT..... 166	<i>diflunisal</i> 21	DROPLET LANCING
<i>dexlansoprazole</i> 166	Digox..... 53	DEVICE..... 117
<i>dexmethylphenidate hcl</i> 72	<i>digoxin</i> 53	DROPLET MICRON..... 117
<i>dexmethylphenidate hcl er</i> 72	<i>dihydroergotamine mesylate</i> 75	DROPLET PEN NEEDLES 117
DEXONTO 0.4%..... 153	DILANTIN..... 67	DROPLET PERSONAL
DEXTENZA..... 206	DILANTIN INFATABS..... 67	LANCETS 30G..... 117
<i>dextroamphetamine sulfate</i> 72	DILAUDID..... 17	<i>dropsafe safety pen needles</i> 117
<i>dextroamphetamine sulfate er</i> ... 72	<i>diltiazem hcl</i> 52	DROPSAFE SAFETY
DEXYCU..... 206	<i>diltiazem hcl er</i> 52	SYRINGE/NEEDLE..... 117
<i>dfs drlms/menthlcap pak</i> 14	<i>diltiazem hcl er beads</i> 51	<i>drospiren-eth estrad-levomefol</i> .. 98
DHIVY..... 62	<i>diltiazem hcl er coated beads</i> ... 52	<i>drospirenone-ethinyl estradiol</i> ... 98
DIACOMIT..... 67	<i>dilt-xr</i> 52	DROXIA..... 177
DIALYVITE SUPREME D. 197	<i>dimethyl fumarate</i> 78	<i>drug mart lancets thin 26g</i> 117
DIALYVITE/ZINC..... 197	<i>dimethyl fumarate starter pack</i> .. 78	DRUG MART ON-THE-GO
DIASTAT ACUDIAL..... 67	DIOVAN..... 46	LANCET 30G..... 117
DIASTAT PEDIATRIC..... 67	DIOVAN HCT..... 45	<i>drug mart unifine pentips</i> 117
DIASTIX..... 116	DIPENTUM..... 163	<i>drug mart unifine pentips plus</i> .. 117
DIATHRIVE BLOOD	<i>diphenhydramine hcl</i> 212	DSUVIA..... 17
GLUCOSE METER..... 116	<i>diphenoxylate-atropine</i> 160	DUAKLIR PRESSAIR..... 218
DIATHRIVE BLOOD	<i>dipyridamole</i> 178	DUAVEE..... 150
GLUCOSE TEST..... 116	<i>disopyramide phosphate</i> 46	DUET DHA 400..... 191
DIATHRIVE GLUCOSE	<i>disulfiram</i> 57	DUET DHA BALANCED.. 191
TEST..... 116	DIURIL..... 53	DUEXIS..... 16
DIATHRIVE LANCET	<i>divalproex sodium</i> 67	DULERA..... 218
ULTRA THIN 30..... 116	<i>divalproex sodium er</i> 67	<i>duloxetine hcl</i> 59
DIATHRIVE LANCETS..... 116	DIVIGEL..... 150	DUOBRII..... 227
DIATHRIVE LANCING	<i>dofetilide</i> 46	DUO-CARE TEST..... 117
DEVICE..... 116	Dolishale..... 98	DUOPA..... 62
DIATHRIVE PEN NEEDLE	<i>donepezil hcl</i> 58	DUPIXENT..... 216, 225
..... 116	DOPTelet..... 173	DUREZOL..... 206
DIATHRIVE+ GLUCOSE	DORYX..... 34	DUROLANE..... 22
MONITOR..... 116	DORYX MPC..... 34	<i>dutasteride</i> 168
DIATHRIVE+ GLUCOSE	<i>dorzolamide hcl</i> 203	<i>dutasteride-tamsulosin hcl</i> 168
TEST..... 117	<i>dorzolamide hcl-timolol mal</i> ... 203	<i>d-xylose</i> 189
<i>diatrupe plus blood glucose</i> 117	<i>dorzolamide hcl-timolol mal pf</i> 203	DYANAVEL XR..... 72
<i>diatrupe plus test</i> 117	Dotti..... 150	DYMISTA..... 211
<i>diazepam</i> 67	<i>double pm</i> 204	DYRENIUM..... 53
<i>diclofenac epolamine</i> 231	DOVATO..... 27	DYSPORT..... 80
<i>diclofenac potassium</i> 14	<i>doxazosin mesylate</i> 44	E.E.S. 400..... 30
<i>diclofenac</i>	<i>doxepin hcl</i> 59, 224	E.E.S. GRANULES..... 30
<i>potassium(migraine)</i> 14	<i>doxercalciferol</i> 197	<i>easy comfort insulin syringe</i> 117
<i>diclofenac sodium</i> 14, 206, 231	<i>doxycycline</i> 232	<i>easy comfort lancets</i> 117
<i>diclofenac sodium er</i> 14	<i>doxycycline hyclate</i> 34	<i>easy comfort lancets twist top</i> .. 117

<i>easy comfort pen needles</i>	117	EASYPRO BLOOD		EMBRACE EVO GLUCOSE	
<i>easy glide pen needles</i>	117	GLUCOSE MONITOR.....	119	MONITOR.....	119
<i>easy mini eject lancing device</i> ..	118	EASYPRO BLOOD		EMBRACE EVO GLUCOSE	
<i>easy mini lancing device</i>	118	GLUCOSE TEST.....	119	MONITORING.....	120
<i>easy plus ii glucose system</i>	118	EASYPRO PLUS.....	119	EMBRACE LANCETS	
<i>easy plus ii glucose test</i>	118	<i>econazole nitrate</i>	223	ULTRA THIN 30G.....	120
EASY STEP GLUCOSE		ECONTRA ONE-STEP.....	98	EMBRACE PEN NEEDLES	120
MONITOR.....	118	ECOTRIN LOW		EMBRACE PRESSURE	
EASY STEP TEST.....	118	STRENGTH.....	21	ACTIVATED 21G.....	120
<i>easy talk blood glucose system</i>	118	ECOZA.....	223	EMBRACE PRESSURE	
<i>easy talk blood glucose test</i>	118	<i>ec-rx estradiol</i>	150	ACTIVATED 28G.....	120
EASY TOUCH FLIPLOCK		<i>ec-rx progesterone</i>	158	EMBRACE PRO GLUCOSE	
INSULIN SY.....	118	<i>ec-rx testosterone</i>	85	METER.....	120
EASY TOUCH GLUCOSE		EDARBI.....	46	EMBRACE PRO GLUCOSE	
SYSTEM.....	118	EDARBYCLOR.....	45	TEST.....	120
EASY TOUCH INSULIN		EDLUAR.....	74	EMBRACE TALK BLOOD	
SAFETY SYR.....	118	EDURANT.....	25	GLUCOSE.....	120
EASY TOUCH INSULIN		<i>efavirenz</i>	25	EMBRACE TALK	
SYRINGE.....	118	Effer-K.....	189	GLUCOSE TEST.....	120
EASY TOUCH LANCETS		EFFEXOR XR.....	59	EMBRACE TALK	
21G.....	118	ELEMENT AUTOCODE		MONITORING SYSTEM...	120
EASY TOUCH LANCETS		SYSTEM.....	119	EMCYT.....	35
23G.....	118	<i>element compact glucose</i>		EMEND.....	161
EASY TOUCH LANCETS		<i>system</i>	119	EMEND TRI-PACK.....	161
28G.....	118	<i>element compact test</i>	119	EMFLAZA.....	153
EASY TOUCH LANCETS		<i>element compact v glucose sys</i> ..	119	EMGALITY.....	75
30G.....	118	ELEMENT PLUS.....	119	EMGALITY (300 MG	
EASY TOUCH LANCETS		ELEMENT TEST.....	119	DOSE).....	75
32G.....	118	ELEPSIA XR.....	67	EMPAVELI.....	178
EASY TOUCH LANCING		ELESTRIN.....	151	EMSAM.....	59
DEVICE.....	118	<i>eletriptan hydrobromide</i>	75	<i>emtricitabine-tenofovir df</i>	27
EASY TOUCH PEN		ELFOLATE PLUS.....	197	EMTRIVA.....	25
NEEDLES.....	118	ELIDEL.....	231	EMVERM.....	23
EASY TOUCH SAFETY		ELIGARD.....	37	<i>enalapril maleate</i>	44
PEN NEEDLES.....	118	Elinest.....	98	<i>enalapril-hydrochlorothiazide</i> ...	43
EASY TOUCH		ELIQUIS.....	172	ENBRACE HR.....	191
SHEATHLOCK SYRINGE.	118	ELIQUIS DVT/PE		ENBREL.....	182
EASY TOUCH TEST.....	119	STARTER PACK.....	172	ENBREL MINI.....	181
<i>easy trak blood glucose system</i>	119	Elixophyllin.....	218	ENBREL SURECLICK.....	182
<i>easy trak blood glucose test</i>	119	ELLA.....	98	ENCARE.....	168
<i>easy trak ii blood glucose sys</i> ..	119	ELMIRON.....	169	ENDARI.....	177
<i>easy trak ii glucose test</i>	119	ELOCTATE.....	175	Endocet.....	17
EASYGLUCO.....	119	Eluryng.....	98	ENDOMETRIN.....	170
EASYMAX 15 TEST.....	119	ELYXYB.....	13	ENLITE GLUCOSE	
EASYMAX NG BLOOD		EMBRACE BLOOD		SENSOR.....	120
GLUCOSE.....	119	GLUCOSE MONITOR.....	119	ENLITE SERTER.....	120
EASYMAX TEST.....	119	EMBRACE BLOOD		<i>enovarx-diclofenac sodium</i>	231
EASYMAX V BLOOD		GLUCOSE TEST.....	119	<i>enoxaparin sodium</i>	172
GLUCOSE.....	119	EMBRACE EVO BLOOD		Enpresse-28.....	98
		GLUCOSE TEST.....	119	Enskyce.....	98

ENSPRYNG.....	188	ERYPED 200.....	30	EXFORGE HCT.....	45
ENSTILAR.....	227	ERYPED 400.....	30	EXJADE.....	95
<i>entacapone</i>	62	Ery-Tab.....	31	EXKIVITY.....	39
<i>entecavir</i>	28	ERYTHROCIN STEARATE	31	EXSERVAN.....	76
ENTEREG.....	165	<i>erythromycin</i>	31, 205, 220	EXTAVIA.....	78
ENTRESTO.....	54	<i>erythromycin base</i>	31	EYLEA.....	208
ENTYVIO.....	179	<i>erythromycin ethylsuccinate</i>	31	EYSUVIS.....	206
<i>enulose</i>	164	ESBRIET.....	216	E-Z JECT LANCET	
ENVARBUS XR.....	188	<i>escitalopram oxalate</i>	59	MICRO-THIN 33G.....	121
EPANED.....	44	Esgic.....	14	E-Z JECT LANCET SUPER	
EPCLUSA.....	31	<i>esomeprazole magnesium</i>	166	THIN 30G.....	121
EPIDIOLEX.....	67	ESPEROCT.....	175	E-Z JECT LANCETS.....	121
EPIDUO FORTE.....	220	Estartylla.....	98	E-Z JECT LANCETS 21G....	121
<i>epinastine hcl</i>	203	<i>estazolam</i>	74	E-Z JECT LANCETS THIN	
<i>epinephrine</i>	209	<i>estradiol</i>	151	26G.....	121
<i>epinephrine professional</i>	210	<i>estradiol valerate</i>	151	EZALLOR SPRINKLE.....	48
EPINEPHRINESNAP-EMS	210	<i>estradiol-norethindrone acet</i> ...	151	<i>ezetimibe</i>	47
EPINEPHRINESNAP-V.....	210	ESTRING.....	151	<i>ezetimibe-simvastatin</i>	49
EPIPEN 2-PAK.....	210	ESTROGEL.....	151	EZ-LETS LANCETS 21G....	121
EPIPEN JR 2-PAK.....	210	<i>eszopiclone</i>	74	EZ-LETS LANCETS 26G....	121
EPISNAP.....	210	<i>ethacrynic acid</i>	53	EZ-LETS LANCETS 28G....	121
Epitol.....	67	<i>ethambutol hcl</i>	28	EZ-LETS LANCETS 30G....	121
<i>eplerenone</i>	44	<i>ethosuximide</i>	67	FA-8.....	197
EPOGEN.....	174	<i>ethynodiol diac-eth estradiol</i>	98	<i>fabb</i>	197
<i>epoprostamol sodium</i>	56	<i>etodolac</i>	14	FABIOR.....	220
EPRONTIA.....	67	<i>etodolac er</i>	14	Falmina.....	98
EPSOLAY.....	232	<i>etonogestrel-ethinyl estradiol</i>	98	<i>famciclovir</i>	28
<i>eq aspirin low dose</i>	21	<i>etoposide</i>	43	<i>famotidine</i>	162
<i>eq blood glucose test</i>	120	EUCRISA.....	231	FANAPT.....	64
<i>eq famotidine max st</i>	162	EUFLEXXA.....	22	FANAPT TITRATION	
<i>eq nicotine</i>	83	EULEXIN.....	37	PACK.....	64
<i>eq nicotine polacrilex</i>	83	Euthyrox.....	159	FANATREX FUSEPAQ.....	67
<i>eq nicotine step 3</i>	83	EVAMIST.....	151	FARXIGA.....	93
<i>eq aspirin low dose</i>	21	EVEKEO.....	72	FASENRA PEN.....	216
<i>eq color lancets 21g</i>	120	EVEKEO ODT.....	72	FASLODEX.....	37
<i>eq color lancets micro 33g</i>	120	EVENITY.....	156	<i>fa-vitamin b-6-vitamin b-12</i>	197
<i>eq insulin syringe</i>	120	EVERSENSE E3		Fayosim.....	98
<i>eq super thin lancets 30g</i>	120	SENSOR/HOLDER.....	120	FC2 FEMALE CONDOM....	98
<i>eq thin lancets 26g</i>	120	EVERSENSE E3 SMART		<i>febuxostat</i>	13
EQUETRO.....	64	TRANSMITTER.....	120	FEIBA.....	173
<i>ergocalciferol</i>	197	EVERSENSE		<i>felbamate</i>	67
<i>ergoloid mesylates</i>	58	SENSOR/HOLDER.....	120	<i>felodipine er</i>	52
ERGOMAR.....	75	EVERSENSE SMART		FEMCAP.....	98
<i>ergotamine-caffeine</i>	75	TRANSMITTER.....	120	FEMRING.....	169
ERIVEDGE.....	36	EVOLUTION AUTOCODE	121	<i>fenofibrate</i>	48
ERLEADA.....	37	EVOTAZ.....	27	<i>fenofibrate micronized</i>	48
<i>erlotinib hcl</i>	39	EVRYSDI.....	76	<i>fenofibric acid</i>	48
Errin.....	98	EXELDERM.....	223	FENOGLIDE.....	48
ERTACZO.....	223	<i>exemestane</i>	37	<i>fenopropfen calcium</i>	14
<i>ery</i>	220	EXFORGE.....	45	FENSOLVI (6 MONTH).....	156

