

Plan for your best health

Basic Control Plan with ACSF

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.

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

Table of Contents

INFORMATIONAL SECTION.....	4
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION.....	13
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS.....	22
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER.....	34
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS.....	43
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS.....	56
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES.....	82
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS.....	158
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS...	165
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS.....	169
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM....	176
MEDICAL DEVICES.....	188
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS.....	188
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS.....	199
OTHER.....	205
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS.....	206
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS.....	215

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.

* Check your plan documents for coverage information. Not all precertification (PA), step therapy (ST) programs may be listed. 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.

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),

CRCordinator@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)**.

Hawaiian	No ka wala'au 'ana me ka lawelawe 'olelo 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 ụgwọ obula, kpọọ nọmba nọ 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	လၢတၢ်ကမၤန့ၢ်ကိၣ်တၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖၣ် လၢတၢ်အိၣ်ဒီးအပူၤလၢနကတၢ်ဟ့ၣ်အိၣ်အကီၢ်,ကိးဘၣ်လီၤတဖၣ်နီၣ်ဂံၢ်လၢအအိၣ်လၢနနီၣ်ဂံၢ် (ID) အလီၤန့ၣ်တက့ၢ်.
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	بو دەسپێرێ ئاگهیشتن بە خزمەتگوزاری زمان بەبێ تێچوون بو تو، پەیوەندی بکە بە ژمارەی سەر ئای دی (ID) کارتێ خۆت.
Lao	ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ, ໃຫ້ໂທຫາເບີໂທຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ.
Marathi	आपल्याला कोणत्याही शुल्काशिवाय भाषा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डावरील क्रमांकावर फोन करा.
Marshallese	Nan bōk jipañ kōn kajin ilo an ejjelōk wōṇean ṇan kwe, kwōn kallok nōṃba eo ilo kaat in ID eo am.
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 búáh ílínígóó naaltsoos bee atah níłjigo nanitinígíí bee néého 'dółzinígíí béésh 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 cìn wëu kor keek tënɔŋ yin. Ke yin col ran ye koc kuony në namba de abac tō 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.

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

PA = Prior Authorization

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>)	NPB	
<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>)	NPB	
GOUT		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	G	
<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>)	NPB	
<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>)	NPB	
MISCELLANEOUS		
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 500 MCG/20ML, 500 MCG/5ML (<i>ziconotide acetate</i>)	NPSP	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
NON-OPIOID ANALGESICS		
ALLZITAL ORAL TABLET 25-325 MG (<i>butalbital-acetaminophen</i>)	NPB	
<i>butalbital-apap-caffeine</i> (Bac Oral Tablet 50-325-40 Mg)	G	
<i>butalbital-acetaminophen</i> (Bupap Oral Tablet 50-300 Mg)	G	
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	G	
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	G	
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	G	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	G	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	G	
<i>butalbital-apap-caffeine</i> (Esgic Oral Capsule 50-325-40 Mg)	G	
ESGIC ORAL TABLET 50-325-40 MG (<i>butalbital-apap-caffeine</i>)	NPB	
TENCON ORAL TABLET 50-325 MG (<i>butalbital-acetaminophen</i>)	G	
<i>butalbital-apap-caffeine</i> (Zebutal Oral Capsule 50-325-40 Mg)	G	
NSAIDS		
CAMBIA ORAL PACKET 50 MG (<i>diclofenac potassium(migraine)</i>)	NPB	
DAYPRO ORAL TABLET 600 MG (<i>oxaprozin</i>)	NPB	
<i>diclofenac potassium oral tablet 25 mg</i>	NPB	
<i>diclofenac potassium oral tablet 50 mg</i>	G	
<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</i>	NPB	
<i>fenoprofen calcium oral capsule 400 mg</i>	G	
<i>fenoprofen calcium oral tablet 600 mg</i>	G	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

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>)	NPB	
<i>indomethacin (Indocin Rectal Suppository 50 Mg)</i>	NPB	
<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>	G	
<i>ketoprofen oral capsule 25 mg</i>	NPB	
<i>ketorolac tromethamine oral tablet 10 mg</i>	G	
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	G	
<i>mefenamic acid oral capsule 250 mg</i>	G	
<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>)	NPB	
<i>naproxen oral suspension 125 mg/5ml</i>	G	
<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</i>	G	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	G	
<i>oxaprozin oral tablet 600 mg</i>	G	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	G	
RELAFEN DS ORAL TABLET 1000 MG (<i>nabumetone</i>)	NPB	
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (<i>ketorolac tromethamine</i>)	NPB	
<i>sulindac oral tablet 150 mg, 200 mg</i>	G	
ZIPSOR ORAL CAPSULE 25 MG (<i>diclofenac potassium</i>)	NPB	
ZORVOLEX ORAL CAPSULE 18 MG, 35 MG (<i>diclofenac</i>)	NPB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
NSAIDS, COMBINATIONS		
<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	
VIMOVO ORAL TABLET DELAYED RELEASE 375-20 MG, 500-20 MG (<i>naproxen-esomeprazole</i>)	NPB	
OPIOID ANALGESICS		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	G	
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	G	
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (<i>benzhydrocodone-acetaminophen</i>)	NPB	
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	G	
<i>butalbital-asa-caff-codeine</i> (Ascomp-Codeine Oral Capsule 50-325-40-30 Mg)	G	
<i>benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg</i>	NPB	
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	G	
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	G	
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	G	
<i>codeine sulfate oral tablet 60 mg</i>	NPB	
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (<i>tramadol hcl</i>)	NPB	
DILAUDID INJECTION SOLUTION 0.2 MG/ML (<i>hydromorphone hcl</i>)	NPB	
DILAUDID ORAL LIQUID 1 MG/ML (<i>hydromorphone hcl</i>)	NPB	
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG (<i>hydromorphone hcl</i>)	NPB	
DSUVIA SUBLINGUAL TABLET SUBLINGUAL 30 MCG (<i>sufentanil citrate</i>)	NPB	
<i>oxycodone-acetaminophen</i> (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	G	
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	G	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>fentanyl citrate buccal tablet 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	G	
<i>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</i>	G	
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>fentanyl citrate</i>)	NPB	
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	G	
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml</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 injection solution 0.2 mg/ml, 1 mg/ml</i>	NPB	
<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 (<i>hydrocodone bitartrate</i>)	NPB	
<i>levorphanol tartrate oral tablet 2 mg, 3 mg</i>	G	
<i>meperidine hcl oral solution 50 mg/5ml</i>	G	
<i>meperidine hcl oral tablet 50 mg</i>	G	
<i>methadone hcl (Methadone Hcl Intensol Oral Concentrate 10 Mg/MI)</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 solution 10 mg/ml injection</i>	G	
<i>methadone hcl solution 10 mg/ml injection</i>	NPB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
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 (pf) intravenous solution 1 mg/ml</i>	NPB	
<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	
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	G	
<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 (morphine sulfate)	NPB	
<i>nalocet oral tablet 2.5-300 mg</i>	NPB	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (tapentadol hcl)	PB	
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG (tapentadol hcl)	PB	
OXAYDO ORAL TABLET 5 MG, 7.5 MG (oxycodone hcl)	NPB	
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg</i>	NPB	
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 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 5-325 mg/5ml</i>	NPB	
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5- 300 mg, 7.5-300 mg</i>	NPB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<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>)	NPB	
<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>	G	
<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>)	NPB	
PROLATE ORAL SOLUTION 10-300 MG/5ML (<i>oxycodone-acetaminophen</i>)	NPB	
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (<i>oxycodone-acetaminophen</i>)	NPB	
QDOLO ORAL SOLUTION 5 MG/ML (<i>tramadol hcl</i>)	NPB	
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>)	NPB	
SEGLENTIS ORAL TABLET 56-44 MG (<i>celecoxib-tramadol hcl</i>)	NPB	
SUBSYS SUBLINGUAL LIQUID 800 MCG (<i>fentanyl</i>)	NPB	
<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 solution 5 mg/ml</i>	NPB	
<i>tramadol hcl oral tablet 100 mg</i>	NPB	
<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>)	G	
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG (<i>oxycodone</i>)	PB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
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	
<i>buprenorphine transdermal patch weekly 10 mcg/1hr, 15 mcg/1hr, 20 mcg/1hr, 5 mcg/1hr, 7.5 mcg/1hr</i>	G	
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR (<i>buprenorphine</i>)	NPB	
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	G	
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML (<i>buprenorphine</i>)	NPB	
SALICYLATES		
<i>aspirin adult low dose 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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>eql 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	
<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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
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 20 MG/2ML (<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	
MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 88 MG/4ML (<i>hyaluronan</i>)	NF	
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 30 MG/2ML (<i>hyaluronan</i>)	NF	
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (<i>sodium hyaluronate (viscosup)</i>)	PSP	
SYNOJOYNT INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16 MG/2ML (<i>hylan g-f 20</i>)	NF	
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 48 MG/6ML (<i>hylan g-f 20</i>)	NF	
TRILURON 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	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
ANTHELMINTICS - DRUGS FOR WORM INFECTION		
<i>albendazole oral tablet 200 mg</i>	G	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	NPB	
EMVERM ORAL TABLET CHEWABLE 100 MG (<i>mebendazole</i>)	PB	
<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>)	NPSP	
BACTRIM DS ORAL TABLET 800-160 MG (<i>sulfamethoxazole-trimethoprim</i>)	NPB	
BACTRIM ORAL TABLET 400-80 MG (<i>sulfamethoxazole-trimethoprim</i>)	NPB	
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/5MI)</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	
CRESEMBA ORAL CAPSULE 186 MG (<i>isavuconazonium sulfate</i>)	NPB	
<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, 500 mg</i>	G	
<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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>itraconazole oral solution 10 mg/ml</i>	G	
<i>ketoconazole oral tablet 200 mg</i>	G	
NOXAFIL ORAL SUSPENSION 40 MG/ML (<i>posaconazole</i>)	NPB	
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG (<i>posaconazole</i>)	NPB	
<i>nystatin oral tablet 500000 unit</i>	G	
<i>terbinafine hcl oral tablet 250 mg</i>	G	
<i>tolsura oral capsule 65 mg</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>)	NPB	
<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	
KRINTAFEL ORAL TABLET 150 MG (<i>tafenoquine succinate</i>)	NPB	
<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		
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG (<i>lenacapavir sodium</i>)	NF	
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML (<i>lenacapavir sodium</i>)	NF	
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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
EDURANT ORAL TABLET 25 MG (<i>rilpivirine hcl</i>)	PSP	
<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>)	PSP	
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 400 mg</i>	G	
<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>)	PSP	
NORVIR ORAL TABLET 100 MG (<i>ritonavir</i>)	PSP	
PIFELTRO ORAL TABLET 100 MG (<i>doravirine</i>)	NF	
PREZISTA ORAL SUSPENSION 100 MG/ML (<i>darunavir</i>)	PSP	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG (<i>darunavir</i>)	PSP	
REYATAZ ORAL CAPSULE 200 MG, 300 MG (<i>atazanavir sulfate</i>)	NPSP	
REYATAZ ORAL PACKET 50 MG (<i>atazanavir sulfate</i>)	NPSP	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<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	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (<i>bictegravir-emtricitab-tenofov</i>)	PSP	
CIMDUO ORAL TABLET 300-300 MG (<i>lamivudine-tenofovir</i>)	PSP	
COMPLERA ORAL TABLET 200-25-300 MG (<i>emtricitab-rilpivir-tenofovir</i>)	NF	
DELSTRIGO ORAL TABLET 100-300-300 MG (<i>doravirin-lamivudin-tenofov df</i>)	NF	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG (<i>emtricitabine-tenofovir af</i>)	PSP	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

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

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>isoniazid oral tablet 100 mg, 300 mg</i>	G	
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	
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	
RAPIVAB INTRAVENOUS SOLUTION 200 MG/20ML (<i>peramivir</i>)	NPB	
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	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	G	
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	G	
<i>valganciclovir hcl oral tablet 450 mg</i>	G	
VEMLIDY ORAL TABLET 25 MG (<i>tenofovir alafenamide fumarate</i>)	PSP	
XERESE EXTERNAL CREAM 5-1 % (<i>acyclovir-hydrocortisone</i>)	NPB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG (<i>baloxavir marboxil</i>)	NPB	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG (<i>baloxavir marboxil</i>)	NPB	
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>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	
<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	
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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<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	
<i>erythromycin base (Ery-Tab Oral Tablet Delayed Release 250 Mg, 333 Mg, 500 Mg)</i>	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	
ZITHROMAX ORAL PACKET 1 GM (<i>azithromycin</i>)	NPB	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML (<i>azithromycin</i>)	NPB	
ZITHROMAX ORAL TABLET 250 MG, 500 MG (<i>azithromycin</i>)	NPB	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG (<i>azithromycin</i>)	NPB	
ZITHROMAX Z-PAK ORAL TABLET 250 MG (<i>azithromycin</i>)	NPB	
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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<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)
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	NF	
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	
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	
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	NF	
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)
ZEPATIER ORAL TABLET 50-100 MG (<i>elbasvir-grazoprevir</i>)	NF	
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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<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>)	NPB	
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML (<i>vancomycin hcl</i>)	NPB	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	G	
<i>linezolid oral tablet 600 mg</i>	G	
<i>methenamine hippurate oral tablet 1 gm</i>	G	
<i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>	G	
<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	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	G	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	G	
<i>pyrimethamine oral tablet 25 mg</i>	G	
SIVEXTRO ORAL TABLET 200 MG (<i>tedizolid phosphate</i>)	NPB	
SOLOSEC ORAL PACKET 2 GM (<i>secnidazole</i>)	NPB	
<i>trimethoprim oral tablet 100 mg</i>	G	
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	G	
<i>vancomycin hcl oral solution reconstituted 250 mg/5ml</i>	NPB	
XIFAXAN ORAL TABLET 200 MG (<i>rifaximin</i>)	NPB	
XIFAXAN ORAL TABLET 550 MG (<i>rifaximin</i>)	PB	
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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<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>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	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	G	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
<i>avidoxy oral tablet 100 mg</i>	G	
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	G	
DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG (doxycycline hyclate)	NPB	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	G	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 50 mg, 75 mg</i>	G	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	G	
<i>doxycycline hyclate oral tablet delayed release 80 mg</i>	NPB	
<i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg</i>	G	
<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>	NPB	
<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>	G	
<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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 135 MG (<i>minocycline hcl</i>)	NPB	
<i>doxycycline monohydrate</i> (Mondoxyme 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>)	NPB	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	G	
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG (<i>minocycline hcl</i>)	NPB	
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	G	
EMCYT ORAL CAPSULE 140 MG (<i>estramustine phosphate sodium</i>)	PB	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (<i>lomustine</i>)	NPSP	
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>)	PSP	
<i>melphalan oral tablet 2 mg</i>	G	
MYLERAN ORAL TABLET 2 MG (<i>busulfan</i>)	PB	
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>temozolomide</i>)	NPSP	
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	G	
ANTIMETABOLITES		
<i>capecitabine oral tablet 150 mg, 500 mg</i>	G	
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 50 mg</i>	G	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

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	
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>)	NPSP	
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (<i>venetoclax</i>)	NPSP	
BIOLOGIC RESPONSE MODIFIERS		
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (<i>ropeginterferon alfa-2b-njft</i>)	NPSP	
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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>bicalutamide oral tablet 50 mg</i>	G	
ELIGARD SUBCUTANEOUS KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	PSP	
ELIGARD SUBCUTANEOUS KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	PSP	
ELIGARD SUBCUTANEOUS KIT 7.5 MG (<i>leuprolide acetate</i>)	PSP	
ERLEADA ORAL TABLET 240 MG, 60 MG (<i>apalutamide</i>)	PSP	
EULEXIN ORAL CAPSULE 125 MG (<i>flutamide</i>)	NPB	
<i>exemestane oral tablet 25 mg</i>	CE	
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>)	PSP	
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml</i>	G	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	G	
<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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
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	
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	
ZYTIGA ORAL TABLET 250 MG, 500 MG (<i>abiraterone 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>)	NPSP	
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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
CALQUENCE ORAL TABLET 100 MG (<i>acalabrutinib maleate</i>)	PSP	
CAPRELSA ORAL TABLET 100 MG, 300 MG (<i>vandetanib</i>)	NPSP	
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	
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (<i>duvelisib</i>)	PSP	
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>)	NPSP	
GLEEVEC ORAL TABLET 100 MG, 400 MG (<i>imatinib mesylate</i>)	NF	
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>)	PSP	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (<i>ruxolitinib phosphate</i>)	NPSP	
JAYPIRCA ORAL TABLET 100 MG, 50 MG (<i>pirtobrutinib</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	
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>)	NPSP	
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (<i>futibatinib</i>)	NF	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (<i>lutetiviv</i>)	NF	
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (<i>lutetiviv</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>)	PSP	
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	
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	
SCEMBLIX 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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
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	
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (<i>nilotinib hcl</i>)	NF	
TEPMETKO ORAL TABLET 225 MG (<i>tepotinib hcl</i>)	NF	
TUKYSA ORAL TABLET 150 MG, 50 MG (<i>tucatinib</i>)	NPSP	
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	
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	
HYDREA ORAL CAPSULE 500 MG (<i>hydroxyurea</i>)	PB	
<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>)	NPSP	
LUMAKRAS ORAL TABLET 120 MG, 320 MG (<i>sotorasib</i>)	NPSP	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
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>)	NPSP	
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>)	NPSP	
<i>tretinoin oral capsule 10 mg</i>	G	
VISTOGARD ORAL PACKET 10 GM (<i>uridine triacetate</i>)	PSP	
WELIREG ORAL TABLET 40 MG (<i>belzutifan</i>)	NF	
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG (<i>selinexor</i>)	NPSP	
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (<i>selinexor</i>)	NPSP	
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (<i>selinexor</i>)	NPSP	
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG (<i>selinexor</i>)	NPSP	
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	NPSP	
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (<i>selinexor</i>)	NPSP	
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	NPSP	
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG (<i>niraparib tosylate</i>)	PSP	
ZOLINZA ORAL CAPSULE 100 MG (<i>vorinostat</i>)	PSP	
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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
TOPOISOMERASE INHIBITORS		
<i>etoposide oral capsule 50 mg</i>	G	
<i>HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (topotecan hcl)</i>	NPSP	
<i>ONIVYDE INTRAVENOUS INJECTABLE 43 MG/10ML (irinotecan hcl liposome)</i>	NPSP	
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG (quinapril-hydrochlorothiazide)</i>	NPB	
<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, 5-6.25 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	
<i>PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (perindopril arg-amlodipine)</i>	NPB	
<i>quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	G	
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	NPB	
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 solution 1 mg/ml</i>	G	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	G	
<i>EPANED ORAL SOLUTION 1 MG/ML (enalapril maleate)</i>	NPB	
<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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<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	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (<i>enalapril maleate</i>)	NPB	
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		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG (<i>doxazosin mesylate</i>)	NPB	
<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	
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	G	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (<i>azilsartan-chlorthalidone</i>)	NPB	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG (<i>losartan potassium-hctz</i>)	NPB	
<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>)	NPB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<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		
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	G	
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG (<i>losartan potassium</i>)	NPB	
EDARBI ORAL TABLET 40 MG, 80 MG (<i>azilsartan medoxomil</i>)	NPB	
<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	
<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>	NPB	
<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	
<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>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	G	
MULTAQ ORAL TABLET 400 MG (<i>dronedarone hcl</i>)	PB	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG (<i>disopyramide phosphate</i>)	PB	
NORPACE ORAL CAPSULE 100 MG, 150 MG (<i>disopyramide phosphate</i>)	NPB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>amiodarone hcl</i> (Pacerone Oral Tablet 100 Mg, 200 Mg, 400 Mg)	G	
<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	
ANTILIPEMICS, 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	
ANTILIPEMICS, 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	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>ezetimibe oral tablet 10 mg</i>	G	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
ZETIA ORAL TABLET 10 MG (<i>ezetimibe</i>)	NPB	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate tablet 160 mg oral</i>	NPB	
ANTILIPEMICS, FIBRATES - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	G	
<i>fenofibrate micronized oral capsule 90 mg</i>	NPB	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	G	
<i>fenofibrate oral tablet 120 mg, 145 mg, 40 mg, 48 mg, 54 mg</i>	G	
<i>fenofibrate tablet 160 mg oral</i>	G	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	G	
<i>fenofibric acid oral tablet 105 mg</i>	G	
FIBRICOR ORAL TABLET 105 MG, 35 MG (<i>fenofibric acid</i>)	NPB	
<i>gemfibrozil oral tablet 600 mg</i>	G	
LIPOFEN ORAL CAPSULE 150 MG, 50 MG (<i>fenofibrate</i>)	NPB	
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>)	NPB	
<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>)	NPB	
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (<i>rosuvastatin calcium</i>)	NPB	
<i>flolipid oral suspension 20 mg/5ml, 40 mg/5ml</i>	NPB	
<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	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (<i>pitavastatin calcium</i>)	NPB	
<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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

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	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG (<i>simvastatin</i>)	NPB	
ZYPITAMAG ORAL TABLET 2 MG, 4 MG (<i>pitavastatin magnesium</i>)	NPB	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>ezetimibe-rosuvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-5 mg</i>	NPB	
<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>)	NPB	
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG (<i>ezetimibe-simvastatin</i>)	NPB	
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>	G	
<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>)	G	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS - DRUGS TO TREAT HIGH CHOLESTEROL		
LOVAZA ORAL CAPSULE 1 GM (<i>omega-3-acid ethyl esters</i>)	NPB	
<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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
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	
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>)	NPB	
<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>)	NPB	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (<i>carvedilol</i>)	NPB	
CORGARD ORAL TABLET 20 MG, 40 MG (<i>nadolol</i>)	NPB	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (<i>propranolol hcl</i>)	NPB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (<i>propranolol hcl</i>)	NPB	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (<i>propranolol hcl sr beads</i>)	NPB	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (<i>propranolol hcl sr beads</i>)	NPB	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	NPB	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	G	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (<i>metoprolol tartrate</i>)	NPB	
<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>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 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	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (<i>atenolol</i>)	NPB	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	G	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	NPB	
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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
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 LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG (<i>diltiazem hcl</i>)	NPB	
<i>diltiazem hcl coated beads (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg)</i>	G	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG (<i>levamlodipine maleate</i>)	NPB	
<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	
<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 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	G	
<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>)	NPB	
<i>diltiazem hcl (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)</i>	G	
<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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
NORLIQVA ORAL SOLUTION 1 MG/ML (<i>amlodipine besylate</i>)	NPB	
<i>diltiazem hcl er beads</i> (Taztia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)	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	
DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS		
<i>digoxin</i> (Digox Oral Tablet 125 Mcg, 250 Mcg)	G	
<i>digoxin oral solution 0.05 mg/ml</i>	G	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	G	
LANOXIN ORAL TABLET 62.5 MCG (<i>digoxin</i>)	NPB	
DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	G	
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 12 hour 500 mg</i>	G	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	G	
<i>amiloride hcl oral tablet 5 mg</i>	G	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	G	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (<i>spironolactone</i>)	NPB	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	G	
DIURIL ORAL SUSPENSION 250 MG/5ML (<i>chlorothiazide</i>)	NPB	
<i>ethacrynic acid oral tablet 25 mg</i>	G	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	G	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	G	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	G	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	G	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	G	
KEVEYIS ORAL TABLET 50 MG (<i>dichlorphenamide</i>)	NPSP	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	G	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	G	
SOAANZ ORAL TABLET 20 MG, 40 MG, 60 MG (<i>torseamide</i>)	NPB	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	G	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	G	
<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	
VYNDAQEL ORAL CAPSULE 20 MG (<i>tafamidis meglumine (cardiac)</i>)	NF	
MISCELLANEOUS		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (<i>mavacamten</i>)	NPSP	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR (<i>clonidine</i>)	PB	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24HR (<i>clonidine</i>)	PB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24HR (<i>clonidine</i>)	PB	
<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	
DEMSER ORAL CAPSULE 250 MG (<i>metyrosine</i>)	NPB	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	G	
<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	
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>)	NPB	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	G	
<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>)	PB	
<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/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	G	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	G	
NITROLINGUAL TRANSLINGUAL SOLUTION 0.4 MG/SPRAY (<i>nitroglycerin</i>)	NPB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
PULMONARY ARTERIAL HYPERTENSION		
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	
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	
<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 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>	G	
<i>sildenafil citrate oral tablet 20 mg</i>	G	
<i>tadalafil (pah) oral tablet 20 mg</i>	G	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
TADLIQ ORAL SUSPENSION 20 MG/5ML (<i>tadalafil (pah)</i>)	NPSP	
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	
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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
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 ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>lorazepam</i>)	NPB	
<i>bupirone 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	
<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	
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/DAY, 5 MG/DAY (<i>donepezil hcl</i>)	NPB	
<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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
NAMENDA ORAL TABLET 10 MG, 5 MG (<i>memantine hcl</i>)	NPB	
NAMENDA TITRATION PAK ORAL TABLET 28 X 5 MG & 21 X 10 MG (<i>memantine hcl</i>)	NPB	
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	
<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 (<i>bupropion hbr</i>)	NPB	
<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, 450 mg</i>	G	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	G	
<i>citalopram hydrobromide oral capsule 30 mg</i>	NPB	
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	G	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	G	
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	G	
<i>desvenlafaxine er tablet extended release 24 hour 100 mg oral</i>	G	
<i>desvenlafaxine er tablet extended release 24 hour 100 mg oral</i>	NPB	
<i>desvenlafaxine er tablet extended release 24 hour 50 mg oral</i>	G	
<i>desvenlafaxine er tablet extended release 24 hour 50 mg oral</i>	NPB	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	G	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<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	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (<i>selegiline</i>)	NPB	
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	G	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	G	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (<i>levomilnacipran hcl</i>)	PB	
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (<i>levomilnacipran hcl</i>)	PB	
<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>	NPB	
<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	
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, 37.5 mg</i>	G	
<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>)	NPB	
PAXIL ORAL SUSPENSION 10 MG/5ML (<i>paroxetine hcl</i>)	NPB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (<i>paroxetine hcl</i>)	NPB	
<i>phenelzine sulfate oral tablet 15 mg</i>	G	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	G	
REMERON ORAL TABLET 15 MG, 30 MG (<i>mirtazapine</i>)	NPB	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG, 45 MG (<i>mirtazapine</i>)	NPB	
<i>sertraline hcl oral capsule 150 mg, 200 mg</i>	NPB	
<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>)	NPB	
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (<i>esketamine hcl</i>)	NPB	
<i>tranylepromine 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, 225 mg, 37.5 mg, 75 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>)	PB	
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG (<i>vilazodone hcl</i>)	PB	
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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
<i>bromocriptine mesylate oral capsule 5 mg</i>	G	
<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	
COMTAN ORAL TABLET 200 MG (<i>entacapone</i>)	NPB	
DHIVY ORAL TABLET 25-100 MG (<i>carbidopa-levodopa</i>)	NPB	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML (<i>carbidopa-levodopa</i>)	NPSP	
<i>entacapone oral tablet 200 mg</i>	G	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG (<i>amantadine hcl</i>)	NPB	
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>)	NPB	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG (<i>opicapone</i>)	NPB	
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG (<i>amantadine hcl</i>)	NPB	
<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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<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	
<i>selegiline hcl oral tablet 5 mg</i>	G	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG (<i>carbidopa-levodopa</i>)	NPB	
STALEVO 100 ORAL TABLET 25-100-200 MG (<i>carbidopa-levodopa-entacapone</i>)	NPB	
STALEVO 125 ORAL TABLET 31.25-125-200 MG (<i>carbidopa-levodopa-entacapone</i>)	NPB	
STALEVO 150 ORAL TABLET 37.5-150-200 MG (<i>carbidopa-levodopa-entacapone</i>)	NPB	
STALEVO 200 ORAL TABLET 50-200-200 MG (<i>carbidopa-levodopa-entacapone</i>)	NPB	
STALEVO 50 ORAL TABLET 12.5-50-200 MG (<i>carbidopa-levodopa-entacapone</i>)	NPB	
STALEVO 75 ORAL TABLET 18.75-75-200 MG (<i>carbidopa-levodopa-entacapone</i>)	NPB	
<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>)	NPB	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (<i>selegiline hcl</i>)	NPB	
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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (<i>aripiprazole wl sens-strip-pod</i>)	NPB	
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (<i>aripiprazole wl sens-strip-pod</i>)	NPB	
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (<i>aripiprazole</i>)	NPB	
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>)	PB	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML (<i>aripiprazole lauroxil</i>)	PB	
CAPLYTA ORAL CAPSULE 42 MG (<i>lumateperone tosylate</i>)	NPB	
<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	
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 200 mg, 25 mg</i>	G	
<i>clozapine oral tablet dispersible 150 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>)	NPB	
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG (<i>iloperidone</i>)	NPB	
<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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<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>)	NPB	
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (<i>ziprasidone hcl</i>)	NPB	
<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>)	NPB	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML (<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>)	NPB	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG (<i>lurasidone hcl</i>)	NPB	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 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>)	NPB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<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>brexipiprazole</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>)	NPB	
<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	
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		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (<i>eslicarbazepine acetate</i>)	NPB	
BANZEL ORAL SUSPENSION 40 MG/ML (<i>rufinamide</i>)	NPB	
BANZEL ORAL TABLET 200 MG, 400 MG (<i>rufinamide</i>)	NPB	
BRIVIACT ORAL SOLUTION 10 MG/ML (<i>brivaracetam</i>)	NPB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
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>)	NPB	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 500 MG (<i>divalproex sodium</i>)	NPB	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (<i>stiripentol</i>)	NF	
DIACOMIT ORAL PACKET 250 MG, 500 MG (<i>stiripentol</i>)	NF	
<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 ORAL CAPSULE 30 MG (<i>phenytoin sodium extended</i>)	NPB	
DILANTIN ORAL SUSPENSION 125 MG/5ML (<i>phenytoin</i>)	NPB	
<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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 1500 MG (<i>levetiracetam</i>)	NPB	
EPIDIOLEX ORAL SOLUTION 100 MG/ML (<i>cannabidiol</i>)	NPSP	
<i>carbamazepine</i> (Epitol Oral Tablet 200 Mg)	G	
EPRONTIA ORAL SOLUTION 25 MG/ML (<i>topiramate</i>)	NPB	
<i>ethosuximide oral capsule 250 mg</i>	G	
<i>ethosuximide oral solution 250 mg/5ml</i>	G	
<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	
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	
KLONOPIN ORAL TABLET 0.5 MG, 1 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>)	NPB	
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG (<i>lamotrigine</i>)	NPB	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	G	
<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	
<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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<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>)	NPB	
LYRICA ORAL SOLUTION 20 MG/ML (<i>pregabalin</i>)	NPB	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (<i>midazolam (anticonvulsant)</i>)	NPB	
NEURONTIN ORAL SOLUTION 250 MG/5ML (<i>gabapentin</i>)	NPB	
<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	
<i>rufinamide oral suspension 40 mg/ml</i>	G	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	NPB	
<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	
<i>lamotrigine (Subvenite Starter Kit-Green Oral Kit 84 X 25 Mg & 14X100 Mg)</i>	G	
<i>lamotrigine (Subvenite Starter Kit-Orange Oral Kit 42 X 25 Mg & 7 X 100 Mg)</i>	G	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (<i>clobazam</i>)	NPB	
<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>	G	
<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>)	NPB	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (<i>oxcarbazepine</i>)	NPB	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (<i>topiramate</i>)	PB	
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG (<i>diazepam</i>)	NPB	
<i>valproic acid oral capsule 250 mg</i>	G	
<i>valproic acid oral solution 250 mg/5ml</i>	G	
<i>vigabatrin oral packet 500 mg</i>	G	
<i>vigabatrin oral tablet 500 mg</i>	G	
<i>vigabatrin (Vigadrone Oral Packet 500 Mg)</i>	G	
VIMPAT INTRAVENOUS SOLUTION 200 MG/20ML (<i>lacosamide</i>)	NPB	
VIMPAT ORAL SOLUTION 10 MG/ML (<i>lacosamide</i>)	NPB	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>lacosamide</i>)	NPB	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG (<i>cenobamate</i>)	PB	
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG (<i>cenobamate</i>)	PB	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>cenobamate</i>)	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 (<i>cenobamate</i>)	PB	
ZARONTIN ORAL SOLUTION 250 MG/5ML (<i>ethosuximide</i>)	NPB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	G	
ZTALMY ORAL SUSPENSION 50 MG/ML (<i>ganaxolone</i>)	NF	
ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD		
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (<i>amphetamine</i>)	NPB	
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	G	
<i>amphetamine-dextroamphetamine er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	G	
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	G	
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (<i>methylphenidate hcl</i>)	NPB	
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	G	
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>)	NPB	
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG (<i>methylphenidate</i>)	NPB	
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR (<i>methylphenidate</i>)	NPB	
<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>)	NPB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
EVEKEO ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG (<i>amphetamine sulfate</i>)	NPB	
EVEKEO ORAL TABLET 10 MG, 5 MG (<i>amphetamine sulfate</i>)	NPB	
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	G	
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (<i>methylphenidate hcl</i>)	NPB	
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG (<i>clonidine hcl</i>)	NPB	
<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 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>)	PB	
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>)	NPB	
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML (<i>methylphenidate hcl</i>)	NPB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
RELEXXII ORAL TABLET EXTENDED RELEASE 72 MG (<i>methylphenidate hcl</i>)	NPB	
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	
<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	
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG (<i>dextroamphetamine sulfate</i>)	NPB	
FIBROMYALGIA		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran hcl</i>)	PB	
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (<i>milnacipran hcl</i>)	PB	
HYPNOTICS - DRUGS TO TREAT INSOMNIA		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (<i>suvorexant</i>)	PB	
DAYVIGO ORAL TABLET 10 MG, 5 MG (<i>lemborexant</i>)	PB	
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	G	
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG (<i>zolpidem tartrate</i>)	NPB	
<i>estazolam oral tablet 1 mg, 2 mg</i>	G	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	G	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (<i>tasimelteon</i>)	NPSP	
HETLIOZ ORAL CAPSULE 20 MG (<i>tasimelteon</i>)	NPSP	
<i>midazolam hcl oral syrup 2 mg/ml</i>	G	
<i>quazepam oral tablet 15 mg</i>	G	
QUVIVIQ ORAL TABLET 25 MG, 50 MG (<i>daridorexant hcl</i>)	PB	
<i>ramelteon oral tablet 8 mg</i>	G	
SILENOR ORAL TABLET 3 MG, 6 MG (<i>doxepin hcl</i>)	NPB	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	G	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	G	
<i>zaleplon oral capsule 10 mg, 5 mg</i>	G	
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	G	
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	G	
<i>zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg</i>	G	
MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML (<i>erenumab-aooe</i>)	NPB	
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>	G	
<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>	G	
<i>frovatriptan succinate oral tablet 2.5 mg</i>	G	
MAXALT ORAL TABLET 10 MG (<i>rizatriptan benzoate</i>)	NPB	
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG (<i>rizatriptan benzoate</i>)	NPB	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (<i>ergotamine-caffeine</i>)	G	
MIGRANAL NASAL SOLUTION 4 MG/ML (<i>dihydroergotamine mesylate</i>)	NPB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	G	
NURTEC ORAL TABLET DISPERSIBLE 75 MG (<i>rimegepant sulfate</i>)	PB	
ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC (<i>sumatriptan succinate</i>)	PB	
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (<i>atogepant</i>)	PB	
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>	G	
TOSYMRA NASAL SOLUTION 10 MG/ACT (<i>sumatriptan</i>)	NPB	
TREXIMET ORAL TABLET 85-500 MG (<i>sumatriptan- naproxen sodium</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>)	PB	
<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>)	NPSP	
FIRDAPSE ORAL TABLET 10 MG (<i>amifampridine phosphate</i>)	NPSP	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<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>)	NPB	
MESTINON ORAL TABLET 60 MG (<i>pyridostigmine bromide</i>)	NPB	
<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 30 mg</i>	NPB	
<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>)	NPB	
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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
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	
BETASERON SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	PSP	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 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 capsule delayed release therapy pack 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	
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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
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 1 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	
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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG (<i>fingolimod lauryl sulfate</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)
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		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	G	
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	G	
<i>chlorzoxazone oral tablet 375 mg, 750 mg</i>	NPB	
<i>chlorzoxazone oral tablet 500 mg</i>	G	
<i>cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg</i>	G	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg, 7.5 mg</i>	G	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	G	
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (<i>abobotulinumtoxina</i>)	NPSP	
<i>chlorzoxazone (Lorzone Oral Tablet 375 Mg, 750 Mg)</i>	NPB	
LYVISPAH ORAL PACKET 10 MG, 20 MG, 5 MG (<i>baclofen</i>)	PB	
<i>metaxalone oral tablet 400 mg, 800 mg</i>	G	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	G	
<i>norgesic forte oral tablet 50-770-60 mg</i>	NPB	
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	G	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	NPB	
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	G	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	G	
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT (<i>incobotulinumtoxina</i>)	NPSP	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG (<i>tizanidine hcl</i>)	NPB	
ZANAFLEX ORAL TABLET 4 MG (<i>tizanidine hcl</i>)	NPB	
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>)	NPSP	
<i>modafinil oral tablet 100 mg, 200 mg</i>	G	
<i>sodium oxybate oral solution 500 mg/ml</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>)	NPSP	
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	
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>)	PB	
<i>nalmefene hcl injection solution 1 mg/ml</i>	NPB	
<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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<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	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (<i>naloxone hcl</i>)	NPB	
OPIOID PARTIAL AGONISTS		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	G	
POSTHERPETIC NEURALGIA (PHN)		
GRALISE ORAL TABLET 300 MG, 450 MG, 600 MG, 750 MG, 900 MG (<i>gabapentin (once-daily)</i>)	PB	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG (<i>gabapentin enacarbil</i>)	NPB	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG (<i>pregabalin</i>)	NPB	
PSYCHOTHERAPEUTIC-MISC		
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>	G	
<i>fluoxetine hcl (pddd) oral tablet 10 mg, 20 mg</i>	G	
LUCEMYRA ORAL TABLET 0.18 MG (<i>lofexidine hcl</i>)	NPB	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (<i>olanzapine-samidorphan</i>)	NPB	
NUEDEXTA ORAL CAPSULE 20-10 MG (<i>dextromethorphan-quinidine</i>)	PB	
<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>	G	
<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	
SMOKING DETERRENTS		
<i>apo-varenicline oral tablet 0.5 mg, 1 mg</i>	CE	
<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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<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	
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	CE	
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	CE	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<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</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	
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	G	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>octreotide acetate subcutaneous solution prefilled syringe 100 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		
TLANDO ORAL CAPSULE 112.5 MG (<i>testosterone undecanoate</i>)	NPB	
ANDROGENS - DRUGS TO REGULATE MALE HORMONES		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR (<i>testosterone</i>)	NPB	
<i>testosterone cypionate</i> (Depo-Testosterone Intramuscular Solution 100 Mg/MI, 200 Mg/MI)	NPB	
INTRAROSA VAGINAL INSERT 6.5 MG (<i>prasterone</i>)	NPB	
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	
TESTOPEL IMPLANT PELLETT 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 transdermal gel 1.62 %, 10 mg/lact (2%), 12.5 mg/lact (1%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	G	
<i>testosterone transdermal solution 30 mg/lact</i>	G	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML (<i>testosterone enanthate</i>)	NPB	
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		
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg</i>	G	
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg</i>	G	
<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>	G	
<i>metformin hcl oral tablet 1000 mg, 500 mg</i>	G	
<i>metformin hcl oral tablet 625 mg</i>	NPB	
<i>metformin hcl oral tablet 850 mg</i>	CE	
RIOMET ORAL SOLUTION 500 MG/5ML (<i>metformin hcl</i>)	NPB	
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>	G	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sitagliptin phosphate</i>)	PB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG (alogliptin benzoate)	NPB	PA
ONGLYZA ORAL TABLET 2.5 MG, 5 MG (saxagliptin hcl)	NPB	PA
TRADJENTA ORAL TABLET 5 MG (linagliptin)	NPB	
ANTIDIABETICS, DOPAMINE RECEPTOR AGONISTS		
CYCLOSET ORAL TABLET 0.8 MG (bromocriptine mesylate)	NPB	
ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS		
alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg	G	
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg	G	
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (sitagliptin-metformin hcl)	PB	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (sitagliptin-metformin hcl)	PB	
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (linagliptin-metformin hcl)	NPB	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG (linagliptin- metformin hcl)	NPB	
KAZANO ORAL TABLET 12.5-1000 MG, 12.5-500 MG (alogliptin-metformin hcl)	NPB	PA
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG (saxagliptin-metformin)	NPB	PA
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG (alogliptin-pioglitazone)	NPB	PA
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG (empagliflozin-linagliptin-metformin)	PB	
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
BYDUREON BCISE SUBCUTANEOUS AUTO- INJECTOR 2 MG/0.85ML (exenatide)	NPB	PA
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML (exenatide)	NPB	PA

