



**Blue Cross of Idaho's
Standard Three-Tier Prescription
Drug Formulary**

This document is a searchable PDF. On your keyboard press Ctrl+F (Command+F for Mac) and a search field will open. Type in the name of the drug you are looking for in the search field, press enter and it will locate the name of the drug in the document.

Things to know about Blue Cross of Idaho's Standard Three-Tier Prescription Drug Formulary

The Blue Cross of Idaho formulary is a list of drugs approved by Blue Cross of Idaho's Pharmacy and Therapeutics Committee for coverage under your pharmacy benefit. The formulary includes brand name as well as generic drugs that have undergone rigorous testing and are approved by the Food and Drug Administration (FDA). Not all drugs approved by the FDA are covered under the Blue Cross of Idaho formulary.

Please Note:

Your specific prescription benefit plan may not cover certain products or categories, regardless of their appearance in this document. Your copayment amounts may vary based on the structure of your prescription benefits. Products recently approved by the U.S. Food and Drug Administration (FDA) may not be covered upon release to the market.

The Multi-Tier Formulary

In most cases you will be responsible for a portion of the cost of each prescription you have filled, and depending on the drug prescribed, your cost can vary. The Blue Cross of Idaho formulary has three tiers, with the first tier costing you the least and the third tier costing you the most. Asking your doctor to prescribe drugs listed in the first or second tier of the formulary can save you money.

| Tier | Description |
|------|---|
| 1 | Generic Drugs are equivalent to brand-name drugs in dosage, safety, strength, method of administration, performance characteristics and intended use and Blue Cross of Idaho has rated as preferred due to their quality and cost-effectiveness. |
| 2 | Preferred Brand-Name Drugs are drugs that Blue Cross of Idaho has rated as preferred due to their quality and cost-effectiveness. Preferred Specialty Drugs are medications used to treat complex conditions and Blue Cross of Idaho has rated as preferred due to their quality and cost effectiveness |
| 3 | Non-Preferred Brand-Name Drugs are clinically effective medications, but come with an excessive cost compared to other alternatives within the same drug class. Non-Preferred Specialty Drugs are medications used treat complex conditions, but come with an excessive compared to other alternatives within the same drug class. |
| ACA | Affordable Care Act Drugs are drugs prescribed for covered preventive services that may be available at no cost to members under the regulations of the Affordable Care Act. Some plans grandfathered under the Affordable Care Act may not be eligible for the ACA preventive drugs at no cost. |

This formulary is not an all-inclusive listing, and is subject to change as new products and information become available.

If you have questions about any of your medications, please discuss them with your doctor or pharmacist. You can also refer to your group's contract provisions for more information about the terms and conditions of your prescription drug benefit.

If you cannot find a drug you are using on this formulary, call the Blue Cross of Idaho Rx number on the back of your member ID card or log onto **members.bcidaho.com** using your unique login and password.

Reading the Formulary

On the following pages, you'll find a list of prescription drugs and columns that list the tier they each belong to and any specific requirements or limitations.

| Column Name | What you will find in each column: |
|-------------|---|
| Drug | Name of covered prescription drugs |
| Reference | Brand name of the covered generic drug listed in the Drug column. *Please see information below regarding Mandatory Generic Substitution |
| Tier | The tier assignment for the prescription drug listed in the Drug column |
| Notes | Requirements and limitations, as well as indicating if drugs are part of the Preventive Drug List for HSA Plans. See Abbreviation Dictionary on the next page for definitions and more information about the abbreviations. |

Mandatory Generic Substitution

Some Blue Cross of Idaho prescription drug plans include a mandatory generic substitution requirement. When a drug has both brand and generic forms available, the generic drug is listed under the **Drug** column as the covered option with the brand or trademark name listed under the **Reference** column. When you or your physician choose the brand name drug, in addition to any applicable cost share (deductible/coinsurance/copayments) for the brand name medication, you will pay the cost difference between the contracted cost of the generic drug and brand name drug. These cost difference amounts do not apply to your annual out of pocket maximum.

- Reference Specialty Drugs, designated by an SP in the Notes column, will apply a Tier 2 and 3 cost share prior to the cost difference calculation

Newly Approved Prescription Drugs

Any newly FDA approved prescription drug, biological agent, or other agent is excluded from coverage by Blue Cross of Idaho until it has been reviewed and approved by Blue Cross of Idaho's Pharmacy and Therapeutics Committee. The Blue Cross of Idaho Pharmacy and Therapeutics Committee meets quarterly to review newly approved drugs and older medications for coverage recommendations. The committee is comprised of practicing board-certified physicians and licensed pharmacists from across the state of Idaho.

Abbreviation Dictionary

PA - Prior authorization

Medications that list PA need prior authorization from Blue Cross of Idaho before we will cover the drug. Your provider must provide documentation showing that the prescription is medically necessary. If prior authorization is not obtained, you may be held responsible for the entire cost of the drug. Please refer to your policy (also called a member contract) for more information about prior authorization. You can find a copy of your policy and detailed information on the prior authorization process online by logging into members.bcidaho.com.

PREV - Preventive Drugs for HSA Plans

Some preventive drugs may be available at no cost to members of High Deductible Health Plans, also known as HSA plans. Preventive medications are prescribed for the prevention of conditions or illnesses when individuals may be at high risk.

QL - Quantity Limits

Some formulary drugs can only be filled in limited quantities. These prescriptions have been found to be less effective or even dangerous when taken at higher than normal doses. The limits on OL drugs are in line with manufacturer's recommendations regarding safety and effectiveness.

SP - Specialty Drug Program

Specialty medications are generally prescribed for treatment of complex, on-going medical conditions. These medications are generally high cost, and have specific handling requirements. Specialty drugs may require filling through a specialty pharmacy, and all specialty drugs are limited to a 30-day supply per fill.

ST - Step Therapy

You may need to use one or more alternative medications before Blue Cross of Idaho can authorize benefits for the use of another medication. Blue Cross of Idaho wants to ensure providers are trying equally or more effective, low-cost options before recommending effective, but higher cost treatments.

AL - Age Limitation

Some drugs may only be safe or recommended for certain age groups. Blue Cross of Idaho places age limitations to ensure drugs are not prescribed to individuals who are not of the recommended age.

TF - Trial Fill

Some drugs may have their first fill limited to two, 15-day supply fills for the first 30 days to reduce waste. These drugs are selected based on high occurrence of side effects that may cause you to stop taking them. Additional refills can be for the full quantity when appropriate.

