

IHS National Pharmacy & Therapeutics Committee
National Core Formulary; Last Updated: 09/23/2021

****Note: Medications in GREY indicate removed items.****

| Generic Medication Name | Pharmacological Category (up-to-date) | Formulary Brief (if available) | Notes / Miscellaneous | Similar NCF Medications | Active? |
|------------------------------|--|--|-----------------------|--|---------|
| Acetaminophen | Analgesic, Miscellaneous | | | | Yes |
| Albuterol nebulized solution | Beta2 Agonist | | | | Yes |
| Alendronate | Bisphosphonate Derivative | Osteoporosis (2016) | | | Yes |
| Allopurinol | Antigout Agent; Xanthine Oxidase Inhibitor | Gout (2016) | | | Yes |
| Alogliptin | Antidiabetic Agent, Dipeptidyl Peptidase 4 (DPP-4) Inhibitor | DPP-IV Inhibitors (2019) | | | Yes |
| Amitriptyline | Antidepressant, Tricyclic | Antidepressants in Pain Mgmt (2014) | | Nortriptyline | Yes |
| Amlodipine | Antihypertensive; Calcium Channel Blocker, Dihydropyridine | Calcium Channel Blockers (2014) | | Diltiazem | Yes |
| Anastrozole | Antineoplastic Agent, Aromatase Inhibitor | | | | Yes |
| Apixaban | Anticoagulant; Direct Oral Anticoagulant (DOAC); Factor Xa Inhibitor | Direct Oral Anticoagulants (2017) | | Warfarin | Yes |
| Aspirin | Antiplatelet Agent; Nonsteroidal Anti-Inflammatory Drug; Salicylate | | | | Yes |
| Atenolol | Antihypertensive; Beta-Blocker, Beta1 Selective | Beta Blockers (2014) | | Metoprolol; Propranolol | Yes |
| Atomoxetine | Norepinephrine Reuptake Inhibitor, Selective | ADHD (2020) | | Dextroamphetamine / Amphetamine (immediate release); Dextroamphetamine / Amphetamine (long-acting); Methylphenidate (immediate release); Methylphenidate (long-acting) | Yes |
| Atorvastatin | Antilipemic Agent, HMG-CoA Reductase Inhibitor | Dyslipidemia Guideline Review (2014) | | Pravastatin; Rosuvastatin; Simvastatin | Yes |
| Azithromycin | Antibiotic, Macrolide | STIs - PART 1 (2021) | | | Yes |

National Core Formulary; Last Updated: 09/23/2021

| Generic Medication Name | Pharmacological Category (up-to-date) | Formulary Brief (if available) | Notes / Miscellaneous | Similar NCF Medications | Active? |
|---|---|--|-----------------------|--|---------|
| Benzoyl Peroxide | Topical Skin Product, Acne | Acne Treatment (2020) | | Benzoyl Peroxide AND Clindamycin, topical combination | Yes |
| Benzoyl Peroxide AND Clindamycin, topical combination | Topical Skin Product, Acne; Topical Skin Product, Acne (Lincosamide Antibiotic) | Acne Treatment (2020) | | Benzoyl Peroxide | Yes |
| Bictegravir/emtricitabine/tenofovir alafenamide | Antiretroviral, Integrase Inhibitor (Anti-HIV) | HIV Treatment (2019) | | Dolutegravir/abacavir/lamivudine; Emtricitabine/tenofovir disoproxil fumarate; Raltegravir | Yes |
| Bupropion | Antidepressant, Dopamine/Norepinephrine-Reuptake Inhibitor; Smoking Cessation Aid | Nicotine Dependence (2015) | | Varenicline; Venlafaxine | Yes |
| Carbamazepine | Anticonvulsant, Miscellaneous | Antiepileptics (2014) | | Divalproex; Lamotrigine; Levetiracetam; Phenytoin; Topiramate | Yes |
| Carbidopa-Levodopa (immediate release) | Anti-Parkinson Agent; Decarboxylase Inhibitor-Dopamine Precursor | Parkinson's Disease (2019) | | | Yes |
| Ceftriaxone Injection | Antibiotic, Cephalosporin | STIs - PART 1 (2021) | | Cefixime | Yes |
| Chlorthalidone | Antihypertensive; Thiazide-Related Diuretic | Diuretic Agents (2014) | | Hydrochlorothiazide | Yes |
| Citalopram | Antidepressant, Selective Serotonin Reuptake Inhibitor | SSRIs (2019) | | Escitalopram; Fluoxetine; Paroxetine; Sertraline | Yes |
| Clonazepam | Benzodiazepine | Alcohol Withdrawal Syndrome (2015) | | Lorazepam | Yes |
| Clopidogrel | Antiplatelet Agent | Antiplatelets (2015) | | Aspirin | Yes |
| Corticosteroids (Topical) - High potency (Class I and II) | Topical Corticosteroids | Psoriasis (2018) | | Corticosteroid (Topical) - Intermediate potency; Corticosteroid (Topical) - Low potency | Yes |
| Cyanocobalamin (Vitamin B12), oral | Vitamin, Water Soluble | Hematologic Supplements (2016) | | | Yes |
| Dicyclomine | Anticholinergic Agent | Irritable Bowel Syndrome (2018) | | | Yes |