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML (<i>exenatide</i>)	NPB	PA
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>)	NPB	
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro</i>)	NPB	
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT (<i>insulin regular human</i>)	NPB	
APIDRA INJECTION SOLUTION 100 UNIT/ML (<i>insulin glulisine</i>)	NPB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glulisine</i>)	NPB	
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	PB	
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>)	PB	
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro</i>)	PB	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin lispro</i>)	PB	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	PB	
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	PB	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	PB	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	PB	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin lispro</i>)	PB	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	NPB	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	NPB	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	NPB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	NPB	
HUMULIN R INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	NPB	
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 asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	PB	
<i>insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml</i>	PB	
<i>insulin aspart penfill subcutaneous solution cartridge 100 unit/ml</i>	PB	
<i>insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml</i>	PB	
<i>insulin glargine solostar subcutaneous solution pen-injector 100 unit/ml</i>	NPB	
<i>insulin glargine subcutaneous solution 100 unit/ml</i>	NPB	
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>	NPB	
<i>insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml</i>	NPB	
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml</i>	PB	
<i>insulin lispro injection solution 100 unit/ml</i>	PB	
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml</i>	PB	
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i>	PB	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	PB	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glargine</i>)	NPB	
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin detemir</i>)	PB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin detemir</i>)	PB	
LYUMJEV INJECTION SOLUTION 100 UNIT/ML (<i>insulin lispro-aabc</i>)	NPB	
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin lispro-aabc</i>)	PB	
MYXREDLIN INTRAVENOUS SOLUTION 100-0.9 UT/100ML-% (<i>insulin regular (human) in nacl</i>)	NPB	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	NPB	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	PB	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	NPB	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	PB	
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	NPB	
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>)	NPB	
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>)	NPB	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	PB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	NPB	
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	NPB	
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart</i>)	NPB	
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>)	NPB	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	PB	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart</i>)	PB	
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML (<i>insulin aspart</i>)	NPB	
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glargine-yfgn</i>)	NPB	
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine-yfgn</i>)	NPB	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>)	NPB	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>)	NPB	
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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
ANTIDIABETICS, INSULIN SENSITIZER		
<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	
QTERN ORAL TABLET 10-5 MG, 5-5 MG (<i>dapagliflozin-saxagliptin</i>)	PB	
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (<i>ertugliflozin-sitagliptin</i>)	NPB	PA
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>)	NPB	
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>)	NPB	
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG (<i>ertugliflozin-metformin hcl</i>)	NPB	PA
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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
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 prop-metformin</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>)	NPB	
JARDIANCE ORAL TABLET 10 MG, 25 MG (<i>empagliflozin</i>)	PB	
STEGLATRO ORAL TABLET 15 MG, 5 MG (<i>ertugliflozin l-pyroglutamicac</i>)	NPB	PA
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	
<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	
ANTI OBESITY		
ADIPEX-P ORAL TABLET 37.5 MG (<i>phentermine hcl</i>)	NPB	
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG (<i>naltrexone-bupropion hcl</i>)	NPB	
<i>phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg</i>	NPB	
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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
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	
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 ORAL TABLET 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 5 mg/100ml</i>	G	
CALCIUM RECEPTOR AGONISTS		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg</i>	G	
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG (<i>cinacalcet hcl</i>)	NPSP	
CARNITINE DEFICIENCY AGENTS		
<i>levocarnitine oral solution 1 gml/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>deferiprone oral tablet 500 mg</i>	G	
<i>deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg</i>	G	
DEPEN TITRATABS ORAL TABLET 250 MG (<i>penicillamine</i>)	NPSP	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
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>)	PB	
<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	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (<i>patiromer sorbitex calcium</i>)	PB	
CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL		
<i>levonorgestrel-ethinyl estrad</i> (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	CE	
AFTERA ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	
AFTERPILL ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Altavera Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	CE	
<i>alyacen 7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	CE	
<i>levonorgest-eth estrad 91-day</i> (Amethia Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>levonorgestrel-ethinyl estrad</i> (Amethyst Oral Tablet 90-20 Mcg)	CE	
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (<i>segesterone-ethinyl estradiol</i>)	CE	
<i>desogestrel-ethinyl estradiol</i> (Apri Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>norethin-eth estrad triphasic</i> (Aranelle Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	CE	
<i>levonorgest-eth estrad 91-day</i> (Ashlyna Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	CE	
<i>norethindrone acet-ethinyl est</i> (Aurovela 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethindrone acet-ethinyl est</i> (Aurovela 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Aurovela 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	
<i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Aviane Oral Tablet 0.1-20 Mg-Mcg)	CE	
<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>)	NPB	
<i>norethin ace-eth estrad-fe</i> (Blisovi 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<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	
<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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<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	
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	
<i>norethin ace-eth estrad-fe</i> (Gemmyly 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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<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	
<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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<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	
<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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>levonorgestrel-ethinyl estrad</i> (Levora 0.15/30 (28) Oral Tablet 0.15-30 Mg-Mcg)	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</i> (Loestrin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethindrone acet-ethinyl est</i> (Loestrin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Loestrin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Loestrin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>levonorgest-eth estrad 91-day</i> (Lojaimiess Oral Tablet 0.1-0.02 & 0.01 Mg)	CE	
<i>drospirenone-ethinyl estradiol</i> (Loryna Oral Tablet 3-0.02 Mg)	CE	
<i>norgestrel-ethinyl estradiol</i> (Low-Ogestrel Oral Tablet 0.3-30 Mg-Mcg)	CE	
<i>drospirenone-ethinyl estradiol</i> (Lo-Zumandimine Oral Tablet 3-0.02 Mg)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Lutera Oral Tablet 0.1-20 Mg-Mcg)	CE	
<i>norethindrone</i> (Lyleq Oral Tablet 0.35 Mg)	CE	
<i>norethindrone</i> (Lyza Oral Tablet 0.35 Mg)	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</i> (Merzee Oral Capsule 1-20 Mg-Mcg(24))	CE	
<i>norethindrone acet-ethinyl est</i> (Microgestin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethindrone acet-ethinyl est</i> (Microgestin 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<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>)	NPB	
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	
<i>norethindrone oral tablet 0.35 mg</i>	CE	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<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>)	NPB	
<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	
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (<i>copper</i>)	CE	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

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	
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	
<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	
<i>norethin ace-eth estrad-fe</i> (Tarina 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<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>)	NPB	
<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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

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> (Vienna 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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	
<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>)	NPB	
YAZ ORAL TABLET 3-0.02 MG (<i>drospirenone-ethinyl estradiol</i>)	NPB	
<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</i>	NPB	
<i>1st tier unifine pentips plus 31g x 8 mm</i>	NPB	
ABOUTTIME PEN NEEDLE 30G X 8 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NPB	
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>)	PB	
ACCU-CHEK GUIDE IN VITRO STRIP (<i>glucose blood</i>)	PB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
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	
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>)	PB	
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>)	PB	
ACCU-CHEK TENDER I SET 24" (<i>insulin infusion pump supplies</i>)	NPB	
ACCU-CHEK TENDER I SET 31" (<i>insulin infusion pump supplies</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>)	NPB	PA
<i>acti-lance 28g</i>	PB	
<i>acti-lance lite lancets 28g</i>	PB	
<i>acti-lance special lancets 17g</i>	PB	
<i>acti-lance universal 23g</i>	PB	
<i>adjustable lancing device</i>	NPB	
ADVANCE INTUITION METER DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
ADVANCE INTUITION MONITOR KIT (<i>blood glucose monitoring suppl</i>)	NPB	PA
ADVANCE INTUITION TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
ADVANCE MICRO-DRAW METER DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
ADVANCE MICRO-DRAW TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
ADVOCATE BLOOD GLUCOSE MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
ADVOCATE BLOOD GLUCOSE SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM (<i>insulin pen needle</i>)	NPB	
ADVOCATE LANCETS 30G (<i>lancets</i>)	PB	
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>)	NPB	PA
ADVOCATE REDI-CODE IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
ADVOCATE REDI-CODE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
ADVOCATE REDI-CODE+ DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
ADVOCATE REDI-CODE+ TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
ADVOCATE SAFETY LANCETS (<i>lancets</i>)	PB	
ADVOCATE SAFETY LANCETS 26G (<i>lancets</i>)	PB	
ADVOCATE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
AGAMATRIX AMP DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
AGAMATRIX AMP TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
AGAMATRIX CONTROL LEVEL 2 IN VITRO SOLUTION (<i>blood glucose calibration</i>)	NPB	
AGAMATRIX CONTROL LEVEL 4 IN VITRO SOLUTION (<i>blood glucose calibration</i>)	NPB	
AGAMATRIX JAZZ TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
AGAMATRIX JAZZ WIRELESS 2 KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
AGAMATRIX KEYNOTE TEST IN VITRO STRIP (glucose blood)	NPB	PA
AGAMATRIX PRESTO KIT W/DEVICE (blood glucose monitoring suppl)	NPB	PA
AGAMATRIX PRESTO PRO METER DEVICE (blood glucose monitoring suppl)	NPB	PA
AGAMATRIX PRESTO TEST IN VITRO STRIP (glucose blood)	NPB	PA
AGAMATRIX ULTRA-THIN LANCETS (lancets)	PB	
aimSCO twist lancets 32g	PB	
AIMSCO TWIST LANCETS 33G (lancets)	PB	
AQUALANCE LANCETS 30G (lancets)	PB	
ASSURE 3 METER KIT (blood glucose monitoring suppl)	NPB	PA
ASSURE 3 TEST IN VITRO STRIP (glucose blood)	NPB	PA
ASSURE 4 METER DEVICE (blood glucose monitoring suppl)	NPB	PA
ASSURE 4 TEST IN VITRO STRIP (glucose blood)	NPB	PA
assure comfort lancets 28g	PB	
ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 1 ML (insulin syringe-needle u-100)	NPB	
ASSURE II CHECK IN VITRO STRIP (glucose blood)	NPB	PA
ASSURE II IN VITRO STRIP (glucose blood)	NPB	PA
ASSURE PLATINUM IN VITRO STRIP (glucose blood)	NPB	PA
ASSURE PLATINUM METER DEVICE (blood glucose monitoring suppl)	NPB	PA
ASSURE PRISM MULTI METER DEVICE (blood glucose monitoring suppl)	NPB	PA
ASSURE PRISM MULTI TEST IN VITRO STRIP (glucose blood)	NPB	PA
ASSURE PRO BLOOD GLUCOSE METER DEVICE (blood glucose monitoring suppl)	NPB	PA
ASSURE PRO TEST IN VITRO STRIP (glucose blood)	NPB	PA
aum mini insulin pen needle 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 32g x 8 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm	NPB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM (<i>insulin pen needle</i>)	NPB	
AUM SAFETY PEN NEEDLE 31G X 4 MM , 31G X 5 MM (<i>insulin pen needle</i>)	NPB	
<i>aurora lancet super thin 30g</i>	PB	
<i>aurora lancet thin 23g</i>	PB	
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 LANCING DEVICE (<i>lancet devices</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>)	PB	
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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
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>)	NPB	PA
BD LOGIC BLOOD GLUCOSE MONITOR KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
BD MICROTAINER LANCETS (<i>lancets</i>)	PB	
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	
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 (<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	
BIOTEL CARE BLOOD GLUCOSE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
BIOTEL CARE BLOOD GLUCOSE SYST KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
<i>blood glucose monitor system kit w/device</i>	NPB	PA
<i>blood glucose system pak kit</i>	NPB	PA
<i>blood glucose test in vitro strip</i>	NPB	PA
BLULINK CONTROL HIGH & LOW IN VITRO LIQUID (<i>blood glucose calibration</i>)	NPB	
BLULINK GLUCOSE MONITORING SYS DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
BLULINK GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
CARDIOCOM LANCING DEVICE (<i>lancet devices</i>)	NPB	
CAREFINE PEN NEEDLES 29G X 12MM , 30G X 8 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM (<i>insulin pen needle</i>)	NPB	
<i>careone advanced lancing dev</i>	NPB	
CAREONE BLOOD GLUCOSE SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
CAREONE BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
CAREONE LANCET SUPER THIN 30G (<i>lancets</i>)	PB	
<i>careone lancet thin 23g</i>	PB	
<i>careone unifine pentips plus 33g x 4 mm</i>	NPB	
CARESENS LANCETS (<i>lancets</i>)	PB	
CARESENS LANCETS 30G (<i>lancets</i>)	PB	
CARESENS N GLUCOSE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
CARESENS N GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
CARESENS N VOICE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
CARETOUCH CONTROL SOL LEVEL 2 IN VITRO LIQUID (<i>blood glucose calibration</i>)	NPB	
CARETOUCH INSULIN SYRINGE 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>)	NPB	
CARETOUCH LANCING/EJECTOR (<i>lancet devices</i>)	NPB	
CARETOUCH MONITOR SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
CARETOUCH PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM (<i>insulin pen needle</i>)	NPB	
CARETOUCH SAFETY LANCETS (<i>lancets</i>)	PB	
CARETOUCH SAFETY LANCETS 26G (<i>lancets</i>)	PB	
CARETOUCH TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
CARETOUCH TWIST LANCETS 28G (<i>lancets</i>)	PB	
CARETOUCH TWIST LANCETS 30G (<i>lancets</i>)	PB	
CARETOUCH TWIST LANCETS 33G (<i>lancets</i>)	PB	
CARETOUCH TWIST MC LANCETS 30G (<i>lancets</i>)	PB	
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>)	PB	
CLEVER CHEK AUTO-CODE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
CLEVER CHEK AUTO-CODE VOICE DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
CLEVER CHEK LANCETS (<i>lancets</i>)	PB	
CLEVER CHEK SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
CLEVER CHEK TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
CLEVER CHOICE AUTO-CODE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
CLEVER CHOICE COMFORT EZ (<i>lancets</i>)	PB	
CLEVER CHOICE COMFORT EZ 29G X 12MM , 33G X 4 MM (<i>insulin pen needle</i>)	NPB	
CLEVER CHOICE LANCETS 21G (<i>lancets</i>)	PB	
CLEVER CHOICE LANCETS 23G (<i>lancets</i>)	PB	
CLEVER CHOICE LANCETS 28G (<i>lancets</i>)	PB	
CLEVER CHOICE MICRO SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
CLEVER CHOICE MICRO TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
CLEVER CHOICE MINI SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
CLEVER CHOICE NO CODING IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
CLEVER CHOICE TALK SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
CLEVER CHOICE TALK SYSTEM IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
<i>clickfine pen needles 31g x 8 mm</i>	NPB	
COAGUCHEK LANCETS (<i>lancets</i>)	PB	
<i>comfort assured lancets 28g</i>	PB	
<i>comfort assured lancets 33g</i>	PB	
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NPB	
COMFORT EZ MICRO PEN NEEDLES 32G X 4 MM (<i>insulin pen needle</i>)	NPB	
COMFORT EZ PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM (<i>insulin pen needle</i>)	NPB	
COMFORT EZ SHORT PEN NEEDLES 31G X 8 MM (<i>insulin pen needle</i>)	NPB	
COMFORT TOUCH INSULIN PEN NEED 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM (<i>insulin pen needle</i>)	NPB	
COMFORT TOUCH LANCETS 31G (<i>lancets</i>)	PB	
COMFORT TOUCH PLUS LANCETS 28G (<i>lancets</i>)	PB	
COMFORT TOUCH PLUS LANCETS 30G (<i>lancets</i>)	PB	
CONTOUR MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
CONTOUR NEXT EZ KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
CONTOUR NEXT GEN MONITOR KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
CONTOUR NEXT LINK KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
CONTOUR NEXT MONITOR KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
CONTOUR NEXT ONE KIT (<i>blood glucose monitoring suppl</i>)	NPB	PA
CONTOUR NEXT TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
CONTOUR TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
COOL BLOOD GLUCOSE TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
COOL MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
COOL MONITOR KIT KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
CVS ADVANCED GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
CVS BLOOD GLUCOSE METER KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
<i>cvs glucose meter test strips in vitro strip</i>	NPB	PA
CVS KETONE CARE IN VITRO STRIP (<i>urine glucose-ketones test</i>)	NPB	
<i>cvs lancets 21g</i>	PB	
<i>cvs lancets micro thin 33g</i>	PB	
<i>cvs lancets original</i>	PB	
<i>cvs lancets thin 26g</i>	PB	
<i>cvs lancets ultra thin 30g</i>	PB	
<i>cvs lancets ultra-thin 30g</i>	PB	
<i>cvs lancing device</i>	NPB	
<i>cvs ultra thin lancets</i>	PB	
D-CARE BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
D-CARE GLUCOMETER KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
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>)	NPB	PA
DIATHRIVE BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
DIATHRIVE GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
DIATHRIVE LANCET ULTRA THIN 30 (<i>lancets</i>)	PB	
DIATHRIVE LANCETS (<i>lancets</i>)	PB	
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>)	NPB	
DIATHRIVE+ GLUCOSE MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
DIATHRIVE+ GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
<i>diatrue plus blood glucose device</i>	NPB	PA
<i>diatrue plus test in vitro strip</i>	NPB	PA
DROPLET GENTEEL LANCING DEVICE (<i>lancet devices</i>)	NPB	
DROPLET INSULIN SYRINGE 30G X 15/64" 0.3 ML, 30G X 15/64" 0.5 ML, 30G X 15/64" 1 ML (<i>insulin syringe-needle u-100</i>)	NPB	
DROPLET LANCETS ULTRA THIN 30G (<i>lancets</i>)	PB	
DROPLET LANCING DEVICE (<i>lancet devices</i>)	NPB	
DROPLET MICRON 34G X 3.5 MM (<i>insulin pen needle</i>)	NPB	
DROPLET PEN NEEDLES 29G X 12MM , 30G X 8 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM , 32G X 8 MM (<i>insulin pen needle</i>)	NPB	
DROPLET PERSONAL LANCETS 30G (<i>lancets</i>)	PB	
<i>dropsafe safety pen needles 31g x 5 mm</i>	NPB	
<i>drug mart lancets thin 26g</i>	PB	
DRUG MART ON-THE-GO LANCET 30G (<i>lancets</i>)	PB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

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

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
EASY TOUCH TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
<i>easy trak blood glucose system device</i>	NPB	PA
<i>easy trak blood glucose test in vitro strip</i>	NPB	PA
<i>easy trak ii blood glucose sys device</i>	NPB	PA
<i>easy trak ii glucose test in vitro strip</i>	NPB	PA
EASYGLUCO IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
EASYGLUCO KIT (<i>blood glucose monitoring suppl</i>)	NPB	PA
EASYMAX 15 LEVEL 2-3 CONTROL IN VITRO LIQUID (<i>blood glucose calibration</i>)	NPB	
EASYMAX 15 TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
EASYMAX CONTROL NORMAL/HIGH IN VITRO LIQUID (<i>blood glucose calibration</i>)	NPB	
EASYMAX NG BLOOD GLUCOSE DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
EASYMAX NG BLOOD GLUCOSE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
EASYMAX TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
EASYMAX V BLOOD GLUCOSE DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
EASYPRO BLOOD GLUCOSE MONITOR KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
EASYPRO BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
EASYPRO PLUS IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
EASYPRO PLUS KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
ELEMENT AUTOCODE SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
<i>element compact glucose system device</i>	NPB	PA
<i>element compact test in vitro strip</i>	NPB	PA
<i>element compact v glucose sys device</i>	NPB	PA
ELEMENT PLUS DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
ELEMENT TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
EMBRACE BLOOD GLUCOSE MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
EMBRACE BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
EMBRACE EVO BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
EMBRACE EVO GLUCOSE MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
EMBRACE EVO GLUCOSE MONITORING KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
EMBRACE LANCETS ULTRA THIN 30G (<i>lancets</i>)	PB	
EMBRACE PRESSURE ACTIVATED 21G (<i>lancets</i>)	PB	
EMBRACE PRESSURE ACTIVATED 28G (<i>lancets</i>)	PB	
EMBRACE PRO GLUCOSE METER DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
EMBRACE TALK BLOOD GLUCOSE DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
EMBRACE TALK MONITORING SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
ENLITE GLUCOSE SENSOR (<i>continuous blood gluc sensor</i>)	NPB	
ENLITE SERTER (<i>insulin infusion pump supplies</i>)	NPB	
<i>eq blood glucose test in vitro strip</i>	NPB	PA
<i>eq color lancets 21g</i>	PB	
<i>eq color lancets micro 33g</i>	PB	
<i>eq super thin lancets 30g</i>	PB	
<i>eq thin lancets 26g</i>	PB	
EVERSENSE SENSOR/HOLDER (<i>continuous blood gluc sensor</i>)	NPB	
EVERSENSE SMART TRANSMITTER (<i>continuous blood gluc transmit</i>)	NPB	
EVOLUTION AUTOCODE DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
EVOLUTION AUTOCODE IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
E-Z JECT LANCET MICRO-THIN 33G (<i>lancets</i>)	PB	
E-Z JECT LANCET SUPER THIN 30G (<i>lancets</i>)	PB	
E-Z JECT LANCETS (<i>lancets</i>)	PB	
E-Z JECT LANCETS 21G (<i>lancets</i>)	PB	
E-Z JECT LANCETS THIN 26G (<i>lancets</i>)	PB	
EZ-LETS LANCETS 21G (<i>lancets</i>)	PB	
EZ-LETS LANCETS 26G (<i>lancets</i>)	PB	
EZ-LETS LANCETS 28G (<i>lancets</i>)	PB	
EZ-LETS LANCETS 30G (<i>lancets</i>)	PB	
FIFTY50 GLUCOSE METER 2.0 KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
FIFTY50 GLUCOSE TEST 2.0 IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
FIFTY50 PEN NEEDLES 31G X 5 MM , 31G X 8 MM , 32G X 6 MM (<i>insulin pen needle</i>)	NPB	
FIFTY50 UNILET LANCETS 33G (<i>lancets</i>)	PB	
FINGERSTIX LANCETS (<i>lancets</i>)	PB	
FORA 6 CONNECT IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
FORA BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
FORA D15G BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
FORA D20 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
FORA D40/G31 BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
FORA G20 BLOOD GLUCOSE SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
FORA G30/PREM V10 GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
FORA G30A BLOOD GLUCOSE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
FORA GD20 BLOOD GLUCOSE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
FORA GD20 TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
FORA GD50 BLOOD GLUCOSE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
FORA GD50 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
FORA GTEL BLOOD GLUCOSE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
FORA GTEL BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
FORA GTEL BLOOD KETONE TEST IN VITRO STRIP (<i>ketone blood test</i>)	NPB	
FORA LANCETS (<i>lancets</i>)	PB	
FORA LANCING DEVICE (<i>lancet devices</i>)	NPB	
FORA PREMIUM V10 BLE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
FORA TEST N' GO MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
FORA TN'G ADVANCE PRO IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
FORA TN'G VOICE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
FORA TN'G/TN'G VOICE IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
FORA V10 BLOOD GLUCOSE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
FORA V10 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
FORA V10/V12/D10/D20 TEST KIT (<i>blood glucose monitoring suppl</i>)	NPB	PA
FORA V12 BLOOD GLUCOSE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
FORA V12 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
FORA V20 BLOOD GLUCOSE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
FORA V20 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
FORA V30A BLOOD GLUCOSE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
FORA V30A BLOOD GLUCOSE SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
FORA V30A BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
FORACARE GD40 MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
FORACARE GD40 TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
FORACARE PREMIUM V10 DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
FORACARE PREMIUM V10 TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
FORACARE TEST N GO MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
FORACARE TEST N GO TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
FORTISCARE G1 TEST STRIP IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
FORTISCARE T1 GLUCOSE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
FORTISCARE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
FREESTYLE FREEDOM LITE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
FREESTYLE INSULINX TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
FREESTYLE LIBRE 14 DAY READER DEVICE (<i>continuous blood gluc receiver</i>)	PB	
FREESTYLE LIBRE 14 DAY SENSOR (<i>continuous blood gluc sensor</i>)	PB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
FREESTYLE LIBRE 2 READER DEVICE (<i>continuous blood gluc receiver</i>)	PB	
FREESTYLE LIBRE 2 SENSOR (<i>continuous blood gluc sensor</i>)	PB	
<i>freestyle libre 3 sensor</i>	PB	
FREESTYLE LITE DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
FREESTYLE LITE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
FREESTYLE LITE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
FREESTYLE PRECISION NEO SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
FREESTYLE PRECISION NEO TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
FREESTYLE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
FREESTYLE UNISTICK II LANCETS (<i>lancets</i>)	PB	
<i>ge100 blood glucose system device</i>	NPB	PA
<i>ge100 blood glucose system kit wldevice</i>	NPB	PA
<i>ge100 blood glucose test in vitro strip</i>	NPB	PA
GENTEEL BUTTERFLY TOUCH LANCET (<i>lancets</i>)	PB	
GENTEEL CONTACT TIPS (BLUE) (<i>lancets misc.</i>)	PB	
GENTEEL CONTACT TIPS (CLEAR) (<i>lancets misc.</i>)	PB	
GENTEEL CONTACT TIPS (GREEN) (<i>lancets misc.</i>)	PB	
GENTEEL CONTACT TIPS (ORANGE) (<i>lancets misc.</i>)	PB	
GENTEEL CONTACT TIPS (RAINBOW) (<i>lancets misc.</i>)	PB	
GENTEEL CONTACT TIPS (VIOLET) (<i>lancets misc.</i>)	PB	
GENTEEL CONTACT TIPS (YELLOW) (<i>lancets misc.</i>)	PB	
GENTEEL LANCING KIT (BLUE) KIT (<i>lancets misc.</i>)	NPB	
GENTEEL NOZZLES (<i>lancets misc.</i>)	PB	
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>)	PB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
GENTLE-LET LANCETS (<i>lancets</i>)	PB	
GENTLE-LET PLATFORMS (<i>lancets misc.</i>)	PB	
GENULTIMATE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
<i>ght blood glucose monitor kit w/device</i>	NPB	PA
<i>ght test in vitro strip</i>	NPB	PA
<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</i>	NPB	
<i>global inject ease lancets 28g</i>	PB	
<i>global inject ease lancets 30g</i>	PB	
<i>global lancing device</i>	NPB	
GLUCO PERFECT 3 METER DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
GLUCO PERFECT 3 TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
GLUCOCARD 01 BLOOD GLUCOSE DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
GLUCOCARD 01 BLOOD GLUCOSE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
GLUCOCARD 01-MINI GLUCOSE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
GLUCOCARD EXPRESSION MONITOR KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
GLUCOCARD EXPRESSION TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
GLUCOCARD SHINE CONNEX KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
GLUCOCARD SHINE DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
GLUCOCARD SHINE EXPRESS KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
GLUCOCARD SHINE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
GLUCOCARD SHINE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
GLUCOCARD SHINE XL DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
GLUCOCARD VITAL MONITOR KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
GLUCOCARD VITAL TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
GLUCOCARD X-METER KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
GLUCOCARD X-SENSOR IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
GLUCOCOM BLOOD GLUCOSE MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
GLUCOCOM LANCETS 28G (<i>lancets</i>)	PB	
GLUCOCOM LANCETS 30G (<i>lancets</i>)	PB	
GLUCOCOM LANCETS 33G (<i>lancets</i>)	PB	
GLUCOCOM MONITOR KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
GLUCOCOM TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
GLUCONAVII BLOOD GLUCOSE SYS KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
GLUCONAVII BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	NPB	
GLUCOPRO SYR RES 3ML 22GX3/8" (<i>insulin infusion pump supplies</i>)	NPB	
<i>glucose meter test in vitro strip</i>	NPB	PA
<i>gnp clickfine pen needles 31g x 6 mm , 31g x 8 mm</i>	NPB	
GNP EASY TOUCH CONT HIGH/LOW IN VITRO LIQUID (<i>blood glucose calibration</i>)	NPB	
GNP EASY TOUCH GLUCOSE METER DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
<i>gnp easy touch glucose test in vitro strip</i>	NPB	PA
<i>gnp insulin syringes 28gx1/2" 28g x 1/2" 1 ml</i>	NPB	
<i>gnp insulin syringes 29gx1/2" 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml</i>	NPB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>gnp insulin syringes 30g x 5/16" 1 ml</i>	NPB	
<i>gnp insulin syringes 30gx5/16" 30g x 5/16" 0.3 ml</i>	NPB	
<i>gnp insulin syringes 31gx5/16" 31g x 5/16" 0.3 ml</i>	NPB	
<i>gnp lancets 21g</i>	PB	
<i>gnp lancets thin 26g</i>	PB	
<i>gnp sterile lancets 28g</i>	PB	
<i>gnp sterile lancets 30g</i>	PB	
<i>gnp sterile lancets 33g</i>	PB	
GNP TRUE METRIX AIR METER KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
GNP TRUE METRIX GLUCOSE METER KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
GNP TRUE METRIX GLUCOSE STRIPS IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
GNP TRUETRACK SMART SYSTEM IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
GNP TRUETRACK TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
<i>gnp ulticare pen needles 31g x 5 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm</i>	NPB	
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>)	NPB	
GOJJI BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
GOJJI BLOOD TEST STRIP/LANCETS IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
GOJJI LANCING DEVICE/CLEAR CAP (<i>lancet devices</i>)	NPB	
GOJJI STERILE LANCETS (<i>lancets</i>)	PB	
<i>goodsense blood glucose in vitro strip</i>	NPB	PA
<i>goodsense blood glucose kit w/device</i>	NPB	PA
<i>goodsense lancets 26g univ</i>	PB	
<i>goodsense lancets 30g univ</i>	PB	
<i>goodsense lancets 33g</i>	NPB	
<i>goodsense lancets 33g univ</i>	PB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>goodsense lancing device</i>	NPB	
GOODSENSE PEN NEEDLE PENFINE 32G X 6 MM (<i>insulin pen needle</i>)	NPB	
GUARDIAN LINK 3 TRANSMITTER (<i>continuous blood gluc transmit</i>)	NPB	
GUARDIAN REAL-TIME CHARGER (<i>continuous glucose monitor sup</i>)	NPB	
GUARDIAN REAL-TIME REPLACE PED DEVICE (<i>continuous blood gluc receiver</i>)	NPB	
GUARDIAN REAL-TIME TEST PLUG (<i>continuous glucose monitor sup</i>)	NPB	
GUARDIAN SENSOR (3) (<i>continuous blood gluc sensor</i>)	NPB	
<i>guardian sensor 3</i>	NPB	
HEALTH CARE LANCING DEVICE (<i>lancet devices</i>)	NPB	
HEALTHPRO BLOOD GLUCOSE MONITO KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
<i>healthwise insulin syr/needle 31g x 5/16" 0.3 ml</i>	NPB	
<i>healthwise micron pen needles 32g x 4 mm</i>	NPB	
<i>healthwise short pen needles 31g x 5 mm , 31g x 8 mm</i>	NPB	
<i>h-e-b incontrol adv lancing</i>	NPB	
<i>h-e-b incontrol lancets 28g</i>	PB	
<i>h-e-b incontrol lancets 30g</i>	PB	
<i>h-e-b incontrol lancets 33g</i>	PB	
<i>h-e-b incontrol pen needles 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm</i>	NPB	
H-E-B INCONTROL UNIFINE PENTIP 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>)	NPB	
HM EMBRACE TALK SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
HM ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	NPB	
HM ULTICARE MINI PEN NEEDLES 31G X 5 MM (<i>insulin pen needle</i>)	NPB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM (<i>insulin pen needle</i>)	NPB	
HW EMBRACE PRO GLUCOSE METER DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
HW EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
HW EMBRACE TALK BLOOD GLUCOSE DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
HW EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
HY-VEE LANCETS (<i>lancets</i>)	PB	
<i>hy-vee thin lancets</i>	PB	
IGLUCOSE MONITORING SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
IGLUCOSE TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
IN TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
IN TOUCH DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
IN TOUCH LANCING DEVICE (<i>lancet devices</i>)	NPB	
IN TOUCH STERILE LANCETS 30G (<i>lancets</i>)	PB	
INFINITY BLOOD GLUCOSE SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
INFINITY VOICE IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
INFINITY VOICE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
<i>insulin syringe 29g x 1/2" 0.3 ml</i>	NPB	
<i>insulin syringe-needle u-100 27g x 1/2" 0.5 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.5 ml, 30g x 5/16" 1 ml, 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml</i>	NPB	
<i>insupen pen needles 29g x 12mm, 31g x 5 mm, 31g x 8 mm, 32g x 4 mm, 33g x 4 mm</i>	NPB	
KETO-DIASTIX IN VITRO STRIP (<i>urine glucose-ketones test</i>)	NPB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>ketone test in vitro strip</i>	NPB	
KETOSTIX IN VITRO STRIP (<i>acetone (urine) test</i>)	NPB	
<i>kinney lancets</i>	PB	
<i>kinney thin lancets</i>	PB	
<i>kmart valu insulin syringe 29g u-100 0.5 ml, u-100 1 ml</i>	NPB	
<i>kmart valu insulin syringe 30g u-100 0.3 ml, u-100 0.5 ml</i>	NPB	
KROGER AUTOLET LANCING DEVICE (<i>lancet devices</i>)	NPB	
<i>kroger blood glucose kit w/device</i>	NPB	PA
<i>kroger blood glucose test in vitro strip</i>	NPB	PA
KROGER HEALTHPRO GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
<i>kroger lancets</i>	PB	
<i>kroger lancets super thin</i>	PB	
<i>kroger lancets thin</i>	PB	
<i>kroger pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm</i>	NPB	
<i>kroger premium blood glucose kit w/device</i>	NPB	PA
<i>kroger premium glucose test in vitro strip</i>	NPB	PA
<i>lancet device</i>	NPB	
<i>lancet device with ejector</i>	NPB	
<i>lancet transporter case</i>	PB	
<i>lancets</i>	PB	
<i>lancets 30g</i>	PB	
<i>lancets 33g</i>	PB	
<i>lancets micro thin 33g</i>	PB	
<i>lancets thin</i>	PB	
LANCETS ULTRA THIN (<i>lancets</i>)	PB	
<i>lancets ultra thin 30g</i>	PB	
<i>lancing device</i>	NPB	
LANZO (<i>lancet devices</i>)	NPB	
LEADER UNIFINE PENTIPS PLUS 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NPB	
<i>liberty blood glucose meter device</i>	NPB	PA

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
LIBERTY NEXT GENERATION TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
LIBERTY NXT GENERATION MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
<i>liberty test in vitro strip</i>	NPB	PA
<i>lite touch lancets</i>	PB	
LITE TOUCH LANCING PEN (<i>lancet devices</i>)	NPB	
LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NPB	
LITETOUCH LANCETS (<i>lancets</i>)	PB	
LITETOUCH PEN NEEDLES 29G X 12.7MM , 31G X 8 MM (<i>insulin pen needle</i>)	NPB	
<i>longs lancets standard</i>	PB	
<i>longs lancets thin</i>	PB	
<i>longs lancets ultra thin</i>	PB	
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NPB	
MARATHON MEDICAL PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NPB	
MAXICOMFORT II PEN NEEDLE 31G X 6 MM (<i>insulin pen needle</i>)	NPB	
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM , 29G X 8MM (<i>insulin pen needle</i>)	NPB	
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>)	NPB	
<i>medichoice safety lancet norm</i>	PB	
MEDLANCE PLUS EXTRA 21G (<i>lancets</i>)	PB	
MEDLANCE PLUS LANCETS (<i>lancets</i>)	PB	
MEDLANCE PLUS LITE 25G (<i>lancets</i>)	PB	
MEDLANCE PLUS SPECIAL 0.8MM (<i>lancets</i>)	PB	
MEDLANCE PLUS SUPERLITE 30G (<i>lancets</i>)	PB	
MEDLANCE PLUS UNIVERSAL 21G (<i>lancets</i>)	PB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>meijer blood glucose kit w/device</i>	NPB	PA
<i>meijer blood glucose test in vitro strip</i>	NPB	PA
<i>meijer essential blood glucose kit w/device</i>	NPB	PA
<i>meijer essential glucose test in vitro strip</i>	NPB	PA
MEIJER LANCETS THIN (<i>lancets</i>)	PB	
MEIJER LANCETS UNIVERSAL 21G (<i>lancets</i>)	PB	
MEIJER LANCETS UNIVERSAL 30G (<i>lancets</i>)	PB	
MEIJER LANCETS UNIVERSAL 33G (<i>lancets</i>)	PB	
<i>meijer premium blood glucose kit w/device</i>	NPB	PA
MEIJER SUPER THIN LANCETS (<i>lancets</i>)	PB	
MEIJER TRUE2GO BLOOD GLUCOSE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
MEIJER TRUERESULT GLUCOSE SYS KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
MEIJER TRUETEST TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
MEIJER TRUETRACK GLUCOSE SYS KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
MEIJER TRUETRACK TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
MICRODOT BLOOD GLUCOSE SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
MICRODOT PEN NEEDLE 31G X 6 MM , 32G X 4 MM , 33G X 4 MM (<i>insulin pen needle</i>)	NPB	
MICRODOT TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
MICROLET LANCETS (<i>lancets</i>)	PB	
MICROLET NEXT LANCING DEVICE (<i>lancet devices</i>)	NPB	
<i>mini lancing device</i>	NPB	
MINILINK REAL-TIME TRANSMITTER (<i>continuous blood gluc transmit</i>)	NPB	
MINIMED 630G GUARDIAN PRESS (<i>continuous blood gluc transmit</i>)	NPB	
MINIMED PUMP RESERVOIR 3ML (<i>insulin infusion pump supplies</i>)	NPB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
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>)	NPB	PA
MM EASY TOUCH GLUCOSE METER KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
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 (<i>insulin syringe-needle u-100</i>)	NPB	
MONOJECT INSULIN SYRINGE U-100 1 ML (<i>insulin syringes (disposable)</i>)	NPB	
MONOLET LANCETS (<i>lancets</i>)	PB	
MONOLET OPD LANCETS (<i>lancets</i>)	PB	
MONOLETTOR SAFETY LANCETS (<i>lancets</i>)	PB	
<i>mpd safety lancet 21g</i>	PB	
<i>mpd safety lancet 23g</i>	PB	
<i>mpd safety lancet 28g</i>	PB	
<i>mpd safety lancet 30g</i>	PB	
MULTI-LANCET DEVICE 2 KIT (<i>lancets misc.</i>)	NPB	
MYGLUCOHEALTH BLOOD GLUCOSE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
MYGLUCOHEALTH LANCETS 30G (<i>lancets</i>)	PB	
MYGLUCOHEALTH TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
NEUTEK 2TEK TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
NOVA MAX BLOOD GLUCOSE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
NOVA MAX BLOOD GLUCOSE SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
NOVA MAX GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
NOVA MAX PLUS KETONE TEST IN VITRO STRIP (<i>ketone blood test</i>)	NPB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
NOVA SAFETY LANCETS 23G (<i>lancets</i>)	PB	
NOVA SAFETY LANCETS 28G (<i>lancets</i>)	PB	
NOVA SUREFLEX LANCETS (<i>lancets</i>)	PB	
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 DASH INTRO (GEN 4) KIT (<i>insulin disposable pump</i>)	PB	
OMNIPOD DASH PDM (GEN 4) KIT (<i>insulin disposable pump</i>)	PB	
OMNIPOD DASH PODS (GEN 4) (<i>insulin disposable pump</i>)	PB	
<i>one drop blood glucose monitor kit w/device</i>	NPB	PA
<i>one drop test in vitro strip</i>	NPB	PA
ONETOUCH DELICA PLUS LANCET30G (<i>lancets</i>)	PB	
ONETOUCH DELICA PLUS LANCET33G (<i>lancets</i>)	PB	
ONETOUCH DELICA PLUS LANCING (<i>lancet devices</i>)	NPB	
ONETOUCH DELICA SAFETY LANCING (<i>lancet devices</i>)	NPB	
ONETOUCH ULTRA 2 KIT W/DEVICE (<i>blood glucose monitoring suppl</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>)	NPB	PA