| Drug | Reference | Tier | Notes |
|---|----------------|------|--------|
| *Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiants* | | | |
| *Adhd Agent - Selective Alpha Adrenergic Agonists*** | | | |
| clonidine hcl er oral tablet extended release 12 hour | | 1 | |
| guanfacine hcl er oral tablet extended release 24 hour | Intuniv | 1 | |
| INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR | | 3 | |
| *Adhd Agent - Selective Norepinephrine Reuptake Inhibitor*** | | | |
| atomoxetine hcl oral capsule | | 1 | |
| QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR | | 3 | ST; QL |
| *Amphetamine Mixtures*** | | | |
| ADDERALL ORAL TABLET | | 3 | |
| ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR | | 3 | |
| amphetamine-dextroamphet er oral capsule extended release 24 hour | Adderall XR | 1 | |
| amphetamine-dextroamphetamine oral tablet | Adderall | 1 | |
| amphet-dextroamphet 3-bead er oral capsule extended release 24 hour | Mydayis | 1 | QL |
| MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR | | 3 | QL |
| *Amphetamines*** | | | |
| ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE | | 3 | |
| amphetamine er oral tablet extended release dispersible | Adzenys XR-ODT | 1 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|------------------|-------------|--------------|
| DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG | | 3 | |
| dextroamphetamine sulfate er oral capsule extended release 24 hour | Dexedrine | 1 | |
| dextroamphetamine sulfate oral solution | ProCentra | 1 | |
| dextroamphetamine sulfate oral tablet 10 mg, 5 mg | Zenzedi | 1 | |
| DYANA VEL XR ORAL SUSPENSION EXTENDED RELEASE | | 3 | QL |
| DYANA VEL XR ORAL TABLET EXTENDED RELEASE | | 3 | QL |
| lisdexamfetamine dimesylate oral capsule | Vyvanse | 1 | |
| lisdexamfetamine dimesylate oral tablet chewable | Vyvanse | 1 | |
| methamphetamine hcl oral tablet | | 1 | |
| PROCENTRA ORAL SOLUTION | | 1 | |
| VYVANSE ORAL CAPSULE | | 3 | |
| VYVANSE ORAL TABLET CHEWABLE | | 3 | |
| ZENZEDI ORAL TABLET 10 MG, 5 MG | | 1 | |
| *Anorexiants Combinations*** | | | |
| phentermine-topiramate er oral capsule extended release 24 hour | Qsymia | 1 | |
| *Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)*** | | | |
| SUNOSI ORAL TABLET | | 3 | PA; QL |
| *Histamine H3-Receptor Antagonist/Inverse Agonists*** | | | |
| WAKIX ORAL TABLET | | 3 | PA; SP; QL |
| *Stimulants - Misc.*** | | | |
| armodafinil oral tablet | Nuvigil | 1 | QL |
| CONCERTA ORAL TABLET EXTENDED RELEASE | | 3 | |
| DAYTRANA TRANSDERMAL PATCH | | 3 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|------------------|-------------|--------------|
| dexmethylphenidate hcl er oral capsule extended release 24 hour | Focalin XR | 1 | |
| dexmethylphenidate hcl oral tablet | Focalin | 1 | |
| FOCALIN ORAL TABLET | | 3 | |
| FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR | | 3 | |
| METADATE CD ORAL CAPSULE EXTENDED RELEASE | | 3 | |
| METHYLIN ORAL SOLUTION | | 3 | |
| methylphenidate hcl er (cd) oral capsule extended release | Metadate CD | 1 | |
| methylphenidate hcl er (la) oral capsule extended release 24 hour | Ritalin LA | 1 | |
| methylphenidate hcl er (osm) oral tablet extended release 18 mg | Concerta | 1 | |
| methylphenidate hcl er oral tablet extended release | | 1 | |
| methylphenidate hcl er oral tablet extended release 24 hour | | 1 | |
| methylphenidate hcl er(diffus) oral tablet extended release | | 1 | |
| methylphenidate hcl oral solution | Methylin | 1 | |
| methylphenidate hcl oral tablet | Ritalin | 1 | |
| methylphenidate hcl oral tablet chewable | | 1 | |
| methylphenidate transdermal patch | Daytrana | 1 | |
| modafinil oral tablet 100 mg | Provigil | 1 | QL |
| modafinil oral tablet 200 mg | Provigil | 1 | TF; QL |
| NUVIGIL ORAL TABLET | | 3 | QL |
| PROVIGIL ORAL TABLET | | 3 | QL |
| QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE | | 3 | QL |
| QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER | | 3 | QL |
| RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG | | 3 | |
| RITALIN ORAL TABLET | | 3 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|-----------|------|-------|
| *Allergenic Extracts/Biologicals Misc* | | | |
| *Allergenic Extracts*** | | | |
| PALFORZIA (1 MG DAILY DOSE) ORAL | | 3 | |
| PALFORZIA (12 MG DAILY DOSE) ORAL | | 3 | |
| PALFORZIA (120 MG DAILY DOSE) ORAL | | 3 | |
| PALFORZIA (160 MG DAILY DOSE) ORAL | | 3 | |
| PALFORZIA (20 MG DAILY DOSE) ORAL | | 3 | |
| PALFORZIA (200 MG DAILY DOSE) ORAL | | 3 | |
| PALFORZIA (240 MG DAILY DOSE) ORAL | | 3 | |
| PALFORZIA (3 MG DAILY DOSE) ORAL | | 3 | |
| PALFORZIA (300 MG MAINTENANCE) ORAL PACKET | | 3 | |
| PALFORZIA (300 MG TITRATION) ORAL PACKET | | 3 | |
| PALFORZIA (40 MG DAILY DOSE) ORAL | | 3 | |
| PALFORZIA (6 MG DAILY DOSE) ORAL | | 3 | |
| PALFORZIA (80 MG DAILY DOSE) ORAL | | 3 | |
| PALFORZIA INITIAL DOSE 1-3YRS ORAL | | 3 | |
| PALFORZIA INITIAL ESCALATION ORAL | | 3 | |
| *Amebicides* | | | |
| *Amebicides*** | | | |
| SOLOSEC ORAL PACKET | | 3 | QL |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|----------------------------|------|------------|
| *Aminoglycosides* | | | |
| *Aminoglycosides*** | | | |
| amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml | | 1 | |
| ARIKAYCE INHALATION SUSPENSION | | 3 | |
| gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-% | | 1 | |
| gentamicin sulfate injection solution | | 1 | |
| HUMATIN ORAL CAPSULE | | 3 | |
| neomycin sulfate oral tablet | | 1 | |
| streptomycin sulfate intramuscular solution reconstituted | | 1 | |
| TOBI PODHALER INHALATION CAPSULE | | 2 | SP; QL |
| tobramycin inhalation nebulization solution 300 mg/5ml | Kitabis Pak (w/ nebulizer) | 1 | SP |
| tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 80 mg/2ml | | 1 | |
| tobramycin sulfate injection solution reconstituted | | 1 | |
| *Analgesics - Anti-Inflammatory* | | | |
| *Antirheumatic - Janus Kinase (Jak) Inhibitors*** | | | |
| RINVOQ LQ ORAL SOLUTION | | 2 | PA; SP; QL |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR | | 2 | PA; SP; QL |
| XELJANZ ORAL SOLUTION | | 2 | PA; SP; QL |
| XELJANZ ORAL TABLET | | 2 | PA; SP; QL |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR | | 2 | PA; SP; QL |
| *Anti-Tnf-Alpha - Monoclonal Antibodies*** | | | |
| adalimumab-aacf (2 pen) subcutaneous auto-injector kit | | 3 | PA; SP; QL |
| adalimumab-aacf (2 syringe) subcutaneous prefilled syringe kit | | 3 | PA; SP; QL |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|------------------|-------------|--------------|
| adalimumab-aacf(cd/uc/hs strt) subcutaneous auto-injector kit | | 3 | PA; SP; QL |
| adalimumab-aacf(ps/uv starter) subcutaneous auto-injector kit | | 3 | PA; SP; QL |
| AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | 3 | PA; SP; QL |
| AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML | | 3 | PA; SP; QL |
| HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO- INJECTOR | | 2 | PA; SP; QL |
| HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | 2 | PA; SP; QL |
| SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT | | 2 | PA; SP; QL |
| SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT | | 2 | PA; SP; QL |
| SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT | | 2 | PA; SP; QL |
| *Cyclooxygenase 2 (Cox-2) Inhibitors*** | | | |
| CELEBREX ORAL CAPSULE | | 3 | QL |
| celecoxib oral capsule | CeleBREX | 1 | QL |
| *Gold Compounds*** | | | |
| RIDAURA ORAL CAPSULE | | 2 | |
| *Interleukin-1 Blockers*** | | | |
| ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED | | 3 | PA; SP |
| *Interleukin-1Beta Blockers*** | | | |
| ILARIS SUBCUTANEOUS SOLUTION | | 3 | PA; SP; QL |
| *Nonsteroidal Anti-Inflammatory Agent Combinations*** | | | |
| ARTHROTEC ORAL TABLET DELAYED RELEASE | | 3 | |
| diclofenac-misoprostol oral tablet delayed release | Arthrotec | 1 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|-----------|------|------------|
| *Nonsteroidal Anti-Inflammatory Agents (Nsaids)*** | | | |
| diclofenac potassium oral tablet 50 mg | | 1 | |
| diclofenac sodium er oral tablet extended release 24 hour | | 1 | |
| diclofenac sodium oral tablet delayed release | | 1 | |
| ec-naproxen oral tablet delayed release 500 mg | | 1 | |
| etodolac er oral tablet extended release 24 hour | | 1 | |
| etodolac oral capsule | | 1 | |
| etodolac oral tablet | Lodine | 1 | |
| flurbiprofen oral tablet | Lurbiro | 1 | |
| IBU ORAL TABLET | | 1 | |
| ibuprofen oral tablet 400 mg, 600 mg, 800 mg | IBU | 1 | |
| indomethacin er oral capsule extended release | | 1 | |
| indomethacin oral capsule 25 mg, 50 mg | | 1 | |
| ketoprofen er oral capsule extended release 24 hour | | 1 | |
| ketorolac tromethamine oral tablet | | 1 | QL |
| LODINE ORAL TABLET | | 3 | |
| meclofenamate sodium oral capsule | | 1 | |
| mefenamic acid oral capsule | | 1 | |
| meloxicam oral tablet | | 1 | |
| nabumetone oral tablet | | 1 | |
| naproxen oral tablet | | 1 | |
| naproxen oral tablet delayed release | | 1 | |
| naproxen sodium oral tablet 275 mg, 550 mg | | 1 | |
| oxaprozin oral tablet | | 1 | |
| piroxicam oral capsule | | 1 | |
| sulindac oral tablet | | 1 | |
| *Phosphodiesterase 4 (Pde4) Inhibitors*** | | | |
| OTEZLA ORAL TABLET | | 2 | PA; SP; QL |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|---------------------------|------|------------|
| OTEZLA ORAL TABLET THERAPY PACK | | 2 | PA; SP; QL |
| OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR | | 2 | PA; SP; QL |
| OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK | | 2 | PA; SP; QL |
| *Pyrimidine Synthesis Inhibitors*** | | | |
| ARAVA ORAL TABLET | | 3 | QL |
| leflunomide oral tablet | Arava | 1 | QL |
| *Soluble Tumor Necrosis Factor Receptor Agents*** | | | |
| ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE | | 2 | PA; SP; QL |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML | | 2 | PA; SP; QL |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | 2 | PA; SP; QL |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | | 2 | PA; SP |
| *Analgesics - Nonnarcotic* | | | |
| *Analgesics - Selective Nav1.8 Sodium Channel Inhibitors*** | | | |
| JOURNAVX ORAL TABLET | | 3 | PA; QL |
| *Salicylate Combinations*** | | | |
| tri-buffered aspirin oral tablet 325 mg | Bufferin | ACA | |
| *Salicylates*** | | | |
| aspirin 81 oral tablet chewable | Bayer Low Dose | ACA | |
| aspirin 81 oral tablet delayed release | Bayer Aspirin EC Low Dose | ACA | |
| aspirin adult low dose oral tablet delayed release | Bayer Aspirin EC Low Dose | ACA | |
| aspirin adult low strength oral tablet delayed release | Bayer Aspirin EC Low Dose | ACA | |
| aspirin childrens oral tablet chewable | Bayer Low Dose | ACA | |
| aspirin ec adult low dose oral tablet delayed release | Bayer Aspirin EC Low Dose | ACA | |
| aspirin ec low dose oral tablet delayed release | Bayer Aspirin EC Low Dose | ACA | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|-------------------------------|-------------|--------------|
| aspirin ec low strength oral tablet delayed release | Bayer Aspirin EC Low Dose | ACA | |
| aspirin low dose oral tablet chewable | Bayer Low Dose | ACA | |
| aspirin low dose oral tablet delayed release | Bayer Aspirin EC Low Dose | ACA | |
| aspirin oral tablet 325 mg | Bayer Advanced Aspirin Reg St | ACA | |
| aspirin oral tablet chewable | Bayer Low Dose | ACA | |
| aspirin oral tablet delayed release 325 mg | Bayer Aspirin | ACA | |
| aspirin oral tablet delayed release 81 mg | Bayer Aspirin EC Low Dose | ACA | |
| aspirin regimen oral tablet delayed release | Bayer Aspirin EC Low Dose | ACA | |
| BAYER ADVANCED ASPIRIN REG ST ORAL TABLET | | ACA | |
| BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE | | ACA | |
| BAYER ASPIRIN ORAL TABLET | | ACA | |
| BAYER ASPIRIN ORAL TABLET DELAYED RELEASE | | ACA | |
| BAYER LOW DOSE ORAL TABLET CHEWABLE | | ACA | |
| BAYER LOW DOSE ORAL TABLET DELAYED RELEASE | | ACA | |
| childrens aspirin oral tablet chewable | Bayer Low Dose | ACA | |
| cvs aspirin adult low dose oral tablet chewable | Bayer Low Dose | ACA | |
| cvs aspirin adult low strength oral tablet delayed release | Bayer Aspirin EC Low Dose | ACA | |
| cvs aspirin ec oral tablet delayed release 81 mg | Bayer Aspirin EC Low Dose | ACA | |
| cvs aspirin low dose oral tablet delayed release | Bayer Aspirin EC Low Dose | ACA | |
| cvs aspirin low strength oral tablet delayed release | Bayer Aspirin EC Low Dose | ACA | |
| cvs aspirin oral tablet 325 mg | Bayer Advanced Aspirin Reg St | ACA | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|----------------------------------|-------------|--------------|
| cvs genuine aspirin oral tablet | Bayer Advanced Aspirin Reg St | ACA | |
| diflunisal oral tablet | | 1 | |
| ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE | | ACA | |
| eq aspirin adult low dose oral tablet delayed release | Bayer Aspirin EC Low Dose | ACA | |
| eq aspirin low dose oral tablet chewable | Bayer Low Dose | ACA | |
| eq aspirin oral tablet | Bayer Advanced Aspirin Reg St | ACA | |
| eql aspirin ec oral tablet delayed release 325 mg | Bayer Aspirin | ACA | |
| eql aspirin low dose oral tablet chewable | Bayer Low Dose | ACA | |
| eql aspirin low dose oral tablet delayed release | Bayer Aspirin EC Low Dose | ACA | |
| genuine aspirin oral tablet | Bayer Advanced Aspirin Reg St | ACA | |
| gnp adult aspirin low strength oral tablet chewable | Bayer Low Dose | ACA | |
| gnp aspirin low dose oral tablet delayed release | Bayer Aspirin EC Low Dose | ACA | |
| gnp aspirin oral tablet 325 mg | Bayer Advanced Aspirin Reg St | ACA | |
| gnp aspirin oral tablet delayed release | Bayer Aspirin | ACA | |
| goodsense aspirin low dose oral tablet delayed release | Bayer Aspirin EC Low Dose | ACA | |
| goodsense aspirin oral tablet | Bayer Advanced Aspirin Reg St | ACA | |
| goodsense aspirin oral tablet chewable | Bayer Low Dose | ACA | |
| h-e-b aspirin oral tablet delayed release | Bayer Aspirin EC Low Dose | ACA | |
| kls aspirin low dose oral tablet delayed release | Bayer Aspirin EC Low Dose | ACA | |
| kp aspirin oral tablet delayed release | Bayer Aspirin EC Low Dose | ACA | |
| MEDI-FIRST ASPIRIN ORAL TABLET | | ACA | |
| MEDIQUE ASPIRIN ORAL TABLET | | ACA | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|-------------------------------|-------------|----------------|
| meijer aspirin ec oral tablet delayed release | Bayer Aspirin | ACA | |
| mm aspirin oral tablet delayed release | Bayer Aspirin EC Low Dose | ACA | |
| qc aspirin low dose oral tablet chewable | Bayer Low Dose | ACA | |
| qc aspirin low dose oral tablet delayed release | Bayer Aspirin EC Low Dose | ACA | |
| qc aspirin oral tablet | Bayer Advanced Aspirin Reg St | ACA | |
| qc aspirin oral tablet delayed release | Bayer Aspirin | ACA | |
| qc childrens aspirin oral tablet chewable | Bayer Low Dose | ACA | |
| qc enteric aspirin oral tablet delayed release | Bayer Aspirin | ACA | |
| sb aspirin ec oral tablet delayed release | Bayer Aspirin | ACA | |
| sb aspirin oral tablet | Bayer Advanced Aspirin Reg St | ACA | |
| sb childrens aspirin oral tablet chewable | Bayer Low Dose | ACA | |
| sb low dose asa ec oral tablet delayed release | Bayer Aspirin EC Low Dose | ACA | |
| sm aspirin ec oral tablet delayed release | Bayer Aspirin | ACA | |
| ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE | | ACA | |
| ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE | | ACA | |
| ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE | | ACA | |
| *Analgesics - Opioid* | | | |
| *Codeine Combinations*** | | | |
| acetaminophen-codeine oral solution | | 1 | PA; ST; AL; QL |
| acetaminophen-codeine oral tablet | | 1 | PA; ST; AL; QL |
| *Hydrocodone Combinations*** | | | |
| hydrocodone-acetaminophen oral solution 10-300 mg/15ml | | 1 | |
| hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml | | 1 | PA; ST; AL; QL |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|------------------------|-------------|----------------|
| hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg | | 1 | PA; ST; AL; QL |
| hydrocodone-acetaminophen oral tablet 2.5-325 mg | | 1 | |
| hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg | | 1 | PA; ST; AL; QL |
| *Opioid Agonists*** | | | |
| codeine sulfate oral tablet 15 mg, 60 mg | | 3 | PA; ST; AL; QL |
| codeine sulfate oral tablet 30 mg | | 1 | PA; ST; AL; QL |
| DILAUDID INJECTION SOLUTION 0.2 MG/ML | | 3 | PA; QL |
| DILAUDID ORAL LIQUID | | 3 | PA; ST; AL; QL |
| DILAUDID ORAL TABLET | | 3 | PA; ST; AL; QL |
| DISKETS ORAL TABLET SOLUBLE | | 1 | PA; ST; QL |
| fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr | | 1 | PA; ST; QL |
| hydromorphone hcl er oral tablet extended release 24 hour | | 1 | PA; ST; QL |
| hydromorphone hcl injection solution 4 mg/ml | | 1 | PA; QL |
| hydromorphone hcl oral liquid | Dilaudid | 1 | PA; ST; AL; QL |
| hydromorphone hcl oral tablet | Dilaudid | 1 | PA; ST; AL; QL |
| levorphanol tartrate oral tablet | Xyvona | 1 | PA; ST; QL |
| meperidine hcl oral solution | | 1 | PA; ST; AL; QL |
| meperidine hcl oral tablet 50 mg | | 1 | PA; ST; AL; QL |
| METHADONE HCL INTENSOL ORAL CONCENTRATE | | 1 | PA; ST; QL |
| methadone hcl oral concentrate | Methadone HCl Intensol | 1 | PA; ST; QL |
| methadone hcl oral solution | | 1 | PA; ST; QL |
| methadone hcl oral tablet | | 1 | PA; ST; QL |
| methadone hcl oral tablet soluble | Diskets | 1 | PA; ST; QL |
| METHADOSE ORAL CONCENTRATE 10 MG/ML | | 3 | PA; ST; QL |
| METHADOSE ORAL TABLET SOLUBLE | | 1 | PA; ST; QL |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|------------------|-------------|----------------|
| METHADOSE SUGAR-FREE ORAL CONCENTRATE | | 3 | PA; ST; QL |
| morphine sulfate (concentrate) oral solution 10 mg/0.5ml, 100 mg/5ml, 20 mg/ml | | 1 | PA; ST; AL; QL |
| morphine sulfate er beads oral capsule extended release 24 hour | | 1 | PA; ST; QL |
| morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg | | 1 | PA; ST; QL |
| morphine sulfate er oral tablet extended release | MS Contin | 1 | PA; ST; QL |
| morphine sulfate oral solution 10 mg/5ml | | 1 | PA; ST; AL; QL |
| morphine sulfate oral solution 20 mg/5ml | | 1 | |
| morphine sulfate oral tablet | | 1 | PA; ST; AL; QL |
| MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG, 60 MG | | 3 | PA; ST; QL |
| NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR | | 2 | PA; QL |
| NUCYNTA ORAL TABLET | | 2 | PA; ST; AL; QL |
| oxycodone hcl oral capsule | | 1 | PA; ST; AL; QL |
| oxycodone hcl oral concentrate 100 mg/5ml | | 1 | PA; ST; AL; QL |
| oxycodone hcl oral solution | | 1 | PA; ST; AL; QL |
| oxycodone hcl oral tablet | Roxicodone | 1 | PA; ST; AL; QL |
| OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT | | 2 | PA; QL |
| oxymorphone hcl er oral tablet extended release 12 hour | | 1 | PA; ST; QL |
| oxymorphone hcl oral tablet | | 1 | PA; ST; AL; QL |
| ROXICODONE ORAL TABLET 15 MG, 30 MG | | 3 | PA; ST; AL; QL |
| tramadol hcl er oral tablet extended release 24 hour | | 1 | PA; ST; QL |
| tramadol hcl oral tablet 50 mg | | 1 | PA; ST; AL; QL |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|------------------|-------------|----------------|
| XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT | | 2 | PA; QL |
| *Opioid Combinations*** | | | |
| ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG | | 1 | PA; ST; AL; QL |
| oxycodone-acetaminophen oral solution 5-325 mg/5ml | | 1 | PA; ST; AL; QL |
| oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg | Endocet | 1 | PA; ST; AL; QL |
| PERCOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG | | 3 | PA; ST; AL; QL |
| *Opioid Partial Agonists*** | | | |
| BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | 3 | QL |
| BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | 3 | QL |
| buprenorphine hcl sublingual tablet sublingual | | 1 | PA; QL |
| buprenorphine hcl-naloxone hcl sublingual film | Suboxone | 1 | PA; QL |
| buprenorphine hcl-naloxone hcl sublingual tablet sublingual | | 1 | PA; QL |
| buprenorphine transdermal patch weekly | Butrans | 1 | PA; QL |
| butorphanol tartrate nasal solution | | 1 | PA; QL |
| BUTRANS TRANSDERMAL PATCH WEEKLY | | 3 | PA; QL |
| pentazocine-naloxone hcl oral tablet | | 1 | PA; ST; AL; QL |
| SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | 3 | QL |
| SUBOXONE SUBLINGUAL FILM | | 3 | PA; QL |
| *Tramadol Combinations*** | | | |
| tramadol-acetaminophen oral tablet | | 1 | PA; ST; AL; QL |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|-------------------|------|-------|
| *Androgens-Anabolic* | | | |
| *Androgens*** | | | |
| danazol oral capsule | | 1 | |
| DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION | | 1 | |
| methitest oral tablet | | 1 | |
| methyltestosterone oral capsule | | 1 | |
| testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml | Depo-Testosterone | 1 | |
| testosterone enanthate intramuscular solution | | 1 | |
| testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%) | AndroGel Pump | 1 | |
| testosterone transdermal gel 12.5 mg/act (1%) | Vogelxo Pump | 1 | |
| testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%) | | 1 | |
| testosterone transdermal gel 50 mg/5gm (1%) | Testim | 1 | |
| testosterone transdermal solution | | 1 | |
| *Anorectal And Related Products* | | | |
| *Intrarectal Steroids*** | | | |
| CORTENEMA RECTAL ENEMA | | 3 | |
| CORTIFOAM EXTERNAL FOAM | | 2 | |
| hydrocortisone rectal enema | Cortenema | 1 | |
| *Nitrate Vasodilating Agents*** | | | |
| nitroglycerin rectal ointment | Rectiv | 1 | |
| RECTIV RECTAL OINTMENT | | 3 | |
| *Rectal Anesthetic/Steroids*** | | | |
| hydrocortisone ace-pramoxine external cream 1-1 % | Analpram HC | 1 | |
| PROCTOFOAM HC EXTERNAL FOAM | | 3 | |
| *Rectal Steroids*** | | | |
| ANUSOL-HC EXTERNAL CREAM | | 3 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|------------------|-------------|--------------|
| hydrocortisone (perianal) external cream | Procto-Med HC | 1 | |
| PROCTOCORT EXTERNAL CREAM | | 1 | |
| PROCTO-MED HC EXTERNAL CREAM | | 1 | |
| PROCTOSOL HC EXTERNAL CREAM | | 1 | |
| PROCTOZONE-HC EXTERNAL CREAM | | 1 | |
| *Anthelmintics* | | | |
| *Anthelmintics*** | | | |
| albendazole oral tablet | | 1 | QL |
| benznidazole oral tablet | | 3 | |
| BILTRICIDE ORAL TABLET | | 3 | QL |
| EMVERM ORAL TABLET CHEWABLE | | 3 | QL |
| ivermectin oral tablet 3 mg | Stromectol | 1 | |
| praziquantel oral tablet | Biltricide | 1 | QL |
| *Antianginal Agents* | | | |
| *Antianginals-Other*** | | | |
| ranolazine er oral tablet extended release 12 hour 1000 mg | | 1 | TF |
| ranolazine er oral tablet extended release 12 hour 500 mg | | 1 | |
| *Nitrates*** | | | |
| isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg | | 1 | |
| isosorbide mononitrate er oral tablet extended release 24 hour | | 1 | |
| isosorbide mononitrate oral tablet | | 1 | |
| NITRO-BID TRANSDERMAL OINTMENT | | 3 | |
| NITRO-DUR TRANSDERMAL PATCH 24 HOUR | | 3 | |
| nitroglycerin sublingual tablet sublingual | Nitrostat | 1 | |
| nitroglycerin transdermal patch 24 hour | Nitro-Dur | 1 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|--------------------|-------------|--------------|
| nitroglycerin translingual solution | Nitrolingual | 1 | |
| NITROLINGUAL TRANSLINGUAL SOLUTION | | 1 | |
| NITROSTAT SUBLINGUAL TABLET SUBLINGUAL | | 3 | |
| *Antianxiety Agents* | | | |
| *Antianxiety Agents - Misc.*** | | | |
| bupirone hcl oral tablet | | 1 | |
| hydroxyzine hcl oral syrup 10 mg/5ml | | 1 | |
| hydroxyzine hcl oral tablet | | 1 | |
| hydroxyzine pamoate oral capsule | | 1 | |
| meprobamate oral tablet | | 1 | |
| *Benzodiazepines*** | | | |
| ALPRAZOLAM INTENSOL ORAL CONCENTRATE | | 2 | |
| alprazolam oral tablet | Xanax | 1 | |
| alprazolam oral tablet dispersible | | 1 | |
| ATIVAN ORAL TABLET | | 3 | |
| chlordiazepoxide hcl oral capsule | | 1 | |
| clorazepate dipotassium oral tablet | | 1 | |
| DIAZEPAM INTENSOL ORAL CONCENTRATE | | 1 | |
| diazepam oral concentrate | diazePAM Intensol | 1 | |
| diazepam oral solution 5 mg/5ml | | 1 | |
| diazepam oral tablet | Valium | 1 | |
| LORAZEPAM INTENSOL ORAL CONCENTRATE | | 1 | |
| lorazepam oral concentrate 2 mg/ml | LORazepam Intensol | 1 | |
| lorazepam oral tablet | Ativan | 1 | |
| oxazepam oral capsule | | 1 | |
| VALIUM ORAL TABLET | | 3 | |
| XANAX ORAL TABLET | | 3 | |
| *Antiarrhythmics* | | | |
| *Antiarrhythmics Type I-A*** | | | |
| disopyramide phosphate oral capsule | Norpace | 1 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|-----------|------|-------|
| NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR | | 3 | |
| NORPACE ORAL CAPSULE | | 3 | |
| quinidine gluconate er oral tablet extended release | | 1 | |
| quinidine sulfate oral tablet | | 1 | |
| *Antiarrhythmics Type I-B*** | | | |
| mexiletine hcl oral capsule | | 1 | |
| *Antiarrhythmics Type I-C*** | | | |
| flecainide acetate oral tablet | | 1 | |
| propafenone hcl er oral capsule extended release 12 hour | | 1 | |
| propafenone hcl oral tablet | | 1 | |
| *Antiarrhythmics Type Iii*** | | | |
| amiodarone hcl oral tablet | Pacerone | 1 | |
| dofetilide oral capsule | Tikosyn | 1 | |
| MULTAQ ORAL TABLET | | 3 | |
| PACERONE ORAL TABLET 200 MG | | 1 | |
| TIKOSYN ORAL CAPSULE | | 3 | |
| *Antiasthmatic And Bronchodilator Agents* | | | |
| *5-Lipoxygenase Inhibitors*** | | | |
| zileuton er oral tablet extended release 12 hour | | 1 | TF |
| *Adrenergic Combinations*** | | | |
| AIRSUPRA INHALATION AEROSOL | | 2 | |
| ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT | | 2 | |
| BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT | | 2 | |
| BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH | | 2 | |
| BREZTRI AEROSPHERE INHALATION AEROSOL | | 2 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|------------------|-------------|--------------|
| budesonide-formoterol fumarate inhalation aerosol | Breyna | 1 | PREV |
| COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION | | 2 | PREV |
| fluticasone-salmeterol inhalation aerosol | Advair HFA | 1 | PREV |
| fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act | Wixela Inhub | 1 | PREV |
| fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act | | 1 | PREV |
| ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml | | 1 | PREV |
| STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT | | 2 | |
| TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT | | 2 | |
| umeclidinium-vilanterol inhalation aerosol powder breath activated | Anoro Ellipta | 1 | |
| WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT | | 1 | PREV |
| *Anti-Ige Monoclonal Antibodies*** | | | |
| XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR | | 2 | PA; SP |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | 2 | PA; SP |
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED | | 2 | PA; SP |
| *Anti-Inflammatory Agents*** | | | |
| cromolyn sodium inhalation nebulization solution | | 1 | PREV |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|--------------|------|-------|
| *Beta Adrenergics*** | | | |
| albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act | Ventolin HFA | 1 | |
| albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml | | 1 | |
| albuterol sulfate oral syrup 2 mg/5ml | | 1 | |
| albuterol sulfate oral tablet | | 1 | |
| arformoterol tartrate inhalation nebulization solution | | 1 | |
| formoterol fumarate inhalation nebulization solution | Perforomist | 1 | |
| levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml | | 1 | PREV |
| levalbuterol tartrate inhalation aerosol | Xopenex HFA | 1 | |
| PERFOROMIST INHALATION NEBULIZATION SOLUTION | | 3 | |
| PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED | | 3 | |
| SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT | | 2 | PREV |
| terbutaline sulfate oral tablet | | 1 | PREV |
| VENTOLIN HFA INHALATION AEROSOL SOLUTION | | 3 | |
| XOPENEX HFA INHALATION AEROSOL | | 3 | |
| *Bronchodilators - Anticholinergics*** | | | |
| ATROVENT HFA INHALATION AEROSOL SOLUTION | | 2 | |
| ipratropium bromide inhalation solution | | 1 | PREV |
| SPIRIVA HANDIHALER INHALATION CAPSULE | | 3 | |
| SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT | | 2 | PREV |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|--------------------|-------------|--------------|
| tiotropium bromide inhalation capsule | Spiriva HandiHaler | 1 | |
| *Interleukin-5 Antagonists (Igg1 Kappa)*** | | | |
| FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR | | 2 | PA; SP; QL |
| FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | 2 | PA; SP; QL |
| NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | | 2 | PA; SP; QL |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | 2 | PA; SP; QL |
| NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED | | 2 | PA; SP; QL |
| *Leukotriene Receptor Antagonists*** | | | |
| ACCOLATE ORAL TABLET | | 3 | |