National Core Formulary; Last Updated: 09/23/2021

| Generic Medication Name | Pharmacological Category (up-to-date) | Formulary Brief (if available) | Notes / Miscellaneous | Similar NCF Medications | Active? |
|---|--|--|-----------------------|--|---------|
| Digoxin | Antiarrhythmic Agent, Miscellaneous; Cardiac Glycoside | Digoxin Use (2016) | | | Yes |
| Diltiazem | Antihypertensive; Calcium Channel Blocker, Nondihydropyridine | Calcium Channel Blockers (2014) | | Amlodipine | Yes |
| Divalproex | Anticonvulsant, Miscellaneous | ER Lithium & Divalproex (2012) | | Carbamazepine; Lamotrigine; Levetiracetam; Phenytoin; Topiramate | Yes |
| Doxazosin | Alpha1 Blocker; Antihypertensive | Benign Prostatic Hypertrophy (2016) | | Prazosin; Tamsulosin | Yes |
| Doxycycline | Antibiotic, Tetracycline | STIs - PART 1 (2021) | | | Yes |
| Duloxetine | Antidepressant, Serotonin/Norepinephrine Reuptake Inhibitor/Antagonist | Diabetic Neuropathy (2018) | | Bupropion; Venlafaxine | Yes |
| Empagliflozin | Antidiabetic Agent, Sodium-Glucose Cotransporter 2 (SGLT2) Inhibitor | SGLT-2 Inhibitors (2019) | | | Yes |
| Escitalopram | Antidepressant, Selective Serotonin Reuptake Inhibitor | SSRIs (2019) | | Citalopram; Fluoxetine; Paroxetine; Sertraline | Yes |
| Estradiol tablets | Estrogen Derivative | Menopausal Hormone Therapy (2016) | | | Yes |
| Ethambutol | Antitubercular Agent | | | Isoniazid; Pyrazinamide; Rifampin; Rifapentine | Yes |
| Ethinyl estradiol / Etonogestrel vaginal ring | Contraceptive; Estrogen and Progestin Combination | Contraception (2016) | | | Yes |
| Ethinyl estradiol / Norelgestromin, transdermal | Contraceptive; Estrogen and Progestin Combination | Contraception (2016) | | | Yes |
| Ethosuximide | Anticonvulsant, Succinimide | Anti-Seizure Drugs (2021) | | Carbamazepine; Clonazepam; Divalproex; Gabapentin; Lamotrigine; Levetiracetam; Phenytoin; Topiramate | Yes |
| Ezetimibe | Antilipemic Agent, 2-Azetidinone | 2018 ACC/AHA Cholesterol Guidelines (2019) | | | Yes |

National Core Formulary; Last Updated: 09/23/2021

| Generic Medication Name | Pharmacological Category (up-to-date) | Formulary Brief (if available) | Notes / Miscellaneous | Similar NCF Medications | Active? |
|-------------------------------------|--|--|-----------------------|---|---------|
| Finasteride | 5 Alpha-Reductase Inhibitor | Benign Prostatic Hypertrophy (2016) | | | Yes |
| Fluoxetine | Antidepressant, Selective Serotonin Reuptake Inhibitor | | | Sertraline | Yes |
| Fluticasone/salmeterol | Beta2 Agonist, Long-Acting; Corticosteroid, Inhalant | LABAs (2019) | | Mometasone (Asmanex®) | Yes |
| Furosemide | Antihypertensive; Loop Diuretic | Heart Failure Overview (2017) | | | Yes |
| Gabapentin | Anticonvulsant, Miscellaneous; GABA Analog | Gabapentin & Pregabalin in Pain (2014) | | | Yes |
| Glecaprevir/pibrentasvir (Mavyret®) | Antihhepaciviral | HCV Treatment (2018) | | Ledipasvir/sofosbuvir (Harvoni®); Sofosbuvir/velpatasvir (Epclusa®) | Yes |
| Glipizide | Antidiabetic Agent; Sulfonylurea | Sulfonylureas (2015) | | | Yes |
| Hydrochlorothiazide | Antihypertensive; Thiazide Diuretic | Diuretics (2014) | | Chlorthalidone | Yes |
| Hydroxychloroquine | Antimalarial | Non-biologic DMARDs (2016) | | Leflunomide; Methotrexate; Sulfasalazine | Yes |
| Hydroxyzine | Histamine H1 Antagonist, First Generation | Anxiety Disorders (2021) | | | Yes |
| Ibuprofen | Nonsteroidal Anti-Inflammatory Drug | NSAIDs (2014) | | Diclofenac; Indomethacin; Meloxicam; Naproxen | Yes |
| Indomethacin | Nonsteroidal Anti-Inflammatory Drug | NSAIDs (2014) | | Diclofenac; Ibuprofen; Meloxicam; Naproxen | Yes |
| Isoniazid | Antitubercular Agent | | | Ethambutol; Pyrazinamide; Rifampin; Rifapentine | Yes |
| Isosorbide mononitrate | Antianginal Agent; Vasodilator | | | Nitroglycerin 0.4 Milligrams; Sublingual; Nitroglycerin patch | Yes |