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
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>)	NPB	
PARADIGM SILHOUETTE COMBO 43" (<i>insulin infusion pump supplies</i>)	NPB	
<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>	NPB	
PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (<i>insulin pen needle</i>)	NPB	
PERFECT LANCETS 28G (<i>lancets</i>)	PB	
PERFECT LANCETS 30G (<i>lancets</i>)	PB	
<i>ph strips in vitro diagnostic test</i>	NPB	
PHARMACIST CHOICE AUTOCODE IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
PHARMACIST CHOICE AUTOCODE SYS KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
PHARMACIST CHOICE LANCETS (<i>lancets</i>)	PB	
PHARMACIST CHOICE MINI SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
<i>pharmacist choice no coding in vitro strip</i>	NPB	PA
PHARMACY COUNTER LANCETS (<i>lancets</i>)	PB	
<i>pip lancets 28g</i>	PB	
<i>pip lancets 30g</i>	PB	
POCKETCHEM EZ SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
POCKETCHEM EZ TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
POGO AUTOMATIC BLOOD GLUCOSE DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
POGO AUTOMATIC TEST CARTRIDGES IN VITRO DIAGNOSTIC TEST (<i>glucose blood</i>)	NPB	
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
PRECISION XTRA KETONE IN VITRO STRIP (<i>ketone blood test</i>)	NPB	
PRECISION XTRA KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
<i>preferred plus lancets colored</i>	PB	
<i>preferred plus lancets thin</i>	PB	
<i>premium blood glucose test in vitro strip</i>	NPB	PA
PREVENT DROPSAFE PEN NEEDLES 31G X 6 MM , 31G X 8 MM (<i>insulin pen needle</i>)	NPB	
PREVENT SAFETY PEN NEEDLES 31G X 6 MM , 31G X 8 MM (<i>insulin pen needle</i>)	NPB	
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NPB	
<i>pro comfort lancets 30g</i>	PB	
<i>pro comfort lancets 31g</i>	PB	
<i>pro comfort pen needles 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm</i>	NPB	
<i>pro comfort safety lancets 30g</i>	PB	
<i>pro voice v8 glucose system device</i>	NPB	PA
<i>pro voice v8/v9 glucose in vitro strip</i>	NPB	PA
<i>pro voice v9 glucose system device</i>	NPB	PA
PRODIGY AUTOCODE BLOOD GLUCOSE DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
PRODIGY AUTOCODE BLOOD GLUCOSE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
PRODIGY LANCETS 28G (<i>lancets</i>)	PB	
PRODIGY LANCING DEVICE (<i>lancet devices</i>)	NPB	
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
PRODIGY NO CODING BLOOD GLUC KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
PRODIGY POCKET BLOOD GLUCOSE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
PRODIGY SAFETY LANCETS 26G (<i>lancets</i>)	PB	
PRODIGY VOICE BLOOD GLUCOSE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
PSS SELECT GP LANCETS (<i>lancets</i>)	PB	
PSS SELECT PLATFORMS (<i>lancets misc.</i>)	PB	
PSS SELECT SAFETY LANCETS (<i>lancets</i>)	PB	
<i>pure comfort lancets 30g</i>	PB	
<i>pure comfort pen needle 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 32g x 8 mm</i>	NPB	
<i>px lancet auto injector</i>	NPB	
<i>px lancets microthin 33g</i>	PB	
<i>qc advanced lancing device</i>	NPB	
<i>qc lancets super thin 30g</i>	PB	
<i>qc lancets ultra thin</i>	PB	
<i>qc unifine pentips 32g x 4 mm</i>	NPB	
<i>qc unilet lancets 28g</i>	PB	
<i>qc unilet lancets micro thin</i>	PB	
QUICKTEK KIT (<i>blood glucose monitoring suppl</i>)	NPB	PA
QUICKTEK TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
QUICKTEK/METER KIT (<i>blood glucose monitoring suppl</i>)	NPB	PA
QUINTET AC BLOOD GLUCOSE DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
QUINTET AC BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
QUINTET BLOOD GLUCOSE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
QUINTET BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
RA E-ZJECT LANCETS 28G (<i>lancets</i>)	PB	
RA E-ZJECT LANCETS THIN 26G (<i>lancets</i>)	PB	
RA E-ZJECT LANCETS THIN 28G (<i>lancets</i>)	PB	
RA E-ZJECT LANCETS ULTRA THIN (<i>lancets</i>)	PB	
<i>ra pen needles 31g x 5 mm , 31g x 8 mm</i>	NPB	
READYLANCE SAFETY LANCETS (<i>lancets</i>)	PB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>reality lancets</i>	PB	
<i>reality trigger lancets</i>	PB	
REFUAH PLUS BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
REFUAH PLUS MONITORING SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
RELION ALL-IN-ONE DEVICE (<i>blood gluc meter disp-strips</i>)	NPB	PA
RELION BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
RELION CONFIRM GLUCOSE MONITOR KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
RELION CONFIRM/MICRO TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
RELION INSULIN SYRINGE 31G X 15/64" 0.3 ML (<i>insulin syringe-needle u-100</i>)	NPB	
RELION INSULIN SYRINGE 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	
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>)	PB	
RELION LANCETS THIN 26G (<i>lancets</i>)	PB	
RELION LANCETS ULTRA-THIN 30G (<i>lancets</i>)	PB	
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>)	NPB	PA
RELION PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NPB	
RELION PREMIER BLU MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
RELION PREMIER CLASSIC DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
RELION PREMIER COMPACT SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
RELION PREMIER TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
RELION PREMIER VOICE MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
RELION PRIME MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
RELION PRIME TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
RELION TRUE MET AIR GLUC METER KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
RELION TRUE METRIX TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
RELION ULTIMA GLUCOSE SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
RELION ULTIMA TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
RELION ULTRA THIN LANCETS 30G (<i>lancets</i>)	PB	
RELION ULTRA THIN PLUS LANCETS (<i>lancets</i>)	PB	
REXALL BLOOD GLUCOSE SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
REXALL BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
RIGHTEST ALTERNATE SITE ADAPT (<i>lancets misc.</i>)	PB	
RIGHTEST GD500 LANCING DEVICE (<i>lancet devices</i>)	NPB	
RIGHTEST GL300 LANCETS (<i>lancets</i>)	PB	
RIGHTEST GM100 BLOOD GLUCOSE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
RIGHTEST GM300 BLOOD GLUCOSE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
RIGHTEST GM550 BLOOD GLUCOSE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
RIGHTEST GS100 BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
RIGHTEST GS300 BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
RIGHTEST GS550 BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
RIGHTEST GT333 BLOOD GLUCOSE DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
SAFE-T-LANCE (<i>lancets</i>)	PB	
SAFE-T-LANCE PLUS (<i>lancets</i>)	PB	
<i>safety lancet 30gl/pressure act</i>	PB	
SAFETY LANCETS 21G (<i>lancets</i>)	PB	
SAFETY LANCETS 23G (<i>lancets</i>)	PB	
<i>safety lancets 28g</i>	PB	
<i>saps health twist top lancets</i>	PB	
<i>saps twist top lancets</i>	PB	
<i>sapscare twist top lancets</i>	PB	
<i>sb lancets thin</i>	PB	
<i>sb lancets ultra thin</i>	PB	
SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	NPB	
SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM (<i>insulin pen needle</i>)	NPB	
<i>select-lite lancing device</i>	NPB	
SIMPLE DIAGNOSTICS LANCING DEV (<i>lancet devices</i>)	NPB	
SINGLE-LET (<i>lancets</i>)	PB	
<i>sm lancets 33g</i>	PB	
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>)	PB	
SMART SENSE PREMIUM SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
SMART SENSE PREMIUM TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
SMART SENSE STANDARD LANCETS (<i>lancets</i>)	PB	
SMART SENSE SUPER THIN LANCETS (<i>lancets</i>)	PB	
SMART SENSE THIN LANCETS 26G (<i>lancets</i>)	PB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
SMART SENSE VALUE GLUCOSE SYS KIT W/DEVICE (blood glucose monitoring suppl)	NPB	PA
SMART SENSE VALUE TEST IN VITRO STRIP (glucose blood)	NPB	PA
SMARTEST BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	NPB	PA
SMARTEST EJECT DEVICE (blood glucose monitoring suppl)	NPB	PA
SMARTEST EJECT STARTER KIT W/DEVICE (blood glucose monitoring suppl)	NPB	PA
SMARTEST LANCETS 28G (lancets)	PB	
SMARTEST PERSONA STARTER KIT W/DEVICE (blood glucose monitoring suppl)	NPB	PA
SMARTEST PRONTO STARTER KIT W/DEVICE (blood glucose monitoring suppl)	NPB	PA
SMARTEST PROTEGE DEVICE (blood glucose monitoring suppl)	NPB	PA
SMARTEST PROTEGE STARTER KIT W/DEVICE (blood glucose monitoring suppl)	NPB	PA
SOLUS V2 BLOOD GLUCOSE SYSTEM DEVICE (blood glucose monitoring suppl)	NPB	PA
SOLUS V2 BLOOD GLUCOSE SYSTEM KIT W/DEVICE (blood glucose monitoring suppl)	NPB	PA
SOLUS V2 LANCETS 28G (lancets)	PB	
SOLUS V2 LANCING DEVICE (lancet devices)	NPB	
SOLUS V2 TEST IN VITRO STRIP (glucose blood)	NPB	PA
SOLUS V2 TWIST LANCETS 30G (lancets)	PB	
STERILANCE PA (lancets misc.)	PB	
STERILANCE TL (lancets) super thin lancets	PB	
SUPREME TEST IN VITRO STRIP (glucose blood)	NPB	PA
sure comfort insulin syringe 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml	NPB	
sure comfort lancets 18g	PB	
sure comfort lancets 21g	PB	
sure comfort lancets 23g	PB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>sure comfort lancets 28g</i>	PB	
<i>sure comfort lancets 30g</i>	PB	
<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 8 mm , 32g x 6 mm</i>	NPB	
SURELITE LANCETS (<i>lancets</i>)	PB	
T:FLEX T:LOCK CARTRIDGE 4.8ML (<i>insulin infusion pump supplies</i>)	NPB	
TECHLITE PEN NEEDLES 32G X 8 MM (<i>insulin pen needle</i>)	NPB	
<i>tgt blood glucose monitoring kit w/device</i>	NPB	PA
<i>tgt blood glucose test in vitro strip</i>	NPB	PA
<i>tgt lancet micro thin 33g</i>	PB	
<i>tgt lancet thin 26g</i>	PB	
<i>tgt lancet ultra thin 30g</i>	PB	
<i>tgt lancing device</i>	NPB	
THINLETS GP LANCETS (<i>lancets</i>)	PB	
<i>topcare lancets micro-thin 33g</i>	PB	
TOXICOLOGY MED COLLECTION SYS IN VITRO KIT (<i>drug assay (urine)</i>)	NPB	
TRAVEL LANCETS ADVANCED 28G (<i>lancets</i>)	PB	
<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, 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>	NPB	
<i>true comfort pro pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm</i>	NPB	
<i>true comfort safety lancets</i>	PB	
<i>true comfort twist top lancets</i>	PB	
TRUE FOCUS BLOOD GLUCOSE METER DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
<i>true focus blood glucose strip in vitro strip</i>	NPB	PA
TRUE METRIX AIR GLUCOSE METER DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

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

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>twist top lancets 30g</i>	PB	
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML (<i>insulin syringe-needle u-100</i>)	NPB	
ULTICARE MINI PEN NEEDLES 30G X 5 MM , 32G X 6 MM (<i>insulin pen needle</i>)	NPB	
ULTICARE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM (<i>insulin pen needle</i>)	NPB	
ULTICARE SHORT PEN NEEDLES 30G X 8 MM (<i>insulin pen needle</i>)	NPB	
ULTIGUARD SAFEPACK PEN NEEDLE 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (<i>insulin pen needle</i>)	NPB	
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NPB	
ULTI-LANCE AUTOMATIC (<i>lancet devices</i>)	NPB	
ULTILET CLASSIC LANCETS (<i>lancets</i>)	PB	
ULTILET LANCETS (<i>lancets</i>)	PB	
ULTILET PEN NEEDLE 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NPB	
ULTILET SAFETY LANCETS (<i>lancets</i>)	PB	
ULTILET SAFETY LANCETS 23G (<i>lancets</i>)	PB	
ULTRA FLO INSULIN PEN NEEDLES 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM (<i>insulin pen needle</i>)	NPB	
ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 1/2" 0.3 ML, 30G X 5/16" 0.3 ML, 31G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	NPB	
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NPB	
<i>ultra thin lancets 31g</i>	PB	
ULTRA THIN PEN NEEDLES 32G X 4 MM (<i>insulin pen needle</i>)	NPB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>ultra-care lancets 30g</i>	PB	
<i>ultracare pen needles 32g x 5 mm , 33g x 4 mm</i>	NPB	
ULTRA-THIN II AUTO LANCET (<i>lancets</i>)	PB	
ULTRA-THIN II LANCETS (<i>lancets</i>)	PB	
ULTRA-THIN II PEN NEEDLES 29G X 12.7MM (<i>insulin pen needle</i>)	NPB	
UNIFINE PENTIPS 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NPB	
UNIFINE PENTIPS PLUS 30G X 5 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM (<i>insulin pen needle</i>)	NPB	
UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NPB	
UNIFINE ULTRA PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NPB	
UNILET COMFORTOUCH LANCET (<i>lancets</i>)	PB	
UNILET EXCELITE (<i>lancets</i>)	PB	
UNILET EXCELITE II (<i>lancets</i>)	PB	
UNILET G.P. LANCET (<i>lancets</i>)	PB	
UNILET G.P. SUPERLITE LANCET (<i>lancets</i>)	PB	
UNILET GP 28 ULTRA THIN (<i>lancets</i>)	PB	
UNILET LANCET (<i>lancets</i>)	PB	
UNILET MICRO-THIN 33G (<i>lancets</i>)	PB	
UNILET SUPERLITE LANCET (<i>lancets</i>)	PB	
UNILET SUPER-THIN 30G (<i>lancets</i>)	PB	
UNILET ULTRA-THIN 28G (<i>lancets</i>)	PB	
UNISTIK 1 (<i>lancets misc.</i>)	PB	
UNISTIK 2 (<i>lancets misc.</i>)	PB	
UNISTIK 2 COMFORT (<i>lancets misc.</i>)	PB	
UNISTIK 2 EXTRA (<i>lancets misc.</i>)	PB	
UNISTIK 2 NEONATAL (<i>lancets misc.</i>)	PB	
UNISTIK 2 NORMAL (<i>lancets misc.</i>)	PB	
UNISTIK 2 SUPER (<i>lancets misc.</i>)	PB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

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

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
VERIFINE UNIVERSAL LANCETS 28G (<i>lancets</i>)	PB	
VERIFINE UNIVERSAL LANCETS 30G (<i>lancets</i>)	PB	
VERIFINE UNIVERSAL LANCETS 33G (<i>lancets</i>)	PB	
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 CONTROL SOLUTION IN VITRO LIQUID (<i>blood glucose calibration</i>)	NPB	
VIVAGUARD INO GLUCOSE METER DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
VIVAGUARD INO SMART GLUC METER DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
VIVAGUARD INO TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA
VIVAGUARD LANCETS (<i>lancets</i>)	PB	
VIVAGUARD LANCING DEVICE (<i>lancet devices</i>)	NPB	
WALGREENS LANCETS (<i>lancets</i>)	PB	
<i>walgreens lancets micro thin</i>	PB	
<i>walgreens lancets super thin</i>	PB	
WALGREENS THIN LANCETS (<i>lancets</i>)	PB	
WALGREENS ULTRA THIN LANCETS (<i>lancets</i>)	PB	
WAVESENSE AMP KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NPB	PA
<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>	NPB	
<i>zevrx pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>	NPB	
<i>zevrx twist top lancets 30g</i>	PB	
ENDOMETRIOSIS		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG (<i>cetorelix acetate</i>)	PSP	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	G	
ORILISSA ORAL TABLET 150 MG, 200 MG (<i>elagolix sodium</i>)	PB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
ENZYME REPLACEMENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT		
<i>betaine oral powder</i>	G	
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	
<i>citrulline easy oral tablet extended release 1 gm</i>	NPB	
CYSTADANE ORAL POWDER (<i>betaine</i>)	NF	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (<i>cysteamine bitartrate</i>)	PSP	
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT (<i>taliglucerase alfa</i>)	NF	
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>)	NPSP	
OLPRUVA (2 GM DOSE) ORAL THERAPY PACK 2 GM (<i>sodium phenylbutyrate</i>)	NF	
OLPRUVA (3 GM DOSE) ORAL THERAPY PACK 3 GM (<i>sodium phenylbutyrate</i>)	NF	
OLPRUVA (4 GM DOSE) ORAL THERAPY PACK 2 & 2 GM (<i>sodium phenylbutyrate</i>)	NF	
OLPRUVA (5 GM DOSE) ORAL THERAPY PACK 2 & 3 GM (<i>sodium phenylbutyrate</i>)	NF	
OLPRUVA (6 GM DOSE) ORAL THERAPY PACK 3 & 3 GM (<i>sodium phenylbutyrate</i>)	NF	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK 3 & 3.67 GM (<i>sodium phenylbutyrate</i>)	NF	
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 PELLETT 483 MG/GM (<i>sodium phenylbutyrate</i>)	NPSP	
RAVICTI ORAL LIQUID 1.1 GM/ML (<i>glycerol phenylbutyrate</i>)	NF	
<i>sodium phenylbutyrate oral powder 3 gmltsp</i>	G	
<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>)	NPSP	
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (<i>velagluferase alfa</i>)	NPSP	
ZAVESCA ORAL CAPSULE 100 MG (<i>miglustat</i>)	NPSP	
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>)	NPB	
<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>)	NPB	
BIJUVA ORAL CAPSULE 1-100 MG (<i>estradiol-progesterone</i>)	NPB	
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, 0.06 MG/24HR, 0.075 MG/24HR (<i>estradiol</i>)	NPB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
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>)	PB	
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (<i>estradiol</i>)	NPB	
<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>)	PB	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (<i>estradiol</i>)	NPB	
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (<i>estradiol</i>)	PB	
<i>norethindrone-eth estradiol</i> (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)	G	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG (<i>estradiol</i>)	NPB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG (<i>estradiol</i>)	NPB	
<i>norethindrone-eth estradiol</i> (Jinteli Oral Tablet 1-5 Mg-Mcg)	G	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG (<i>esterified estrogens</i>)	NPB	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (<i>estradiol</i>)	NPB	
<i>estradiol-norethindrone acet</i> (Mimvey Oral Tablet 1-0.5 Mg)	G	
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	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (<i>estrogens conjugated</i>)	PB	
PREMARIN VAGINAL CREAM 0.625 MG/GM (<i>estrogens, conjugated</i>)	PB	
PREMPHASE ORAL TABLET 0.625-5 MG (<i>conj estrog-medroxyprogest ace</i>)	PB	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (<i>conj estrog-medroxyprogest ace</i>)	PB	
VAGIFEM VAGINAL TABLET 10 MCG (<i>estradiol</i>)	PB	
<i>estradiol</i> (Yuvafem Vaginal Tablet 10 Mcg)	G	
FERTILITY REGULATORS		
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML (<i>follitropin beta</i>)	NF	
<i>ganirelix acetate subcutaneous solution prefilled syringe 250 mcg/0.5ml</i>	NPSP	
GONAL-F INJECTION SOLUTION RECONSTITUTED 1050 UNIT, 450 UNIT (<i>follitropin alfa</i>)	PSP	
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/0.5ML, 450 UNT/0.75ML, 900 UNIT/1.5ML (<i>follitropin alfa</i>)	PSP	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (<i>follitropin alfa</i>)	PSP	
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (<i>menotropins</i>)	PSP	
OVIDREL SUBCUTANEOUS INJECTABLE 250 MCG/0.5ML (<i>choriogonadotropin alfa</i>)	PSP	
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT (<i>chorionic gonadotropin</i>)	NF	
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
<i>dexabliss oral tablet therapy pack 1.5 mg (39)</i>	NPB	
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	
DEXONTO 0.4% IONTOPHORESIS SOLUTION 20 MG/5ML (<i>dexamethasone sodium phosphate</i>)	NPB	
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>)	NPB	
<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 oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	G	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	G	
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG (<i>prednisolone sodium phosphate</i>)	NPB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>prednisolone oral solution 15 mg/5ml</i>	G	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 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>)	NPB	
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (<i>dexamethasone</i>)	G	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (<i>dexamethasone</i>)	G	
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>)	PB	
<i>glucagon emergency injection kit 1 mg</i>	NPB	
<i>glucagon emergency injection solution reconstituted 1 mg/ml</i>	NPB	
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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

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>)	PSP	
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG (<i>somatropin</i>)	PSP	
HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG (<i>somatropin</i>)	NF	
NORDIPEN 5 INJECTION DEVICE (<i>injection device</i>)	NF	
NORDIPEN DELIVERY SYSTEM (<i>injection device</i>)	NF	
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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
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	
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	
SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML (<i>somapacitan-beco</i>)	PSP	
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>)	PSP	
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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<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	
GALAFOLD ORAL CAPSULE 123 MG (<i>migalastat hcl</i>)	NPSP	
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 (Methergine Oral Tablet 0.2 Mg)</i>	G	
<i>methylergonovine maleate oral tablet 0.2 mg</i>	G	
OSPHENA ORAL TABLET 60 MG (<i>ospemifene</i>)	PB	
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>)	NPSP	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML (<i>pasireotide diaspartate</i>)	NPSP	
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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (denosumab)	NPSP	
XURIDEN ORAL PACKET 2 GM (uridine triacetate)	NPSP	
ZOKINVY ORAL CAPSULE 50 MG, 75 MG (lonafarnib)	NPSP	
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
AURYXIA ORAL TABLET 1 GM 210 MG(FE) (ferric citrate)	PB	
calcium acetate (phos binder) oral capsule 667 mg	G	
calcium acetate (phos binder) oral tablet 667 mg	G	
FOSRENOL ORAL PACKET 1000 MG, 750 MG (lanthanum carbonate)	NPB	
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	G	
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	G	
sevelamer carbonate oral tablet 800 mg	G	
sevelamer hcl oral tablet 400 mg, 800 mg	G	
VELPHORO ORAL TABLET CHEWABLE 500 MG (sucroferric oxyhydroxide)	PB	
POLYNEUROPATHY		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML (inotersen sodium)	PSP	
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
CRINONE VAGINAL GEL 4 %, 8 % (progesterone)	PB	
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	G	
megestrol acetate oral suspension 625 mg/5ml	G	
norethindrone acetate oral tablet 5 mg	G	
progesterone intramuscular oil 50 mg/ml	G	
progesterone oral capsule 100 mg, 200 mg	G	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG (progesterone)	NPB	
PROVERA ORAL TABLET 10 MG (medroxyprogesterone acetate)	NPB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
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>)	NPB	
<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 oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</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>)	PB	
THYQUIDITY ORAL SOLUTION 100 MCG/5ML (<i>levothyroxine sodium</i>)	NPB	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (<i>levothyroxine sodium</i>)	NPB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML (<i>levothyroxine sodium</i>)	NPB	
<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		
DDAVP ORAL TABLET 0.1 MG, 0.2 MG (<i>desmopressin acetate</i>)	NPB	
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	G	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	G	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	G	
NOCDURNA 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>)	NPB	
<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	
GLYCATE ORAL TABLET 1.5 MG (<i>glycopyrrolate</i>)	NPB	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	G	
<i>glycopyrrolate oral tablet 1.5 mg</i>	NPB	
<i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>	G	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>	G	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<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	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HOUR 0.375 MG (<i>hyoscyamine sulfate</i>)	NPB	
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	G	
<i>hyoscyamine sulfate (Nulev Oral Tablet Dispersible 0.125 Mg)</i>	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>)	NPB	
ROBINUL-FORTE ORAL TABLET 2 MG (<i>glycopyrrolate</i>)	NPB	
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	
<i>loperamide hcl oral capsule 2 mg</i>	G	
MOTOFEN ORAL TABLET 1-0.025 MG (<i>difenoxin-atropine</i>)	NPB	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG (<i>crofelemer</i>)	NPB	
<i>zelac oral capsule</i>	NPB	
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
AKYNZEO ORAL CAPSULE 300-0.5 MG (<i>netupitant-palonosetron</i>)	NPB	
ANTIVERT ORAL TABLET 50 MG (<i>meclizine hcl</i>)	NPB	
ANTIVERT ORAL TABLET CHEWABLE 25 MG (<i>meclizine hcl</i>)	NPB	
ANZEMET ORAL TABLET 50 MG (<i>dolasetron mesylate</i>)	NPB	
<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	
<i>prochlorperazine (Compro Rectal Suppository 25 Mg)</i>	G	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
DICLEGIS ORAL TABLET DELAYED RELEASE 10-10 MG (<i>doxylamine-pyridoxine</i>)	NPB	
<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 ORAL SUSPENSION RECONSTITUTED 125 MG/5ML (<i>aprepitant</i>)	NPB	
<i>granisetron hcl oral tablet 1 mg</i>	G	
MARINOL ORAL CAPSULE 2.5 MG (<i>dronabinol</i>)	NPB	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	G	
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	G	
<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>)	NPB	
<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>)	PB	
ANTISPASMODICS - DRUGS FOR MUSCLE SPASM		
<i>belladonna alkaloids-opium rectal suppository 16.2-60 mg</i>	NPB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	G	
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	
INFLAMMATORY BOWEL DISEASE - BOWEL, INTESTINE, AND STOMACH CONDITION DRUGS		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM (<i>mesalamine</i>)	NPB	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (<i>sulfasalazine</i>)	NPB	
AZULFIDINE ORAL TABLET 500 MG (<i>sulfasalazine</i>)	NPB	
<i>balsalazide disodium oral capsule 750 mg</i>	G	
<i>budesonide oral capsule delayed release particles 3 mg</i>	G	
CORTIFOAM EXTERNAL FOAM 10 % (<i>hydrocortisone acetate</i>)	PB	
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>)	NPB	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	G	
<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>)	NPB	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG (<i>mesalamine</i>)	PB	
SFROWASA RECTAL ENEMA 4 GM/60ML (<i>mesalamine</i>)	NPB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<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>)	NPB	
IRRITABLE BOWEL SYNDROME		
TRULANCE ORAL TABLET 3 MG (<i>plecanatide</i>)	NPB	PA
VIBERZI ORAL TABLET 100 MG, 75 MG (<i>eluxadoline</i>)	PB	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (<i>lubiprostone</i>)	NPB	PA
IBSRELA ORAL TABLET 50 MG (<i>tenapanor hcl</i>)	NPB	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (<i>linaclotide</i>)	PB	
<i>lubiprostone oral capsule 24 mcg</i>	G	
<i>lubiprostone oral capsule 8 mcg</i>	G	PA
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	G	
LOTROXON ORAL TABLET 0.5 MG, 1 MG (<i>alosetron hcl</i>)	NPB	
LAXATIVES - DRUGS FOR CONSTIPATION		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM - GM/160ML (<i>sod picosulfate-mag ox-cit acid</i>)	CE	
<i>constulose oral solution 10 gm/15ml</i>	G	
<i>enulose oral solution 10 gm/15ml</i>	G	
<i>generlac oral solution 10 gm/15ml</i>	G	
KRISTALOSE ORAL PACKET 10 GM, 20 GM (<i>lactulose</i>)	NPB	
<i>lactulose oral packet 10 gm</i>	NPB	
<i>lactulose oral solution 10 gm/15ml</i>	G	
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	CE	
<i>peg-3350/electrolytes/ascorbic acid oral solution reconstituted 100 gm</i>	CE	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>	CE	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
PEG-PREP ORAL KIT 5-210 MG-GM (<i>bisacodyl-peg-kcl-nabicar-nacl</i>)	CE	
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	CE	
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML (<i>na sulfate-k sulfate-mg sulf</i>)	PB	
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>)	NPB	
CHENODAL ORAL TABLET 250 MG (<i>chenodiol</i>)	NPSP	
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>)	NPB	
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>)	NPB	PA
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (<i>naloxegol oxalate</i>)	PB	
OCALIVA ORAL TABLET 10 MG, 5 MG (<i>obeticholic acid</i>)	NPSP	
RELISTOR ORAL TABLET 150 MG (<i>methylnaltrexone bromide</i>)	NPB	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML (<i>methylnaltrexone bromide</i>)	NPB	
SUCRAID ORAL SOLUTION 8500 UNIT/ML (<i>sacrosidase</i>)	NPSP	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>sucralfate oral tablet 1 gm</i>	G	
SYMPROIC ORAL TABLET 0.2 MG (<i>naldemedine tosylate</i>)	PB	
<i>ursodiol oral capsule 300 mg</i>	G	
<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>)	NPSP	
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>)	NPB	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	NPB	
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		
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG (<i>dexlansoprazole</i>)	NPB	
<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>	G	
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG (<i>esomeprazole magnesium</i>)	NPB	
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	G	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>omeprazole-sodium bicarbonate oral capsule 20-1100 mg, 40-1100 mg</i>	G	
<i>omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg</i>	G	
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	G	
PRILOSEC ORAL PACKET 10 MG, 2.5 MG (omeprazole magnesium)	NPB	
PROTONIX ORAL PACKET 40 MG (pantoprazole sodium)	NPB	
<i>rabeprazole sodium oral capsule sprinkle 10 mg</i>	NPB	
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	G	
RECTAL, CORTICOSTEROIDS		
<i>hydrocortisone (perianal) external cream 1 %, 2.5 %</i>	G	
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	G	
<i>hydrocortisone ace-pramoxine rectal suppository 25-18 mg</i>	NPB	
PROCORT EXTERNAL CREAM 1.85-1.15 % (hydrocortisone ace-pramoxine)	NPB	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (hydrocortisone ace-pramoxine)	PB	
<i>hydrocortisone (Procto-Med Hc External Cream 2.5 %)</i>	G	
<i>hydrocortisone (Proctozone-Hc External Cream 2.5 %)</i>	G	
ULCER THERAPY COMBINATIONS		
<i>amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg</i>	G	
HELIDAC THERAPY ORAL (metronid-tetracyc-bis subsal)	NPB	
OMECLAMOX-PAK ORAL 500-500-20 MG (amoxicill-clarithro-omeprazole)	NPB	
PYLERA ORAL CAPSULE 140-125-125 MG (bis subcit-metronid-tetracyc)	PB	
TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG (amoxicill-rifabutin-omeprazole)	PB	
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	G	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
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	
PROSCAR ORAL TABLET 5 MG (<i>finasteride</i>)	NPB	
<i>silodosin oral capsule 4 mg, 8 mg</i>	G	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	G	
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	
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 GEL 4 % (<i>nonoxynol-9</i>)	CE	
ERECTILE DYSFUNCTION		
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG (<i>avanafil</i>)	NPB	
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (<i>estradiol acetate</i>)	NPB	
MISCELLANEOUS		
<i>cytra k crystals oral packet 3300-1002 mg</i>	G	
ELMIRON ORAL CAPSULE 100 MG (<i>pentosan polysulfate sodium</i>)	NPB	
LITHOSTAT ORAL TABLET 250 MG (<i>acetohydroxamic acid</i>)	NPB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
ORACIT ORAL SOLUTION 490-640 MG/5ML (<i>sod citrate-citric acid</i>)	NPB	
<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 CAPSULE DELAYED RELEASE 25 MG, 75 MG (<i>cysteamine bitartrate</i>)	NF	
PROCYSBI ORAL PACKET 300 MG, 75 MG (<i>cysteamine bitartrate</i>)	NF	
RIMSO-50 INTRAVESICAL SOLUTION 50 % (<i>dimethyl sulfoxide</i>)	NPB	
<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	
<i>flavoxate hcl oral tablet 100 mg</i>	G	
GELNIQUE TRANSDERMAL GEL 10 % (<i>oxybutynin chloride</i>)	NPB	
GEMTESA ORAL TABLET 75 MG (<i>vibegron</i>)	NPB	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML (<i>mirabegron</i>)	PB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG (<i>mirabegron</i>)	PB	
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	G	
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	G	
<i>oxybutynin chloride oral tablet 5 mg</i>	G	
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR (<i>oxybutynin</i>)	NPB	
<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>)	NPB	
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>	G	
<i>trospium chloride oral tablet 20 mg</i>	G	
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>)	NPB	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	G	
<i>terconazole vaginal suppository 80 mg</i>	G	
VANAZOLE VAGINAL GEL 0.75 % (<i>metronidazole</i>)	G	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

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>)	PB	
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>)	PB	
<i>heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%</i>	NPB	
<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>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	
LOVENOX INJECTION SOLUTION 300 MG/3ML (<i>enoxaparin sodium</i>)	NPB	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 100 MG/ML, 120 MG/0.8ML, 150 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML (<i>enoxaparin sodium</i>)	NPB	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG (<i>dabigatran etexilate mesylate</i>)	NPB	PA
PRADAXA ORAL PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG (<i>dabigatran etexilate mesylate</i>)	NPB	PA
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (<i>edoxaban tosylate</i>)	NPB	PA

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<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	
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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
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	
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	
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>tbo-filgrastim</i>)	NF	
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>tbo-filgrastim</i>)	NF	
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	
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>filgrastim</i>)	NF	
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim</i>)	NF	
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>filgrastim-aafi</i>)	PSP	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
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	
<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	
ROLVEDON SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 13.2 MG/0.6ML (<i>eflapegrastim-xnst</i>)	NF	
STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-fpgk</i>)	NF	
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	
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-sndz</i>)	NF	
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-bmez</i>)	NF	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
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	
ALTUVIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact fc-vwf-xten- ehtl</i>)	NF	
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	
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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
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	
NUWIQ 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	
NUWIQ 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	
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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
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, 3000 UNIT, 500 UNIT (<i>coagulation factor ix glycopeg</i>)	PSP	
<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 sulfate</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 sulfate</i>)	NF	
SIKLOS ORAL TABLET 100 MG, 1000 MG (<i>hydroxyurea</i>)	PB	
TAVALISSE ORAL TABLET 100 MG, 150 MG (<i>fostamatinib disodium</i>)	PSP	
TAVNEOS ORAL CAPSULE 10 MG (<i>avacopan</i>)	NPSP	
<i>tranexamic acid oral tablet 650 mg</i>	G	
PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS		
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML (<i>pegcetacoplan</i>)	PSP	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/3ML (<i>ravulizumab-cwvz</i>)	NPSP	
PLATELET AGGREGATION INHIBITORS - BLOOD THINNERS		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	G	
BRILINTA ORAL TABLET 60 MG, 90 MG (<i>ticagrelor</i>)	PB	
<i>clopidogrel bisulfate oral tablet 300 mg, 75 mg</i>	G	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	G	
EFFIENT ORAL TABLET 10 MG, 5 MG (<i>prasugrel hcl</i>)	NPB	
PLAVIX ORAL TABLET 75 MG (<i>clopidogrel bisulfate</i>)	NPB	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	G	
YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG (<i>aspirin-omeprazole</i>)	NPB	
ZONTIVITY ORAL TABLET 2.08 MG (<i>vorapaxar sulfate</i>)	NPB	
SICKLE CELL DISEASE		
OXBRYTA ORAL TABLET 300 MG (<i>voxelotor</i>)	NF	
VITAMINS - VITAMINS AND SUPPLEMENTS		
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (<i>cyanocobalamin</i>)	NPB	
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
ALLERGENIC EXTRACTS		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU (<i>timothy grass pollen allergen</i>)	PB	
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM (<i>dust mite mixed allergen ext</i>)	NPB	
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR (<i>grass mix pollens allergen ext</i>)	PB	
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U (<i>short ragweed pollen ext</i>)	PB	
AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)		
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (<i>tocilizumab</i>)	NF	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-axxq</i>)	NF	
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (<i>vedolizumab</i>)	NF	IBC (Available as NPSP with PA for Ulcerative Colitis)
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	
RENFLIXIS 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	
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 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	
<i>adalimumab-adbm subcutaneous auto-injector kit 40 mg/0.8ml</i>	NF	
<i>adalimumab-adbm subcutaneous prefilled syringe kit 10 mg/0.2ml, 20 mg/0.4ml, 40 mg/0.8ml</i>	NF	
<i>adalimumab-fkjp subcutaneous auto-injector kit 40 mg/0.8ml</i>	NF	
<i>adalimumab-fkjp subcutaneous prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml</i>	NF	
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (<i>adalimumab-atto</i>)	NPSP	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-atto</i>)	NPSP	
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.)
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)

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
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.)
CYLTEZO SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-adbm</i>)	NF	
CYLTEZO SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-adbm</i>)	NF	
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-adbm</i>)	NF	
CYLTEZO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-adbm</i>)	NF	
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (<i>etanercept</i>)	PSP	IBC (Preferred agent for all conditions except Psoriasis)
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)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-bwwd</i>)	NF	
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-bwwd</i>)	NF	
HULIO SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-fkjp</i>)	NF	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
HULIO SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-fkjp</i>)	NF	
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-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 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, 40 MG/0.8ML, 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, 40 MG/0.8ML (<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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
IDACIO FOR CROHNS DISEASE/UC SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-aacf</i>)	NF	
IDACIO FOR PLAQUE PSORIASIS SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-aacf</i>)	NF	
IDACIO SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-aacf</i>)	NF	
IDACIO SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (<i>adalimumab-aacf</i>)	NF	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	PSP	IBC (Preferred agent for Rheumatoid Arthritis)
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, 2 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)

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
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	
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)

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
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)
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)
YUFLYMA 1-PEN KIT SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (<i>adalimumab-aaty</i>)	NF	
YUFLYMA 2-PEN KIT SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (<i>adalimumab-aaty</i>)	NF	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
YUFLYMA 2-SYRINGE KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (<i>adalimumab-aaty</i>)	NF	
YUSIMRY SUBCUTANEOUS SOLUTION PEN-INJECTOR 40 MG/0.8ML (<i>adalimumab-aqvh</i>)	NF	
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	
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML (<i>methotrexate (anti-rheumatic)</i>)	NF	
PLAQUENIL ORAL TABLET 200 MG (<i>hydroxychloroquine sulfate</i>)	PB	
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	
HEREDITARY ANGIOEDEMA		
BERINERT INTRAVENOUS KIT 500 UNIT (<i>c1 esterase inhibitor (human)</i>)	NF	
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	
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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
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 (<i>lanadelumab-flyo</i>)	PSP	
IMMUNOGLOBULIN		
ASCENIV INTRAVENOUS SOLUTION 5 GM/50ML (<i>immune globulin (human)-sira</i>)	NF	
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 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/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	
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
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, 5 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	
OCTAGAM INTRAVENOUS SOLUTION 30 GM/300ML (<i>immune globulin (human)</i>)	NPB	
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, 40 GM/400ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML (<i>rho d immune globulin</i>)	NPSP	
WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML, 15000 UNIT/13ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML (<i>rho d immune globulin</i>)	NPSP	
XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)-klhw</i>)	NF	
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	
<i>azathioprine</i> (Azasan Oral Tablet 100 Mg, 75 Mg)	G	
<i>azathioprine oral tablet 50 mg</i>	G	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG (<i>belimumab</i>)	NPSP	
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 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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