| montelukast sodium oral packet | Singulair | 1 | PREV |
| montelukast sodium oral tablet | Singulair | 1 | PREV |
| montelukast sodium oral tablet chewable | Singulair | 1 | PREV |
| SINGULAIR ORAL PACKET | | 3 | |
| SINGULAIR ORAL TABLET | | 3 | |
| SINGULAIR ORAL TABLET CHEWABLE | | 3 | |
| zafirlukast oral tablet | | 1 | PREV |
| *Phosphodiesterase 3 & 4 (Pde3 & Pde4) Inhibitors*** | | | |
| OHTUVAYRE INHALATION SUSPENSION | | 3 | PA; SP; QL |
| *Selective Phosphodiesterase 4 (Pde4) Inhibitors*** | | | |
| DALIRESP ORAL TABLET | | 3 | |
| roflumilast oral tablet | Daliresp | 1 | |
| *Steroid Inhalants*** | | | |
| ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED | | 2 | PREV |
| budesonide inhalation suspension | Pulmicort | 1 | PREV |
| fluticasone furoate ellipta inhalation aerosol powder breath activated | Arnuity Ellipta | 1 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|------------------|-------------|--------------|
| fluticasone propionate hfa inhalation aerosol | | 3 | |
| PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED | | 3 | PREV |
| QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED | | 2 | PREV |
| *Thymic Stromal Lymphopoietin (Tslp) Antagonists*** | | | |
| TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR | | 2 | PA; SP; QL |
| TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | 2 | PA; SP; QL |
| *Xanthines*** | | | |
| ELIXOPHYLLIN ORAL ELIXIR | | 1 | PREV |
| theophylline er oral tablet extended release 12 hour 300 mg, 450 mg | | 1 | PREV |
| theophylline er oral tablet extended release 24 hour | | 1 | PREV |
| theophylline oral elixir | Elixophyllin | 1 | PREV |
| theophylline oral solution | | 1 | PREV |
| *Anticoagulants* | | | |
| *Coumarin Anticoagulants*** | | | |
| JANTOVEN ORAL TABLET | | 1 | PREV |
| warfarin sodium oral tablet | Jantoven | 1 | PREV |
| *Direct Factor Xa Inhibitors*** | | | |
| ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE | | 2 | |
| ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE | | 2 | |
| ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK | | 2 | |
| ELIQUIS ORAL CAPSULE SPRINKLE | | 2 | |
| ELIQUIS ORAL TABLET | | 2 | |
| ELIQUIS ORAL TABLET SOLUBLE | | 2 | |
| rivaroxaban oral suspension reconstituted | Xarelto | 1 | |
| rivaroxaban oral tablet | Xarelto | 1 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|-----------|------|-------|
| XARELTO ORAL SUSPENSION RECONSTITUTED | | 2 | |
| XARELTO ORAL TABLET | | 2 | |
| XARELTO STARTER PACK ORAL TABLET THERAPY PACK | | 2 | |
| *Heparins And Heparinoid-Like Agents*** | | | |
| heparin (porcine) in nacl intravenous solution 12500-0.45 ut/250ml-% | | 3 | |
| heparin (porcine) in nacl intravenous solution 2000-0.9 unit/l-% | | 1 | |
| heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml | | 1 | |
| heparin sodium (porcine) pf injection solution 1000 unit/ml, 5000 unit/0.5ml | | 1 | |
| *Low Molecular Weight Heparins*** | | | |
| enoxaparin sodium injection solution 300 mg/3ml | Lovenox | 1 | |
| enoxaparin sodium injection solution prefilled syringe | Lovenox | 1 | |
| FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML | | 3 | QL |
| FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML | | 3 | |
| FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | 3 | |
| LOVENOX INJECTION SOLUTION | | 3 | |
| LOVENOX INJECTION SOLUTION PREFILLED SYRINGE | | 3 | |
| *Synthetic Heparinoid-Like Agents*** | | | |
| ARIXTRA SUBCUTANEOUS SOLUTION | | 3 | |
| fondaparinux sodium subcutaneous solution | Arixtra | 1 | |
| *Thrombin Inhibitors - Selective Direct & Reversible*** | | | |
| dabigatran etexilate mesylate oral capsule | Pradaxa | 1 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|-------------|------|--------|
| *Anticonvulsants* | | | |
| *Ampa Glutamate Receptor Antagonists*** | | | |
| FYCOMPA ORAL SUSPENSION | | 3 | QL |
| FYCOMPA ORAL TABLET | | 3 | QL |
| perampanel oral suspension | Fycompa | 1 | QL |
| perampanel oral tablet | Fycompa | 1 | |
| *Anticonvulsants - Benzodiazepines*** | | | |
| clobazam oral suspension 2.5 mg/ml | Onfi | 1 | |
| clobazam oral tablet | Onfi | 1 | |
| clonazepam oral tablet | KlonoPIN | 1 | |
| clonazepam oral tablet dispersible | | 1 | |
| diazepam rectal gel | | 1 | |
| KLONOPIN ORAL TABLET | | 3 | |
| NAYZILAM NASAL SOLUTION | | 3 | QL |
| ONFI ORAL SUSPENSION | | 3 | |
| ONFI ORAL TABLET 10 MG, 20 MG | | 3 | |
| SYMPAZAN ORAL FILM | | 3 | QL |
| VALTOCO 10 MG DOSE NASAL LIQUID | | 3 | QL |
| VALTOCO 5 MG DOSE NASAL LIQUID | | 3 | QL |
| *Anticonvulsants - Misc.*** | | | |
| APTIOM ORAL TABLET | | 3 | ST; QL |
| BANZEL ORAL SUSPENSION | | 3 | |
| BANZEL ORAL TABLET | | 3 | |
| BRIVIACT ORAL SOLUTION | | 3 | ST; QL |
| BRIVIACT ORAL TABLET | | 3 | ST; QL |
| carbamazepine er oral capsule extended release 12 hour | Carbatrol | 1 | |
| carbamazepine er oral tablet extended release 12 hour | TEGretol-XR | 1 | |
| carbamazepine oral suspension 100 mg/5ml | TEGretol | 1 | |
| carbamazepine oral tablet | TEGretol | 1 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|------------------|-------------|--------------|
| carbamazepine oral tablet chewable 100 mg | | 1 | |
| CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR | | 3 | |
| DIACOMIT ORAL CAPSULE | | 3 | PA; QL |
| DIACOMIT ORAL PACKET | | 3 | PA; QL |
| EPIDIOLEX ORAL SOLUTION | | 3 | PA; SP |
| eslicarbazepine acetate oral tablet | Aptiom | 1 | |
| FINTEPLA ORAL SOLUTION | | 3 | PA; QL |
| gabapentin oral capsule | Neurontin | 1 | |
| gabapentin oral solution | Neurontin | 1 | |
| gabapentin oral tablet 600 mg, 800 mg | Neurontin | 1 | |
| KEPPRA ORAL SOLUTION | | 3 | |
| KEPPRA ORAL TABLET | | 3 | |
| KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR | | 3 | |
| lacosamide oral solution 10 mg/ml | Vimpat | 1 | |
| lacosamide oral tablet | Vimpat | 1 | |
| LAMICTAL ODT ORAL KIT | | 3 | |
| LAMICTAL ODT ORAL TABLET DISPERSIBLE | | 3 | |
| LAMICTAL ORAL TABLET | | 3 | |
| LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG | | 3 | |
| LAMICTAL STARTER ORAL KIT | | 3 | |
| LAMICTAL XR ORAL KIT | | 2 | |
| LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR | | 3 | |
| lamotrigine er oral tablet extended release 24 hour | LaMICtal XR | 1 | |
| lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg | LaMICtal ODT | 1 | |
| lamotrigine oral tablet | Subvenite | 1 | |
| lamotrigine oral tablet chewable | LaMICtal | 1 | |
| lamotrigine oral tablet dispersible | LaMICtal ODT | 1 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|------------------------------|-------------|--------------|
| lamotrigine starter kit-blue oral kit | Subvenite Starter Kit-Blue | 1 | |
| lamotrigine starter kit-green oral kit | Subvenite Starter Kit-Green | 1 | |
| lamotrigine starter kit-orange oral kit | Subvenite Starter Kit-Orange | 1 | |
| levetiracetam er oral tablet extended release 24 hour | Keppra XR | 1 | |
| levetiracetam oral solution | Keppra | 1 | |
| levetiracetam oral tablet | Keppra | 1 | |
| LYRICA ORAL CAPSULE | | 3 | |
| LYRICA ORAL SOLUTION | | 3 | |
| MYSOLINE ORAL TABLET | | 3 | |
| NEURONTIN ORAL CAPSULE | | 3 | |
| NEURONTIN ORAL SOLUTION | | 3 | |
| NEURONTIN ORAL TABLET | | 3 | |
| oxcarbazepine er oral tablet extended release 24 hour | Oxtellar XR | 1 | |
| oxcarbazepine oral suspension | Trileptal | 1 | |
| oxcarbazepine oral tablet | Trileptal | 1 | |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR | | 3 | |
| pregabalin oral capsule | Lyrica | 1 | |
| pregabalin oral solution | Lyrica | 1 | |
| primidone oral tablet 250 mg, 50 mg | Mysoline | 1 | |
| ROWEEPRA ORAL TABLET 500 MG | | 1 | |
| rufinamide oral suspension 40 mg/ml | Banzel | 1 | |
| rufinamide oral tablet | Banzel | 1 | |
| SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG | | 3 | |
| SUBVENITE ORAL TABLET | | 1 | |
| SUBVENITE STARTER KIT-BLUE ORAL KIT | | 1 | |
| SUBVENITE STARTER KIT-GREEN ORAL KIT | | 1 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|------------------|-------------|--------------|
| SUBVENITE STARTER KIT-ORANGE ORAL KIT | | 1 | |
| TEGRETOL ORAL SUSPENSION | | 3 | |
| TEGRETOL ORAL TABLET | | 3 | |
| TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR | | 3 | |
| TOPAMAX ORAL TABLET | | 3 | |
| TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE | | 3 | |
| topiramate oral capsule sprinkle 15 mg, 25 mg | Topamax Sprinkle | 1 | |
| topiramate oral tablet | Topamax | 1 | |
| TRILEPTAL ORAL SUSPENSION | | 3 | |
| TRILEPTAL ORAL TABLET | | 3 | |
| VIMPAT ORAL SOLUTION | | 3 | |
| VIMPAT ORAL TABLET | | 3 | |
| ZONEGRAN ORAL CAPSULE | | 3 | |
| zonisamide oral capsule | Zonegran | 1 | |
| ZTALMY ORAL SUSPENSION | | 3 | PA; QL |
| *Carbamates*** | | | |
| felbamate oral suspension | | 1 | |
| felbamate oral tablet | Felbatol | 1 | |
| FELBATOL ORAL TABLET | | 3 | |
| XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG | | 3 | QL |
| XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK | | 3 | QL |
| XCOPRI ORAL TABLET | | 3 | QL |
| XCOPRI ORAL TABLET THERAPY PACK | | 3 | QL |
| *Gaba Modulators*** | | | |
| SABRIL ORAL PACKET | | 3 | ST; SP |
| SABRIL ORAL TABLET | | 3 | ST; SP |
| tiagabine hcl oral tablet | | 1 | |
| vigabatrin oral packet | Vigadrone | 1 | ST; SP |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|--------------------|-------------|--------------|
| vigabatrin oral tablet | Sabril | 1 | ST; SP |
| VIGADRONE ORAL PACKET | | 1 | ST |
| VIGAFYDE ORAL SOLUTION | | 3 | PA; SP; QL |
| *Hydantoins*** | | | |
| DILANTIN INFATABS ORAL TABLET CHEWABLE | | 3 | |
| DILANTIN ORAL CAPSULE 100 MG | | 3 | |
| DILANTIN ORAL CAPSULE 30 MG | | 2 | |
| PHENYTEK ORAL CAPSULE | | 1 | |
| PHENYTOIN INFATABS ORAL TABLET CHEWABLE | | 1 | |
| phenytoin oral suspension | Dilantin-125 | 1 | |
| phenytoin oral tablet chewable | Phenytoin Infatabs | 1 | |
| phenytoin sodium extended oral capsule | Dilantin | 1 | |
| *Succinimides*** | | | |
| CELONTIN ORAL CAPSULE | | 3 | |
| ethosuximide oral capsule | Zarontin | 1 | |
| ethosuximide oral solution | Zarontin | 1 | |
| ZARONTIN ORAL CAPSULE | | 3 | |
| ZARONTIN ORAL SOLUTION | | 3 | |
| *Valproic Acid*** | | | |
| DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR | | 3 | |
| DEPAKOTE ORAL TABLET DELAYED RELEASE | | 3 | |
| DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE | | 3 | |
| divalproex sodium er oral tablet extended release 24 hour | Depakote ER | 1 | |
| divalproex sodium oral capsule delayed release sprinkle | Depakote Sprinkles | 1 | |
| divalproex sodium oral tablet delayed release | Depakote | 1 | |
| valproic acid oral capsule | | 1 | |
| valproic acid oral solution 250 mg/5ml | | 1 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|----------------|------|--------|
| *Antidepressants* | | | |
| *Alpha-2 Receptor Antagonists (Tetracyclics)*** | | | |
| mirtazapine oral tablet | Remeron | 1 | |
| mirtazapine oral tablet dispersible | Remeron SolTab | 1 | |
| REMERON ORAL TABLET 15 MG, 30 MG | | 3 | |
| REMERON SOLTAB ORAL TABLET DISPERSIBLE | | 3 | |
| *Antidepressants - Misc.*** | | | |
| APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR | | 3 | |
| bupropion hcl er (sr) oral tablet extended release 12 hour | Wellbutrin SR | 1 | |
| bupropion hcl er (xl) oral tablet extended release 24 hour | Wellbutrin XL | 1 | |
| bupropion hcl oral tablet | | 1 | |
| WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR | | 3 | |
| WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR | | 3 | |
| *Gaba Receptor Modulator - Neuroactive Steroid*** | | | |
| ZURZUVAE ORAL CAPSULE | | 3 | PA; QL |
| *Monoamine Oxidase Inhibitors (Maois)*** | | | |
| EMSAM TRANSDERMAL PATCH 24 HOUR | | 3 | |
| MARPLAN ORAL TABLET | | 3 | |
| NARDIL ORAL TABLET | | 3 | |
| PARNATE ORAL TABLET | | 3 | |
| phenelzine sulfate oral tablet | Nardil | 1 | |
| tranylcypromine sulfate oral tablet | Parnate | 1 | |
| *N-Methyl-D-Aspartic Acid (Nmda) Receptor Antagonists*** | | | |
| SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK | | 3 | PA; QL |
| SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK | | 3 | PA; QL |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|-----------|------|--------|
| *Selective Serotonin Reuptake Inhibitors (SsrIs)*** | | | |
| CELEXA ORAL TABLET | | 3 | |
| citalopram hydrobromide oral solution | | 1 | |
| citalopram hydrobromide oral tablet | CeleXA | 1 | PREV |
| escitalopram oxalate oral solution 5 mg/5ml | | 1 | |
| escitalopram oxalate oral tablet | Lexapro | 1 | PREV |
| fluoxetine hcl oral capsule | | 1 | PREV |
| fluoxetine hcl oral capsule delayed release | | 1 | QL |
| fluoxetine hcl oral solution | | 1 | |
| fluoxetine hcl oral tablet | | 1 | |
| fluvoxamine maleate er oral capsule extended release 24 hour | | 1 | |
| fluvoxamine maleate oral tablet | | 1 | |
| LEXAPRO ORAL TABLET | | 3 | |
| paroxetine hcl er oral tablet extended release 24 hour | Paxil CR | 1 | |
| paroxetine hcl oral suspension | | 1 | |
| paroxetine hcl oral tablet | Paxil | 1 | PREV |
| PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR | | 3 | |
| PAXIL ORAL TABLET | | 3 | |
| sertraline hcl oral concentrate | Zoloft | 1 | |
| sertraline hcl oral tablet | Zoloft | 1 | PREV |
| ZOLOFT ORAL CONCENTRATE | | 3 | |
| ZOLOFT ORAL TABLET | | 3 | |
| *Serotonin Modulators*** | | | |
| EXXUA ORAL TABLET EXTENDED RELEASE 24 HOUR | | 3 | PA; QL |
| EXXUA TITRATION PACK ORAL TABLET EXTENDED RELEASE 24 HOUR | | 3 | PA; QL |
| nefazodone hcl oral tablet | | 1 | |
| trazodone hcl oral tablet | | 1 | |
| TRINTELLIX ORAL TABLET | | 2 | QL |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|------------------|-------------|--------------|
| VIIBRYD ORAL TABLET | | 3 | |
| vilazodone hcl oral tablet | Viibryd | 1 | |
| *Serotonin-Norepinephrine Reuptake Inhibitors (Snris)*** | | | |
| desvenlafaxine er oral tablet extended release 24 hour | | 3 | |
| desvenlafaxine succinate er oral tablet extended release 24 hour | Pristiq | 1 | |
| duloxetine hcl oral capsule delayed release particles | | 1 | |
| EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR | | 3 | |
| PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR | | 3 | |
| venlafaxine hcl er oral capsule extended release 24 hour | Effexor XR | 1 | |
| venlafaxine hcl er oral tablet extended release 24 hour | | 1 | |
| venlafaxine hcl oral tablet | | 1 | PREV |
| *Tricyclic Agents*** | | | |
| amitriptyline hcl oral tablet | | 1 | |
| amoxapine oral tablet | | 1 | |
| ANAFRANIL ORAL CAPSULE | | 3 | |
| clomipramine hcl oral capsule | Anafranil | 1 | |
| desipramine hcl oral tablet | Norpramin | 1 | |
| doxepin hcl oral capsule | | 1 | |
| doxepin hcl oral concentrate | | 1 | |
| imipramine hcl oral tablet | | 1 | |
| imipramine pamoate oral capsule | | 1 | |
| NORPRAMIN ORAL TABLET 10 MG, 25 MG | | 3 | |
| nortriptyline hcl oral capsule | Pamelor | 1 | |
| nortriptyline hcl oral solution | | 1 | |
| PAMELOR ORAL CAPSULE | | 3 | |
| protriptyline hcl oral tablet | | 1 | |
| trimipramine maleate oral capsule | | 1 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|-----------|------|----------|
| *Antidiabetics* | | | |
| *Alpha-Glucosidase Inhibitors*** | | | |
| acarbose oral tablet | | 1 | PREV; QL |
| miglitol oral tablet | | 1 | QL |
| *Biguanides*** | | | |
| metformin hcl er oral tablet extended release 24 hour | | 1 | PREV; QL |
| metformin hcl oral solution | Riomet | 1 | QL |
| metformin hcl oral tablet 1000 mg, 500 mg | | 1 | PREV; QL |
| metformin hcl oral tablet 850 mg | | ACA | PREV; QL |
| RIOMET ORAL SOLUTION | | 3 | QL |
| *Diabetic Other*** | | | |
| BAQSIMI ONE PACK NASAL POWDER | | 2 | QL |
| BAQSIMI TWO PACK NASAL POWDER | | 2 | QL |
| diazoxide oral suspension | Proglycem | 1 | |
| glucagon emergency injection solution reconstituted 1 mg/ml | | 2 | QL |
| GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | | 2 | QL |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | | 2 | QL |
| GVOKE KIT SUBCUTANEOUS SOLUTION | | 2 | QL |
| GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML | | 2 | QL |
| PROGLYCEM ORAL SUSPENSION | | 3 | |
| *Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors*** | | | |
| JANUVIA ORAL TABLET | | 2 | ST; QL |
| *Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations*** | | | |
| JANUMET ORAL TABLET | | 2 | ST; QL |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|----------------|------|----------|
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR | | 2 | ST; QL |
| *Dopamine Receptor Agonists - Ergot Derivatives*** | | | |
| CYCLOSET ORAL TABLET | | 3 | QL |
| *Human Insulin*** | | | |
| FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN- INJECTOR | | 2 | PREV; QL |
| FIASP INJECTION SOLUTION | | 2 | PREV; QL |
| FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE | | 2 | PREV; QL |
| HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR | | 2 | PREV; QL |
| insulin glargine-yfgn subcutaneous solution pen-injector | Semglee (yfgn) | 2 | |
| LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN- INJECTOR | | 2 | PREV; QL |
| LANTUS SUBCUTANEOUS SOLUTION | | 2 | PREV; QL |
| NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR | | 2 | PREV; QL |
| NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION | | 2 | PREV; QL |
| NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR | | 2 | PREV; QL |
| NOVOLIN N SUBCUTANEOUS SUSPENSION | | 2 | PREV; QL |
| NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR | | 2 | PREV |
| NOVOLIN R INJECTION SOLUTION | | 2 | PREV; QL |
| NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR | | 2 | PREV; QL |
| NOVOLOG INJECTION SOLUTION | | 2 | PREV; QL |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|------------------|-------------|--------------|
| NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR | | 2 | PREV; QL |
| NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION | | 2 | PREV; QL |
| NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE | | 2 | PREV; QL |
| TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN- INJECTOR | | 2 | PREV; QL |
| TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN- INJECTOR | | 2 | PREV; QL |
| TRESIBA SUBCUTANEOUS SOLUTION | | 2 | PREV; QL |
| *Incretin Mimetic Agents (Gip & Glp-1 Receptor Agonists)*** | | | |
| MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR | | 2 | PA; PREV; QL |
| *Incretin Mimetic Agents (Glp-1 Receptor Agonists)*** | | | |
| liraglutide subcutaneous solution pen- injector | Victoza | 1 | PA; PREV; QL |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN- INJECTOR 2 MG/3ML | | 2 | PA; PREV; QL |
| OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN- INJECTOR 4 MG/3ML | | 2 | PA; PREV; QL |
| OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN- INJECTOR | | 2 | PA; PREV; QL |
| RYBELSUS ORAL TABLET | | 2 | PA; PREV; QL |
| TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR | | 2 | PA; PREV; QL |
| VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR | | 3 | PA; QL |
| *Insulin-Incretin Mimetic Combinations*** | | | |
| XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR | | 2 | QL |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|--------------|------|----------|
| *Meglitinide Analogues*** | | | |
| nateglinide oral tablet | | 1 | PREV; QL |
| repaglinide oral tablet | | 1 | PREV; QL |
| *Progesterone Receptor Antagonists*** | | | |
| KORLYM ORAL TABLET | | 3 | PA; QL |
| mifepristone oral tablet 300 mg | Korlym | 1 | PA; QL |
| *Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations*** | | | |
| GLYXAMBI ORAL TABLET | | 2 | ST; QL |
| *Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors*** | | | |
| bexagliflozin oral tablet | Brenzavvy | 3 | ST; QL |
| BRENZAVVY ORAL TABLET | | 3 | ST; QL |
| FARXIGA ORAL TABLET | | 2 | ST; QL |
| JARDIANCE ORAL TABLET | | 2 | ST; QL |
| *Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb*** | | | |
| SYNJARDY ORAL TABLET | | 2 | ST; QL |
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR | | 2 | ST; QL |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR | | 2 | ST; QL |
| *Sulfonylurea-Biguanide Combinations*** | | | |
| glipizide-metformin hcl oral tablet | | 1 | PREV; QL |
| glyburide-metformin oral tablet | | 1 | PREV; QL |
| *Sulfonylureas*** | | | |
| glimepiride oral tablet 1 mg, 2 mg, 4 mg | | 1 | PREV; QL |
| glipizide er oral tablet extended release 24 hour | Glucotrol XL | 1 | PREV; QL |
| glipizide oral tablet | | 1 | PREV; QL |
| GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG | | 3 | QL |
| glyburide oral tablet | | 1 | PREV; QL |
| *Sulfonylurea-Thiazolidinedione Combinations*** | | | |
| DUETACT ORAL TABLET | | 3 | QL |
| pioglitazone hcl-glimepiride oral tablet | Duetact | 1 | PREV; QL |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|-----------------|------|------------|
| *Thiazolidinedione-Biguanide Combinations*** | | | |
| ACTOPLUS MET ORAL TABLET 15-850 MG | | 3 | QL |
| pioglitazone hcl-metformin hcl oral tablet | Actoplus Met | 1 | PREV; QL |
| *Thiazolidinediones*** | | | |
| ACTOS ORAL TABLET | | 3 | QL |
| pioglitazone hcl oral tablet | Actos | 1 | PREV; QL |
| *Antidiarrheal/Probiotic Agents* | | | |
| *Antiperistaltic Agents*** | | | |
| diphenoxylate-atropine oral liquid | | 1 | |
| diphenoxylate-atropine oral tablet 2.5-0.025 mg | Lomotil | 1 | |
| LOMOTIL ORAL TABLET | | 3 | |
| MOTOFEN ORAL TABLET | | 3 | |
| *Antidotes And Specific Antagonists* | | | |
| *Antidotes - Chelating Agents*** | | | |
| CHEMET ORAL CAPSULE | | 3 | |
| deferasirox granules oral packet | Jadenu Sprinkle | 1 | PA; SP; TF |
| deferasirox oral packet | Jadenu Sprinkle | 1 | PA; SP; TF |
| deferasirox oral tablet | Jadenu | 1 | PA; SP; TF |
| deferasirox oral tablet soluble | Exjade | 1 | PA; SP; TF |
| deferiprone oral tablet | Feriprox | 1 | PA |
| FERRIPROX ORAL SOLUTION | | 3 | PA |
| FERRIPROX ORAL TABLET 1000 MG | | 3 | PA |
| FERRIPROX TWICE-A-DAY ORAL TABLET | | 3 | PA |
| pentetate calcium trisodium combination solution | | 3 | |
| pentetate zinc trisodium combination solution | | 3 | |
| *Antidotes And Specific Antagonists*** | | | |
| VISTOGARD ORAL PACKET | | 2 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|----------------|------|-------|
| *Cholinesterase Inhibitors*** | | | |
| pyridostigmine bromide er oral tablet extended release 24 hour | | 1 | |
| *Opioid Antagonists*** | | | |
| KLOXXADO NASAL LIQUID | | 2 | QL |
| nalmefene hcl injection solution | | 2 | |
| naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml | | 1 | QL |
| naloxone hcl injection solution cartridge | | 1 | QL |
| naloxone hcl injection solution prefilled syringe 0.4 mg/ml | | 1 | |
| naloxone hcl injection solution prefilled syringe 2 mg/2ml | | 1 | QL |
| naloxone hcl nasal liquid | Narcan | 1 | QL |
| naltrexone hcl oral tablet | | 1 | |
| NARCAN NASAL LIQUID | | 3 | QL |
| OPVEE NASAL SOLUTION | | 3 | |
| REXTOVY NASAL LIQUID | | 3 | QL |
| VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED | | 3 | QL |
| ZURNAI INJECTION SOLUTION AUTO-INJECTOR | | 3 | QL |
| *Antiemetics* | | | |
| *5-Ht3 Receptor Antagonists*** | | | |
| ANZEMET ORAL TABLET 50 MG | | 3 | QL |
| granisetron hcl oral tablet | | 1 | QL |
| ondansetron hcl oral solution 4 mg/5ml | | 1 | |
| ondansetron hcl oral tablet | | 1 | QL |
| ondansetron oral tablet dispersible 4 mg, 8 mg | | 1 | QL |
| SANCUSO TRANSDERMAL PATCH | | 3 | QL |
| *Antiemetics - Anticholinergic*** | | | |
| meclizine hcl oral tablet 25 mg | Dramamine | 1 | |
| meclizine hcl oral tablet 50 mg | | 1 | |
| scopolamine transdermal patch 72 hour | Transderm Scop | 1 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|---------------|------|--------|
| trimethobenzamide hcl oral capsule | | 1 | |
| *Antiemetics - Miscellaneous*** | | | |
| dronabinol oral capsule | Marinol | 1 | QL |
| SYNDROS ORAL SOLUTION | | 3 | QL |
| *Substance P/Neurokinin 1 (Nk1) Receptor Antagonists*** | | | |
| aprepitant oral capsule 125 mg, 40 mg | | 1 | QL |
| aprepitant oral capsule 80 mg | Emend BiPack | 1 | QL |
| aprepitant oral capsule therapy pack | Emend TriPack | 1 | QL |
| EMEND ORAL SUSPENSION RECONSTITUTED | | 3 | QL |
| EMEND TRIPACK ORAL CAPSULE THERAPY PACK | | 3 | QL |
| VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK | | 3 | ST; QL |
| *Antifungals* | | | |
| *Antifungals*** | | | |
| griseofulvin microsize oral suspension | | 1 | |
| griseofulvin microsize oral tablet | | 1 | |
| griseofulvin ultramicrosize oral tablet 125 mg, 250 mg | | 1 | |
| nystatin oral tablet | | 1 | |
| terbinafine hcl oral tablet | | 1 | |
| *Imidazoles*** | | | |
| ketoconazole oral tablet | | 1 | |
| *Tetrazoles*** | | | |
| VIVJOA ORAL CAPSULE THERAPY PACK | | 2 | |
| *Triazoles*** | | | |
| CRESEMBA ORAL CAPSULE | | 3 | ST |
| DIFLUCAN ORAL SUSPENSION RECONSTITUTED 40 MG/ML | | 3 | |
| DIFLUCAN ORAL TABLET 150 MG | | 3 | |
| fluconazole oral suspension reconstituted | Diflucan | 1 | |
| fluconazole oral tablet | Diflucan | 1 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|-------------|------|--------|
| itraconazole oral capsule | Sporanox | 1 | |
| itraconazole oral solution | | 1 | |
| NOXAFIL ORAL PACKET | | 3 | ST |
| posaconazole oral suspension | | 1 | ST |
| posaconazole oral tablet delayed release | | 1 | PA; QL |
| SPORANOX ORAL CAPSULE | | 3 | |
| VFEND ORAL SUSPENSION RECONSTITUTED | | 3 | |
| voriconazole oral suspension reconstituted | Vfend | 1 | |
| voriconazole oral tablet | | 1 | |
| *Antihistamines* | | | |
| *Antihistamines - Alkylamines*** | | | |
| corphena oral solution | RyClora | 1 | |
| RYCLORA ORAL SOLUTION | | 1 | |
| *Antihistamines - Ethanolamines*** | | | |
| carbinoxamine maleate oral solution | | 1 | |
| carbinoxamine maleate oral tablet 4 mg | | 1 | |
| clemapine fumarate oral tablet 2.68 mg | Clemsza | 1 | |
| diphenhydramine hcl oral elixir | | 1 | |
| *Antihistamines - Phenothiazines*** | | | |
| promethazine hcl oral solution 6.25 mg/5ml | | 1 | |
| promethazine hcl oral tablet | | 1 | |
| promethazine hcl rectal suppository 12.5 mg, 25 mg | Promethegan | 1 | |
| PROMETHEGAN RECTAL SUPPOSITORY | | 1 | |
| *Antihistamines - Piperidines*** | | | |
| cyproheptadine hcl oral syrup | | 1 | |
| cyproheptadine hcl oral tablet | | 1 | |
| *Antihyperlipidemics* | | | |
| *Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb*** | | | |
| NEXLIZET ORAL TABLET | | 3 | ST; QL |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|-----------|------|--------|
| *Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors*** | | | |
| NEXLETOL ORAL TABLET | | 3 | ST; QL |
| *Bile Acid Sequestrants*** | | | |
| cholestyramine light oral packet | Prevalite | 1 | PREV |
| cholestyramine light oral powder | Prevalite | 1 | PREV |
| cholestyramine oral packet | Questran | 1 | PREV |
| cholestyramine oral powder | Questran | 1 | PREV |
| colesevelam hcl oral packet | Welchol | 1 | |
| colesevelam hcl oral tablet | Welchol | 1 | |
| COLESTID ORAL GRANULES | | 3 | |
| COLESTID ORAL TABLET | | 3 | |
| colestipol hcl oral granules | Colestid | 1 | PREV |
| colestipol hcl oral packet | | 1 | PREV |
| colestipol hcl oral tablet | Colestid | 1 | PREV |
| PREVALITE ORAL PACKET | | 1 | PREV |
| PREVALITE ORAL POWDER | | 1 | PREV |
| QUESTRAN LIGHT ORAL POWDER | | 3 | |
| QUESTRAN ORAL PACKET | | 3 | |
| QUESTRAN ORAL POWDER | | 3 | |
| WELCHOL ORAL PACKET | | 3 | |
| WELCHOL ORAL TABLET | | 3 | |
| *Fibric Acid Derivatives*** | | | |
| fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg | | 1 | PREV |
| fenofibrate oral capsule | Lipofen | 1 | PREV |
| fenofibrate oral tablet | Tricor | 1 | PREV |
| fenofibric acid oral capsule delayed release | | 1 | PREV |
| fenofibric acid oral tablet | | 1 | PREV |
| gemfibrozil oral tablet | Lopid | 1 | PREV |
| LIPOFEN ORAL CAPSULE | | 3 | |
| LOPID ORAL TABLET | | 3 | |
| TRICOR ORAL TABLET 145 MG | | 3 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|-----------|------|--------|
| *Hmg Coa Reductase Inhibitors*** | | | |
| atorvastatin calcium oral tablet 10 mg, 20 mg | Lipitor | ACA | PREV |
| atorvastatin calcium oral tablet 40 mg, 80 mg | Lipitor | 1 | PREV |
| CRESTOR ORAL TABLET | | 3 | |
| fluvastatin sodium er oral tablet extended release 24 hour | Lescol XL | ACA | |
| fluvastatin sodium oral capsule | | ACA | PREV |
| LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR | | 3 | |
| LIPITOR ORAL TABLET | | 3 | |
| lovastatin oral tablet | | ACA | PREV |
| pravastatin sodium oral tablet | | ACA | PREV |
| rosuvastatin calcium oral tablet 10 mg, 5 mg | Crestor | ACA | PREV |
| rosuvastatin calcium oral tablet 20 mg, 40 mg | Crestor | 1 | PREV |
| simvastatin oral tablet 10 mg, 20 mg, 40 mg | Zocor | ACA | PREV |
| simvastatin oral tablet 5 mg | | ACA | PREV |
| simvastatin oral tablet 80 mg | | 1 | PREV |
| ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG | | 3 | |
| *Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb*** | | | |
| ezetimibe-simvastatin oral tablet | Vytorin | 1 | PREV |
| VYTORIN ORAL TABLET | | 3 | |
| *Intestinal Cholesterol Absorption Inhibitors*** | | | |