National Core Formulary; Last Updated: 09/23/2021

| Generic Medication Name | Pharmacological Category (up-to-date) | Formulary Brief (if available) | Notes / Miscellaneous | Similar NCF Medications | Active? |
|--|---|--|-----------------------|---|---------|
| Lactulose | Ammonium Detoxicant; Laxative, Osmotic | Cirrhosis & Complications (2015) | | Polyethylene glycol | Yes |
| Lamotrigine | Anticonvulsant, Miscellaneous | Antiepileptics (2014) | | Carbamazepine; Divalproex; Levetiracetam; Phenytoin; Topiramate | Yes |
| Ledipasvir/sofosbuvir (Harvoni®) | Antihepaciviral | HCV Treatment (2018) | | Glecaprevir/pibrentasvir (Mavyret®); Sofosbuvir/velpatasvir (Epclusa®) | Yes |
| Leflunomide | Antirheumatic, Disease Modifying | Non-biologic DMARDs (2016) | | Hydroxychloroquine; Methotrexate; Sulfasalazine | Yes |
| Letrozole | Antineoplastic Agent, Aromatase Inhibitor | | | | Yes |
| Levetiracetam | Anticonvulsant, Miscellaneous | Antiepileptics (2014) | | Carbamazepine; Divalproex; Lamotrigine; Phenytoin; Topiramate | Yes |
| Levothyroxine | Thyroid Agent | | | | Yes |
| Lisinopril | Antihypertensive, Angiotensin-Converting Enzyme Inhibitor | ACEIs & ARBs in Heart Failure (2017) | | | Yes |
| Lithium | Antimanic Agent | ER Lithium & Divalproex (2012) | | | Yes |
| Loperamide | Antidiarrheal | Irritable Bowel Syndrome (2018) | | | Yes |
| Lorazepam | Benzodiazepine | Alcohol Withdrawal Syndrome (2015) | | Clonazepam | Yes |
| Losartan | Antihypertensive, Angiotensin II Receptor Blocker | ACEIs & ARBs in Heart Failure (2017) | | | Yes |
| Medroxyprogesterone acetate, injection | Contraceptive, Progestin (Injection/Depot) | Contraception (2016) | | Medroxyprogesterone, oral; Oral contraceptive pill, progestin only | Yes |
| Medroxyprogesterone, oral | Contraceptive; Progestin | Polycystic Ovarian Syndrome (2017) | | Medroxyprogesterone acetate, injection; Oral contraceptive pill, progestin only | Yes |

National Core Formulary; Last Updated: 09/23/2021

| Generic Medication Name | Pharmacological Category (up-to-date) | Formulary Brief (if available) | Notes / Miscellaneous | Similar NCF Medications | Active? |
|--|---|---|-----------------------|--|---------|
| Meloxicam | Nonsteroidal Anti-Inflammatory Drug | NSAIDs (2014) | | Diclofenac; Ibuprofen; Indomethacin; Naproxen | Yes |
| Memantine | N-Methyl-D-Aspartate (NMDA) Receptor Antagonist | | | | Yes |
| Metformin | Antidiabetic Agent; Biguanide | | | | Yes |
| Methimazole | Antithyroid Agent; Thioamide | Hyperthyroidism (2021) | | Propylthiouracil | Yes |
| Methotrexate | Antineoplastic Agent; Antirheumatic; Disease Modifying; Immunosuppressant Agent | Non-biologic DMARDs (2016) | | Hydroxychloroquine; Leflunomide; Sulfasalazine | Yes |
| Metoprolol | Antihypertensive; Beta-Blocker, Beta1 Selective | Beta-blockers in Heart Failure (2017) | | Atenolol; Propranolol | Yes |
| Moisturizers (both cream- AND petroleum-based) | Skin and Mucous Membrane Agent, Miscellaneous; Topical Skin Product | Atopic Dermatitis (2020) | | Corticosteroids (Topical) - High potency (Class I and II); Corticosteroid (Topical) - Intermediate potency; Corticosteroid (Topical) - Low potency; Tacrolimus | Yes |
| Montelukast | Leukotriene Receptor Antagonist | | | | Yes |
| Naloxone | Antidote; Opioid Antagonist | Treatment of Opioid Overdose (2014) | | | Yes |
| Naltrexone, oral | Antidote; Opioid Antagonist | Alcohol Use Disorders (2015) | | Naloxone | Yes |
| Naproxen | Nonsteroidal Anti-Inflammatory Drug | NSAIDs (2014) | | Diclofenac; Ibuprofen; Indomethacin | Yes |
| Nitroglycerin 0.4 milligrams, sublingual | Antianginal Agent; Antidote, Extravasation; Vasodilator | | | Isosorbide mononitrate; Nitroglycerin patch | Yes |
| Nitroglycerin patch | Antianginal Agent; Antidote, Extravasation; Vasodilator | | | Isosorbide mononitrate; Nitroglycerin 0.4 milligrams; Sublingual | Yes |
| Nortriptyline | Antidepressant, Tricyclic | Antidepressants in Pain Mgmt (2014) | | Amitriptyline | Yes |