<i>fentanyl</i>	17	FLOVENT HFA.....	217	Folvite-D.....	198
<i>fentanyl citrate</i>	17	<i>fluconazole</i>	24	<i>fondaparinux sodium</i>	172
FENTORA.....	17	<i>flucytosine</i>	24	FORA 6 CONNECT.....	121
<i>ferocon</i>	197	<i>fludarabine phosphate</i>	35	FORA BLOOD GLUCOSE	
<i>ferotinsic</i>	197	<i>fludrocortisone acetate</i>	153	TEST.....	121
FERRIPROX.....	95	<i>flunisolide</i>	215	FORA D15G BLOOD	
FERRIPROX TWICE-A-		<i>fluocinolone acetonide</i>	227, 234	GLUCOSE TEST.....	121
DAY.....	95	<i>fluocinolone acetonide body</i>	227	FORA D20 BLOOD	
Ferrocite Plus.....	197	<i>fluocinolone acetonide scalp</i>	227	GLUCOSE TEST.....	121
FETZIMA.....	60	<i>fluocinonide</i>	227	FORA D40/G31 BLOOD	
FETZIMA TITRATION.....	60	<i>fluocinonide emulsified base</i>	227	GLUCOSE.....	121
Fexmid.....	80	<i>fluorometholone</i>	206	FORA G20 BLOOD	
FIASP.....	89	<i>fluorouracil</i>	221	GLUCOSE SYSTEM.....	121
FIASP FLEXTOUCH.....	89	<i>fluoxetine hcl</i>	60	FORA G20 BLOOD	
FIASP PENFILL.....	89	<i>fluoxetine hcl (pmdd)</i>	82	GLUCOSE TEST.....	121
FIBRICOR.....	48	<i>fluphenazine decanoate</i>	64	FORA G30/PREM V10	
FIFTY50 GLUCOSE		<i>fluphenazine hcl</i>	64	GLUCOSE TEST.....	122
METER 2.0.....	121	<i>flurandrenolide</i>	227	FORA G30A BLOOD	
FIFTY50 GLUCOSE TEST		<i>flurbiprofen</i>	15	GLUCOSE SYSTEM.....	122
2.0.....	121	<i>flurbiprofen sodium</i>	206	FORA GD20 BLOOD	
FIFTY50 PEN NEEDLES...	121	<i>fluticasone furoate-vilanterol</i> ..	218	GLUCOSE SYSTEM.....	122
FIFTY50 SUPERIOR		<i>fluticasone propionate</i>	215, 227	FORA GD20 TEST.....	122
COMFORT SYR.....	121	<i>fluticasone propionate hfa</i>	217	FORA GD50 BLOOD	
FIFTY50 UNILET		<i>fluticasone-salmeterol</i>	210, 218	GLUCOSE SYSTEM.....	122
LANCETS 33G.....	121	<i>fluvastatin sodium</i>	48	FORA GD50 BLOOD	
FINACEA.....	232	<i>fluvastatin sodium er</i>	48	GLUCOSE TEST.....	122
<i>finasteride</i>	168	<i>fluvoxamine maleate</i>	58	FORA GTEL BLOOD	
FINGERSTIX LANCETS...	121	<i>fluvoxamine maleate er</i>	58	GLUCOSE SYSTEM.....	122
FINTEPLA.....	67	FML FORTE.....	206	FORA GTEL BLOOD	
Finzala.....	98	FML LIQUIFILM.....	207	GLUCOSE TEST.....	122
FIORICET.....	14	FOCALIN XR.....	72	FORA GTEL BLOOD	
FIRAZYR.....	185	<i>folagent dha</i>	197	KETONE TEST.....	122
FIRDAPSE.....	76	<i>folamax</i>	197	FORA LANCETS.....	122
FIRMAGON.....	37	<i>folamed dha</i>	198	FORA LANCING DEVICE	122
FIRMAGON (240 MG		<i>folate</i>	198	FORA PREMIUM V10 BLE	
DOSE).....	37	<i>folbee</i>	198	SYSTEM.....	122
FIRST-METRONIDAZOLE.	32	<i>folbee plus</i>	198	FORA TEST N' GO	
FIRVANQ.....	32	FOLBIC.....	198	MONITOR.....	122
Flac.....	234	FOLDITAM.....	198	FORA TN'G VOICE.....	122
FLAREX.....	206	FOLGARD OS.....	198	FORA TN'G/TN'G VOICE..	122
<i>flavoxate hcl</i>	170	<i>folic acid</i>	198	FORA V10 BLOOD	
FLEBOGAMMA DIF.....	186	FOLI-D.....	198	GLUCOSE SYSTEM.....	122
<i>flecainide acetate</i>	46	FOLIFLEX.....	198	FORA V10 BLOOD	
FLECTOR.....	231	<i>folite</i>	198	GLUCOSE TEST.....	122
FLEQSUVY.....	80	FOLITIN-Z.....	198	FORA V12 BLOOD	
FLOLAN.....	56	FOLIVANE-OB.....	191	GLUCOSE SYSTEM.....	122
<i>flolipid</i>	48	FOLLISTIM AQ.....	152	FORA V12 BLOOD	
FLORIVA.....	197	<i>folplex 2.2</i>	198	GLUCOSE TEST.....	122
FLORIVA PLUS.....	197	FOLTANX RF.....	198	FORA V20 BLOOD	
FLOVENT DISKUS.....	217	<i>foltrin</i>	198	GLUCOSE SYSTEM.....	122

FORA V20 BLOOD		FREESTYLE PRECISION		GENTEEL BUTTERFLY	
GLUCOSE TEST	123	NEO SYSTEM.....	124	TOUCH LANCET	124
FORA V30A BLOOD		FREESTYLE PRECISION		GENTEEL CONTACT TIPS	
GLUCOSE SYSTEM.....	123	NEO TEST	124	(BLUE).....	124
FORA V30A BLOOD		FREESTYLE TEST	124	GENTEEL CONTACT TIPS	
GLUCOSE TEST	123	FREESTYLE UNISTICK II		(CLEAR).....	124
FORACARE GD40		LANCETS.....	124	GENTEEL CONTACT TIPS	
MONITOR.....	123	<i>frovatriptan succinate</i>	75	(GREEN).....	124
FORACARE GD40 TEST ...	123	FULPHILA.....	174	GENTEEL CONTACT TIPS	
FORACARE PREMIUM		<i>fungimez</i>	223	(ORANGE).....	124
V10.....	123	<i>furosemide</i>	53	GENTEEL CONTACT TIPS	
FORACARE PREMIUM		FUSION PLUS.....	198	(RAINBOW).....	124
V10 TEST	123	FUZEON	25	GENTEEL CONTACT TIPS	
FORACARE TEST N GO		Fyavolv.....	151	(VIOLET).....	124
MONITOR.....	123	FYCOMPA.....	68	GENTEEL CONTACT TIPS	
FORACARE TEST N GO		FYLNETRA.....	174	(YELLOW).....	124
TEST	123	Fyremadel.....	152	GENTEEL LANCING KIT	
FORTEO.....	156	<i>g tussin ac</i>	213	(BLUE).....	124
FORTESTA.....	85	<i>gabapentin</i>	68	GENTEEL NOZZLES.....	124
FORTISCARE G1 TEST		GALAFOLD.....	157	GENTEEL PLUS	
STRIP.....	123	<i>galantamine hydrobromide</i>	58	LANCING (BLACK).....	124
FORTISCARE T1		<i>galantamine hydrobromide er ...</i>	58	GENTEEL PLUS	
GLUCOSE SYSTEM.....	123	GAMMAGARD.....	186	LANCING (PURPLE).....	124
FORTISCARE TEST	123	GAMMAGARD S/D LESS		GENTEEL PLUS	
FOSAMAX PLUS D.....	94	IGA.....	186	LANCING (WHITE).....	124
<i>fosamprenavir calcium</i>	25	GAMMAKED.....	186	GENTEEL PLUS	
<i>fosinopril sodium</i>	44	GAMMAPLEX.....	187	LANCING DEV(BLUE).....	124
<i>fosinopril sodium-hctz</i>	43	GAMUNEX-C.....	187	GENTEEL PLUS	
FOSRENOL.....	158	<i>ganirelix acetate</i>	152	LANCING DEV(PINK).....	124
FOSTEUM.....	198	<i>gatifloxacin</i>	205	GENTLE-LET GP	
FOSTEUM PLUS.....	198	GATTEX.....	165	LANCETS.....	124
FOTIVDA.....	39	GAVRETO.....	39	GENTLE-LET LANCETS...	124
FRAGMIN.....	172	<i>ge100 blood glucose system</i>	124	GENTLE-LET	
FREESTYLE FREEDOM		<i>ge100 blood glucose test</i>	124	PLATFORMS.....	124
LITE.....	123	GELNIQUE.....	170	GENULTIMATE TEST	124
FREESTYLE INSULINX		GEL-ONE.....	22	GENVISC 850.....	22
TEST	123	GELSYN-3.....	22	GENVOYA.....	27
FREESTYLE LIBRE 14		<i>gemfibrozil</i>	48	GEODON.....	64
DAY READER.....	123	Gemmily.....	99	<i>ght blood glucose monitor</i>	124
FREESTYLE LIBRE 14		GEMTESA.....	170	<i>ght test</i>	124
DAY SENSOR.....	123	<i>generlac</i>	164	GIALAX.....	164
FREESTYLE LIBRE 2		Gengraf.....	188	GIAPREZA.....	54
READER.....	123	GENICIN VITA-D.....	198	GILENYA.....	78
FREESTYLE LIBRE 2		GENICIN VITA-Q.....	198	GILOTRIF.....	39
SENSOR.....	123	Genicin Vita-S.....	198	GILPHEX TR.....	213
<i>freestyle libre 3 sensor</i>	123	GENOTROPIN.....	155	GIMOTI.....	165
FREESTYLE LIBRE		GENOTROPIN		GLASSIA.....	209
READER.....	124	MINIQUICK.....	155	<i>glatiramer acetate</i>	78
FREESTYLE LITE.....	124	<i>gentamicin sulfate</i>	205, 222	Glatopa.....	78
FREESTYLE LITE TEST ...	124			GLEOLAN.....	189

GLEOSTINE.....	35	GLUCOCOM LANCETS		GONAL-F.....	152
GLIADEL WAFER.....	35	33G.....	126	GONAL-F RFF.....	152
<i>glimepiride</i>	93	GLUCOCOM MONITOR...	126	GONAL-F RFF REDIJECT	152
<i>glipizide</i>	93	GLUCOCOM TEST.....	126	<i>goodsense aspirin low dose</i>	21
<i>glipizide er</i>	93	GLUCONAVII BLOOD		<i>goodsense blood glucose</i>	127
<i>glipizide xl</i>	93	GLUCOSE SYS.....	126	<i>goodsense clickfine pen needle</i>	127
<i>glipizide-metformin hcl</i>	87	GLUCONAVII BLOOD		<i>goodsense lancets 26g univ</i>	127
<i>global ease inject pen needles</i> ..	125	GLUCOSE TEST.....	126	<i>goodsense lancets 30g univ</i>	127
<i>global easy glide insulin syr</i>	125	GLUCOPRO INSULIN		<i>goodsense lancets 33g univ</i>	127
<i>global easy glide pen needles</i> ...	125	SYRINGE.....	126	<i>goodsense lancing device</i>	127
<i>global inject ease insulin syr</i>	125	GLUCOPRO SYR RES 3ML		<i>goodsense nicotine</i>	83
<i>global inject ease lancets 28g</i> ..	125	22GX3/8".....	126	GOODSENSE PEN	
<i>global inject ease lancets 30g</i> ..	125	<i>glucose meter test</i>	126	NEEDLE PENFINE.....	127
<i>global insulin syringes</i>	125	GLUMETZA.....	86	GRALISE.....	82
<i>global lancing device</i>	125	<i>glyburide</i>	94	<i>granisetron hcl</i>	161
GLUCAGEN HYPOKIT.....	154	<i>glyburide micronized</i>	94	GRASTEK.....	178
<i>glucagon emergency</i>	154	<i>glyburide-metformin</i>	87	<i>griseofulvin microsize</i>	24
GLUCO PERFECT 3		<i>glycine</i>	233	<i>griseofulvin ultramicrosize</i>	24
METER.....	125	<i>glycolic acid</i>	224	<i>guaiaatussin ac</i>	213
GLUCO PERFECT 3 TEST.....	125	<i>glycopyrrolate</i>	160	<i>guaifenesin-codeine</i>	213
GLUCOCARD 01 BLOOD		Glydo.....	229	<i>guanfacine hcl</i>	54
GLUCOSE.....	125	GLYXAMBI.....	92	<i>guanfacine hcl er</i>	72
GLUCOCARD 01 SENSOR		<i>g-myc</i> o nail.....	223	GUARDIAN 4 GLUCOSE	
PLUS.....	125	<i>gnp adult aspirin low strength</i> ...	21	SENSOR.....	127
GLUCOCARD 01-MINI		<i>gnp aspirin</i>	21	GUARDIAN 4	
GLUCOSE.....	125	<i>gnp clickfine pen needles</i>	126	TRANSMITTER.....	127
GLUCOCARD		GNP EASY TOUCH		GUARDIAN CONNECT	
EXPRESSION MONITOR..	125	GLUCOSE METER.....	126	TRANSMITTER.....	127
GLUCOCARD		<i>gnp easy touch glucose test</i>	126	GUARDIAN LINK 3	
EXPRESSION TEST.....	125	<i>gnp folic acid</i>	198	TRANSMITTER.....	127
GLUCOCARD SHINE		<i>gnp insulin syringe</i>	126	GUARDIAN REAL-TIME	
CONNEX.....	125	<i>gnp lancets 21g</i>	126	CHARGER.....	127
GLUCOCARD SHINE		<i>gnp lancets thin 26g</i>	126	GUARDIAN REAL-TIME	
EXPRESS.....	125	<i>gnp nicotine</i>	83	REPLACE PED.....	127
GLUCOCARD SHINE		<i>gnp nicotine mini</i>	83	GUARDIAN REAL-TIME	
TEST.....	125	<i>gnp nicotine polacrilex</i>	83	TEST PLUG.....	128
GLUCOCARD SHINE XL..	125	<i>gnp sterile lancets 28g</i>	127	GUARDIAN SENSOR (3)...	128
GLUCOCARD VITAL		<i>gnp sterile lancets 30g</i>	127	<i>guardian sensor 3</i>	128
MONITOR.....	126	<i>gnp sterile lancets 33g</i>	127	GVOKE HYPOPEN 1-	
GLUCOCARD VITAL		<i>gnp ulticare pen needles</i>	127	PACK.....	154
TEST.....	126	GNP ULTIGUARD		GVOKE HYPOPEN 2-	
GLUCOCARD X-METER..	126	SAFEPACK NEEDLE.....	127	PACK.....	154
GLUCOCARD X-SENSOR.....	126	<i>gnp ultra com insulin syringe</i> ...	127	GVOKE PFS.....	154
GLUCOCOM BLOOD		GOCOVRI.....	62	GYNAZOLE-1.....	171
GLUCOSE MONITOR.....	126	GOJJI BLOOD GLUCOSE		HABITROL.....	83
GLUCOCOM LANCETS		TEST.....	127	HAEGARDA.....	186
28G.....	126	GOJJI BLOOD TEST		Hailey 1.5/30.....	99
GLUCOCOM LANCETS		STRIP/LANCETS.....	127	Hailey 24 Fe.....	99
30G.....	126	GOJJI STERILE LANCETS	127	Hailey Fe 1.5/30.....	99
		GOLYTELY.....	164	Hailey Fe 1/20.....	99