| ezetimibe oral tablet | Zetia | 1 | PREV |
| ZETIA ORAL TABLET | | 3 | |
| *Nicotinic Acid Derivatives*** | | | |
| NIACOR ORAL TABLET | | 1 | |
| *Pcsk9 Inhibitors*** | | | |
| REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | 2 | PA; QL |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|------------------|-------------|--------------|
| REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO- INJECTOR | | 2 | PA; QL |
| *Antihypertensives* | | | |
| *Ace Inhibitor & Calcium Channel Blocker Combinations*** | | | |
| amlodipine besy-benazepril hcl oral capsule | Lotrel | 1 | PREV |
| LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG | | 3 | |
| trandolapril-verapamil hcl er oral tablet extended release | | 1 | PREV |
| *Ace Inhibitors & Thiazide/Thiazide-Like*** | | | |
| benazepril-hydrochlorothiazide oral tablet | Lotensin HCT | 1 | PREV |
| captopril-hydrochlorothiazide oral tablet | | 1 | PREV |
| enalapril-hydrochlorothiazide oral tablet | Vaseretic | 1 | PREV |
| fosinopril sodium-hctz oral tablet | | 1 | PREV |
| lisinopril-hydrochlorothiazide oral tablet | Zestoretic | 1 | PREV |
| LOTENSIN HCT ORAL TABLET 10- 12.5 MG, 20-12.5 MG, 20-25 MG | | 3 | |
| quinapril-hydrochlorothiazide oral tablet | | 1 | PREV |
| VASERETIC ORAL TABLET | | 3 | |
| ZESTORETIC ORAL TABLET | | 3 | |
| *Ace Inhibitors*** | | | |
| benazepril hcl oral tablet | Lotensin | 1 | PREV |
| captopril oral tablet | | 1 | PREV |
| enalapril maleate oral solution | Epaned | 1 | PREV |
| enalapril maleate oral tablet | Vasotec | 1 | PREV |
| EPANED ORAL SOLUTION | | 3 | |
| fosinopril sodium oral tablet | | 1 | PREV |
| lisinopril oral tablet | Zestril | 1 | PREV |
| LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG | | 3 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|--------------|------|-------|
| moexipril hcl oral tablet | | 1 | PREV |
| perindopril erbumine oral tablet | | 1 | PREV |
| quinapril hcl oral tablet | | 1 | PREV |
| ramipril oral capsule | | 1 | PREV |
| trandolapril oral tablet | | 1 | PREV |
| VASOTEC ORAL TABLET | | 3 | |
| ZESTRIL ORAL TABLET | | 3 | |
| *Angiotensin Ii Receptor Antag & Ca Channel Blocker Comb*** | | | |
| amlodipine besylate-valsartan oral tablet | Exforge | 1 | PREV |
| amlodipine-olmesartan oral tablet | Azor | 1 | |
| AZOR ORAL TABLET | | 3 | |
| EXFORGE ORAL TABLET | | 3 | |
| telmisartan-amlodipine oral tablet | | 1 | PREV |
| *Angiotensin Ii Receptor Antag & Thiazide/Thiazide-Like*** | | | |
| ATACAND HCT ORAL TABLET | | 3 | |
| AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG | | 3 | |
| BENICAR HCT ORAL TABLET | | 3 | |
| candesartan cilexetil-hctz oral tablet | Atacand HCT | 1 | PREV |
| DIOVAN HCT ORAL TABLET | | 3 | |
| EDARBYCLOR ORAL TABLET | | 3 | |
| HYZAAR ORAL TABLET | | 3 | |
| irbesartan-hydrochlorothiazide oral tablet | Avalide | 1 | PREV |
| losartan potassium-hctz oral tablet | Hyzaar | 1 | PREV |
| MICARDIS HCT ORAL TABLET | | 3 | |
| olmesartan medoxomil-hctz oral tablet | Benicar HCT | 1 | PREV |
| telmisartan-hctz oral tablet | Micardis HCT | 1 | PREV |
| valsartan-hydrochlorothiazide oral tablet | Diovan HCT | 1 | PREV |
| *Angiotensin Ii Receptor Antagonists*** | | | |
| ARBLI ORAL SUSPENSION | | 3 | |
| ATACAND ORAL TABLET | | 3 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|----------------|------|-------|
| AVAPRO ORAL TABLET 150 MG, 300 MG | | 3 | |
| BENICAR ORAL TABLET | | 3 | |
| candesartan cilexetil oral tablet | Atacand | 1 | PREV |
| COZAAR ORAL TABLET | | 3 | |
| DIOVAN ORAL TABLET | | 3 | |
| EDARBI ORAL TABLET | | 3 | |
| irbesartan oral tablet | Avapro | 1 | PREV |
| losartan potassium oral tablet | Cozaar | 1 | PREV |
| MICARDIS ORAL TABLET 40 MG, 80 MG | | 3 | |
| olmesartan medoxomil oral tablet | Benicar | 1 | PREV |
| telmisartan oral tablet | Micardis | 1 | PREV |
| valsartan oral tablet | Diovan | 1 | PREV |
| *Angiotensin II Receptor Ant-Ca Channel Blocker-Thiazides*** | | | |
| amlodipine-valsartan-hctz oral tablet | Exforge HCT | 1 | PREV |
| EXFORGE HCT ORAL TABLET | | 3 | |
| olmesartan-amlodipine-hctz oral tablet | Tribenzor | 1 | |
| TRIBENZOR ORAL TABLET | | 3 | |
| *Antidiuretics - Centrally Acting*** | | | |
| CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY | | 3 | |
| CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY | | 3 | |
| CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY | | 3 | |
| clonidine hcl oral tablet | | 1 | PREV |
| clonidine transdermal patch weekly | Catapres-TTS-1 | 1 | PREV |
| guanfacine hcl oral tablet | | 1 | PREV |
| JAVADIN ORAL SOLUTION | | 3 | |
| methyldopa oral tablet | | 1 | |
| *Antidiuretics - Peripherally Acting*** | | | |
| CARDURA ORAL TABLET | | 3 | |
| doxazosin mesylate oral tablet | Cardura | 1 | |
| prazosin hcl oral capsule | | 1 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|---------------|------|--------|
| terazosin hcl oral capsule | | 1 | |
| TEZRULY ORAL SOLUTION | | 3 | PA; QL |
| *Antihypertensives - Misc.*** | | | |
| VECAMYL ORAL TABLET | | 3 | |
| *Beta Blocker & Diuretic Combinations*** | | | |
| atenolol-chlorthalidone oral tablet | Tenoretic 100 | 1 | PREV |
| bisoprolol-hydrochlorothiazide oral tablet | | 1 | PREV |
| metoprolol-hydrochlorothiazide oral tablet | | 1 | PREV |
| *Direct Renin Inhibitors*** | | | |
| aliskiren fumarate oral tablet | Tekturna | 1 | |
| TEKTURNA ORAL TABLET | | 3 | |
| *Selective Aldosterone Receptor Antagonists (Saras)*** | | | |
| eplerenone oral tablet | | 1 | PREV |
| *Vasodilators*** | | | |
| hydralazine hcl oral tablet | | 1 | PREV |
| minoxidil oral tablet | | 1 | PREV |
| *Anti-Infective Agents - Misc.* | | | |
| *Anti-Infective Agents - Misc.*** | | | |
| metronidazole oral capsule | | 1 | |
| metronidazole oral tablet 250 mg, 500 mg | | 1 | |
| NEBUPENT INHALATION SOLUTION RECONSTITUTED | | 3 | |
| pentamidine isethionate inhalation solution reconstituted | Nebupent | 1 | |
| tinidazole oral tablet | | 1 | |
| trimethoprim oral tablet | | 1 | |
| XIFAXAN ORAL TABLET | | 2 | |
| *Anti-Infective Misc. - Combinations*** | | | |
| BACTRIM DS ORAL TABLET | | 3 | |
| BACTRIM ORAL TABLET | | 3 | |
| sulfamethoxazole-trimethoprim intravenous solution | | 1 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|---------------------|-------------|--------------|
| sulfamethoxazole-trimethoprim oral suspension | Sulfatrim Pediatric | 1 | |
| sulfamethoxazole-trimethoprim oral tablet | Bactrim | 1 | |
| SULFATRIM PEDIATRIC ORAL SUSPENSION | | 1 | |
| *Antiprotozoal Agents*** | | | |
| atovaquone oral suspension | Mepron | 1 | |
| LAMPIT ORAL TABLET | | 3 | |
| MEPRON ORAL SUSPENSION | | 3 | |
| nitazoxanide oral tablet | | 1 | |
| *Carbapenem Combinations*** | | | |
| imipenem-cilastatin intravenous solution reconstituted | Primaxin IV | 1 | |
| PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 500-500 MG | | 3 | |
| RECARBRIO INTRAVENOUS SOLUTION RECONSTITUTED | | 3 | |
| VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED | | 3 | |
| *Carbapenems*** | | | |
| ertapenem sodium injection solution reconstituted | | 1 | |
| meropenem intravenous solution reconstituted | | 1 | |
| meropenem-sodium chloride intravenous solution reconstituted 1 gm/50ml, 500 mg/50ml | | 3 | |
| *Cyclic Lipopeptides*** | | | |
| daptomycin intravenous solution reconstituted 350 mg | | 3 | |
| daptomycin intravenous solution reconstituted 500 mg | | 1 | |
| daptomycin-sodium chloride intravenous solution | | 3 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|-----------|------|-------|
| *Glycopeptides*** | | | |
| dalbavancin hcl intravenous solution reconstituted | Dalvance | 1 | |
| DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED | | 3 | |
| FIRVANQ ORAL SOLUTION RECONSTITUTED | | 3 | |
| KIMYRSA INTRAVENOUS SOLUTION RECONSTITUTED | | 3 | |
| ORBACTIV INTRAVENOUS SOLUTION RECONSTITUTED | | 3 | |
| TYZAVAN INTRAVENOUS SOLUTION 1000 MG/200ML | | 3 | |
| VANCOGIN ORAL CAPSULE | | 3 | |
| vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-% | | 3 | |
| vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 1-0.9 gm/250ml-%, 1.25-0.9 gm/250ml-%, 1.5-0.9 gm/500ml-%, 1.75-0.9 gm/500ml-%, 2-0.9 gm/500ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%, 750-0.9 mg/250ml-% | | 3 | |
| vancomycin hcl intravenous solution 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/150ml | Tyzavan | 3 | |
| vancomycin hcl intravenous solution reconstituted 1 gm, 1.75 gm, 10 gm, 2 gm, 5 gm, 500 mg, 750 mg | | 3 | |
| vancomycin hcl intravenous solution reconstituted 1.25 gm, 100 gm | | 1 | |
| vancomycin hcl oral capsule | Vancocin | 1 | |
| vancomycin hcl oral solution reconstituted | Firvanq | 1 | |
| VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG | | 3 | |
| *Leprostatics*** | | | |
| dapsone oral tablet | | 1 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|-------------------|------|--------|
| *Lincosamides*** | | | |
| CLEOCIN ORAL CAPSULE | | 3 | |
| CLEOCIN ORAL SOLUTION RECONSTITUTED | | 3 | |
| CLEOCIN PHOSPHATE INJECTION SOLUTION | | 3 | |
| clindamycin hcl oral capsule | Cleocin | 1 | |
| clindamycin palmitate hcl oral solution reconstituted | Cleocin | 1 | |
| clindamycin phosphate in d5w intravenous solution | | 1 | |
| clindamycin phosphate in nacl intravenous solution | | 3 | |
| clindamycin phosphate injection solution 900 mg/6ml | Cleocin Phosphate | 1 | |
| *Monobactams*** | | | |
| AZACTAM INJECTION SOLUTION RECONSTITUTED | | 3 | |
| aztreonam injection solution reconstituted | Azactam | 1 | |
| CAYSTON INHALATION SOLUTION RECONSTITUTED | | 3 | SP |
| *Oxazolidinones*** | | | |
| linezolid in sodium chloride intravenous solution | | 3 | |
| linezolid intravenous solution 600 mg/300ml | Zyvox | 1 | |
| linezolid oral suspension reconstituted | Zyvox | 1 | |
| linezolid oral tablet | | 1 | |
| ZYVOX INTRAVENOUS SOLUTION 600 MG/300ML | | 3 | |
| ZYVOX ORAL SUSPENSION RECONSTITUTED | | 3 | |
| *Penem Combinations** | | | |
| ORLYNVAH ORAL TABLET | | 3 | PA; QL |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|--------------|------|--------|
| *Polymyxins*** | | | |
| colistimethate sodium (cba) injection solution reconstituted | Coly-Mycin M | 1 | |
| COLY-MYCIN M INJECTION SOLUTION RECONSTITUTED | | 3 | |
| polymyxin b sulfate injection solution reconstituted | | 1 | |
| *Urinary Anti-Infectives*** | | | |
| BLUJEPAL ORAL TABLET | | 3 | PA; QL |
| fosfomycin tromethamine oral packet | | 1 | |
| HIPREX ORAL TABLET | | 3 | |
| MACROBID ORAL CAPSULE | | 3 | |
| MACRODANTIN ORAL CAPSULE | | 3 | |
| methenamine hippurate oral tablet | Hiprex | 1 | |
| nitrofurantoin macrocrystal oral capsule | Macrodantin | 1 | |
| nitrofurantoin monohydrate macro oral capsule | Macrobid | 1 | |
| nitrofurantoin oral suspension 25 mg/5ml | | 1 | |
| *Antimalarials* | | | |
| *Antimalarial Combinations*** | | | |
| atovaquone-proguanil hcl oral tablet | Malarone | 1 | |
| COARTEM ORAL TABLET | | 3 | |
| MALARONE ORAL TABLET | | 3 | |
| *Antimalarials*** | | | |
| ARAKODA ORAL TABLET | | 3 | |
| chloroquine phosphate oral tablet | | 1 | |
| DARAPRIM ORAL TABLET | | 3 | |
| hydroxychloroquine sulfate oral tablet 200 mg | Plaquenil | 1 | |
| KRINTAFEL ORAL TABLET | | 3 | |
| mefloquine hcl oral tablet | | 1 | QL |
| PLAQUENIL ORAL TABLET | | 3 | |
| pyrimethamine oral tablet | Daraprim | 1 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|-----------|------|------------|
| quinine sulfate oral capsule | | 1 | |
| *Antimyasthenic/Cholinergic Agents* | | | |
| *Antimyasthenic/Cholinergic Agents*** | | | |
| FIRDAPSE ORAL TABLET | | 3 | PA; QL |
| MESTINON ORAL SOLUTION | | 3 | |
| MESTINON ORAL TABLET | | 3 | |
| MESTINON ORAL TABLET EXTENDED RELEASE | | 3 | |
| pyridostigmine bromide er oral tablet extended release | Mestinon | 1 | |
| pyridostigmine bromide oral solution | Mestinon | 1 | |
| pyridostigmine bromide oral tablet 60 mg | Mestinon | 1 | |
| *Antimycobacterial Agents* | | | |
| *Antimycobacterial Agents*** | | | |
| cycloserine oral capsule | | 1 | |
| ethambutol hcl oral tablet | | 1 | |
| isoniazid oral syrup | | 1 | |
| isoniazid oral tablet | | 1 | |
| pretomanid oral tablet | | 3 | |
| PRIFTIN ORAL TABLET | | 3 | |
| pyrazinamide oral tablet | | 1 | |
| rifabutin oral capsule | | 1 | |
| rifampin oral capsule | | 1 | |
| *Antineoplastics And Adjunctive Therapies* | | | |
| *Alkylating Agents*** | | | |
| MYLERAN ORAL TABLET | | 2 | TF |
| *Androgen Biosynthesis Inhibitors*** | | | |
| ABIRTEGA ORAL TABLET | | 1 | SP |
| YONSA ORAL TABLET | | 2 | PA; SP; QL |
| *Antiadrenals*** | | | |
| LYSODREN ORAL TABLET | | 2 | |
| *Antiandrogens*** | | | |
| bicalutamide oral tablet | Casodex | 1 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|------------------|-------------|----------------|
| CASODEX ORAL TABLET | | 3 | |
| ERLEADA ORAL TABLET | | 2 | PA; SP; QL |
| EULEXIN ORAL CAPSULE | | 3 | |
| nilutamide oral tablet | | 1 | TF |
| NUBEQA ORAL TABLET | | 2 | PA; SP; QL |
| XTANDI ORAL CAPSULE | | 2 | PA; SP; QL |
| XTANDI ORAL TABLET | | 2 | PA; SP; QL |
| *Antiestrogens*** | | | |
| FARESTON ORAL TABLET | | 3 | |
| SOLTAMOX ORAL SOLUTION | | ACA | |
| tamoxifen citrate oral tablet | | ACA | PREV |
| toremifene citrate oral tablet | Fareston | 1 | |
| *Antimetabolites*** | | | |
| capecitabine oral tablet | | 1 | SP |
| mercaptopurine oral suspension | Purixan | 1 | |
| mercaptopurine oral tablet | | 1 | |
| methotrexate sodium (pf) injection solution 50 mg/2ml | | 1 | |
| methotrexate sodium injection solution 50 mg/2ml | | 1 | |
| methotrexate sodium oral tablet | | 1 | |
| ONUREG ORAL TABLET | | 3 | PA; SP; QL |
| PURIXAN ORAL SUSPENSION | | 3 | |
| TABLOID ORAL TABLET | | 2 | |
| XATMEP ORAL SOLUTION | | 3 | |
| *Antineoplastic - Akt Inhibitors*** | | | |
| TRUQAP ORAL TABLET 200 MG | | 3 | PA; QL |
| TRUQAP ORAL TABLET THERAPY PACK | | 3 | PA; QL |
| *Antineoplastic - Alk Inhibitors*** | | | |
| ALECENSA ORAL CAPSULE | | 3 | PA; SP; QL |
| ALUNBRIG ORAL TABLET | | 3 | PA; QL |
| ALUNBRIG ORAL TABLET THERAPY PACK | | 3 | PA; QL |
| LORBRENA ORAL TABLET | | 3 | PA; SP; TF; QL |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|-----------|------|----------------|
| XALKORI ORAL CAPSULE | | 3 | PA; SP; TF; QL |
| XALKORI ORAL CAPSULE SPRINKLE | | 3 | PA; SP; QL |
| ZYKADIA ORAL TABLET | | 3 | PA; SP; TF; QL |
| *Antineoplastic - Anti-Her2 Agents*** | | | |
| HERNEXEOS ORAL TABLET | | 3 | PA; SP; QL |
| TUKYSA ORAL TABLET | | 3 | PA; QL |
| *Antineoplastic - Bcl-2 Inhibitors*** | | | |
| VENCLEXTA ORAL TABLET | | 3 | PA; QL |
| VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK | | 3 | PA; QL |
| *Antineoplastic - Bcr-Abl Kinase Inhibitors*** | | | |
| BOSULIF ORAL CAPSULE | | 3 | PA; SP; QL |
| BOSULIF ORAL TABLET | | 3 | PA; SP; QL |
| DANZITEN ORAL TABLET | | 3 | PA; SP; QL |
| dasatinib oral tablet | Phyrago | 1 | PA; SP; QL |
| ICLUSIG ORAL TABLET | | 3 | PA; QL |
| imatinib mesylate oral tablet | Gleevec | 1 | PA; SP; TF; QL |
| imkeldi oral solution | | 3 | PA; SP; QL |
| nilotinib d-tartrate oral capsule | | 3 | PA; SP; QL |
| nilotinib hcl oral capsule | Tasigna | 1 | PA; SP; QL |
| PHYRAGO ORAL TABLET | | 3 | PA; SP; QL |
| SCSEMBLIX ORAL TABLET | | 3 | PA; QL |
| SPRYCEL ORAL TABLET | | 3 | PA; SP; QL |
| TASIGNA ORAL CAPSULE | | 3 | PA; SP; QL |
| *Antineoplastic - Braf Kinase Inhibitors*** | | | |
| BRAFTOVI ORAL CAPSULE 75 MG | | 3 | PA; SP; QL |
| OJEMDA ORAL SUSPENSION RECONSTITUTED | | 3 | PA; QL |
| OJEMDA ORAL TABLET 100 MG | | 3 | PA; QL |
| TAFINLAR ORAL CAPSULE | | 3 | PA; SP; TF; QL |
| TAFINLAR ORAL TABLET SOLUBLE | | 3 | PA; SP; QL |
| ZELBORAF ORAL TABLET | | 3 | PA; SP; QL |
| *Antineoplastic - Btk Inhibitors*** | | | |
| BRUKINSA ORAL CAPSULE | | 3 | PA; QL |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|-----------|------|----------------|
| BRUKINSA ORAL TABLET | | 3 | PA; SP; QL |
| CALQUENCE ORAL TABLET | | 3 | PA; QL |
| IMBRUVICA ORAL CAPSULE | | 3 | PA; QL |
| IMBRUVICA ORAL SUSPENSION | | 3 | PA; QL |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG | | 3 | PA; QL |
| JAYPIRCA ORAL TABLET | | 3 | PA; SP; QL |
| *Antineoplastic - Csf1r Kinase Inhibitors*** | | | |
| ROMVIMZA ORAL CAPSULE | | 3 | PA; SP; QL |
| *Antineoplastic - Egfr Inhibitors*** | | | |
| erlotinib hcl oral tablet | | 1 | PA; SP; QL |
| gefitinib oral tablet | Iressa | 1 | PA; SP; TF; QL |
| GILOTRIF ORAL TABLET | | 3 | PA; QL |
| IRESSA ORAL TABLET | | 3 | PA; SP; TF; QL |
| LAZCLUZE ORAL TABLET | | 3 | PA; SP; QL |
| TAGRISSE ORAL TABLET | | 3 | PA; SP; TF; QL |
| *Antineoplastic - Fgfr Kinase Inhibitors*** | | | |
| BALVERSA ORAL TABLET | | 3 | PA; SP; TF; QL |
| LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK | | 3 | PA; QL |
| LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK | | 3 | PA; QL |
| LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK | | 3 | PA; QL |
| PEMAZYRE ORAL TABLET | | 3 | PA; QL |
| *Antineoplastic - Gamma Secretase Inhibitors*** | | | |
| OGSIVEO ORAL TABLET 100 MG, 150 MG | | 3 | PA; QL |
| *Antineoplastic - Hedgehog Pathway Inhibitors*** | | | |
| DAURISMO ORAL TABLET | | 3 | PA; SP; TF; QL |
| ERIVEDGE ORAL CAPSULE | | 3 | PA; SP; TF; QL |
| ODOMZO ORAL CAPSULE | | 3 | PA; SP; TF; QL |
| *Antineoplastic - Hif-2-Alpha Inhibitors*** | | | |
| WELIREG ORAL TABLET | | 3 | PA; QL |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|------------------|------|----------------|
| *Antineoplastic - Histone Deacetylase Inhibitors*** | | | |
| ZOLINZA ORAL CAPSULE | | 2 | PA; SP; TF; QL |
| *Antineoplastic - Immunomodulators*** | | | |
| POMALYST ORAL CAPSULE | | 3 | PA; SP; QL |
| *Antineoplastic - Kras Inhibitors*** | | | |
| KRAZATI ORAL TABLET | | 3 | PA; QL |
| LUMAKRAS ORAL TABLET 120 MG | | 3 | PA; SP; TF; QL |
| LUMAKRAS ORAL TABLET 240 MG, 320 MG | | 3 | PA; SP; QL |
| *Antineoplastic - Mek Inhibitors*** | | | |
| COTELLIC ORAL TABLET | | 3 | PA; SP; QL |
| GOMEKLI ORAL CAPSULE | | 3 | PA; SP; QL |
| GOMEKLI ORAL TABLET SOLUBLE | | 3 | PA; SP; QL |
| KOSELUGO ORAL CAPSULE | | 3 | PA; QL |
| KOSELUGO ORAL CAPSULE SPRINKLE | | 3 | PA; QL |
| MEKINIST ORAL SOLUTION RECONSTITUTED | | 3 | PA; SP; QL |
| MEKINIST ORAL TABLET | | 3 | PA; SP; QL |
| MEKTOVI ORAL TABLET | | 3 | PA; SP; QL |
| *Antineoplastic - Menin Inhibitors*** | | | |
| REVUFORJ ORAL TABLET | | 3 | PA; SP; QL |
| *Antineoplastic - Met Inhibitors*** | | | |
| TABRECTA ORAL TABLET | | 3 | PA; SP; QL |
| TEPMETKO ORAL TABLET | | 3 | PA; QL |
| *Antineoplastic - Methyltransferase Inhibitors*** | | | |
| TAZVERIK ORAL TABLET | | 3 | PA; TF; QL |
| *Antineoplastic - Mtor Kinase Inhibitors*** | | | |
| AFINITOR DISPERZ ORAL TABLET SOLUBLE | | 3 | PA; SP |
| everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg | Afinitor | 1 | PA; SP |
| everolimus oral tablet soluble | Afinitor Disperz | 1 | PA; SP |
| *Antineoplastic - Multikinase Inhibitors*** | | | |
| CABOMETYX ORAL TABLET | | 2 | PA; SP; TF; QL |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|------------------|-------------|----------------|
| CAPRELSA ORAL TABLET | | 3 | PA; QL |
| COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG | | 3 | PA; SP; QL |
| COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG | | 3 | PA; SP; QL |
| COMETRIQ (60 MG DAILY DOSE) ORAL KIT | | 3 | PA; SP; QL |
| ENSACOVE ORAL CAPSULE | | 3 | PA; SP; QL |
| FOTIVDA ORAL CAPSULE | | 3 | PA; TF; QL |
| HYRNUO ORAL TABLET | | 3 | PA; SP; QL |
| lapatinib ditosylate oral tablet | Tykerb | 1 | PA; SP; QL |
| NERLYNX ORAL TABLET | | 3 | PA; SP; TF; QL |
| NEXAVAR ORAL TABLET | | 3 | PA; SP; TF; QL |
| pazopanib hcl oral tablet 200 mg | Votrient | 1 | PA; SP; QL |
| QINLOCK ORAL TABLET | | 3 | PA; QL |
| RYDAPT ORAL CAPSULE | | 3 | PA; SP; QL |
| sorafenib tosylate oral tablet | NexAVAR | 1 | PA; SP; TF; QL |
| STIVARGA ORAL TABLET | | 3 | PA; SP; QL |
| sunitinib malate oral capsule | Sutent | 1 | PA; SP; TF; QL |
| SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG | | 3 | PA; SP; TF; QL |
| TURALIO ORAL CAPSULE 125 MG | | 3 | PA; QL |
| VANFLYTA ORAL TABLET | | 3 | PA; QL |
| VOTRIENT ORAL TABLET | | 3 | PA; SP; TF; QL |
| XOSPATA ORAL TABLET | | 3 | PA; SP; QL |
| *Antineoplastic - Pdgfr-Alpha Inhibitors*** | | | |
| AYVAKIT ORAL TABLET | | 3 | PA; TF; QL |
| *Antineoplastic - Protease Activators*** | | | |
| MODEYSO ORAL CAPSULE | | 3 | PA; SP; QL |
| *Antineoplastic - Proteasome Inhibitors*** | | | |
| NINLARO ORAL CAPSULE | | 3 | PA; SP; QL |
| *Antineoplastic - Ret Inhibitors*** | | | |
| GAVRETO ORAL CAPSULE | | 3 | PA; QL |
| RETEVMO ORAL TABLET | | 3 | PA; SP; QL |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|-----------|------|----------------|
| *Antineoplastic - Tropomyosin Receptor Kinase Inhibitors*** | | | |
| AUGTYRO ORAL CAPSULE | | 3 | PA; SP; QL |
| IBTROZI ORAL CAPSULE | | 3 | PA; SP; QL |
| ROZLYTREK ORAL CAPSULE | | 3 | PA; SP; TF; QL |
| ROZLYTREK ORAL PACKET | | 3 | PA; SP |
| VITRAKVI ORAL CAPSULE | | 3 | PA; SP; QL |
| VITRAKVI ORAL SOLUTION | | 3 | PA; SP; QL |
| *Antineoplastic - Xpo1 Inhibitors*** | | | |
| XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG | | 3 | PA; QL |
| XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG | | 3 | PA; QL |
| XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG | | 3 | PA; QL |
| XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG | | 3 | PA; QL |
| XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK | | 3 | PA; QL |
| XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG | | 3 | PA; QL |
| XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 80 MG | | 3 | PA; SP; QL |
| XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK | | 3 | PA; QL |
| *Antineoplastic Combinations*** | | | |
| AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK | | 3 | PA; SP; QL |
| INQOVI ORAL TABLET | | 3 | PA; SP; QL |
| LONSURF ORAL TABLET | | 3 | PA; SP |
| *Antineoplastics Misc.*** | | | |
| ACTIMMUNE SUBCUTANEOUS SOLUTION | | 3 | SP |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|--------------------|-------------|--------------|
| BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | 3 | PA; QL |
| HYDREA ORAL CAPSULE | | 3 | |
| hydroxyurea oral capsule | Hydrea | 1 | |
| MATULANE ORAL CAPSULE | | 2 | |
| *Aromatase Inhibitors*** | | | |
| anastrozole oral tablet | Arimidex | ACA | |
| ARIMIDEX ORAL TABLET | | ACA | |
| AROMASIN ORAL TABLET | | 3 | |
| exemestane oral tablet | Aromasin | ACA | |
| FEMARA ORAL TABLET | | 3 | |
| letrozole oral tablet | Femara | ACA | |
| *Cyclin-Dependent Kinases (Cdk) Inhibitors*** | | | |
| KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK | | 2 | PA; SP; QL |
| KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK | | 2 | PA; SP; QL |
| KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK | | 2 | PA; SP; QL |
| VERZENIO ORAL TABLET | | 2 | PA; SP; QL |
| *Estrogen Receptor Antagonist*** | | | |
| FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | | 3 | SP |
| fulvestrant intramuscular solution prefilled syringe | Faslodex | 1 | SP |
| INLURIYO ORAL TABLET | | 3 | PA; SP; QL |
| *Folic Acid Antagonists Rescue Agents*** | | | |
| LEDERLE LEUCOVORIN ORAL TABLET | | 1 | |
| leucovorin calcium oral tablet | Lederle Leucovorin | 1 | |
| *Gonadotropin Releasing Hormone (Gnrh) Antagonists*** | | | |
| FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED | | 3 | SP |
| FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG | | 3 | SP |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|-----------|------|----------------|
| ORGOVYX ORAL TABLET | | 3 | PA; QL |
| *Imidazotetrazines*** | | | |
| temozolomide oral capsule | | 1 | PA; SP; QL |
| *Isocitrate Dehydrogenase 1 & 2 (Idh1 & Idh2) Inhibitors*** | | | |
| VORANIGO ORAL TABLET | | 3 | PA; SP; QL |
| *Isocitrate Dehydrogenase-1 (Idh1) Inhibitors*** | | | |
| REZLIDHIA ORAL CAPSULE | | 3 | PA; QL |
| TIBSOVO ORAL TABLET | | 3 | PA; TF; QL |
| *Isocitrate Dehydrogenase-2 (Idh2) Inhibitors*** | | | |
| IDHIFA ORAL TABLET | | 3 | PA; SP; QL |
| *Janus Associated Kinase (Jak) Inhibitors*** | | | |
| JAKAFI ORAL TABLET | | 3 | PA; SP; TF; QL |
| OJJAARA ORAL TABLET | | 3 | PA; QL |
| VONJO ORAL CAPSULE | | 3 | PA; QL |
| *Lhrh Analogs*** | | | |
| leuprolide acetate injection kit | | 1 | SP |
| LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG | | 2 | SP |
| LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG | | 2 | SP |
| LUTRATE DEPOT INTRAMUSCULAR INJECTABLE | | 2 | SP |
| *Mitotic Inhibitors*** | | | |
| etoposide oral capsule | | 1 | SP |
| *Nitrogen Mustards And Related Analogues*** | | | |
| cyclophosphamide oral capsule | | 1 | SP |
| cyclophosphamide oral tablet 50 mg | | 3 | |
| LEUKERAN ORAL TABLET | | 2 | |
| *Nitrosoureas*** | | | |
| GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG | | 3 | SP |
| lomustine oral capsule | Gleostine | 1 | SP |
| *Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors*** | | | |
| COPIKTRA ORAL CAPSULE | | 3 | PA; SP; QL |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|-----------|------|----------------|
| ITOVEBI ORAL TABLET | | 3 | PA; SP; QL |
| PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK | | 3 | PA; SP; QL |
| PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK | | 3 | PA; SP; QL |
| PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK | | 3 | PA; SP; QL |
| ZYDELIG ORAL TABLET | | 3 | PA; SP; QL |
| *Poly (Adp-Ribose) Polymerase (Parp) Inhibitors*** | | | |
| LYNPARZA ORAL TABLET | | 2 | PA; SP; TF; QL |
| RUBRACA ORAL TABLET | | 2 | PA; SP; QL |
| TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG | | 3 | PA; SP; QL |
| TALZENNA ORAL CAPSULE 0.25 MG, 1 MG | | 3 | PA; SP; TF; QL |
| ZEJULA ORAL TABLET | | 2 | PA; SP; QL |
| *Progestins-Antineoplastic*** | | | |
| megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml | | 1 | |
| megestrol acetate oral tablet | | 1 | |
| *Retinoids*** | | | |
| tretinoin oral capsule | | 1 | |
| *Selective Estrogen Receptor Degraders*** | | | |
| ORSERDU ORAL TABLET | | 2 | PA; QL |
| *Selective Retinoid X Receptor Agonists*** | | | |
| bexarotene oral capsule | Targretin | 1 | PA; SP; TF; QL |
| *Topoisomerase I Inhibitors*** | | | |
| HYCAMTIN ORAL CAPSULE | | 2 | SP |
| *Urinary Tract Protective Agents*** | | | |
| mesna oral tablet | Mesnex | 1 | |
| MESNEX ORAL TABLET | | 3 | |
| *Vascular Endothelial Growth Factor (Vegf) Inhibitors*** | | | |
| FRUZAQLA ORAL CAPSULE | | 3 | PA; QL |
| INLYTA ORAL TABLET | | 2 | PA; SP; TF; QL |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|------------------|-------------|----------------|
| LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | | 3 | PA; SP; TF; QL |
| LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | | 3 | PA; SP; TF; QL |
| LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | | 3 | PA; SP; TF; QL |
| LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | | 3 | PA; SP; TF; QL |
| LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | | 3 | PA; SP; TF; QL |
| LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | | 3 | PA; SP; TF; QL |
| LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | | 3 | PA; SP; TF; QL |
| LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | | 3 | PA; SP; TF; QL |
| *Antiparkinson And Related Therapy Agents* | | | |
| *Adenosine Receptor Antagonist*** | | | |
| NOURIANZ ORAL TABLET | | 3 | PA; SP; TF; QL |
| *Antiparkinson Anticholinergics*** | | | |
| benztropine mesylate oral tablet | | 1 | |
| trihexyphenidyl hcl oral solution | | 1 | |
| trihexyphenidyl hcl oral tablet | | 1 | |
| *Antiparkinson Dopaminergics*** | | | |
| amantadine hcl oral capsule | | 1 | |
| amantadine hcl oral solution 50 mg/5ml | | 1 | |
| amantadine hcl oral tablet | | 1 | |
| bromocriptine mesylate oral capsule | Parlodel | 1 | |
| bromocriptine mesylate oral tablet | Parlodel | 1 | |
| GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR | | 3 | ST |
| INBRIJA INHALATION CAPSULE | | 3 | PA; QL |
| PARLODEL ORAL CAPSULE | | 3 | |
| PARLODEL ORAL TABLET | | 3 | |
| *Antiparkinson Monoamine Oxidase Inhibitors*** | | | |
| AZILECT ORAL TABLET | | 3 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|------------------|-------------|--------------|
| rasagiline mesylate oral tablet | Azilect | 1 | |
| selegiline hcl oral capsule | | 1 | |
| selegiline hcl oral tablet | | 1 | |
| ZELAPAR ORAL TABLET DISPERSIBLE | | 3 | |
| *Central/Peripheral Comt Inhibitors*** | | | |
| TASMAR ORAL TABLET 100 MG | | 3 | |
| tolcapone oral tablet | Tasmar | 1 | |
| *Decarboxylase Inhibitors*** | | | |
| carbidopa oral tablet | Lodosyn | 1 | |
| LODOSYN ORAL TABLET | | 3 | |
| *Levodopa Combinations*** | | | |
| carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg | | 1 | |
| carbidopa-levodopa oral tablet | Dhivy | 1 | |
| carbidopa-levodopa oral tablet dispersible | | 1 | |
| 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 | | 1 | |
| DHIVY ORAL TABLET 25-100 MG | | 3 | |
| SINEMET ORAL TABLET 10-100 MG, 25-100 MG | | 3 | |
| *Nonergoline Dopamine Receptor Agonists*** | | | |
| APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE | | 3 | SP |
| apomorphine hcl subcutaneous solution cartridge | Apokyn | 1 | SP |
| NEUPRO TRANSDERMAL PATCH 24 HOUR | | 2 | |
| pramipexole dihydrochloride er oral tablet extended release 24 hour | | 1 | |
| pramipexole dihydrochloride oral tablet | | 1 | |
| ropinirole hcl er oral tablet extended release 24 hour | | 1 | |
| ropinirole hcl oral tablet | | 1 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|-----------|------|----------------|
| *Peripheral Comt Inhibitors*** | | | |
| entacapone oral tablet | | 1 | |
| ONGENTYS ORAL CAPSULE | | 3 | PA; TF; QL |
| *Antipsychotics/Antimanic Agents* | | | |
| *Antimanic Agents*** | | | |
| lithium carbonate er oral tablet extended release | Lithobid | 1 | |
| lithium carbonate oral capsule | | 1 | |
| lithium carbonate oral tablet | | 1 | |
| LITHOBID ORAL TABLET EXTENDED RELEASE | | 2 | |
| *Antipsychotics - Misc.*** | | | |
| CAPLYTA ORAL CAPSULE | | 3 | QL |
| EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR | | 3 | |
| GEODON ORAL CAPSULE | | 3 | |
| LATUDA ORAL TABLET | | 3 | |
| lurasidone hcl oral tablet | Latuda | 1 | |
| NUPLAZID ORAL CAPSULE | | 3 | PA; SP; TF; QL |
| NUPLAZID ORAL TABLET 10 MG | | 3 | PA; SP; TF; QL |
| VRAYLAR ORAL CAPSULE | | 2 | QL |
| ziprasidone hcl oral capsule | Geodon | 1 | |
| *Benzisoxazoles*** | | | |
| INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | | 3 | ST; QL |
| INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 6 MG, 9 MG | | 3 | |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | | 3 | ST; QL |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML | | 3 | ST; QL |
| paliperidone er oral tablet extended release 24 hour | Invega | 1 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|------------------|-------------|--------------|
| PERSERIS SUBCUTANEOUS PREFILLED SYRINGE | | 3 | ST; QL |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER | | 3 | ST; QL |
| RISPERDAL ORAL SOLUTION | | 3 | |
| RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG | | 3 | |
| risperidone microspheres er intramuscular suspension reconstituted er | RisperDAL Consta | 1 | ST; QL |
| risperidone oral solution | RisperDAL | 1 | |
| risperidone oral tablet | RisperDAL | 1 | |
| risperidone oral tablet dispersible | | 1 | |
| RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER | | 3 | |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE | | 3 | ST; QL |
| *Butyrophenones*** | | | |
| haloperidol lactate oral concentrate 2 mg/ml | | 1 | |
| haloperidol oral tablet | | 1 | |
| *Dibenzodiazepines*** | | | |
| clozapine oral tablet | Clozaril | 1 | |
| clozapine oral tablet dispersible | | 1 | |
| CLOZARIL ORAL TABLET 100 MG, 25 MG | | 2 | |
| VERSACLOZ ORAL SUSPENSION | | 3 | |
| *Dibenzo-Oxepino Pyrroles*** | | | |
| asenapine maleate sublingual tablet sublingual | Saphris | 1 | |
| SAPHRIS SUBLINGUAL TABLET SUBLINGUAL | | 3 | |
| SECUADO TRANSDERMAL PATCH 24 HOUR | | 3 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|-------------|------|--------|
| *Dibenzothiazepines*** | | | |
| quetiapine fumarate er oral tablet extended release 24 hour | SEROquel XR | 1 | |
| quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg | SEROquel | 1 | |
| SEROQUEL ORAL TABLET | | 3 | |
| SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR | | 3 | |
| *Dibenzoxazepines*** | | | |
| loxapine succinate oral capsule | | 1 | |
| *Dihydroindolones*** | | | |
| molindone hcl oral tablet | | 1 | |
| *Muscarinic Agent - Combinations*** | | | |
| COBENFY ORAL CAPSULE | | 3 | PA; QL |
| COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK | | 3 | PA; QL |
| *Phenothiazines*** | | | |
| chlorpromazine hcl oral tablet | | 1 | |
| COMPRO RECTAL SUPPOSITORY | | 1 | |
| fluphenazine hcl oral concentrate | | 1 | |
| fluphenazine hcl oral elixir | | 1 | |
| fluphenazine hcl oral tablet | | 1 | |
| perphenazine oral tablet | | 1 | |
| prochlorperazine maleate oral tablet | | 1 | |
| prochlorperazine rectal suppository | Compro | 1 | |
| thioridazine hcl oral tablet | | 1 | |
| trifluoperazine hcl oral tablet | | 1 | |
| *Quinolinone Derivatives*** | | | |
| ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE | | 3 | ST; QL |
| ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE | | 3 | ST; QL |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|---------------|------|--------|
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER | | 3 | ST; QL |
| ABILIFY ORAL TABLET | | 3 | |
| aripiprazole oral solution | | 1 | |
| aripiprazole oral tablet | Abilify | 1 | |
| aripiprazole oral tablet dispersible | | 1 | |
| ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE | | 3 | ST; QL |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE | | 3 | ST; QL |
| OPIPZA ORAL FILM | | 3 | PA; QL |
| REXULTI ORAL TABLET | | 3 | QL |
| *Thienbenzodiazepines*** | | | |
| olanzapine oral tablet | ZyPREXA | 1 | |
| olanzapine oral tablet dispersible | ZyPREXA Zydis | 1 | |
| ZYPREXA ORAL TABLET 20 MG | | 3 | |
| *Thioxanthenes*** | | | |
| thiothixene oral capsule | | 1 | |
| *Antiseptics & Disinfectants* | | | |
| *Antiseptics & Disinfectants*** | | | |
| hydrogen peroxide solution 30 % | | 3 | |
| *Chlorine Antiseptics*** | | | |
| chlorhexidine gluconate solution 20 % | | 3 | |
| *Iodine Antiseptics*** | | | |
| lugols strong iodine external solution | | 3 | |
| *Antivirals* | | | |
| *Antiretroviral Combinations*** | | | |
| abacavir sulfate-lamivudine oral tablet | | 1 | |
| BIKTARVY ORAL TABLET | | 2 | |
| CIMDUO ORAL TABLET | | 3 | |
| COMPLERA ORAL TABLET | | 2 | |
| DELSTRIGO ORAL TABLET | | 3 | |
| DESCOVY ORAL TABLET | | 2 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|-----------|------|--------|
| DOVATO ORAL TABLET | | 2 | |
| efavirenz-emtricitab-tenofo df oral tablet | | 1 | |
| efavirenz-lamivudine-tenofovir oral tablet | Symfi | 1 | |
| emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg | Truvada | 1 | |
| emtricitabine-tenofovir df oral tablet 200-300 mg | Truvada | ACA | |
| emtricitab-rilpivir-tenofov df oral tablet | Complera | 1 | |
| EVOTAZ ORAL TABLET | | 3 | TF |
| GENVOYA ORAL TABLET | | 2 | |
| JULUCA ORAL TABLET | | 3 | |
| KALETRA ORAL SOLUTION | | 3 | |
| KALETRA ORAL TABLET | | 3 | |
| lamivudine-zidovudine oral tablet | | 1 | |
| lopinavir-ritonavir oral tablet | Kaletra | 1 | |
| ODEFSEY ORAL TABLET | | 2 | |
| PREZCOBIX ORAL TABLET | | 3 | |
| STRIBILD ORAL TABLET | | 3 | |
| SYMFI ORAL TABLET | | 3 | |
| SYMTUZA ORAL TABLET | | 3 | |
| TRIUMEQ ORAL TABLET | | 2 | QL |
| triumeq pd oral tablet soluble | | 2 | QL |
| TRUVADA ORAL TABLET | | 3 | |
| *Antiretrovirals - Capsid Inhibitors*** | | | |
| SUNLENCA ORAL TABLET | | 3 | PA; SP |
| SUNLENCA ORAL TABLET THERAPY PACK | | 3 | PA; QL |
| SUNLENCA SUBCUTANEOUS SOLUTION | | 3 | PA; QL |
| YEZTUGO ORAL TABLET | | ACA | |
| YEZTUGO SUBCUTANEOUS SOLUTION | | ACA | |
| *Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)*** | | | |
| maraviroc oral tablet | Selzentry | 1 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|-----------|------|------------|
| SELZENTRY ORAL SOLUTION | | 2 | |
| SELZENTRY ORAL TABLET 150 MG, 300 MG | | 3 | |
| *Antiretrovirals - Gp120-Directed Attachment Inhibitor*** | | | |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR | | 3 | PA; TF; QL |
| *Antiretrovirals - Integrase Inhibitors*** | | | |
| APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE | | ACA | |
| ISENTRESS HD ORAL TABLET | | 2 | |
| ISENTRESS ORAL TABLET | | 2 | |
| ISENTRESS ORAL TABLET CHEWABLE | | 2 | |
| TIVICAY ORAL TABLET 50 MG | | 2 | |
| TIVICAY PD ORAL TABLET SOLUBLE | | 2 | |
| *Antiretrovirals - Protease Inhibitors*** | | | |
| APTIVUS ORAL CAPSULE | | 2 | |
| atazanavir sulfate oral capsule | Reyataz | 1 | |
| darunavir oral tablet | Prezista | 1 | |
| fosamprenavir calcium oral tablet | | 1 | |
| NORVIR ORAL PACKET | | 2 | |
| NORVIR ORAL TABLET | | 3 | |
| PREZISTA ORAL SUSPENSION | | 2 | |
| PREZISTA ORAL TABLET 150 MG, 75 MG | | 2 | |
| PREZISTA ORAL TABLET 600 MG, 800 MG | | 3 | |
| REYATAZ ORAL CAPSULE 200 MG, 300 MG | | 3 | |
| ritonavir oral tablet | Norvir | 1 | |
| VIRACEPT ORAL TABLET | | 2 | |
| *Antiretrovirals - Rti-Non-Nucleoside Analogues*** | | | |
| EDURANT ORAL TABLET | | 2 | |
| EDURANT PED ORAL TABLET SOLUBLE | | 2 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|------------------|-------------|--------------|
| efavirenz oral tablet | | 1 | |
| etravirine oral tablet | Intelence | 1 | |
| INTELENCE ORAL TABLET 100 MG, 200 MG | | 3 | |
| INTELENCE ORAL TABLET 25 MG | | 2 | |
| nevirapine er oral tablet extended release 24 hour 400 mg | | 1 | |
| nevirapine oral suspension | | 1 | |
| nevirapine oral tablet | | 1 | |
| PIFELTRO ORAL TABLET | | 3 | |
| *Antiretrovirals - Rti-Nucleoside Analogues-Purines*** | | | |
| abacavir sulfate oral solution | Ziagen | 1 | |
| abacavir sulfate oral tablet | | 1 | |
| ZIAGEN ORAL SOLUTION | | 3 | |
| *Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines*** | | | |
| emtricitabine oral capsule | Emtriva | ACA | |
| EMTRIVA ORAL CAPSULE | | 3 | |
| EMTRIVA ORAL SOLUTION | | 2 | |
| EPIVIR ORAL SOLUTION | | 3 | |
| EPIVIR ORAL TABLET | | 3 | |
| lamivudine oral solution 10 mg/ml | Epivir | 1 | |
| lamivudine oral tablet 150 mg, 300 mg | Epivir | 1 | |
| *Antiretrovirals - Rti-Nucleoside Analogues-Thymidines*** | | | |
| RETROVIR ORAL CAPSULE | | 3 | |
| RETROVIR ORAL SYRUP | | 3 | |
| zidovudine oral capsule | Retrovir | 1 | |
| zidovudine oral syrup | Retrovir | 1 | |
| zidovudine oral tablet | | 1 | |
| *Antiretrovirals - Rti-Nucleotide Analogues*** | | | |
| tenofovir disoproxil fumarate oral tablet | Viread | ACA | |
| VIREAD ORAL POWDER | | 2 | |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | | 2 | |
| VIREAD ORAL TABLET 300 MG | | 3 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|-----------|------|------------|
| *Antiviral Combinations*** | | | |
| PAXLOVID (150/100) ORAL TABLET THERAPY PACK | | 2 | |
| PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK | | 2 | |
| PAXLOVID (300/100) ORAL TABLET THERAPY PACK | | 2 | |
| *Cmv Agents*** | | | |
| LIVTENCITY ORAL TABLET | | 3 | PA; QL |
| PREVYMIS ORAL PACKET | | 3 | PA; SP; QL |
| PREVYMIS ORAL TABLET | | 3 | PA; SP; QL |
| VALCYTE ORAL SOLUTION RECONSTITUTED | | 3 | |
| valganciclovir hcl oral solution reconstituted | Valcyte | 1 | |
| valganciclovir hcl oral tablet | | 1 | |
| *Hepatitis B Agents*** | | | |
| adefovir dipivoxil oral tablet | | 1 | SP |
| BARACLUDE ORAL SOLUTION | | 3 | |
| BARACLUDE ORAL TABLET | | 3 | TF |
| entecavir oral tablet | Baraclude | 1 | TF |
| lamivudine oral tablet 100 mg | | 1 | |
| VEMLIDY ORAL TABLET | | 2 | SP |
| *Hepatitis C Agent - Combinations*** | | | |
| EPCLUSA ORAL PACKET | | 2 | PA; SP; QL |
| EPCLUSA ORAL TABLET | | 2 | PA; SP; QL |
| HARVONI ORAL PACKET | | 2 | PA; SP; QL |
| HARVONI ORAL TABLET | | 2 | PA; SP; QL |
| VOSEVI ORAL TABLET | | 2 | PA; SP; QL |
| *Hepatitis C Agents*** | | | |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML | | 2 | SP |
| PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | 2 | SP |
| ribavirin oral capsule | | 2 | SP |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|-----------|------|-------|
| ribavirin oral tablet 200 mg | | 2 | SP |
| *Herpes Agents - Purine Analogues*** | | | |
| acyclovir oral capsule | | 1 | |
| acyclovir oral suspension | | 1 | |
| acyclovir oral tablet | | 1 | |
| valacyclovir hcl oral tablet | Valtrex | 1 | |
| VALTREX ORAL TABLET | | 3 | |
| *Herpes Agents - Thymidine Analogues*** | | | |
| famciclovir oral tablet | | 1 | |
| *Influenza Agents*** | | | |
| rimantadine hcl oral tablet | | 1 | |
| *Misc. Antivirals*** | | | |
| LAGEVRIO ORAL CAPSULE | | 3 | |
| *Neuraminidase Inhibitors*** | | | |
| oseltamivir phosphate oral capsule | Tamiflu | 1 | QL |
| oseltamivir phosphate oral suspension reconstituted | Tamiflu | 1 | QL |
| RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT | | 3 | QL |
| TAMIFLU ORAL CAPSULE 45 MG, 75 MG | | 3 | QL |
| TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML | | 3 | QL |
| *Pa Endonuclease Inhibitors*** | | | |
| XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG | | 3 | QL |
| XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG | | 3 | QL |
| *Beta Blockers* | | | |
| *Alpha-Beta Blockers*** | | | |
| carvedilol oral tablet | Coreg | 1 | PREV |
| carvedilol phosphate er oral capsule extended release 24 hour | Coreg CR | 1 | |
| COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR | | 3 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|------------------|-------------|--------------|
| COREG ORAL TABLET | | 3 | |
| labetalol hcl oral tablet 100 mg, 200 mg, 300 mg | | 1 | PREV |
| *Beta Blockers Cardio-Selective*** | | | |
| acebutolol hcl oral capsule | | 1 | PREV |
| atenolol oral tablet | Tenormin | 1 | PREV |
| betaxolol hcl oral tablet | | 1 | PREV |
| bisoprolol fumarate oral tablet 10 mg, 5 mg | | 1 | PREV |
| BYSTOLIC ORAL TABLET | | 3 | |
| LOPRESSOR ORAL SOLUTION | | 3 | |
| LOPRESSOR ORAL TABLET 100 MG, 50 MG | | 3 | |
| metoprolol succinate er oral tablet extended release 24 hour | Toprol XL | 1 | PREV |
| metoprolol tartrate oral tablet 100 mg, 50 mg | Lopressor | 1 | PREV |
| metoprolol tartrate oral tablet 25 mg | | 1 | PREV |
| nebivolol hcl oral tablet | Bystolic | 1 | |
| TENORMIN ORAL TABLET 25 MG | | 3 | |
| TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR | | 3 | |
| *Beta Blockers Non-Selective*** | | | |
| BETAPACE AF ORAL TABLET | | 3 | |
| BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG | | 3 | |
| HEMANGEOL ORAL SOLUTION | | 3 | |
| INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR | | 3 | |
| INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR | | 3 | TF |
| INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR | | 3 | TF |
| nadolol oral tablet 20 mg, 40 mg, 80 mg | | 1 | PREV |
| pindolol oral tablet | | 1 | PREV |
| propranolol hcl er oral capsule extended release 24 hour | Inderal LA | 1 | PREV |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|------------------|-------------|--------------|
| propranolol hcl oral solution | | 1 | PREV |
| propranolol hcl oral tablet | | 1 | PREV |
| sotalol hcl (af) oral tablet | Betapace AF | 1 | PREV |
| sotalol hcl oral tablet | Betapace | 1 | PREV |
| SOTYLIZE ORAL SOLUTION | | 3 | PA |
| timolol maleate oral tablet | | 1 | PREV |
| *Calcium Channel Blockers* | | | |
| *Calcium Channel Blockers*** | | | |
| amlodipine besylate oral tablet | Norvasc | 1 | PREV |
| CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR | | 3 | |
| CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR | | 3 | |
| CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG | | 3 | |
| CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR | | 1 | PREV |
| diltiazem hcl er beads oral capsule extended release 24 hour | Tiadylt ER | 1 | PREV |
| diltiazem hcl er coated beads oral capsule extended release 24 hour | Cardizem CD | 1 | PREV |
| diltiazem hcl er oral capsule extended release 12 hour | | 1 | PREV |
| diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg | | 1 | PREV |
| diltiazem hcl er oral tablet extended release 24 hour | Cardizem LA | 1 | PREV |
| diltiazem hcl oral tablet | Cardizem | 1 | PREV |
| dilt-xr oral capsule extended release 24 hour | | 1 | PREV |
| felodipine er oral tablet extended release 24 hour | | 1 | PREV |
| isradipine oral capsule | | 1 | PREV |
| MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR | | 1 | PREV |
| nicardipine hcl oral capsule | | 1 | PREV |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|------------------|-------------|--------------|
| nifedipine er oral tablet extended release 24 hour | | 1 | PREV |
| nifedipine er osmotic release oral tablet extended release 24 hour | Procardia XL | 1 | PREV |
| nifedipine oral capsule | | 1 | PREV |
| nimodipine oral capsule | | 1 | |
| nisoldipine er oral tablet extended release 24 hour 17 mg, 34 mg, 8.5 mg | Sular | 1 | |
| NORVASC ORAL TABLET | | 3 | |
| NYMALIZE ORAL SOLUTION 6 MG/ML | | 3 | |
| PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG | | 3 | |
| SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG | | 3 | |
| TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR | | 1 | PREV |
| TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR | | 3 | |
| verapamil hcl er oral capsule extended release 24 hour | | 1 | PREV |
| verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg | | 1 | PREV |
| verapamil hcl oral tablet | | 1 | PREV |
| *Cardiotonics* | | | |
| *Cardiac Glycosides*** | | | |
| digoxin oral solution | | 1 | |
| digoxin oral tablet | Lanoxin | 1 | |
| LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG | | 3 | |
| *Cardiovascular Agents - Misc.* | | | |
| *Calcium Channel Blocker & Hmg Coa Reductase Inhibit Comb*** | | | |
| amlodipine-atorvastatin oral tablet | Caduet | 1 | PREV |
| CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG | | 3 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|-----------|------|------------|
| *Cardiac Myosin Inhibitors*** | | | |
| CAMZYOS ORAL CAPSULE | | 3 | PA; SP; QL |
| *Cardiovascular Sglt2 Inhibitors** | | | |
| INPEFA ORAL TABLET | | 3 | ST; QL |
| *Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb*** | | | |
| ENTRESTO ORAL CAPSULE SPRINKLE | | 3 | |
| ENTRESTO ORAL TABLET | | 3 | |
| sacubitril-valsartan oral tablet | Entresto | 1 | |
| *Nitrate & Vasodilator Combinations*** | | | |
| BIDIL ORAL TABLET | | 3 | |
| isosorb dinitrate-hydralazine oral tablet 20-37.5 mg | BiDil | 1 | |
| *Prostaglandin Vasodilators*** | | | |
| ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK | | 3 | PA; SP |
| ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK | | 3 | PA; SP |
| ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK | | 3 | PA; SP |
| ORENITRAM ORAL TABLET EXTENDED RELEASE | | 3 | PA; SP |
| *Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)*** | | | |
| ADEMPAS ORAL TABLET | | 2 | PA; SP; QL |
| *Pulmonary Hypertension - Activin Signaling Inhibitor*** | | | |
| WINREVAIR SUBCUTANEOUS KIT | | 3 | PA; SP; QL |
| *Pulmonary Hypertension - Endothelin Receptor Antagonists*** | | | |
| ambrisentan oral tablet | Letairis | 1 | PA; SP; QL |
| bosentan oral tablet | Tracleer | 1 | PA; SP; QL |
| OPSUMIT ORAL TABLET | | 2 | PA; SP; QL |
| TRACLEER ORAL TABLET SOLUBLE | | 3 | PA; SP; QL |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|-----------|------|------------|
| *Pulmonary Hypertension - Phosphodiesterase Inhibitors*** | | | |
| ALYQ ORAL TABLET | | 1 | PA; SP; QL |
| sildenafil citrate oral suspension reconstituted | | 1 | PA; SP; QL |
| sildenafil citrate oral tablet 20 mg | Revatio | 1 | PA; SP; QL |
| tadalafil (pah) oral tablet | Alyq | 1 | PA; SP; QL |
| *Pulmonary Hypertension - Prostacyclin Receptor Agonist*** | | | |
| UPTRAVI ORAL TABLET | | 3 | PA; SP; QL |
| UPTRAVI TITRATION ORAL TABLET THERAPY PACK | | 3 | PA; SP; QL |
| *Transthyretin Stabilizers*** | | | |
| ATTRUBY ORAL TABLET THERAPY PACK | | 3 | PA; SP; QL |
| VYNDAMAX ORAL CAPSULE | | 3 | PA; SP; QL |
| *Vasoactive Soluble Guanylate Cyclase Stimulator (Sgc)*** | | | |
| VERQUVO ORAL TABLET | | 3 | PA; QL |
| *Cephalosporins* | | | |
| *Cephalosporin Combinations*** | | | |
| AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED | | 3 | |
| ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED | | 3 | |
| *Cephalosporins - 1St Generation*** | | | |
| cefadroxil oral capsule | | 1 | |
| cefadroxil oral suspension reconstituted | | 1 | |
| cefadroxil oral tablet | | 1 | |
| cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 500 mg | | 1 | |
| cefazolin sodium injection solution reconstituted 100 gm, 300 gm | | 3 | |
| cefazolin sodium intravenous solution reconstituted 1 gm | | 1 | |
| cefazolin sodium intravenous solution reconstituted 2 gm, 3 gm | | 3 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|-----------|------|-------|
| cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-% | | 3 | |
| cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm-%(50ml) | | 3 | |
| cephalexin oral capsule | | 1 | |
| cephalexin oral suspension reconstituted | | 1 | |
| cephalexin oral tablet | | 1 | |
| *Cephalosporins - 2Nd Generation*** | | | |
| cefaclor er oral tablet extended release 12 hour | | 3 | |
| cefaclor oral capsule | | 1 | |
| cefotetan disodium injection solution reconstituted 1 gm, 2 gm | Cefotan | 1 | |
| cefoxitin sodium intravenous solution reconstituted | | 1 | |
| cefoxitin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-2.2 gm-%(50ml) | | 3 | |
| cefprozil oral suspension reconstituted | | 1 | |
| cefprozil oral tablet | | 1 | |
| cefuroxime axetil oral tablet | | 1 | |
| cefuroxime sodium injection solution reconstituted 750 mg | | 1 | |
| cefuroxime sodium intravenous solution reconstituted 1.5 gm | | 1 | |
| *Cephalosporins - 3Rd Generation*** | | | |
| cefdinir oral capsule | | 1 | |
| cefdinir oral suspension reconstituted | | 1 | |
| cefixime oral capsule | | 1 | |
| cefixime oral suspension reconstituted | | 1 | |
| cefixime oral tablet | | 1 | |
| cefpodoxime proxetil oral suspension reconstituted | | 1 | |
| cefpodoxime proxetil oral tablet | | 1 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|------------------|-------------|--------------|
| ceftazidime injection solution reconstituted 1 gm | Tazicef | 1 | |
| ceftazidime injection solution reconstituted 6 gm | | 1 | |
| ceftazidime intravenous solution reconstituted | Tazicef | 1 | |
| ceftriaxone sodium in dextrose intravenous solution | | 1 | |
| ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg | | 1 | |
| ceftriaxone sodium injection solution reconstituted 100 gm | | 3 | |
| ceftriaxone sodium intravenous solution reconstituted | | 1 | |
| ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml) | | 3 | |
| TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM | | 1 | |
| TAZICEF INTRAVENOUS SOLUTION | | 3 | |
| TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED | | 1 | |
| *Cephalosporins - 4Th Generation*** | | | |
| cefepime hcl injection solution reconstituted 1 gm | | 1 | |
| cefepime hcl intravenous solution | | 3 | |
| cefepime hcl intravenous solution reconstituted 100 gm | | 3 | |
| cefepime hcl intravenous solution reconstituted 2 gm | | 1 | |
| cefepime-dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml) | | 3 | |
| *Cephalosporins - 5Th Generation*** | | | |
| ceftaroline fosamil intravenous solution reconstituted | Teflaro | 1 | |
| TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED | | 3 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|-------------------|------|-------|
| *Cephalosporins - Siderophores*** | | | |
| FETROJA INTRAVENOUS SOLUTION RECONSTITUTED | | 3 | |
| *Contraceptives* | | | |
| *Biphasic Contraceptives - Oral*** | | | |
| AZURETTE ORAL TABLET | | ACA | PREV |
| desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5) | Azurette | ACA | PREV |
| KARIVA ORAL TABLET | | ACA | PREV |
| LO LOESTRIN FE ORAL TABLET | | 2 | |
| PIMTREA ORAL TABLET | | ACA | PREV |
| SIMLIYA ORAL TABLET | | ACA | PREV |
| viorele oral tablet | Azurette | ACA | PREV |
| VOLNEA ORAL TABLET | | ACA | PREV |
| *Combination Contraceptives - Oral*** | | | |
| AFIRMELLE ORAL TABLET | | ACA | PREV |
| ALTAVERA ORAL TABLET | | ACA | PREV |
| alyacen 1/35 oral tablet | Dasetta 1/35 (28) | ACA | PREV |
| APRI ORAL TABLET | | ACA | PREV |
| AUBRA EQ ORAL TABLET | | ACA | PREV |
| AUROVELA 1.5/30 ORAL TABLET | | ACA | PREV |
| AUROVELA 1/20 ORAL TABLET | | ACA | PREV |
| AUROVELA 24 FE ORAL TABLET | | ACA | PREV |
| AUROVELA FE 1.5/30 ORAL TABLET | | ACA | PREV |
| AUROVELA FE 1/20 ORAL TABLET | | ACA | PREV |
| AVERI ORAL TABLET | | 3 | |
| AVIANE ORAL TABLET | | ACA | PREV |
| AYUNA ORAL TABLET | | ACA | PREV |
| BALCOLTRA ORAL TABLET | | 3 | |
| BALZIVA ORAL TABLET | | ACA | PREV |
| BEYAZ ORAL TABLET | | 3 | |
| BLISOVI 24 FE ORAL TABLET | | ACA | PREV |
| BLISOVI FE 1.5/30 ORAL TABLET | | ACA | PREV |
| BLISOVI FE 1/20 ORAL TABLET | | ACA | PREV |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|------------------|-------------|--------------|
| briellyn oral tablet | Balziva | ACA | PREV |
| CHARLOTTE 24 FE ORAL TABLET CHEWABLE | | ACA | PREV |
| CHATEAL EQ ORAL TABLET | | ACA | PREV |
| CRYSSELLE-28 ORAL TABLET | | ACA | PREV |
| CYRED EQ ORAL TABLET | | ACA | PREV |
| DASETTA 1/35 (28) ORAL TABLET | | ACA | PREV |
| DELYLA ORAL TABLET | | ACA | PREV |
| drospiren-eth estrad-levomefol oral tablet | Beyaz | ACA | PREV |
| drospirenone-ethinyl estradiol oral tablet | Yasmin 28 | ACA | PREV |
| ELINEST ORAL TABLET | | ACA | PREV |
| ENSKYCE ORAL TABLET 0.15-30 MG-MCG | | ACA | PREV |
| ESTARYLLA ORAL TABLET | | ACA | PREV |
| ethynodiol diac-eth estradiol oral tablet | Kelnor 1/35 | ACA | PREV |
| FALMINA ORAL TABLET | | ACA | PREV |
| FEMLYV ORAL TABLET DISPERSIBLE | | 3 | |
| FINZALA ORAL TABLET CHEWABLE | | ACA | PREV |
| GALBRIELA ORAL TABLET CHEWABLE | | 1 | |
| GEMMILY ORAL CAPSULE | | ACA | PREV |
| HAILEY 1.5/30 ORAL TABLET | | ACA | PREV |
| HAILEY 24 FE ORAL TABLET | | ACA | PREV |
| HAILEY FE 1.5/30 ORAL TABLET | | ACA | PREV |
| HAILEY FE 1/20 ORAL TABLET | | ACA | PREV |
| ISIBLOOM ORAL TABLET | | ACA | PREV |
| JASMIEL ORAL TABLET | | ACA | PREV |
| JOYEAUX ORAL TABLET | | ACA | PREV |
| JULEBER ORAL TABLET | | ACA | PREV |
| JUNEL 1.5/30 ORAL TABLET | | ACA | PREV |
| JUNEL 1/20 ORAL TABLET | | ACA | PREV |
| JUNEL FE 1.5/30 ORAL TABLET | | ACA | PREV |
| JUNEL FE 1/20 ORAL TABLET | | ACA | PREV |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|------------------|-------------|--------------|
| JUNEL FE 24 ORAL TABLET | | ACA | PREV |
| KAITLIB FE ORAL TABLET CHEWABLE | | ACA | PREV |
| KALLIGA ORAL TABLET | | ACA | PREV |
| KELNOR 1/35 ORAL TABLET | | ACA | PREV |
| KURVELO ORAL TABLET | | ACA | PREV |
| LARIN 1.5/30 ORAL TABLET | | ACA | PREV |
| LARIN 1/20 ORAL TABLET | | ACA | PREV |
| LARIN 24 FE ORAL TABLET | | ACA | PREV |
| LARIN FE 1.5/30 ORAL TABLET | | ACA | PREV |
| LARIN FE 1/20 ORAL TABLET | | ACA | PREV |
| LESSINA ORAL TABLET | | ACA | PREV |
| levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg | Afirmelle | ACA | PREV |
| levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg | Altavera | ACA | PREV |
| LEVORA 0.15/30 (28) ORAL TABLET | | ACA | PREV |
| LOESTRIN 1.5/30 (21) ORAL TABLET | | ACA | PREV |
| LOESTRIN 1/20 (21) ORAL TABLET | | ACA | PREV |
| LOESTRIN FE 1.5/30 ORAL TABLET | | ACA | PREV |
| LOESTRIN FE 1/20 ORAL TABLET | | ACA | PREV |
| LORYNA ORAL TABLET | | ACA | PREV |
| LOW-OGESTREL ORAL TABLET | | ACA | PREV |
| LO-ZUMANDIMINE ORAL TABLET | | ACA | PREV |
| LUIZZA 1.5/30 ORAL TABLET | | ACA | |
| LUIZZA 1/20 ORAL TABLET | | ACA | |
| LUTERA ORAL TABLET | | ACA | PREV |
| marlissa oral tablet | Altavera | ACA | PREV |
| MICROGESTIN 1.5/30 ORAL TABLET | | ACA | PREV |
| MICROGESTIN 1/20 ORAL TABLET | | ACA | PREV |
| MICROGESTIN FE 1.5/30 ORAL TABLET | | ACA | PREV |
| MICROGESTIN FE 1/20 ORAL TABLET | | ACA | PREV |
| MILI ORAL TABLET | | ACA | PREV |
| MONO-LINYAH ORAL TABLET | | ACA | PREV |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|--------------------|-------------|--------------|
| NECON 0.5/35 (28) ORAL TABLET | | ACA | PREV |
| NIKKI ORAL TABLET | | ACA | PREV |
| norethin ace-eth estrad-fe oral capsule | Taytulla | ACA | PREV |
| norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg | Aurovela Fe 1.5/30 | ACA | PREV |
| norethin ace-eth estrad-fe oral tablet chewable | Charlotte 24 Fe | ACA | PREV |
| norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg | Aurovela 1/20 | ACA | PREV |
| norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg | Estarylla | ACA | PREV |
| NORTREL 0.5/35 (28) ORAL TABLET | | ACA | PREV |
| NORTREL 1/35 (21) ORAL TABLET | | ACA | PREV |
| NORTREL 1/35 (28) ORAL TABLET | | ACA | PREV |
| NYLIA 1/35 ORAL TABLET | | ACA | PREV |
| PHILITH ORAL TABLET | | ACA | PREV |
| PORTIA-28 ORAL TABLET | | ACA | PREV |
| RECLIPSEN ORAL TABLET | | ACA | PREV |
| SAFYRAL ORAL TABLET | | 3 | |
| SPRINTEC 28 ORAL TABLET | | ACA | PREV |
| SRONYX ORAL TABLET | | ACA | PREV |
| SYEDA ORAL TABLET | | ACA | PREV |
| TARINA 24 FE ORAL TABLET | | ACA | PREV |
| TARINA FE 1/20 EQ ORAL TABLET | | ACA | PREV |
| TAYSOFY ORAL CAPSULE | | ACA | PREV |
| TAYTULLA ORAL CAPSULE | | 3 | |
| TYBLUME ORAL TABLET CHEWABLE | | 3 | |
| VESTURA ORAL TABLET | | ACA | PREV |
| VIENVA ORAL TABLET | | ACA | PREV |
| VYFEMLA ORAL TABLET | | ACA | PREV |
| VYLIBRA ORAL TABLET | | ACA | PREV |
| WERA ORAL TABLET | | ACA | PREV |
| WYMZYA FE ORAL TABLET CHEWABLE | | ACA | PREV |
| YASMIN 28 ORAL TABLET | | 3 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|-----------|------|----------|
| YAZ ORAL TABLET | | 3 | |
| ZOVIA 1/35 (28) ORAL TABLET | | ACA | PREV |
| ZUMANDIMINE ORAL TABLET | | ACA | PREV |
| *Combination Contraceptives - Transdermal*** | | | |
| TWIRLA TRANSDERMAL PATCH WEEKLY | | 3 | |