National Core Formulary; Last Updated: 09/23/2021

| Generic Medication Name | Pharmacological Category (up-to-date) | Formulary Brief (if available) | Notes / Miscellaneous | Similar NCF Medications | Active? |
|-------------------------------|--|---|-----------------------|--|---------|
| Ondansetron | Antiemetic; Selective 5-HT3 Receptor Antagonist | Antiemetic Agents (2021) | | | Yes |
| Oseltamivir | Antiviral Agent; Neuraminidase Inhibitor | Treatment of Influenza (2019) | | | Yes |
| Oxcarbazepine | Anticonvulsant, Miscellaneous | Anti-Seizure Drugs (2021) | | Carbamazepine; Clonazepam; Divalproex; Gabapentin; Lamotrigine; Levetiracetam; Phenytoin; Topiramate | Yes |
| Oxybutynin, Extended-release | Antispasmodic Agent, Urinary | Antimuscarinics (2019) | | Oxybutynin, Immediate-release | Yes |
| Oxybutynin, Immediate-release | Antispasmodic Agent, Urinary | Antimuscarinics (2019) | | Oxybutynin, Extended-release | Yes |
| Paroxetine | Antidepressant, Selective Serotonin Reuptake Inhibitor | SSRIs (2019) | | Citalopram; Escitalopram; Fluoxetine; Sertraline | Yes |
| Penicillin G benzathine | Antibiotic, Penicillin | STIs - PART 1 (2021) | | | Yes |
| Phentermine | Central Nervous System Stimulant | Obesity Treatment (2018) | | | Yes |
| Phenytoin | Anticonvulsant, Hydantoin | Antiepileptics (2014) | | Carbamazepine; Divalproex; Lamotrigine; Levetiracetam; Topiramate | Yes |
| Pioglitazone | Antidiabetic Agent, Thiazolidinedione | Thiazolidinediones (2017) | | | Yes |
| Pramipexole | Anti-Parkinson Agent, Dopamine Agonist | Insomnia/Sleep Medications (2021) | | | Yes |
| Pravastatin | Antilipemic Agent, HMG-CoA Reductase Inhibitor | Hyperlipidemia (2017) | | Atorvastatin; Rosuvastatin; Simvastatin | Yes |
| Prazosin | Alpha1 Blocker; Antihypertensive | PTSD Indication (2012) | | Doxazosin; Tamsulosin | Yes |
| Prednisone | Corticosteroid, Systemic | | | | Yes |

National Core Formulary; Last Updated: 09/23/2021

| Generic Medication Name | Pharmacological Category (up-to-date) | Formulary Brief (if available) | Notes / Miscellaneous | Similar NCF Medications | Active? |
|-----------------------------------|--|--|-----------------------|--|---------|
| Propranolol | Antihypertensive; Beta-Blocker, Non-Selective | Beta Blockers (2014) | | Atenolol; Metoprolol | Yes |
| Propylthiouracil | Antithyroid Agent; Thioamide | Hyperthyroidism (2021) | | Methimazole | Yes |
| Pyrazinamide | Antitubercular Agent | | | Ethambutol; Isoniazid; Rifapentine ; Rifampin | Yes |
| Pyridoxine (Vitamin B6) | Vitamin, Water Soluble | Supplements in Obstetrics (2016) | | | Yes |
| Rifampin | Antitubercular Agent | | | Ethambutol; Isoniazid; Pyrazinamide; Rifapentine | Yes |
| Rifapentine | Antitubercular Agent | Rifapentine (2013) | | Ethambutol; Isoniazid; Pyrazinamide; Rifampin | Yes |
| Rosuvastatin | Antilipemic Agent, HMG-CoA Reductase Inhibitor | Hyperlipidemia (2017) | | Atorvastatin; Pravastatin; Simvastatin | Yes |
| Salsalate | Salicylate | | | | Yes |
| Sertraline | Antidepressant, Selective Serotonin Reuptake Inhibitor | | | Citalopram; Escitalopram; Fluoxetine; Paroxetine | Yes |
| Simvastatin | Antilipemic Agent, HMG-CoA Reductase Inhibitor | Dyslipidemia Guideline Review (2014) | | Atorvastatin; Pravastatin; Rosuvastatin | Yes |
| Sofosbuvir/velpatasvir (Epclusa®) | Antihhepaciviral | HCV Treatment (2018) | | Glecaprevir/pibrentasvir (Mavyret®); Ledipasvir/sofosbuvir (Harvoni®) | Yes |
| Spironolactone | Antihypertensive; Mineralocorticoid Receptor Antagonists; Potassium Sparing Diuretic | Mineralocorticoid Receptor Antagonist in HF (2017) | | | Yes |
| Sulfasalazine | 5-Aminosalicylic Acid Derivative | | | Hydroxychloroquine; Leflunomide; Methotrexate | Yes |
| Tacrolimus | Calcineurin Inhibitor; Immunosuppressant Agent; Topical Skin Product | Atopic Dermatitis (2020) | | Corticosteroids (Topical) - High potency (Class I and II); Corticosteroid (Topical) - Intermediate potency; Corticosteroid (Topical) - Low potency; Moisturizers (both cream- AND petroleum-based) | Yes |