<i>halcinonide</i>	227	HUMALOG MIX 50/50		<i>hydrocortisone butyr lipo base</i>	227
<i>halobetasol propionate</i>	227	KWIKPEN.....	89	<i>hydrocortisone butyrate</i>	228
Haloette.....	99	HUMALOG MIX 75/25.....	89	<i>hydrocortisone valerate</i>	228
HALOG.....	227	HUMALOG MIX 75/25		<i>hydrocortisone-acetic acid</i>	234
<i>haloperidol</i>	64	KWIKPEN.....	89	<i>hydromet</i>	213
<i>haloperidol decanoate</i>	64	HUMATE-P.....	173	<i>hydromorphone hcl</i>	18
<i>haloperidol lactate</i>	64	HUMATIN.....	23	<i>hydromorphone hcl er</i>	18
HARVONI.....	31	HUMATROPE.....	155	<i>hydroxychloroquine sulfate</i>	185
HEALTH CARE LANCING		HUMIRA.....	182	<i>hydroxyurea</i>	42
DEVICE.....	128	HUMIRA PEDIATRIC		<i>hydroxyzine hcl</i>	212
<i>healthwise insulin syr/needle</i> ...	128	CROHNS START.....	182	<i>hydroxyzine pamoate</i>	212
<i>healthwise micron pen needles</i> ..	128	HUMIRA PEN.....	182	<i>hylavite</i>	199
<i>healthwise short pen needles</i>	128	HUMIRA PEN-CD/UC/HS		<i>hylazine</i>	199
Heather.....	99	STARTER.....	182	HYMOVIS.....	22
<i>h-e-b aspirin</i>	21	HUMIRA PEN-		<i>hyoscyamine sulfate</i>	160
<i>h-e-b incontrol adv lancing</i>	128	PS/UV/ADOL HS START....	182	<i>hyoscyamine sulfate er</i>	160
<i>h-e-b incontrol lancets 28g</i>	128	HUMIRA PEN-		HYPERSAL.....	215
<i>h-e-b incontrol lancets 30g</i>	128	PSOR/UEVIT STARTER....	182	HYQVIA.....	187
<i>h-e-b incontrol lancets 33g</i>	128	HUMULIN 70/30.....	90	HYRIMOZ.....	182
<i>h-e-b incontrol pen needles</i>	128	HUMULIN 70/30		HYRIMOZ-CROHNS/UC	
H-E-B INCONTROL		KWIKPEN.....	90	STARTER PACK.....	182
UNIFINE PENTIP.....	128	HUMULIN N.....	90	HYRIMOZ-PED CROHNS	
HEMADY.....	153	HUMULIN N KWIKPEN.....	90	STARTER.....	182
HEMANGEOL.....	50	HUMULIN R.....	90	HYRIMOZ-PLAQUE	
<i>hematinic plus vit/minerals</i>	198	HUMULIN R U-500		PSORIASIS START.....	182
HEMLIBRA.....	175	(CONCENTRATED).....	90	HYSINGLA ER.....	18
HEMOCYTE PLUS.....	199	HUMULIN R U-500		HY-VEE LANCETS.....	128
HEMOFIL M.....	175	KWIKPEN.....	90	<i>hy-vee thin lancets</i>	128
<i>heparin sod (porcine) in d5w</i> ..	172	HW EMBRACE PRO		HYZAAR.....	45
<i>heparin sodium (porcine)</i>	172	GLUCOSE METER.....	128	<i>ibandronate sodium</i>	94
<i>heparin sodium (porcine) pf</i> ...	172	HW EMBRACE PRO		IBRANCE.....	39
<i>hepmed</i>	172	GLUCOSE TEST.....	128	IBSRELA.....	164
HER STYLE.....	99	HW EMBRACE TALK		Ibu.....	15
HETLIOZ.....	74	BLOOD GLUCOSE.....	128	<i>ibuprofen</i>	15
HETLIOZ LQ.....	74	HW EMBRACE TALK		<i>ibuprofen-famotidine</i>	16
Hidex 6-Day.....	153	GLUCOSE TEST.....	128	ICAR-C PLUS.....	199
HIZENTRA.....	187	HYALGAN.....	22	<i>icatibant acetate</i>	186
HM EMBRACE TALK		HYCANTIN.....	43	Iclevia.....	99
SYSTEM.....	128	HYCODAN.....	213	ICLUSIG.....	39
<i>hm folic acid</i>	199	<i>hydralazine hcl</i>	55	<i>icosapent ethyl</i>	49
<i>hm nicotine</i>	83	<i>hydrochlorothiazide</i>	53	ICY HOT PM.....	229
<i>hm nicotine polacrilex</i>	83	<i>hydrocod poli-chlorphe poli er</i> ..	213	IDELVION.....	177
HM ULTICARE INSULIN		<i>hydrocodone bitartrate er</i>	18	IDHIFA.....	42
SYRINGE.....	128	<i>hydrocodone bit-homatrop mbr</i>		Ifex 150 Forte.....	199
HM ULTICARE SHORT		.....	213	IGLUCOSE MONITORING	
PEN NEEDLES.....	128	<i>hydrocodone-acetaminophen</i>	18	SYSTEM.....	128
HORIZANT.....	82	<i>hydrocodone-ibuprofen</i>	18	IGLUCOSE TEST STRIPS..	129
HUMALOG.....	89	<i>hydrocortisone</i>	153, 163, 228	ILARIS.....	189
HUMALOG KWIKPEN.....	89	<i>hydrocortisone (perianal)</i>	167	ILEVRO.....	207
HUMALOG MIX 50/50.....	89	<i>hydrocortisone ace-pramoxine</i>	167	ILUMYA.....	180

<i>imatinib mesylate</i>	39	<i>insulin glargine-yfgn</i>	90	JARDIANCE.....	93
IMBRUVICA.....	39	<i>insulin syringe</i>	129	Jasmiel.....	99
IMCIVREE.....	157	<i>insulin syringe-needle u-100</i>	129	JATENZO.....	85
<i>imipramine hcl</i>	60	<i>insupen pen needles</i>	129	Jencycla.....	99
<i>imipramine pamoate</i>	60	INSUPEN SENSITIVE.....	129	<i>jenliva prenatal/postnatal</i>	191
<i>imiquimod</i>	221	INSUPEN ULTRAFIN.....	129	JENTADUETO.....	87
<i>imiquimod pump</i>	222	INTEGRA PLUS.....	199	JENTADUETO XR.....	87
IMPOYZ.....	228	INTELENCE.....	25	Jinteli.....	151
IMVEXXY		INTRAROSA.....	85	JIVI.....	175
MAINTENANCE PACK.....	151	Introvale.....	99	Jolessa.....	99
IMVEXXY STARTER		INTUNIV.....	72	JORNAY PM.....	72
PACK.....	151	INVEGA HAFYERA.....	64	JUBLIA.....	223
IN TOUCH.....	129	INVEGA SUSTENNA.....	64	Juleber.....	99
IN TOUCH BLOOD		INVEGA TRINZA.....	64	JULUCA.....	27
GLUCOSE TEST.....	129	INVELTYS.....	207	Junel 1.5/30.....	99
IN TOUCH LANCING		INVOKAMET.....	93	Junel 1/20.....	99
DEVICE.....	129	INVOKAMET XR.....	93	Junel Fe 1.5/30.....	99
IN TOUCH STERILE		INVOKANA.....	93	Junel Fe 1/20.....	99
LANCETS 30G.....	129	<i>iodine tincture</i>	231	Junel Fe 24.....	100
INATAL GT.....	191	IOPIDINE.....	203	JUXTAPID.....	49
INBRIJA.....	62	<i>ipratropium bromide</i>	211	JYNARQUE.....	157
Incassia.....	99	<i>ipratropium-albuterol</i>	210	Kaitlib Fe.....	100
INCONTROL ULTICARE		<i>irbesartan</i>	46	KALETRA.....	27
PEN NEEDLES.....	129	<i>irbesartan-hydrochlorothiazide</i> ..	45	Kalliga.....	100
INCRELEX.....	157	IRESSA.....	39	KALYDECO.....	214
INCRUSE ELLIPTA.....	211	ISENTRESS.....	25	KAPSPARGO SPRINKLE...50	
<i>indapamide</i>	53	ISENTRESS HD.....	25	KAPVAY.....	72
INDERAL LA.....	50	Isibloom.....	99	KARBINAL ER.....	212
INDERAL XL.....	50	<i>isoniazid</i>	28	Kariva.....	100
INDOCIN.....	15	ISOPTO ATROPINE.....	208	KATERZIA.....	52
Indocin.....	15	ISORDIL TITRADOSE.....	55	KAZANO.....	87
<i>indomethacin</i>	15	<i>isosorbide dinitrate</i>	55	Kelnor 1/35.....	100
<i>indomethacin er</i>	15	<i>isosorbide mononitrate</i>	55	Kelnor 1/50.....	100
INFINITY BLOOD		<i>isosorbide mononitrate er</i>	55	KENALOG.....	228
GLUCOSE SYSTEM.....	129	<i>isotretinoin</i>	220	KEPPRA.....	68
INFINITY BLOOD		<i>isradipine</i>	52	KEPPRA XR.....	68
GLUCOSE TEST.....	129	ISTALOL.....	203	KERASTAT.....	233
INFINITY VOICE.....	129	ISTURISA.....	107	KERENDIA.....	156
Inflamacin.....	16	<i>itraconazole</i>	24	KERYDIN.....	223
INFLECTRA.....	180	<i>ivermectin</i>	23, 232	KESIMPTA.....	78
<i>infliximab</i>	180	IXINITY.....	177	<i>ketoconazole</i>	24, 223, 224
INFUVITE ADULT.....	199	JADENU.....	95	Ketodan.....	223
INFUVITE PEDIATRIC.....	199	JADENU SPRINKLE.....	95	KETO-DIASTIX.....	129
INGREZZA.....	77	Jaimiess.....	99	<i>ketone test</i>	129
INLYTA.....	39	JAKAFI.....	39	<i>ketoprofen</i>	15
INNOPRAN XL.....	50	JALYN.....	168	<i>ketoprofen er</i>	15
INQOVI.....	35	Jantoven.....	172	<i>ketorolac tromethamine</i>	15, 207
INREBIC.....	39	JANUMET.....	87	KETOSTIX.....	129
<i>insulin glargine</i>	90	JANUMET XR.....	87	KEVEYIS.....	53
<i>insulin glargine solostar</i>	90	JANUVIA.....	87	KEVZARA.....	182, 183

<i>keyfolic</i>	199	<i>kroger lancets</i>	130	Larin 24 Fe.....	100
KINERET.....	183	<i>kroger lancets super thin</i>	130	Larin Fe 1.5/30.....	100
<i>kinney lancets</i>	129	<i>kroger lancets thin</i>	130	Larin Fe 1/20.....	100
<i>kinney thin lancets</i>	129	<i>kroger pen needles</i>	130	<i>latanoprost</i>	204
<i>kinray insulin syringe</i>	129	<i>kroger premium blood glucose</i>	130	LATUDA.....	64
KISQALI (200 MG DOSE)....	39	<i>kroger premium glucose test</i>	130	Layolis Fe.....	100
KISQALI (400 MG DOSE)....	39	KRYSTEXXA.....	13	LDL CARE.....	199
KISQALI (600 MG DOSE)....	39	K-Tan Plus.....	199	LDO PLUS.....	229
KISQALI FEMARA (200		Kurvelo.....	100	<i>leader insulin syringe</i>	130
MG DOSE).....	39	KUVAN.....	149	LEADER UNIFINE	
KISQALI FEMARA (400		KYLEENA.....	100	PENTIPS.....	130
MG DOSE).....	39	L.E.T.....	229	LEADER UNIFINE	
KISQALI FEMARA (600		<i>labetalol hcl</i>	50	PENTIPS PLUS.....	131
MG DOSE).....	40	LACRISERT.....	208	Leena.....	100
KITABIS PAK.....	214	<i>lactated ringers</i>	209	<i>leflunomide</i>	185
KLARITY-A.....	205	LACTEROL.....	160	LENVIMA (10 MG DAILY	
KLARITY-L.....	207	<i>lactic acid</i>	231	DOSE).....	40
KLISYRI.....	222	<i>lactulose</i>	164	LENVIMA (12 MG DAILY	
KLONOPIN.....	68	LAMICTAL.....	68	DOSE).....	40
Klor-Con.....	190	LAMICTAL ODT.....	68	LENVIMA (14 MG DAILY	
Klor-Con 10.....	189	LAMICTAL STARTER.....	68	DOSE).....	40
Klor-Con M10.....	189	LAMICTAL XR.....	68	LENVIMA (18 MG DAILY	
Klor-Con M15.....	190	<i>lamivudine</i>	25, 28	DOSE).....	40
Klor-Con M20.....	190	<i>lamivudine-zidovudine</i>	27	LENVIMA (20 MG DAILY	
Klor-Con/Ef.....	190	<i>lamotrigine</i>	68	DOSE).....	40
KLOXXADO.....	81	<i>lamotrigine er</i>	68	LENVIMA (24 MG DAILY	
<i>kls aspirin low dose</i>	21	<i>lamotrigine starter kit-blue</i>	68	DOSE).....	40
KLS QUIT2.....	83	<i>lamotrigine starter kit-green</i>	68	LENVIMA (4 MG DAILY	
KLS QUIT4.....	83	<i>lamotrigine starter kit-orange</i>	69	DOSE).....	40
<i>kmart valu insulin syringe 29g</i>	130	LAMPIT.....	32	LENVIMA (8 MG DAILY	
<i>kmart valu insulin syringe 30g</i>	130	<i>lancet device</i>	130	DOSE).....	40
KOATE.....	175	<i>lancet device with ejector</i>	130	LESCOL XL.....	48
KOATE-DVI.....	176	<i>lancet transporter case</i>	130	Lessina.....	100
KOGENATE FS.....	176	<i>lancets</i>	130	LETAIRIS.....	56
KOMBIGLYZE XR.....	87	<i>lancets 30g</i>	130	<i>letrozole</i>	37
KORLYM.....	92	<i>lancets 33g</i>	130	<i>leucovorin calcium</i>	43
KOSELUGO.....	40	<i>lancets micro thin 33g</i>	130	LEUKERAN.....	35
<i>kosher prenatal plus iron</i>	191	<i>lancets thin</i>	130	LEUKINE.....	174
KOVALTRY.....	176	LANCETS ULTRA THIN..	130	<i>leuprolide acetate</i>	37
<i>kp aspirin</i>	21	<i>lancets ultra thin 30g</i>	130	<i>levalbuterol hcl</i>	212
K-PHOS.....	190	<i>lancing device</i>	130	<i>levalbuterol tartrate</i>	212
K-Prime.....	190	LANOXIN.....	53	LEVEMIR.....	90
KRAZATI.....	42	<i>lanreotide acetate</i>	84	LEVEMIR FLEXPEN.....	90
KRINTAFEL.....	25	<i>lansoprazole</i>	166	<i>levetiracetam</i>	69
KRISTALOSE.....	164	<i>lanthanum carbonate</i>	158	<i>levetiracetam er</i>	69
<i>kroger blood glucose</i>	130	LANTUS.....	90	<i>levobunolol hcl</i>	204
<i>kroger blood glucose test</i>	130	LANTUS SOLOSTAR.....	90	<i>levocarnitine</i>	95
KROGER HEALTHPRO		LANZO.....	130	<i>levocetirizine dihydrochloride</i> ..	212
GLUCOSE TEST.....	130	Larin 1.5/30.....	100	<i>levofloxacin</i>	31
<i>kroger insulin syringe</i>	130	Larin 1/20.....	100	Levonest.....	100