| XULANE TRANSDERMAL PATCH WEEKLY | | ACA | PREV |
| ZAFEMY TRANSDERMAL PATCH WEEKLY | | ACA | PREV |
| *Combination Contraceptives - Vaginal*** | | | |
| ANNOVERA VAGINAL RING | | 3 | PREV; QL |
| ELURYNG VAGINAL RING | | ACA | PREV |
| ENILLORING VAGINAL RING | | ACA | PREV |
| etonogestrel-ethinyl estradiol vaginal ring | NuvaRing | ACA | PREV |
| NUVARING VAGINAL RING | | 3 | |
| *Continuous Contraceptives - Oral*** | | | |
| AMETHYST ORAL TABLET | | ACA | PREV |
| DOLISHALE ORAL TABLET | | ACA | PREV |
| levonorgestrel-ethinyl estrad oral tablet 90-20 mcg | Amethyst | ACA | PREV |
| *Emergency Contraceptives*** | | | |
| AFTERA ORAL TABLET | | ACA | PREV |
| AFTERPILL ORAL TABLET | | ACA | PREV |
| ECONTRA ONE-STEP ORAL TABLET | | ACA | PREV |
| ELLA ORAL TABLET | | ACA | PREV |
| HER STYLE ORAL TABLET | | ACA | PREV |
| levonorgestrel oral tablet 1.5 mg | Aftera | ACA | PREV |
| MY CHOICE ORAL TABLET | | ACA | PREV |
| MY WAY ORAL TABLET | | ACA | PREV |
| NEW DAY ORAL TABLET | | ACA | PREV |
| OPCICON ONE-STEP ORAL TABLET | | ACA | PREV |
| OPTION 2 ORAL TABLET | | ACA | PREV |
| TAKE ACTION ORAL TABLET | | ACA | PREV |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|--------------|------|-------|
| *Extended-Cycle Contraceptives - Oral*** | | | |
| ASHLYNA ORAL TABLET | | ACA | PREV |
| CAMRESE LO ORAL TABLET | | ACA | PREV |
| CAMRESE ORAL TABLET | | ACA | PREV |
| DAYSEE ORAL TABLET | | ACA | PREV |
| ICLEVIA ORAL TABLET | | ACA | PREV |
| INTROVALE ORAL TABLET | | ACA | PREV |
| JAIMIESS ORAL TABLET | | ACA | PREV |
| JOLESSA ORAL TABLET | | ACA | PREV |
| levonorgest-eth estrad 91-day oral tablet | Ashlyna | ACA | PREV |
| LOJAIMIESS ORAL TABLET | | ACA | PREV |
| RIVELSA ORAL TABLET | | ACA | PREV |
| SETLAKIN ORAL TABLET | | ACA | PREV |
| SIMPESSE ORAL TABLET | | ACA | PREV |
| *Four Phase Contraceptives - Oral*** | | | |
| NATAZIA ORAL TABLET | | 3 | |
| *Progestin Contraceptives - Injectable*** | | | |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML | | 3 | |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | | 3 | |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE | | ACA | |
| medroxyprogesterone acetate intramuscular suspension | Depo-Provera | ACA | PREV |
| medroxyprogesterone acetate intramuscular suspension prefilled syringe | Depo-Provera | ACA | PREV |
| *Progestin Contraceptives - Oral*** | | | |
| CAMILA ORAL TABLET | | ACA | PREV |
| DEBLITANE ORAL TABLET | | ACA | PREV |
| ERRIN ORAL TABLET | | ACA | PREV |
| HEATHER ORAL TABLET | | ACA | PREV |
| INCASSIA ORAL TABLET | | ACA | PREV |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|------------------|-------------|--------------|
| JENCYCLA ORAL TABLET | | ACA | PREV |
| LYLEQ ORAL TABLET | | ACA | PREV |
| LYZA ORAL TABLET | | ACA | PREV |
| NORA-BE ORAL TABLET | | ACA | PREV |
| norethindrone oral tablet | Camila | ACA | PREV |
| NORLYROC ORAL TABLET | | ACA | PREV |
| OPILL ORAL TABLET | | ACA | |
| SHAROBEL ORAL TABLET | | ACA | PREV |
| SLYND ORAL TABLET | | 3 | |
| *Triphasic Contraceptives - Oral*** | | | |
| alyacen 7/7/7 oral tablet | Dasetta 7/7/7 | ACA | PREV |
| ARANELLE ORAL TABLET | | ACA | PREV |
| DASETTA 7/7/7 ORAL TABLET | | ACA | PREV |
| LEVONEST ORAL TABLET | | ACA | PREV |
| levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg | Levonest | ACA | PREV |
| norgestim-eth estrad triphasic oral tablet | Tri-Estarylla | ACA | PREV |
| NORTREL 7/7/7 ORAL TABLET | | ACA | PREV |
| NYLIA 7/7/7 ORAL TABLET | | ACA | PREV |
| TILIA FE ORAL TABLET | | ACA | PREV |
| TRI-ESTARYLLA ORAL TABLET | | ACA | PREV |
| TRI-LEGEST FE ORAL TABLET | | ACA | PREV |
| TRI-LINYAH ORAL TABLET | | ACA | PREV |
| TRI-LO-ESTARYLLA ORAL TABLET | | ACA | PREV |
| TRI-LO-MARZIA ORAL TABLET | | ACA | PREV |
| TRI-LO-MILI ORAL TABLET | | ACA | PREV |
| TRI-LO-SPRINTEC ORAL TABLET | | ACA | PREV |
| TRI-MILI ORAL TABLET | | ACA | PREV |
| TRI-SPRINTEC ORAL TABLET | | ACA | PREV |
| TRIVORA (28) ORAL TABLET | | ACA | PREV |
| TRI-VYLIBRA LO ORAL TABLET | | ACA | PREV |
| TRI-VYLIBRA ORAL TABLET | | ACA | PREV |
| VELIVET ORAL TABLET | | ACA | PREV |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|-------------|------|--------|
| *Corticosteroids* | | | |
| *Glucocorticosteroids*** | | | |
| ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE | | 3 | PA; TF |
| budesonide er oral tablet extended release 24 hour | Uceris | 1 | |
| budesonide oral capsule delayed release particles | | 1 | |
| CORTEF ORAL TABLET | | 3 | |
| DEXAMETHASONE INTENSOL ORAL CONCENTRATE | | 3 | |
| dexamethasone oral elixir | | 1 | |
| dexamethasone oral solution | | 1 | |
| dexamethasone oral tablet | | 1 | |
| EOHILIA ORAL SUSPENSION | | 3 | QL |
| hydrocortisone oral tablet | Cortef | 1 | |
| hydrocortisone sod suc (pf) injection solution reconstituted | Solu-CORTEF | 1 | |
| MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG | | 3 | |
| MEDROL ORAL TABLET 2 MG | | 3 | |
| MEDROL ORAL TABLET THERAPY PACK | | 3 | |
| methylprednisolone oral tablet | Medrol | 1 | |
| methylprednisolone oral tablet therapy pack | Medrol | 1 | |
| methylprednisolone sodium succ injection solution reconstituted 40 mg | | 1 | |
| ORAPRED ODT ORAL TABLET DISPERSIBLE | | 3 | |
| prednisolone oral solution | | 1 | |
| prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml | | 1 | |
| prednisolone sodium phosphate oral tablet dispersible | Orapred ODT | 1 | |
| PREDNISON INTENSOL ORAL CONCENTRATE | | 3 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|-----------|------|------------|
| prednisone oral solution | | 1 | |
| prednisone oral tablet | | 1 | |
| prednisone oral tablet therapy pack | | 1 | |
| SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG | | 3 | |
| SOLU-MEDROL (PF) INJECTION SOLUTION RECONSTITUTED 40 MG | | 3 | |
| TARPEYO ORAL CAPSULE DELAYED RELEASE | | 3 | PA; SP; QL |
| UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR | | 3 | |
| *Mineralocorticoids*** | | | |
| fludrocortisone acetate oral tablet | | 1 | |
| *Cough/Cold/Allergy* | | | |
| *Antitussive - Nonnarcotic*** | | | |
| benzonatate oral capsule 100 mg, 200 mg | | 1 | |
| *Antitussive - Opioid*** | | | |
| HYCODAN ORAL SOLUTION | | 3 | |
| HYCODAN ORAL TABLET | | 3 | |
| hydrocodone bit-homatrop mbr oral solution | Hycodan | 1 | |
| hydrocodone bit-homatrop mbr oral tablet | Hycodan | 1 | |
| hydromet oral solution | Hycodan | 1 | |
| *Antitussive-Expectorant*** | | | |
| g tussin ac oral solution | | 1 | |
| guaifenesin-codeine oral solution | | 1 | |
| maxi-tuss ac oral solution | | 1 | |
| *Misc. Respiratory Inhalants*** | | | |
| HYPERSAL INHALATION NEBULIZATION SOLUTION 7 % | | 3 | |
| NEBUSAL INHALATION NEBULIZATION SOLUTION 3 % | | 1 | |
| PULMOSAL INHALATION NEBULIZATION SOLUTION | | 1 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|-----------|------|-------|
| sodium chloride inhalation nebulization solution 0.9 %, 10 % | | 1 | |
| sodium chloride inhalation nebulization solution 3 % | Nebusal | 1 | |
| sodium chloride inhalation nebulization solution 7 % | PulmoSal | 1 | |
| *Mucolytics*** | | | |
| acetylcysteine inhalation solution | | 1 | |
| *Non-Narc Antitussive-Antihistamine*** | | | |
| promethazine-dm oral syrup 6.25-15 mg/5ml | | 1 | |
| *Non-Narc Antitussive-Decongestant-Antihistamine*** | | | |
| pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml | | 1 | |
| *Opioid Antitussive-Antihistamine*** | | | |
| hydrocod poli-chlorphe poli er oral suspension extended release | | 1 | |
| promethazine-codeine oral solution | | 1 | |
| promethazine-codeine oral syrup | | 1 | |
| *Dermatologicals* | | | |
| *Acne Antibiotics*** | | | |
| ACZONE EXTERNAL GEL 7.5 % | | 3 | |
| AMZEEQ EXTERNAL FOAM | | 3 | |
| CLEOCIN-T EXTERNAL LOTION | | 3 | |
| CLINDACIN ETZ EXTERNAL SWAB | | 1 | |
| CLINDACIN EXTERNAL FOAM | | 1 | |
| CLINDACIN-P EXTERNAL SWAB | | 1 | |
| CLINDAGEL EXTERNAL GEL | | 3 | |
| clindamycin phos (once-daily) external gel | Clindagel | 1 | |
| clindamycin phos (twice-daily) external gel | | 1 | |
| clindamycin phosphate external foam | Clindacin | 1 | |
| clindamycin phosphate external lotion | Cleocin-T | 1 | |
| clindamycin phosphate external solution | | 1 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|------------------|-------------|--------------|
| clindamycin phosphate external swab | Clindacin ETZ | 1 | |
| dapsone external gel | Aczone | 1 | |
| ery external pad | | 1 | |
| erythromycin external gel | | 1 | |
| erythromycin external solution | | 1 | |
| KLARON EXTERNAL LOTION | | 3 | |
| sulfacetamide sodium (acne) external lotion | Klaron | 1 | |
| *Acne Combinations*** | | | |
| ACANYA EXTERNAL GEL | | 3 | |
| adapalene-benzoyl peroxide external gel 0.1-2.5 % | Epiduo | 1 | |
| BENZAMYCIN EXTERNAL GEL | | 3 | |
| benzoyl peroxide-erythromycin external gel | Benzamycin | 1 | |
| clindamycin phos-benzoyl perox external gel 1.2-2.5 % | Acanya | 1 | |
| clindamycin phos-benzoyl perox external gel 1.2-5 % | Neuac | 1 | |
| clindamycin phos-benzoyl perox external gel 1-5 % | | 1 | |
| clindamycin-tretinoin external gel | Ziana | 1 | |
| EPIDUO EXTERNAL GEL | | 3 | |
| NEUAC EXTERNAL GEL | | 1 | |
| *Acne Products*** | | | |
| ABSORICA ORAL CAPSULE | | 3 | |
| ACUTANE ORAL CAPSULE | | 1 | |
| adapalene external cream | Differin | 1 | |
| adapalene external gel | Differin | 1 | |
| adapalene external pad | | 1 | |
| adapalene external solution | | 3 | |
| AMNESTEEM ORAL CAPSULE | | 1 | |
| ATRALIN EXTERNAL GEL | | 3 | |
| AZELEX EXTERNAL CREAM | | 3 | |
| CLARAVIS ORAL CAPSULE | | 1 | |
| DIFFERIN EXTERNAL CREAM | | 3 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|------------------|-------------|--------------|
| DIFFERIN EXTERNAL GEL 0.3 % | | 3 | |
| EPSOLAY EXTERNAL CREAM | | 3 | |
| isotretinoin oral capsule | Absorica | 1 | |
| RETIN-A EXTERNAL CREAM | | 3 | |
| RETIN-A EXTERNAL GEL | | 3 | |
| tretinoin external cream | Retin-A | 1 | |
| tretinoin external gel | Atralin | 1 | |
| tretinoin microsphere external gel 0.04 % , 0.1 % | | 1 | |
| tretinoin microsphere pump external gel 0.04 % , 0.1 % | | 1 | |
| ZENATANE ORAL CAPSULE | | 1 | |
| *Agents For External Genital And Perianal Warts*** | | | |
| VEREGEN EXTERNAL OINTMENT | | 3 | |
| *Antibiotic Steroid Combinations - Topical*** | | | |
| NEO-SYNALAR EXTERNAL CREAM | | 3 | |
| *Antibiotics - Topical*** | | | |
| gentamicin sulfate external cream | | 1 | |
| gentamicin sulfate external ointment | | 1 | |
| mupirocin external ointment | | 1 | |
| *Antifungals - Topical Combinations*** | | | |
| clotrimazole-betamethasone external cream | | 1 | |
| clotrimazole-betamethasone external lotion | | 1 | |
| miconazole-zinc oxide-petrolat external ointment | Vusion | 1 | |
| nystatin-triamcinolone external cream | | 1 | |
| nystatin-triamcinolone external ointment | | 1 | |
| VUSION EXTERNAL OINTMENT | | 3 | |
| *Antifungals - Topical*** | | | |
| CICLODAN EXTERNAL SOLUTION | | 1 | |
| ciclopirox external gel | | 1 | |
| ciclopirox external shampoo | | 1 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|-----------|------|------------|
| ciclopirox external solution | Ciclodan | 1 | |
| ciclopirox olamine external cream | | 1 | |
| ciclopirox olamine external suspension | | 1 | |
| naftifine hcl external cream 1 % | | 1 | |
| naftifine hcl external cream 2 % | | 1 | QL |
| NYAMYC EXTERNAL POWDER | | 1 | |
| nystatin external cream | | 1 | |
| nystatin external ointment | | 1 | |
| nystatin external powder | Nyamyc | 1 | |
| NYSTOP EXTERNAL POWDER | | 1 | |
| *Anti-Inflammatory Agents - Topical*** | | | |
| diclofenac epolamine external patch | Flector | 1 | |
| diclofenac sodium external solution 1.5 % | | 1 | |
| FLECTOR EXTERNAL PATCH | | 3 | |
| LICART EXTERNAL PATCH 24 HOUR | | 3 | |
| *Antineoplastic Alkylating Agents - Topical*** | | | |
| VALCHLOR EXTERNAL GEL | | 3 | PA; QL |
| *Antineoplastic Antimetabolites - Topical*** | | | |
| fluorouracil external cream | | 1 | |
| fluorouracil external solution | | 1 | |
| *Antineoplastic Or Premalignant Lesions - Topical Nsaid's*** | | | |
| diclofenac sodium external gel 3 % | | 1 | PA; QL |
| *Antineoplastic Retinoids - Topical*** | | | |
| PANRETIN EXTERNAL GEL | | 3 | SP |
| *Antipruritics - Topical*** | | | |
| doxepin hcl external cream | Prudoxin | 1 | QL |
| *Antipsoriatics - Systemic*** | | | |
| acitretin oral capsule | | 1 | |
| BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR | | 3 | PA; SP; QL |
| BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | 3 | PA; SP; QL |
| methoxsalen rapid oral capsule | | 1 | SP |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|------------------|-------------|--------------|
| SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR | | 2 | PA; SP; QL |
| SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | 2 | PA; SP; QL |
| SOTYKTU ORAL TABLET | | 3 | PA; SP; QL |
| SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML | | 3 | PA; QL |
| SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML | | 3 | PA; SP |
| TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR | | 2 | PA; SP; QL |
| TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | 2 | PA; SP; QL |
| TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR | | 2 | PA; SP; QL |
| TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML | | 2 | PA; SP; QL |
| TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | | 2 | PA; SP; QL |
| ustekinumab-aaaz subcutaneous solution prefilled syringe | Otulfi | 2 | PA; SP; QL |
| YESINTEK SUBCUTANEOUS SOLUTION | | 2 | PA; SP; QL |
| YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | 2 | PA; SP; QL |
| *Antipsoriatics*** | | | |
| calcipotriene external cream | | 1 | QL |
| calcipotriene external ointment | Calcitrene | 1 | |
| calcipotriene external solution | | 1 | |
| CALCITRENE EXTERNAL OINTMENT | | 1 | |
| calcitriol external ointment | Vectical | 1 | |
| SORILUX EXTERNAL FOAM | | 3 | |
| tazarotene external cream 0.1 % | Tazorac | 1 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|------------------------|-------------|--------------|
| tazarotene external gel | Tazorac | 1 | |
| TAZORAC EXTERNAL CREAM | | 3 | |
| TAZORAC EXTERNAL GEL | | 3 | |
| VECTICAL EXTERNAL OINTMENT | | 3 | |
| *Antiseborrheic Products*** | | | |
| selenium sulfide external lotion | | 1 | |
| *Antivirals - Topical*** | | | |
| acyclovir external ointment | Zovirax | 1 | QL |
| DENAVIR EXTERNAL CREAM | | 3 | |
| peniclovir external cream | Denavir | 1 | |
| ZOVIRAX EXTERNAL OINTMENT | | 3 | QL |
| *Atopic Dermatitis - Janus Kinase (Jak) Inhibitors*** | | | |
| OPZELURA EXTERNAL CREAM | | 3 | PA; QL |
| *Atopic Dermatitis - Monoclonal Antibodies*** | | | |
| DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR | | 2 | PA; SP |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML | | 2 | PA; SP |
| EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR | | 2 | PA; SP |
| EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | 2 | PA; SP |
| *Burn Products*** | | | |
| SILVADENE EXTERNAL CREAM | | 3 | |
| silver sulfadiazine external cream | SSD | 1 | |
| SSD EXTERNAL CREAM | | 1 | |
| SULFAMYLON EXTERNAL CREAM | | 3 | |
| *Cauterizing Agents*** | | | |
| silver nitrate external solution 0.5 % | | 1 | |
| *Corticosteroids - Topical*** | | | |
| ala-cort external cream 1 % | Medpura Hydrocortisone | 1 | |
| alclometasone dipropionate external cream | | 1 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|------------------|-------------|--------------|
| alclometasone dipropionate external ointment | | 1 | |
| amcinonide external ointment | | 1 | |
| betamethasone dipropionate aug external cream | | 1 | |
| betamethasone dipropionate aug external gel | | 1 | |
| betamethasone dipropionate aug external lotion | | 1 | |
| betamethasone dipropionate aug external ointment | Diprolene | 1 | |
| betamethasone dipropionate external cream | | 1 | |
| betamethasone dipropionate external lotion | | 1 | |
| betamethasone dipropionate external ointment | | 1 | |
| betamethasone valerate external cream | | 1 | |
| betamethasone valerate external foam | | 1 | |
| betamethasone valerate external lotion | | 1 | |
| betamethasone valerate external ointment | | 1 | |
| clobetasol prop emollient base external cream | | 1 | QL |
| clobetasol propionate e external cream | | 1 | |
| clobetasol propionate emulsion external foam | Tovet | 1 | |
| clobetasol propionate external cream 0.05 % | | 1 | QL |
| clobetasol propionate external foam | | 1 | |
| clobetasol propionate external gel | | 1 | |
| clobetasol propionate external liquid | Clobex Spray | 1 | |
| clobetasol propionate external lotion | Clobex | 1 | |
| clobetasol propionate external ointment | | 1 | QL |
| clobetasol propionate external shampoo | Clodan | 1 | |
| clobetasol propionate external solution | | 1 | |
| CLOBEX EXTERNAL LOTION | | 3 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|------------------------|-------------|--------------|
| CLOBEX EXTERNAL SHAMPOO | | 3 | |
| CLOBEX SPRAY EXTERNAL LIQUID | | 3 | |
| clocortolone pivalate external cream | | 1 | |
| CLODAN EXTERNAL SHAMPOO | | 1 | |
| CORDRAN EXTERNAL TAPE | | 3 | |
| DERMA-SMOOTHIE/FS BODY EXTERNAL OIL | | 3 | |
| desonide external cream | | 1 | QL |
| desonide external gel | | 1 | |
| desonide external lotion | | 1 | |
| desonide external ointment | | 1 | |
| desoximetasone external cream | | 1 | |
| desoximetasone external gel | | 1 | |
| desoximetasone external liquid | Topicort Spray | 1 | |
| desoximetasone external ointment | Topicort | 1 | |
| diflorasone diacetate external cream | | 1 | PA; QL |
| diflorasone diacetate external ointment | | 1 | PA; QL |
| DIPROLENE EXTERNAL OINTMENT | | 3 | |
| fluocinolone acetonide body external oil | Derma-Smoothe/FS Body | 1 | |
| fluocinolone acetonide external cream | Synalar | 1 | |
| fluocinolone acetonide external ointment | Synalar | 1 | |
| fluocinolone acetonide external solution | | 1 | |
| fluocinolone acetonide scalp external oil | Derma-Smoothe/FS Scalp | 1 | |
| fluocinonide emulsified base external cream | | 1 | |
| fluocinonide external cream 0.05 % | | 1 | |
| fluocinonide external cream 0.1 % | Vanos | 1 | QL |
| fluocinonide external gel | | 1 | |
| fluocinonide external ointment | | 1 | |
| fluocinonide external solution | | 1 | |
| flurandrenolide external lotion | | 1 | |
| fluticasone propionate external cream | | 1 | |
| fluticasone propionate external lotion | | 1 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|-------------------------------|-------------|--------------|
| fluticasone propionate external ointment | | 1 | |
| halcinonide external cream | Halog | 1 | |
| halobetasol propionate external cream | | 1 | |
| halobetasol propionate external ointment | | 1 | |
| HALOG EXTERNAL CREAM | | 3 | |
| hydrocortisone butyrate external cream | | 1 | |
| hydrocortisone butyrate external ointment | | 1 | |
| hydrocortisone butyrate external solution | | 1 | |
| hydrocortisone external cream 1 % | Medpura Hydrocortisone | 1 | |
| hydrocortisone external cream 2.5 % | | 1 | |
| hydrocortisone external lotion 2.5 % | | 1 | |
| hydrocortisone external ointment 1 % | Aquaphor Itch Relief Children | 1 | |
| hydrocortisone external ointment 2.5 % | | 1 | |
| hydrocortisone max st external cream | Medpura Hydrocortisone | 1 | |
| hydrocortisone valerate external cream | | 1 | |
| hydrocortisone valerate external ointment | | 1 | |
| MEDPURA HYDROCORTISONE EXTERNAL CREAM | | 1 | |
| MICORT HC EXTERNAL CREAM | | 1 | |
| mometasone furoate external cream | | 1 | |
| mometasone furoate external ointment | | 1 | |
| mometasone furoate external solution | | 1 | |
| SYNALAR EXTERNAL CREAM | | 3 | |
| SYNALAR EXTERNAL OINTMENT | | 3 | |
| TEXACORT EXTERNAL SOLUTION | | 1 | |
| TOPICORT EXTERNAL OINTMENT | | 3 | |
| TOPICORT SPRAY EXTERNAL LIQUID | | 3 | |
| TOVET EXTERNAL FOAM | | 1 | |
| triamcinolone acetonide external aerosol solution | | 1 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|--------------|------|--------|
| triamcinolone acetonide external cream | Triderm | 1 | |
| triamcinolone acetonide external lotion | | 1 | |
| triamcinolone acetonide external ointment | | 1 | |
| triamcinolone in absorbase external ointment | | 1 | |
| TRIDERM EXTERNAL CREAM 0.5 % | | 1 | |
| VANOS EXTERNAL CREAM | | 3 | QL |
| *Enzymes - Topical*** | | | |
| SANTYL EXTERNAL OINTMENT | | 3 | PA; QL |
| *Imidazole-Related Antifungals - Topical*** | | | |
| clotrimazole external cream | Lotrimin AF | 1 | |
| econazole nitrate external cream | | 1 | |
| ERTACZO EXTERNAL CREAM | | 3 | |
| EXELDERM EXTERNAL CREAM | | 3 | |
| EXELDERM EXTERNAL SOLUTION | | 3 | |
| ketoconazole external cream | | 1 | |
| ketoconazole external foam | Ketodan | 1 | |
| KETODAN EXTERNAL FOAM | | 1 | |
| oxiconazole nitrate external cream | | 1 | |
| OXISTAT EXTERNAL LOTION | | 3 | |
| sulconazole nitrate external cream | Exelderm | 1 | |
| sulconazole nitrate external solution | Exelderm | 1 | |
| *Immunomodulators Imidazoquinolinamines - Topical*** | | | |
| imiquimod external cream | Zyclara Pump | 1 | |
| imiquimod pump external cream | Zyclara Pump | 1 | |
| *Keratolytic/Antimitotic/Vesicant Agents*** | | | |
| CONDYLOX EXTERNAL GEL | | 3 | |
| podofilox external gel | Condylox | 1 | |
| podofilox external solution | | 1 | |
| *Local Anesthetics - Topical*** | | | |
| GLYDO EXTERNAL PREFILLED SYRINGE | | 1 | QL |
| lidocaine external ointment 5 % | | 1 | QL |
| lidocaine external patch 5 % | Lidoderm | 1 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|------------|------|--------|
| lidocaine hcl external solution | | 1 | QL |
| lidocaine hcl urethral/mucosal external gel | | 1 | |
| lidocaine hcl urethral/mucosal external prefilled syringe | Glydo | 1 | QL |
| LIDODERM EXTERNAL PATCH | | 3 | |
| *Macrolide Immunosuppressants - Topical*** | | | |
| HYFTOR EXTERNAL GEL | | 3 | PA; QL |
| pimecrolimus external cream | | 1 | QL |
| tacrolimus external ointment 0.1 % | | 1 | |
| *Phosphodiesterase 4 (Pde4) Inhibitors - Topical*** | | | |
| EUCRISA EXTERNAL OINTMENT | | 3 | ST; QL |
| ZORYVE EXTERNAL CREAM | | 3 | |
| ZORYVE EXTERNAL FOAM | | 3 | |
| *Photodynamic Therapy Agents - Topical*** | | | |
| LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED | | 3 | |
| *Prostaglandins - Topical*** | | | |
| bimatoprost external solution | Latisse | 1 | |
| *Rosacea Agents*** | | | |
| azelaic acid external gel | Finacea | 1 | |
| EMROSI ORAL CAPSULE EXTENDED RELEASE 24 HOUR | | 3 | |
| FINACEA EXTERNAL GEL | | 3 | |
| METROCREAM EXTERNAL CREAM | | 3 | |
| METROGEL EXTERNAL GEL | | 3 | |
| metronidazole external cream | MetroCream | 1 | |
| metronidazole external gel | Metrogel | 1 | |
| metronidazole external lotion | | 1 | |
| NORITATE EXTERNAL CREAM | | 2 | |
| ZILXI EXTERNAL FOAM | | 3 | |
| *Scabicides & Pediculicides*** | | | |
| CROTAN EXTERNAL LOTION | | 1 | |
| malathion external lotion | Ovide | 1 | |
| NATROBA EXTERNAL SUSPENSION | | 3 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|------------------|-------------|--------------|
| OVIDE EXTERNAL LOTION | | 3 | |
| permethrin external cream | | 1 | |
| spinosad external suspension | Natroba | 1 | |
| *Steroid-Local Anesthetic Combinations*** | | | |
| EPIFOAM EXTERNAL FOAM | | 3 | |
| PRAMOSONE EXTERNAL CREAM 1-1 % | | 3 | |
| PRAMOSONE EXTERNAL LOTION | | 3 | |
| *Topical Anesthetic Combinations*** | | | |
| lidocaine-prilocaine external cream | | 1 | QL |
| lidocaine-prilocaine external kit | Lido BDK | 1 | |
| *Topical Selective Retinoid X Receptor Agonists*** | | | |
| bexarotene external gel | Targretin | 1 | PA; SP; QL |
| TARGRETIN EXTERNAL GEL | | 3 | PA; SP; QL |
| *Topical Steroid Combinations*** | | | |
| calcipotriene-betameth diprop external ointment | | 1 | QL |
| calcipotriene-betameth diprop external suspension | Taclonex | 1 | |
| TACLONEX EXTERNAL SUSPENSION | | 3 | |
| *Wound Dressings*** | | | |
| FILSUVEZ EXTERNAL GEL | | 3 | PA |
| *Diagnostic Products* | | | |
| *Diagnostic Drugs*** | | | |
| ARIDOL INHALATION KIT 0 & 5 & 10 & 20 & 40 MG | | 3 | |
| *Diagnostic Tests*** | | | |
| ACCU-CHEK AVIVA PLUS IN VITRO STRIP | | 2 | PREV |
| ACCU-CHEK GUIDE TEST IN VITRO STRIP | | 2 | PREV |
| ACCU-CHEK SMARTVIEW IN VITRO STRIP | | 2 | PREV |
| ACCUTREND GLUCOSE IN VITRO STRIP | | 2 | PREV |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|------------------|-------------|--------------|
| CHEMSTRIP K IN VITRO STRIP | | 3 | |
| FREESTYLE INSULINX TEST IN VITRO STRIP | | 2 | PREV |
| FREESTYLE LITE TEST IN VITRO STRIP | | 2 | PREV |
| FREESTYLE PRECISION NEO TEST IN VITRO STRIP | | 2 | PREV |
| FREESTYLE TEST IN VITRO STRIP | | 2 | PREV |
| ketone test in vitro strip | Chemstrip K | 3 | |
| KETOSTIX IN VITRO STRIP | | 3 | |
| ph strips in vitro diagnostic test | Chemstrip 2 | 3 | |
| RELION KETONE TEST IN VITRO STRIP | | 3 | |
| *Multiple Urine Tests*** | | | |
| KETO-DIASTIX IN VITRO STRIP | | 3 | |
| *Radiographic Contrast Media - Iodinated*** | | | |
| LIPIODOL INJECTION OIL 480 MG/ML | | 3 | |
| *Digestive Aids* | | | |
| *Digestive Enzymes*** | | | |
| CREON ORAL CAPSULE DELAYED RELEASE PARTICLES | | 2 | QL |
| SUCRAID ORAL SOLUTION | | 3 | PA; QL |
| ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT | | 2 | QL |
| *Diuretics* | | | |
| *Carbonic Anhydrase Inhibitors*** | | | |
| acetazolamide er oral capsule extended release 12 hour | | 1 | |
| acetazolamide oral tablet | | 1 | |
| dichlorphenamide oral tablet | Keveyis | 1 | PA; QL |
| KEVEYIS ORAL TABLET | | 3 | PA; QL |
| methazolamide oral tablet | | 1 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|-----------|------|--------|
| *Diuretic Combinations*** | | | |
| amiloride-hydrochlorothiazide oral tablet | | 1 | PREV |
| spironolactone-hctz oral tablet | | 1 | PREV |
| triamterene-hctz oral capsule 37.5-25 mg | | 1 | PREV |
| triamterene-hctz oral tablet | | 1 | PREV |
| *Loop Diuretics*** | | | |
| bumetanide oral tablet | Bumex | 1 | PREV |
| BUMEX ORAL TABLET 0.5 MG | | 3 | |
| EDECRIN ORAL TABLET | | 3 | |
| ENBUMYST NASAL SOLUTION | | 3 | PA; QL |
| ethacrynic acid oral tablet | Edecrin | 1 | |
| furosemide oral solution 10 mg/ml | | 1 | PREV |
| furosemide oral solution 8 mg/ml | | 1 | |
| furosemide oral tablet | Lasix | 1 | PREV |
| LASIX ONYU SUBCUTANEOUS CARTRIDGE KIT | | 3 | PA; QL |
| LASIX ORAL TABLET | | 3 | |
| torseamide oral tablet | | 1 | PREV |
| *Potassium Sparing Diuretics*** | | | |
| ALDACTONE ORAL TABLET | | 3 | |
| amiloride hcl oral tablet | | 1 | PREV |
| spironolactone oral tablet | Aldactone | 1 | PREV |
| *Thiazides And Thiazide-Like Diuretics*** | | | |
| chlorthalidone oral tablet 25 mg, 50 mg | | 1 | PREV |
| DIURIL ORAL SUSPENSION | | 3 | |
| hydrochlorothiazide oral capsule | | 1 | PREV |
| hydrochlorothiazide oral tablet | | 1 | PREV |
| indapamide oral tablet | | 1 | PREV |
| metolazone oral tablet | | 1 | PREV |
| THALITONE ORAL TABLET | | 3 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|-----------|------|------------|
| *Endocrine And Metabolic Agents - Misc.* | | | |
| *Bisphosphonates*** | | | |
| ACTONEL ORAL TABLET 150 MG, 35 MG | | 3 | |
| alendronate sodium oral solution | | 1 | PREV; QL |
| alendronate sodium oral tablet 10 mg, 35 mg | | 1 | PREV; QL |
| alendronate sodium oral tablet 70 mg | Fosamax | 1 | PREV; QL |
| ATEL VIA ORAL TABLET DELAYED RELEASE | | 3 | |
| BINOSTO ORAL TABLET EFFERVESCENT | | 3 | |
| FOSAMAX ORAL TABLET 70 MG | | 3 | QL |
| FOSAMAX PLUS D ORAL TABLET | | 3 | QL |
| ibandronate sodium oral tablet | | 1 | PREV; QL |
| risedronate sodium oral tablet 150 mg | Actonel | 1 | PREV |
| risedronate sodium oral tablet 30 mg, 5 mg | | 1 | |
| risedronate sodium oral tablet 35 mg | Actonel | 1 | |
| risedronate sodium oral tablet delayed release | Atelvia | 1 | |
| *Calcimimetic Agents*** | | | |
| cinacalcet hcl oral tablet | Sensipar | 1 | |
| SENSIPAR ORAL TABLET | | 3 | |
| *Calcitonins*** | | | |
| calcitonin (salmon) nasal solution | | 1 | |
| *Carnitine Replenisher - Agents*** | | | |
| levocarnitine oral solution | Carnitor | 1 | |
| levocarnitine oral tablet | Carnitor | 1 | |
| levocarnitine sf oral solution | Carnitor | 1 | |
| *Ckd Agent-Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor*** | | | |
| XPHOZAH ORAL TABLET | | 3 | PA; QL |
| *Corticotropin-Releasing Factor (Crf) Receptor Type 1 Antag* | | | |
| CRENESSITY ORAL CAPSULE 100 MG, 50 MG | | 3 | PA; SP; QL |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|-----------|------|------------|
| CRENESSITY ORAL CAPSULE 25 MG | | 3 | PA |
| CRENESSITY ORAL SOLUTION | | 3 | PA; SP; QL |
| *Cortisol Synthesis Inhibitors*** | | | |
| ISTURISA ORAL TABLET 1 MG, 5 MG | | 3 | PA; QL |
| *Dopamine Receptor Agonists*** | | | |
| cabergoline oral tablet | | 1 | |
| *Fabry Disease - Agents*** | | | |
| GALAFOLD ORAL CAPSULE | | 3 | PA; QL |
| *Familial Chylomicronemia Syndrome (Fcs) - Agents*** | | | |
| TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | | 3 | PA; SP; QL |
| *Gnrh/Lhrh Antagonists*** | | | |