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		
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (<i>canakinumab</i>)	PSP	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML (<i>palivizumab</i>)	NPSP	
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	
<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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<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	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ (<i>potassium chloride</i>)	PB	
<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	
PRENATAL VITAMINS		
ATABEX EC ORAL TABLET DELAYED RELEASE 29-1 MG (<i>prenatal vit-dss-fe cbn-fa</i>)	NPB	
ATABEX OB ORAL TABLET 29-1 MG (<i>prenatal vit w/ fe bisg-fa</i>)	NPB	
<i>azesco oral tablet 13-1 mg</i>	NPB	
CITRANATAL 90 DHA ORAL 90-1 & 300 MG (<i>prenat w/o a-fecbgl-dss-fa-dha</i>)	NPB	
CITRANATAL ASSURE ORAL 35-1 & 300 MG (<i>prenat w/o a-fecbgl-dss-fa-dha</i>)	NPB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
CITRANATAL B-CALM ORAL 20-1 MG & 2 X 25 MG (prenat w/o a fecbnfeglu-fa & b6)	NPB	
CITRANATAL BLOOM ORAL TABLET 90-1 MG (prenatal-dss-fecb-fegl-fa)	NPB	
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG (prenat-fefmcb-dss-fa-dha w/o a)	NPB	
c-nate dha oral capsule 28-1-200 mg	NPB	
CO-NATAL FA ORAL TABLET (prenatal vit-fe fumarate- fa)	NPB	
CONCEPT DHA ORAL CAPSULE 53.5-38-1 MG (prenat- fefum-fepo-fa-omega 3)	NPB	
CONCEPT OB ORAL CAPSULE 130-92.4-1 MG (prenat w/o a vit-fefum-fepo-fa)	NPB	
DERMACINRX PRETRATE ORAL TABLET 1 MG (prenatal multivit-min-fe-fa)	NPB	
DUET DHA 400 ORAL 25-1 & 400 MG (prenat-fepoly-fered- fa-omega 3)	NPB	
ENBRACE HR ORAL CAPSULE (prenat vit-fe gly cys-fa- omega)	NPB	
INATAL GT ORAL TABLET (prenatal vit-dss-fe cbn-fa)	G	
jenliva prenatal/postnatal oral capsule 1 mg	NPB	
kosher prenatal plus iron oral tablet 30-1 mg	NPB	
m-natal plus oral tablet 27-1 mg	NPB	
NATACHEW ORAL TABLET CHEWABLE 28-1 MG (prenatal vit-fe fum-fe bisg-fa)	NPB	
NATALVIT ORAL TABLET (prenatal vit-fe fumarate-fa)	NPB	
NEEVO DHA ORAL CAPSULE 27-1.13 MG (prenat w/oa- fefum-methf-omegas)	NPB	
neonatal + dha oral 29-1 & 200 mg	NPB	
neonatal 19 oral tablet 1 mg	NPB	
neonatal complete oral tablet 27-1 mg, 29-1 mg	NPB	
neonatal fe oral tablet 90-1 mg	NPB	
NEONATAL PLUS ORAL TABLET 27-1 MG (prenatal vit- fe fumarate-fa)	NPB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
NESTABS DHA ORAL 32-1 MG (<i>prenat-wloa-fe bisgly-fa-omega</i>)	NPB	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (<i>prenat-fe-methylfol-dha wlo a</i>)	NPB	
NESTABS ORAL TABLET 32-1 MG (<i>prenat-fe bisgly-fa-wlo vit a</i>)	NPB	
NIVA-PLUS ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	NPB	
OB COMPLETE ONE ORAL CAPSULE 50-1-476 MG (<i>prenat-fecbn-feaspgl-fa-fish</i>)	NPB	
OB COMPLETE ORAL TABLET 50-1.25 MG (<i>prenatal vit-iron carbonyl-fa</i>)	NPB	
OB COMPLETE PETITE ORAL CAPSULE 35-5-1-200 MG (<i>prenat-fecbn-feaspgl-fa-omega</i>)	NPB	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG (<i>prenatal-fe cbn-fe asp gly-fa</i>)	NPB	
OB COMPLETE/DHA ORAL CAPSULE 30-10-1-200 MG (<i>prenat-fecbn-feaspgl-fa-omega</i>)	NPB	
OBSTETRIX DHA ORAL 29-1 & 350 MG (<i>prenatal mv-min-fe cbn-fa-dha</i>)	NPB	
OBSTETRIX ONE ORAL CAPSULE 38-1-225 MG (<i>prenatal-fe cbn-fa-dha wlo a</i>)	NPB	
<i>one vite womens plus oral tablet 27-1 mg</i>	NPB	
<i>pnv prenatal plus multivitamin oral tablet 27-1 mg</i>	NPB	
<i>pnv tabs 20-1 oral tablet 20-1 mg</i>	NPB	
<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>	NPB	
<i>pnv-omega oral capsule 28-0.6-0.4-340 mg</i>	NPB	
<i>pnv-select oral tablet 27-0.6-0.4 mg</i>	G	
<i>pregen dha oral capsule 28-1-35 mg</i>	NPB	
PREMESISRX ORAL TABLET 1 MG (<i>prenatal ca-b6-b12-fa-ginger</i>)	NPB	
<i>prena 1 true oral 30-1.4 & 300 mg</i>	NPB	
<i>prenal oral tablet chewable 1.4 mg</i>	NPB	
<i>prenal pearl oral capsule extended release 30-1.4-200 mg</i>	NPB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>prenaisance oral capsule 29-1.25-325 mg</i>	NPB	
<i>prenaisance plus oral capsule 28-1-250 mg</i>	NPB	
PRENATABS RX ORAL TABLET 29-1 MG (<i>prenatal vit-iron carbonyl-fa</i>)	G	
<i>prenatal 19 oral tablet , 29-1 mg</i>	NPB	
<i>prenatal 19 oral tablet chewable</i>	G	
<i>prenatal 19 oral tablet chewable 29-1 mg</i>	NPB	
<i>prenatal oral tablet 27-1 mg</i>	NPB	
<i>prenatal plus oral tablet 27-1 mg</i>	NPB	
PRENATAL-U ORAL CAPSULE 106.5-1 MG (<i>prenatal wlo a vit-fe fum-fa</i>)	NPB	
PRENATE AM ORAL TABLET 1 MG (<i>prenatal ca-b6-b12-fa-ginger</i>)	NPB	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (<i>prenat-feasp-meth-fa-dha wlo a</i>)	NPB	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG (<i>prenatal-feasgly-methylfol-fa</i>)	NPB	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (<i>prenat wlo a-fe-methfol-fa-dha</i>)	NPB	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (<i>prenat-feasp-meth-fa-dha wlo a</i>)	NPB	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (<i>prenat-fecbn-feasp-meth-fa-dha</i>)	NPB	
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (<i>prenat mv-min-methylfolate-fa</i>)	NPB	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (<i>prenat-feasp-meth-fa-dha wlo a</i>)	NPB	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (<i>prenat wlo a-fe-methfol-fa-dha</i>)	NPB	
PRENATRIX ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	NPB	
PRENATRYL ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	NPB	
<i>prenatvite complete oral tablet 1 mg</i>	NPB	
<i>prenatvite plus oral tablet 1 mg</i>	NPB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>prenatvite rx oral tablet 0.8 mg</i>	NPB	
PRIMACARE ORAL CAPSULE 30-1-470 MG (<i>pren-fe-meth-fa-omeg wlo a</i>)	NPB	
PROVIDA OB ORAL CAPSULE 20-20-1.25 MG (<i>prenat wlo a vit-fefum-fepo-fa</i>)	NPB	
<i>relnate dha oral capsule 28-1-200 mg</i>	NPB	
SELECT-OB ORAL TABLET CHEWABLE 29-0.6-0.4 MG (<i>prenat vit-fepoly-methylfol-fa</i>)	NPB	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (<i>prenatal vit-fe psac cmplx-fa</i>)	NPB	
SELECT-OB+DHA ORAL 29-1 & 250 MG (<i>prenatal vit-fepoly-fa-dha</i>)	NPB	
<i>se-natal 19 oral tablet 29-1 mg</i>	NPB	
<i>se-natal 19 oral tablet chewable 29-1 mg</i>	NPB	
<i>thrivite rx oral tablet 29-1 mg</i>	NPB	
TRINATE ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	G	
<i>tristart dha oral capsule 31-0.6-0.4-200 mg</i>	NPB	
VINATE DHA RF ORAL CAPSULE 27-1.13 MG (<i>prenat wloa-fefum-methf-omegas</i>)	NPB	
VINATE II ORAL TABLET 29-1 MG (<i>prenatal vit wl fe bisg-fa</i>)	NPB	
VINATE ONE ORAL TABLET 60-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	NPB	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (<i>prenat-fe poly-methfol-fa-dha</i>)	NPB	
VITAFOL GUMMIES ORAL TABLET CHEWABLE 3.33-0.333-34.8 MG (<i>prenatal vit-fe phos-fa-omega</i>)	NPB	
VITAFOL ULTRA ORAL CAPSULE 29-0.6-0.4-200 MG (<i>prenat-fe poly-methfol-fa-dha</i>)	NPB	
VITAFOL-NANO ORAL TABLET 18-0.6-0.4 MG (<i>prenatal-fe fum-methf-fa wlo a</i>)	NPB	
VITAFOL-OB ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	NPB	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (<i>prenatal mv-min-fe fum-fa-dha</i>)	NPB	
VITAFOL-ONE ORAL CAPSULE 29-1-200 MG (<i>prenatal vit-fepoly-fa-dha</i>)	NPB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
VITAMEDMD REDICHEW RX ORAL TABLET CHEWABLE 1.4 MG (<i>prenat-b2-b6-b12-d3-fa</i>)	NPB	
VITAPEARL ORAL CAPSULE EXTENDED RELEASE 30-1.4-200 MG (<i>prenat-fefum-fered-fa-dha w/oa</i>)	NPB	
VITATHELY WITH GINGER ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	NPB	
VITATRUE ORAL 30-1.4 & 300 MG (<i>prenat-fechel-fa-dha w/o vit a</i>)	NPB	
VIVA DHA ORAL CAPSULE 28-1-200 MG (<i>prenatal vit-fe fum-fa-omega</i>)	NPB	
<i>wescap-c dha oral capsule 53.5-38-1 mg</i>	NPB	
<i>wescap-pn dha oral capsule 27-0.6-0.4-300 mg</i>	NPB	
<i>wesnate dha oral capsule 28-1-200 mg</i>	NPB	
<i>westab plus oral tablet 27-1 mg</i>	NPB	
<i>westgel dha oral capsule 31-0.6-0.4-200 mg</i>	NPB	
<i>zalvit oral tablet 13-1 mg</i>	NPB	
<i>ziphex oral tablet 13-1 mg</i>	NPB	
VITAMINS - VITAMINS AND SUPPLEMENTS		
<i>active fe oral tablet 75-1.25 mg</i>	NPB	
<i>activite oral tablet 1 mg</i>	G	
<i>adelf (0.5mg/ml) oral solution 0.5 mg/ml</i>	G	
<i>folic acid-vit b6-vit b12 (Airavite Oral Tablet 2.5-25-1 Mg)</i>	G	
<i>b-6 folic acid oral capsule 8.333-100-1 mg</i>	NPB	
<i>biocel oral tablet</i>	G	
<i>bp vit 3 oral capsule 1 mg</i>	NPB	
<i>b-plex oral tablet</i>	G	
<i>b-plex plus oral tablet</i>	G	
CALCIFOL ORAL WAFER 1342-1.6 MG (<i>ca carb-fa-d-b6-b12-boron-mg</i>)	NPB	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	G	
<i>calcitriol oral solution 1 mcg/ml</i>	G	
CENFOL ORAL TABLET 2.3-24.5-2 MG (<i>folic acid-vit b6-vit b12</i>)	NPB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
CIFEREX ORAL CAPSULE 1-3775 MG-UNIT (<i>folic acid-cholecalciferol</i>)	NPB	
CORVITE 150 ORAL TABLET (<i>iron combinations</i>)	NPB	
<i>corvite fe oral tablet</i>	NPB	
<i>cvs folic acid oral tablet 800 mcg</i>	CE	
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	G	
<i>b complex-c-folic acid</i> (Dexifol Oral Tablet 5 Mg)	G	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	G	
DRISDOL ORAL CAPSULE 1.25 MG (50000 UT) (<i>ergocalciferol</i>)	NPB	
ELFOLATE PLUS ORAL TABLET 3-35-2 MG (<i>l-methylfolate-b6-b12</i>)	NPB	
<i>ergocalciferol oral capsule 1.25 mg (50000 ut)</i>	G	
FA-8 ORAL CAPSULE 0.8 MG (<i>folic acid</i>)	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>ferotrinsic 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 TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>ped multiple vit-minerals-fl</i>)	NPB	
FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML (<i>pediatric multivitamins-fl</i>)	NPB	
<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	
<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>)	NPB	
<i>folite oral tablet</i>	NPB	
<i>folplex 2.2 oral tablet 2.2-25-0.5 mg</i>	G	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>foltrin oral capsule</i>	G	
<i>folic acid-cholecalciferol (Folvite-D Oral Tablet 1-3775 Mg-Unit)</i>	G	
FUSION PLUS ORAL CAPSULE (<i>iron-fa-b cmp-c-biot-probiotic</i>)	NPB	
GENICIN VITA-Q ORAL TABLET (<i>multiple vitamin</i>)	NPB	
<i>b complex-c-folic acid (Genicin Vita-S Oral Tablet 1 Mg)</i>	G	
<i>gnp folic acid oral tablet 400 mcg</i>	CE	
<i>hematinic plus vit/minerals oral tablet 106-1 mg</i>	G	
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>	G	
<i>iron polysacch cmplx-b12-fa (Iferec 150 Forte Oral Capsule 150-25-1 Mg-Mcg-Mg)</i>	G	
INFUVITE ADULT INTRAVENOUS INJECTABLE (<i>multiple vitamin</i>)	NPB	
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION (<i>pediatric multiple vitamins</i>)	NPB	
INTEGRA PLUS ORAL CAPSULE (<i>fefum-fepoly-fa-b cmp-c-biot</i>)	NPB	
<i>fefum-fepo-fa-b cmp-c-zn-mn-cu (K-Tan Plus Oral Capsule 162-115.2-1 Mg)</i>	G	
<i>l-methylfolate-b6-b12 oral tablet 3-35-2 mg</i>	NPB	
<i>lormate oral capsule</i>	NPB	
<i>multiple vitamins-minerals (Lysiplex Plus Oral Tablet)</i>	G	
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>multi-vit/iron/fluoride oral solution 0.25-10 mg/ml</i>	G	
<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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<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	
<i>b complex-c-folic acid (Nephronex Oral Tablet)</i>	G	
NICADAN ORAL TABLET (<i>multiple vitamins-minerals</i>)	NPB	
NICAZEL FORTE ORAL TABLET (<i>multiple vitamins-minerals</i>)	NPB	
NICAZEL ORAL TABLET (<i>multiple vitamins-minerals</i>)	NPB	
NICOMIDE ORAL TABLET 750-27-2-0.5 MG (<i>niacinamide-zn-cu-methfo-se-cr</i>)	NPB	
<i>nicotinamide oral tablet 750-27-2-0.5 mg</i>	NPB	
<i>folic acid-vit b6-vit b12 (Nufol Oral Tablet 2.5-25-1 Mg)</i>	G	
NUTRICAP ORAL TABLET (<i>multiple vitamins-minerals</i>)	NPB	
<i>multiple vitamins-minerals (Nutrifac Zx Oral Tablet)</i>	G	
<i>onevite oral tablet</i>	NPB	
<i>ortho df oral capsule 1-3775 mg-unit</i>	NPB	
<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>)	NPB	
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>)	NPB	
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML (<i>ped multivitamins-fl-iron</i>)	NPB	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG (<i>ped multivitamins-fl-iron</i>)	NPB	
<i>pro-critic oral packet</i>	NPB	
PROLEEVA ORAL CAPSULE (<i>dietary management product</i>)	NPB	
<i>px folic acid oral tablet 400 mcg</i>	CE	
<i>pyridoxine hcl injection solution 100 mg/ml</i>	G	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG (<i>multi vit-min-fluoride-fe-fa</i>)	NPB	
QUFLORA FE PEDIATRIC ORAL LIQUID 0.25-9.5 MG/ML (<i>ped multivitamins-fl-iron</i>)	NPB	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML (<i>pediatric multivitamins-fl</i>)	NPB	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>)	NPB	
<i>ra folic acid oral tablet 400 mcg</i>	CE	
REMEDIENT ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	NPB	
<i>reno caps oral capsule 1 mg</i>	G	
RHEUMATE ORAL CAPSULE (<i>dietary management product</i>)	NPB	
<i>sm folic acid oral tablet 400 mcg</i>	CE	
STROVITE FORTE ORAL SYRUP (<i>multiple vitamins- minerals</i>)	NPB	
TALIVA ORAL CAPSULE 1 MG (<i>fa-b6-b12-omega 3- phytosterols</i>)	NPB	
<i>fe fumarate-b12-vit c-fa-ifc</i> (Tricon Oral Capsule)	G	
<i>tri-vitelfluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	G	
<i>tronvite oral tablet 1 mg</i>	G	
UDAMIN SP ORAL TABLET (<i>multiple vitamins-minerals</i>)	NPB	
<i>v-c forte oral capsule</i>	G	
<i>multiple vitamins-minerals</i> (Vic-Forte Oral Capsule)	G	
<i>virt-caps oral capsule 1 mg</i>	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	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	G	
<i>vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml</i>	G	
<i>vita-min oral capsule</i>	G	
<i>vitamins acd-fluoride oral solution 0.25 mg/ml</i>	G	
<i>vitasure oral tablet 1 mg</i>	G	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>westab max oral tablet 2.5-25-2 mg</i>	G	
<i>yl folic acid oral tablet 400 mcg</i>	CE	
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS		
ANTIALLERGENICS - DRUGS TO TREAT ALLERGIES		
ALOCRILOPHthalmic SOLUTION 2 % (<i>nedocromil sodium</i>)	NPB	
ALOMIDOPHthalmic 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>)	NPB	
<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	
ZERVIAEOPHthalmic SOLUTION 0.24 % (<i>cetirizine hcl</i>)	PB	
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>)	NPB	
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	G	
BETIMOL OPHthalmic SOLUTION 0.25 %, 0.5 % (<i>timolol hemihydrate</i>)	PB	
BETOPTIC-S OPHthalmic SUSPENSION 0.25 % (<i>betaxolol hcl</i>)	PB	
<i>bimatoprost ophthalmic solution 0.03 %</i>	G	
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	G	
<i>brimonidine-dorzolamide ophthalmic solution 0.15-2 %</i>	NPB	
<i>brinzolamide ophthalmic suspension 1 %</i>	G	
<i>carteolol hcl ophthalmic solution 1 %</i>	G	
COMBIGAN OPHthalmic SOLUTION 0.2-0.5 % (<i>brimonidine tartrate-timolol</i>)	NPB	
COSOPT OPHthalmic SOLUTION 2-0.5 % (<i>dorzolamide hcl-timolol mal</i>)	NPB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>dorzolamide hcl ophthalmic solution 2 %</i>	NPB	
<i>dorzolamide hcl solution 2 % ophthalmic</i>	NPB	
<i>dorzolamide hcl solution 2 % ophthalmic</i>	G	
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	NPB	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	G	
IOPIDINE OPHTHALMIC SOLUTION 1 % (<i>apraclonidine hcl</i>)	NPB	
<i>latanoprost ophthalmic solution 0.005 %</i>	NPB	
<i>latanoprost-timolol maleate ophthalmic solution 0.005-0.5 %</i>	NPB	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	G	
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (<i>bimatoprost</i>)	PB	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	G	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 % (<i>netarsudil dimesylate</i>)	PB	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (<i>netarsudil-latanoprost</i>)	NPB	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (<i>brinzolamide-brimonidine</i>)	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	
<i>timolol-brimon-dorzol-latanopr ophthalmic solution 0.5-0.15-2 - 0.005%</i>	NPB	
<i>timolol-brimonidine-dorzolamid ophthalmic solution 0.5-0.15-2 %</i>	NPB	
<i>timolol-dorzolamid-latanoprost ophthalmic solution 0.5-0.15-0.005 %</i>	NPB	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 % (<i>timolol maleate</i>)	NPB	
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 % (<i>travoprost</i>)	NPB	
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	G	
VYZULTA OPHTHALMIC SOLUTION 0.024 % (<i>latanoprostene bunod</i>)	NPB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
XALATAN OPHTHALMIC SOLUTION 0.005 % (latanoprost)	NPB	
XELPROS OPHTHALMIC EMULSION 0.005 % (latanoprost)	NPB	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % (tafluprost)	PB	
ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	G	
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 (neomycin-polymyxin-dexameth)	NPB	
<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 (Neo-Polycin Hc Ophthalmic Ointment 1 %)</i>	G	
<i>prednisol ace-moxiflox-bromfen ophthalmic suspension 1-0.5-0.075 %</i>	NPB	
<i>prednisolone acetate-nepafenac ophthalmic suspension 1-0.1 %</i>	NPB	
<i>prednisolone acet-moxifloxacin ophthalmic suspension 1-0.5 %</i>	NPB	
<i>prednisolone-moxifloxacin ophthalmic solution 1-0.5 %</i>	NPB	
<i>prednisolon-moxiflox-bromfenac ophthalmic solution 1-0.5-0.075 %</i>	NPB	
<i>prednisolon-moxiflox-nepafenac ophthalmic suspension 1-0.5-0.1 %</i>	NPB	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	G	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (tobramycin-dexamethasone)	PB	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (tobramycin-dexamethasone)	PB	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	G	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (loteprednol-tobramycin)	NPB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
AZASITE OPHTHALMIC SOLUTION 1 % (<i>azithromycin</i>)	NPB	
<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>)	PB	
CILOXAN OPHTHALMIC OINTMENT 0.3 % (<i>ciprofloxacin hcl</i>)	PB	
<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>)	NPB	
MITOSOL OPHTHALMIC KIT 0.2 MG (<i>mitomycin</i>)	NPB	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	G	
<i>moxifloxacin hcl-bss intravitreal solution 1 mg/ml</i>	NPB	
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	
<i>bacitracin-polymyxin b (Polycin Ophthalmic Ointment 500-10000 Unit/Gm)</i>	G	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	G	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	G	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	G	
<i>tobramycin ophthalmic solution 0.3 %</i>	G	
TOBREX OPHTHALMIC OINTMENT 0.3 % (<i>tobramycin</i>)	NPB	
<i>trifluridine ophthalmic solution 1 %</i>	G	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

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

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
LOTEMAX SM OPHTHALMIC GEL 0.38 % (<i>loteprednol etabonate</i>)	NPB	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	G	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % (<i>dexamethasone</i>)	PB	
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (<i>nepafenac</i>)	PB	
OZURDEX INTRAVITREAL IMPLANT 0.7 MG (<i>dexamethasone</i>)	NPSP	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (<i>prednisolone acetate</i>)	PB	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	G	
<i>prednisolone acetate p-f ophthalmic suspension 1 %</i>	NPB	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	NPB	
PROLENSA OPHTHALMIC SOLUTION 0.07 % (<i>bromfenac sodium</i>)	NPB	
DRY EYE DISEASE		
CEQUA OPHTHALMIC SOLUTION 0.09 % (<i>cyclosporine</i>)	NPB	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	PB	
RESTASIS OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	G	
XIIDRA OPHTHALMIC SOLUTION 5 % (<i>lifitegrast</i>)	PB	
MISCELLANEOUS		
AKTEN OPHTHALMIC GEL 3.5 % (<i>lidocaine hcl</i>)	NPB	
<i>tetracaine hcl</i> (Altacaine Ophthalmic Solution 0.5 %)	G	
<i>phenylephrine hcl</i> (Altafrin Ophthalmic Solution 10 %, 2.5 %)	G	
<i>atropine sulfate ophthalmic ointment 1 %</i>	G	
<i>atropine sulfate ophthalmic solution 0.01 %, 1 %</i>	NPB	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	G	
CYSTADROPS OPHTHALMIC SOLUTION 0.37 % (<i>cysteamine hcl</i>)	NF	
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (<i>cysteamine hcl</i>)	NPSP	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 % (<i>atropine sulfate</i>)	NPB	
LACRISERT OPHTHALMIC INSERT 5 MG (<i>artificial tear insert</i>)	NPB	
OXERVATE OPHTHALMIC SOLUTION 0.002 % (<i>cenegermin-bkbj</i>)	NPSP	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	G	
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	G	
<i>tetracaine hcl ophthalmic solution 0.5 %</i>	G	
<i>tropicamide ophthalmic solution 0.5 %, 1 %</i>	G	
TYRVAYA NASAL SOLUTION 0.03 MG/ACT (<i>varenicline tartrate</i>)	NPB	
VERKAZIA OPHTHALMIC EMULSION 0.1 % (<i>cyclosporine</i>)	NPB	
RETINAL DISORDERS		
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05ML (<i>ranibizumab-nuna</i>)	NF	
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML (<i>aflibercept</i>)	PSP	
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML (<i>aflibercept</i>)	PSP	
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML (<i>ranibizumab</i>)	PSP	
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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS		
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (<i>alpha1-proteinase inhibitor</i>)	PSP	
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 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>)	PB	
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (<i>alpha1-proteinase inhibitor</i>)	NF	
ANAPHYLAXIS TREATMENT AGENTS		
ADRENALIN INJECTION SOLUTION 1 MG/ML, 30 MG/30ML (<i>epinephrine</i>)	NPB	
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, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	G	
<i>epinephrine professional injection kit 1 mg/ml</i>	NPB	
EPINEPHRINESNAP-EMS INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	NPB	
EPINEPHRINESNAP-V INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	NPB	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML (<i>epinephrine</i>)	NPB	
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (<i>umeclidinium-vilanterol</i>)	PB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (<i>glycopyrrolate-formoterol</i>)	PB	
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (<i>budeson-glycopyrrol-formoterol</i>)	PB	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (<i>ipratropium-albuterol</i>)	NPB	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcglact, 232-14 mcglact, 55-14 mcglact</i>	G	
<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	
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>)	PB	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT (<i>umeclidinium bromide</i>)	PB	
<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>)	NPB	PA
YUPELRI INHALATION SOLUTION 175 MCG/3ML (<i>revefenacin</i>)	PB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
ANTIHISTAMINE COMBINATIONS		
<i>azelastine-fluticasone nasal suspension 137-50 mcg/lact</i>	G	
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (<i>azelastine-fluticasone</i>)	NPB	
ANTIHISTAMINES - 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>	NPB	
<i>cetirizine hcl oral solution 1 mg/ml</i>	G	
CLARINEX ORAL TABLET 5 MG (<i>desloratadine</i>)	NPB	
<i>clemastine fumarate oral tablet 2.68 mg</i>	G	
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	G	
<i>cyproheptadine 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	
PATANASE NASAL SOLUTION 0.6 % (<i>olopatadine hcl</i>)	NPB	
RYCLORA ORAL SOLUTION 2 MG/5ML (<i>dexchlorpheniramine maleate</i>)	G	
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>	G	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<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 oral syrup 2 mg/5ml</i>	G	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	G	
<i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>	NPB	
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML (arformoterol tartrate)	NPB	
<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/act</i>	G	
PERFORMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (formoterol fumarate)	NPB	
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (albuterol sulfate)	NPB	
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (albuterol sulfate)	NPB	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (salmeterol xinafoate)	PB	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (olodaterol hcl)	PB	
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	G	
COLD/COUGH		
ADRENALIN NASAL SOLUTION 0.1 % (epinephrine hcl (nasal))	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 (desloratadine- pseudoephedrine)	NPB	
<i>g tussin ac oral solution 100-10 mg/5ml</i>	G	
GILPHEX TR ORAL TABLET 10-388 MG (phenylephrine- guaifenesin)	NPB	
<i>guaifenesin ac oral syrup 100-10 mg/5ml</i>	G	
<i>guaifenesin-codeine oral solution 100-10 mg/5ml</i>	G	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<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	
<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	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (<i>chlorpheniramine-codeine</i>)	NPB	
<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, 25 MG, 5.8 MG (<i>ivacaftor</i>)	NPSP	
KALYDECO ORAL PACKET 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, 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>)	NPSP	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
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	
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG (<i>elxacaftor-tezacaftor-ivacaft</i>)	NPSP	
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG (<i>elxacaftor-tezacaftor-ivacaft</i>)	NPSP	
LEUKOTRIENE MODIFIERS		
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	G	
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>)	NPB	
SINGULAIR ORAL TABLET 10 MG (<i>montelukast sodium</i>)	NPB	
SINGULAIR ORAL TABLET CHEWABLE 4 MG, 5 MG (<i>montelukast sodium</i>)	NPB	
<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>)	NPB	
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 % (<i>sodium chloride</i>)	NPB	
<i>sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %</i>	G	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
BECONASE AQ NASAL SUSPENSION 42 MCG/SPRAY (<i>beclomethasone diprop monohyd</i>)	NPB	
<i>flunisolide nasal solution 25 mcglact (0.025%)</i>	G	
<i>fluticasone propionate nasal suspension 50 mcglact</i>	G	
<i>mometasone furoate nasal suspension 50 mcglact</i>	G	
OMNARIS NASAL SUSPENSION 50 MCG/ACT (<i>ciclesonide</i>)	NPB	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	NPB	
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	NPB	
SINUVA NASAL IMPLANT 1350 MCG (<i>mometasone furoate</i>)	NPB	
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT (<i>fluticasone propionate</i>)	NPB	
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT (<i>ciclesonide</i>)	NPB	
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		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML (<i>benralizumab</i>)	PSP	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>mepolizumab</i>)	PSP	
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 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>tezepelumab-ekko</i>)	PSP	
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML (<i>omalizumab</i>)	PSP	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
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>)	NPB	PA
ARMONAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113 MCG/ACT, 232 MCG/ACT, 55 MCG/ACT (<i>fluticasone propionate (sensor)</i>)	NPB	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (<i>fluticasone furoate</i>)	PB	
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (<i>mometasone furoate</i>)	NPB	PA
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (<i>mometasone furoate</i>)	NPB	PA
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT (<i>mometasone furoate</i>)	NPB	PA
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (<i>mometasone furoate</i>)	NPB	PA
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (<i>mometasone furoate</i>)	NPB	PA
<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>)	PB	
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT (<i>fluticasone propionate hfa</i>)	PB	
<i>fluticasone propionate hfa inhalation aerosol 110 mcglact, 220 mcglact, 44 mcglact</i>	NPB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
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>)	NPB	PA
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (<i>beclomethasone diprop hfa</i>)	PB	
STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT (<i>fluticasone-salmeterol</i>)	PB	
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (<i>fluticasone-salmeterol</i>)	PB	
AIRDUO DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT (<i>fluticasone-salmeterol(sensor)</i>)	NPB	
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (<i>albuterol-budesonide</i>)	PB	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH (<i>fluticasone furoate-vilanterol</i>)	PB	
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 mcg/lact, 200-25 mcg/lact</i>	NPB	
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (<i>budesonide-formoterol fumarate</i>)	PB	
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>)	NPB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	G	
<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>)	NPB	
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG (<i>isotretinoin</i>)	PB	
ACANYA EXTERNAL GEL 1.2-2.5 % (<i>clindamycin phos-benzoyl perox</i>)	NPB	
ACZONE EXTERNAL GEL 5 %, 7.5 % (<i>dapsone</i>)	NPB	
<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>	G	
<i>adapalene external solution 0.1 %</i>	NPB	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	G	
<i>adapalene-benzoyl peroxide external pad 0.1-2.5 %</i>	NPB	
AKLIEF EXTERNAL CREAM 0.005 % (<i>trifarotene</i>)	PB	
ALTRENO EXTERNAL LOTION 0.05 % (<i>tretinoin</i>)	NPB	
<i>isotretinoin (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)</i>	G	
AMZEEQ EXTERNAL FOAM 4 % (<i>minocycline hcl micronized</i>)	NPB	
ARAZLO EXTERNAL LOTION 0.045 % (<i>tazarotene</i>)	PB	
<i>tretinoin (Avita External Cream 0.025 %)</i>	G	
AZELEX EXTERNAL CREAM 20 % (<i>azelaic acid</i>)	NPB	
BENZEPRO EXTERNAL 5.8 % (<i>benzoyl peroxide</i>)	NPB	
BENZEPRO EXTERNAL FOAM 5.2 %, 9.7 % (<i>benzoyl peroxide</i>)	NPB	
<i>benzoyl peroxide (Benzepro External Foam 5.3 %)</i>	G	
BENZEPRO EXTERNAL LIQUID 6.8 % (<i>benzoyl peroxide</i>)	NPB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>benzoyl perox-hydrocortisone external lotion 5-0.5 %</i>	G	
<i>benzoyl peroxide external foam 9.8 %</i>	G	
<i>benzoyl peroxide external gel 6.5 %</i>	NPB	
<i>benzoyl peroxide forte- hc external lotion 7.5-1 %</i>	NPB	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	G	
<i>bp wash external liquid 2.5 %</i>	G	
<i>isotretinoin (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)</i>	G	
<i>clindamycin phosphate (Clindacin Etz External Swab 1 %)</i>	G	
<i>clindamycin phosphate (Clindacin-P External Swab 1 %)</i>	G	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	G	
<i>clindamycin phosphate external foam 1 %</i>	G	
<i>clindamycin phosphate external gel 1 %</i>	G	
<i>clindamycin phosphate external lotion 1 %</i>	G	
<i>clindamycin phosphate external solution 1 %</i>	G	
<i>clindamycin phosphate external swab 1 %</i>	G	
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	G	
<i>dapsone external gel 5 %</i>	G	
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (adapalene-benzoyl peroxide)	PB	
<i>ery external pad 2 %</i>	G	
<i>erythromycin external gel 2 %</i>	G	
<i>erythromycin external solution 2 %</i>	G	
FABIOR EXTERNAL FOAM 0.1 % (tazarotene)	NPB	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	G	
<i>clindamycin-benzoyl per (refr) (Neuac External Gel 1.2-5 %)</i>	G	
ONEXTON EXTERNAL GEL 1.2-3.75 % (clindamycin phos-benzoyl perox)	NPB	
PR BENZOYL PEROXIDE EXTERNAL LIQUID 6.9 % (benzoyl peroxide)	NPB	
PR BENZOYL PEROXIDE WASH EXTERNAL LIQUID 7 % (benzoyl peroxide)	G	
<i>resorcinol-sulfur external lotion 2-5 %</i>	G	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 % (<i>tretinoin microsphere</i>)	NPB	
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.06 %, 0.08 %, 0.1 % (<i>tretinoin microsphere</i>)	NPB	
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	G	
<i>sulfacetamide sodium-sulfur external pad 10-4 %</i>	G	
<i>sulfamez wash external emulsion 10-1 %</i>	G	
<i>tazarotene external foam 0.1 %</i>	NPB	
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	G	
<i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i>	G	
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	G	
<i>tretinoin microsphere pump external gel 0.04 %</i>	G	
TWYNEO EXTERNAL CREAM 0.1-3 % (<i>tretinoin-benzoyl peroxide</i>)	PB	
VELTIN EXTERNAL GEL 1.2-0.025 % (<i>clindamycin-tretinoin</i>)	NPB	
WINLEVI EXTERNAL CREAM 1 % (<i>clascoterone</i>)	PB	
<i>zaclir cleansing external lotion 8 %</i>	NPB	
<i>isotretinoin (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)</i>	G	
ZIANA EXTERNAL GEL 1.2-0.025 % (<i>clindamycin-tretinoin</i>)	NPB	
DERMATOLOGY, ACTINIC KERATOSIS		
<i>fluorouracil external cream 0.5 %, 5 %</i>	G	
<i>fluorouracil external solution 2 %, 5 %</i>	G	
<i>imiquimod external cream 5 %</i>	G	
<i>imiquimod pump external cream 3.75 %</i>	G	
KLISYRI EXTERNAL OINTMENT 1 % (<i>tirbanibulin</i>)	NPB	
TOLAK EXTERNAL CREAM 4 % (<i>fluorouracil</i>)	NPB	
ZYCLARA EXTERNAL CREAM 3.75 % (<i>imiquimod</i>)	PB	
ZYCLARA PUMP EXTERNAL CREAM 2.5 % (<i>imiquimod</i>)	PB	
DERMATOLOGY, ANTIBIOTICS		
ALTABAX EXTERNAL OINTMENT 1 % (<i>retapamulin</i>)	NPB	
<i>gentamicin sulfate external cream 0.1 %</i>	G	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>gentamicin sulfate external ointment 0.1 %</i>	G	
<i>mafenide acetate external packet 5 %</i>	G	
<i>mupirocin calcium external cream 2 %</i>	G	
<i>mupirocin external ointment 2 %</i>	G	
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % (<i>neomycin-fluocinolone</i>)	NPB	
<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	
<i>econazole nitrate external cream 1 %</i>	G	
ECOZA EXTERNAL FOAM 1 % (<i>econazole nitrate</i>)	NPB	
ERTACZO EXTERNAL CREAM 2 % (<i>sertaconazole nitrate</i>)	NPB	
EXELDERM EXTERNAL CREAM 1 % (<i>sulconazole nitrate</i>)	NPB	
EXELDERM EXTERNAL SOLUTION 1 % (<i>sulconazole nitrate</i>)	NPB	
<i>fungimez external solution</i>	NPB	
JUBLIA EXTERNAL SOLUTION 10 % (<i>efinaconazole</i>)	NPB	
KERYDIN EXTERNAL SOLUTION 5 % (<i>tavaborole</i>)	NPB	
<i>ketoconazole external cream 2 %</i>	G	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>ketoconazole external foam 2 %</i>	G	
<i>luliconazole external cream 1 %</i>	G	
<i>miconazole-zinc oxide-petrolat external ointment 0.25-15-81.35 %</i>	G	
<i>naftifine hcl external cream 1 %, 2 %</i>	G	
NAFTIN EXTERNAL GEL 1 %, 2 % (<i>naftifine hcl</i>)	PB	
<i>nystatin (Nyamyc External Powder 100000 Unit/Gm)</i>	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 (Nystop External Powder 100000 Unit/Gm)</i>	G	
<i>oxiconazole nitrate external cream 1 %</i>	G	
OXISTAT EXTERNAL LOTION 1 % (<i>oxiconazole nitrate</i>)	NPB	
RECURA EXTERNAL CREAM (<i>misc antifungal combo products</i>)	NPB	
<i>sulconazole nitrate external solution 1 %</i>	NPB	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (<i>miconazole-zinc oxide-petrolat</i>)	NPB	
DERMATOLOGY, ANTIPRURITIC		
<i>doxepin hcl external cream 5 %</i>	G	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	G	
<i>calcipotriene external cream 0.005 %</i>	G	
<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>	G	
<i>methoxsalen rapid oral capsule 10 mg</i>	G	
SORILUX EXTERNAL FOAM 0.005 % (<i>calcipotriene</i>)	NPB	
<i>tazarotene external cream 0.1 %</i>	G	
TAZORAC EXTERNAL CREAM 0.05 %, 0.1 % (<i>tazarotene</i>)	NPB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
TAZORAC EXTERNAL GEL 0.05 %, 0.1 % (<i>tazarotene</i>)	NPB	
VTAMA EXTERNAL CREAM 1 % (<i>tapinarof</i>)	PB	
WYNZORA EXTERNAL CREAM 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	NPB	
ZORYVE EXTERNAL CREAM 0.3 % (<i>roflumilast</i>)	PB	
DERMATOLOGY, ANTISEBORRHEICS		
<i>glycolic acid solution 70 %</i>	NPB	
<i>ketconazole external shampoo 2 %</i>	G	
<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	
DERMATOLOGY, CORTICOSTEROIDS		
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>)	NPB	
<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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>betamethasone dipropionate external ointment 0.05 %</i>	G	
<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	
<i>betamethasone valerate external ointment 0.1 %</i>	G	
BRYHALI EXTERNAL LOTION 0.01 % (halobetasol propionate)	PB	
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	G	
<i>calcipotriene-betameth diprop external suspension 0.005-0.064 %</i>	G	
CAPEX EXTERNAL SHAMPOO 0.01 % (fluocinolone acetonide)	PB	
<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>	G	
<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>	G	
<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	
<i>clobetasol propionate (Clodan External Shampoo 0.05 %)</i>	G	
CLODERM EXTERNAL CREAM 0.1 % (clocortolone pivalate)	NPB	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM (flurandrenolide)	NPB	
<i>desonide external cream 0.05 %</i>	G	
<i>desonide external lotion 0.05 %</i>	G	
<i>desonide external ointment 0.05 %</i>	G	
DESOWEN EXTERNAL CREAM 0.05 % (desonide)	NPB	
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	G	
<i>desoximetasone external gel 0.05 %</i>	G	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>desoximetasone external liquid 0.25 %</i>	G	
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	G	
<i>diflorasone diacetate external cream 0.05 %</i>	G	
<i>diflorasone diacetate external ointment 0.05 %</i>	G	
DIPROLENE EXTERNAL OINTMENT 0.05 % (<i>betamethasone dipropionate aug</i>)	NPB	
DUOBRII EXTERNAL LOTION 0.01-0.045 % (<i>halobetasol prop-tazarotene</i>)	PB	
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 %, 0.1 %</i>	G	
<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>	G	
<i>flurandrenolide external lotion 0.05 %</i>	G	
<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>	G	
<i>halobetasol propionate external cream 0.05 %</i>	G	
<i>halobetasol propionate external foam 0.05 %</i>	NPB	
<i>halobetasol propionate external ointment 0.05 %</i>	G	
HALOG EXTERNAL CREAM 0.1 % (<i>halcinonide</i>)	NPB	
HALOG EXTERNAL OINTMENT 0.1 % (<i>halcinonide</i>)	NPB	
HALOG EXTERNAL SOLUTION 0.1 % (<i>halcinonide</i>)	NPB	
<i>hydrocortisone butyr lipo base external cream 0.1 %</i>	G	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>hydrocortisone butyrate external cream 0.1 %</i>	G	
<i>hydrocortisone butyrate external lotion 0.1 %</i>	G	
<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>)	NPB	
LEXETTE EXTERNAL FOAM 0.05 % (<i>halobetasol propionate</i>)	NPB	
<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	
PANDEL EXTERNAL CREAM 0.1 % (<i>hydrocortisone probutate</i>)	NPB	
SERNIVO EXTERNAL EMULSION 0.05 % (<i>betamethasone dipropionate</i>)	NPB	
SYNALAR EXTERNAL SOLUTION 0.01 % (<i>fluocinolone acetonide</i>)	NPB	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	NPB	
TEXACORT EXTERNAL SOLUTION 2.5 % (<i>hydrocortisone</i>)	PB	
TOPICORT EXTERNAL CREAM 0.25 % (<i>desoximetasone</i>)	NPB	
TOPICORT EXTERNAL GEL 0.05 % (<i>desoximetasone</i>)	NPB	
TOPICORT EXTERNAL OINTMENT 0.25 % (<i>desoximetasone</i>)	NPB	
<i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>	G	
<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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>triamcinolone acetonide</i> (Triderm External Cream 0.5 %)	G	
ULTRAVATE EXTERNAL LOTION 0.05 % (<i>halobetasol propionate</i>)	NPB	
VERDESO EXTERNAL FOAM 0.05 % (<i>desonide</i>)	NPB	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine hcl</i> (7T Lido External Gel 2 %)	G	
ASTERO EXTERNAL GEL 4 % (<i>lidocaine hcl</i>)	NPB	
ELEMAR PATCH EXTERNAL KIT 5-6 % (<i>lidocaine-menthol</i>)	NPB	
<i>lidocaine hcl</i> (Glydo External Prefilled Syringe 2 %)	G	
LDO PLUS EXTERNAL GEL 4 % (<i>lidocaine hcl</i>)	NPB	
<i>lidocaine external ointment</i> 5 %	G	
<i>lidocaine external patch</i> 5 %	G	
<i>lidocaine hcl external solution</i> 4 %	G	
<i>lidocaine hcl urethral/mucosal external prefilled syringe</i> 2 %	G	
<i>lidocaine-prilocaine external cream</i> 2.5-2.5 %	G	
LIDODERM EXTERNAL PATCH 5 % (<i>lidocaine</i>)	PB	
PLIAGLIS EXTERNAL CREAM 7-7 % (<i>lidocaine-tetracaine</i>)	NPB	
QUTENZA (2 PATCH) EXTERNAL KIT 8 % (<i>capsaicin-cleansing gel</i>)	NPSP	
QUTENZA (4 PATCH) EXTERNAL KIT 8 % (<i>capsaicin-cleansing gel</i>)	NPSP	
QUTENZA EXTERNAL KIT 8 % (<i>capsaicin-cleansing gel</i>)	NPSP	
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
ACUICYN EXTERNAL SOLUTION (<i>eyelid cleansers</i>)	NPB	
<i>acyclovir external cream</i> 5 %	G	
<i>acyclovir external ointment</i> 5 %	G	
AMELUZ EXTERNAL GEL 10 % (<i>aminolevulinic acid hcl</i>)	NPB	
<i>ammonium lactate external cream</i> 12 %	G	
<i>ammonium lactate external lotion</i> 12 %	G	
AVENOVA EXTERNAL SOLUTION 0.01 % (<i>eyelid cleansers</i>)	NPB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>bensal hp external ointment 3 %</i>	NPB	
<i>cantharidin external solution 0.7 %</i>	NPB	
CONDYLOX EXTERNAL GEL 0.5 % (<i>podofilox</i>)	PB	
DENAVIR EXTERNAL CREAM 1 % (<i>penciclovir</i>)	NPB	
<i>diclofenac epolamine external patch 1.3 %</i>	G	
<i>diclofenac sodium external gel 1 %, 3 %</i>	G	
<i>diclofenac sodium external solution 1.5 %</i>	G	
ELIDEL EXTERNAL CREAM 1 % (<i>pimecrolimus</i>)	NPB	
EUCRISA EXTERNAL OINTMENT 2 % (<i>crisaborole</i>)	PB	
<i>iodine tincture external tincture 2 %</i>	NPB	
<i>lactic acid external lotion 10 %</i>	G	
PENNSAID EXTERNAL SOLUTION 2 % (<i>diclofenac sodium</i>)	NPB	
<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>salimez external cream 6 %</i>	NPB	
<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 hel (topical)</i>)	NPSP	
VENNGEL ONE EXTERNAL KIT 1 % (<i>diclofenac sodium</i>)	NPB	
VEREGEN EXTERNAL OINTMENT 15 % (<i>sinecatechins</i>)	NPB	
VOLTAREN EXTERNAL GEL 1 % (<i>diclofenac sodium</i>)	NPB	
XERAC AC EXTERNAL SOLUTION 6.25 % (<i>aluminum chloride in alcohol</i>)	NPB	
DERMATOLOGY, ROSACEA		
<i>azelaic acid external gel 15 %</i>	G	
EPSOLAY EXTERNAL CREAM 5 % (<i>benzoyl peroxide</i>)	NPB	
FINACEA EXTERNAL FOAM 15 % (<i>azelaic acid</i>)	PB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
FINACEA EXTERNAL GEL 15 % (<i>azelaic acid</i>)	NPB	
<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>)	NPB	
NORITATE EXTERNAL CREAM 1 % (<i>metronidazole</i>)	NPB	
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG (<i>doxycycline</i>)	PB	
RHOFADE EXTERNAL CREAM 1 % (<i>oxymetazoline hcl</i>)	PB	
SOOLANTRA EXTERNAL CREAM 1 % (<i>ivermectin</i>)	PB	
ZILXI EXTERNAL FOAM 1.5 % (<i>minocycline hcl micronized</i>)	NPB	
DERMATOLOGY, SCABICIDES AND PEDICULICIDES		
CROTAN EXTERNAL LOTION 10 % (<i>crotamiton</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	
<i>sodium chloride (gu irrigant) (Curity Sterile Saline Irrigation Solution 0.9 %)</i>	G	
<i>glycine irrigation solution 1.5 %</i>	G	
REGANEX EXTERNAL GEL 0.01 % (<i>becaplermin</i>)	NPB	
RENACIDIN IRRIGATION SOLUTION (<i>citric acid-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	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<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 acetonide (Oralene Mouth/Throat Paste 0.1 %)</i>	G	
ORAVIG BUCCAL TABLET 50 MG (miconazole)	NPB	
<i>chlorhexidine gluconate (Periogard Mouth/Throat Solution 0.12 %)</i>	G	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	G	
SALAGEN ORAL TABLET 5 MG, 7.5 MG (pilocarpine hcl)	PB	
<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 % (ciprofloxacin-hydrocortisone)	NPB	
<i>ciprofloxacin hcl otic solution 0.2 %</i>	G	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	G	
<i>ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %</i>	NPB	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (neomycin-colist-hc-thonzonium)	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 1 %, 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 % (ciprofloxacin-fluocinolone)	NPB	