<i>levonorgest-eth est & eth est</i>	100	LITETOUCH INSULIN	<i>luliconazole</i>	223
<i>levonorgest-eth estrad 91-day</i> ..	100	SYRINGE.....	LUMAKRAS.....	42
<i>levonorgestrel</i>	100	LITETOUCH LANCETS.....	LUMIGAN.....	204
<i>levonorgestrel-ethinyl estrad</i> ...	101	LITETOUCH PEN	LUMRYZ.....	81
<i>levonorg-eth estrad triphasic</i> ...	101	NEEDLES.....	LUNESTA.....	74
Levora 0.15/30 (28).....	101	LITFULO.....	LUPKYNIS.....	188
<i>levorphanol tartrate</i>	18	<i>lithium carbonate</i>	LUPRON DEPOT (1-	
Levo-T.....	159	<i>lithium carbonate er</i>	MONTH).....	37
<i>levothyroxine sodium</i>	159	LITHOSTAT.....	LUPRON DEPOT (3-	
Levoxyl.....	159	LIVALO.....	MONTH).....	37
LEVULAN KERASTICK....	231	LIVMARLI.....	LUPRON DEPOT (4-	
LEXAPRO.....	60	LIVTENCITY.....	MONTH).....	37
LEXETTE.....	228	<i>l-methylfolate forte</i>	LUPRON DEPOT (6-	
LEXIVA.....	25	LMR PLUS.....	MONTH).....	37
LIALDA.....	163	LO LOESTRIN FE.....	LUPRON DEPOT-PED (1-	
<i>liberty blood glucose meter</i>	131	LODINE.....	MONTH).....	156
LIBERTY NEXT		Loestrin 1.5/30 (21).....	LUPRON DEPOT-PED (3-	
GENERATION TEST.....	131	Loestrin 1/20 (21).....	MONTH).....	156
LIBERTY NXT		Loestrin Fe 1.5/30.....	Lutera.....	101
GENERATION MONITOR	131	Loestrin Fe 1/20.....	LUZU.....	223
<i>liberty test</i>	131	Lofena.....	LYBALVI.....	82
LIBRAX.....	162	Lojaimiess.....	Lyleq.....	101
LICART.....	231	LOKELMA.....	LYNPARZA.....	42
<i>lidocaine</i>	229	LOMAIRA.....	LYRICA.....	69
<i>lidocaine hcl</i>	230, 233	<i>longs insulin syringe</i>	LYRICA CR.....	82
<i>lidocaine hcl (cardiac) pf</i>	46	<i>longs lancets standard</i>	Lysiplex Plus.....	199
<i>lidocaine hcl urethral/mucosal</i> ..	230	<i>longs lancets thin</i>	LYSODREN.....	37
<i>lidocaine viscous hcl</i>	233	<i>longs lancets ultra thin</i>	LYVISPAH.....	80
<i>lidocaine-prilocaine</i>	230	LONSURF.....	Lyza.....	101
LIDOCARE		<i>loperamide hcl</i>	MACRODANTIN.....	32
ARM/NECK/LEG.....	230	<i>lopinavir-ritonavir</i>	<i>mafenide acetate</i>	222
LIDOCARE		LOPROX.....	MAGELLAN INSULIN	
BACK/SHOULDER.....	230	<i>lorazepam</i>	SAFETY SYR.....	131
LIDODERM.....	230	LORBRENA.....	<i>magnesium sulfate</i>	190
<i>lidomark 2/5</i>	23	LOREEV XR.....	<i>malathion</i>	233
<i>lidopin</i>	230	Loryna.....	MARATHON MEDICAL	
LIDOPURE PATCH.....	230	Lorzone.....	PENTIPS.....	131
LIDOTHOL.....	230	<i>losartan potassium</i>	MARGENZA.....	40
LIDOTRAL.....	230	<i>losartan potassium-hctz</i>	<i>marlissa</i>	101
LILETTA (52 MG).....	101	LOTEMAX.....	MARPLAN.....	60
<i>lindane</i>	233	LOTEMAX SM.....	MATULANE.....	35
<i>linezolid</i>	32	<i>loteprednol etabonate</i>	Matzim La.....	52
LINZESS.....	164	LOTRONEX.....	MAVENCLAD (10 TABS).....	78
<i>liothyronine sodium</i>	159	<i>lovastatin</i>	MAVENCLAD (4 TABS).....	78
LIPITOR.....	48	LOVAZA.....	MAVENCLAD (5 TABS).....	78
<i>lisinopril</i>	44	Low-Ogestrel.....	MAVENCLAD (6 TABS).....	78
<i>lisinopril-hydrochlorothiazide</i> ...	43	<i>loxapine succinate</i>	MAVENCLAD (7 TABS).....	78
<i>lite touch lancets</i>	131	Lo-Zumandimine.....	MAVENCLAD (8 TABS).....	78
LITE TOUCH LANCING		LUCEMYRA.....	MAVENCLAD (9 TABS).....	78
PEN.....	131	LUCENTIS.....	MAVYRET.....	31

MAXALT.....	75	MEIJER SUPER THIN		<i>methotrexate sodium</i>	36, 185
MAXALT-MLT.....	75	LANCETS.....	132	<i>methotrexate sodium (pf)</i>	36
MAXICOMFORT II PEN		MEIJER TRUE2GO		<i>methoxsalen rapid</i>	224
NEEDLE.....	131	BLOOD GLUCOSE.....	132	<i>methscopolamine bromide</i>	160
MAXI-COMFORT		MEIJER TRUERESULT		<i>methylergonovine maleate</i>	157
INSULIN SYRINGE.....	131	GLUCOSE SYS.....	132	<i>methylphenidate hcl</i>	73
MAXI-COMFORT SAFETY		MEIJER TRUETEST TEST	132	<i>methylphenidate hcl er</i>	73
PEN NEEDLE.....	131	MEIJER TRUETRACK		<i>methylphenidate hcl er (cd)</i>	73
MAXICOMFORT SYR 27G		GLUCOSE SYS.....	132	<i>methylphenidate hcl er (la)</i>	73
X 1/2".....	131	MEIJER TRUETRACK		<i>methylphenidate hcl er (osm)</i> ...	73
MAXIDEX.....	207	TEST.....	132	<i>methylprednisolone</i>	153
MAYZENT.....	78	MEKINIST.....	40	<i>methylprednisolone acetate</i>	153
MAYZENT STARTER		MEKTOVI.....	40	<i>methyltestosterone</i>	85
PACK.....	78	<i>meloxicam</i>	15	<i>metoclopramide hcl</i>	161, 162
<i>meclizine hcl</i>	161	<i>melfalan</i>	35	<i>metolazone</i>	53
<i>meclofenamate sodium</i>	15	<i>memantine hcl</i>	58	<i>metoprolol succinate er</i>	51
<i>medic insulin syringe</i>	131	<i>memantine hcl er</i>	58	<i>metoprolol tartrate</i>	51
<i>medichoice safety lancet extra</i>	132	MENEST.....	151	<i>metoprolol-hydrochlorothiazide</i>	50
<i>medicine shoppe pen needles</i> ...	132	MENOPUR.....	152	METROGEL.....	232
MEDLANCE PLUS EXTRA		MENOSTAR.....	151	<i>metronidazole</i>	32, 171, 232
21G.....	132	<i>meperidine hcl</i>	18	METRONIDAZOLE	
MEDLANCE PLUS		<i>meprobamate</i>	58	BENZO+SYRSPEND.....	32
LANCETS.....	132	<i>mercaptopurine</i>	35	<i>mexiletine hcl</i>	46
MEDLANCE PLUS LITE		Merzee.....	101	MIACALCIN.....	157
25G.....	132	<i>mesalamine</i>	163	MICARDIS.....	46
MEDLANCE PLUS		<i>mesalamine-cleanser</i>	163	MICARDIS HCT.....	45
SPECIAL 0.8MM.....	132	MESNEX.....	43	<i>miconazole 3</i>	171
MEDLANCE PLUS		MESTINON.....	76, 77	<i>miconazole-zinc oxide-petrolat</i>	223
SUPERLITE 30G.....	132	METAFOBIC PLUS RF....	199	MICRODOT BLOOD	
MEDLANCE PLUS		METAXALL CP.....	80	GLUCOSE SYSTEM.....	132
UNIVERSAL 21G.....	132	<i>metaxalone</i>	80	MICRODOT PEN NEEDLE	
MEDROL.....	153	<i>metformin hcl</i>	86	.....	132
<i>medroxyprogesterone acetate</i>		<i>metformin hcl er</i>	86	MICRODOT TEST.....	132
.....	101, 158	<i>metformin hcl er (mod)</i>	86	Microgestin 1.5/30.....	101
<i>mefenamic acid</i>	15	<i>metformin hcl er (osm)</i>	86	Microgestin 1/20.....	102
<i>mefloquine hcl</i>	25	<i>methadone hcl</i>	18	Microgestin 24 Fe.....	102
<i>megestrol acetate</i>	37, 158	Methadone Hcl Intensol.....	18	Microgestin Fe 1.5/30.....	102
<i>meijer blood glucose</i>	132	<i>methadone hcl-nacl</i>	18	Microgestin Fe 1/20.....	102
<i>meijer blood glucose test</i>	132	METHADOSE.....	18	MICROLET LANCETS.....	132
<i>meijer essential blood glucose</i> ..	132	Methadose.....	18	MICROLET NEXT	
<i>meijer essential glucose test</i>	132	METHADOSE SUGAR-		LANCING DEVICE.....	132
MEIJER LANCETS THIN..	132	FREE.....	18	<i>midazolam hcl</i>	74
MEIJER LANCETS		<i>methamphetamine hcl</i>	73	<i>midodrine hcl</i>	55
UNIVERSAL 21G.....	132	<i>methazolamide</i>	53	MIGERGOT.....	75
MEIJER LANCETS		<i>methenamine hippurate</i>	32	<i>miglitol</i>	86
UNIVERSAL 30G.....	132	<i>methenamine mandelate</i>	32	<i>mighustat</i>	149
MEIJER LANCETS		Methergine.....	157	MIGRANAL.....	75
UNIVERSAL 33G.....	132	<i>methimazole</i>	159	Mili.....	102
<i>meijer pen needles</i>	132	<i>methitest</i>	85	Millipred.....	153
<i>meijer premium blood glucose</i> .	132	<i>methocarbamol</i>	80	Mimvey.....	151

MINASTRIN 24 FE.....	102	<i>morphine sulfate (concentrate)</i> .18	MYTESI.....	161
<i>mini lancing device</i>	133	<i>morphine sulfate er</i>	<i>na sulfate-k sulfate-mg sulf</i>	164
MINILINK REAL-TIME		<i>morphine sulfate er beads</i>	<i>nabumetone</i>	15
TRANSMITTER.....	133	MOTTEGRITY.....	<i>nadolol</i>	51
MINIMED 630G		MOTOFEN.....	<i>naftifine hcl</i>	223
GUARDIAN PRESS.....	133	MOUNJARO.....	NAFTIN.....	223
MINIMED PUMP		MOVANTIK.....	NALFON.....	15
RESERVOIR 3ML.....	133	MOVIPREP.....	<i>nalmeferene hcl</i>	81
MINIMED RESERVOIR		<i>moxifloxacin hcl</i>	<i>nalocet</i>	19
1.8ML.....	133	<i>mpd safety lancet 21g</i>	<i>naloxone hcl</i>	82
MINIMED RESERVOIR		<i>mpd safety lancet 23g</i>	<i>naltrexone hcl</i>	82
3ML.....	133	<i>mpd safety lancet 28g</i>	NAMENDA XR.....	58
MINIVELLE.....	151	<i>mpd safety lancet 30g</i>	NAMZARIC.....	58
<i>minocycline hcl</i>	34	MS CONTIN.....	NAPRELAN.....	15
<i>minocycline hcl er</i>	34	<i>ms insulin syringe</i>	NAPROSYN.....	15
MINOLIRA.....	34	MULPLETA.....	<i>naproxen</i>	15
<i>minoxidil</i>	55	MULTAQ.....	<i>naproxen sodium</i>	15
MIRCERA.....	174	MULTIGEN.....	<i>naproxen sodium er</i>	15
MIRENA (52 MG).....	102	MULTIGEN FOLIC.....	<i>naproxen-esomeprazole mg</i>	16
<i>mirtazapine</i>	60	MULTIGEN PLUS.....	<i>naratriptan hcl</i>	75
MIRVASO.....	232	MULTI-LANCET DEVICE	NARCAN.....	82
<i>misoprostol</i>	165	2.....	NASCOBAL.....	178
MITIGARE.....	13	<i>multi-mac</i>	NATACHEW.....	192
MITOSOL.....	205	<i>multipro</i>	NATACYN.....	205
<i>mm aspirin</i>	21	<i>multi-vit/iron/fluoride</i>	<i>natal pnv</i>	192
MM EASY TOUCH		<i>multivitamin w/fluoride</i>	NATALVIT.....	192
GLUCOSE.....	133	<i>multivitamin/fluoride</i>	NATAZIA.....	102
MM EASY TOUCH		<i>multi-vitamin/fluoride</i>	<i>nateglinide</i>	92
GLUCOSE METER.....	133	<i>multi-vitamin/fluoride/iron</i>	NATESTO.....	85
<i>mm insulin syringe/needle</i>	133	MULTI-VIT-FLOR.....	NAYZILAM.....	69
MM PEN NEEDLES.....	133	<i>mupirocin</i>	NEBUPENT.....	32
<i>m-natal plus</i>	192	<i>mupirocin calcium</i>	Necon 0.5/35 (28).....	102
<i>modafinil</i>	81	MY CHOICE.....	Necon 1/35 (28).....	102
<i>moexipril hcl</i>	44	MY WAY.....	NEEVO DHA.....	192
<i>molindone hcl</i>	65	MYALEPT.....	<i>nefazodone hcl</i>	60
<i>mometasone furoate</i>	215, 228	MYCAPSSA.....	NEOKE BCAA4.....	200
Mondoxylene NI.....	34	MYCO NAIL.....	<i>neoke bhb</i>	200
MONOJECT INSULIN		<i>mycophenolate mofetil</i>	<i>neomycin sulfate</i>	23
SYRINGE.....	133	<i>mycophenolate sodium</i>	<i>neomycin-bacitracin zn-</i>	
MONOJECT ULTRA		MYDAYIS.....	<i>polymyx</i>	205
COMFORT SYRINGE.....	133	MYFEMBREE.....	<i>neomycin-polymyxin-dexameth</i>	
MONOLET LANCETS.....	133	MYFORTIC.....	.....	204
MONOLET OPD LANCETS		MYGLUCOHEALTH	<i>neomycin-polymyxin-</i>	
.....	133	BLOOD GLUCOSE.....	<i>gramicidin</i>	205
MONOLETTOR SAFETY		MYGLUCOHEALTH	<i>neomycin-polymyxin-hc.</i>	204, 234
LANCETS.....	133	LANCETS 30G.....	<i>neonatal + dha</i>	192
Mono-Linyah.....	102	MYGLUCOHEALTH TEST	<i>neonatal 19</i>	192
<i>montelukast sodium</i>	215	.....	<i>neonatal complete</i>	192
MONUROL.....	23	MYLERAN.....	<i>neonatal fe</i>	192
<i>morphine sulfate</i>	19	MYRBETRIQ.....	NEONATAL PLUS.....	192

Neo-Polycin.....	205	NICOTROL NS.....	84	NOVA MAX BLOOD	
Neo-Polycin Hc.....	204	<i>nifedipine</i>	52	GLUCOSE SYSTEM.....	134
NEO-SYNALAR.....	222	<i>nifedipine er</i>	52	NOVA MAX GLUCOSE	
<i>neovite</i>	200	<i>nifedipine er osmotic release</i>	52	TEST.....	134
NEPHPLEX RX.....	200	Nikki.....	102	NOVA MAX PLUS	
Nephronex.....	200	NILANDRON.....	37	KETONE TEST.....	134
NERLYNX.....	40	<i>nilutamide</i>	37	NOVA SAFETY LANCETS	
NESINA.....	87	<i>nimodipine</i>	52	23G.....	134
NESTABS.....	192	NINLARO.....	43	NOVA SAFETY LANCETS	
NESTABS DHA.....	192	NIPRIDE RTU.....	55	28G.....	134
NESTABS ONE.....	192	<i>nisoldipine er</i>	52	NOVA SUREFLEX	
Neuac.....	220	<i>nitrovia</i>	200	LANCETS.....	134
NEULASTA.....	174	NITRO-BID.....	55	NOVA SUREFLEX	
NEULASTA ONPRO.....	174	NITRO-DUR.....	55	LANCING DEVICE.....	134
NEUPRO.....	62	<i>nitrofurantoin</i>	33	NOVOEIGHT.....	176
NEUTEK 2TEK TEST.....	134	<i>nitrofurantoin macrocrystal</i>	32	NOVOFINE AUTOCOVER	
NEVANAC.....	207	<i>nitrofurantoin monohyd macro</i> ..	33	PEN NEEDLE.....	134
<i>nevirapine</i>	26	<i>nitroglycerin</i>	55	NOVOFINE PEN NEEDLE	134
<i>nevirapine er</i>	25	NITYR.....	155	NOVOFINE PLUS PEN	
NEW DAY.....	102	NIVA-PLUS.....	192	NEEDLE.....	134
NEXAVAR.....	40	NIVESTYM.....	174	NOVOLIN 70/30.....	91
NEXICLON XR.....	55	<i>nizatidine</i>	162	NOVOLIN 70/30 FLEXPEN..	90
NEXIUM.....	166, 167	NOC DURNA.....	160	NOVOLIN 70/30 FLEXPEN	
NEXIUM 24HR.....	166	Nora-Be.....	102	RELION.....	90
NEXIUM 24HR CLEAR		NORDITROPIN FLEXPRO	155	NOVOLIN 70/30 RELION....	91
MINIS.....	166	<i>norethin ace-eth estrad-fe</i>	102	NOVOLIN N.....	91
NEXLETOL.....	47	<i>norethindrone</i>	103	NOVOLIN N FLEXPEN.....	91
NEXLIZET.....	47	<i>norethindrone acetate</i>	158	NOVOLIN N RELION.....	91
NEXPLANON.....	102	<i>norethindrone acet-ethinyl est</i> ..	102	NOVOLIN R.....	91
NEXTERONE.....	46	<i>norethindrone-eth estradiol</i>	151	NOVOLIN R FLEXPEN.....	91
NEXTSTELLIS.....	102	<i>norethindron-ethinyl estrad-fe</i> ..	103	NOVOLIN R FLEXPEN	
<i>niacin (antihyperlipidemic)</i>	49	<i>norethin-eth estradiol-fe</i>	103	RELION.....	91
<i>niacin er (antihyperlipidemic)</i> ..	49	<i>norgesic forte</i>	80	NOVOLIN R RELION.....	91
NIACOR.....	49	<i>norgestimate-eth estradiol</i>	103	NOVOLOG.....	91
NICADAN.....	200	<i>norgestim-eth estrad triphasic</i> ..	103	NOVOLOG 70/30 FLEXPEN	
NICAPRIN.....	200	NORITATE.....	232	RELION.....	91
<i>nicardipine hcl</i>	52	NORLIQVA.....	52	NOVOLOG FLEXPEN.....	91
NICAZEL.....	200	Norlyda.....	103	NOVOLOG FLEXPEN	
NICAZEL FORTE.....	200	Norlyroc.....	103	RELION.....	91
NICOMIDE.....	200	NORPACE.....	46	NOVOLOG MIX 70/30.....	91
NICORELIEF.....	83	NORPACE CR.....	46	NOVOLOG MIX 70/30	
<i>nicotinamide</i>	200	NORTHERA.....	55	FLEXPEN.....	91
<i>nicotine</i>	84	Nortrel 0.5/35 (28).....	103	NOVOLOG MIX 70/30	
<i>nicotine mini</i>	83	Nortrel 1/35 (21).....	103	RELION.....	91
<i>nicotine polacrilex</i>	84	Nortrel 1/35 (28).....	103	NOVOLOG PENFILL.....	92
<i>nicotine polacrilex mini</i>	83	Nortrel 7/7/7.....	103	NOVOLOG RELION.....	92
<i>nicotine step 1</i>	84	<i>nortriptyline hcl</i>	60	NOVOSEVEN RT.....	173
<i>nicotine step 2</i>	84	NORVASC.....	52	NOXAFIL.....	24
<i>nicotine step 3</i>	84	NORVIR.....	26	NP THYROID.....	159
NICOTROL.....	84	NOURIANZ.....	62	NPLATE.....	174