| ORLISSA ORAL TABLET | | 3 | PA; QL |
| *Growth Hormone Receptor Antagonists*** | | | |
| SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED | | 3 | PA; SP; QL |
| *Growth Hormone Releasing Hormones (Ghrh)*** | | | |
| EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED | | 3 | PA; QL |
| EGRIFTA WR SUBCUTANEOUS KIT | | 3 | PA; QL |
| *Growth Hormones*** | | | |
| GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE | | 2 | PA; SP; QL |
| GENOTROPIN SUBCUTANEOUS CARTRIDGE | | 2 | PA; SP; QL |
| HUMATROPE INJECTION CARTRIDGE | | 2 | PA; SP; QL |
| SKYTROFA SUBCUTANEOUS CARTRIDGE | | 2 | PA; SP; QL |
| SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR | | 3 | PA; SP; QL |
| *Hereditary Orotic Aciduria Treatment - Agents** | | | |
| XURIDEN ORAL PACKET | | 3 | PA; QL |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|-----------|------|------------|
| *Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents*** | | | |
| nitisinone oral capsule 10 mg, 2 mg, 5 mg | Orfadin | 1 | PA; SP |
| nitisinone oral capsule 20 mg | Orfadin | 1 | PA |
| NITYR ORAL TABLET | | 3 | PA |
| ORFADIN ORAL SUSPENSION | | 3 | PA |
| *Homocystinuria Treatment - Agents*** | | | |
| betaine oral powder | Cystadane | 1 | |
| CYSTADANE ORAL POWDER | | 3 | |
| *Hyperammonemia Treatment - Agents*** | | | |
| CARBAGLU ORAL TABLET SOLUBLE | | 3 | |
| carglumic acid oral tablet soluble | Carbaglu | 1 | |
| *Hyperparathyroid Treatment - Vitamin D Analogs*** | | | |
| calcitriol oral capsule | Rocaltrol | 1 | |
| calcitriol oral solution | Rocaltrol | 1 | |
| doxercalciferol oral capsule | | 1 | |
| paricalcitol oral capsule | Zemplar | 1 | |
| ROCALTROL ORAL CAPSULE | | 3 | |
| ROCALTROL ORAL SOLUTION | | 3 | |
| ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG | | 3 | |
| *Hypoparathyroid Treatment - Parathyroid Hormone Analogs*** | | | |
| YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR | | 3 | PA; SP; QL |
| *Hypophosphatasia (Hpp) Agents*** | | | |
| STRENSIQ SUBCUTANEOUS SOLUTION | | 3 | PA |
| *Lhrh/Gnrh Agonist Analog Pituitary Suppressants*** | | | |
| LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT | | 2 | SP |
| LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT | | 2 | SP |
| LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT | | 2 | SP |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|-----------|------|------------|
| SYNAREL NASAL SOLUTION | | 2 | SP |
| *Melanocortin 4 (Mc4) Receptor Agonists*** | | | |
| IMCIVREE SUBCUTANEOUS SOLUTION | | 3 | |
| *Natriuretic Peptides*** | | | |
| VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED | | 3 | PA; SP; QL |
| *Neurokinin 1 & 3 (Nk1/Nk3) Receptor Antagonists*** | | | |
| LYNKUET ORAL CAPSULE | | 3 | |
| *Neurokinin 3 (Nk3) Receptor Antagonists*** | | | |
| VEOZAH ORAL TABLET | | 3 | |
| *Non-Steroidal Mineralocorticoid Receptor Antagonists*** | | | |
| KERENDIA ORAL TABLET | | 3 | QL |
| *Parathyroid Hormone And Derivatives*** | | | |
| BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR | | 2 | SP |
| FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML | | 2 | ST; SP; QL |
| teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml | Bonsity | 1 | ST; SP; QL |
| TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR | | 2 | ST; SP; QL |
| *Phenylketonuria Treatment - Agents*** | | | |
| JAVYGTOR ORAL PACKET | | 1 | PA |
| JAVYGTOR ORAL TABLET | | 1 | PA |
| PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML | | 3 | PA; SP |
| PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML | | 3 | PA; SP; QL |
| sapropterin dihydrochloride oral packet | Javygtor | 1 | PA; SP |
| sapropterin dihydrochloride oral tablet | Javygtor | 1 | PA; SP |
| SEPHIENCE ORAL PACKET | | 3 | PA; SP |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|-----------------------|------|------------|
| *Sclerostin Inhibitors*** | | | |
| EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | 3 | PA; SP; QL |
| *Selective Estrogen Receptor Modulators (Serms)*** | | | |
| EVISTA ORAL TABLET | | 3 | |
| OSPHENA ORAL TABLET | | 3 | PA; QL |
| raloxifene hcl oral tablet | Evista | ACA | PREV |
| *Selective Vasopressin V2-Receptor Antagonists*** | | | |
| JYNARQUE ORAL TABLET | | 3 | PA; QL |
| JYNARQUE ORAL TABLET THERAPY PACK | | 3 | PA; QL |
| tolvaptan (hyponatremia) oral tablet 15 mg, 30 mg | Samsca | 1 | PA; SP; QL |
| tolvaptan oral tablet therapy pack | Jynarque | 1 | PA; QL |
| *Somatostatic Agents*** | | | |
| lanreotide acetate subcutaneous solution | Somatuline Depot | 3 | PA; SP; QL |
| MYCAPSSA ORAL CAPSULE DELAYED RELEASE | | 3 | PA; QL |
| octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml | SandoSTATIN | 1 | SP |
| octreotide acetate injection solution 1000 mcg/ml, 200 mcg/ml | | 1 | SP |
| octreotide acetate intramuscular kit | SandoSTATIN LAR Depot | 1 | SP |
| octreotide acetate subcutaneous solution prefilled syringe | | 2 | SP |
| PALSONIFY ORAL TABLET | | 3 | PA; SP; QL |
| SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 500 MCG/ML | | 3 | SP |
| SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT | | 3 | PA; SP; QL |
| SIGNIFOR SUBCUTANEOUS SOLUTION | | 3 | PA; QL |
| SOMATULINE DEPOT SUBCUTANEOUS SOLUTION | | 3 | PA; SP; QL |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|------------|------|------------|
| *Urea Cycle Disorder - Agents*** | | | |
| PHEBURANE ORAL PELLETT | | 3 | PA; SP; QL |
| sodium phenylbutyrate oral powder 3 gm/tsp | Buphenyl | 1 | PA; SP; QL |
| sodium phenylbutyrate oral tablet | Buphenyl | 1 | PA; SP; QL |
| *Vasopressin*** | | | |
| DDAVP ORAL TABLET | | 3 | |
| desmopressin ace spray refrig nasal solution | | 1 | |
| desmopressin acetate nasal solution | | 2 | |
| desmopressin acetate oral tablet | DDAVP | 1 | |
| desmopressin acetate spray nasal solution | | 1 | |
| *Estrogens* | | | |
| *Estrogen & Progestin*** | | | |
| ACTIVELLA ORAL TABLET 1-0.5 MG | | 3 | |
| ANGELIQ ORAL TABLET | | 3 | |
| CLIMARA PRO TRANSDERMAL PATCH WEEKLY | | 2 | |
| COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY | | 2 | |
| estradiol-norethindrone acet oral tablet | Abigale Lo | 1 | |
| FYAVOLV ORAL TABLET | | 1 | |
| JINTELI ORAL TABLET | | 1 | |
| MIMVEY ORAL TABLET | | 1 | |
| norethindrone-eth estradiol oral tablet | Fyavolv | 1 | |
| PREMPHASE ORAL TABLET | | 2 | |
| PREMPRO ORAL TABLET | | 2 | |
| *Estrogen-Progestin-Gnrh Antagonist*** | | | |
| MYFEMBREE ORAL TABLET | | 3 | PA; QL |
| ORIAHNN ORAL CAPSULE THERAPY PACK | | 3 | PA; QL |
| *Estrogens*** | | | |
| ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR | | 3 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|-------------|------|-------|
| CLIMARA TRANSDERMAL PATCH WEEKLY | | 3 | |
| DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML | | 2 | |
| DELESTROGEN INTRAMUSCULAR OIL 20 MG/ML | | 3 | |
| DEPO-ESTRADIOL INTRAMUSCULAR OIL | | 3 | |
| DIVIGEL TRANSDERMAL GEL | | 3 | |
| DOTTI TRANSDERMAL PATCH TWICE WEEKLY | | 1 | |
| ELESTRIN TRANSDERMAL GEL | | 2 | |
| estradiol oral tablet | | 1 | |
| estradiol transdermal gel | Divigel | 1 | |
| estradiol transdermal patch twice weekly | Dotti | 1 | |
| estradiol transdermal patch weekly | Climara | 1 | |
| estradiol valerate intramuscular oil | Delestrogen | 1 | |
| ESTROGEL TRANSDERMAL GEL | | 2 | |
| estrogens conjugated oral tablet | Premarin | 1 | |
| EVAMIST TRANSDERMAL SOLUTION | | 3 | |
| LYLLANA TRANSDERMAL PATCH TWICE WEEKLY | | 1 | |
| MENOSTAR TRANSDERMAL PATCH WEEKLY | | 3 | |
| MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY | | 3 | |
| PREMARIN ORAL TABLET | | 3 | |
| VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY | | 3 | |
| *Fluoroquinolones* | | | |
| *Fluoroquinolones*** | | | |
| BAXDELA ORAL TABLET | | 3 | |
| CIPRO ORAL SUSPENSION RECONSTITUTED | | 3 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|------------|------|------------|
| CIPRO ORAL TABLET 250 MG, 500 MG | | 3 | |
| ciprofloxacin hcl oral tablet 250 mg, 500 mg | Cipro | 1 | |
| ciprofloxacin hcl oral tablet 750 mg | | 1 | |
| ciprofloxacin in d5w intravenous solution | | 1 | |
| levofloxacin in d5w intravenous solution | | 1 | |
| levofloxacin intravenous solution | | 1 | |
| levofloxacin oral solution | | 1 | |
| levofloxacin oral tablet | | 1 | |
| moxifloxacin hcl in nacl intravenous solution | | 1 | |
| moxifloxacin hcl intravenous solution | | 3 | |
| moxifloxacin hcl oral tablet | | 1 | |
| ofloxacin oral tablet 300 mg, 400 mg | | 1 | |
| *Gastrointestinal Agents - Misc.* | | | |
| *Bile Acid Synthesis Disorder Agents*** | | | |
| CHOLBAM ORAL CAPSULE | | 3 | PA; QL |
| CTEXLI ORAL TABLET | | 3 | PA; SP; QL |
| *Cic Agents - Guanylate Cyclase-C (Gc-C) Agonists*** | | | |
| TRULANCE ORAL TABLET | | 3 | PA; QL |
| *Gallstone Solubilizing Agents*** | | | |
| URSO FORTE ORAL TABLET | | 3 | |
| ursodiol oral capsule 300 mg | | 1 | |
| ursodiol oral tablet | Urso Forte | 1 | |
| *Gastrointestinal Antiallergy Agents*** | | | |
| cromolyn sodium oral concentrate | Gastrocrom | 1 | |
| GASTROCROM ORAL CONCENTRATE | | 3 | |
| *Gastrointestinal Chloride Channel Activators*** | | | |
| AMITIZA ORAL CAPSULE 24 MCG | | 3 | |
| lubiprostone oral capsule | Amitiza | 1 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|-----------|------|------------|
| *Gastrointestinal Stimulants*** | | | |
| metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml | | 1 | |
| metoclopramide hcl oral tablet | Reglan | 1 | |
| REGLAN ORAL TABLET | | 3 | |
| *Hepatotropics - Thyroid Hormone Receptor-Beta Agonists*** | | | |
| REZDIFFRA ORAL TABLET | | 3 | PA; SP; QL |
| *Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists*** | | | |
| LINZESS ORAL CAPSULE | | 2 | |
| *Ibs Agent - Mu-Opioid Receptor Agonists*** | | | |
| VIBERZI ORAL TABLET | | 3 | ST |
| *Ibs Agent - Selective 5-Ht3 Receptor Antagonists*** | | | |
| alosetron hcl oral tablet | Lotronex | 1 | TF |
| LOTROXON ORAL TABLET | | 3 | TF |
| *Ileal Bile Acid Transporter (Ibat) Inhibitors*** | | | |
| BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE | | 3 | PA; QL |
| BYLVAY ORAL CAPSULE | | 3 | PA; QL |
| LIVMARLI ORAL SOLUTION | | 3 | PA; QL |
| LIVMARLI ORAL TABLET | | 3 | PA; SP; QL |
| *Inflammatory Bowel Agents*** | | | |
| APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR | | 3 | |
| AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE | | 3 | |
| AZULFIDINE ORAL TABLET | | 3 | |
| balsalazide disodium oral capsule | | 1 | |
| CANASA RECTAL SUPPOSITORY | | 3 | |
| DELZICOL ORAL CAPSULE DELAYED RELEASE | | 2 | TF |
| DIPENTUM ORAL CAPSULE | | 3 | TF |
| LIALDA ORAL TABLET DELAYED RELEASE | | 3 | TF |
| mesalamine er oral capsule extended release 24 hour | Apriso | 1 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|--------------------|------|----------------|
| mesalamine oral capsule delayed release | | 1 | TF |
| mesalamine oral tablet delayed release 1.2 gm | Lialda | 1 | TF |
| mesalamine oral tablet delayed release 800 mg | | 1 | |
| mesalamine rectal enema | | 1 | |
| mesalamine rectal suppository | Canasa | 1 | |
| mesalamine-cleanser rectal kit | Rowasa | 1 | |
| PENTASA ORAL CAPSULE EXTENDED RELEASE | | 2 | TF |
| ROWASA RECTAL KIT | | 3 | |
| sulfasalazine oral tablet | Azulfidine | 1 | |
| sulfasalazine oral tablet delayed release | Azulfidine EN-tabs | 1 | |
| *Integrin Receptor Antagonists*** | | | |
| ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR | | 3 | PA; ST; SP; QL |
| *Interleukin Antagonists*** | | | |
| SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE | | 2 | PA; SP; QL |
| TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML | | 2 | PA; SP; QL |
| *Intestinal Acidifiers*** | | | |
| enulose oral solution | | 1 | |
| generlac oral solution | | 1 | |
| *Live Fecal Microbiota (Human)** | | | |
| VOWST ORAL CAPSULE | | 3 | QL |
| *Peripheral Opioid Receptor Antagonists*** | | | |
| MOVANTIK ORAL TABLET | | 3 | |
| RELISTOR ORAL TABLET | | 3 | |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML | | 3 | |
| RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | 3 | |
| SYMPROIC ORAL TABLET | | 3 | QL |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|-----------|------|------------|
| *Peroxisome Proliferator-Activated Receptor Agonists*** | | | |
| IQIRVO ORAL TABLET | | 3 | PA; SP; QL |
| LIVDELZI ORAL CAPSULE | | 3 | PA; SP; QL |
| *Phosphate Binder Agents*** | | | |
| AURYXIA ORAL TABLET | | 3 | TF |
| calcium acetate (phos binder) oral capsule | | 1 | |
| calcium acetate oral tablet 667 mg | Calphron | 1 | |
| ferric citrate oral tablet | Auryxia | 1 | |
| FOSRENOL ORAL PACKET | | 2 | |
| FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG | | 3 | |
| lanthanum carbonate oral tablet chewable | Fosrenol | 1 | |
| REVELA ORAL PACKET | | 2 | |
| REVELA ORAL TABLET | | 2 | TF |
| sevelamer carbonate oral packet | Renvela | 1 | |
| sevelamer carbonate oral tablet | Renvela | 1 | TF |
| sevelamer hcl oral tablet | | 1 | TF |
| VELPHORO ORAL TABLET CHEWABLE | | 3 | TF; QL |
| *Sphingosine 1-Phosphate (S1p) Receptor Modulators (Gi)*** | | | |
| VELSIPIITY ORAL TABLET | | 3 | PA; SP; QL |
| *Tryptophan Hydroxylase Inhibitors*** | | | |
| XERMELO ORAL TABLET | | 3 | PA; QL |
| *Genitourinary Agents - Miscellaneous* | | | |
| *5-Alpha Reductase Inhibitors*** | | | |
| AVODART ORAL CAPSULE | | 3 | |
| dutasteride oral capsule | Avodart | 1 | |
| finasteride oral tablet 5 mg | Proscar | 1 | |
| PROSCAR ORAL TABLET | | 3 | |
| *Alpha 1-Adrenoceptor Antagonists*** | | | |
| alfuzosin hcl er oral tablet extended release 24 hour | Uroxatral | 1 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|------------------|-------------|--------------|
| CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR | | 3 | |
| RAPAFLO ORAL CAPSULE | | 3 | |
| silodosin oral capsule | Rapaflo | 1 | |
| tamsulosin hcl oral capsule | | 1 | |
| UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR | | 3 | |
| *Citrates*** | | | |
| potassium citrate er oral tablet extended release | Urocit-K 10 | 1 | |
| UROCIT-K 10 ORAL TABLET EXTENDED RELEASE | | 3 | |
| UROCIT-K 15 ORAL TABLET EXTENDED RELEASE | | 3 | |
| *Cystinosis Agents*** | | | |
| CYSTAGON ORAL CAPSULE | | 3 | SP |
| PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG | | 3 | PA; QL |
| PROCYSBI ORAL CAPSULE DELAYED RELEASE 75 MG | | 3 | PA |
| PROCYSBI ORAL PACKET | | 3 | PA |
| *Igan Agents - Endothelin & Angiotensin Ii Receptor Antag*** | | | |
| FILSPARI ORAL TABLET | | 3 | PA; SP; QL |
| *Igan Agents - Endothelin Receptor Antagonist*** | | | |
| VANRAFIA ORAL TABLET | | 3 | PA; SP; QL |
| *Interstitial Cystitis Agents*** | | | |
| ELMIRON ORAL CAPSULE | | 3 | TF |
| *Phosphates*** | | | |
| K-PHOS NO 2 ORAL TABLET | | 3 | |
| *Prostatic Hypertrophy Agent Combinations*** | | | |
| dutasteride-tamsulosin hcl oral capsule | Jalyn | 1 | |
| *Small Interfering Ribonucleic Acid Agents (Sirna)*** | | | |
| OXLUMO SUBCUTANEOUS SOLUTION | | 3 | PA; SP |
| RIVFLOZA SUBCUTANEOUS SOLUTION | | 3 | PA; SP; QL |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|-----------|------|------------|
| RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | 3 | PA; SP; QL |
| *Urinary Analgesics*** | | | |
| phenazopyridine hcl oral tablet 100 mg, 200 mg | Pyridium | 1 | |
| *Urinary Stone Agents*** | | | |
| LITHOSTAT ORAL TABLET | | 3 | |
| THIOLA EC ORAL TABLET DELAYED RELEASE | | 3 | |
| THIOLA ORAL TABLET | | 3 | |
| tiopronin oral tablet | Thiola | 1 | |
| tiopronin oral tablet delayed release | Thiola EC | 1 | |
| *Gout Agents* | | | |
| *Gout Agent Combinations*** | | | |
| colchicine-probenecid oral tablet | | 1 | |
| *Gout Agents*** | | | |
| allopurinol oral tablet 100 mg, 300 mg | | 1 | |
| colchicine oral capsule | Mitigare | 1 | |
| colchicine oral tablet | | 1 | |
| febuxostat oral tablet | Uloric | 1 | |
| MITIGARE ORAL CAPSULE | | 3 | |
| ULORIC ORAL TABLET | | 3 | |
| *Uricosurics*** | | | |
| probenecid oral tablet | | 1 | |
| *Hematological Agents - Misc.* | | | |
| *Bradykinin B2 Receptor Antagonists*** | | | |
| FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | 3 | PA; SP; QL |
| icatibant acetate subcutaneous solution prefilled syringe | Sajazir | 1 | PA; SP; QL |
| SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | 1 | PA; QL |
| *Bruton's Tyrosine Kinase (Btk) Inhibitors*** | | | |
| WAYRILZ ORAL TABLET | | 3 | PA; SP; QL |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|-----------|------|------------|
| *C1 Esterase Inhibitors*** | | | |
| HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED | | 3 | PA; SP; QL |
| *Complement C3 Inhibitors*** | | | |
| EMPAVELI SUBCUTANEOUS SOLUTION | | 3 | PA; QL |
| *Complement C5 Inhibitors*** | | | |
| ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | 3 | PA; QL |
| *Complement Factor B Inhibitors*** | | | |
| FABHALTA ORAL CAPSULE | | 3 | PA; QL |
| *Complement Factor D Inhibitors*** | | | |
| VOYDEYA ORAL TABLET | | 3 | PA; QL |
| VOYDEYA ORAL TABLET THERAPY PACK | | 3 | PA; QL |
| *Direct-Acting P2y12 Inhibitors*** | | | |
| BRILINTA ORAL TABLET | | 2 | |
| ticagrelor oral tablet | Brilinta | 1 | |
| *Hematorheologic Agents*** | | | |
| pentoxifylline er oral tablet extended release | | 1 | PREV |
| *Phosphodiesterase Iii Inhibitors*** | | | |
| cilostazol oral tablet | | 1 | PREV |
| *Plasma Factor Xiia Inhibitors - Monoclonal Antibodies*** | | | |
| ANDEMBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR | | 3 | PA; SP; QL |
| *Plasma Kallikrein Inhibitors - Monoclonal Antibodies*** | | | |
| TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | 3 | PA; SP; QL |
| *Plasma Kallikrein Inhibitors*** | | | |
| EKTERLY ORAL TABLET | | 3 | PA; SP; QL |
| ORLADEYO ORAL CAPSULE | | 3 | PA; QL |
| *Platelet Aggregation Inhibitor Combinations*** | | | |
| aspirin-dipyridamole er oral capsule extended release 12 hour | | 1 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|-----------|------|------------|
| *Platelet Aggregation Inhibitors*** | | | |
| dipyridamole oral tablet | | 1 | |
| *Prekallikrein-Directed Antisense Oligonucleotides (Aso)*** | | | |
| DAWNZERA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | | 3 | PA; SP; QL |
| *Protease-Activated Receptor-1 (Par-1) Antagonists*** | | | |
| ZONTIVITY ORAL TABLET | | 3 | QL |
| *Pyruvate Kinase Activators*** | | | |
| PYRUKYND ORAL TABLET | | 3 | PA; QL |
| PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK | | 3 | PA; QL |
| *Quinazoline Agents*** | | | |
| AGRYLIN ORAL CAPSULE | | 3 | |
| anagrelide hcl oral capsule | Agrylin | 1 | PREV |
| *Spleen Tyrosine Kinase (Syk) Inhibitors*** | | | |
| TAVALISSE ORAL TABLET | | 3 | PA; QL |
| *Thienopyridine Derivatives*** | | | |
| clopidogrel bisulfate oral tablet | Plavix | 1 | PREV |
| EFFIENT ORAL TABLET | | 3 | |
| PLAVIX ORAL TABLET 75 MG | | 3 | |
| prasugrel hcl oral tablet | Effient | 1 | |
| *Hematopoietic Agents* | | | |
| *Agents For Gaucher Disease*** | | | |
| CERDELGA ORAL CAPSULE | | 3 | PA; SP; QL |
| miglustat oral capsule | Yargesa | 1 | SP |
| *Cobalamins*** | | | |
| cyanocobalamin injection solution 1000 mcg/ml | | 1 | |
| cyanocobalamin nasal solution | Nascobal | 1 | |
| NASCOBAL NASAL SOLUTION | | 3 | |
| *Cxcr4 Receptor Antagonist*** | | | |
| MOZOBIL SUBCUTANEOUS SOLUTION | | 3 | PA; SP |
| plerixafor subcutaneous solution | Mozobil | 3 | PA; SP |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|------------------|-------------|--------------|
| XOLREMDI ORAL CAPSULE | | 3 | PA; QL |
| *Cytotoxic Agents*** | | | |
| DROXIA ORAL CAPSULE | | 3 | |
| SIKLOS ORAL TABLET | | 3 | PA; SP |
| XROMI ORAL SOLUTION | | 3 | PA; SP |
| *Erythropoiesis-Stimulating Agents (Esas)*** | | | |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML | | 3 | PA; SP; QL |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE | | 3 | PA; SP; QL |
| EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML | | 2 | PA; SP; QL |
| MIRCERA INJECTION SOLUTION PREFILLED SYRINGE | | 3 | |
| PROCRIT INJECTION SOLUTION | | 2 | PA; SP; QL |
| RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML | | 3 | PA; SP; QL |
| *Folic Acid/Folate Combinations*** | | | |
| FOLTABS 800 ORAL TABLET | | ACA | |
| *Folic Acid/Folates*** | | | |
| cvs folic acid oral tablet 800 mcg | | ACA | |
| FA-8 ORAL CAPSULE | | ACA | |
| folate oral tablet | | ACA | |
| folic acid oral capsule 0.8 mg | FA-8 | ACA | |
| folic acid oral tablet 400 mcg, 800 mcg | | ACA | |
| gnp folic acid oral tablet | | ACA | |
| kp folic acid oral tablet 800 mcg | | ACA | |
| qc folic acid oral tablet | | ACA | |
| yl folic acid oral tablet | | ACA | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|-----------|------|------------|
| *Granulocyte Colony-Stimulating Factors (G-Csf)*** | | | |
| FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | 2 | SP |
| NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | 2 | SP |
| NIVESTYM INJECTION SOLUTION | | 2 | SP |
| NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE | | 2 | SP |
| NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | 2 | SP |
| UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | 2 | SP |
| UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | | 2 | SP |
| UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | 2 | SP |
| ZARXIO INJECTION SOLUTION PREFILLED SYRINGE | | 2 | SP |
| *Hypoxia-Inducible Factor Prolyl Hydroxylase Inhibitors*** | | | |
| VAFSEO ORAL TABLET | | 3 | PA; QL |
| *Thrombopoietin (Tpo) Receptor Agonists*** | | | |
| ALVAIZ ORAL TABLET | | 3 | PA; SP; QL |
| DOPTELET ORAL TABLET 20 MG | | 3 | PA; SP; QL |
| DOPTELET SPRINKLE ORAL CAPSULE SPRINKLE | | 3 | PA; SP; QL |
| eltrombopag olamine oral packet 12.5 mg | Promacta | 1 | PA; SP; QL |
| eltrombopag olamine oral packet 25 mg | Promacta | 3 | PA; SP; QL |
| eltrombopag olamine oral tablet | Promacta | 1 | PA; SP; QL |
| MULPLETA ORAL TABLET | | 3 | PA; SP; QL |
| NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED | | 3 | PA; SP |
| PROMACTA ORAL PACKET | | 3 | PA; SP; QL |
| PROMACTA ORAL TABLET | | 3 | PA; SP; QL |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|-----------|------|-------|
| *Hemostatics* | | | |
| *Hemostatic Combinations - Topical*** | | | |
| TISSEEL EXTERNAL KIT | | 3 | |
| TISSEEL EXTERNAL SOLUTION | | 3 | |
| *Hemostatics - Systemic*** | | | |
| aminocaproic acid oral tablet | | 1 | |
| *Hypnotics/Sedatives/Sleep Disorder Agents* | | | |
| *Barbiturate Hypnotics*** | | | |
| phenobarbital oral elixir | | 1 | |
| phenobarbital oral tablet | | 1 | |
| *Benzodiazepine Hypnotics*** | | | |
| estazolam oral tablet | | 1 | QL |
| flurazepam hcl oral capsule | | 1 | QL |
| HALCION ORAL TABLET | | 3 | QL |
| midazolam hcl oral syrup | | 1 | |
| quazepam oral tablet | | 1 | QL |
| RESTORIL ORAL CAPSULE | | 3 | QL |
| temazepam oral capsule | Restoril | 1 | QL |
| triazolam oral tablet | Halcion | 1 | QL |
| *Non-Benzodiazepine - Gaba-Receptor Modulators*** | | | |
| AMBIEN CR ORAL TABLET EXTENDED RELEASE | | 3 | QL |
| AMBIEN ORAL TABLET | | 3 | QL |
| eszopiclone oral tablet | Lunesta | 1 | QL |
| LUNESTA ORAL TABLET | | 3 | QL |
| zaleplon oral capsule | | 1 | QL |
| zolpidem tartrate er oral tablet extended release | Ambien CR | 1 | QL |
| zolpidem tartrate oral tablet | Ambien | 1 | QL |
| *Laxatives* | | | |
| *Bowel Evacuant Combinations*** | | | |
| CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML | | 3 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|-----------------------------|-------------|--------------|
| GAVILYTE-C ORAL SOLUTION RECONSTITUTED | | ACA | |
| GAVILYTE-G ORAL SOLUTION RECONSTITUTED | | ACA | |
| GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM | | 3 | |
| MOVIPREP ORAL SOLUTION RECONSTITUTED | | 3 | |
| na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml | Suprep Bowel Prep Kit | ACA | |
| peg 3350-kcl-na bicarb-nacl oral solution reconstituted | GaviLyte-N with Flavor Pack | ACA | |
| peg-3350/electrolytes oral solution reconstituted | Golytely | ACA | |
| peg-3350/electrolytes/ascorbat oral solution reconstituted | MoviPrep | ACA | |
| peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted | MoviPrep | ACA | |
| PEG-PREP ORAL KIT | | 3 | |
| PLENVU ORAL SOLUTION RECONSTITUTED | | 3 | |
| SUFLAVE ORAL SOLUTION RECONSTITUTED | | 3 | |
| SUPREP BOWEL PREP KIT ORAL SOLUTION | | 3 | |
| *Electrolyte-Based Osmotic Laxatives*** | | | |
| CITROMA ORAL SOLUTION | | ACA | |
| cvs magnesium citrate oral solution | Citroma | ACA | |
| cvs milk of magnesia oral suspension 1200 mg/15ml | Dulcolax | ACA | |
| DULCOLAX ORAL SUSPENSION | | ACA | |
| eq magnesium citrate oral solution | Citroma | ACA | |
| gnp milk of magnesia oral suspension | Dulcolax | ACA | |
| goodsense magnesium citrate oral solution | Citroma | ACA | |
| goodsense milk of magnesia oral suspension | Dulcolax | ACA | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|------------------|-------------|--------------|
| magnesium citrate oral solution 1.745 gm/30ml | Citroma | ACA | |
| milk of magnesia oral suspension | Dulcolax | ACA | |
| ONELAX MAGNESIUM CITRATE ORAL SOLUTION | | ACA | |
| PHILLIPS MILK OF MAGNESIA ORAL SUSPENSION 400 MG/5ML | | ACA | |
| qc magnesium citrate oral solution | Citroma | ACA | |
| qc milk of magnesia oral suspension | Dulcolax | ACA | |
| sb magnesium citrate oral solution | Citroma | ACA | |
| sb milk of magnesia oral suspension | Dulcolax | ACA | |
| *Laxatives - Miscellaneous*** | | | |
| CLEARLAX ORAL POWDER | | ACA | |
| constulose oral solution | | 1 | |
| CVS PURELAX ORAL PACKET | | ACA | |
| CVS PURELAX ORAL POWDER | | ACA | |
| EQ CLEARLAX ORAL POWDER | | ACA | |
| EQL CLEARLAX ORAL POWDER | | ACA | |
| gavilax oral powder | ClearLax | ACA | |
| GLYCOLAX ORAL POWDER | | ACA | |
| GNP CLEARLAX ORAL PACKET | | ACA | |
| GNP CLEARLAX ORAL POWDER | | ACA | |
| GOODSENSE CLEARLAX ORAL POWDER | | ACA | |
| HEALTHYLAX ORAL PACKET | | ACA | |
| KLS LAXACLEAR ORAL POWDER | | ACA | |
| KRISTALOSE ORAL PACKET | | 1 | |
| lactulose oral packet | Kristalose | 1 | |
| lactulose oral solution | | 1 | |
| MM CLEARLAX ORAL POWDER | | ACA | |
| peg 3350 oral packet | CVS Purelax | ACA | |
| peg 3350 oral powder | ClearLax | ACA | |
| polyethylene glycol 3350 oral packet 17 gm | CVS Purelax | ACA | |
| polyethylene glycol 3350 oral powder | ClearLax | ACA | |
| sb polyethylene glycol 3350 oral powder | ClearLax | ACA | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|------------------|-------------|--------------|
| SMOOTH LAX ORAL PACKET | | ACA | |
| SMOOTH LAX ORAL POWDER | | ACA | |
| *Stimulant Laxatives*** | | | |
| bisacodyl ec oral tablet delayed release | Ex-Lax Ultra | ACA | |
| cvs c-lax laxative oral tablet delayed release | Ex-Lax Ultra | ACA | |
| cvs gentle laxative oral tablet delayed release | Ex-Lax Ultra | ACA | |
| cvs gentle laxative womens oral tablet delayed release | Ex-Lax Ultra | ACA | |
| eq gentle laxative oral tablet delayed release | Ex-Lax Ultra | ACA | |
| eql gentle laxative oral tablet delayed release | Ex-Lax Ultra | ACA | |
| eql laxative oral tablet delayed release | Ex-Lax Ultra | ACA | |
| EX-LAX ULTRA ORAL TABLET DELAYED RELEASE | | ACA | |
| gentle laxative oral tablet delayed release | Ex-Lax Ultra | ACA | |
| gnp gentle laxative oral tablet delayed release | Ex-Lax Ultra | ACA | |
| gnp womens gentle laxative oral tablet delayed release | Ex-Lax Ultra | ACA | |
| goodsense bisacodyl laxative oral tablet delayed release | Ex-Lax Ultra | ACA | |
| kp bisacodyl oral tablet delayed release | Ex-Lax Ultra | ACA | |
| qc gentle laxative oral tablet delayed release | Ex-Lax Ultra | ACA | |
| qc gentle laxative womens oral tablet delayed release | Ex-Lax Ultra | ACA | |
| qc laxative oral tablet delayed release | Ex-Lax Ultra | ACA | |
| sb bisacodyl laxative ec oral tablet delayed release | Ex-Lax Ultra | ACA | |
| sb gentle lax-women oral tablet delayed release | Ex-Lax Ultra | ACA | |
| womans laxative oral tablet delayed release | Ex-Lax Ultra | ACA | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|------------------|-------------|--------------|
| womens laxative oral tablet delayed release | Ex-Lax Ultra | ACA | |
| *Macrolides* | | | |
| *Azithromycin*** | | | |
| azithromycin intravenous solution reconstituted 500 mg | Zithromax | 1 | |
| azithromycin oral suspension reconstituted | Zithromax | 1 | |
| azithromycin oral tablet 250 mg, 500 mg | Zithromax | 1 | |
| azithromycin oral tablet 600 mg | | 1 | |
| ZITHROMAX INTRAVENOUS SOLUTION RECONSTITUTED | | 3 | |
| ZITHROMAX ORAL SUSPENSION RECONSTITUTED 200 MG/5ML | | 3 | |
| ZITHROMAX ORAL TABLET 250 MG, 500 MG | | 3 | |
| ZITHROMAX TRI-PAK ORAL TABLET | | 3 | |
| ZITHROMAX Z-PAK ORAL TABLET | | 3 | |
| *Clarithromycin*** | | | |
| clarithromycin er oral tablet extended release 24 hour | | 1 | |
| clarithromycin oral suspension reconstituted | | 1 | |
| clarithromycin oral tablet | | 1 | |
| *Erythromycins*** | | | |
| E.E.S. 400 ORAL TABLET | | 1 | |
| ERYPED 400 ORAL SUSPENSION RECONSTITUTED | | 3 | |