2023 Pharmacy Drug Guide - Basic Control Plan with ACSF

The formulary is updated the first week of each month

*Not all prior authorization programs may be listed.

12/01/2023

Index

- 12-PANEL POC TOXICOLOGY SYSTEM.... 106
1st tier unifine pentips..... 106
1st tier unifine pentips plus..... 106
7T Lido..... 224
abacavir sulfate..... 24
abacavir sulfate-lamivudine..... 26
ABILIFY..... 63
ABILIFY MAINTENA..... 62
ABILIFY MYCITE MAINTENANCE KIT..... 63
ABILIFY MYCITE STARTER KIT..... 63
abiraterone acetate..... 35
ABOUTTIME PEN NEEDLE..... 106
ABSORICA..... 215
ABSORICA LD..... 215
acamprosate calcium..... 56
ACANYA..... 215
acarbose..... 84
ACCU-CHEK AVIVA PLUS..... 106
ACCU-CHEK FASTCLIX LANCET..... 106
ACCU-CHEK FASTCLIX LANCETS..... 106
ACCU-CHEK GUIDE. 106, 107
ACCU-CHEK GUIDE ME.. 107
ACCU-CHEK LINKASSIST..... 107
ACCU-CHEK PLASTIC CARTRIDGE..... 107
ACCU-CHEK SAFE-T PRO LANCETS..... 107
ACCU-CHEK SMARTVIEW..... 107
ACCU-CHEK SOFTCLIX LANCET DEV..... 107
ACCU-CHEK SOFTCLIX LANCETS..... 107
ACCU-CHEK TENDER I SET 24"..... 107
ACCU-CHEK TENDER I SET 31"..... 107
ACCU-CHEK ULTRAFLEX INF SET..... 107
ACCU-CHEK ULTRAFLEX-1 INF SET.... 107
ACCURETIC..... 43
ACCUTREND GLUCOSE.. 107
acebutolol hcl..... 49
acetaminophen-codeine..... 16
acetazolamide..... 52
acetazolamide er..... 52
acetic acid..... 226, 227
acetylcysteine..... 211
acitretin..... 219
ACTEMRA..... 176, 177
ACTEMRA ACTPEN..... 177
ACTHAR..... 154
acti-lance 28g..... 107
acti-lance lite lancets 28g..... 107
acti-lance special lancets 17g.. 107
acti-lance universal 23g..... 107
ACTIMMUNE..... 186
active fe..... 194
activite..... 194
ACUICYN..... 224
ACUVAIL..... 203
acyclovir..... 28, 224
ACZONE..... 215
adalimumab-adaz..... 177
adalimumab-adbm..... 177
adalimumab-fkjp..... 177
adapalene..... 215
adapalene-benzoyl peroxide... 215
ADASUVE..... 63
ADBRY..... 220
adclf (0.5mg/ml)..... 194
ADCIRCA..... 55
adefovir dipivoxil..... 28
ADEMPAS..... 55
ADIPEX-P..... 92
adjustable lancing device..... 107
ADLARITY..... 57
ADMELOG..... 86
ADMELOG SOLOSTAR..... 86
ADRENALIN..... 206, 209
ADV AIR DISKUS..... 214
ADV AIR HFA..... 214
ADVANCE INTUITION METER..... 107
ADVANCE INTUITION MONITOR..... 107
ADVANCE INTUITION TEST..... 107
ADVANCE MICRO-DRAW METER..... 107
ADVANCE MICRO-DRAW TEST..... 108
ADVATE..... 173
ADVOCATE BLOOD GLUCOSE MONITOR..... 108
ADVOCATE BLOOD GLUCOSE SYSTEM..... 108
ADVOCATE INSULIN PEN NEEDLES..... 108
ADVOCATE LANCETS 30G..... 108
ADVOCATE LANCING DEVICE..... 108
ADVOCATE RAPID-SAFE LANCING..... 108
ADVOCATE REDI-CODE.. 108
ADVOCATE REDI-CODE+ 108
ADVOCATE REDI-CODE+ TEST..... 108
ADVOCATE SAFETY LANCETS..... 108
ADVOCATE SAFETY LANCETS 26G..... 108
ADVOCATE TEST..... 108
adynovate..... 173
ADZENYS XR-ODT..... 70
AFINITOR..... 37
AFINITOR DISPERZ..... 37
Afirmelle..... 94
AFREZZA..... 86
AFSTYLA..... 173
AFTERA..... 94
AFTERPILL..... 94
AGAMATRIX AMP..... 108
AGAMATRIX AMP TEST.. 108
AGAMATRIX CONTROL LEVEL 2..... 108
AGAMATRIX CONTROL LEVEL 4..... 108
AGAMATRIX JAZZ TEST. 108
AGAMATRIX JAZZ WIRELESS 2..... 108
AGAMATRIX KEYNOTE TEST..... 109
AGAMATRIX PRESTO..... 109
AGAMATRIX PRESTO PRO METER..... 109

AGAMATRIX PRESTO TEST.....	109	ALTRENO.....	215	APEXICON E.....	220
AGAMATRIX ULTRA-THIN LANCETS.....	109	ALTUVIIIIO.....	173	APIDRA.....	86
AIMOVIG.....	73	ALUNBRIG.....	37	APIDRA SOLOSTAR.....	87
<i>aimSCO twist lancets 32g</i>	109	ALVESCO.....	213	APLENZIN.....	58
AIMSCO TWIST LANCETS 33G.....	109	<i>alyacen 1/35</i>	94	APOKYN.....	60
Airavite.....	194	<i>alyacen 7/7/7</i>	94	<i>apo-varenicline</i>	80
AIRDUO DIGIHALER.....	214	Alyq.....	55	<i>apraclonidine hcl</i>	199
AIRSUPRA.....	214	Amabelz.....	148	<i>aprepitant</i>	159
AJOVY.....	73	<i>amantadine hcl</i>	60	Apri.....	95
AKLIEF.....	215	<i>ambrisentan</i>	55	APRISO.....	161
AKTEN.....	204	<i>amcinonide</i>	220	APTENSIO XR.....	70
AKYNZEO.....	159	AMELUZ.....	224	APTIOM.....	65
ALA SCALP.....	220	Amethia.....	94	APTIVUS.....	24
<i>ala-cort</i>	220	Amethyst.....	95	AQUALANCE LANCETS 30G.....	109
<i>albendazole</i>	22	<i>amiloride hcl</i>	52	ARAKODA.....	24
<i>albuterol sulfate</i>	209	<i>amiloride-hydrochlorothiazide</i> ..	52	ARALAST NP.....	206
<i>albuterol sulfate hfa</i>	208	<i>aminocaproic acid</i>	175	Aranelle.....	95
<i>alclometasone dipropionate</i>	220	<i>amiodarone hcl</i>	45	ARANESP (ALBUMIN FREE).....	170, 171
ALECENSA.....	37	AMITIZA.....	162	ARAZLO.....	215
<i>alendronate sodium</i>	93	<i>amitriptyline hcl</i>	58	ARCALYST.....	186
<i>alfuzosin hcl er</i>	165	AMJEVITA.....	177, 178	<i>arformoterol tartrate</i>	209
ALINIA.....	31	<i>amlodipine besy-benazepril hcl</i> ..	43	Argyle Sterile Saline.....	226
<i>aliskiren fumarate</i>	52	<i>amlodipine besylate</i>	51	Argyle Sterile Water.....	205
<i>allopurinol</i>	13	<i>amlodipine besylate-valsartan</i> ...	44	ARIKAYCE.....	23
ALLZITAL.....	14	<i>amlodipine atorvastatin</i>	50	<i>aripiprazole</i>	63
<i>almotriptan malate</i>	73	<i>amlodipine-olmesartan</i>	44	ARISTADA.....	63
ALOCRIL.....	199	<i>ammonium lactate</i>	224	ARISTADA INITIO.....	63
<i>alogliptin benzoate</i>	84	Amnesteem.....	215	<i>armodafinil</i>	79
<i>alogliptin-metformin hcl</i>	85	<i>amoxapine</i>	58	ARMONAIR DIGIHALER.....	213
<i>alogliptin-pioglitazone</i>	85	<i>amoxicill-clarithro-lansopraz</i> ..	165	ARMOUR THYROID.....	157
ALOMIDE.....	199	<i>amoxicillin</i>	32	ARNUITY ELLIPTA.....	213
ALORA.....	148	<i>amoxicillin-pot clavulanate</i>	33	ASCENIV.....	185
<i>alosetron hcl</i>	162	<i>amoxicillin-pot clavulanate er</i> ...	32	Ascomp-Codeine.....	16
ALPHAGAN P.....	199	<i>amphetamine sulfate</i>	70	Ashlyna.....	95
ALPHANATE.....	170	<i>amphetamine-dextroamphet er</i> ..	70	ASMANEX (120 METERED DOSES).....	213
ALPHANINE SD.....	174	<i>amphetamine-dextroamphetamine</i>	70	ASMANEX (14 METERED DOSES).....	213
<i>alprazolam</i>	57	<i>ampicillin</i>	33	ASMANEX (30 METERED DOSES).....	213
<i>alprazolam er</i>	56	AMPYRA.....	76	ASMANEX (60 METERED DOSES).....	213
ALPRAZOLAM INTENSOL.....	57	AMZEEQ.....	215	ASMANEX HFA.....	213
<i>alprazolam xr</i>	57	<i>anagrelide hcl</i>	175	<i>aspirin</i>	20
ALPROLIX.....	174	<i>anastrozole</i>	35	<i>aspirin adult low dose</i>	20
ALREX.....	203	ANDRODERM.....	83	<i>aspirin low dose</i>	20
ALTABAX.....	217	ANGELIQ.....	148	<i>aspirin regimen</i>	20
Altacaine.....	204	ANNOVERA.....	95	<i>aspirin-dipyridamole er</i>	176
Altafrin.....	204	ANORO ELLIPTA.....	206		
Altavera.....	94	ANTIVERT.....	159		
ALTOPREV.....	47	ANZEMET.....	159		
		APADAZ.....	16		
		<i>apap-caff-dihydrocodeine</i>	16		

ASPIR-LOW.....	20	AUSTEDO.....	75	<i>bacitra-neomycin-polymyxin-</i>	
ASSURE 3 METER.....	109	AUSTEDO XR.....	75	<i>hc</i>	201
ASSURE 3 TEST.....	109	AUSTEDO XR PATIENT		<i>baclofen</i>	78
ASSURE 4 METER.....	109	TITRATION.....	75	BACTRIM.....	23
ASSURE 4 TEST.....	109	AUTO-LANCET.....	110	BACTRIM DS.....	23
<i>assure comfort lancets 28g</i>	109	AUTO-LANCET MINI.....	110	BAFIERTAM.....	76
ASSURE ID INSULIN		AUTOLET II CLINISAFE..	110	BALCOLTRA.....	95
SAFETY SYR.....	109	AUTOLET LANCING		<i>balsalazide disodium</i>	161
ASSURE II.....	109	DEVICE.....	110	BALVERSA.....	37
ASSURE II CHECK.....	109	AUTOLET LITE		Balziva.....	95
ASSURE PLATINUM.....	109	CLINISAFE.....	110	BANZEL.....	65
ASSURE PLATINUM		AUTOLET LITE STARTER		BAQSIMI ONE PACK.....	152
METER.....	109	PACK.....	110	BAQSIMI TWO PACK.....	152
ASSURE PRISM MULTI		AUTOLET MINI.....	110	BARACLUDGE.....	28
METER.....	109	AUTOLET PLATFORMS..	110	BASAGLAR KWIKPEN.....	87
ASSURE PRISM MULTI		AUTOLET PLUS.....	110	BAXDELA.....	30
TEST.....	109	AUTOSOFT 30 INFUSION		BAYER ASPIRIN EC LOW	
ASSURE PRO BLOOD		SET.....	110	DOSE.....	20
GLUCOSE METER.....	109	AUTOSOFT 90 INFUSION		BAYER LOW DOSE.....	20
ASSURE PRO TEST.....	109	SET.....	110	BD AUTOSHIELD DUO... ..	110
ASTAGRAF XL.....	186	AUTOSOFT XC INFUSION		BD INSULIN SYRINGE....	110
ASTERO.....	224	SET.....	110	BD INSULIN SYRINGE	
ATABEX EC.....	189	AUVI-Q.....	206	MICROFINE.....	110
ATABEX OB.....	189	AVENOVA.....	224	BD INSULIN SYRINGE	
<i>atazanavir sulfate</i>	24	Aviane.....	95	U/F.....	110
<i>atenolol</i>	49	<i>avidoxy</i>	33	BD INSULIN SYRINGE U-	
<i>atenolol-chlorthalidone</i>	49	Avita.....	215	500.....	110
ATIVAN.....	57	AVONEX PEN.....	76	BD INSULIN SYRINGE	
<i>atomoxetine hcl</i>	70	AVONEX PREFILLED.....	76	ULTRAFINE.....	111
<i>atorvastatin calcium</i>	47	AVSOLA.....	177	BD LATITUDE DIABETES	111
<i>atovaquone</i>	31	Ayuna.....	95	BD LOGIC BLOOD	
<i>atovaquone-proguanil hcl</i>	24	AYVAKIT.....	37	GLUCOSE MONITOR.....	111
ATRIPLA.....	26	Azasan.....	186	BD MICROTAINER	
<i>atropine sulfate</i>	204	AZASITE.....	202	LANCETS.....	111
ATROVENT HFA.....	207	<i>azathioprine</i>	186	BD PEN NEEDLE MICRO	
AUBAGIO.....	76	<i>azelaic acid</i>	225	U/F.....	111
Aubra Eq.....	95	<i>azelastine hcl</i>	199, 208	BD PEN NEEDLE MINI	
<i>aum mini insulin pen needle</i>	109	<i>azelastine-fluticasone</i>	208	U/F.....	111
AUM READYGARD DUO		AZELEX.....	215	BD PEN NEEDLE NANO	
PEN NEEDLE.....	110	<i>azesco</i>	189	2ND GEN.....	111
AUM SAFETY PEN		<i>azithromycin</i>	29	BD PEN NEEDLE NANO	
NEEDLE.....	110	AZOPT.....	199	U/F.....	111
<i>aurora lancet super thin 30g</i>	110	AZSTARYS.....	70	BD PEN NEEDLE	
<i>aurora lancet thin 23g</i>	110	AZULFIDINE.....	161	ORIGINAL U/F.....	111
Aurovela 1.5/30.....	95	AZULFIDINE EN-TABS... ..	161	BD PEN NEEDLE SHORT	
Aurovela 1/20.....	95	Azurette.....	95	U/F.....	111
Aurovela 24 Fe.....	95	<i>b-6 folic acid</i>	194	BD SAFETYGLIDE	
Aurovela Fe 1.5/30.....	95	Bac.....	14	INSULIN SYRINGE.....	111
Aurovela Fe 1/20.....	95	<i>bacitracin</i>	202	BD VEO INSULIN SYR U/F	
AURYXIA.....	156	<i>bacitracin-polymyxin b</i>	202	1/2UNIT.....	111

BD VEO INSULIN	BIOTEL CARE BLOOD	<i>buprenorphine</i>	20
SYRINGE U/F.....	GLUCOSE.....	<i>buprenorphine hcl</i>	80
111	111	<i>buprenorphine hcl-naloxone hcl</i>	79
BECONASE AQ.....	BIOTEL CARE BLOOD	<i>bupropion hcl</i>	58
212	GLUCOSE SYST.....	<i>bupropion hcl er (smoking det)</i>	80
BELBUCA.....	111	<i>bupropion hcl er (sr)</i>	58
20	<i>bisoprolol fumarate</i>	<i>bupropion hcl er (xl)</i>	58
<i>belladonna alkaloids-opium</i>	49	<i>buspirone hcl</i>	57
160	<i>bisoprolol-hydrochlorothiazide</i>	<i>butalbital-acetaminophen</i>	14
BELSOMRA.....	49	<i>butalbital-apap-caff-cod</i>	16
72	BIVIGAM.....	<i>butalbital-apap-caffeine</i>	14
<i>benazepril hcl</i>	185	<i>butalbital-asa-caff-codeine</i>	16
43	Blisovi 24 Fe.....	<i>butalbital-aspirin-caffeine</i>	14
<i>benazepril-hydrochlorothiazide</i>	95	<i>butorphanol tartrate</i>	16
43	Blisovi Fe 1.5/30.....	BUTRANS.....	20
BENEFIX.....	96	BYDUREON BCISE.....	85
174	Blisovi Fe 1/20.....	BYETTA 10 MCG PEN.....	85
BENLYSTA.....	96	BYETTA 5 MCG PEN.....	86
187	<i>blood glucose monitor system</i>	BYLVAY.....	163
<i>bensal hp</i>	111	BYLVAY (PELLETS).....	163
225	<i>blood glucose system pak</i>	BYOOVIZ.....	205
BENZEPRO.....	111	BYSTOLIC.....	49
215	<i>blood glucose test</i>	<i>cabergoline</i>	155
215	BLULINK CONTROL	CABLIVI.....	170
<i>benzhydrocodone-</i>	HIGH & LOW.....	CABOMETYX.....	37
<i>acetaminophen</i>	111	CALCIFOL.....	194
16	BLULINK GLUCOSE	<i>calcipotriene</i>	219
<i>benznidazole</i>	MONITORING SYS.....	<i>calcipotriene-betameth diprop</i>	221
23	111	<i>calcitonin (salmon)</i>	155
<i>benzonatate</i>	BLULINK GLUCOSE TEST	Calcitrene.....	219
209	.....	<i>calcitriol</i>	194, 219
<i>benzoyl perox-hydrocortisone</i>	112	<i>calcium acetate (phos binder)</i>	156
216	BONJESTA.....	CALQUENCE.....	38
<i>benzoyl peroxide</i>	159	CAMBIA.....	14
216	<i>bosentan</i>	Camila.....	96
<i>benzoyl peroxide forte- hc</i>	55	Camrese.....	96
216	BOSULIF.....	Camrese Lo.....	96
<i>benzoyl peroxide-erythromycin</i>	37	CAMZYOS.....	53
.....	<i>bp vit 3</i>	<i>candesartan cilexetil</i>	45
216	194	<i>candesartan cilexetil-hctz</i>	44
<i>benztropine mesylate</i>	194	<i>cantharidin</i>	225
61	<i>bp wash</i>	<i>capecitabine</i>	34
BEPREVE.....	216	CAPEX.....	221
199	<i>b-plex</i>	CAPLYTA.....	63
BERINERT.....	194	CAPRELSA.....	38
184	<i>b-plex plus</i>	<i>captopril</i>	43
BESIVANCE.....	194	CARAFATE.....	163
202	BRAFTOVI.....	CARBAGLU.....	147
BESREMI.....	37	<i>carbamazepine</i>	66
35	BREO ELLIPTA.....	<i>carbamazepine er</i>	66
<i>betaine</i>	214		
147	BREXAFEMME.....		
<i>betamethasone dipropionate</i>	23		
.....	BREZTRI AEROSPHERE..		
220, 221	207		
<i>betamethasone dipropionate</i>	<i>briellyn</i>		
<i>aug</i>	96		
220	BRILINTA.....		
<i>betamethasone valerate</i>	176		
221	<i>brimonidine tartrate</i>		
BETASERON.....	199		
76	<i>brimonidine-dorzolamide</i>		
<i>betaxolol hcl</i>	199		
49, 199	<i>brinzolamide</i>		
<i>bethanechol chloride</i>	199		
167	BRIVIACT.....		
BETHKIS.....	65, 66		
210	<i>bromfenac sodium (once-daily)</i>		
BETIMOL.....	.....	
199	203		
BETOPTIC-S.....	<i>bromocriptine mesylate</i>		
199	61		
BEVESPI AEROSPHERE.....	203		
207	BROMSITE.....		
<i>bexarotene</i>	203		
41	BRONCHITOL.....		
BEYAZ.....	210		
95	BRONCHITOL		
<i>bicalutamide</i>	TOLERANCE TEST.....		
36	210		
BIDIL.....	209		
53	BROVANA.....		
BIJUVA.....	209		
148	BRUKINSA.....		
BIKTARVY.....	37		
26	BRYHALI.....		
<i>bimatoprost</i>	221		
199	<i>budesonide</i>		
BINOSTO.....	161, 213		
93	<i>bumetanide</i>		
<i>biocel</i>	52		
194	Bupap.....		
	14		
	BUPHENYL.....		
	147		

<i>carbidopa</i>	61	CARETOUCH TWIST MC		<i>cholestyramine</i>	46
<i>carbidopa-levodopa</i>	61	LANCETS 30G.....	113	<i>cholestyramine light</i>	46
<i>carbidopa-levodopa er</i>	61	<i>carglumic acid</i>	147	CIBINQO.....	220
<i>carbidopa-levodopa-entacapone</i>	61	<i>carisoprodol</i>	78	Ciclodan.....	218
<i>carbinoxamine maleate</i>	208	CAROSPIR.....	52	<i>ciclopirox</i>	218
CARDIOCOM LANCING		<i>carteolol hcl</i>	199	<i>ciclopirox olamine</i>	218
DEVICE.....	112	Cartia Xt.....	51	CIFEREX.....	195
CARDIZEM LA.....	51	<i>carvedilol</i>	49	<i>cilostazol</i>	175
CARDURA.....	44	<i>carvedilol phosphate er</i>	49	CILOXAN.....	202
CARDURA XL.....	166	CATAPRES-TTS-1.....	53	CIMDUO.....	26
CAREFINE PEN NEEDLES		CATAPRES-TTS-2.....	53	<i>cimetidine</i>	161
.....	112	CATAPRES-TTS-3.....	54	CIMZIA.....	178
<i>careone advanced lancing dev.</i>	112	CAYA.....	96	CIMZIA STARTER KIT.....	178
CAREONE BLOOD		CAYSTON.....	210	<i>cinacalcet hcl</i>	93
GLUCOSE SYSTEM.....	112	<i>cefaclor</i>	29	CINRYZE.....	184
CAREONE BLOOD		<i>cefaclor er</i>	29	CIPRO.....	30
GLUCOSE TEST.....	112	<i>cefadroxil</i>	29	CIPRO HC.....	227
CAREONE LANCET		<i>cefdinir</i>	29	<i>ciprofloxacin hcl</i>	30, 202, 227
SUPER THIN 30G.....	112	<i>cefixime</i>	29	<i>ciprofloxacin-dexamethasone</i> ..	227
<i>careone lancet thin 23g</i>	112	<i>cefpodoxime proxetil</i>	29	<i>ciprofloxacin-fluocinolone pf.</i>	227
<i>careone unifine pentips plus</i>	112	<i>cefprozil</i>	29	<i>citalopram hydrobromide</i>	58
CARESENS LANCETS.....	112	<i>cefuroxime axetil</i>	29	CITRANATAL 90 DHA.....	189
CARESENS LANCETS 30G	112	CELEBREX.....	13	CITRANATAL ASSURE....	189
CARESENS N GLUCOSE		<i>celecoxib</i>	13	CITRANATAL B-CALM....	190
SYSTEM.....	112	CELLCEPT.....	187	CITRANATAL BLOOM....	190
CARESENS N GLUCOSE		CELONTIN.....	66	CITRANATAL HARMONY	
TEST.....	112	CENFOL.....	194	.....	190
CARESENS N VOICE		<i>cephalexin</i>	29	<i>citrulline easy</i>	147
SYSTEM.....	112	CEQUA.....	204	Claravis.....	216
CARETOUCH CONTROL		CERDELGA.....	147	CLARINEX.....	208
SOL LEVEL 2.....	112	CEREZYME.....	147	CLARINEX-D 12 HOUR....	209
CARETOUCH INSULIN		<i>cetirizine hcl</i>	208	<i>clarithromycin</i>	29, 30
SYRINGE.....	112	CETROTIDE.....	146	<i>clarithromycin er</i>	29
CARETOUCH		<i>cevimeline hcl</i>	226	CLEANLET LANCETS 28G	
LANCING/EJECTOR.....	112	Charlotte 24 Fe.....	96	.....	113
CARETOUCH MONITOR		Chateal Eq.....	96	<i>clemastine fumarate</i>	208
SYSTEM.....	112	CHEMET.....	93	CLENPIQ.....	162
CARETOUCH PEN		CHEMSTRIP K.....	113	CLEOCIN.....	168
NEEDLES.....	112	CHEMSTRIP UGK.....	113	CLEVER CHEK AUTO-	
CARETOUCH SAFETY		CHENODAL.....	163	CODE SYSTEM.....	113
LANCETS.....	112	<i>childrens aspirin</i>	20	CLEVER CHEK AUTO-	
CARETOUCH SAFETY		<i>chlordiazepoxide hcl</i>	57	CODE TEST.....	113
LANCETS 26G.....	112	<i>chlordiazepoxide-amitriptyline</i> ..	80	CLEVER CHEK AUTO-	
CARETOUCH TEST.....	112	<i>chlordiazepoxide-clidinium</i>	161	CODE VOICE.....	113
CARETOUCH TWIST		<i>chlorhexidine gluconate</i>	226	CLEVER CHEK LANCETS	113
LANCETS 28G.....	113	<i>chloroquine phosphate</i>	24	CLEVER CHEK SYSTEM..	113
CARETOUCH TWIST		<i>chlorpromazine hcl</i>	63	CLEVER CHEK TEST.....	113
LANCETS 30G.....	113	<i>chlorthalidone</i>	52	CLEVER CHOICE AUTO-	
CARETOUCH TWIST		<i>chlorzoxazone</i>	78	CODE SYSTEM.....	113
LANCETS 33G.....	113	CHOLBAM.....	163		

CLEVER CHOICE AUTO-CODE TEST.....	113	<i>c-nate dha</i>	190	CONTOUR NEXT GEN MONITOR.....	114
CLEVER CHOICE COMFORT EZ.....	113	COAGADEx.....	170	CONTOUR NEXT LINK....	114
CLEVER CHOICE LANCETS 21G.....	113	COAGUCHEK LANCETS..	114	CONTOUR NEXT MONITOR.....	115
CLEVER CHOICE LANCETS 23G.....	113	COARTEM.....	24	CONTOUR NEXT ONE.....	115
CLEVER CHOICE LANCETS 28G.....	113	<i>codeine sulfate</i>	16	CONTOUR NEXT TEST....	115
CLEVER CHOICE MICRO SYSTEM.....	113	<i>colchicine</i>	13	CONTOUR TEST.....	115
CLEVER CHOICE MICRO TEST.....	113	<i>colchicine-probenecid</i>	13	CONTRAVE.....	92
CLEVER CHOICE MINI SYSTEM.....	114	COLCRYS.....	13	CONZIP.....	16
CLEVER CHOICE NO CODING.....	114	<i>colesevelam hcl</i>	46	COOL BLOOD GLUCOSE TEST STRIPS.....	115
CLEVER CHOICE TALK SYSTEM.....	114	<i>colestipol hcl</i>	46	COOL MONITOR.....	115
<i>clickfine pen needles</i>	114	COMBIGAN.....	199	COOL MONITOR KIT.....	115
CLIMARA.....	148	COMBIPATCH.....	149	COPAXONE.....	76
CLIMARA PRO.....	148	COMBIVENT RESPIMAT..	207	COPIKTRA.....	38
Clindacin Etz.....	216	COMETRIQ (100 MG DAILY DOSE).....	38	CORDRAN.....	221
Clindacin-P.....	216	COMETRIQ (140 MG DAILY DOSE).....	38	COREG.....	49
<i>clindamycin hcl</i>	31	COMETRIQ (60 MG DAILY DOSE).....	38	COREG CR.....	49
<i>clindamycin palmitate hcl</i>	32	<i>comfort assured lancets 28g</i>	114	CORGARD.....	49
<i>clindamycin phos-benzoyl perox</i>	216	<i>comfort assured lancets 33g</i>	114	CORLANOR.....	53
<i>clindamycin phosphate</i>	168, 216	COMFORT EZ INSULIN SYRINGE.....	114	CORTIFOAM.....	161
<i>clindamycin-tretinoin</i>	216	COMFORT EZ MICRO PEN NEEDLES.....	114	CORTISPORIN-TC.....	227
CLINDESSE.....	168	COMFORT EZ PEN NEEDLES.....	114	CORTROPHIN.....	155
<i>clobazam</i>	66	COMFORT EZ SHORT PEN NEEDLES.....	114	CORVITE 150.....	195
<i>clobetasol prop emollient base</i>	221	COMFORT TOUCH INSULIN PEN NEED.....	114	<i>corvite fe</i>	195
<i>clobetasol propionate</i>	221	COMFORT TOUCH LANCETS 31G.....	114	COSENTYX.....	179
<i>clobetasol propionate e</i>	221	COMFORT TOUCH PLUS LANCETS 28G.....	114	COSENTYX (300 MG DOSE).....	178
<i>clobetasol propionate emulsion</i>	221	COMFORT TOUCH PLUS LANCETS 30G.....	114	COSENTYX SENSOREADY (300 MG)...	178
Clodan.....	221	COMPLERA.....	26	COSENTYX SENSOREADY PEN.....	178
CLODERM.....	221	Compro.....	159	COSENTYX UNOREADY.....	179
<i>clomipramine hcl</i>	57	COMTAN.....	61	COSOPT.....	199
<i>clonazepam</i>	66	CO-NATAL FA.....	190	COTELLIC.....	38
<i>clonidine</i>	54	CONCEPT DHA.....	190	COTEMPLA XR-ODT.....	70
<i>clonidine hcl</i>	54	CONCEPT OB.....	190	COZAAR.....	45
<i>clonidine hcl er</i>	70	CONCERTA.....	70	CREON.....	164
<i>clopidogrel bisulfate</i>	176	<i>condoms</i>	96	CRESEMBA.....	23
<i>clorazepate dipotassium</i>	66	CONDYLOX.....	225	CRESTOR.....	47
<i>clotrimazole</i>	218, 227	CONJUPRI.....	51	CRINONE.....	156
<i>clotrimazole-betamethasone</i>	218	<i>constulose</i>	162	<i>cromolyn sodium</i>	163, 199, 211
<i>clozapine</i>	63	CONTOUR MONITOR.....	114	CROTAN.....	226
CLOZARIL.....	63	CONTOUR NEXT EZ.....	114	Cryelle-28.....	96