NUBEQA.....	37	OICALIVA.....	165	ONETOUCH DELICA	
NUCALA.....	216	Ocella.....	103	PLUS LANCET33G.....	135
NUCARACLINPAK.....	220	OCTAGAM.....	187	ONETOUCH DELICA	
NUCARARXPAK.....	220	<i>octreotide acetate</i>	85	PLUS LANCING.....	135
NUCYNTA.....	19	OCUVEL.....	200	ONETOUCH DELICA	
NUCYNTA ER.....	19	ODACTRA.....	178	SAFETY LANCING.....	135
Nudiclo Tabpak.....	16	ODEFSEY.....	27	ONETOUCH ULTRA.....	135
NUDROXIPAK.....	16	ODOMZO.....	42	ONETOUCH ULTRASOFT	
NUDROXIPAK DSDR-50....	15	OFEV.....	216	2 LANCETS.....	135
NUDROXIPAK DSDR-75....	15	<i>ofloxacin</i>	31, 205, 234	ONETOUCH VERIO.....	135
NUDROXIPAK E-400.....	15	<i>olanzapine</i>	65	ONETOUCH VERIO FLEX	
NUDROXIPAK I-800.....	16	<i>olanzapine-fluoxetine hcl</i>	82	SYSTEM.....	135
NUDROXIPAK M-15.....	16	<i>olmesartan medoxomil</i>	46	ONETOUCH VERIO	
NUDROXIPAK N-500.....	16	<i>olmesartan medoxomil-hctz</i>	45	REFLECT.....	135
NUEDEXTA.....	82	<i>olmesartan-amlodipine-hctz</i>	45	<i>onevite</i>	200
Nufol.....	200	<i>olopatadine hcl</i>	203, 212	ONEXTON.....	220
Nulev.....	160	OLUMIANT.....	183	ONFI.....	69
NUPLAZID.....	65	OLUX-E.....	228	ONGENTYS.....	62
NURTEC.....	75	OMECLAMOX-PAK.....	168	ONGLYZA.....	87
NUSURGEPAK		<i>omega-3-acid ethyl esters</i>	49	ONUREG.....	36
SURGICAL PREP/CARE....	231	<i>omeprazole</i>	167	ONZETRA XSAIL.....	75
NUTRICAP.....	200	<i>omeprazole-sodium</i>		OPCICON ONE-STEP.....	103
Nutrifac Zx.....	200	<i>bicarbonate</i>	167	<i>opium</i>	161
NUTROPIN AQ NUSPIN 10		OMNARIS.....	215	OPSUMIT.....	56
.....	155	OMNIFLEX DIAPHRAGM103		OPTION 2.....	103
NUTROPIN AQ NUSPIN 20		OMNIPOD 5 G6 INTRO		OPTIONS GYNOL II	
.....	155	(GEN 5).....	134	CONTRACEPTIVE.....	168
NUTROPIN AQ NUSPIN 5	155	OMNIPOD 5 G6 POD (GEN		OPTIUMEZ TEST.....	135
NUVARING.....	103	5).....	134	OPZELURA.....	225
NUVESSA.....	171	OMNIPOD CLASSIC PODS		ORACEA.....	232
NUVIGIL.....	81	(GEN 3).....	134	ORACIT.....	169
NUWIQ.....	176	OMNIPOD DASH PODS		ORALAIR.....	178
NUZYRA.....	34	(GEN 4).....	134	Oralone.....	233
Nyamyc.....	223	OMNITROPE.....	155	ORAVIG.....	233
Nylia 1/35.....	103	OMNITROPE PEN 10 INJ		ORENCIA.....	180, 183
Nylia 7/7/7.....	103	DEVICE.....	155	ORENCIA CLICKJECT.....	183
NYMALIZE.....	52	OMNITROPE PEN 5 INJ		ORENITRAM.....	56
Nymyo.....	103	DEVICE.....	155	ORENITRAM MONTH 1....	56
<i>nystatin</i>	24, 223, 233	ON CALL EXPRESS		ORENITRAM MONTH 2....	56
<i>nystatin-triamcinolone</i>	223	BLOOD GLUCOSE.....	134	ORENITRAM MONTH 3....	56
Nystop.....	223	ON CALL EXPRESS		ORFADIN.....	149
NYVEPRIA.....	174	MONITORING SYS.....	135	ORGOVYX.....	37
OB COMPLETE.....	192	<i>ondansetron</i>	162	ORIAHNN.....	151
OB COMPLETE ONE.....	192	<i>ondansetron hcl</i>	162	ORILISSA.....	149
OB COMPLETE PETITE....	192	<i>one drop blood glucose monitor</i>		ORKAMBI.....	214
OB COMPLETE PREMIER	192	.....	135	ORLADEYO.....	186
OB COMPLETE/DHA.....	192	<i>one drop test</i>	135	<i>orphenadrine citrate er</i>	80
<i>obizur</i>	176	<i>one vite womens plus</i>	192	<i>orphenadrine-aspirin-caffeine</i> ...	80
OBSTETRIX DHA.....	192	ONETOUCH DELICA		Orphengesic Forte.....	81
OBSTETRIX ONE.....	192	PLUS LANCET30G.....	135	Orsythia.....	103

<i>ortho df</i>	200	PALFORZIA (3 MG DAILY DOSE).....	179	PENTIPS.....	135
ORTHO TRI-CYCLEN LO.	103	PALFORZIA (300 MG MAINTENANCE).....	179	<i>pentoxifylline er</i>	177
ORTIKOS.....	163	PALFORZIA (300 MG TITRATION).....	179	PERCOCET.....	19
<i>oscimin</i>	160	PALFORZIA (40 MG DAILY DOSE).....	179	PERFECT LANCETS 28G..	135
<i>oseltamivir phosphate</i>	28	PALFORZIA (6 MG DAILY DOSE).....	179	PERFECT LANCETS 30G..	135
OSENI.....	88	PALFORZIA (80 MG DAILY DOSE).....	179	PERFOROMIST.....	212
OSMOLEX ER.....	62	PALFORZIA INITIAL ESCALATION.....	179	<i>perindopril erbumine</i>	44
OSPHENA.....	157	<i>paliperidone er</i>	65	Periogard.....	233
OTEZLA.....	183	PALYNZIQ.....	149	<i>permethrin</i>	233
OTOVEL.....	234	PANCREAZE.....	166	<i>perphenazine</i>	65
OVACE PLUS.....	225	PANDEL.....	228	<i>perphenazine-amitriptyline</i>	82
OVIDREL.....	152	<i>pantoprazole sodium</i>	167	PERSERIS.....	65
<i>oxaliplatin</i>	43	PANZYGA.....	187	PERTZYE.....	166
<i>oxaprozin</i>	16	PARADIGM PUMP RESERVOIR 1.8ML.....	135	PFIZERPEN.....	34
OXAYDO.....	19	PARADIGM PUMP RESERVOIR 3ML.....	135	<i>ph strips</i>	135
<i>oxazepam</i>	58	PARADIGM REAL-TIME TRANSMITTER.....	135	PHARMACIST CHOICE AUTOCODE.....	135
OXBRYTA.....	177, 178	PARADIGM SILHOUETTE COMBO 23".....	135	PHARMACIST CHOICE AUTOCODE SYS.....	136
<i>oxcarbazepine</i>	69	PARAGARD INTRAUTERINE COPPER.....	103	PHARMACIST CHOICE LANCETS.....	136
<i>oxiconazole nitrate</i>	223	PARAPLATIN.....	43	PHARMACIST CHOICE MINI SYSTEM.....	136
OXISTAT.....	223, 224	<i>paricalcitol</i>	200	<i>pharmacist choice no coding</i> ...	136
OXTELLAR XR.....	69	<i>paroxetine hcl</i>	60	PHARMACY COUNTER LANCETS.....	136
<i>oxybutynin chloride</i>	171	<i>paroxetine hcl er</i>	60	PHEBURANE.....	149
<i>oxybutynin chloride er</i>	170	<i>paroxetine mesylate</i>	82	Phenazo.....	170
<i>oxycodone hcl</i>	19	PAXIL.....	60	<i>phenelzine sulfate</i>	60
<i>oxycodone hcl er</i>	19	PAXIL CR.....	60	<i>phenobarbital</i>	69
<i>oxycodone-acetaminophen</i>	19	<i>pc unifine pentips</i>	135	<i>phenoxybenzamine hcl</i>	55
OXYCONTIN.....	19	<i>peg-3350/electrolytes/ascorbat</i>	164	<i>phenylephrine hcl</i>	208
<i>oxymorphone hcl</i>	19	PEG-SYS.....	31, 32	<i>phenytoin</i>	69
<i>oxymorphone hcl er</i>	19	<i>peg-kcl-nacl-nasulf-na asc-c</i>	164	<i>phenytoin sodium extended</i>	69
OXYTROL.....	171	PEG-PREP.....	164	PHEXXI.....	169
OXYTROL FOR WOMEN..	171	PEMAZYRE.....	40	Philith.....	104
OZEMPIC (0.25 OR 0.5 MG/DOSE).....	88	<i>pen needles</i>	135	Phospha 250 Neutral.....	190
OZEMPIC (1 MG/DOSE).....	88	<i>pen needles 5/16"</i>	135	<i>phosphorous</i>	190
OZEMPIC (2 MG/DOSE).....	88	<i>penicillamine</i>	95	Phospho-Trin 250 Neutral....	190
OZURDEX.....	207	<i>penicillin v potassium</i>	33, 34	Physiolyte.....	209
Pacerone.....	46	PENNSAID.....	231	Physiosol Irrigation.....	209
<i>paingo kft</i>	230	PENTASA.....	163	<i>phytonadione</i>	200
PALFORZIA (12 MG DAILY DOSE).....	179	<i>pentazocine-naloxone hcl</i>	20	PIFELTRO.....	26
PALFORZIA (120 MG DAILY DOSE).....	179			<i>pilocarpine hcl</i>	204, 233
PALFORZIA (160 MG DAILY DOSE).....	179			<i>pimecrolimus</i>	231
PALFORZIA (20 MG DAILY DOSE).....	179			<i>pimozide</i>	82
PALFORZIA (200 MG DAILY DOSE).....	179			Pimtrea.....	104
PALFORZIA (240 MG DAILY DOSE).....	179			<i>pindolol</i>	51
				<i>pioglitazone hcl</i>	92
				<i>pioglitazone hcl-glimepiride</i>	92

<i>pioglitazone hcl-metformin hcl</i> ..92	<i>pot & sod cit-cit ac</i>.....170	<i>prenal pearl</i> 193
PIP BLOOD GLUCOSE	<i>potassium chloride</i> 190	<i>prenaissance</i> 193
MONITORING.....136	<i>potassium chloride crys er</i>.....190	<i>prenaissance plus</i> 193
PIP BLOOD GLUCOSE	<i>potassium chloride er</i> 190	PRENATABS RX.....193
TEST STRIP.....136	<i>potassium citrate er</i> 170	<i>prenatal</i>.....193
<i>pip lancets 28g</i>.....136	<i>potassium citrate-citric acid</i> ...170	<i>prenatal 19</i> 193
<i>pip lancets 30g</i>.....136	PR BENZOYL PEROXIDE.221	<i>prenatal plus</i>.....193
PIQRAY (200 MG DAILY	PR BENZOYL PEROXIDE	PRENATAL-U..... 193
DOSE).....40	WASH.....221	PRENATE.....194
PIQRAY (250 MG DAILY	PRADAXA.....172	PRENATE AM.....193
DOSE).....40	PRALUENT.....49	PRENATE DHA..... 193
PIQRAY (300 MG DAILY	<i>pramipexole dihydrochloride</i>....62	PRENATE ELITE.....193
DOSE).....40	<i>pramipexole dihydrochloride er</i> .62	PRENATE ENHANCE.....193
Pirmella 7/7/7.....104	<i>prasugrel hcl</i>.....178	PRENATE ESSENTIAL.....193
<i>piroxicam</i>.....16	<i>pravastatin sodium</i> 48	PRENATE MINI.....194
PLAVIX.....178	<i>praziquantel</i> 23	PRENATE PIXIE.....194
PLEGRIDY.....79	<i>prazosin hcl</i>.....44	PRENATE RESTORE..... 194
PLEGRIDY STARTER	PRECISION SURE-DOSE	PRENATRIX..... 194
PACK.....79	SYRINGE.....136	PRENATRYL..... 194
PLENITY.....94	PRECISION XTRA.....136	<i>prenatvite complete</i>.....194
PLENITY WELCOME KIT..94	PRECISION XTRA BLOOD	<i>prenatvite plus</i> 194
PLENVU.....164	GLUCOSE.....136	<i>prenatvite rx</i>.....194
PLIAGLIS.....230	PRECISION XTRA	<i>prepiv supply</i> 230
<i>pnv prenatal plus multivit+dha</i> 193	KETONE.....136	PRESTALIA.....43
<i>pnv prenatal plus multivitamin</i> 193	PRED FORTE.....207	<i>pretomanid</i>.....28
<i>pnv tabs 20-1</i>.....193	PRED MILD.....207	PREVACID.....167
<i>pnv-dha</i>.....193	<i>prednisolone</i>.....153	PREVACID 24HR.....167
<i>pnv-dha+docusate</i>.....193	<i>prednisolone acetate</i>.....207	PREVACID SOLUTAB.....167
<i>pnv-omega</i>.....193	<i>prednisolone acetate p-f</i>.....207	Prevalite.....47
<i>pnv-select</i>.....193	<i>prednisolone sodium phosphate</i>	PREVENT SAFETY PEN
POCKETCHEM EZ	154, 207	NEEDLES.....136
SYSTEM.....136	<i>prednisolone-gatifloxacin</i>.....204	PREVIDENT.....234
POCKETCHEM EZ TEST...136	<i>prednisone</i>.....154	PREVIDENT 5000
<i>podofilox</i>.....231	PREDNISONE INTENSOL 154	BOOSTER PLUS.....234
POGO AUTOMATIC	<i>preferred plus insulin syringe</i> ...136	PREVIDENT 5000 DRY
BLOOD GLUCOSE.....136	<i>preferred plus lancets colored</i> ..136	MOUTH.....234
POGO AUTOMATIC TEST	<i>preferred plus lancets thin</i>.....136	PREVIDENT 5000 ORTHO
CARTRIDGES.....136	<i>preferred plus unifine pentips</i> ..136	DEFENSE.....234
Polycin.....206	PREFEST.....152	PREVIDENT 5000 PLUS....234
<i>poly-iron 150 forte</i>.....200	<i>pregabalin</i>.....69	PREVIDOLRX
<i>polymyxin b-trimethoprim</i>.....206	<i>pregen dha</i>.....193	ANALGESIC.....16
<i>polysaccharide iron forte</i>.....200	<i>pregenna</i>.....193	PREVYMIS.....28
POLY-VI-FLOR.....200	PREMARIN.....152	PREZCOBIX.....27
POLY-VI-FLOR/IRON.....200	PREMESISRX.....193	PREZISTA.....26
POMALYST.....36	<i>premium blood glucose test</i>.....136	PRIFTIN.....28
PONVORY.....79	<i>premium scar</i>.....230	PRILOSEC.....167
PONVORY STARTER	PREMPHASE.....152	PRIMACARE.....194
PACK.....79	PREMPRO.....152	<i>primaquine phosphate</i>.....25
Portia-28.....104	<i>prena 1 true</i>.....193	<i>primidone</i>.....69
<i>posaconazole</i>.....24	<i>prenal</i>.....193	PRISTIQ.....60