National Core Formulary; Last Updated: 09/23/2021

| Generic Medication Name | Pharmacological Category (up-to-date) | Formulary Brief (if available) | Notes / Miscellaneous | Similar NCF Medications | Active? |
|---------------------------------------|---|--|------------------------|--|---------|
| Tamoxifen | Antineoplastic Agent, Estrogen Receptor Antagonist; Selective Estrogen Receptor Modulator | | | | Yes |
| Tamsulosin | Alpha1 Blocker | Benign Prostatic Hypertrophy (2016) | | Doxazosin; Prazosin | Yes |
| Topiramate | Anticonvulsant, Miscellaneous | Antiepileptic Medications (2014) | | Carbamazepine; Divalproex; Lamotrigine; Levetiracetam; Phenytoin | Yes |
| Ulipristal | Contraceptive; Progestin Receptor Modulator | Contraception (2016) | | Levonorgestrel (Plan B One-Step®) | Yes |
| Umeclidinium/vilanterol | Long-Acting Muscarinic Antagonist (LAMA) / Long-Acting Beta2 Agonist (LABA) | LAMAs (2019) | | Tiotropium (Spiriva®) | Yes |
| Varenicline | Partial Nicotine Agonist, Smoking Cessation Aid | Nicotine Dependence (2015) | | Bupropion | Yes |
| Venlafaxine | Antidepressant, Serotonin/Norepinephrine Reuptake Inhibitor/Antagonist | SNRIs (2012) | | Bupropion; Duloxetine | Yes |
| Warfarin | Anticoagulant; Vitamin K Antagonist | Direct Oral Anticoagulants (2017) | | Apixaban; Low-molecular weight heparin | Yes |
| Calcium | Electrolyte supplement | | *Any formulation* | | Yes |
| Diclofenac | Nonsteroidal Anti-Inflammatory Drug | NSAIDs (2014) | *Any formulation* | Ibuprofen; Indomethacin; Meloxicam; Naproxen | Yes |
| Fluoride, oral | Nutritional Supplement | Supplements in Oral Health (2016) | *Any oral formulation* | | Yes |
| Iron, oral | Iron Salt | Hematologic Supplements (2016) | *Any oral formulation* | | Yes |
| Albuterol, metered dose inhaler (MDI) | Beta2 Agonist | NPTC Meeting Update (Nov 2017) | *Any product* | | Yes |
| Atypical antipsychotic | Antipsychotic, Atypical | Atypical Antipsychotic Agents (2015) | *Any product* | Aripiprazole lauroxil; Haloperidol decanoate | Yes |

National Core Formulary; Last Updated: 09/23/2021

| Generic Medication Name | Pharmacological Category (up-to-date) | Formulary Brief (if available) | Notes / Miscellaneous | Similar NCF Medications | Active? |
|---|--|--|-----------------------|--|---------|
| Corticosteroid (Topical) - Intermediate potency | Topical Corticosteroids | | *Any product* | Corticosteroids (Topical) - High potency (Class I and II); Corticosteroid (Topical) - Low potency | Yes |
| Corticosteroid (Topical) - Low potency | Topical Corticosteroids | | *Any product* | Corticosteroids (Topical) - High potency (Class I and II); Corticosteroid (Topical) - Intermediate potency | Yes |
| Corticosteroid, intranasal | Intranasal Corticosteroid | | *Any product* | | Yes |
| Estrogen vaginal cream | Estrogen Derivative | NPTC Meeting Update (May 2018) | *Any product* | Estradiol tablets | Yes |
| H1 Antagonist (2nd generation), long-acting | Histamine H1 Antagonist, Second Generation | | *Any product* | | Yes |
| Laxative, bulk-forming | Bulk-forming Laxative | | *Any product* | | Yes |
| Laxative, stimulant | Stimulant Laxative | | *Any product* | | Yes |
| Low-molecular weight heparin | Low-molecular Weight Heparin | VTE Prophylaxis (2011) | *Any product* | | Yes |
| Ophthalmic Prostaglandin Analog | Ophthalmic Prostaglandin Analog | Ophth Prostaglandin Analogs (2018) | *Any product* | | Yes |
| Oral contraceptive pill, extended cycle | Contraceptive | Contraception (2016) | *Any product* | | Yes |
| Oral contraceptive pill, monophasic: 20mcg EE (low) | Contraceptive | | *Any product* | Monophasic: 30-35mcg EE (medium); Oral contraceptive pill | Yes |
| Oral contraceptive pill, monophasic: 30-35mcg EE (medium) | Contraceptive | | *Any product* | Monophasic: 20mcg EE (low) ; Oral contraceptive pill | Yes |
| Oral contraceptive pill, progestin only | Contraceptive | | *Any product* | Etonogestrel; Implant; Intrauterine Device; Levonorgestrel | Yes |
| Oral contraceptive pill, triphasic | Contraceptive | | *Any product* | Monophasics ; Oral Contraceptive Pill | Yes |