CVS ADVANCED	Dasetta 7/7/7.....	96	DEXCOM G6 SENSOR.....	115
GLUCOSE TEST.....	DAURISMO.....	35	DEXCOM G6	
<i>cvs aspirin low dose</i>	DAYBUE.....	74	TRANSMITTER.....	115
<i>cvs aspirin low strength</i>	DAYPRO.....	14	DEXCOM G7 RECEIVER..	116
CVS BLOOD GLUCOSE	Daysee.....	96	DEXCOM G7 SENSOR.....	116
METER.....	DAYTRANA.....	70	Dexifol.....	195
<i>cvs folic acid</i>	DAYVIGO.....	72	DEXILANT.....	164
<i>cvs glucose meter test strips</i>	D-CARE BLOOD		<i>dexmethylphenidate hcl</i>	70
CVS KETONE CARE.....	GLUCOSE.....	115	<i>dexmethylphenidate hcl er</i>	70
<i>cvs lancets 21g</i>	D-CARE GLUCOMETER..	115	DEXONTO 0.4%.....	151
<i>cvs lancets micro thin 33g</i>	DDAVP.....	158	DEXTENZA.....	203
<i>cvs lancets original</i>	Deblitane.....	96	<i>dextroamphetamine sulfate</i>	70
<i>cvs lancets thin 26g</i>	<i>deferasirox</i>	93	<i>dextroamphetamine sulfate er</i> ..	70
<i>cvs lancets ultra thin 30g</i>	<i>deferiprone</i>	93	DHIVY.....	61
<i>cvs lancets ultra-thin 30g</i>	<i>deferoxamine mesylate</i>	93	DIACOMIT.....	66
<i>cvs lancing device</i>	DELESTROGEN.....	149	DIASTIX.....	116
<i>cvs nicotine</i>	DELSTRIGO.....	26	DIATHRIVE BLOOD	
<i>cvs nicotine polacrilex</i>	Delyla.....	96	GLUCOSE METER.....	116
<i>cvs ultra thin lancets</i>	<i>demeclocycline hcl</i>	33	DIATHRIVE BLOOD	
<i>cyanocobalamin</i>	DEMSEER.....	54	GLUCOSE TEST.....	116
<i>cyclobenzaprine hcl</i>	DENAVIR.....	225	DIATHRIVE GLUCOSE	
<i>cyclobenzaprine hcl er</i>	DEPAKOTE.....	66	TEST.....	116
<i>cyclopentolate hcl</i>	DEPAKOTE ER.....	66	DIATHRIVE LANCET	
<i>cyclophosphamide</i>	DEPEN TITRATABS.....	93	ULTRA THIN 30.....	116
<i>cycloserine</i>	DEPO-ESTRADIOL.....	149	DIATHRIVE LANCETS.....	116
CYCLOSET.....	DEPO-SUBQ PROVERA		DIATHRIVE LANCING	
<i>cyclosporine</i>	104.....	96	DEVICE.....	116
<i>cyclosporine modified</i>	Depo-Testosterone.....	83	DIATHRIVE PEN NEEDLE	
CYLTEZO.....	DERMACINRX		.....	116
CYLTEZO-CD/UC/HS	PRETRATE.....	190	DIATHRIVE+ GLUCOSE	
STARTER.....	DESCOVY.....	26	MONITOR.....	116
CYLTEZO-PSORIASIS	DESFERAL.....	94	DIATHRIVE+ GLUCOSE	
STARTER.....	<i>desipramine hcl</i>	58	TEST.....	116
<i>cyproheptadine hcl</i>	<i>desloratadine</i>	208	<i>diatruue plus blood glucose</i>	116
Cyred Eq.....	<i>desmopressin ace spray refrig.</i>	158	<i>diatruue plus test</i>	116
CYSTADANE.....	<i>desmopressin acetate</i>	158	<i>diazepam</i>	66
CYSTADROPS.....	<i>desmopressin acetate spray</i>	158	DICLEGIS.....	160
CYSTAGON.....	<i>desogestrel-ethinyl estradiol</i>	96	<i>diclofenac epolamine</i>	225
CYSTARAN.....	<i>desonide</i>	221	<i>diclofenac potassium</i>	14
CYTOMEL.....	DESOWEN.....	221	<i>diclofenac sodium</i>	14, 203, 225
<i>cytra k crystals</i>	<i>desoximetasone</i>	221, 222	<i>diclofenac sodium er</i>	14
<i>dalfampridine er</i>	<i>desvenlafaxine er</i>	58	<i>diclofenac-misoprostol</i>	16
DALIRESP.....	<i>desvenlafaxine succinate er</i>	58	<i>dicloxacillin sodium</i>	33
<i>danazol</i>	<i>dexabliss</i>	151	<i>dicyclomine hcl</i>	158
<i>dantrolene sodium</i>	<i>dexamethasone</i>	151	DIFICID.....	30
<i>dapsone</i>	DEXAMETHASONE		<i>diflorasone diacetate</i>	222
DARAPRIM.....	INTENSOL.....	151	<i>diflunisal</i>	20
<i>darifenacin hydrobromide er</i> ...	<i>dexamethasone sodium</i>		<i>difluprednate</i>	203
DARTISLA ODT.....	<i>phosphate</i>	203	Digox.....	52
Dasetta 1/35.....	DEXCOM G6 RECEIVER..	115	<i>digoxin</i>	52

<i>dihydroergotamine mesylate</i>	73	DROPLET PERSONAL	EASY TOUCH LANCETS
DILANTIN.....	66	LANCETS 30G.....	23G.....
DILAUDID.....	16	<i>dropsafe safety pen needles</i>	117
<i>diltiazem hcl</i>	51	<i>drospiren-eth estrad-levomefol</i> ..	EASY TOUCH LANCETS
<i>diltiazem hcl er</i>	51	<i>drospirenone-ethinyl estradiol</i> ...	28G.....
<i>diltiazem hcl er beads</i>	51	DROXIA.....	117
<i>diltiazem hcl er coated beads</i>	51	<i>drug mart lancets thin 26g</i>	EASY TOUCH LANCETS
<i>dilt-xr</i>	51	DRUG MART ON-THE-GO	30G.....
<i>dimethyl fumarate</i>	76	LANCET 30G.....	117
<i>dimethyl fumarate starter pack</i> ..	76	DSUVIA.....	EASY TOUCH LANCING
DIPENTUM.....	161	DUAVEE.....	DEVICE.....
<i>diphenhydramine hcl</i>	208	DUET DHA 400.....	117
<i>diphenoxylate-atropine</i>	159	DUEXIS.....	EASY TOUCH PEN
DIPROLENE.....	222	DULERA.....	NEEDLES.....
<i>dipyridamole</i>	176	<i>duloxetine hcl</i>	117
<i>disopyramide phosphate</i>	45	DUOBRII.....	EASY TOUCH SAFETY
<i>disulfiram</i>	56	DUO-CARE TEST.....	PEN NEEDLES.....
DIURIL.....	52	DUOPA.....	117
<i>divalproex sodium</i>	66	DUPIXENT.....	EASY TOUCH TEST.....
<i>divalproex sodium er</i>	66	DUREZOL.....	<i>easy trak blood glucose system</i>
DIVIGEL.....	149	DUROLANE.....	<i>easy trak blood glucose test</i>
<i>dofetilide</i>	45	<i>dutasteride</i>	<i>easy trak ii blood glucose sys..</i>
Dolishale.....	96	<i>dutasteride-tamsulosin hcl</i>	<i>easy trak ii glucose test</i>
<i>donepezil hcl</i>	57	<i>d-xylose</i>	118
DOPTLET.....	171	DYANAVAL XR.....	EASYGLUCO.....
DORYX MPC.....	33	DYMISTA.....	EASYMAX 15 LEVEL 2-3
<i>dorzolamide hcl</i>	200	DYSPORT.....	CONTROL.....
<i>dorzolamide hcl-timolol mal</i>	200	E.E.S. 400.....	118
<i>dorzolamide hcl-timolol mal pf</i>	200	<i>easy comfort insulin syringe</i>	EASYMAX 15 TEST.....
Dotti.....	149	<i>easy comfort lancets</i>	118
DOVATO.....	27	<i>easy comfort lancets twist top</i> ..	EASYMAX CONTROL
<i>doxazosin mesylate</i>	44	<i>easy comfort pen needles</i>	NORMAL/HIGH.....
<i>doxepin hcl</i>	59, 72, 219	<i>easy mini eject lancing device</i> ..	118
<i>doxercalciferol</i>	195	<i>easy mini lancing device</i>	EASYMAX NG BLOOD
<i>doxycycline hyclate</i>	33	<i>easy plus ii glucose system</i>	GLUCOSE.....
<i>doxycycline monohydrate</i>	33	<i>easy plus ii glucose test</i>	118
<i>doxylamine-pyridoxine</i>	160	EASY STEP GLUCOSE	EASYMAX TEST.....
DRISDOL.....	195	MONITOR.....	118
<i>dronabinol</i>	160	EASY STEP TEST.....	EASYMAX V BLOOD
DROPLET GENTEEL		<i>easy talk blood glucose system</i>	GLUCOSE.....
LANCING DEVICE.....	116	<i>easy talk blood glucose test</i>	118
DROPLET INSULIN		<i>easy talk plus ii test strips</i>	EASYPRO BLOOD
SYRINGE.....	116	EASY TOUCH GLUCOSE	GLUCOSE TEST.....
DROPLET LANCETS		SYSTEM.....	118
ULTRA THIN 30G.....	116	EASY TOUCH	EASYPRO PLUS.....
DROPLET LANCING		HEALTHPRO GLUCOSE... 117	<i>econazole nitrate</i>
DEVICE.....	116	EASY TOUCH INSULIN	218
DROPLET MICRON.....	116	SYRINGE.....	ECONTRA ONE-STEP.....
DROPLET PEN NEEDLES	116	EASY TOUCH LANCETS	97
		21G.....	ECOTRIN LOW
			STRENGTH.....
			20
			ECOZA.....
			218
			EDARBI.....
			45
			EDARBYCLOR.....
			44
			EDLUAR.....
			72
			EDURANT.....
			25
			<i>efavirenz</i>
			25
			Effer-K.....
			188
			EFFIENT.....
			176
			ELELYSO.....
			147
			ELEMAR PATCH.....
			224

ELEMENT AUTOCODE SYSTEM.....	118	EMCYT.....	34	EPSOLAY.....	225
<i>element compact glucose system.....</i>	118	EMEND.....	160	<i>eq aspirin low dose.....</i>	20
<i>element compact test.....</i>	118	EMFLAZA.....	151	<i>eq blood glucose test.....</i>	119
<i>element compact v glucose sys.....</i>	118	EMGALITY.....	73	<i>eq famotidine max st.....</i>	161
ELEMENT PLUS.....	118	EMGALITY (300 MG DOSE).....	73	<i>eq nicotine.....</i>	81
ELEMENT TEST.....	118	EMPAVELI.....	175	<i>eq nicotine polacrilex.....</i>	81
ELEPSIA XR.....	67	EMSAM.....	59	<i>eq nicotine step 3.....</i>	81
ELESTRIN.....	149	<i>emtricitabine-tenofovir df.....</i>	27	<i>eql aspirin low dose.....</i>	21
<i>eletriptan hydrobromide.....</i>	73	EMTRIVA.....	25	<i>eql color lancets 21g.....</i>	119
ELFOLATE PLUS.....	195	EMVERM.....	23	<i>eql color lancets micro 33g.....</i>	119
ELIDEL.....	225	<i>enalapril maleate.....</i>	43	<i>eql super thin lancets 30g.....</i>	119
ELIGARD.....	36	<i>enalapril-hydrochlorothiazide... ..</i>	43	<i>eql thin lancets 26g.....</i>	119
Elinest.....	97	ENBRACE HR.....	190	EQUETRO.....	63
ELIQUIS.....	169	ENBREL.....	179	<i>ergocalciferol.....</i>	195
ELIQUIS DVT/PE STARTER PACK.....	169	ENBREL MINI.....	179	<i>ergoloid mesylates.....</i>	57
Elixophyllin.....	214	ENBREL SURECLICK.....	179	ERGOMAR.....	73
ELLA.....	97	ENCARE.....	166	<i>ergotamine-caffeine.....</i>	73
ELMIRON.....	166	ENDARI.....	175	ERIVEDGE.....	35
ELOCTATE.....	173	Endocet.....	16	ERLEADA.....	36
Eluryng.....	97	ENDOMETRIN.....	167	<i>erlotinib hcl.....</i>	38
ELYXYB.....	13	ENLITE GLUCOSE SENSOR.....	119	Errin.....	97
EMBRACE BLOOD GLUCOSE MONITOR.....	118	ENLITE SERTER.....	119	ERTACZO.....	218
EMBRACE BLOOD GLUCOSE TEST.....	119	<i>enoxaparin sodium.....</i>	169	<i>ery.....</i>	216
EMBRACE EVO BLOOD GLUCOSE TEST.....	119	Enpresse-28.....	97	Ery-Tab.....	30
EMBRACE EVO GLUCOSE MONITOR.....	119	Enskyce.....	97	ERYTHROCIN STEARATE.....	30
EMBRACE EVO GLUCOSE MONITORING.....	119	ENSPRYNG.....	187	<i>erythromycin.....</i>	30, 202, 216
EMBRACE LANCETS ULTRA THIN 30G.....	119	ENSTILAR.....	222	<i>erythromycin base.....</i>	30
EMBRACE PRESSURE ACTIVATED 21G.....	119	<i>entacapone.....</i>	61	<i>erythromycin ethylsuccinate.....</i>	30
EMBRACE PRESSURE ACTIVATED 28G.....	119	<i>entecavir.....</i>	28	ESBRIET.....	212
EMBRACE PRO GLUCOSE METER.....	119	ENTEREG.....	163	<i>escitalopram oxalate.....</i>	59
EMBRACE PRO GLUCOSE TEST.....	119	ENTRESTO.....	53	Esgic.....	14
EMBRACE TALK BLOOD GLUCOSE.....	119	ENTYVIO.....	177	ESGIC.....	14
EMBRACE TALK GLUCOSE TEST.....	119	<i>enulose.....</i>	162	<i>esomeprazole magnesium.....</i>	164
EMBRACE TALK MONITORING SYSTEM... ..	119	ENVARUS XR.....	187	ESPEROCT.....	173
		EPANED.....	43	Estarylla.....	97
		EPCLUSA.....	31	<i>estazolam.....</i>	72
		EPIDIOLEX.....	67	<i>estradiol.....</i>	149
		EPIDUO FORTE.....	216	<i>estradiol valerate.....</i>	149
		<i>epinastine hcl.....</i>	199	<i>estradiol-norethindrone acet... ..</i>	149
		<i>epinephrine.....</i>	206	ESTRING.....	149
		<i>epinephrine professional.....</i>	206	ESTROGEL.....	149
		EPINEPHRINESNAP-EMS.....	206	<i>eszopiclone.....</i>	72
		EPINEPHRINESNAP-V.....	206	<i>ethacrynic acid.....</i>	52
		Epitol.....	67	<i>ethambutol hcl.....</i>	27
		<i>eplerenone.....</i>	44	<i>ethosuximide.....</i>	67
		EPOGEN.....	171	<i>ethynodiol diac-eth estradiol....</i>	97
		<i>epoprostenol sodium.....</i>	55	<i>etodolac.....</i>	14
		EPRONTIA.....	67	<i>etodolac er.....</i>	14
				<i>etonogestrel-ethinyl estradiol....</i>	97
				<i>etoposide.....</i>	43

EUCRISA.....	225	FC2 FEMALE CONDOM.....	97	FLOLAN.....	55
EUFLEXXA.....	21	<i>febuxostat</i>	13	<i>flolipid</i>	47
EULEXIN.....	36	FEIBA.....	170	FLORIVA.....	195
Euthyrox.....	157	<i>felbamate</i>	67	FLORIVA PLUS.....	195
EVAMIST.....	149	<i>felodipine er</i>	51	FLOVENT DISKUS.....	213
EVEKEO.....	71	FEMCAP.....	97	FLOVENT HFA.....	213
EVEKEO ODT.....	71	FEMRING.....	166	<i>fluconazole</i>	23
EVENITY.....	155	<i>fenofibrate</i>	47	<i>flucytosine</i>	23
EVERSENSE		<i>fenofibrate micronized</i>	47	<i>fludrocortisone acetate</i>	151
SENSOR/HOLDER.....	119	<i>fenofibric acid</i>	47	<i>flunisolide</i>	212
EVERSENSE SMART		<i>fenopropfen calcium</i>	14	<i>fluocinolone acetonide</i>	222, 227
TRANSMITTER.....	119	FENSOLVI (6 MONTH).....	154	<i>fluocinolone acetonide body</i>	222
EVOLUTION AUTOCODE		<i>fentanyl</i>	17	<i>fluocinolone acetonide scalp</i>	222
.....	119, 120	<i>fentanyl citrate</i>	16, 17	<i>fluocinonide</i>	222
EVOTAZ.....	27	FENTORA.....	17	<i>fluocinonide emulsified base</i>	222
EVRYSDI.....	74	<i>ferocon</i>	195	<i>fluorometholone</i>	203
EXELDERM.....	218	<i>ferotinsic</i>	195	<i>fluorouracil</i>	217
<i>exemestane</i>	36	FERRIPROX.....	94	<i>fluoxetine hcl</i>	59
EXJADE.....	94	FERRIPROX TWICE-A-		<i>fluoxetine hcl (pmdd)</i>	80
EXKIVITY.....	38	DAY.....	94	<i>fluphenazine decanoate</i>	63
EXTAVIA.....	76	Ferrocite Plus.....	195	<i>fluphenazine hcl</i>	63, 64
EYLEA.....	205	FETZIMA.....	59	<i>flurandrenolide</i>	222
E-Z JECT LANCET		FETZIMA TITRATION.....	59	<i>flurbiprofen</i>	15
MICRO-THIN 33G.....	120	FIASP.....	87	<i>flurbiprofen sodium</i>	203
E-Z JECT LANCET SUPER		FIASP FLEXTOUCH.....	87	<i>fluticasone furoate-vilanterol</i> ..	214
THIN 30G.....	120	FIASP PENFILL.....	87	<i>fluticasone propionate</i>	212, 222
E-Z JECT LANCETS.....	120	FIBRICOR.....	47	<i>fluticasone propionate hfa</i>	213
E-Z JECT LANCETS 21G....	120	FIFTY50 GLUCOSE		<i>fluticasone-salmeterol</i>	207
E-Z JECT LANCETS THIN		METER 2.0.....	120	<i>fluvastatin sodium</i>	47
26G.....	120	FIFTY50 GLUCOSE TEST		<i>fluvastatin sodium er</i>	47
EZALLOR SPRINKLE.....	47	2.0.....	120	<i>fluvoxamine maleate</i>	57
<i>ezetimibe</i>	46	FIFTY50 PEN NEEDLES...	120	<i>fluvoxamine maleate er</i>	57
<i>ezetimibe-rosuvastatin</i>	48	FIFTY50 UNILET		FML FORTE.....	203
<i>ezetimibe-simvastatin</i>	48	LANCETS 33G.....	120	<i>folate</i>	195
EZ-LETS LANCETS 21G....	120	FINACEA.....	225, 226	<i>folbee</i>	195
EZ-LETS LANCETS 26G....	120	<i>finasteride</i>	166	<i>folbee plus</i>	195
EZ-LETS LANCETS 28G....	120	FINGERSTIX LANCETS...	120	<i>folic acid</i>	195
EZ-LETS LANCETS 30G....	120	FINTEPLA.....	67	FOLI-D.....	195
FA-8.....	195	Finzala.....	97	<i>folite</i>	195
<i>fabb</i>	195	FIRAZYR.....	184	FOLLISTIM AQ.....	150
FABIOR.....	216	FIRDAPSE.....	74	<i>folplex 2.2</i>	195
Falmina.....	97	FIRMAGON.....	36	<i>foltrin</i>	196
<i>famciclovir</i>	28	FIRMAGON (240 MG		Folvite-D.....	196
<i>famotidine</i>	161	DOSE).....	36	<i>fondaparinux sodium</i>	169
FANAPT.....	63	FIRVANQ.....	32	FORA 6 CONNECT.....	120
FANAPT TITRATION		Flac.....	227	FORA BLOOD GLUCOSE	
PACK.....	63	FLAREX.....	203	TEST.....	120
FARXIGA.....	92	<i>flavoxate hcl</i>	167	FORA D15G BLOOD	
FASENRA PEN.....	212	FLEBOGAMMA DIF.....	185	GLUCOSE TEST.....	120
<i>fa-vitamin b-6-vitamin b-12</i>	195	<i>flecainide acetate</i>	45		

FORA D20 BLOOD	FORA V30A BLOOD	FREESTYLE UNISTICK II
GLUCOSE TEST..... 120	GLUCOSE SYSTEM..... 122	LANCETS..... 123
FORA D40/G31 BLOOD	FORA V30A BLOOD	<i>frovatriptan succinate</i> 73
GLUCOSE..... 120	GLUCOSE TEST..... 122	FULPHILA..... 171
FORA G20 BLOOD	FORACARE GD40	<i>fungimez</i>.....218
GLUCOSE SYSTEM..... 120	MONITOR..... 122	<i>furosemide</i>.....52
FORA G20 BLOOD	FORACARE GD40 TEST ...122	FUSION PLUS..... 196
GLUCOSE TEST..... 120	FORACARE PREMIUM	FUZEON..... 25
FORA G30/PREM V10	V10..... 122	Fyavolv..... 149
GLUCOSE TEST..... 120	FORACARE PREMIUM	FYCOMPA.....67
FORA G30A BLOOD	V10 TEST..... 122	FYLNETRA..... 171
GLUCOSE SYSTEM..... 121	FORACARE TEST N GO	<i>g tussin ac</i> 209
FORA GD20 BLOOD	MONITOR..... 122	<i>gabapentin</i> 67
GLUCOSE SYSTEM..... 121	FORACARE TEST N GO	GALAFOLD..... 155
FORA GD20 TEST..... 121	TEST..... 122	<i>galantamine hydrobromide</i> 57
FORA GD50 BLOOD	FORTEO..... 155	<i>galantamine hydrobromide er</i> ... 57
GLUCOSE SYSTEM..... 121	FORTISCARE G1 TEST	GAMMAGARD.....185
FORA GD50 BLOOD	STRIP..... 122	GAMMAGARD S/D LESS
GLUCOSE TEST..... 121	FORTISCARE T1	IGA..... 185
FORA GTEL BLOOD	GLUCOSE SYSTEM..... 122	GAMMAKED..... 185
GLUCOSE SYSTEM..... 121	FORTISCARE TEST..... 122	GAMMAPLEX..... 185
FORA GTEL BLOOD	FOSAMAX.....93	GAMUNEX-C.....185
GLUCOSE TEST..... 121	FOSAMAX PLUS D..... 93	<i>ganirelix acetate</i> 150
FORA GTEL BLOOD	<i>fosamprenavir calcium</i>.....25	<i>gatifloxacin</i> 202
KETONE TEST..... 121	<i>fosinopril sodium</i> 43	GATTEX..... 163
FORA LANCETS..... 121	<i>fosinopril sodium-hctz</i>.....43	GAVRETO..... 38
FORA LANCING DEVICE 121	FOSRENOL..... 156	<i>ge100 blood glucose system</i>.....123
FORA PREMIUM V10 BLE	FOTIVDA..... 38	<i>ge100 blood glucose test</i>.....123
SYSTEM..... 121	FRAGMIN..... 169	GELNIQUE.....167
FORA TEST N' GO	FREESTYLE FREEDOM	GEL-ONE.....21
MONITOR..... 121	LITE..... 122	GELSYN-3..... 22
FORA TN'G ADVANCE	FREESTYLE INSULINX	<i>gemfibrozil</i>.....47
PRO..... 121	TEST..... 122	Gemmily.....97
FORA TN'G VOICE..... 121	FREESTYLE LIBRE 14	GEMTESA..... 167
FORA TN'G/TN'G VOICE.. 121	DAY READER..... 122	<i>generlac</i>.....162
FORA V10 BLOOD	FREESTYLE LIBRE 14	Gengraf..... 187
GLUCOSE SYSTEM..... 121	DAY SENSOR..... 122	GENICIN VITA-Q..... 196
FORA V10 BLOOD	FREESTYLE LIBRE 2	Genicin Vita-S..... 196
GLUCOSE TEST..... 121	READER..... 123	GENOTROPIN..... 153
FORA V10/V12/D10/D20	FREESTYLE LIBRE 2	GENOTROPIN
TEST..... 121	SENSOR..... 123	MINIQUICK..... 153
FORA V12 BLOOD	<i>freestyle libre 3 sensor</i> 123	<i>gentamicin sulfate</i>....202, 217, 218
GLUCOSE SYSTEM..... 121	FREESTYLE LITE..... 123	GENTEEL BUTTERFLY
FORA V12 BLOOD	FREESTYLE LITE TEST ...123	TOUCH LANCET..... 123
GLUCOSE TEST..... 122	FREESTYLE PRECISION	GENTEEL CONTACT TIPS
FORA V20 BLOOD	NEO SYSTEM.....123	(BLUE)..... 123
GLUCOSE SYSTEM..... 122	FREESTYLE PRECISION	GENTEEL CONTACT TIPS
FORA V20 BLOOD	NEO TEST..... 123	(CLEAR).....123
GLUCOSE TEST..... 122	FREESTYLE TEST.....123	GENTEEL CONTACT TIPS
		(GREEN)..... 123

GENTEEL CONTACT TIPS (ORANGE).....	123	<i>global lancing device</i>	124	<i>glyburide micronized</i>	92
GENTEEL CONTACT TIPS (RAINBOW).....	123	GLUCAGEN HYPOKIT.....	152	<i>glyburide-metformin</i>	84
GENTEEL CONTACT TIPS (VIOLET).....	123	<i>glucagon emergency</i>	152	GLYCATE.....	158
GENTEEL CONTACT TIPS (YELLOW).....	123	GLUCO PERFECT 3 METER.....	124	<i>glycine</i>	226
GENTEEL LANCING KIT (BLUE).....	123	GLUCO PERFECT 3 TEST.....	124	<i>glycolic acid</i>	220
GENTEEL NOZZLES.....	123	GLUCOCARD 01 BLOOD GLUCOSE.....	124	<i>glycopyrrolate</i>	158
GENTEEL PLUS LANCING (BLACK).....	123	GLUCOCARD 01 SENSOR PLUS.....	124	Glydo.....	224
GENTEEL PLUS LANCING (PURPLE).....	123	GLUCOCARD 01-MINI GLUCOSE.....	124	GLYXAMBI.....	91
GENTEEL PLUS LANCING (WHITE).....	123	GLUCOCARD EXPRESSION MONITOR..	124	<i>gnp adult aspirin low strength</i> ...	21
GENTEEL PLUS LANCING DEV(BLUE).....	123	GLUCOCARD EXPRESSION TEST.....	124	<i>gnp aspirin</i>	21
GENTEEL PLUS LANCING DEV(PINK).....	123	GLUCOCARD SHINE.....	124	<i>gnp clickfine pen needles</i>	125
GENTLE-LET GP LANCETS.....	123	GLUCOCARD SHINE CONNEX.....	124	GNP EASY TOUCH CONT HIGH/LOW.....	125
GENTLE-LET LANCETS..	124	GLUCOCARD SHINE EXPRESS.....	124	GNP EASY TOUCH GLUCOSE METER.....	125
GENTLE-LET PLATFORMS.....	124	GLUCOCARD SHINE TEST.....	124	<i>gnp easy touch glucose test</i>	125
GENULTIMATE TEST.....	124	GLUCOCARD SHINE XL..	125	<i>gnp folic acid</i>	196
GENVISC 850.....	22	GLUCOCARD VITAL MONITOR.....	125	<i>gnp insulin syringes</i>	126
GENVOYA.....	27	GLUCOCARD VITAL TEST.....	125	<i>gnp insulin syringes 28gx1/2"</i> ..	125
GEODON.....	64	GLUCOCARD X-METER..	125	<i>gnp insulin syringes 29gx1/2"</i> ..	125
<i>ght blood glucose monitor</i>	124	GLUCOCARD X-SENSOR.....	125	<i>gnp insulin syringes 30gx5/16"</i>	126
<i>ght test</i>	124	GLUCOCOM BLOOD GLUCOSE MONITOR.....	125	<i>gnp insulin syringes 31gx5/16"</i>	126
GILENYA.....	76	GLUCOCOM LANCETS 28G.....	125	<i>gnp lancets 21g</i>	126
GILOTRIF.....	38	GLUCOCOM LANCETS 30G.....	125	<i>gnp lancets thin 26g</i>	126
GILPHEX TR.....	209	GLUCOCOM LANCETS 33G.....	125	<i>gnp nicotine</i>	81
GIMOTI.....	163	GLUCOCOM MONITOR..	125	<i>gnp nicotine mini</i>	81
GLASSIA.....	206	GLUCOCOM TEST.....	125	<i>gnp nicotine polacrilex</i>	81
<i>glatiramer acetate</i>	76	GLUCONAVII BLOOD GLUCOSE SYS.....	125	<i>gnp sterile lancets 28g</i>	126
GLEEVEC.....	38	GLUCONAVII BLOOD GLUCOSE TEST.....	125	<i>gnp sterile lancets 30g</i>	126
GLEOLAN.....	188	GLUCONAVII BLOOD GLUCOPRO INSULIN	125	<i>gnp sterile lancets 33g</i>	126
GLEOSTINE.....	34	SYRINGE.....	125	GNP TRUE METRIX AIR METER.....	126
GLIADEL WAFER.....	34	GLUCOPRO SYR RES 3ML 22GX3/8".....	125	GNP TRUE METRIX GLUCOSE METER.....	126
<i>glimepiride</i>	92	<i>glucose meter test</i>	125	GNP TRUE METRIX GLUCOSE STRIPS.....	126
<i>glipizide</i>	92	<i>glyburide</i>	92	GNP TRUETRACK SMART SYSTEM.....	126
<i>glipizide er</i>	92			GNP TRUETRACK TEST STRIPS.....	126
<i>glipizide xl</i>	92			<i>gnp ulticare pen needles</i>	126
<i>glipizide-metformin hcl</i>	84			GNP ULTIGUARD SAFEPACK NEEDLE.....	126
<i>global easy glide insulin syr</i>	124			GOCOVRI.....	61
<i>global inject ease lancets 28g</i> ..	124			GOJJI BLOOD GLUCOSE TEST.....	126
<i>global inject ease lancets 30g</i> ..	124			GOJJI BLOOD TEST STRIP/LANCETS.....	126
				GOJJI LANCING DEVICE/CLEAR CAP.....	126

GOJJI STERILE LANCETS 126	Haloette.....98	HUMALOG..... 87
GONAL-F..... 150	HALOG..... 222	HUMALOG JUNIOR
GONAL-F RFF..... 151	<i>haloperidol</i> 64	KWIKPEN..... 87
GONAL-F RFF REDIJECT 150	<i>haloperidol decanoate</i> 64	HUMALOG KWIKPEN..... 87
<i>goodsense aspirin low dose</i>.....21	<i>haloperidol lactate</i> 64	HUMALOG MIX 50/50..... 87
<i>goodsense blood glucose</i>.....126	HARVONI.....31	HUMALOG MIX 50/50
<i>goodsense lancets 26g univ</i> 126	HEALTH CARE LANCING	KWIKPEN..... 87
<i>goodsense lancets 30g univ</i> 126	DEVICE.....127	HUMALOG MIX 75/25..... 87
<i>goodsense lancets 33g</i> 126	HEALTHPRO BLOOD	HUMALOG MIX 75/25
<i>goodsense lancets 33g univ</i> 126	GLUCOSE MONITO.....127	KWIKPEN..... 87
<i>goodsense lancing device</i> 127	<i>healthwise insulin syr/needle</i> ... 127	HUMATE-P..... 170
<i>goodsense nicotine</i> 81	<i>healthwise micron pen needles</i> . 127	HUMATROPE..... 153
GOODSENSE PEN	<i>healthwise short pen needles</i>....127	HUMIRA.....180
NEEDLE PENFINE..... 127	Heather..... 98	HUMIRA PEDIATRIC
GRALISE..... 80	<i>h-e-b aspirin</i> 21	CROHNS START..... 180
<i>granisetron hcl</i>.....160	<i>h-e-b incontrol adv lancing</i> 127	HUMIRA PEN..... 180
GRANIX..... 171	<i>h-e-b incontrol lancets 28g</i> 127	HUMIRA PEN-CD/UC/HS
GRASTEK.....176	<i>h-e-b incontrol lancets 30g</i> 127	STARTER..... 180
<i>griseofulvin microsize</i> 23	<i>h-e-b incontrol lancets 33g</i> 127	HUMIRA PEN-PEDIATRIC
<i>griseofulvin ultramicrosize</i> 23	<i>h-e-b incontrol pen needles</i> 127	UC START..... 180
<i>guaiafussin ac</i>.....209	H-E-B INCONTROL	HUMIRA PEN-
<i>guaifenesin-codeine</i>.....209	UNIFINE PENTIP.....127	PS/UV/ADOL HS START...180
<i>guanfacine hcl</i> 54	HELIDAC THERAPY..... 165	HUMIRA PEN-
<i>guanfacine hcl er</i> 71	HEMADY..... 151	PSOR/UEVIT STARTER.... 180
GUARDIAN LINK 3	HEMANGEOL..... 49	HUMULIN 70/30..... 87
TRANSMITTER.....127	<i>hematinic plus vit/minerals</i>.....196	HUMULIN 70/30
GUARDIAN REAL-TIME	HEMLIBRA..... 173	KWIKPEN..... 87
CHARGER.....127	HEMOCYTE PLUS..... 196	HUMULIN N.....88
GUARDIAN REAL-TIME	HEMOFIL M..... 173	HUMULIN N KWIKPEN....87
REPLACE PED.....127	<i>heparin sod (porcine) in d5w</i> .. 169	HUMULIN R.....88
GUARDIAN REAL-TIME	<i>heparin sodium (porcine)</i> 169	HUMULIN R U-500
TEST PLUG..... 127	<i>heparin sodium (porcine) pf</i> ... 169	(CONCENTRATED)..... 88
GUARDIAN SENSOR (3)... 127	HER STYLE.....98	HUMULIN R U-500
<i>guardian sensor 3</i>.....127	HETLIOZ..... 72	KWIKPEN..... 88
GVOKE HYPOPEN 1-	HETLIOZ LQ..... 72	HW EMBRACE PRO
PACK.....152	Hidex 6-Day..... 151	GLUCOSE METER..... 128
GVOKE HYPOPEN 2-	HIZENTRA..... 186	HW EMBRACE PRO
PACK.....152	HM EMBRACE TALK	GLUCOSE TEST..... 128
GVOKE PFS..... 152	SYSTEM.....127	HW EMBRACE TALK
GYNAZOLE-1..... 168	<i>hm folic acid</i>.....196	BLOOD GLUCOSE..... 128
HABITROL.....81	<i>hm nicotine</i>.....81	HW EMBRACE TALK
HADLIMA..... 179	<i>hm nicotine polacrilex</i> 81	GLUCOSE TEST..... 128
HADLIMA PUSH TOUCH.. 179	HM ULTICARE INSULIN	HYALGAN..... 22
HAEGARDA..... 184	SYRINGE.....127	HYCAMTIN..... 43
Hailey 1.5/30.....97	HM ULTICARE MINI PEN	<i>hydralazine hcl</i> 54
Hailey 24 Fe..... 97	NEEDLES..... 127	HYDREA..... 41
Hailey Fe 1.5/30.....97	HM ULTICARE SHORT	<i>hydrochlorothiazide</i> 52, 53
Hailey Fe 1/20..... 98	PEN NEEDLES.....128	<i>hydrocod poli-chlorphe poli er</i> .210
<i>halcinonide</i> 222	HORIZANT..... 80	<i>hydrocodone bitartrate er</i> 17
<i>halobetasol propionate</i>.....222	HULIO..... 179, 180	

<i>hydrocodone bit-homatrop mbr</i>	210	IfereX 150 Forte.....	196	INQOVI.....	34
<i>hydrocodone-acetaminophen</i>	17	IGLUCOSE MONITORING SYSTEM.....	128	INREBIC.....	38
<i>hydrocodone-ibuprofen</i>	17	IGLUCOSE TEST STRIPS..	128	<i>insulin asp prot & asp flexpen</i> ...	88
<i>hydrocortisone</i>	151, 161, 223	ILARIS.....	188	<i>insulin aspart flexpen</i>	88
<i>hydrocortisone (perianal)</i>	165	ILEVRO.....	203	<i>insulin aspart penfill</i>	88
<i>hydrocortisone ace-pramoxine</i>	165	ILUMYA.....	177	<i>insulin aspart prot & aspart</i>	88
<i>hydrocortisone butyr lipo base</i>	222	<i>imatinib mesylate</i>	38	<i>insulin glargine</i>	88
<i>hydrocortisone butyrate</i>	223	IMBRUVICA.....	38	<i>insulin glargine solostar</i>	88
<i>hydrocortisone valerate</i>	223	IMCIVREE.....	155	<i>insulin glargine-yfgn</i>	88
<i>hydrocortisone-acetic acid</i>	227	<i>imipramine hcl</i>	59	<i>insulin lispro</i>	88
<i>hydromet</i>	210	<i>imipramine pamoate</i>	59	<i>insulin lispro (1 unit dial)</i>	88
<i>hydromorphone hcl</i>	17	<i>imiquimod</i>	217	<i>insulin lispro junior kwikpen</i>	88
<i>hydromorphone hcl er</i>	17	<i>imiquimod pump</i>	217	<i>insulin lispro prot & lispro</i>	88
<i>hydroxychloroquine sulfate</i>	184	IMPOYZ.....	223	<i>insulin syringe</i>	128
<i>hydroxyurea</i>	41	IMVEXXY		<i>insulin syringe-needle u-100</i> ...	128
<i>hydroxyzine hcl</i>	208	MAINTENANCE PACK.....	149	<i>insupen pen needles</i>	128
<i>hydroxyzine pamoate</i>	208	IMVEXXY STARTER PACK.....	150	INTEGRA PLUS.....	196
<i>hylavite</i>	196	IN TOUCH.....	128	INTELENCE.....	25
HYMOVIS.....	22	IN TOUCH BLOOD GLUCOSE TEST.....	128	INTRAROSA.....	83
<i>hyoscyamine sulfate</i>	158, 159	IN TOUCH LANCING DEVICE.....	128	Introvale.....	98
<i>hyoscyamine sulfate er</i>	158	IN TOUCH STERILE LANCETS 30G.....	128	INVEGA HAFYERA.....	64
HYPERSAL.....	211	INATAL GT.....	190	INVEGA SUSTENNA.....	64
HYQVIA.....	186	INBRIJA.....	61	INVEGA TRINZA.....	64
HYRIMOZ.....	180	Incassia.....	98	INVELTYS.....	203
HYRIMOZ-CROHNS/UC STARTER PACK.....	180	INCRELEX.....	155	INVOKAMET.....	91
HYRIMOZ-PED CROHNS STARTER.....	180	INCRUSE ELLIPTA.....	207	INVOKAMET XR.....	91
HYRIMOZ-PLAQUE PSORIASIS START.....	180	<i>indapamide</i>	53	INVOKANA.....	92
HYSINGLA ER.....	17	INDERAL LA.....	50	<i>iodine tincture</i>	225
HY-VEE LANCETS.....	128	INDERAL XL.....	50	IOPIDINE.....	200
<i>hy-vee thin lancets</i>	128	INDOCIN.....	15	<i>ipratropium bromide</i>	207
HYZAAR.....	44	Indocin.....	15	<i>ipratropium-albuterol</i>	207
<i>ibandronate sodium</i>	93	<i>indomethacin</i>	15	<i>irbesartan</i>	45
IBRANCE.....	38	<i>indomethacin er</i>	15	<i>irbesartan-hydrochlorothiazide</i>	44
IBSRELA.....	162	INFINITY BLOOD GLUCOSE SYSTEM.....	128	IRESSA.....	38
Ibu.....	15	INFINITY BLOOD GLUCOSE TEST.....	128	ISENTRESS.....	25
<i>ibuprofen</i>	15	INFINITY VOICE.....	128	ISENTRESS HD.....	25
<i>icatibant acetate</i>	184	INFLECTRA.....	177	Isibloom.....	98
Iclevia.....	98	<i>infliximab</i>	177	<i>isoniazid</i>	27, 28
ICLUSIG.....	38	INFUVITE ADULT.....	196	ISOPTO ATROPINE.....	205
IDACIO.....	181	INFUVITE PEDIATRIC.....	196	ISORDIL TITRADOSE.....	54
IDACIO FOR CROHNS DISEASE/UC.....	181	INGREZZA.....	75	<i>isosorbide dinitrate</i>	54
IDACIO FOR PLAQUE PSORIASIS.....	181	INLYTA.....	38	<i>isosorbide mononitrate</i>	54
IDELVION.....	174	INNOPRAN XL.....	50	<i>isosorbide mononitrate er</i>	54
IDHIFA.....	41			<i>isotretinoin</i>	216