PRIVIGEN.....	187	<i>promethazine-dm</i>	214	<i>qc childrens aspirin</i>	22
PRO COMFORT INSULIN		Promethegan.....	162	<i>qc lancets super thin 30g</i>	138
SYRINGE.....	137	PROMETHEGAN.....	162	<i>qc lancets ultra thin</i>	138
<i>pro comfort lancets 30g</i>	137	PROMETRIUM.....	158	<i>qc nicotine transdermal system</i>	84
<i>pro comfort lancets 31g</i>	137	<i>propafenone hcl</i>	47	<i>qc pen needles</i>	138
<i>pro comfort pen needles</i>	137	<i>propafenone hcl er</i>	47	<i>qc unifine pentips</i>	138
<i>pro comfort safety lancets 30g</i>	137	<i>proparacaine hcl</i>	208	<i>qc unilet lancets 28g</i>	138
<i>pro voice v8 glucose system</i>	137	<i>propranolol hcl</i>	51	<i>qc unilet lancets micro thin</i>	138
<i>pro voice v8/v9 glucose</i>	137	<i>propranolol hcl er</i>	51	QDOLO.....	20
<i>pro voice v9 glucose system</i>	137	<i>propylthiouracil</i>	159	QELBREE.....	73
PROAIR DIGIHALER.....	212	PROTONIX.....	167	QINLOCK.....	41
PROAIR RESPICLICK.....	213	<i>protriptyline hcl</i>	60	QNASL.....	216
<i>probenecid</i>	13	PROVENTIL HFA.....	213	QNASL CHILDRENS.....	216
<i>prochlorperazine</i>	162	PROVIDA OB.....	194	QSYMIA.....	94
<i>prochlorperazine edisylate</i>	162	PROVIGIL.....	81	QTERN.....	93
<i>prochlorperazine maleate</i>	162	PROZAC.....	60	<i>quad-mix</i>	169
PROCORT.....	167	<i>pseudoeph-bromphen-dm</i>	214	QUARTETTE.....	104
PROCRT.....	174	PSS SELECT GP LANCETS.....	137	<i>quazepam</i>	74
PROCTOCORT.....	167	PSS SELECT PLATFORMS.....	137	<i>quetiapine fumarate</i>	65
PROCTOFOAM HC.....	167	PSS SELECT SAFETY		<i>quetiapine fumarate er</i>	65
Procto-Med Hc.....	167	LANCETS.....	137	QUFLORA FE.....	201
Proctozone-Hc.....	168	PULMICORT.....	217	QUFLORA FE PEDIATRIC	
PROCYSBI.....	170	PULMICORT		.....	201
PRODIGY AUTOCODE		FLEXHALER.....	217	QUFLORA PEDIATRIC.....	201
BLOOD GLUCOSE.....	137	PULMOZYME.....	214	QUICKTEK.....	138
PRODIGY INSULIN		<i>pure comfort lancets 30g</i>	137	QUICKTEK TEST.....	138
SYRINGE.....	137	<i>pure comfort safety pen needle</i>	137	QUICKTEK/METER.....	138
PRODIGY LANCETS 28G..	137	PURIXAN.....	36	QUILLICHEW ER.....	73
PRODIGY LANCING		<i>px aspirin</i>	21	QUILLIVANT XR.....	73
DEVICE.....	137	<i>px enteric aspirin</i>	21	<i>quinapril hcl</i>	44
PRODIGY NO CODING		<i>px extra short pen needles</i>	137	<i>quinapril-hydrochlorothiazide</i>	43
BLOOD GLUC.....	137	<i>px folic acid</i>	201	<i>quinidine gluconate er</i>	47
PRODIGY POCKET		<i>px insulin syringe</i>	137	<i>quinidine sulfate</i>	47
BLOOD GLUCOSE.....	137	<i>px lancet auto injector</i>	137	<i>quinine sulfate</i>	25
PRODIGY SAFETY		<i>px lancets microthin 33g</i>	137	QUINTET AC BLOOD	
LANCETS 26G.....	137	<i>px mini pen needles</i>	138	GLUCOSE.....	138
PRODIGY VOICE BLOOD		<i>px pen needle</i>	138	QUINTET AC BLOOD	
GLUCOSE.....	137	<i>px shortlength pen needles</i>	138	GLUCOSE TEST.....	138
PROFILNINE.....	177	<i>px stop smoking aid</i>	84	QUINTET BLOOD	
<i>profola</i>	201	PYLERA.....	168	GLUCOSE SYSTEM.....	138
<i>progesterone</i>	158	<i>pyrazinamide</i>	28	QUINTET BLOOD	
PROGLYCEM.....	155	<i>pyridostigmine bromide</i>	77	GLUCOSE TEST.....	138
PROGRAF.....	188	<i>pyridostigmine bromide er</i>	77	QULIPTA.....	75
PROLASTIN-C.....	209	<i>pyridoxine hcl</i>	201	QUTENZA.....	230
PROLATE.....	19, 20	PYRUKYND.....	177	QUTENZA (2 PATCH).....	230
PROLENSA.....	207	PYRUKYND TAPER		QUVIVIQ.....	74
PROLIA.....	157	PACK.....	177	QVAR REDIHALER.....	217
PROMACTA.....	174	QBRELIS.....	44	<i>ra aspirin adult low dose</i>	22
<i>promethazine hcl</i>	162	<i>qc advanced lancing device</i>	138	<i>ra aspirin childrens</i>	22
<i>promethazine-codeine</i>	213, 214	<i>qc aspirin low dose</i>	22	<i>ra aspirin ec adult low st</i>	22

RA E-ZJECT LANCETS 28G.....138	REDITREX.....185	RELION ULTRA THIN PLUS LANCETS.....140
RA E-ZJECT LANCETS THIN 26G.....138	REFUAH PLUS BLOOD GLUCOSE TEST.....139	RELISTOR.....165
RA E-ZJECT LANCETS THIN 28G.....138	REFUAH PLUS MONITORING SYSTEM...139	<i>relnate dha</i>.....194
RA E-ZJECT LANCETS ULTRA THIN.....138	REGRANEX.....233	RELTONE.....165
<i>ra folic acid</i>.....201	RELENZA DISKHALER.....29	REMEDIENT.....201
<i>ra insulin syringe</i>.....138	RELEUKO.....174	REMICADE.....180
<i>ra mini nicotine</i>.....84	<i>releuko</i>.....174, 175	REMODULIN.....56
<i>ra nicotine</i>.....84	RELEXXII.....73	RENACIDIN.....233
<i>ra pen needles</i>.....138	RELION BLOOD GLUCOSE TEST.....139	RENATABS WITH IRON...201
<i>rabeprazole sodium</i>.....167	RELION CONFIRM GLUCOSE MONITOR.....139	RENFLEXIS.....180
RADICAVA ORS.....77	RELION CONFIRM/MICRO TEST...139	<i>reno caps</i>.....201
RADICAVA ORS STARTER KIT.....77	RELION INSULIN SYRINGE.....139	REVELA.....158
RAGWITEK.....179	RELION KETONE TEST...139	<i>repaglinide</i>.....92
<i>raloxifene hcl</i>.....157	RELION LANCET DEVICES 30G.....139	REPATHA.....49
<i>ramelteon</i>.....74	RELION LANCETS MICRO-THIN 33G.....139	REPATHA PUSHTRONEX SYSTEM.....49
<i>ramipril</i>.....44	RELION LANCETS THIN 26G.....139	REPATHA SURECLICK.....50
<i>ranolazine er</i>.....55	RELION LANCETS ULTRA-THIN 30G.....139	<i>resorcinol-sulfur</i>.....221
RAPAFLO.....168	RELION LANCING DEVICE.....139	RESTASIS.....208
RAPAMUNE.....188	RELION MICRO.....139	RESTASIS MULTIDOSE...207
<i>rasagiline mesylate</i>.....62	RELION MINI PEN NEEDLES.....139	RETACRIT.....175
RASUVO.....185	RELION PEN NEEDLES...139	RETEVMO.....41
RAVICTI.....149	RELION PREMIER BLU MONITOR.....139	RETIN-A MICRO.....221
<i>raya sure pen needle</i>.....138	RELION PREMIER COMPACT SYSTEM.....139	RETIN-A MICRO PUMP...221
RAYALDEE.....160	RELION PREMIER VOICE MONITOR.....139	REVATIO.....56
RAYOS.....154	RELION PRIME MONITOR.....139	REVLIMID.....36
REACT.....104	RELION PRIME TEST.....139	REXALL BLOOD GLUCOSE SYSTEM.....140
READYLANCE SAFETY LANCETS.....138	RELION SHORT PEN NEEDLES.....140	REXALL BLOOD GLUCOSE TEST.....140
READYSHARP ANESTH + KETOROLAC.....16	RELION ULTIMA GLUCOSE SYSTEM.....140	REXULTI.....65
<i>reality insulin syringe</i>.....138	RELION ULTIMA TEST...140	REYATAZ.....26
<i>reality lancets</i>.....138	RELION ULTRA THIN LANCETS 30G.....140	REYVOW.....76
<i>reality trigger lancets</i>.....138		REZUROCK.....189
REBIF.....79		RHEUMATE.....201
REBIF REBIDOSE.....79		RHOFADE.....232
REBIF REBIDOSE TITRATION PACK.....79		RHOPRESSA.....204
REBIF TITRATION PACK..79		<i>ribavirin</i>.....32
REBINYN.....177		RIDAURA.....13
RECLAST.....94		<i>rifabutin</i>.....28
Reclipsen.....104		<i>rifampin</i>.....28
RECOMBINATE.....176		RIGHTEST ALTERNATE SITE ADAPT.....140
RECORLEV.....107		RIGHTEST GD500 LANCING DEVICE.....140
RECTIV.....231		RIGHTEST GL300 LANCETS.....140
RECURA.....224		RIGHTEST GM100 BLOOD GLUCOSE.....140

RIGHTEST GM300 BLOOD GLUCOSE.....	140	SAFE-T-LANCE.....	140	SERNIVO.....	228
RIGHTEST GM550 BLOOD GLUCOSE.....	140	SAFE-T-LANCE PLUS.....	140	SEROQUEL XR.....	65
RIGHTEST GS100 BLOOD GLUCOSE.....	140	<i>safety lancet 30g/pressure act.</i>	140	SEROSTIM.....	156
RIGHTEST GS300 BLOOD GLUCOSE.....	140	SAFETY LANCETS 21G.....	140	<i>sertraline hcl</i>	61
RIGHTEST GS550 BLOOD GLUCOSE.....	140	SAFETY LANCETS 23G.....	140	Setlakin.....	104
RIGHTEST GT333 GLUCOSE TEST.....	140	<i>safety lancets 28g</i>	140	<i>sevelamer carbonate</i>	158
<i>riluzole</i>	77	<i>safety pen needles</i>	140	<i>sevelamer hcl</i>	158
<i>rimantadine hcl</i>	29	SAFYRAL.....	104	SEVENFACT.....	173
RIMSO-50.....	170	SAIZEN.....	156	SEYSARA.....	34
<i>ringers irrigation</i>	209	<i>salicylic acid</i>	231	SFROWASA.....	163
RINVOQ.....	183	<i>salimez forte</i>	232	Sharobel.....	104
RIOMET.....	86	<i>salsalate</i>	22	SIDEROL.....	201
<i>risedronate sodium</i>	94	SAMSCA.....	157	SIGNIFOR.....	157
RISPERDAL CONSTA.....	65	SANCUSO.....	162	SIGNIFOR LAR.....	157
<i>risperidone</i>	65	SANDIMMUNE.....	189	SIKLOS.....	177
<i>ritonavir</i>	26	SANDOSTATIN.....	85	<i>sildenafil citrate</i>	56
<i>rivastigmine</i>	59	SANDOSTATIN LAR DEPOT.....	85	SILENOR.....	74
<i>rivastigmine tartrate</i>	59	SANTYL.....	232	SILIQ.....	183
Rivelsa.....	104	SAPHRIS.....	65	<i>silodosin</i>	168
<i>rixubis</i>	177	<i>saps health twist top lancets</i>	140	<i>silver sulfadiazine</i>	222
<i>rizatriptan benzoate</i>	76	<i>saps twist top lancets</i>	140	SIMBRINZA.....	204
ROBINUL.....	160	<i>sapscare twist top lancets</i>	141	Simliya.....	104
ROBINUL-FORTE.....	160	SAVAYSA.....	172	Simpesse.....	104
ROCKLATAN.....	204	SAVELLA.....	74	SIMPLE DIAGNOSTICS LANCING DEV.....	141
<i>ropinirole hcl</i>	62	SAVELLA TITRATION PACK.....	74	SIMPONI.....	183, 184
<i>ropinirole hcl er</i>	62	SAXENDA.....	94	SIMPONI ARIA.....	180
<i>rosuvastatin calcium</i>	49	<i>sb childrens aspirin</i>	22	<i>simvastatin</i>	49
ROSZET.....	49	<i>sb insulin syringe</i>	141	SINGLE-LET.....	141
ROTARIX.....	189	<i>sb lancets thin</i>	141	SINGULAIR.....	215
ROWASA.....	163	<i>sb lancets ultra thin</i>	141	SINUVA.....	216
Roweepra.....	69	SCSEMBLIX.....	41	<i>sirolimus</i>	189
ROXICODONE.....	20	<i>scopolamine</i>	162	SIRTURO.....	28
ROXYBOND.....	20	SEASONIQUE.....	104	SITAVIG.....	29
ROZEREM.....	74	SECUADO.....	65	SIVEXTRO.....	33
ROZLYTREK.....	41	SECURESAFE INSULIN SYRINGE.....	141	SKYLA.....	104
RUCONEST.....	186	SEGLENTIS.....	20	SKYRIZI.....	184
RUKOBIA.....	26	SEGLUROMET.....	93	SKYRIZI PEN.....	184
RYALTRIS.....	211	<i>select-lite lancing device</i>	141	SKYTROFA.....	156
RYBELSUS.....	88	SELECT-OB.....	194	SLYND.....	104
RYCLORA.....	212	SELECT-OB+DHA.....	194	<i>sm aspirin adult low strength</i>	22
RYDAPT.....	41	<i>selegiline hcl</i>	62, 63	<i>sm aspirin low dose</i>	22
RYTARY.....	62	<i>selenium sulfide</i>	225	<i>sm childrens aspirin</i>	22
RYVENT.....	212	SELZENTRY.....	26	<i>sm folic acid</i>	201
SABRIL.....	69	SEMGLEE (YFGN).....	92	<i>sm lancets 33g</i>	141
		<i>se-natal 19</i>	194	<i>sm nicotine</i>	84
		SENSIPAR.....	95	<i>sm nicotine polacrilex</i>	84
		SEREVENT DISKUS.....	213	SM TRUEDRAW LANCING DEVICE.....	141