National Core Formulary; Last Updated: 09/23/2021

| Generic Medication Name | Pharmacological Category (up-to-date) | Formulary Brief (if available) | Notes / Miscellaneous | Similar NCF Medications | Active? |
|--|---------------------------------------|---|---|-------------------------------------|---------|
| Phosphodiesterase 5 (PDE5) Inhibitor | Phosphodiesterase-5 Enzyme Inhibitor | Phosphodiesterase 5 Inhibitors (2018) | *Any product* | | Yes |
| Polyethylene glycol | Laxative, Osmotic | Irritable Bowel Syndrome (2018) | *Any product* | Lactulose | Yes |
| Proton Pump Inhibitor | Proton Pump Inhibitor | GERD & PUD (2018) | *Any product* | | Yes |
| Tretinoin, topical | Topical Skin Product, Acne | Acne (2013) | *Any product* | | Yes |
| Vitamin D | Vitamin D Analog | Vitamin D (2010) | *Any product* | | Yes |
| Vitamin D Analog (Topical) | Vitamin D Analog | Psoriasis (2018) | *Any product* | | Yes |
| Intrauterine device, copper | Contraceptive | Contraception (2016) | *Any product*; For use by a skilled and privileged provider | Intrauterine device, levonorgestrel | Yes |
| Intrauterine device, levonorgestrel | Contraceptive, Progestin | Contraception (2016) | *Any product*; For use by a skilled and privileged provider | Intrauterine device, copper | Yes |
| Insulin / Regular human (NovoLIN® R) | Insulin, Short-Acting | Insulins (2015) | *Branded product* | | Yes |
| Insulin NPH (NovoLIN® N) | Insulin, Intermediate-Acting | Insulins (2015) | *Branded product* | | Yes |
| Insulin NPH / Regular human insulin (NovoLIN® 70/30) | Insulin, Combination (70/30 Mix) | Insulins (2015) | *Branded product* | | Yes |
| Levonorgestrel (Plan B One-Step®) | Contraceptive, Progestin | Contraception (2016) | *Branded product* | Ulipristal | Yes |
| Mometasone (Asmanex®) | Corticosteroid, Inhalant | | *Branded product* | | Yes |
| Tiotropium (Spiriva®) | Long-Acting Anticholinergic Agent | Inhaled Anticholinergics (2011) | *Branded product* | | Yes |

National Core Formulary; Last Updated: 09/23/2021

| Generic Medication Name | Pharmacological Category (up-to-date) | Formulary Brief (if available) | Notes / Miscellaneous | Similar NCF Medications | Active? |
|--|---|---|---|---|---------|
| Insulin aspart (NovoLog®) | Insulin, Rapid-Acting | Insulins (2015) | *Branded product*; Pen Device | | Yes |
| Insulin aspart / Insulin aspart protamine (NovoLog® Mix 70/30) | Insulin, Combination (70/30 Mix) | Insulins (2015) | *Branded product*; Pen Device | | Yes |
| Insulin detemir (Levemir®) | Insulin, Long-Acting | Insulins (2015) | *Branded product*; Pen Device | Insulin glargine (Lantus®) | Yes |
| Carvedilol | Antihypertensive; Beta-Blocker with Alpha-Blocking Activity | Beta-blockers in Heart Failure (2017) | *Immediate-release only | Atenolol; Metoprolol; Propranolol | Yes |
| Dolutegravir/abacavir/lamivudine | Antiretroviral, Integrase Inhibitor (Anti-HIV) | HIV Treatment (2019) | *Note: HLA B5701 testing required prior to initiation | Bictegravir/emtricitabine/tenofovir alafenamide; Dolutegravir; Emtricitabine/tenofovir disoproxil fumarate; Raltegravir | Yes |
| Buprenorphine-naloxone (**REMS drug**) | Analgesic, Opioid; Analgesic, Opioid Partial Agonist | Opioid Use Disorder (2018) | **See REMS here** | Naloxone | Yes |
| Buprenorphine, long-acting (**REMS drug**) | Analgesic, Opioid; Analgesic, Opioid Partial Agonist | MAT for OUD (2021) | Any formulation: Restricted to treatment of Opioid Use Disorder. **See REMS here** | Buprenorphine, short-acting (**REMS drug**); Buprenorphine-naloxone (**REMS drug**) | Yes |
| Buprenorphine, short-acting (**REMS drug**) | Analgesic, Opioid; Analgesic, Opioid Partial Agonist | MAT for OUD (2021) | Any formulation: Restricted to treatment of Opioid Use Disorder. **See REMS here** | Buprenorphine, long-acting (**REMS drug**); Buprenorphine-naloxone (**REMS drug**) | Yes |
| Naltrexone, extended-release for injection (**REMS drug**) | Antidote; Opioid Antagonist | Opioid Use Disorder (2018) | **See REMS here** | | Yes |
| Ranitidine* | Histamine H2 Antagonist | GERD & PUD (2018) | *(April 1, 2020) The Food and Drug Administration has recommended that all formulations of ranitidine be taken off the market due to contaminants of N-Nitrosodimethylamine (NDMA), a carcinogen, in ranitidine products. | Proton Pump Inhibitor | Yes |
| Donepezil | Acetylcholinesterase Inhibitor (Central) | | 5mg and 10mg strengths | | Yes |
| Rifaximin | Antibiotic, Rifamycin | Hepatic Encephalopathy (2020) | After failure of, or intolerance to, lactulose monotherapy as indicated for hepatic encephalopathy | Lactulose | Yes |
| Vaccines, All ACIP-recommended | Vaccines | Vaccine (2011) | All ACIP recommended vaccines for routine use in accordance with ACIP guidelines | | Yes |
| Epinephrine Injection Devices (both 0.15mg and 0.3mg) | Alpha-/Beta- Agonist | Epinephrine Injection Devices (2020) | Any device, auto-injector or pre-filled syringe | | Yes |