JADENU SPRINKLE.....	94	KETOSTIX.....	129	KROGER HEALTHPRO	
Jaimiess.....	98	KEVEYIS.....	53	GLUCOSE TEST.....	129
JAKAFI.....	39	KEVZARA.....	181	<i> kroger lancets.....</i>	129
Jantoven.....	169	KINERET.....	181	<i> kroger lancets super thin.....</i>	129
JANUMET.....	85	<i> kinney lancets.....</i>	129	<i> kroger lancets thin.....</i>	129
JANUMET XR.....	85	<i> kinney thin lancets.....</i>	129	<i> kroger pen needles.....</i>	129
JANUVIA.....	84	KISQALI (200 MG DOSE)....	39	<i> kroger premium blood glucose.....</i>	129
JARDIANCE.....	92	KISQALI (400 MG DOSE)....	39	<i> kroger premium glucose test... ..</i>	129
Jasmiel.....	98	KISQALI (600 MG DOSE)....	39	KRYSTEXXA.....	13
JATENZO.....	83	KISQALI FEMARA (200		K-TAB.....	189
JAYPIRCA.....	39	MG DOSE).....	39	K-Tan Plus.....	196
Jencycla.....	98	KISQALI FEMARA (400		Kurvelo.....	99
<i> jenliva prenatal/postnatal.....</i>	190	MG DOSE).....	39	KUVAN.....	147
JENTADUETO.....	85	KISQALI FEMARA (600		KYLEENA.....	99
JENTADUETO XR.....	85	MG DOSE).....	39	<i> labetalol hcl.....</i>	50
Jinteli.....	150	KITABIS PAK.....	210	LACRISERT.....	205
JIVI.....	173	KLARITY-A.....	202	<i> lactated ringers.....</i>	205
Jolessa.....	98	KLARITY-L.....	203	<i> lactic acid.....</i>	225
JORNAY PM.....	71	KLISYRI.....	217	<i> lactulose.....</i>	162
JUBLIA.....	218	KLONOPIN.....	67	LAMICTAL ODT.....	67
Juleber.....	98	Klor-Con.....	188	LAMICTAL XR.....	67
JULUCA.....	27	Klor-Con 10.....	188	<i> lamivudine.....</i>	25, 28
Junel 1.5/30.....	98	Klor-Con M10.....	188	<i> lamivudine-zidovudine.....</i>	27
Junel 1/20.....	98	Klor-Con M15.....	188	<i> lamotrigine.....</i>	67
Junel Fe 1.5/30.....	98	Klor-Con M20.....	188	<i> lamotrigine er.....</i>	67
Junel Fe 1/20.....	98	Klor-Con/Ef.....	189	<i> lamotrigine starter kit-blue.....</i>	67
Junel Fe 24.....	98	KLOXXADO.....	79	<i> lamotrigine starter kit-green.....</i>	67
JUXTAPID.....	48	<i> kls aspirin low dose.....</i>	21	<i> lamotrigine starter kit-orange... ..</i>	67
JYNARQUE.....	155	KLS QUIT2.....	81	<i> lancet device.....</i>	129
Kaitlib Fe.....	98	KLS QUIT4.....	81	<i> lancet device with ejector.....</i>	129
KALETRA.....	27	<i> kmart valu insulin syringe 29g.....</i>	129	<i> lancet transporter case.....</i>	129
Kalliga.....	98	<i> kmart valu insulin syringe 30g.....</i>	129	<i> lancets.....</i>	129
KALYDECO.....	210	KOATE.....	173	<i> lancets 30g.....</i>	129
KAPSPARGO SPRINKLE... ..	50	KOATE-DVI.....	173	<i> lancets 33g.....</i>	129
KAPVAY.....	71	KOGENATE FS.....	173	<i> lancets micro thin 33g.....</i>	129
KARBINAL ER.....	208	KOMBIGLYZE XR.....	85	<i> lancets thin.....</i>	129
Kariva.....	99	KORLYM.....	91	LANCETS ULTRA THIN... ..	129
KATERZIA.....	51	KOSELUGO.....	39	<i> lancets ultra thin 30g.....</i>	129
KAZANO.....	85	<i> kosher prenatal plus iron.....</i>	190	<i> lancing device.....</i>	129
Kelnor 1/35.....	99	KOVALTRY.....	174	LANOXIN.....	52
Kelnor 1/50.....	99	<i> kp aspirin.....</i>	21	<i> lanreotide acetate.....</i>	82
KERENDIA.....	154	K-PHOS.....	189	<i> lansoprazole.....</i>	164
KERYDIN.....	218	K-Prime.....	189	<i> lanthanum carbonate.....</i>	156
KESIMPTA.....	76	KRAZATI.....	41	LANTUS.....	88
<i> ketoconazole.....</i>	24, 218, 219, 220	KRINTAFEL.....	24	LANTUS SOLOSTAR.....	88
KETO-DIASTIX.....	128	KRISTALOSE.....	162	LANZO.....	129
<i> ketone test.....</i>	129	KROGER AUTOLET		Larin 1.5/30.....	99
<i> ketoprofen.....</i>	15	LANCING DEVICE.....	129	Larin 1/20.....	99
<i> ketoprofen er.....</i>	15	<i> kroger blood glucose.....</i>	129	Larin 24 Fe.....	99
<i> ketorolac tromethamine....</i>	15, 203	<i> kroger blood glucose test.....</i>	129	Larin Fe 1.5/30.....	99

Larin Fe 1/20.....	99	<i>levonorg-eth estrad triphasic</i>	99	LOKELMA.....	94
<i>latanoprost</i>	200	Levora 0.15/30 (28).....	100	<i>longs lancets standard</i>	130
<i>latanoprost-timolol maleate</i>	200	<i>levorphanol tartrate</i>	17	<i>longs lancets thin</i>	130
LATUDA.....	64	Levo-T.....	157	<i>longs lancets ultra thin</i>	130
Layolis Fe.....	99	<i>levothyroxine sodium</i>	157	LONSURF.....	34
LDO PLUS.....	224	Levoxyl.....	157	<i>loperamide hcl</i>	159
LEADER UNIFINE		LEXETTE.....	223	<i>lopinavir-ritonavir</i>	27
PENTIPS PLUS.....	129	LEXIVA.....	25	LOPRESSOR.....	50
<i>ledipasvir-sofosbuvir</i>	31	LIALDA.....	161	<i>lorazepam</i>	57
Leena.....	99	<i>liberty blood glucose meter</i>	129	LORBRENA.....	39
<i>leflunomide</i>	184	LIBERTY NEXT		LOREEV XR.....	57
LENVIMA (10 MG DAILY		GENERATION TEST.....	130	<i>lormate</i>	196
DOSE).....	39	LIBERTY NXT		Loryna.....	100
LENVIMA (12 MG DAILY		GENERATION MONITOR	130	Lorzone.....	78
DOSE).....	39	<i>liberty test</i>	130	<i>losartan potassium</i>	45
LENVIMA (14 MG DAILY		<i>lidocaine</i>	224	<i>losartan potassium-hctz</i>	44
DOSE).....	39	<i>lidocaine hcl</i>	224, 227	LOTEMAX.....	203
LENVIMA (18 MG DAILY		<i>lidocaine hcl urethrallmucosal</i>	224	LOTEMAX SM.....	204
DOSE).....	39	<i>lidocaine viscous hcl</i>	227	<i>loteprednol etabonate</i>	204
LENVIMA (20 MG DAILY		<i>lidocaine-prilocaine</i>	224	LOTRONEX.....	162
DOSE).....	39	LIDODERM.....	224	<i>lovastatin</i>	47
LENVIMA (24 MG DAILY		LILETTA (52 MG).....	100	LOVAZA.....	48
DOSE).....	39	<i>linezolid</i>	32	LOVENOX.....	169
LENVIMA (4 MG DAILY		LINZESS.....	162	Low-Ogestrel.....	100
DOSE).....	39	<i>liothyronine sodium</i>	157	<i>loxapine succinate</i>	64
LENVIMA (8 MG DAILY		LIPOFEN.....	47	Lo-Zumandimine.....	100
DOSE).....	39	<i>lisinopril</i>	43	<i>lubiprostone</i>	162
Lessina.....	99	<i>lisinopril-hydrochlorothiazide</i> ...	43	LUCEMYRA.....	80
LETAIRIS.....	55	<i>lite touch lancets</i>	130	LUCENTIS.....	205
<i>letrozole</i>	36	LITE TOUCH LANCING		<i>luliconazole</i>	219
<i>leucovorin calcium</i>	42	PEN.....	130	LUMAKRAS.....	41
LEUKERAN.....	34	LITETOUCH INSULIN		LUMIGAN.....	200
LEUKINE.....	171	SYRINGE.....	130	LUMRYZ.....	79
<i>leuprolide acetate</i>	36	LITETOUCH LANCETS.....	130	LUPKYNIS.....	187
<i>levabuterol hcl</i>	209	LITETOUCH PEN		LUPRON DEPOT (1-	
<i>levabuterol tartrate</i>	209	NEEDLES.....	130	MONTH).....	36
LEVBID.....	159	LITFULO.....	181	LUPRON DEPOT (3-	
LEVEMIR.....	89	<i>lithium carbonate</i>	75	MONTH).....	36
LEVEMIR FLEXPEN.....	88	<i>lithium carbonate er</i>	75	LUPRON DEPOT (4-	
<i>levetiracetam</i>	67, 68	LITHOSTAT.....	166	MONTH).....	36
<i>levetiracetam er</i>	67	LIVALO.....	47	LUPRON DEPOT (6-	
<i>levobunolol hcl</i>	200	LIVMARLI.....	163	MONTH).....	36
<i>levocarnitine</i>	93	LIVTENCITY.....	28	LUPRON DEPOT-PED (1-	
<i>levocetirizine dihydrochloride</i> ..	208	<i>l-methylfolate-b6-b12</i>	196	MONTH).....	154
<i>levofloxacin</i>	30	LO LOESTRIN FE.....	100	LUPRON DEPOT-PED (3-	
Levonest.....	99	Loestrin 1.5/30 (21).....	100	MONTH).....	154
<i>levonorgest-eth est & eth est</i>	99	Loestrin 1/20 (21).....	100	Lutera.....	100
<i>levonorgest-eth estrad 91-day</i> ...	99	Loestrin Fe 1.5/30.....	100	LYBALVI.....	80
<i>levonorgestrel</i>	99	Loestrin Fe 1/20.....	100	Lyleq.....	100
<i>levonorgestrel-ethinyl estrad</i>	99	Lojaimiess.....	100	LYNPARZA.....	42

LYRICA.....	68	MEDLANCE PLUS EXTRA	<i>meperidine hcl</i>	17
LYRICA CR.....	80	21G.....	<i>meprobamate</i>	57
Lysiplex Plus.....	196	MEDLANCE PLUS	<i>mercaptopurine</i>	34
LYSODREN.....	36	LANCETS.....	Merzee.....	100
LYTGOBI (12 MG DAILY		MEDLANCE PLUS LITE	<i>mesalamine</i>	161
DOSE).....	39	25G.....	<i>mesalamine er</i>	161
LYTGOBI (16 MG DAILY		MEDLANCE PLUS	<i>mesalamine-cleanser</i>	161
DOSE).....	40	SPECIAL 0.8MM.....	MESNEX.....	42
LYTGOBI (20 MG DAILY		MEDLANCE PLUS	MESTINON.....	75
DOSE).....	40	SUPERLITE 30G.....	<i>metaxalone</i>	78
LYUMJEV.....	89	MEDLANCE PLUS	<i>metformin hcl</i>	84
LYUMJEV KWIKPEN.....	89	UNIVERSAL 21G.....	<i>metformin hcl er</i>	84
LYVISPAH.....	78	MEDROL.....	<i>metformin hcl er (mod)</i>	84
Lyza.....	100	<i>medroxyprogesterone acetate</i>	<i>metformin hcl er (osm)</i>	84
<i>mafenide acetate</i>	218	.....	<i>methadone hcl</i>	17
MAGELLAN INSULIN		<i>mefenamic acid</i>	Methadone Hcl Intensol.....	17
SAFETY SYR.....	130	<i>mefloquine hcl</i>	METHADOSE.....	18
<i>malathion</i>	226	<i>megestrol acetate</i>	Methadose.....	18
MARATHON MEDICAL		<i>meijer blood glucose</i>	METHADOSE SUGAR-	
PENTIPS.....	130	<i>meijer blood glucose test</i>	FREE.....	18
MARGENZA.....	40	<i>meijer essential blood glucose</i> ..	<i>methamphetamine hcl</i>	71
MARINOL.....	160	<i>meijer essential glucose test</i>	<i>methazolamide</i>	53
<i>marlissa</i>	100	MEIJER LANCETS THIN..	<i>methenamine hippurate</i>	32
MARPLAN.....	59	MEIJER LANCETS	<i>methenamine mandelate</i>	32
MATULANE.....	34	UNIVERSAL 21G.....	Methergine.....	155
Matzim La.....	51	MEIJER LANCETS	<i>methimazole</i>	157
MAVENCLAD (10 TABS).....	76	UNIVERSAL 30G.....	<i>methitest</i>	83
MAVENCLAD (4 TABS).....	76	MEIJER LANCETS	<i>methocarbamol</i>	78
MAVENCLAD (5 TABS).....	76	UNIVERSAL 33G.....	<i>methotrexate sodium</i>	35, 184
MAVENCLAD (6 TABS).....	76	<i>meijer premium blood glucose</i> ..	<i>methotrexate sodium (pf)</i>	35
MAVENCLAD (7 TABS).....	77	MEIJER SUPER THIN	<i>methoxsalen rapid</i>	219
MAVENCLAD (8 TABS).....	77	LANCETS.....	<i>methscopolamine bromide</i>	159
MAVENCLAD (9 TABS).....	77	MEIJER TRUE2GO	<i>methylergonovine maleate</i>	155
MAVYRET.....	31	BLOOD GLUCOSE.....	<i>methylphenidate hcl</i>	71
MAXALT.....	73	MEIJER TRUERESULT	<i>methylphenidate hcl er</i>	71
MAXALT-MLT.....	73	GLUCOSE SYS.....	<i>methylphenidate hcl er (cd)</i>	71
MAXICOMFORT II PEN		MEIJER TRUETEST TEST	<i>methylphenidate hcl er (la)</i>	71
NEEDLE.....	130	MEIJER TRUETRACK	<i>methylphenidate hcl er (osm)</i> ...	71
MAXI-COMFORT SAFETY		GLUCOSE SYS.....	<i>methylprednisolone</i>	151
PEN NEEDLE.....	130	MEIJER TRUETRACK	<i>methyltestosterone</i>	83
MAXICOMFORT SYR 27G		TEST.....	<i>metoclopramide hcl</i>	160
X 1/2".....	130	MEKINIST.....	<i>metolazone</i>	53
MAXIDEX.....	204	MEKTOVI.....	<i>metoprolol succinate er</i>	50
MAXITROL.....	201	<i>meloxicam</i>	<i>metoprolol tartrate</i>	50
MAYZENT.....	77	<i>melfhalan</i>	<i>metoprolol-hydrochlorothiazide</i>	49
MAYZENT STARTER		<i>memantine hcl</i>	<i>metronidazole</i>	32, 168, 226
PACK.....	77	<i>memantine hcl er</i>	<i>mexiletine hcl</i>	45
<i>meclizine hcl</i>	160	MENEST.....	MICARDIS HCT.....	44
<i>meclofenamate sodium</i>	15	MENOPUR.....	<i>miconazole 3</i>	168
<i>medichoice safety lancet norm</i>	130	MENOSTAR.....	<i>miconazole-zinc oxide-petrolat</i>	219

MICRODOT BLOOD	<i>modafinil</i>	79	MYDAYIS.....	71
GLUCOSE SYSTEM.....	<i>moexipril hcl</i>	43	MYFEMBREE.....	150
MICRODOT PEN NEEDLE	<i>mometasone furoate</i>	212, 223	MYFORTIC.....	187
.....	Mondoxyne NI.....	34	MYGLUCOHEALTH	
MICRODOT TEST.....	MONOJECT INSULIN		BLOOD GLUCOSE.....	132
Microgestin 1.5/30.....	SYRINGE.....	132	MYGLUCOHEALTH	
Microgestin 1/20.....	MONOLET LANCETS.....	132	LANCETS 30G.....	132
Microgestin 24 Fe.....	MONOLET OPD LANCETS		MYGLUCOHEALTH TEST	
Microgestin Fe 1.5/30.....	.....	132	.....	132
Microgestin Fe 1/20.....	MONOLETTOR SAFETY		MYLERAN.....	34
MICROLET LANCETS.....	LANCETS.....	132	MYRBETRIQ.....	167, 168
MICROLET NEXT	Mono-Linyah.....	101	MYTESI.....	159
LANCING DEVICE.....	MONOVISC.....	22	MYXREDLIN.....	89
<i>midazolam hcl</i>	<i>montelukast sodium</i>	211	<i>na sulfate-k sulfate-mg sulf</i>	162
<i>midodrine hcl</i>	MONUROL.....	23	<i>nabumetone</i>	15
MIGERGOT.....	<i>morphine sulfate</i>	18	<i>nadolol</i>	50
<i>miglitol</i>	<i>morphine sulfate (concentrate)</i>	18	<i>naftifine hcl</i>	219
<i>miglustat</i>	<i>morphine sulfate (pf)</i>	18	NAFTIN.....	219
MIGRANAL.....	<i>morphine sulfate er</i>	18	NALFON.....	15
Mili.....	<i>morphine sulfate er beads</i>	18	<i>nalmefene hcl</i>	79
Mimvey.....	MOTTEGRITY.....	163	<i>nalocet</i>	18
MINASTRIN 24 FE.....	MOTOFEN.....	159	<i>naloxone hcl</i>	79
<i>mini lancng device</i>	MOUNJARO.....	86	<i>naltrexone hcl</i>	80
MINILINK REAL-TIME	MOVANTIK.....	163	NAMENDA.....	58
TRANSMITTER.....	<i>moxifloxacin hcl</i>	31, 202	NAMENDA TITRATION	
MINIMED 630G	<i>moxifloxacin hcl-bss</i>	202	PAK.....	58
GUARDIAN PRESS.....	<i>mpd safety lancet 21g</i>	132	NAMZARIC.....	58
MINIMED PUMP	<i>mpd safety lancet 23g</i>	132	NAPRELAN.....	15
RESERVOIR 3ML.....	<i>mpd safety lancet 28g</i>	132	<i>naproxen</i>	15
MINIMED RESERVOIR	<i>mpd safety lancet 30g</i>	132	<i>naproxen sodium</i>	15
1.8ML.....	MS CONTIN.....	18	<i>naproxen sodium er</i>	15
MINIMED RESERVOIR	MULPLETA.....	171	<i>naratriptan hcl</i>	74
3ML.....	MULTAQ.....	45	NARCAN.....	80
<i>minocycline hcl</i>	MULTIGEN.....	196	NASCOBAL.....	176
<i>minocycline hcl er</i>	MULTIGEN FOLIC.....	196	NATACHEW.....	190
MINOLIRA.....	MULTIGEN PLUS.....	196	NATACYN.....	202
<i>minoxidil</i>	MULTI-LANCET DEVICE		NATALVIT.....	190
MIRCERA.....	2.....	132	NATAZIA.....	101
MIRENA (52 MG).....	<i>multi-vit/iron/fluoride</i>	196	<i>nateglinide</i>	91
<i>mirtazapine</i>	<i>multivitamin/fluoride</i>	196, 197	NATESTO.....	83
MIRVASO.....	<i>multi-vitamin/fluoride</i>	196	NAYZILAM.....	68
<i>misoprostol</i>	<i>multi-vitamin/fluoride/iron</i>	197	<i>nebivolol hcl</i>	50
MITIGARE.....	<i>mupirocin</i>	218	NEBUPENT.....	32
MITOSOL.....	<i>mupirocin calcium</i>	218	Necon 0.5/35 (28).....	101
<i>mm aspirin</i>	MY CHOICE.....	101	Necon 1/35 (28).....	101
MM EASY TOUCH	MY WAY.....	101	NEEVO DHA.....	190
GLUCOSE.....	MYALEPT.....	147	<i>nefazodone hcl</i>	59
MM EASY TOUCH	MYCAPSSA.....	82	<i>neomycin sulfate</i>	23
GLUCOSE METER.....	<i>mycophenolate mofetil</i>	187	<i>neomycin-bacitracin zn-</i>	
<i>m-natal plus</i>	<i>mycophenolate sodium</i>	187	<i>polymyx</i>	202

<i>neomycin-polymyxin-dexameth</i>	<i>nicotine step 1</i>	82	Nortrel 1/35 (28)	102
.....	<i>nicotine step 2</i>	82	Nortrel 7/7/7	102
<i>neomycin-polymyxin-</i>	<i>nicotine step 3</i>	82	<i>nortriptyline hcl</i>	59
<i>gramicidin</i>	NICOTROL	82	NORVIR	25
<i>neomycin-polymyxin-hc</i>	NICOTROL NS	82	NOURIANZ	61
<i>neonatal + dha</i>	<i>nifedipine</i>	51	NOVA MAX BLOOD	
<i>neonatal 19</i>	<i>nifedipine er</i>	51	GLUCOSE SYSTEM	132
<i>neonatal complete</i>	<i>nifedipine er osmotic release</i>	51	NOVA MAX GLUCOSE	
<i>neonatal fe</i>	Nikki	101	TEST	132
NEONATAL PLUS	<i>nilutamide</i>	36	NOVA MAX PLUS	
Neo-Polycin	<i>nimodipine</i>	51	KETONE TEST	132
Neo-Polycin Hc	NINLARO	42	NOVA SAFETY LANCETS	
NEO-SYNALAR	<i>nisoldipine er</i>	51	23G	133
Nephronex	NITRO-BID	54	NOVA SAFETY LANCETS	
NERLYNX	NITRO-DUR	54	28G	133
NESINA	<i>nitrofurantoin</i>	32	NOVA SUREFLEX	
NESTABS	<i>nitrofurantoin macrocrystal</i>	32	LANCETS	133
NESTABS DHA	<i>nitrofurantoin monohyd macro</i>	32	NOVA SUREFLEX	
NESTABS ONE	<i>nitroglycerin</i>	54	LANCING DEVICE	133
Neuac	NITROLINGUAL	54	NOVOEIGHT	174
NEULASTA	NITYR	153	NOVOFINE AUTOCOVER	
NEULASTA ONPRO	NIVA-PLUS	191	PEN NEEDLE	133
NEUPOGEN	NIVESTYM	171, 172	NOVOFINE PEN NEEDLE	133
NEUPRO	<i>nizatidine</i>	161	NOVOFINE PLUS PEN	
NEURONTIN	NOC DURNA	158	NEEDLE	133
NEUTEK 2TEK TEST	Nora-Be	101	NOVOLIN 70/30	89
NEVANAC	NORDIPEN 5 INJECTION		NOVOLIN 70/30 FLEXPEN	89
<i>nevirapine</i>	DEVICE	153	NOVOLIN 70/30 FLEXPEN	
<i>nevirapine er</i>	NORDIPEN DELIVERY		RELION	89
NEW DAY	SYSTEM	153	NOVOLIN 70/30 RELION	89
NEXAVAR	NORDITROPIN FLEXPEN	153	NOVOLIN N	89
NEXIUM	<i>norethin ace-eth estrad-fe</i>	101	NOVOLIN N FLEXPEN	89
NEXLETOL	<i>norethindrone</i>	101	NOVOLIN N FLEXPEN	
NEXLIZET	<i>norethindrone acetate</i>	156	RELION	89
NEXPLANON	<i>norethindrone acet-ethinyl est</i>	101	NOVOLIN N RELION	89
NEXTSTELLIS	<i>norethindrone-eth estradiol</i>	150	NOVOLIN R	89
<i>niacin (antihyperlipidemic)</i>	<i>norethindron-ethinyl estrad-fe</i>	102	NOVOLIN R FLEXPEN	89
<i>niacin er (antihyperlipidemic)</i>	<i>norethin-eth estradiol-fe</i>	102	NOVOLIN R FLEXPEN	
NIACOR	<i>norgesic forte</i>	78	RELION	89
NICADAN	<i>norgestimate-eth estradiol</i>	102	NOVOLIN R RELION	90
<i>nicardipine hcl</i>	<i>norgestim-eth estrad triphasic</i>	102	NOVOLOG	90
NICAZEL	NORITATE	226	NOVOLOG 70/30 FLEXPEN	
NICAZEL FORTE	NORLIQVA	52	RELION	90
NICOMIDE	Norlyda	102	NOVOLOG FLEXPEN	90
NICORELIEF	Norlyroc	102	NOVOLOG FLEXPEN	
<i>nicotinamide</i>	NORPACE	45	RELION	90
<i>nicotine</i>	NORPACE CR	45	NOVOLOG MIX 70/30	90
<i>nicotine mini</i>	NORTHERA	54	NOVOLOG MIX 70/30	
<i>nicotine polacrilex</i>	Nortrel 0.5/35 (28)	102	FLEXPEN	90
<i>nicotine polacrilex mini</i>	Nortrel 1/35 (21)	102		

NOVOLOG MIX 70/30	ODOMZO.....42	ONETOUCH DELICA
RELION..... 90	OFEV.....212	PLUS LANCING..... 133
NOVOLOG PENFILL..... 90	<i>ofloxacin</i> 31, 202, 227	ONETOUCH DELICA
NOVOLOG RELION..... 90	<i>olanzapine</i> 64	SAFETY LANCING..... 133
NOVOSEVEN RT..... 170	<i>olanzapine-fluoxetine hcl</i> 80	ONETOUCH ULTRA..... 133
NOXAFIL..... 24	<i>olmesartan medoxomil</i> 45	ONETOUCH ULTRA 2.....133
NP THYROID.....157	<i>olmesartan medoxomil-hctz</i> 45	ONETOUCH ULTRASOFT
NPLATE.....172	<i>olmesartan-amlodipine-hctz</i>.....45	2 LANCETS.....133
NUBEQA.....36	<i>olopatadine hcl</i> 199, 208	ONETOUCH VERIO..... 133
NUCALA..... 212	OLPRUVA (2 GM DOSE)... 147	ONETOUCH VERIO FLEX
NUCYNTA..... 18	OLPRUVA (3 GM DOSE)... 147	SYSTEM.....133
NUCYNTA ER..... 18	OLPRUVA (4 GM DOSE)... 147	ONETOUCH VERIO
NUDEXTA..... 80	OLPRUVA (5 GM DOSE)... 147	REFLECT.....133
Nufol.....197	OLPRUVA (6 GM DOSE)... 147	<i>onevite</i>.....197
Nulev.....159	OLPRUVA (6.67 GM DOSE)	ONEXTON.....216
NUPLAZID.....64	.....148	ONGENTYS..... 61
NURTEC..... 74	OLUMIANT.....181	ONGLYZA.....85
NUTRICAP.....197	OMECLAMOX-PAK.....165	ONIVYDE.....43
Nutrifac Zx.....197	<i>omega-3-acid ethyl esters</i>.....48	ONUREG.....35
NUTROPIN AQ NUSPIN 10	<i>omeprazole</i>.....164	ONZETRA XSAIL..... 74
.....153	<i>omeprazole-sodium</i>	OPCICON ONE-STEP..... 102
NUTROPIN AQ NUSPIN 20	<i>bicarbonate</i> 165	OPSUMIT.....55
.....153	OMNARIS.....212	OPTION 2.....102
NUTROPIN AQ NUSPIN 5 153	OMNIFLEX DIAPHRAGM102	OPTIONS GYNOL II
NUVARING..... 102	OMNIPOD 5 G6 INTRO	CONTRACEPTIVE..... 166
NUVESSA..... 168	(GEN 5).....133	OPTIUMEZ TEST..... 133
NUWIQ..... 174	OMNIPOD 5 G6 POD (GEN	ORACEA.....226
NUZYRA..... 34	5)..... 133	ORACIT..... 167
Nyamyc.....219	OMNIPOD DASH INTRO	ORALAIR..... 176
Nylia 1/35..... 102	(GEN 4).....133	Oralone.....227
Nylia 7/7/7..... 102	OMNIPOD DASH PDM	ORAPRED ODT..... 151
Nymyo.....102	(GEN 4).....133	ORAVIG.....227
<i>nystatin</i> 24, 219, 227	OMNIPOD DASH PODS	ORENCIA..... 177, 181
<i>nystatin-triamcinolone</i>.....219	(GEN 4).....133	ORENCIA CLICKJECT..... 181
Nystop.....219	OMNITROPE.....154	ORENITRAM.....55
NYVEPRIA.....172	OMNITROPE PEN 10 INJ	ORENITRAM MONTH 1..... 55
OB COMPLETE..... 191	DEVICE.....153	ORENITRAM MONTH 2..... 55
OB COMPLETE ONE.....191	OMNITROPE PEN 5 INJ	ORENITRAM MONTH 3..... 55
OB COMPLETE PETITE.... 191	DEVICE.....153	ORFADIN.....148
OB COMPLETE PREMIER 191	<i>ondansetron</i>.....160	ORGOVYX..... 36
OB COMPLETE/DHA..... 191	<i>ondansetron hcl</i> 160	ORIAHNN..... 150
<i>obizur</i>.....174	<i>one drop blood glucose monitor</i>	ORILISSA..... 146
OBSTETRIX DHA.....191	.....133	ORKAMBI..... 210
OBSTETRIX ONE..... 191	<i>one drop test</i>.....133	ORLADEYO..... 184
OICALIVA.....163	<i>one vite womens plus</i>.....191	<i>orphenadrine citrate er</i> 78
Ocella..... 102	ONETOUCH DELICA	<i>orphenadrine-aspirin-caffeine</i> ... 79
OCTAGAM..... 186	PLUS LANCET30G..... 133	Orsythia.....102
<i>octreotide acetate</i> 82, 83	ONETOUCH DELICA	<i>ortho df</i>.....197
ODACTRA.....176	PLUS LANCET33G..... 133	ORTHOVISC..... 22
ODEFSEY..... 27		ORTIKOS.....161

<i>oscimin</i>	159	<i>paroxetine hcl</i>	59	<i>phenytoin sodium extended</i>	68
<i>oseltamivir phosphate</i>	28	<i>paroxetine hcl er</i>	59	PHEXXI.....	166
OSENI.....	85	<i>paroxetine mesylate</i>	80	Philith.....	103
OSMOLEX ER.....	61	PATANASE.....	208	Phospha 250 Neutral.....	189
OSPHENA.....	155	PAXIL.....	59, 60	<i>phosphorous</i>	189
OTEZLA.....	181	PAXIL CR.....	59	Phospho-Trin 250 Neutral....	189
OTOVEL.....	227	<i>peg-3350/electrolytes/ascorbat</i>	162	Physiolyte.....	205
OTREXUP.....	184	PEGASYS.....	31	Physiosol Irrigation.....	205
OVIDREL.....	151	<i>peg-kcl-nacl-nasulf-na asc-c</i>	162	<i>phytonadione</i>	197
<i>oxaprozin</i>	15	PEG-PREP.....	163	PIFELTRO.....	25
OXAYDO.....	18	PEMAZYRE.....	40	<i>pilocarpine hcl</i>	200, 227
<i>oxazepam</i>	57	<i>pen needles</i>	134	<i>pimecrolimus</i>	225
OXBRYTA.....	175, 176	<i>penicillamine</i>	94	<i>pimozide</i>	80
<i>oxcarbazepine</i>	68	<i>penicillin v potassium</i>	33	Pimtrea.....	103
OXERVATE.....	205	PENNSAID.....	225	<i>pindolol</i>	50
<i>oxiconazole nitrate</i>	219	PENTASA.....	161	<i>pioglitazone hcl</i>	91
OXISTAT.....	219	<i>pentazocine-naloxone hcl</i>	20	<i>pioglitazone hcl-glimepiride</i>	91
OXTELLAR XR.....	68	PENTIPS.....	134	<i>pioglitazone hcl-metformin hcl</i> ..	91
<i>oxybutynin chloride</i>	168	<i>pentoxifylline er</i>	175	<i>pip lancets 28g</i>	134
<i>oxybutynin chloride er</i>	168	PERCOCET.....	19	<i>pip lancets 30g</i>	134
<i>oxycodone hcl</i>	18	PERFECT LANCETS 28G..	134	PIQRAY (200 MG DAILY	
<i>oxycodone hcl er</i>	18	PERFECT LANCETS 30G..	134	DOSE).....	40
<i>oxycodone-acetaminophen</i> ..	18, 19	PERFOROMIST.....	209	PIQRAY (250 MG DAILY	
OXYCONTIN.....	19	<i>perindopril erbumine</i>	44	DOSE).....	40
<i>oxymorphone hcl</i>	19	Periogard.....	227	PIQRAY (300 MG DAILY	
<i>oxymorphone hcl er</i>	19	<i>permethrin</i>	226	DOSE).....	40
OXYTROL.....	168	<i>perphenazine</i>	64	Pirmella 7/7/7.....	103
OZEMPIC (0.25 OR 0.5		<i>perphenazine-amitriptyline</i>	80	<i>piroxicam</i>	15
MG/DOSE).....	86	PERSERIS.....	64	PLAQUENIL.....	184
OZEMPIC (1 MG/DOSE).....	86	PERTZYE.....	164	PLAVIX.....	176
OZEMPIC (2 MG/DOSE).....	86	<i>ph strips</i>	134	PLEGRIDY.....	77
OZURDEX.....	204	PHARMACIST CHOICE		PLEGRIDY STARTER	
Pacerone.....	46	AUTOCODE.....	134	PACK.....	77
<i>paliperidone er</i>	64	PHARMACIST CHOICE		PLENVU.....	163
PALYNZIQ.....	148	AUTOCODE SYS.....	134	PLIAGLIS.....	224
PANCREAZE.....	164	PHARMACIST CHOICE		<i>pnv prenatal plus multivitamin</i>	191
PANDEL.....	223	LANCETS.....	134	<i>pnv tabs 20-1</i>	191
<i>pantoprazole sodium</i>	165	PHARMACIST CHOICE		<i>pnv-dha</i>	191
PANZYGA.....	186	MINI SYSTEM.....	134	<i>pnv-dha+docusate</i>	191
PARADIGM PUMP		<i>pharmacist choice no coding</i> ...	134	<i>pnv-omega</i>	191
RESERVOIR 1.8ML.....	134	PHARMACY COUNTER		<i>pnv-select</i>	191
PARADIGM PUMP		LANCETS.....	134	POCKETCHEM EZ	
RESERVOIR 3ML.....	134	PHEBURANE.....	148	SYSTEM.....	134
PARADIGM REAL-TIME		Phenazo.....	167	POCKETCHEM EZ TEST..	134
TRANSMITTER.....	134	<i>phendimetrazine tartrate er</i>	92	<i>podofilox</i>	225
PARADIGM SILHOUETTE		<i>phenelzine sulfate</i>	60	POGO AUTOMATIC	
COMBO 43".....	134	<i>phenobarbital</i>	68	BLOOD GLUCOSE.....	134
PARAGARD		<i>phenoxybenzamine hcl</i>	54	POGO AUTOMATIC TEST	
INTRAUTERINE COPPER	102	<i>phenylephrine hcl</i>	205	CARTRIDGES.....	134
<i>paricalcitol</i>	197	<i>phenytoin</i>	68	Polycin.....	202

<i>poly-iron 150 forte</i>	197	PREDNISONE INTENSOL	152	PRIVIGEN.....	186
<i>polymyxin b-trimethoprim</i>	202	<i>preferred plus lancets colored</i> ..	135	PRO COMFORT INSULIN	
<i>polysaccharide iron forte</i>	197	<i>preferred plus lancets thin</i>	135	SYRINGE.....	135
POLY-VI-FLOR.....	197	<i>pregabalin</i>	68	<i>pro comfort lancets 30g</i>	135
POLY-VI-FLOR/IRON.....	197	<i>pregen dha</i>	191	<i>pro comfort lancets 31g</i>	135
POMALYST.....	35	PREGNYL.....	151	<i>pro comfort pen needles</i>	135
PONVORY.....	77	PREMARIN.....	150	<i>pro comfort safety lancets 30g</i>	135
PONVORY STARTER		PREMESISRX.....	191	<i>pro voice v8 glucose system</i>	135
PACK.....	77	<i>premium blood glucose test</i>	135	<i>pro voice v8/v9 glucose</i>	135
Portia-28.....	103	PREMPHASE.....	150	<i>pro voice v9 glucose system</i>	135
<i>pot & sod cit-cit ac</i>	167	PREMPRO.....	150	PROAIR RESPICLICK.....	209
<i>potassium chloride</i>	189	<i>prena 1 true</i>	191	<i>probenecid</i>	13
<i>potassium chloride crys er</i>	189	<i>prenal</i>	191	<i>prochlorperazine</i>	160
<i>potassium chloride er</i>	189	<i>prenal pearl</i>	191	<i>prochlorperazine edisylate</i>	160
<i>potassium citrate er</i>	167	<i>prenaissance</i>	192	<i>prochlorperazine maleate</i>	160
<i>potassium citrate-citric acid</i>	167	<i>prenaissance plus</i>	192	PROCORT.....	165
PR BENZOYL PEROXIDE.	216	PRENATABS RX.....	192	PROCRT.....	172
PR BENZOYL PEROXIDE		<i>prenatal</i>	192	<i>pro-critic</i>	197
WASH.....	216	<i>prenatal 19</i>	192	PROCTOFOAM HC.....	165
PRADAXA.....	169	<i>prenatal plus</i>	192	Procto-Med Hc.....	165
PRALUENT.....	49	PRENATAL-U.....	192	Proctozone-Hc.....	165
<i>pramipexole dihydrochloride</i>	61	PRENATE.....	192	PROCYSBI.....	167
<i>pramipexole dihydrochloride er</i> .	61	PRENATE AM.....	192	PRODIGY AUTOCODE	
<i>prasugrel hcl</i>	176	PRENATE DHA.....	192	BLOOD GLUCOSE.....	135
<i>pravastatin sodium</i>	47	PRENATE ELITE.....	192	PRODIGY LANCETS 28G..	135
<i>praziquantel</i>	23	PRENATE ENHANCE.....	192	PRODIGY LANCING	
<i>prazosin hcl</i>	44	PRENATE ESSENTIAL.....	192	DEVICE.....	135
PRECISION XTRA.....	135	PRENATE MINI.....	192	PRODIGY NO CODING	
PRECISION XTRA BLOOD		PRENATE PIXIE.....	192	BLOOD GLUC.....	135
GLUCOSE.....	134	PRENATE RESTORE.....	192	PRODIGY POCKET	
PRECISION XTRA		PRENATRIX.....	192	BLOOD GLUCOSE.....	135
KETONE.....	135	PRENATRYL.....	192	PRODIGY SAFETY	
PRED MILD.....	204	<i>prenatvite complete</i>	192	LANCETS 26G.....	136
<i>prednisol ace-moxiflox-</i>		<i>prenatvite plus</i>	192	PRODIGY VOICE BLOOD	
<i>bromfen</i>	201	<i>prenatvite rx</i>	193	GLUCOSE.....	136
<i>prednisolone</i>	152	PRESTALIA.....	43	PROFILNINE.....	175
<i>prednisolone acetate</i>	204	Prevalite.....	46	<i>progesterone</i>	156
<i>prednisolone acetate p-f</i>	204	PREVENT DROPSAFE		PROGLYCEM.....	153
<i>prednisolone acetate-nepafenac</i>		PEN NEEDLES.....	135	PROGRAF.....	187
.....	201	PREVENT SAFETY PEN		PROLASTIN-C.....	206
<i>prednisolone acet-moxifloxacin</i>		NEEDLES.....	135	PROLATE.....	19
.....	201	PREVYMIS.....	28	PROLEEVA.....	197
<i>prednisolone sodium phosphate</i>		PREZCOBIX.....	27	PROLENSA.....	204
.....	152, 204	PREZISTA.....	25	PROLIA.....	155
<i>prednisolone-moxifloxacin</i>	201	PRIALT.....	13	PROMACTA.....	172
<i>prednisolon-moxiflox-</i>		PRIFTIN.....	28	<i>promethazine hcl</i>	160
<i>bromfenac</i>	201	PRILOSEC.....	165	<i>promethazine-codeine</i>	210
<i>prednisolon-moxiflox-</i>		PRIMACARE.....	193	<i>promethazine-dm</i>	210
<i>nepafenac</i>	201	<i>primaquine phosphate</i>	24	Promethegan.....	160
<i>prednisone</i>	152	<i>primidone</i>	68	PROMETHEGAN.....	160