SMART DIABETES		Subvenite Starter Kit-Green....	70
VANTAGE LANCING.....	141	Subvenite Starter Kit-Orange..	70
SMART SENSE COLOR		SUCRAID.....	165
LANCETS 33G.....	141	<i>sucralfate</i>	165
SMART SENSE PREMIUM		<i>sulfacetamide sodium</i>	206
SYSTEM.....	141	<i>sulfacetamide sodium (acne)</i> ..	221
SMART SENSE PREMIUM		<i>sulfacetamide sodium-sulfur</i> ...	221
TEST.....	141	<i>sulfacetamide-prednisolone</i>	205
SMART SENSE		<i>sulfadiazine</i>	23
STANDARD LANCETS.....	141	<i>sulfamethoxazole-trimethoprim</i>	23
SMART SENSE SUPER		<i>sulfamez wash</i>	221
THIN LANCETS.....	141	SULFAMILYLON.....	222
SMART SENSE THIN		<i>sulfasalazine</i>	163
LANCETS 26G.....	141	Sulfatrim Pediatric.....	23
SMART SENSE VALUE		<i>sulfurated lime</i>	233
GLUCOSE SYS.....	141	<i>sulindac</i>	16
SMART SENSE VALUE		<i>sumatriptan</i>	76
TEST.....	141	<i>sumatriptan succinate</i>	76
SMARTEST BLOOD		<i>sumatriptan succinate refill</i>	76
GLUCOSE TEST.....	141	<i>sumatriptan-naproxen sodium</i> ...	76
SMARTEST EJECT.....	141	SUNOSI.....	81
SMARTEST EJECT		SUPARTZ FX.....	22
STARTER.....	141	<i>super bi-mix</i>	169
SMARTEST LANCETS 28G		<i>super quad-mix</i>	169
.....	141	<i>super thin lancets</i>	142
SMARTEST PERSONA		<i>super tri-mix</i>	169
STARTER.....	141	<i>support</i>	201
SMARTEST PRONTO		SUPPRELIN LA.....	157
STARTER.....	141	SUPRAX.....	30
SMARTEST PROTEGE.....	142	SUPREME TEST.....	142
SMARTEST PROTEGE		SUPREP BOWEL PREP KIT	
STARTER.....	142	.....	164
SOAANZ.....	54	<i>sure comfort insulin syringe</i>	142
<i>sod citrate-citric acid</i>	170	<i>sure comfort lancets 18g</i>	142
<i>sodium chloride</i>	215, 233	<i>sure comfort lancets 21g</i>	142
<i>sodium fluoride</i>	190	<i>sure comfort lancets 23g</i>	142
<i>sodium phenylbutyrate</i>	149, 150	<i>sure comfort lancets 30g</i>	142
<i>sodium polystyrene sulfonate</i> ...	95	<i>sure comfort lancing pen</i>	142
<i>sodium sulfacetamide wash</i>	225	<i>sure comfort pen needles</i>	142
Solia.....	104	SURELITE LANCETS.....	142
<i>solifenacin succinate</i>	171	SUTAB.....	165
SOLQUA.....	88	SUTENT.....	41
SOLODYN.....	35	SX1 MEDICATED POST-	
SOLOSEC.....	33	OPERATIVE.....	230
SOLTAMOX.....	37	Syeda.....	104
SOLUS V2 BLOOD		SYMBICORT.....	218
GLUCOSE SYSTEM.....	142	SYMDEKO.....	214
SOLUS V2 LANCETS 28G..	142	SYMFI.....	27
SOLUS V2 LANCING		SYMFI LO.....	27
DEVICE.....	142	SYMJEPI.....	210
SOLUS V2 TEST.....	142		
SOLUS V2 TWIST			
LANCETS 30G.....	142		
SOMATULINE DEPOT.....	85		
SOMAVERT.....	85		
SOOLANTRA.....	232		
<i>sorbitol</i>	233		
<i>sorbitol-mannitol</i>	233		
SORILUX.....	224		
<i>sorrelldock mix</i>	179		
<i>sotalol hcl</i>	47		
<i>sotalol hcl (af)</i>	47		
SOTYKTU.....	184		
SOTYLIZE.....	47		
SOVALDI.....	32		
<i>spinosad</i>	233		
SPIRIVA HANDIHALER...	211		
SPIRIVA RESPIMAT.....	211		
<i>spironolactone</i>	54		
<i>spironolactone-hctz</i>	54		
SPORANOX.....	24		
SPRAVATO (56 MG DOSE).	61		
SPRAVATO (84 MG DOSE).	61		
Sprintec 28.....	104		
SPRITAM.....	69		
SPRIX.....	16		
SPRYCEL.....	41		
SPS.....	95		
Sronyx.....	104		
Ssd.....	222		
ST JOSEPH LOW DOSE.....	22		
STEGLATRO.....	93		
STEGLUJAN.....	93		
STELARA.....	184		
STENDRA.....	169		
STERILANCE PA.....	142		
STERILANCE TL.....	142		
<i>sterile water for irrigation</i>	209		
STIOLTO RESPIMAT.....	210		
STIVARGA.....	41		
STRENSIQ.....	150		
STRIBILD.....	27		
STRIVERDI RESPIMAT...	213		
STROVITE FORTE.....	201		
STROVITE ONE.....	201		
SUBLOCADE.....	21		
SUBOXONE.....	81		
SUBSYS.....	20		
Subvenite.....	69		
Subvenite Starter Kit-Blue.....	69		

SYMLINPEN 120.....	86	<i>tazarotene</i>	224	<i>theophylline er</i>	218, 219
SYMLINPEN 60.....	86	TAZORAC.....	224	THERANATAL CORE	
SYMPAZAN.....	70	Taztia Xt.....	52	NUTRITION.....	194
SYMPROIC.....	165	TAZVERIK.....	42	THINLETS GP LANCETS..	143
SYMTUZA.....	27	TECFIDERA.....	79	THIOLA.....	170
SYNAGIS.....	189	<i>techlite insulin syringe</i>	142	THIOLA EC.....	170
SYNAPRYN FUSEPAQ.....	20	TECHLITE PEN NEEDLES	143	<i>thioridazine hcl</i>	65
SYNAREL.....	156	TEGRETOL.....	70	<i>thiothixene</i>	65
SYNDROS.....	162	TEGRETOL-XR.....	70	THRIVE.....	84
SYNERA.....	230	TEGSEDI.....	158	<i>thrivite rx</i>	194
SYNJARDY.....	93	TEKTURNA.....	53	THYQUIDITY.....	159
SYNJARDY XR.....	93	TEKTURNA HCT.....	53	<i>tiagabine hcl</i>	70
SYNOJOYNT.....	23	<i>telmisartan</i>	46	TIBSOVO.....	42
SYNRIBO.....	42	<i>telmisartan-amlodipine</i>	45	TICE BCG.....	36
SYNTHROID.....	159	<i>telmisartan-hctz</i>	45	TIGLUTIK.....	77
SYPRINE.....	95	<i>temazepam</i>	74	TIKOSYN.....	47
T:FLEX T:LOCK		TEMBEXA.....	29	Tilia Fe.....	105
CARTRIDGE 4.8ML.....	142	TEMODAR.....	35	<i>timolol maleate</i>	51, 204
TABLOID.....	36	<i>temozolomide</i>	35	<i>timolol maleate (once-daily)</i> ..	204
TABRADOL FUSEPAQ.....	81	TEMPO REFILL.....	143	TIMOPTIC OCUDOSE.....	204
TABRECTA.....	41	TEMPO WELCOME.....	143	<i>tinidazole</i>	23
TACLONEX.....	228	TENCON.....	14	TIROSINT.....	159
<i>tacrolimus</i>	189, 232	<i>tenofovir disoproxil fumarate</i>	26	TIROSINT-SOL.....	159
<i>tadalafil (pah)</i>	56	TEPMETKO.....	41	Tis-U-Sol.....	209
TADLIQ.....	56	<i>terazosin hcl</i>	44	TIVICAY.....	26
TAFINLAR.....	41	<i>terbinafine hcl</i>	24	TIVICAY PD.....	26
TAGRISO.....	41	<i>terbutaline sulfate</i>	213	<i>tizanidine hcl</i>	81
TAKE ACTION.....	104	<i>terconazole</i>	171	TOBAKIENT.....	201
TAKHZYRO.....	186	<i>teriparatide (recombinant)</i>	157	TOBI.....	214
TALICIA.....	168	TESTIM.....	85	TOBI PODHALER.....	214
TALIVA.....	201	TESTONE CIK.....	85	TOBRADEX.....	205
TALTZ.....	184	TESTOPEL.....	85	TOBRADEX ST.....	205
TALZENNA.....	42	<i>testosterone</i>	85, 86	<i>tobramycin</i>	206, 214
<i>tamoxifen citrate</i>	37	<i>testosterone cypionate</i>	85	<i>tobramycin-dexamethasone</i>	205
<i>tamsulosin hcl</i>	168	<i>testosterone enanthate</i>	85	TOBREX.....	206
TAPERDEX 12-DAY.....	154	<i>tetrabenazine</i>	77	TODAY SPONGE.....	169
Taperdex 6-Day.....	154	<i>tetracaine hcl</i>	208	<i>today's health pen needles</i>	143
TAPERDEX 7-DAY.....	154	<i>tetracycline hcl</i>	35	<i>today's health short pen needle</i> ..	143
TARCEVA.....	41	TEXACORT.....	228	<i>tolcapone</i>	63
Targadox.....	35	TEZSPIRE.....	216	<i>tolsura</i>	24
TARGRETIN.....	42, 232	<i>tgt blood glucose monitoring</i> ...	143	<i>tolterodine tartrate</i>	171
Tarina 24 Fe.....	105	<i>tgt blood glucose test</i>	143	<i>tolterodine tartrate er</i>	171
Tarina Fe 1/20 Eq.....	105	<i>tgt lancet micro thin 33g</i>	143	<i>topcare clickfine pen needles</i> ...	143
TARON-C DHA.....	194	<i>tgt lancet thin 26g</i>	143	<i>topcare lancets micro-thin 33g</i> ..	143
TARPEYO.....	170	<i>tgt lancet ultra thin 30g</i>	143	<i>topcare ultra comfort ins syr</i> ...	143
<i>tavaborole</i>	224	<i>tgt lancing device</i>	143	<i>topiramate</i>	70
TAVALISSE.....	178	THALITONE.....	54	<i>topiramate er</i>	70
TAVNEOS.....	178	THALOMID.....	36	TOPROL XL.....	51
Taysofy.....	105	THEO-24.....	218	<i>toremifene citrate</i>	37
TAYTULLA.....	105	<i>theophylline</i>	219	TORONOVA II SUIK.....	16

TORONOVA SUIK.....	17	Triderm.....	229	TRUE FOCUS BLOOD	
<i>torseamide</i>	54	<i>trientine hcl</i>	95	GLUCOSE METER.....	143
TOSYMRA.....	76	Tri-Estarylla.....	105	<i>true focus blood glucose strip</i> ..	143
TOUJEO MAX SOLOSTAR..	92	<i>trifluoperazine hcl</i>	65	TRUE METRIX AIR	
TOUJEO SOLOSTAR.....	92	<i>trifluridine</i>	206	GLUCOSE METER.....	143
Tovet.....	228	<i>trihexyphenidyl hcl</i>	63	TRUE METRIX BLOOD	
TOVIAZ.....	171	TRIJARDY XR.....	88	GLUCOSE TEST.....	143
TOXICOLOGY MED		TRIKAFTA.....	215	TRUE METRIX GO	
COLLECTION SYS.....	143	Tri-Legest Fe.....	105	GLUCOSE METER.....	144
TPOXX.....	29	TRILEPTAL.....	70	TRUE METRIX METER....	144
TRACLEER.....	56	Tri-Linyah.....	105	TRUEPLUS 5-BEVEL PEN	
TRADJENTA.....	87	Tri-Lo-Estarylla.....	105	NEEDLES.....	144
<i>tramadol hcl</i>	20	Tri-Lo-Marzia.....	105	TRUEPLUS INSULIN	
<i>tramadol hcl (er biphasic)</i>	20	Tri-Lo-Mili.....	105	SYRINGE.....	144
<i>tramadol hcl er</i>	20	Tri-Lo-Sprintec.....	105	TRUEPLUS LANCETS 26G	144
<i>tramadol-acetaminophen</i>	20	<i>trimethobenzamide hcl</i>	162	TRUEPLUS LANCETS 28G	144
<i>trandolapril</i>	44	<i>trimethoprim</i>	33	TRUEPLUS LANCETS 30G	144
<i>trandolapril-verapamil hcl er</i>	44	Tri-Mili.....	105	TRUEPLUS LANCETS 33G	144
<i>tranexamic acid</i>	178	<i>trimipramine maleate</i>	61	TRUEPLUS PEN NEEDLES	
TRANSDERM-SCOP.....	162	<i>tri-mix</i>	169	.....	144
<i>tranylcypromine sulfate</i>	61	<i>trinatal rx 1</i>	194	TRUEPLUS SAFETY	
TRAVATAN Z.....	204	TRINATE.....	194	LANCETS 28G.....	144
TRAVEL LANCETS		Trinessa (28).....	105	TRUERESULT BLOOD	
ADVANCED 28G.....	143	TRINTELLIX.....	61	GLUCOSE.....	144
<i>trazodone hcl</i>	61	Tri-Nymyo.....	105	TRUETEST TEST.....	144
TRECATOR.....	28	<i>triple pmb</i>	205	TRUETRACK BLOOD	
TRELEGY ELLIPTA.....	211	<i>triple pmk</i>	205	GLUCOSE.....	144
TRELSTAR MIXJECT.....	38	TRIPTODUR.....	156	TRUETRACK SMART	
TREMFYA.....	184	Tri-Sprintec.....	105	SYSTEM.....	144
<i>treprostinil</i>	56	<i>tristart dha</i>	194	TRUETRACK TEST.....	144
TRESIBA.....	92	TRIUMEQ.....	28	TRULANCE.....	163
TRESIBA FLEXTOUCH.....	92	TRIUMEQ PD.....	28	TRULICITY.....	88
<i>tretinoin</i>	42, 221	TRI-VI-FLOR.....	201	TRUSTEEL INFUSION	
<i>tretinoin microsphere</i>	221	<i>tri-vi-floro</i>	201	SET.....	144
<i>tretinoin microsphere pump</i>	221	TRIVISC.....	23	TRUVADA.....	28
TREXALL.....	36	<i>tri-vitelfluoride</i>	201	TRUXIMA.....	36
TREXIMET.....	76	Trivora (28).....	105	TUDORZA PRESSAIR.....	211
TREZIX.....	20	Tri-Vylibra.....	106	TUKYSA.....	41
Tri Femynor.....	105	Tri-Vylibra Lo.....	105	TURALIO.....	41
<i>triamcinolone acetonide</i>		TROKENDI XR.....	70	TUSNEL C.....	214
.....	228, 229, 234	<i>tronvite</i>	201	TUXARIN ER.....	214
<i>triamcinolone in absorbase</i>	229	<i>tropicamide</i>	208	TWIRLA.....	106
<i>triamterene</i>	54	<i>trospium chloride</i>	171	<i>twist top lancets 30g</i>	144
<i>triamterene-hctz</i>	54	<i>trospium chloride er</i>	171	TWYNEO.....	221
Trianex.....	229	TRUDHESA.....	76	TYBLUME.....	106
<i>triazolam</i>	74	<i>true comfort insulin syringe</i>	143	TYBOST.....	26
TRICARE.....	194	<i>true comfort pen needles</i>	143	Tydemy.....	106
<i>tricitrates</i>	170	<i>true comfort pro insulin syr</i>	143	TYKERB.....	41
Tricon.....	201	<i>true comfort safety lancets</i>	143	TYMLOS.....	157
TRICOR.....	48	<i>true comfort twist top lancets</i> ..	143	TYRVAYA.....	208