National Core Formulary; Last Updated: 09/23/2021

| Generic Medication Name | Pharmacological Category (up-to-date) | Formulary Brief (if available) | Notes / Miscellaneous | Similar NCF Medications | Active? |
|---|--|--|--|--|---------|
| Glucose, Oral | Antidote | Glucagon Delivery Devices (2021) | Any formulation | Glucagon | Yes |
| Folic Acid | Vitamin, Water Soluble | Supplements in Womens Health (2016) | Any product containing >400 mcg / daily dose | | Yes |
| Serotonin 5-HT1 agonist (Triptan) | Antimigraine Agent; Serotonin 5-HT 1B/1D Receptor Agonist | Triptans (2016) | Any two (2) triptan medications are required, one must be sumatriptan | Sumatriptan | Yes |
| Sumatriptan | Antimigraine Agent; Serotonin 5-HT 1B/1D Receptor Agonist | Triptans (2016) | Any two (2) triptan medications are required, one must be sumatriptan | | Yes |
| Nicotine replacement therapy (NRT), combination | Smoking Cessation Aid | Nicotine Dependence (2015) | Combination NRT (nicotine patches + any short-acting NRT product) | Bupropion; Varenicline | Yes |
| Semaglutide, dulaglutide or liraglutide | ===REMOVED from NCF=== | | Dulaglutide removed from NCF; liraglutide and semaglutide remain on NCF | | No |
| Raltegravir | Antiretroviral, Integrase Inhibitor (Anti-HIV) | HIV Treatment (2019) | For (1) HIV Post-Exposure Prophylaxis (with emtricitabine/ tenofovir DF) or (2) HIV Treatment (with emtricitabine/tenofovir DF) in patients with contraindications for 1st line anti-HIV agents | Emtricitabine/tenofovir disoproxil fumarate | Yes |
| Emtricitabine/tenofovir disoproxil fumarate | Antiretroviral, Reverse Transcriptase Inhibitor, Nucleoside (Anti-HIV); Antiretroviral, Reverse Transcriptase Inhibitor, Nucleotide (Anti-HIV) | HIV Pre-Exposure Prophylaxis (PrEP) (2018) | For (1) Pre-Exposure HIV Prophylaxis, (2) Post-Exposure HIV Prophylaxis (with raltegravir) or (3) HIV Treatment (with raltegravir) in patients with contraindications for 1st line anti-HIV agents | Raltegravir | Yes |
| Dolutegravir | Antiretroviral, Integrase Inhibitor (Anti-HIV) | HIV Updates (2020) | For HIV treatment in pregnant patients | Emtricitabine/tenofovir disoproxil fumarate; Raltegravir | Yes |
| Cefixime | Antibiotic, Cephalosporin | STIs - PART 1 (2021) | For outpatient treatment of gonorrhea for Expedited Partner Therapy or when injection therapy is not possible | Ceftriaxone Injection | Yes |
| Glucagon | Antidote; Hypoglycemia | | For outpatient use | | Yes |
| Sevelamer carbonate | Phosphate Binder | Phosphate Binders (2018) | For patients on dialysis who cannot use calcium-based phosphate binders due to hypercalcemia | Calcium | Yes |
| Etonogestrel, implant | Contraceptive; Progestin | Contraception (2016) | For use by a skilled and privileged provider | Oral contraceptive pill, progestin only | Yes |
| Aripiprazole lauroxil | Antipsychotic, Atypical (Second Generation) - Injectable | Long-Acting Injectable Antipsychotics (2020) | Injectable | Haloperidol decanoate | Yes |

National Core Formulary; Last Updated: 09/23/2021

| Generic Medication Name | Pharmacological Category (up-to-date) | Formulary Brief (if available) | Notes / Miscellaneous | Similar NCF Medications | Active? |
|--|--|--|--|--|---------|
| Haloperidol decanoate | Antipsychotic, Typical (First Generation) - Injectible | Long-Acting Injectable Antipsychotics (2020) | Injectable | Aripiprazole lauroxil | Yes |
| Prenatal Multivitamin | Vitamin | Pregnancy & Prenatal Care (2021) | Must contain >400 mcg of folic acid/dose | | Yes |
| Adalimumab -OR- Etanercept (can choose either product) | Antirheumatic, Disease Modifying; Tumor Necrosis Factor (TNF) Blocking Agent | TNF Inhibitors (2016) | ONLY In consultation with a rheumatologist | Etanercept -OR- Adalimumab (can choose either product) | Yes |
| Etanercept -OR- Adalimumab (can choose either product) | Antirheumatic, Disease Modifying; Tumor Necrosis Factor (TNF) Blocking Agent | TNF Inhibitors (2016) | ONLY In consultation with a rheumatologist | Adalimumab -OR- Etanercept (can choose either product) | Yes |
| Dextroamphetamine / Amphetamine (immediate release) | Central Nervous System Stimulant | | Pediatric use only | Dextroamphetamine and amphetamine (long-acting) | Yes |
| Dextroamphetamine / Amphetamine (long-acting) | Central Nervous System Stimulant | | Pediatric use only | Dextroamphetamine and amphetamine (immediate release) | Yes |
| Methylphenidate (immediate release) | Central Nervous System Stimulant | | Pediatric use only | Methylphenidate (long-acting) | Yes |
| Methylphenidate (long-acting) | Central Nervous System Stimulant | | Pediatric use only | Methylphenidate (immediate release) | Yes |
| Angiotensin receptor blocker | ===REMOVED from NCF=== (see Losartan) | Angiotensin II Receptor Antagonists (2014) | Removed April 2012 | Losartan | No |
| Lovastatin | | Dyslipidemia Guidelines Review (2014) | Removed April 2012 | Atorvastatin; Pravastatin; Rosuvastatin; Simvastatin | No |
| Isosorbide dinitrate | ===REMOVED from NCF=== (see Isosorbide mononitrate) | | Removed Aug 2013 | Isosorbide mononitrate | No |
| Ipratropium, MDI | ===REMOVED from NCF=== | COPD Inhalers (2015) | Removed Aug 2015 | Albuterol, metered dose inhaler (MDI); Tiotropium (Spiriva®) | No |
| Lopinavir / Ritonavir (Kaletra®) | ===REMOVED from NCF=== (see Emtricitabine/tenofovir) | HIV PrEP (2018) | Removed August 2013 | | No |
| Nifedipine (controlled or extended release) | | Calcium Channel Blockers (2014) | Removed August 2014 | Amlodipine | No |