PROMETRIUM.....	156	QDOLO.....	19	<i>ra mini nicotine</i>	82
<i>propafenone hcl</i>	46	QELBREE.....	71	<i>ra nicotine</i>	82
<i>propafenone hcl er</i>	46	QINLOCK.....	40	<i>ra pen needles</i>	136
<i>propracaine hcl</i>	205	QNASL.....	212	<i>rabeprazole sodium</i>	165
<i>propranolol hcl</i>	50	QNASL CHILDRENS.....	212	RADICAVA ORS.....	75
<i>propranolol hcl er</i>	50	QSYMIA.....	92	RADICAVA ORS	
<i>propylthiouracil</i>	157	QTERN.....	91	STARTER KIT.....	75
PROSCAR.....	166	<i>quazepam</i>	72	RAGWITEK.....	176
PROTONIX.....	165	<i>quetiapine fumarate</i>	65	<i>raloxifene hcl</i>	155
<i>protriptyline hcl</i>	60	<i>quetiapine fumarate er</i>	65	<i>ramelteon</i>	72
PROVENTIL HFA.....	209	QUFLORA FE.....	198	<i>ramipril</i>	44
PROVERA.....	156	QUFLORA FE PEDIATRIC		<i>ranolazine er</i>	54
PROVIDA OB.....	193	.....	198	RAPAMUNE.....	187
<i>pseudoeph-bromphen-dm</i>	210	QUFLORA PEDIATRIC.....	198	RAPIVAB.....	28
PSS SELECT GP LANCETS	136	QUICKTEK.....	136	<i>rasagiline mesylate</i>	61
PSS SELECT PLATFORMS	136	QUICKTEK TEST.....	136	RASUVO.....	184
PSS SELECT SAFETY		QUICKTEK/METER.....	136	RAVICTI.....	148
LANCETS.....	136	QUILLICHEW ER.....	71	RAYALDEE.....	158
PULMICORT.....	214	QUILLIVANT XR.....	71	RAYOS.....	152
PULMICORT		<i>quinapril hcl</i>	44	REACT.....	103
FLEXHALER.....	214	<i>quinapril-hydrochlorothiazide</i> ... 43		READYLANCE SAFETY	
PULMOZYME.....	210	<i>quinidine gluconate er</i>	46	LANCETS.....	136
<i>pure comfort lancets 30g</i>	136	<i>quinidine sulfate</i>	46	<i>reality lancets</i>	137
<i>pure comfort pen needle</i>	136	<i>quinine sulfate</i>	24	<i>reality trigger lancets</i>	137
PURIXAN.....	35	QUINTET AC BLOOD		REBIF.....	77
<i>px aspirin</i>	21	GLUCOSE.....	136	REBIF REBIDOSE.....	77
<i>px enteric aspirin</i>	21	QUINTET AC BLOOD		REBIF REBIDOSE	
<i>px folic acid</i>	197	GLUCOSE TEST.....	136	TITRATION PACK.....	77
<i>px lancet auto injector</i>	136	QUINTET BLOOD		REBIF TITRATION PACK..	77
<i>px lancets microthin 33g</i>	136	GLUCOSE SYSTEM.....	136	REBINYN.....	175
<i>px stop smoking aid</i>	82	QUINTET BLOOD		RECLAST.....	93
PYLERA.....	165	GLUCOSE TEST.....	136	Reclipsen.....	103
<i>pyrazinamide</i>	28	QULIPTA.....	74	RECOMBINATE.....	174
<i>pyridostigmine bromide</i>	75	QUTENZA.....	224	RECORLEV.....	106
<i>pyridostigmine bromide er</i>	75	QUTENZA (2 PATCH).....	224	RECTIV.....	225
<i>pyridoxine hcl</i>	197	QUTENZA (4 PATCH).....	224	RECURA.....	219
<i>pyrimethamine</i>	32	QUVIVIQ.....	72	REFUAH PLUS BLOOD	
PYRUKYND.....	175	QVAR REDIHALER.....	214	GLUCOSE TEST.....	137
PYRUKYND TAPER		<i>ra aspirin adult low dose</i>	21	REFUAH PLUS	
PACK.....	175	<i>ra aspirin childrens</i>	21	MONITORING SYSTEM... 137	
QBRELIS.....	44	<i>ra aspirin ec adult low st</i>	21	REGRANEX.....	226
<i>qc advanced lancing device</i>	136	RA E-ZJECT LANCETS		RELAFEN DS.....	15
<i>qc aspirin low dose</i>	21	28G.....	136	RELENZA DISKHALER.....	28
<i>qc childrens aspirin</i>	21	RA E-ZJECT LANCETS		RELEUKO.....	172
<i>qc lancets super thin 30g</i>	136	THIN 26G.....	136	<i>releuko</i>	172
<i>qc lancets ultra thin</i>	136	RA E-ZJECT LANCETS		RELEXXII.....	72
<i>qc nicotine transdermal system</i> . 82		THIN 28G.....	136	RELION ALL-IN-ONE.....	137
<i>qc unifine pentips</i>	136	RA E-ZJECT LANCETS		RELION BLOOD	
<i>qc unilet lancets 28g</i>	136	ULTRA THIN.....	136	GLUCOSE TEST.....	137
<i>qc unilet lancets micro thin</i> 136		<i>ra folic acid</i>	198		

RELION CONFIRM	RENFLEXIS.....	177	RIGHTEST GT333 BLOOD
GLUCOSE MONITOR.....	<i>reno caps</i>	198	GLUCOSE.....
RELION	<i>repaglinide</i>	91	<i>riluzole</i>
CONFIRM/MICRO TEST...137	REPATHA.....	49	<i>rimantadine hcl</i>
RELION INSULIN	REPATHA PUSHTRONEX		RIMSO-50.....
SYRINGE.....	SYSTEM.....	49	<i>ringers irrigation</i>
RELION KETONE TEST...137	REPATHA SURECLICK.....	49	RINVOQ.....
RELION LANCET	<i>resorcinol-sulfur</i>	216	RIOMET.....
DEVICES 30G.....	RESTASIS.....	204	<i>risedronate sodium</i>
RELION LANCETS	RESTASIS MULTIDOSE...204		RISPERDAL CONSTA.....
MICRO-THIN 33G.....	RETACRIT.....	172	<i>risperidone</i>
RELION LANCETS THIN	RETEVMO.....	40	<i>ritonavir</i>
26G.....	RETIN-A MICRO.....	217	<i>rivastigmine</i>
RELION LANCETS	RETIN-A MICRO PUMP...217		<i>rivastigmine tartrate</i>
ULTRA-THIN 30G.....	REVATIO.....	55	Rivelsa.....
RELION LANCING	REVLIMID.....	35	<i>rixubis</i>
DEVICE.....	REXALL BLOOD		<i>rizatriptan benzoate</i>
RELION MICRO.....	GLUCOSE SYSTEM.....	138	ROBINUL.....
RELION PEN NEEDLES...137	REXALL BLOOD		ROBINUL-FORTE.....
RELION PREMIER BLU	GLUCOSE TEST.....	138	ROCKLATAN.....
MONITOR.....	REXULTI.....	65	ROLVEDON.....
RELION PREMIER	REYATAZ.....	25	<i>ropinirole hcl</i>
CLASSIC.....	REYVOW.....	74	<i>ropinirole hcl er</i>
RELION PREMIER	REZUROCK.....	188	<i>rosuvastatin calcium</i>
COMPACT SYSTEM.....	RHEUMATE.....	198	ROSZET.....
RELION PREMIER TEST..138	RHOFADE.....	226	Roweepra.....
RELION PREMIER VOICE	RHOPHYLAC.....	186	ROXICODONE.....
MONITOR.....	RHOPRESSA.....	200	ROXYBOND.....
RELION PRIME	<i>ribavirin</i>	31	ROZLYTREK.....
MONITOR.....	<i>rifabutin</i>	28	RUCONEST.....
RELION PRIME TEST.....138	<i>rifampin</i>	28	<i>rufinamide</i>
RELION TRUE MET AIR	RIGHTEST ALTERNATE		RUKOBIA.....
GLUC METER.....	SITE ADAPT.....	138	RYBELSUS.....
RELION TRUE METRIX	RIGHTEST GD500		RYCLORA.....
TEST STRIPS.....	LANCING DEVICE.....	138	RYDAPT.....
RELION ULTIMA	RIGHTEST GL300		RYTARY.....
GLUCOSE SYSTEM.....	LANCETS.....	138	RYVENT.....
RELION ULTIMA TEST...138	RIGHTEST GM100 BLOOD		SAFE-T-LANCE.....
RELION ULTRA THIN	GLUCOSE.....	138	SAFE-T-LANCE PLUS.....
LANCETS 30G.....	RIGHTEST GM300 BLOOD		<i>safety lancet 30glpressure act.</i>
RELION ULTRA THIN	GLUCOSE.....	138	SAFETY LANCETS 21G....
PLUS LANCETS.....	RIGHTEST GM550 BLOOD		SAFETY LANCETS 23G....
RELISTOR.....	GLUCOSE.....	138	<i>safety lancets 28g</i>
<i>relnate dha</i>	RIGHTEST GS100 BLOOD		SAFYRAL.....
REMEDIENT.....	GLUCOSE.....	138	SAIZEN.....
REMERON.....	RIGHTEST GS300 BLOOD		SALAGEN.....
REMERON SOLTAB.....	GLUCOSE.....	138	<i>salimez</i>
REMICADE.....	RIGHTEST GS550 BLOOD		<i>salimez forte</i>
REMODULIN.....	GLUCOSE.....	138	<i>salsalate</i>
RENACIDIN.....			SAMSCA.....

SANCUSO.....	160	<i>sildenafil citrate</i>	55	SMART SENSE VALUE	
SANDIMMUNE.....	188	SILENOR.....	72	TEST.....	140
SANDOSTATIN.....	83	SILIQ.....	182	SMARTEST BLOOD	
SANDOSTATIN LAR		<i>silodosin</i>	166	GLUCOSE TEST.....	140
DEPOT.....	83	<i>silver sulfadiazine</i>	218	SMARTEST EJECT.....	140
SANTYL.....	225	SIMBRINZA.....	200	SMARTEST EJECT	
SAPHRIS.....	65	Simliya.....	103	STARTER.....	140
<i>saps health twist top lancets</i>	139	Simpesse.....	103	SMARTEST LANCETS 28G	
<i>saps twist top lancets</i>	139	SIMPLE DIAGNOSTICS		.....	140
<i>saps scare twist top lancets</i>	139	LANCING DEV.....	139	SMARTEST PERSONA	
SAVAYSA.....	169	SIMPONI.....	182	STARTER.....	140
SAVELLA.....	72	SIMPONI ARIA.....	177	SMARTEST PRONTO	
SAVELLA TITRATION		<i>simvastatin</i>	48	STARTER.....	140
PACK.....	72	SINEMET.....	62	SMARTEST PROTEGE.....	140
SAXENDA.....	92	SINGLE-LET.....	139	SMARTEST PROTEGE	
<i>sb childrens aspirin</i>	21	SINGULAIR.....	211	STARTER.....	140
<i>sb lancets thin</i>	139	SINUVA.....	212	SOANZ.....	53
<i>sb lancets ultra thin</i>	139	<i>sirolimus</i>	188	<i>sod citrate-citric acid</i>	167
SCSEMBLIX.....	40	SITAVIG.....	28	<i>sodium chloride</i>	211, 226
<i>scopolamine</i>	160	SIVEXTRO.....	32	<i>sodium fluoride</i>	189
SECUADO.....	65	SKYLA.....	103	<i>sodium oxybate</i>	79
SECURESAFE INSULIN		SKYRIZI.....	182	<i>sodium phenylbutyrate</i>	148
SYRINGE.....	139	SKYRIZI PEN.....	182	<i>sodium polystyrene sulfonate</i>	94
SECURESAFE SAFETY		SKYTROFA.....	154	<i>sodium sulfacetamide wash</i>	220
PEN NEEDLES.....	139	SLYND.....	103	<i>sofosbuvir-velpatasvir</i>	31
SEGLENTIS.....	19	<i>sm aspirin adult low strength</i>	21	SOGROYA.....	154
SEGLUROMET.....	91	<i>sm aspirin low dose</i>	21	Solia.....	103
<i>select-lite lancing device</i>	139	<i>sm childrens aspirin</i>	21	<i>solifenacin succinate</i>	168
SELECT-OB.....	193	<i>sm folic acid</i>	198	SOLIUQA.....	86
SELECT-OB+DHA.....	193	<i>sm lancets 33g</i>	139	SOLOSEC.....	32
<i>selegiline hcl</i>	62	<i>sm nicotine</i>	82	SOLTAMOX.....	37
<i>selenium sulfide</i>	220	<i>sm nicotine polacrilex</i>	82	SOLUS V2 BLOOD	
SELZENTRY.....	26	SM TRUEDRAW		GLUCOSE SYSTEM.....	140
SEMGLEE (YFGN).....	90	LANCING DEVICE.....	139	SOLUS V2 LANCETS 28G..	140
<i>se-natal 19</i>	193	SMART DIABETES		SOLUS V2 LANCING	
SENSIPAR.....	93	VANTAGE LANCING.....	139	DEVICE.....	140
SEREVENT DISKUS.....	209	SMART SENSE COLOR		SOLUS V2 TEST.....	140
SERNIVO.....	223	LANCETS 33G.....	139	SOLUS V2 TWIST	
SEROSTIM.....	154	SMART SENSE PREMIUM		LANCETS 30G.....	140
<i>sertraline hcl</i>	60	SYSTEM.....	139	SOMATULINE DEPOT.....	83
Setlakin.....	103	SMART SENSE PREMIUM		SOMAVERT.....	83
<i>sevelamer carbonate</i>	156	TEST.....	139	SOOLANTRA.....	226
<i>sevelamer hcl</i>	156	SMART SENSE		<i>sorbitol</i>	226
SEVENFACT.....	170	STANDARD LANCETS.....	139	<i>sorbitol-mannitol</i>	226
SEYSARA.....	34	SMART SENSE SUPER		SORILUX.....	219
SFROWASA.....	161	THIN LANCETS.....	139	<i>sotalol hcl</i>	46
Sharobel.....	103	SMART SENSE THIN		<i>sotalol hcl (af)</i>	46
SIGNIFOR.....	155	LANCETS 26G.....	139	SOTYKTU.....	182
SIGNIFOR LAR.....	155	SMART SENSE VALUE		SOTYLIZE.....	46
SIKLOS.....	175	GLUCOSE SYS.....	140	SOVALDI.....	31

<i>spinosad</i>	226	<i>sulfamez wash</i>	217	SYNVISC ONE.....	22
SPIRIVA HANDIHALER...	207	SULFAMYLON.....	218	SYPRINE.....	94
SPIRIVA RESPIMAT.....	207	<i>sulfasalazine</i>	162	T:FLEX T:LOCK	
<i>spironolactone</i>	53	Sulfatrim Pediatric.....	23	CARTRIDGE 4.8ML.....	141
<i>spironolactone-hctz</i>	53	<i>sulfurated lime</i>	226	TABLOID.....	35
SPRAVATO (56 MG DOSE). 60		<i>sulindac</i>	15	TABRECTA.....	40
SPRAVATO (84 MG DOSE). 60		<i>sumatriptan</i>	74	TACLONEX.....	223
Sprintec 28.....	103	<i>sumatriptan succinate</i>	74	<i>tacrolimus</i>	188, 225
SPRITAM.....	68	<i>sumatriptan succinate refill</i>	74	<i>tadalafil (pah)</i>	55
SPRIX.....	15	<i>sumatriptan-naproxen sodium</i> ...74		TADLIQ.....	56
SPRYCEL.....	40	SUNLENCA.....	24	TAFINLAR.....	40, 41
SPS.....	94	SUNOSI.....	79	TAGRISSE.....	41
Sronyx.....	103	SUPARTZ FX.....	22	TAKE ACTION.....	103
Ssd.....	218	<i>super thin lancets</i>	140	TAKHZYRO.....	185
ST JOSEPH LOW DOSE.....	21	SUPPRELIN LA.....	155	TALICIA.....	165
STALEVO 100.....	62	SUPREME TEST.....	140	TALIVA.....	198
STALEVO 125.....	62	SUPREP BOWEL PREP KIT		TALTZ.....	183
STALEVO 150.....	62	.....	163	TALZENNA.....	42
STALEVO 200.....	62	<i>sure comfort insulin syringe</i>	140	<i>tamoxifen citrate</i>	37
STALEVO 50.....	62	<i>sure comfort lancets 18g</i>	140	<i>tamsulosin hcl</i>	166
STALEVO 75.....	62	<i>sure comfort lancets 21g</i>	140	TAPERDEX 12-DAY.....	152
STEGLATRO.....	92	<i>sure comfort lancets 23g</i>	140	TAPERDEX 7-DAY.....	152
STEGLUJAN.....	91	<i>sure comfort lancets 28g</i>	141	TARCEVA.....	41
STELARA.....	182	<i>sure comfort lancets 30g</i>	141	TARGRETIN.....	42, 225
STENDRA.....	166	<i>sure comfort lancing pen</i>	141	Tarina 24 Fe.....	103
STERILANCE PA.....	140	<i>sure comfort pen needles</i>	141	Tarina Fe 1/20 Eq.....	104
STERILANCE TL.....	140	SURELITE LANCETS.....	141	TARPEYO.....	167
<i>sterile water for irrigation</i>	205	SUTAB.....	163	TASCENSO ODT.....	78
STIMUFEND.....	172	SUTENT.....	40	TASIGNA.....	41
STIOLTO RESPIMAT.....	207	Syeda.....	103	TAVALISSE.....	175
STIVARGA.....	40	SYMBICORT.....	214	TAVNEOS.....	175
STRENSIQ.....	148	SYMDEKO.....	210	Taysofy.....	104
STRIBILD.....	27	SYMFI.....	27	TAYTULLA.....	104
STRIVERDI RESPIMAT....	209	SYMFI LO.....	27	<i>tazarotene</i>	217, 219
STROVITE FORTE.....	198	SYMJEPI.....	206	TAZORAC.....	219, 220
SUBLOCADE.....	20	SYMLINPEN 120.....	84	Taztia Xt.....	52
SUBSYS.....	19	SYMLINPEN 60.....	84	TAZVERIK.....	42
Subvenite.....	68	SYMPAZAN.....	69	TECFIDERA.....	78
Subvenite Starter Kit-Blue.....	68	SYMPROIC.....	164	TECHLITE PEN NEEDLES	141
Subvenite Starter Kit-Green... 68		SYMTUZA.....	27	TEGSEDI.....	156
Subvenite Starter Kit-Orange.. 68		SYNAGIS.....	188	TEKTURNA.....	52
SUCRAID.....	163	SYNALAR.....	223	<i>telmisartan</i>	45
<i>sucralfate</i>	164	SYNAREL.....	154	<i>telmisartan-amlodipine</i>	45
<i>sulconazole nitrate</i>	219	SYNDROS.....	160	<i>telmisartan-hctz</i>	45
<i>sulfacetamide sodium</i>	202	SYNJARDY.....	91	<i>temazepam</i>	72
<i>sulfacetamide sodium (acne)</i> .. 217		SYNJARDY XR.....	91	TEMODAR.....	34
<i>sulfacetamide sodium-sulfur</i>....217		SYNOJOYNT.....	22	<i>temozolomide</i>	34
<i>sulfacetamide-prednisolone</i> 201		SYNRIBO.....	42	TENCON.....	14
<i>sulfadiazine</i>	23	SYNTHROID.....	157	<i>tenofovir disoproxil fumarate</i> ...26	
<i>sulfamethoxazole-trimethoprim</i> 23		SYNVISC.....	22	TENORMIN.....	50

TEPMETKO	41	TIROSINT-SOL	158	TREMFYA	183
<i>terazosin hcl</i>	44	Tis-U-Sol	205	<i>treprostinil</i>	56
<i>terbinafine hcl</i>	24	TIVICAY	26	TRESIBA	90
<i>terbutaline sulfate</i>	209	TIVICAY PD	26	TRESIBA FLEXTOUCH	90
<i>terconazole</i>	168	<i>tizanidine hcl</i>	79	<i>tretinoin</i>	42, 217
<i>teriparatide (recombinant)</i>	155	TLANDO	83	<i>tretinoin microsphere</i>	217
TESTOPEL	83	TOBI	211	<i>tretinoin microsphere pump</i>	217
<i>testosterone</i>	83	TOBI PODHALER	211	TREXALL	35
<i>testosterone cypionate</i>	83	TOBRADEX	201	TREXIMET	74
<i>testosterone enanthate</i>	83	TOBRADEX ST	201	TREZIX	19
<i>tetrabenazine</i>	75	<i>tobramycin</i>	202, 211	Tri Femynor	104
<i>tetracaine hcl</i>	205	<i>tobramycin-dexamethasone</i>	201	<i>triamcinolone acetonide</i>	223, 227
<i>tetracycline hcl</i>	34	TOBREX	202	<i>triamterene</i>	53
TEXACORT	223	TODAY SPONGE	166	<i>triamterene-hctz</i>	53
TEZSPIRE	212	TOLAK	217	<i>triazolam</i>	73
<i>tgt blood glucose monitoring</i>	141	<i>tolcapone</i>	62	<i>tricitrates</i>	167
<i>tgt blood glucose test</i>	141	<i>tolsura</i>	24	Tricon	198
<i>tgt lancet micro thin 33g</i>	141	<i>tolterodine tartrate</i>	168	Triderm	224
<i>tgt lancet thin 26g</i>	141	<i>tolterodine tartrate er</i>	168	<i>trientine hcl</i>	94
<i>tgt lancet ultra thin 30g</i>	141	<i>topcare lancets micro-thin 33g</i>	141	Tri-Estarylla	104
<i>tgt lancing device</i>	141	TOPICORT	223	<i>trifluoperazine hcl</i>	65
THALOMID	35	<i>topiramate</i>	69	<i>trifluridine</i>	202
THEO-24	214	<i>topiramate er</i>	69	<i>trihexyphenidyl hcl</i>	62
<i>theophylline</i>	215	TOPROL XL	50	TRIJARDY XR	85
<i>theophylline er</i>	215	<i>toremifene citrate</i>	37	TRIKAFTA	211
THINLETS GP LANCETS	141	<i>torseamide</i>	53	Tri-Legest Fe	104
THIOLA	167	TOSYMRA	74	TRILEPTAL	69
THIOLA EC	167	TOUJEO MAX SOLOSTAR	90	Tri-Linyah	104
<i>thioridazine hcl</i>	65	TOUJEO SOLOSTAR	90	Tri-Lo-Estarylla	104
<i>thiothixene</i>	65	TOVIAZ	168	Tri-Lo-Marzia	104
THRIVE	82	TOXICOLOGY MED		Tri-Lo-Mili	104
<i>thrivite rx</i>	193	COLLECTION SYS	141	Tri-Lo-Sprintec	104
THYQUIDITY	157	TRACLEER	56	TRILURON	22
<i>tiagabine hcl</i>	69	TRADJENTA	85	<i>trimethobenzamide hcl</i>	160
TIBSOVO	42	<i>tramadol hcl</i>	19	<i>trimethoprim</i>	32
TICE BCG	35	<i>tramadol hcl (er biphasic)</i>	19	Tri-Mili	104
TIGLUTIK	75	<i>tramadol hcl er</i>	19	<i>trimipramine maleate</i>	60
TIKOSYN	46	<i>tramadol-acetaminophen</i>	19	TRINATE	193
Tilia Fe	104	<i>trandolapril</i>	44	Trinessa (28)	104
<i>timolol maleate</i>	50, 200	<i>trandolapril-verapamil hcl er</i>	43	TRINTELLIX	60
<i>timolol maleate (once-daily)</i>	200	<i>tranexamic acid</i>	175	Tri-Nymyo	104
<i>timolol-brimon-dorzol-latanopr</i>		<i>tranylcypromine sulfate</i>	60	TRIPTODUR	154
.....	200	TRAVATAN Z	200	Tri-Sprintec	104
<i>timolol-brimonidine-</i>		TRAVEL LANCETS		<i>tristart dha</i>	193
<i>dorzolamid</i>	200	ADVANCED 28G	141	TRIUMEQ	27
<i>timolol-dorzolamid-latanoprost</i>		<i>travoprost (bak free)</i>	200	TRIUMEQ PD	27
.....	200	<i>trazodone hcl</i>	60	TRIVISC	22
TIMOPTIC OCUDOSE	200	TRECTOR	28	<i>tri-vitelfluoride</i>	198
<i>tinidazole</i>	23	TRELEGY ELLIPTA	207	Trivora (28)	104
TIROSINT	157	TRELSTAR MIXJECT	37	Tri-Vylibra	105

Tri-Vylibra Lo.....	104	TWIRLA.....	105	ULTRA FLO INSULIN	
TROKENDI XR.....	69	<i>twist top lancets 30g</i>	143	SYRINGE.....	143
<i>tronvite</i>	198	TWYNEO.....	217	<i>ultra thin lancets 31g</i>	143
<i>tropicamide</i>	205	TYBLUME.....	105	ULTRA THIN PEN	
<i>tropium chloride</i>	168	TYBOST.....	26	NEEDLES.....	143
<i>tropium chloride er</i>	168	Tydemy.....	105	<i>ultra-care lancets 30g</i>	144
<i>true comfort pro insulin syr</i>	141	TYKERB.....	41	<i>ultracare pen needles</i>	144
<i>true comfort pro pen needles</i> ...	141	TYMLOS.....	155	ULTRA-THIN II AUTO	
<i>true comfort safety lancets</i>	141	TYRVAYA.....	205	LANCET.....	144
<i>true comfort twist top lancets</i> ..	141	TYSABRI.....	78	ULTRA-THIN II LANCETS	
TRUE FOCUS BLOOD		TYVASO.....	56	.....	144
GLUCOSE METER.....	141	TYVASO DPI		ULTRA-THIN II PEN	
<i>true focus blood glucose strip</i> ..	141	MAINTENANCE KIT.....	56	NEEDLES.....	144
TRUE METRIX AIR		TYVASO DPI TITRATION		ULTRAVATE.....	224
GLUCOSE METER.....	141, 142	KIT.....	56	UNIFINE PENTIPS.....	144
TRUE METRIX BLOOD		TYVASO REFILL.....	56	UNIFINE PENTIPS PLUS..	144
GLUCOSE TEST.....	142	TYVASO STARTER.....	56	UNIFINE SAFECONTROL	
TRUE METRIX GO		UBRELVY.....	74	PEN NEEDLE.....	144
GLUCOSE METER.....	142	UCERIS.....	162	UNIFINE ULTRA PEN	
TRUE METRIX METER....	142	UDAMIN SP.....	198	NEEDLE.....	144
TRUEPLUS 5-BEVEL PEN		UDENYCA.....	172	UNILET COMFORTOUCH	
NEEDLES.....	142	ULORIC.....	13	LANCET.....	144
TRUEPLUS INSULIN		ULTICARE INSULIN		UNILET EXCELITE.....	144
SYRINGE.....	142	SAFETY SYR.....	143	UNILET EXCELITE II.....	144
TRUEPLUS LANCETS 26G	142	ULTICARE MINI PEN		UNILET G.P. LANCET.....	144
TRUEPLUS LANCETS 28G	142	NEEDLES.....	143	UNILET G.P. SUPERLITE	
TRUEPLUS LANCETS 30G	142	ULTICARE PEN NEEDLES		LANCET.....	144
TRUEPLUS LANCETS 33G	142	.....	143	UNILET GP 28 ULTRA	
TRUEPLUS PEN NEEDLES		ULTICARE SHORT PEN		THIN.....	144
.....	142	NEEDLES.....	143	UNILET LANCET.....	144
TRUEPLUS SAFETY		ULTIGUARD SAFEPACK		UNILET MICRO-THIN 33G	
LANCETS 28G.....	142	PEN NEEDLE.....	143	.....	144
TRUERESULT BLOOD		ULTIGUARD SAFEPACK		UNILET SUPERLITE	
GLUCOSE.....	142	SYR/NEEDLE.....	143	LANCET.....	144
TRUETEST TEST.....	142	ULTI-LANCE		UNILET SUPER-THIN 30G	
TRUETRACK BLOOD		AUTOMATIC.....	143	.....	144
GLUCOSE.....	142	ULTILET CLASSIC		UNILET ULTRA-THIN	
TRUETRACK SMART		LANCETS.....	143	28G.....	144
SYSTEM.....	142	ULTILET LANCETS.....	143	UNISTIK 1.....	144
TRUETRACK TEST.....	142	ULTILET PEN NEEDLE....	143	UNISTIK 2.....	144
TRULANCE.....	162	ULTILET SAFETY		UNISTIK 2 COMFORT.....	144
TRULICITY.....	86	LANCETS.....	143	UNISTIK 2 EXTRA.....	144
TRUSTEEL INFUSION		ULTILET SAFETY		UNISTIK 2 NEONATAL....	144
SET.....	142	LANCETS 23G.....	143	UNISTIK 2 NORMAL.....	144
TRUVADA.....	27	ULTOMIRIS.....	176	UNISTIK 2 SUPER.....	144
TRUXIMA.....	35	ULTRA FLO INSULIN		UNISTIK 3.....	145
TUDORZA PRESSAIR.....	207	PEN NEEDLES.....	143	UNISTIK 3 COMFORT.....	145
TUKYSA.....	41	ULTRA FLO INSULIN		UNISTIK 3 EXTRA.....	145
TURALIO.....	41	SYR 1/2 UNIT.....	143	UNISTIK 3 GENTLE.....	145
TUXARIN ER.....	210			UNISTIK 3 NEONATAL....	145

UNISTIK 3 NORMAL.....	145	VCF VAGINAL		Vigadrone.....	69
UNISTIK CZT COMFORT.	145	CONTRACEPTIVE.....	166	VIGAMOX.....	203
UNISTIK CZT NORMAL...	145	VECAMYL.....	54	VIIBRYD.....	60
UNISTIK NORMAL.....	145	VELETRI.....	56	VIIBRYD STARTER PACK.	60
UNISTIK PRO SAFETY		VELIVET.....	105	VIMOVO.....	16
LANCET.....	145	VELPHORO.....	156	VIMPAT.....	69
UNISTIK SAFETY		VELTASSA.....	94	VINATE DHA RF.....	193
LANCETS 28G.....	145	VELTIN.....	217	VINATE II.....	193
UNISTIK SAFETY		VEMLIDY.....	28	VINATE ONE.....	193
LANCETS 30G.....	145	VENCLEXTA.....	35	VIOKACE.....	164
UNISTIK TOUCH SAFETY		VENCLEXTA STARTING		<i>viorele</i>	105
LANC 21G.....	145	PACK.....	35	VIRACEPT.....	26
UNISTIK TOUCH SAFETY		<i>venlafaxine hcl</i>	60	VIREAD.....	26
LANC 23G.....	145	<i>venlafaxine hcl er</i>	60	<i>virt-caps</i>	198
UNISTIK TOUCH SAFETY		VENNGEL ONE.....	225	<i>virtussin alc</i>	210
LANC 28G.....	145	VENTAVIS.....	56	VISCO-3.....	22
UNISTIK TOUCH SAFETY		<i>verapamil hcl</i>	52	VISTOGARD.....	42
LANC 30G.....	145	<i>verapamil hcl er</i>	52	Vita S Forte.....	198
UNISTRIP1 GENERIC.....	145	<i>verasens blood glucose meter</i> ..	145	Vitacel.....	198
Unithroid.....	158	<i>verasens blood glucose system</i> .	145	VITAFOL FE+.....	193
UNIVERSAL 1 LANCETS		<i>verasens blood glucose test</i>	145	VITAFOL GUMMIES.....	193
THIN 26G.....	145	VERDESO.....	224	VITAFOL ULTRA.....	193
UNIVERSAL 1 LANCETS		VEREGEN.....	225	VITAFOL-NANO.....	193
THIN 33G.....	145	VERIFINE SAFE LANCET		VITAFOL-OB.....	193
UNIVERSAL 1 LANCETS		MINI 21G.....	145	VITAFOL-OB+DHA.....	193
ULTRA THIN.....	145	VERIFINE SAFE LANCET		VITAFOL-ONE.....	193
UPTRAVI.....	56	MINI 23G.....	145	VITAMEDMD REDICHEW	
<i>ursodiol</i>	164	VERIFINE SAFE LANCET		RX.....	194
VAGIFEM.....	150	MINI 28G.....	145	VITAMEZ.....	198
<i>valacyclovir hcl</i>	28	VERIFINE SAFE LANCET		<i>vita-min</i>	198
VALCHLOR.....	225	MINI 30G.....	145	<i>vitamin d (ergocalciferol)</i>	198
<i>valganciclovir hcl</i>	28	VERIFINE UNIVERSAL		<i>vitamin k1</i>	198
VALIUM.....	69	LANCETS 28G.....	146	<i>vitamins acd-fluoride</i>	198
<i>valproic acid</i>	69	VERIFINE UNIVERSAL		VITAPEARL.....	194
<i>valsartan</i>	45	LANCETS 30G.....	146	<i>vitasure</i>	198
<i>valsartan-hydrochlorothiazide</i> ..	45	VERIFINE UNIVERSAL		VITATHELY WITH	
<i>value plus lancet standard 21g</i> .	145	LANCETS 33G.....	146	GINGER.....	194
<i>value plus lancets super thin</i>	145	VERKAZIA.....	205	VITATRUE.....	194
<i>vancomycin hcl</i>	32	VERQUVO.....	53	VITRAKVI.....	41
VANDAZOLE.....	168	VERSACLOZ.....	65	VIVA DHA.....	194
VANISHPOINT INSULIN		VERZENIO.....	41	VIVAGUARD INO	
SYRINGE.....	145	Vestura.....	105	CONTROL SOLUTION.....	146
<i>varenicline tartrate</i>	82	V-GO 20.....	146	VIVAGUARD INO	
<i>varenicline tartrate (starter)</i>	82	V-GO 30.....	146	GLUCOSE METER.....	146
VARISOFT INFUSION SET		V-GO 40.....	146	VIVAGUARD INO SMART	
.....	145	VIBERZI.....	162	GLUC METER.....	146
VARUBI (180 MG DOSE)...	160	Vic-Forte.....	198	VIVAGUARD INO TEST	
VASCEPA.....	48	VICTOZA.....	86	STRIPS.....	146
VASOTEC.....	44	Vienva.....	105	VIVAGUARD LANCETS..	146
<i>v-c forte</i>	198	<i>vigabatrin</i>	69		

VIVAGUARD LANCING DEVICE.....	146	WIDE-SEAL DIAPHRAGM 75.....	105	XPOVIO (40 MG ONCE WEEKLY).....	42
VIVITROL.....	80	WIDE-SEAL DIAPHRAGM 80.....	105	XPOVIO (40 MG TWICE WEEKLY).....	42
VIZIMPRO.....	41	WIDE-SEAL DIAPHRAGM 85.....	105	XPOVIO (60 MG ONCE WEEKLY).....	42
Volnea.....	105	WIDE-SEAL DIAPHRAGM 90.....	105	XPOVIO (60 MG TWICE WEEKLY).....	42
VOLTAREN.....	225	WIDE-SEAL DIAPHRAGM 95.....	106	XPOVIO (80 MG ONCE WEEKLY).....	42
VONJO.....	41	WILATE.....	170	XPOVIO (80 MG TWICE WEEKLY).....	42
VONVENDI.....	170	WINLEVI.....	217	XTAMPZA ER.....	19
<i>voriconazole</i>	24	WINRHO SDF.....	186	XTANDI.....	37
VOSEVI.....	31	Wymzya Fe.....	106	Xulane.....	106
VOTRIENT.....	41	WYNZORA.....	220	XULTOPHY.....	86
VOWST.....	164	XADAGO.....	62	XURIDEN.....	156
VOXZOGO.....	153	XALATAN.....	201	XYNTHA.....	174
VPRIV.....	148	XALKORI.....	41	XYNTHA SOLOFUSE.....	174
VRAYLAR.....	65	XARELTO.....	170	XYOSTED.....	84
VTAMA.....	220	XARELTO STARTER PACK.....	170	XYREM.....	79
VUMERITY.....	78	XCOPRI.....	69	XYWAV.....	79
VUSION.....	219	XCOPRI (250 MG DAILY DOSE).....	69	YASMIN 28.....	106
Vyfemla.....	105	XCOPRI (350 MG DAILY DOSE).....	69	YAZ.....	106
Vylibra.....	105	XELJANZ.....	183	<i>yl folic acid</i>	199
VYNDAMAX.....	53	XELJANZ XR.....	183	YONSA.....	37
VYNDAQEL.....	53	XELODA.....	35	YOSPRALA.....	176
VYTORIN.....	48	XELPROS.....	201	YUFLYMA 1-PEN KIT.....	183
VYVANSE.....	72	XEMBIFY.....	186	YUFLYMA 2-PEN KIT.....	183
VYZULTA.....	200	XENAZINE.....	75	YUFLYMA 2-SYRINGE KIT.....	184
WAKIX.....	79	XEOMIN.....	79	YUPELRI.....	207
WALGREENS LANCETS... <i>walgreens lancets micro thin</i> ... <i>walgreens lancets super thin</i> ...	146 146 146	XEPI.....	218	YUSIMRY.....	184
WALGREENS THIN LANCETS.....	146	XERAC AC.....	225	Yuvaferm.....	150
WALGREENS ULTRA THIN LANCETS.....	146	XERESE.....	28	<i>zaclir cleansing</i>	217
<i>warfarin sodium</i>	170	XERMELO.....	164	Zafemy.....	106
WAVESENSE AMP.....	146	XGEVA.....	156	<i>zafirlukast</i>	211
WEGOVY.....	93	XHANCE.....	212	<i>zaleplon</i>	73
WELIREG.....	42	XIFAXAN.....	32	<i>zalvit</i>	194
Wera.....	105	XIGDUO XR.....	92	ZANAFLEX.....	79
<i>wescap-c dha</i>	194	XIIDRA.....	204	ZARONTIN.....	69
<i>wescap-pn dha</i>	194	XIMINO.....	34	ZARXIO.....	172
<i>wesnate dha</i>	194	XOFLUZA (40 MG DOSE)... XOFLUZA (80 MG DOSE)...	29 29	ZAVESCA.....	148
<i>westab max</i>	199	XOLAIR.....	212, 213	Zebutal.....	14
<i>westab plus</i>	194	XOSPATA.....	41	ZEGALOGUE.....	153
<i>westgel dha</i>	194	XPOVIO (100 MG ONCE WEEKLY).....	42	ZEJULA.....	42
WIDE-SEAL DIAPHRAGM 60.....	105			<i>zelac</i>	159
WIDE-SEAL DIAPHRAGM 65.....	105			ZELAPAR.....	62
WIDE-SEAL DIAPHRAGM 70.....	105			ZELBORAF.....	41
				ZEMAIRA.....	206

ZEMBRACE SYMTOUCH... 74	ZYCLARA..... 217
Zenatane.....217	ZYCLARA PUMP..... 217
ZENPEP..... 164	ZYDELIG..... 41
Zenzedi..... 72	ZYFLO..... 211
ZENZEDI..... 72	ZYKADIA.....41
ZEPATIER..... 31	ZYLET.....201
ZEPOSIA..... 78	ZYPITAMAG..... 48
ZEPOSIA 7-DAY STARTER PACK..... 78	ZYPREXA RELPREVV..... 65
ZEPOSIA STARTER KIT..... 78	ZYTIGA..... 37
ZERVIATE.....199	
ZETIA.....47	
ZETONNA..... 212	
zevrx insulin syringe..... 146	
zevrx pen needles..... 146	
zevrx twist top lancets 30g..... 146	
ZIANA.....217	
zidovudine..... 26	
ZIEXTENZO..... 172	
zileuton er..... 211	
ZILXI.....226	
ZIMHI..... 80	
ZIOPTAN..... 201	
ziphex..... 194	
ziprasidone hcl.....65	
ZIPSOR..... 15	
ZIRGAN.....203	
ZITHROMAX..... 30	
ZITHROMAX TRI-PAK..... 30	
ZITHROMAX Z-PAK..... 30	
ZOCOR.....48	
ZOKINVY..... 156	
ZOLADEX..... 37	
zoledronic acid..... 93	
ZOLINZA.....42	
zolmitriptan..... 74	
zolpidem tartrate..... 73	
zolpidem tartrate er..... 73	
ZOMACTON.....154	
ZOMIG..... 74	
zonisamide..... 70	
ZONTIVITY..... 176	
ZORBTIVE..... 154	
ZORTRESS..... 188	
ZORVOLEX..... 15	
ZORYVE..... 220	
Zovia 1/35 (28).....106	
ZTALMY..... 70	
ZUBSOLV..... 79	
Zumandimine..... 106	