TYSABRI.....	79	ULTRA-THIN II INSULIN		UNISTIK PRO SAFETY	
TYVASO.....	57	SYRINGE.....	146	LANCET.....	147
TYVASO DPI		ULTRA-THIN II LANCETS		UNISTIK SAFETY	
MAINTENANCE KIT.....	56	.....	146	LANCETS 28G.....	147
TYVASO DPI TITRATION		ULTRA-THIN II MINI PEN		UNISTIK SAFETY	
KIT.....	57	NEEDLE.....	146	LANCETS 30G.....	147
TYVASO REFILL.....	57	ULTRA-THIN II PEN		UNISTIK TOUCH SAFETY	
TYVASO STARTER.....	57	NEEDLE SHORT.....	146	LANC 21G.....	147
UBRELVY.....	76	ULTRA-THIN II PEN		UNISTIK TOUCH SAFETY	
UCERIS.....	163	NEEDLES.....	146	LANC 23G.....	147
UDAMIN SP.....	201	ULTRAVATE.....	229	UNISTIK TOUCH SAFETY	
UDENYCA.....	175	UNIFINE PENTIPS.....	146	LANC 28G.....	147
ULORIC.....	13	UNIFINE PENTIPS PLUS..	146	UNISTIK TOUCH SAFETY	
ULTICARE INSULIN		UNIFINE SAFECONTROL		LANC 30G.....	147
SAFETY SYR.....	144	PEN NEEDLE.....	146	UNISTRIP1 GENERIC.....	147
ULTICARE INSULIN		UNILET COMFORTOUCH		Unithroid.....	159
SYRINGE.....	145	LANCET.....	146	UNIVERSAL 1 LANCETS	
ULTICARE MICRO PEN		UNILET EXCELITE.....	146	THIN 26G.....	147
NEEDLES.....	145	UNILET EXCELITE II.....	146	UNIVERSAL 1 LANCETS	
ULTICARE MINI PEN		UNILET G.P. LANCET.....	146	THIN 33G.....	147
NEEDLES.....	145	UNILET G.P. SUPERLITE		UNIVERSAL 1 LANCETS	
ULTICARE PEN NEEDLES		LANCET.....	146	ULTRA THIN.....	147
.....	145	UNILET GP 28 ULTRA		UPNEEQ.....	208
ULTICARE SHORT PEN		THIN.....	146	UPTRAVI.....	57
NEEDLES.....	145	UNILET LANCET.....	146	UROXATRAL.....	168
ULTIGUARD SAFEPAK		UNILET MICRO-THIN 33G		<i>ursodiol</i>	165, 166
PEN NEEDLE.....	145	.....	146	UVADEX.....	42
ULTI-LANCE		UNILET SUPERLITE		VAGIFEM.....	152
AUTOMATIC.....	145	LANCET.....	146	<i>valacyclovir hcl</i>	29
ULTILET CLASSIC		UNILET SUPER-THIN 30G		VALCHLOR.....	232
LANCETS.....	145	.....	146	VALCYTE.....	29
ULTILET LANCETS.....	145	UNILET ULTRA-THIN		<i>valganciclovir hcl</i>	29
ULTILET PEN NEEDLE....	145	28G.....	146	<i>valproic acid</i>	70
ULTILET SAFETY		UNISTIK 1.....	146	<i>valsartan</i>	46
LANCETS.....	145	UNISTIK 2.....	146	<i>valsartan-hydrochlorothiazide</i> ...45	
ULTILET SAFETY		UNISTIK 2 COMFORT.....	146	VALTOCO 10 MG DOSE.....	70
LANCETS 23G.....	145	UNISTIK 2 EXTRA.....	146	VALTOCO 15 MG DOSE.....	70
ULTOMIRIS.....	178	UNISTIK 2 NEONATAL....	146	VALTOCO 20 MG DOSE.....	70
<i>ultra comfort insulin syringe</i> ...	145	UNISTIK 2 NORMAL.....	147	VALTOCO 5 MG DOSE.....	70
<i>ultra thin lancets 31g</i>	145	UNISTIK 2 SUPER.....	147	VALTREX.....	29
ULTRA THIN PEN		UNISTIK 3.....	147	<i>value health insulin syringe</i>	147
NEEDLES.....	145	UNISTIK 3 COMFORT.....	147	<i>value plus lancet standard 21g</i> ..147	
<i>ultracare insulin syringe</i>	145	UNISTIK 3 EXTRA.....	147	<i>value plus lancets super thin</i>	147
<i>ultra-care lancets 30g</i>	145	UNISTIK 3 GENTLE.....	147	Vanadom.....	81
<i>ultracare pen needles</i>	145	UNISTIK 3 NEONATAL....	147	<i>vancomycin hcl</i>	33
ULTRA-THIN II AUTO		UNISTIK 3 NORMAL.....	147	VANCOMYCIN+SYRSPEN	
LANCET.....	145	UNISTIK CZT COMFORT..	147	D SF.....	33
ULTRA-THIN II INS SYR		UNISTIK CZT NORMAL...	147	VANISHPOINT INSULIN	
SHORT.....	146	UNISTIK NORMAL.....	147	SYRINGE.....	147
				VANOS.....	229

Vanoxide-Hc.....	221	VERIFINE SAFE LANCET		VITAFOL-OB.....	195
<i>varenicline tartrate</i>	84	MINI 23G.....	148	VITAFOL-OB+DHA.....	195
<i>varenicline tartrate (starter)</i>	84	VERIFINE SAFE LANCET		VITAFOL-ONE.....	195
VARISOFT INFUSION SET		MINI 28G.....	148	VITAMEDMD REDICHEW	
.....	147	VERIFINE SAFE LANCET		RX.....	195
VARUBI (180 MG DOSE)...	162	MINI 30G.....	148	VITAMEZ.....	202
VASCEPA.....	49	VERIFINE UNIVERSAL		<i>vita-min</i>	202
VASCULERA.....	202	LANCETS 28G.....	148	<i>vitamin d (ergocalciferol)</i>	202
<i>vb6 p5p</i>	202	VERIFINE UNIVERSAL		<i>vitamin k1</i>	202
<i>v-c forte</i>	202	LANCETS 30G.....	148	<i>vitamins acd-fluoride</i>	202
VCF VAGINAL		VERIFINE UNIVERSAL		VITAPEARL.....	195
CONTRACEPTIVE.....	169	LANCETS 33G.....	148	VITAROCA PLUS.....	202
VECAMYL.....	55	VERQUVO.....	54	<i>vitasure</i>	202
VECTICAL.....	224	VERSACLOZ.....	65	VITATHELY WITH	
VELETRI.....	57	VERZENIO.....	41	GINGER.....	195
VELIVET.....	106	VESICARE.....	171	VITATRUE.....	195
VELPHORO.....	158	VESICARE LS.....	171	VITRAKVI.....	41
VELTASSA.....	96	Vestura.....	106	VITRAMYN.....	202
VELTIN.....	221	V-GO 20.....	148	VITRANOL.....	202
VEMLIDY.....	29	V-GO 30.....	148	VITRANOL FE.....	202
VENCLEXTA.....	36	V-GO 40.....	148	VITREXATE.....	202
VENCLEXTA STARTING		VIAGRA.....	169	VITREXATE FE.....	202
PACK.....	36	VIBERZI.....	163	VITREXYL.....	202
VENEXA.....	202	Vic-Forte.....	202	VITREXYL + IRON.....	202
VENEXA FE.....	202	VICTOZA.....	88	VIVA DHA.....	195
VENIPUNCTURE PX1		Vienna.....	106	VIVAGUARD INO	
PHLEBOTOMY.....	230	<i>vigabatrin</i>	70	GLUCOSE METER.....	148
<i>venlafaxine hcl</i>	61	Vigadrone.....	70	VIVAGUARD INO TEST	
<i>venlafaxine hcl er</i>	61	VIIBRYD.....	61	STRIPS.....	148
VENTAVIS.....	57	VIIBRYD STARTER PACK.....	61	VIVAGUARD LANCETS..	148
VENTOLIN HFA.....	213	VIMOVO.....	17	VIVAGUARD LANCING	
VENTRIXYL.....	202	VIMPAT.....	71	DEVICE.....	148
VENTRIXYL FE.....	202	VINATE DHA RF.....	195	VIVELLE-DOT.....	152
VEOPOZ.....	189	VINATE II.....	195	VIVITROL.....	82
<i>verapamil hcl</i>	52	VINATE ONE.....	195	VIVJOA.....	24
<i>verapamil hcl er</i>	52	VIOKACE.....	166	VIZIMPRO.....	41
<i>verasens blood glucose meter</i> ...	147	<i>violele</i>	106	VOGELXO.....	86
<i>verasens blood glucose system</i>	147	VIRACEPT.....	26	VOGELXO PUMP.....	86
<i>verasens blood glucose test</i>	147	VIREAD.....	26	Volnea.....	106
VERDESO.....	229	<i>virt-caps</i>	202	VOLTAREN.....	232
VEREGEN.....	232	<i>virtussin alc</i>	214	VONJO.....	41
VERIFINE INSULIN PEN		VISCO-3.....	23	VONVENDI.....	173
NEEDLE.....	147	VISTOGARD.....	42	VOQUEZNA DUAL PAK..	168
VERIFINE INSULIN		Vita S Forte.....	202	VOQUEZNA TRIPLE PAK	168
SYRINGE.....	148	Vitacel.....	202	<i>voriconazole</i>	24
VERIFINE PLUS PEN		VITAFOL FE+.....	195	VOSEVI.....	32
NEEDLE.....	148	VITAFOL GUMMIES.....	195	VOTRIENT.....	41
VERIFINE SAFE LANCET		VITAFOL STRIPS.....	195	VOWST.....	166
MINI 21G.....	148	VITAFOL ULTRA.....	195	VOXZOGO.....	155
		VITAFOL-NANO.....	195	<i>vp insulin syringe</i>	148

VPRIV.....	150	WIDE-SEAL DIAPHRAGM	XOPENEX HFA.....	213
<i>vp-vite rx</i>	202	95.....	XOSPATA.....	41
VRAYLAR.....	66	WILATE.....	XPOVIO (100 MG ONCE	
VTAMA.....	224	WINLEVI.....	WEEKLY).....	42
VUITY.....	204	Wixela Inhub.....	XPOVIO (40 MG ONCE	
VUMERITY.....	79	<i>wpr plus wound healing system</i>	WEEKLY).....	42
VUSION.....	224	Wymzya Fe.....	XPOVIO (40 MG TWICE	
Vyfemla.....	106	WYNZORA.....	WEEKLY).....	42
VYLEESI.....	82	XACIATO.....	XPOVIO (60 MG ONCE	
Vylibra.....	106	XADAGO.....	WEEKLY).....	42
VYNDAMAX.....	54	XALIX.....	XPOVIO (60 MG TWICE	
VYNDAQEL.....	54	XALKORI.....	WEEKLY).....	42
VYVANSE.....	73	XANAX.....	XPOVIO (80 MG ONCE	
VYZULTA.....	204	XANAX XR.....	WEEKLY).....	43
WAKIX.....	81	XARELTO.....	XPOVIO (80 MG TWICE	
WALGREENS LANCETS... 148		XARELTO STARTER	WEEKLY).....	43
<i>walgreens lancets micro thin</i> ... 148		PACK.....	XTAMPZA ER.....	20
<i>walgreens lancets super thin</i> 148		XATMEP.....	XTANDI.....	38
WALGREENS THIN		XCOPRI.....	Xulane.....	107
LANCETS.....	148	XCOPRI (250 MG DAILY	XULTOPHY.....	88
WALGREENS ULTRA		DOSE).....	XURIDEN.....	157
THIN LANCETS.....	148	XCOPRI (350 MG DAILY	XYNTHA.....	176
<i>warfarin sodium</i>	172	DOSE).....	XYNTHA SOLOFUSE.....	176
WAVESENSE AMP.....	148	XELJANZ.....	XYOSTED.....	86
<i>wegmans unifine pentips plus</i> .. 148		XELJANZ XR.....	XYREM.....	81
WEGOVY.....	94	XELODA.....	XYWAV.....	81
WELIREG.....	42	XELPROS.....	<i>xyzbac</i>	202
WELLBUTRIN XL.....	61	XELSTRYM.....	YASMIN 28.....	107
<i>wellfola</i>	202	XEMBIFY.....	YAZ.....	107
Wera.....	106	XENAZINE.....	<i>yl folic acid</i>	202
<i>wescap-c dha</i>	195	XENICAL.....	YONSA.....	38
<i>wescap-pn dha</i>	195	XEOMIN.....	YOSPRALA.....	178
<i>wesnatal dha complete</i>	195	XEPI.....	YUPELRI.....	211
<i>wesnate dha</i>	195	XERAC AC.....	Yuvaferm.....	152
<i>westab plus</i>	195	XERESE.....	<i>zaclir cleansing</i>	221
<i>westgel dha</i>	195	XERMELO.....	Zafemy.....	107
WIDE-SEAL DIAPHRAGM		XGEVA.....	<i>zafirlukast</i>	215
60.....	106	XHANCE.....	<i>zaleplon</i>	74
WIDE-SEAL DIAPHRAGM		XIFAXAN.....	<i>zalvit</i>	196
65.....	106	XIGDUO XR.....	ZAVESCA.....	150
WIDE-SEAL DIAPHRAGM		XIIDRA.....	Zebutal.....	14
70.....	106	XIMINO.....	ZEGALOGUE.....	155
WIDE-SEAL DIAPHRAGM		XOFIGO.....	ZEGERID.....	167
75.....	106	XOFLUZA (40 MG DOSE)... 29	ZEJULA.....	43
WIDE-SEAL DIAPHRAGM		XOFLUZA (80 MG DOSE)... 29	<i>zelac</i>	161
80.....	106	XOLAIR.....	ZELAPAR.....	63
WIDE-SEAL DIAPHRAGM		XOLEGEL COREPAK.....	ZELBORAF.....	42
85.....	106	XOLEGEL DUO/HEAD &	ZEMAIRA.....	209
WIDE-SEAL DIAPHRAGM		SHOULDERS.....	ZEMBRACE SYMTOUCH... 76	
90.....	106	XOLEGEL DUO/XOLEX... 224	Zenatane.....	221

ZENPEP.....	166	ZYFLO.....	215
Zenzedi.....	73	ZYKADIA.....	42
ZENZEDI.....	74	ZYLET.....	205
ZEPOSIA.....	80	ZYMAXID.....	206
ZEPOSIA 7-DAY STARTER PACK.....	79	ZYPITAMAG.....	49
ZEPOSIA STARTER KIT.....	80	ZYPREXA RELPREVV.....	66
ZESTORETIC.....	44	ZYVOX.....	33
ZETIA.....	47		
ZETONNA.....	216		
zevrx insulin syringe.....	148		
zevrx pen needles.....	148		
zevrx twist top lancets 30g.....	148		
ZIANA.....	221		
zidovudine.....	26		
ZIEXTENZO.....	175		
zileuton er.....	215		
ZILXI.....	232		
zinc chloride.....	190		
zinc sulfate.....	190		
ZIOPTAN.....	204		
ziphex.....	196		
ziprasidone hcl.....	66		
ZIPSOR.....	16		
ZIRGAN.....	206		
ZOKINVY.....	157		
ZOLADEX.....	38		
zoledronic acid.....	94		
ZOLINZA.....	43		
zolmitriptan.....	76		
ZOLOFT.....	61		
zolpidem tartrate.....	74		
zolpidem tartrate er.....	74		
ZOMACTON.....	156		
ZOMIG.....	76		
ZONEGRAN.....	71		
zonisamide.....	71		
ZONTIVITY.....	178		
ZORBTIVE.....	156		
ZORTRESS.....	189		
ZORVOLEX.....	16		
ZORYVE.....	224		
Zovia 1/35 (28).....	107		
ZOVIRAX.....	232		
ZTALMY.....	71		
ZUBSOLV.....	81		
Zumandimine.....	107		
ZYCLARA.....	222		
ZYCLARA PUMP.....	222		
ZYDELIG.....	42		