National Core Formulary; Last Updated: 09/23/2021

| Generic Medication Name | Pharmacological Category (up-to-date) | Formulary Brief (if available) | Notes / Miscellaneous | Similar NCF Medications | Active? |
|---|--|---|-----------------------|---|---------|
| Verapamil | ===REMOVED from NCF=== (see Diltiazem) | Calcium Channel Blockers (2014) | Removed August 2014 | Diltiazem | No |
| Gemfibrozil | ===REMOVED from NCF=== | Dyslipidemia Guidelines Review (2014) | Removed Feb 2014 | | No |
| Omeprazole (enteric coated) | ===REMOVED from NCF=== (see Proton Pump Inhibitor) | Long-Term Use of PPIs (2014) | Removed Feb 2014 | Proton Pump Inhibitor | No |
| Fibric Acid Derivative | ===REMOVED from NCF=== | Hyperlipidemia (2017) | Removed Feb 2017 | | No |
| Niacin extended release (Niaspan®) | ===REMOVED from NCF=== | Hyperlipidemia (2017) | Removed Feb 2017 | | No |
| Saxagliptin | ===REMOVED from NCF=== (see Alogliptin) | DPP-IV Inhibitors (2019) | Removed Feb 2019 | Alogliptin | No |
| Trospium | ===REMOVED from NCF=== (see Oxybutynin ER, IR) | Antimuscarinics (2019) | Removed Feb 2019 | Oxybutynin, Extended-release; Oxybutynin, Immediate-release | No |
| Terazosin | | Prazosin in PTSD (2012) | Removed Jan 2012 | Doxazosin; Prazosin; Tamsulosin | No |
| Clindamycin, topical | ===REMOVED from NCF=== (See Benzoyl Peroxide AND Clindamycin, topical combination) | | Removed January 2020 | | No |
| Mometasone / Formoterol (Dulera®) | ===REMOVED from NCF=== (see Fluticasone/salmeterol) | LABAs (2019) | Removed June 2019 | Fluticasone/salmeterol | No |
| Imipramine | ===REMOVED from NCF=== (see Nortriptyline) | Antidepressant Use in Chronic Pain (2014) | Removed May 2014 | Nortriptyline | No |
| Sulindac | | NSAIDs in Chronic Pain (2014) | Removed May 2014 | Diclofenac; Ibuprofen; Indomethacin; Meloxicam; Naproxen | No |
| Glyburide | ===REMOVED from NCF=== (see Glipizide) | Sulfonylureas (2015) | Removed May 2015 | Glipizide | No |
| Conjugated estrogen vaginal cream, (Premarin) | ===REMOVED from NCF=== (see Estrogen vaginal cream) | NPTC Meeting Update (May 2018) | Removed May 2018 | Estrogen vaginal cream | No |

National Core Formulary; Last Updated: 09/23/2021

| Generic Medication Name | Pharmacological Category (up-to-date) | Formulary Brief (if available) | Notes / Miscellaneous | Similar NCF Medications | Active? |
|------------------------------------|--|---|---|---|---------|
| Insulin glargine (Lantus®) | ===REMOVED from NCF=== (see Insulin detemir) | NPTC Meeting Update (May 2019) | Removed May 2019 | Insulin detemir (Levemir®) | No |
| Dulaglutide | ===REMOVED from NCF=== | NPTC Meeting Update (2020) | Removed Nov 2020 | | No |
| Fluticasone / Salmeterol (Advair®) | | | Removed Oct 2012 | Fluticasone/salmeterol | No |
| Trazodone | ===REMOVED from NCF=== | Insomnia (2015) | Removed Oct 2015 | | No |
| Salmeterol (Serevent®) | ===REMOVED from NCF=== | Inhaled Anticholinergics (2011) | Removed Sept 2011 | | No |
| Dedicated emergency contraceptive | | Contraception (2016) | Removed Sept 2013 | Levonorgestrel (Plan B One-Step®); Ulipristal | No |
| Liraglutide or semaglutide | Antidiabetic Agent, Glucagon-Like Peptide-1 (GLP-1) Receptor Agonist | GLP-1 Receptor Agonists (2019) | Select either of these subcutaneous agents, no preference given | | Yes |
| Semaglutide or liraglutide | Antidiabetic Agent, Glucagon-Like Peptide-1 (GLP-1) Receptor Agonist | GLP-1 Receptor Agonists (2019) | Select either of these subcutaneous agents, no preference given | | Yes |