| ERY-TAB ORAL TABLET DELAYED RELEASE | | 1 | |
| erythromycin base oral capsule delayed release particles | | 1 | |
| erythromycin base oral tablet | | 1 | |
| erythromycin base oral tablet delayed release | Ery-Tab | 1 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|-------------------------|-------------|--------------|
| erythromycin ethylsuccinate oral suspension reconstituted | E.E.S. Granules | 1 | |
| erythromycin ethylsuccinate oral tablet | E.E.S. 400 | 1 | |
| erythromycin lactobionate intravenous solution reconstituted | Erythrocin Lactobionate | 1 | |
| erythromycin oral tablet delayed release | Ery-Tab | 1 | |
| *Fidaxomicin*** | | | |
| DIFICID ORAL SUSPENSION RECONSTITUTED | | 3 | QL |
| DIFICID ORAL TABLET | | 3 | QL |
| fidaxomicin oral tablet | Dificid | 1 | |
| *Medical Devices And Supplies* | | | |
| *Cervical Caps*** | | | |
| FEMCAP VAGINAL DEVICE | | ACA | |
| *Condoms - Female*** | | | |
| FC2 FEMALE CONDOM | | ACA | |
| *Condoms - Male*** | | | |
| aimsco lubricated | Fantasy Lubricated | ACA | |
| condoms | | ACA | |
| DUREX REALFEEL DEVICE | | ACA | |
| FANTASY LUBRICATED | | ACA | |
| FANTASY LUBRICATED/SPERMICIDE | | ACA | |
| KAMELEON LUBRICATED | | ACA | |
| kimono | Fantasy Lubricated | ACA | |
| KIMONO COLORS DEVICE | | ACA | |
| KIMONO MAXX-LARGE FLARE | | ACA | |
| kimono micro thin | Trustex Non-Lubricated | ACA | |
| kimono micro thin plus | Fantasy Lubricated | ACA | |
| kimono plus | Fantasy Lubricated | ACA | |
| kimono ps | Fantasy Lubricated | ACA | |
| kimono ps plus | Fantasy Lubricated | ACA | |
| kimono sensation | Fantasy Lubricated | ACA | |
| kimono sensation plus | Fantasy Lubricated | ACA | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|--------------------|-------------|--------------|
| KIMONO SPECIAL DEVICE | | ACA | |
| maxx | Fantasy Lubricated | ACA | |
| maxx plus | Fantasy Lubricated | ACA | |
| REALITY LATEX CONDOMS | | ACA | |
| REALITY LATEX/ULTRA TEXTURED DEVICE | | ACA | |
| REALITY LATEX/ULTRA THIN DEVICE | | ACA | |
| TRUSTEX COLOR CONDOMS + LUBE | | ACA | |
| TRUSTEX LUB/RIBBED/STUDDERED | | ACA | |
| TRUSTEX LUB/SPERMICIDE EX ST | | ACA | |
| TRUSTEX LUB/SPERMICIDE XL | | ACA | |
| TRUSTEX LUBRICATED | | ACA | |
| TRUSTEX LUBRICATED EX LARGE | | ACA | |
| TRUSTEX LUBRICATED EXTRA ST | | ACA | |
| TRUSTEX LUBRICATED/SPERMICIDE | | ACA | |
| TRUSTEX NATURAL CONDOMS + LUBE | | ACA | |
| TRUSTEX NON-LUBRICATED | | ACA | |
| TRUSTEX RIA LUB/SPERMICIDE | | ACA | |
| TRUSTEX RIA LUBRICATED | | ACA | |
| TRUSTEX RIA NON-LUBRICATED | | ACA | |
| TRUSTEX-NONOXYNOL-9/RIB/STUD | | ACA | |
| *Dental Desensitizing Products*** | | | |
| REMESENSE DENTAL | | 3 | |
| *Dentifrices*** | | | |
| MI PASTE DENTAL PASTE | | 3 | |
| MI PASTE PLUS DENTAL PASTE | | 3 | |
| *Diaphragms*** | | | |
| CAYA VAGINAL DIAPHRAGM | | ACA | PREV |
| OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM | | ACA | PREV |
| WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM | | ACA | PREV |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|------------------|-------------|--------------|
| WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM | | ACA | PREV |
| WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM | | ACA | PREV |
| WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM | | ACA | PREV |
| WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM | | ACA | PREV |
| WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM | | ACA | PREV |
| WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM | | ACA | PREV |
| WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM | | ACA | PREV |
| *Glucose Monitoring Test Supplies*** | | | |
| ACCU-CHEK AVIVA IN VITRO SOLUTION | | 2 | |
| ACCU-CHEK AVIVA PLUS KIT | | 2 | |
| ACCU-CHEK FASTCLIX LANCET KIT | | 2 | QL |
| ACCU-CHEK FASTCLIX LANCETS | | 3 | PREV; QL |
| ACCU-CHEK GUIDE CONTROL IN VITRO LIQUID | | 2 | |
| ACCU-CHEK GUIDE KIT | | 2 | |
| ACCU-CHEK GUIDE ME KIT | | 2 | |
| ACCU-CHEK SAFE-T PRO LANCETS | | 3 | PREV; QL |
| ACCU-CHEK SMARTVIEW CONTROL IN VITRO LIQUID | | 2 | |
| ACCU-CHEK SOFTCLIX LANCET DEV KIT | | 2 | QL |
| ACCU-CHEK SOFTCLIX LANCETS | | 3 | PREV; QL |
| ACCUTREND GLUCOSE CONTROL IN VITRO SOLUTION | | 2 | |
| AUTOLET II CLINISAFE KIT | | 2 | QL |
| AUTOLET LITE CLINISAFE KIT | | 2 | QL |
| AUTOLET LITE STARTER PACK KIT | | 2 | QL |
| DEXCOM G6 RECEIVER DEVICE | | 2 | |
| DEXCOM G6 SENSOR | | 2 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|------------------|-------------|--------------|
| DEXCOM G6 TRANSMITTER | | 2 | |
| DEXCOM G7 15 DAY SENSOR | | 2 | |
| DEXCOM G7 RECEIVER DEVICE | | 2 | |
| DEXCOM G7 SENSOR | | 2 | |
| FREESTYLE CONTROL SOLUTION IN VITRO LIQUID | | 2 | |
| FREESTYLE FREEDOM LITE KIT | | 2 | |
| FREESTYLE LANCETS | | 3 | QL |
| FREESTYLE LIBRE 14 DAY READER DEVICE | | 2 | |
| FREESTYLE LIBRE 14 DAY SENSOR | | 2 | QL |
| FREESTYLE LIBRE 2 PLUS SENSOR | | 2 | |
| FREESTYLE LIBRE 2 READER DEVICE | | 2 | |
| FREESTYLE LIBRE 2 SENSOR | | 2 | |
| FREESTYLE LIBRE 3 PLUS SENSOR | | 2 | |
| FREESTYLE LIBRE 3 READER DEVICE | | 2 | |
| FREESTYLE LIBRE 3 SENSOR | | 2 | |
| FREESTYLE LIBRE READER DEVICE | | 2 | |
| FREESTYLE LITE DEVICE | | 2 | |
| FREESTYLE LITE KIT | | 2 | |
| FREESTYLE PRECISION NEO SYSTEM KIT | | 2 | |
| FREESTYLE UNISTICK II LANCETS | | 3 | QL |
| GENTEEL CONTACT TIPS (BLUE) | | 2 | QL |
| GENTEEL CONTACT TIPS (CLEAR) | | 2 | QL |
| GENTEEL CONTACT TIPS (GREEN) | | 2 | QL |
| GENTEEL CONTACT TIPS (ORANGE) | | 2 | QL |
| GENTEEL CONTACT TIPS (RAINBOW) | | 2 | QL |
| GENTEEL CONTACT TIPS (VIOLET) | | 2 | QL |
| GENTEEL CONTACT TIPS (YELLOW) | | 2 | QL |
| GENTEEL LANCING KIT (BLUE) KIT | | 2 | QL |
| GENTEEL NOZZLES | | 2 | QL |
| HYPOLANCE AST LANCING KIT | | 2 | QL |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|---------------------------|-------------|--------------|
| MULTI-LANCET DEVICE 2 KIT | | 2 | QL |
| ONETOUCH DELICA PLUS LANCING | | 2 | QL |
| RIGHTEST ALTERNATE SITE ADAPT | | 2 | QL |
| select-lite device/lancets kit | Accu-Chek FastClix Lancet | 2 | QL |
| *Insulin Administration Supplies*** | | | |
| OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT | | 3 | QL |
| OMNIPOD 5 DEXG7G6 PODS GEN 5 | | 3 | QL |
| OMNIPOD 5 LIBRE2 PLUS G6 PODS | | 3 | QL |
| OMNIPOD DASH PODS (GEN 4) | | 3 | QL |
| *Spacer/Aerosol-Holding Chambers & Supplies*** | | | |
| AEROCHAMBER PLUS FLO-VU | | 1 | |
| BREATHERITE VALVED MDI CHAMBER DEVICE | | 1 | |
| *Migraine Products* | | | |
| *Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)*** | | | |
| QULIPTA ORAL TABLET | | 2 | QL |
| UBRELVY ORAL TABLET | | 2 | QL |
| ZAVZPRET NASAL SOLUTION | | 3 | |
| *Cgrp Receptor Antagonists - Monoclonal Antibodies*** | | | |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR | | 3 | QL |
| AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR | | 3 | QL |
| AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | 3 | QL |
| EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | 3 | QL |
| EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR | | 3 | QL |
| EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | 3 | QL |
| *Ergot Combinations*** | | | |
| ergotamine-caffeine oral tablet | | 1 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|-------------------------|-------------|--------------|
| MIGERGOT RECTAL SUPPOSITORY | | 1 | |
| *Migraine Products*** | | | |
| BREKIYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | | 3 | PA; QL |
| dihydroergotamine mesylate nasal solution | | 1 | QL |
| ERGOMAR SUBLINGUAL TABLET SUBLINGUAL | | 3 | |
| *Selective Serotonin Agonists 5-Ht(1)*** | | | |
| almotriptan malate oral tablet | | 1 | QL |
| eletriptan hydrobromide oral tablet | Relpax | 1 | QL |
| frovatriptan succinate oral tablet | | 1 | QL |
| IMITREX ORAL TABLET | | 3 | QL |
| IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE | | 3 | QL |
| IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR | | 3 | QL |
| MAXALT ORAL TABLET 10 MG | | 3 | QL |
| MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG | | 3 | QL |
| naratriptan hcl oral tablet | | 1 | QL |
| RELPAK ORAL TABLET | | 3 | QL |
| rizatriptan benzoate oral tablet | Maxalt | 1 | QL |
| rizatriptan benzoate oral tablet dispersible | Maxalt-MLT | 1 | QL |
| sumatriptan nasal solution | | 1 | QL |
| sumatriptan succinate oral tablet | Imitrex | 1 | QL |
| sumatriptan succinate subcutaneous solution 6 mg/0.5ml | | 1 | QL |
| sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml | Imitrex STATdose System | 1 | QL |
| zolmitriptan nasal solution 5 mg | Zomig | 1 | QL |
| zolmitriptan oral tablet | Zomig | 1 | QL |
| zolmitriptan oral tablet dispersible | | 1 | QL |
| ZOMIG NASAL SOLUTION | | 3 | QL |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|---------------------|-------------|--------------|
| ZOMIG ORAL TABLET 5 MG | | 1 | QL |
| *Minerals & Electrolytes* | | | |
| *Fluoride*** | | | |
| sodium fluoride oral solution 1.1 (0.5 f) mg/ml | | ACA | |
| sodium fluoride oral tablet | | ACA | |
| sodium fluoride oral tablet chewable | | ACA | |
| *Phosphate*** | | | |
| K-PHOS ORAL TABLET | | 2 | |
| K-PHOS-NEUTRAL ORAL TABLET | | 3 | |
| PHOSPHA 250 NEUTRAL ORAL TABLET | | 1 | |
| phosphorous oral tablet | Phospha 250 Neutral | 1 | |
| PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET | | 1 | |
| PHOSPHO-TRIN K500 ORAL TABLET | | 1 | |
| *Potassium*** | | | |
| KLOR-CON 10 ORAL TABLET EXTENDED RELEASE | | 3 | |
| KLOR-CON M10 ORAL TABLET EXTENDED RELEASE | | 1 | |
| KLOR-CON M15 ORAL TABLET EXTENDED RELEASE | | 1 | |
| KLOR-CON M20 ORAL TABLET EXTENDED RELEASE | | 1 | |
| KLOR-CON ORAL PACKET 20 MEQ | | 1 | |
| KLOR-CON ORAL TABLET EXTENDED RELEASE | | 3 | |
| potassium chloride crys er oral tablet extended release | Klor-Con M10 | 1 | |
| potassium chloride er oral capsule extended release | | 1 | |
| potassium chloride er oral tablet extended release 10 meq | Klor-Con 10 | 1 | |
| potassium chloride er oral tablet extended release 20 meq | | 1 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|------------------|-------------|--------------|
| potassium chloride er oral tablet extended release 8 meq | Klor-Con | 1 | |
| potassium chloride oral packet 20 meq | Klor-Con | 1 | |
| potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%) | | 1 | |
| *Zinc*** | | | |
| GALZIN ORAL CAPSULE | | 3 | |
| *Miscellaneous Therapeutic Classes* | | | |
| *Activated Phosphoinositide 3-Kinase Delta Syndrome Agent*** | | | |
| JOENJA ORAL TABLET | | 3 | PA; QL |
| *Antileptotics*** | | | |
| THALOMID ORAL CAPSULE 100 MG, 50 MG | | 3 | PA; SP; QL |
| *B-Lymphocyte Stimulator (Blys)-Specific Inhibitors*** | | | |
| BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | | 3 | PA; SP; QL |
| BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | 3 | PA; SP; QL |
| *Chelating Agents*** | | | |
| CUVRIOR ORAL TABLET | | 3 | |
| DEPEN TITRATABS ORAL TABLET | | 3 | SP |
| penicillamine oral tablet | Depen Titratabs | 1 | SP |
| trientine hcl oral capsule 250 mg | Syprine | 1 | SP |
| *Cyclosporine Analogs*** | | | |
| cyclosporine modified oral capsule | Gengraf | 1 | |
| cyclosporine modified oral solution | Neoral | 1 | |
| cyclosporine oral capsule | SandIMMUNE | 1 | |
| GENGRAF ORAL CAPSULE 100 MG, 25 MG | | 1 | |
| GENGRAF ORAL SOLUTION | | 1 | |
| NEORAL ORAL CAPSULE | | 2 | |
| NEORAL ORAL SOLUTION | | 2 | |
| SANDIMMUNE ORAL CAPSULE | | 3 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|-----------|------|------------|
| *Farnesyltransferase Inhibitors*** | | | |
| ZOKINVY ORAL CAPSULE | | 3 | PA; TF; QL |
| *Immunomodulators - Btk Inhibitors*** | | | |
| RHAPSIDO ORAL TABLET | | 3 | PA; SP; QL |
| *Immunomodulators - Combinations*** | | | |
| VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | 3 | PA; SP; QL |
| *Immunomodulators For Myelodysplastic Syndromes*** | | | |
| lenalidomide oral capsule | Revlimid | 1 | PA; SP; QL |
| REVLIMID ORAL CAPSULE | | 3 | PA; SP; QL |
| *Inosine Monophosphate Dehydrogenase Inhibitors*** | | | |
| CELLCEPT ORAL CAPSULE | | 2 | |
| CELLCEPT ORAL SUSPENSION RECONSTITUTED | | 3 | |
| CELLCEPT ORAL TABLET | | 2 | |
| mycophenolate mofetil oral capsule | CellCept | 1 | |
| mycophenolate mofetil oral suspension reconstituted | CellCept | 1 | |
| mycophenolate mofetil oral tablet | CellCept | 1 | |
| mycophenolate sodium oral tablet delayed release | Myfortic | 1 | |
| MYFORTIC ORAL TABLET DELAYED RELEASE | | 2 | |
| *Macrolide Immunosuppressants*** | | | |
| ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR | | 3 | |
| ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR | | 3 | TF |
| everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg | Zortress | 1 | |
| PROGRAF ORAL CAPSULE | | 3 | |
| sirolimus oral solution | | 1 | |
| sirolimus oral tablet | | 1 | |
| tacrolimus oral capsule | Prograf | 1 | |
| ZORTRESS ORAL TABLET | | 3 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|-----------|------|------------|
| *Monoclonal Antibodies*** | | | |
| ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | 3 | PA; SP; QL |
| *Patient Assessment Services - No Drug Dispensed*** | | | |
| eua patient assessment | | 3 | |
| *Pik3ca-Related Overgrowth Spectrum Agents - Pi3k Inhib*** | | | |
| VIJOICE ORAL PACKET | | 3 | PA; SP; QL |
| VIJOICE ORAL TABLET THERAPY PACK | | 3 | PA; SP; QL |
| *Potassium Removing Agents*** | | | |
| KIONEX COMBINATION SUSPENSION | | 1 | |
| LOKELMA ORAL PACKET | | 3 | |
| sodium polystyrene sulfonate oral powder | | 1 | |
| SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION | | 1 | |
| VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM | | 3 | ST; QL |
| *Purine Analogs*** | | | |
| AZASAN ORAL TABLET | | 1 | |
| azathioprine oral tablet | Azasan | 1 | |
| IMURAN ORAL TABLET | | 2 | |
| *Rock Inhibitors*** | | | |
| REZUROCK ORAL TABLET | | 3 | PA; QL |
| *Mouth/Throat/Dental Agents* | | | |
| *Anesthetics Topical Oral*** | | | |
| lidocaine hcl mouth/throat solution | | 1 | |
| lidocaine viscous hcl mouth/throat solution | | 1 | |
| *Anti-Infectives - Throat*** | | | |
| clotrimazole mouth/throat troche | | 1 | |
| nystatin mouth/throat suspension | | 1 | |
| ORAVIG BUCCAL TABLET | | 3 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|------------------------------|------|-------|
| *Antiseptics - Mouth/Throat*** | | | |
| chlorhexidine gluconate mouth/throat solution | Periogard | 1 | |
| PERIDEX MOUTH/THROAT SOLUTION | | 3 | |
| PERIOGARD MOUTH/THROAT SOLUTION | | 1 | |
| *Dental Products - Combinations*** | | | |
| FLUORIDEX SENSITIVITY RELIEF DENTAL GEL | | 3 | |
| PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL | | 3 | |
| PREVIDENT 5000 SENSITIVE DENTAL GEL | | 3 | |
| sodium fluoride 5000 enamel dental gel | Fluoridex Sensitivity Relief | 3 | |
| sodium fluoride 5000 sensitive dental gel | Fluoridex Sensitivity Relief | 3 | |
| *Fluoride Dental Products*** | | | |
| CLINPRO 5000 DENTAL PASTE | | 1 | |
| DENTA 5000 PLUS DENTAL CREAM | | 1 | |
| dentagel dental gel | PreviDent | 1 | |
| FLUORIDEX DAILY RENEWAL MOUTH/THROAT CONCENTRATE | | 1 | |
| FLUORIDEX DENTAL PASTE | | 1 | |
| FLUORIDEX ENHANCED WHITENING DENTAL PASTE | | 1 | |
| PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE | | 3 | |
| PREVIDENT 5000 DRY MOUTH DENTAL GEL | | 3 | |
| PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE | | 3 | |
| PREVIDENT 5000 PLUS DENTAL CREAM | | 3 | |
| PREVIDENT DENTAL GEL | | 3 | |
| PREVIDENT MOUTH/THROAT SOLUTION | | 3 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|------------------|-------------|--------------|
| sf 5000 plus dental cream | Denta 5000 Plus | 1 | |
| sf dental gel | PreviDent | 1 | |
| sodium fluoride 5000 plus dental cream | Denta 5000 Plus | 1 | |
| sodium fluoride 5000 ppm dental paste | Clinpro 5000 | 1 | |
| sodium fluoride dental cream | Denta 5000 Plus | 1 | |
| sodium fluoride dental gel 1.1 % | PreviDent | 1 | |
| *Saliva Stimulants*** | | | |
| cevimeline hcl oral capsule | Evoxac | 1 | |
| EVOXAC ORAL CAPSULE | | 3 | |
| pilocarpine hcl oral tablet | Salagen | 1 | |
| SALAGEN ORAL TABLET | | 3 | |
| *Steroids - Mouth/Throat/Dental*** | | | |
| ORALONE MOUTH/THROAT PASTE | | 1 | |
| triamcinolone acetonide mouth/throat paste | Oralone | 1 | |
| *Multivitamins* | | | |
| *B-Complex Vitamins*** | | | |
| b-complex plus b-12 oral tablet | | ACA | |
| b-complex/b-12 oral tablet | | ACA | |
| vitamin b complex oral tablet | | ACA | |
| vitamin-b complex oral tablet | | ACA | |
| *B-Complex W/ C & Calcium*** | | | |
| gnp b-complex plus vitamin c oral tablet | | ACA | |
| qc b-complex/vitamin c oral tablet | | ACA | |
| *B-Complex W/ C & Folic Acid*** | | | |
| b complex-c-folic acid oral tablet | | ACA | |
| b-complex balanced oral tablet | | ACA | |
| b-complex/vitamin c oral tablet | | ACA | |
| b-complex-c (w/folic acid) oral tablet | | ACA | |
| b-plex oral tablet | | ACA | |
| DIALYVITE 800 ORAL TABLET | | ACA | |
| eql super b complex/vitamin c oral tablet | | ACA | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|------------------|-------------|--------------|
| full spectrum b/vitamin c oral tablet | Dialyvite 800 | ACA | |
| hylavite oral tablet | | ACA | |
| kp b complex-c oral tablet | | ACA | |
| nephro vitamins oral tablet | Dialyvite 800 | ACA | |
| NEPHRO-VITE ORAL TABLET | | ACA | |
| renal vitamin oral tablet | Dialyvite 800 | ACA | |
| rena-vite oral tablet | Dialyvite 800 | ACA | |
| stress formula (folic acid) oral tablet | | ACA | |
| super b complex/fa/vit c oral tablet | | ACA | |
| super b-complex/vit c/fa oral tablet | | ACA | |
| *B-Complex W/ C*** | | | |
| ALLBEE/C ORAL TABLET | | ACA | |
| b complex-c oral tablet | Allbee/C | ACA | |
| b-complex-c oral tablet | Allbee/C | ACA | |
| better b complex oral tablet | Allbee/C | ACA | |
| cvs b complex plus c oral tablet | Allbee/C | ACA | |
| cvs super b complex/c oral tablet | Allbee/C | ACA | |
| super b complex/vitamin c oral tablet | Allbee/C | ACA | |
| super b-complex + vitamin c oral tablet | Allbee/C | ACA | |
| *B-Complex W/ C-Biotin-E & Folic Acid*** | | | |
| b complex-c-biotin-e-fa oral tablet | | ACA | |
| *B-Complex W/ Folic Acid*** | | | |
| b complex formula 1 (w/ fa) oral tablet | Big 100 | ACA | |
| b-complex (folic acid) oral tablet | Big 100 | ACA | |
| b-complex/electrolytes oral tablet | Big 100 | ACA | |
| BIG 100 ORAL TABLET | | ACA | |
| kobee oral tablet | Big 100 | ACA | |
| *B-Complex W/Biotin & Folic Acid*** | | | |
| b complex 100 tr oral tablet extended release | Endur-B | ACA | |
| b-100 b-complex oral tablet | Big 100 (Biotin) | ACA | |
| b-100 complex cr oral tablet extended release | Endur-B | ACA | |
| b-100 tr oral tablet extended release | Endur-B | ACA | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|------------------|-------------|--------------|
| b-50 complex oral tablet | Big 100 (Biotin) | ACA | |
| balance b-50 oral tablet | Big 100 (Biotin) | ACA | |
| balanced b complex oral tablet | Big 100 (Biotin) | ACA | |
| balanced b-100 oral tablet | Big 100 (Biotin) | ACA | |
| balanced b-100 oral tablet extended release | Endur-B | ACA | |
| balanced b-50/fa oral tablet | Big 100 (Biotin) | ACA | |
| b-compleet-100 oral tablet | Big 100 (Biotin) | ACA | |
| b-compleet-50 oral tablet | Big 100 (Biotin) | ACA | |
| b-complex oral tablet | Big 100 (Biotin) | ACA | |
| BIG 100 (BIOTIN) ORAL TABLET | | ACA | |
| complex b-100 oral tablet extended release | Endur-B | ACA | |
| complex b-50 prolonged release oral tablet extended release | Endur-B | ACA | |
| ENDUR-B ORAL TABLET EXTENDED RELEASE | | ACA | |
| eql b complex 50 oral tablet | Big 100 (Biotin) | ACA | |
| eql b-100 complex oral tablet extended release | Endur-B | ACA | |
| gnp b-100 complex oral tablet extended release | Endur-B | ACA | |
| gnp b-50 complex oral tablet extended release | Endur-B | ACA | |
| qc b50 prolonged release oral tablet extended release | Endur-B | ACA | |
| quin b strong b-25 oral tablet | Big 100 (Biotin) | ACA | |
| super b-complex oral tablet | Big 100 (Biotin) | ACA | |
| SUPER DEC B-100 ORAL TABLET | | ACA | |
| SUPER QUINTS B-50 ORAL TABLET | | ACA | |
| yl balanced b-100 oral tablet | Big 100 (Biotin) | ACA | |
| *Multiple Vitamins W/ Iron*** | | | |
| daily vite multivitamin/iron oral tablet | Tab-A-Vite/Iron | ACA | |
| mini multi vitamins/iron oral tablet | Tab-A-Vite/Iron | ACA | |
| multiple vitamins/iron oral tablet | Tab-A-Vite/Iron | ACA | |
| multivitamin plus iron adult oral tablet | Tab-A-Vite/Iron | ACA | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|------------------|-------------|--------------|
| multi-vitamin/iron oral tablet | Tab-A-Vite/Iron | ACA | |
| nat-rul daily-vite+iron oral tablet | Tab-A-Vite/Iron | ACA | |
| one daily multivitamin/iron oral tablet | Tab-A-Vite/Iron | ACA | |
| one-daily multi-vitamin/iron oral tablet | Tab-A-Vite/Iron | ACA | |
| one-daily/iron oral tablet | Tab-A-Vite/Iron | ACA | |
| qc daily multivitamins/iron oral tablet | Tab-A-Vite/Iron | ACA | |
| stress b complex/iron oral tablet | Tab-A-Vite/Iron | ACA | |
| stress formula/iron oral tablet | Tab-A-Vite/Iron | ACA | |
| TAB-A-VITE/IRON ORAL TABLET | | ACA | |
| TAB-A-VITE/IRON/BETA CAROTENE ORAL TABLET | | ACA | |
| *Multiple Vitamins W/ Minerals & Calcium-Folic Acid*** | | | |
| FOLGARD OS ORAL TABLET | | 3 | |
| *Multivitamins*** | | | |
| anti-oxidant oral tablet | EstroFactors | ACA | |
| daily multiple vitamins oral tablet | EstroFactors | ACA | |
| daily value multivitamin oral tablet | EstroFactors | ACA | |
| daily vitamins oral tablet | EstroFactors | ACA | |
| daily vite oral tablet | EstroFactors | ACA | |
| daily vites oral tablet | EstroFactors | ACA | |
| daily-vite multivitamin oral tablet | EstroFactors | ACA | |
| daily-vite oral tablet | EstroFactors | ACA | |
| ESTROFACTORS ORAL TABLET | | ACA | |
| gnp essential one daily oral tablet | EstroFactors | ACA | |
| healthy hair/skin/nails oral tablet | EstroFactors | ACA | |
| multi vitamin oral tablet | EstroFactors | ACA | |
| multi vitamin w/d-3 oral tablet | EstroFactors | ACA | |
| multiple vitamin-folic acid oral tablet | EstroFactors | ACA | |
| multiple vitamins oral tablet | EstroFactors | ACA | |
| multivitamin adult oral tablet | EstroFactors | ACA | |
| multivitamin iron-free oral tablet | EstroFactors | ACA | |
| multivitamin oral tablet | EstroFactors | ACA | |
| multi-vitamin oral tablet | EstroFactors | ACA | |
| NEOMULTIVITE ORAL TABLET | | ACA | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|------------------|-------------|--------------|
| omnicap oral tablet | EstroFactors | ACA | |
| once daily oral tablet | EstroFactors | ACA | |
| ONE DAILY ESSENTIAL ORAL TABLET | | ACA | |
| one daily multivitamin adult oral tablet | EstroFactors | ACA | |
| one daily oral tablet | EstroFactors | ACA | |
| one-daily multi vitamins oral tablet | EstroFactors | ACA | |
| one-daily multi-vitamin oral tablet | EstroFactors | ACA | |
| qc essentials oral tablet | EstroFactors | ACA | |
| quintabs oral tablet | EstroFactors | ACA | |
| stress formula oral tablet | EstroFactors | ACA | |
| STRESSTABS ENERGY ORAL TABLET | | ACA | |
| TAB-A-VITE ORAL TABLET | | ACA | |
| TAB-A-VITE/BETA CAROTENE ORAL TABLET | | ACA | |
| THERA ORAL TABLET | | ACA | |
| thera-tabs oral tablet | EstroFactors | ACA | |
| THEREMS ORAL TABLET | | ACA | |
| vit e-vit c-beta carotene oral tablet | EstroFactors | ACA | |
| vitalee oral tablet | EstroFactors | ACA | |
| *Ped Multi Vitamins W/Fl & Fe*** | | | |
| multi-vitamin/fluoride/iron oral solution | | 1 | |
| POLY-VI-FLOR/IRON ORAL SUSPENSION | | 3 | |
| POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE | | 3 | |
| *Ped Mv W/ Fluoride*** | | | |
| FLORIVA PLUS ORAL SUSPENSION | | 3 | |
| multi-vitamin/fluoride oral suspension | Floriva Plus | ACA | |
| multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg | Multi-Vit-Flor | ACA | |
| MULTI-VIT-FLOR ORAL TABLET CHEWABLE | | 3 | |
| POLY-VI-FLOR ORAL SUSPENSION | | 3 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|----------------------------|-------------|--------------|
| POLY-VI-FLOR ORAL TABLET CHEWABLE | | 3 | |
| TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML | | 3 | |
| *Ped Vitamins Acd & Fa W/ Fluoride*** | | | |
| tri-vi-floro oral suspension | | 3 | |
| *Ped Vitamins Acd W/ Fluoride*** | | | |
| tri-vite/fluoride oral solution | SoluVita ACD with Fluoride | ACA | |
| *Prenatal Mv & Min W/Fe-Fa*** | | | |
| ATABEX EC ORAL TABLET DELAYED RELEASE | | 3 | |
| classic prenatal oral tablet | | ACA | |
| c-nate dha oral capsule | | 3 | |
| completenate oral tablet chewable | | 3 | |
| CO-NATAL FA ORAL TABLET | | 3 | |
| CONCEPT DHA ORAL CAPSULE | | 3 | |
| CONCEPT OB ORAL CAPSULE | | 3 | |
| cvs prenatal oral tablet 27-0.8 mg | NeoNatal Vitamin | ACA | |
| ELITE-OB ORAL TABLET | | 1 | |
| eql prenatal formula oral tablet | | ACA | |
| FOLIVANE-OB ORAL CAPSULE 85-1 MG | | 3 | |
| gnp prenatal oral tablet | | ACA | |
| INATAL GT ORAL TABLET | | 1 | |
| kp prenatal multivitamins oral tablet | | ACA | |
| kpn prenatal oral tablet | | ACA | |
| masonatal oral tablet | | ACA | |
| multi prenatal oral tablet | NeoNatal Vitamin | ACA | |
| NEEVO DHA ORAL CAPSULE 27-1.13 MG | | 3 | |
| neonatal prenatal oral tablet | NeoNatal Vitamin | ACA | |
| NEONATAL VITAMIN ORAL TABLET | | ACA | |
| NESTABS DHA ORAL | | 3 | |
| NESTABS ORAL TABLET | | 3 | |
| OB COMPLETE ONE ORAL CAPSULE | | 3 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|------------------|-------------|--------------|
| OB COMPLETE ORAL TABLET | | 3 | |
| OB COMPLETE PETITE ORAL CAPSULE | | 3 | |
| OB COMPLETE PREMIER ORAL TABLET | | 3 | |
| OB COMPLETE/DHA ORAL CAPSULE | | 3 | |
| one vite womens oral tablet | NeoNatal Vitamin | ACA | |
| pnv-omega oral capsule | | 3 | |
| prena1 pearl oral capsule extended release | | 3 | |
| prenatal (w/iron & fa) oral tablet | | ACA | |
| prenatal 19 oral tablet 29-1 mg | | 3 | |
| prenatal 19 oral tablet chewable | | 1 | |
| prenatal 19 oral tablet chewable 29-1 mg | | 3 | |
| prenatal complete oral tablet | | ACA | |
| prenatal forte oral tablet | | ACA | |
| prenatal one daily oral tablet | NeoNatal Vitamin | ACA | |
| prenatal oral tablet 27-0.8 mg | NeoNatal Vitamin | ACA | |
| prenatal oral tablet 28-0.8 mg | | ACA | |
| prenatal vitamin and mineral oral tablet | | ACA | |
| prenatal vitamins oral tablet 28-0.8 mg | | ACA | |
| prenatal/iron oral tablet | | ACA | |
| PRENATAL-U ORAL CAPSULE | | 3 | |
| PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG | | 3 | |
| PROVIDA OB ORAL CAPSULE | | 3 | |
| qc prenatal oral tablet | | ACA | |
| relnate dha oral capsule | | 3 | |
| SELECT-OB ORAL TABLET CHEWABLE | | 3 | |
| se-natal 19 oral tablet | | 3 | |
| se-natal 19 oral tablet chewable | | 3 | |
| TARON-C DHA ORAL CAPSULE 35-1 MG | | 3 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|------------------|-------------|--------------|
| thrivite rx oral tablet | Prenatabs Rx | 3 | |
| trinatal rx 1 oral tablet | | 3 | |
| TRINATE ORAL TABLET | | 1 | |
| VINATE DHA RF ORAL CAPSULE | | 3 | |
| VITAFOL GUMMIES ORAL TABLET CHEWABLE | | 3 | |
| VITAFOL-OB ORAL TABLET | | 3 | |
| *Prenatal Mv & Min W/Fe-Fa-Ca-Omega 3 Fish Oil*** | | | |
| complete natal dha oral 29-1-200 & 200 mg | | 3 | |
| wesnatal dha complete oral | | 3 | |
| *Prenatal Mv & Min W/Fe-Fa-Dha*** | | | |
| CITRANATAL 90 DHA ORAL 90-1 & 300 MG | | 3 | |
| CITRANATAL ASSURE ORAL 35-1 & 300 MG | | 3 | |
| ENFAMIL EXPECTA ORAL | | ACA | |
| NESTABS ONE ORAL CAPSULE | | 3 | |
| pnv-dha+docusate oral capsule | | 3 | |
| PRENATAL MULTIVITAMIN + DHA ORAL | | ACA | |
| PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG | | 3 | |
| PRENATE ENHANCE ORAL CAPSULE | | 3 | |
| PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG | | 3 | |
| PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG | | 3 | |
| PRENATE RESTORE ORAL CAPSULE | | 3 | |
| SELECT-OB+DHA ORAL | | 3 | |
| VITAFOL ULTRA ORAL CAPSULE | | 3 | |
| VITAFOL-OB+DHA ORAL | | 3 | |
| VITAFOL-ONE ORAL CAPSULE | | 3 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|-----------------------|------|-------|
| *Prenatal Mv & Minerals W/Fa Without Iron*** | | | |
| PRENATE ORAL TABLET CHEWABLE | | 3 | |
| *Prenatal Vitamins*** | | | |
| PREMESISRX ORAL TABLET | | 3 | |
| PRENATE AM ORAL TABLET | | 3 | |
| *Vitamins W/ Lipotropics*** | | | |
| ACTIFLOVIT EAR HEALTH ORAL TABLET | | ACA | |
| b complex (lipotropics) oral tablet | Actiflovit Ear Health | ACA | |
| b complex formula 1 (lipotrop) oral tablet | Actiflovit Ear Health | ACA | |
| balance b-100 oral tablet | Actiflovit Ear Health | ACA | |
| balanced b-50 complex oral tablet | Actiflovit Ear Health | ACA | |
| complex b-100-inositol oral tablet extended release | | ACA | |
| CVS BALANCED B50 ORAL TABLET | | ACA | |
| cvs inner ear plus oral tablet | Actiflovit Ear Health | ACA | |
| ear health formula oral tablet | Actiflovit Ear Health | ACA | |
| ear health plus oral tablet | Actiflovit Ear Health | ACA | |
| LIPO FLAVONOID PLUS ORAL TABLET | | ACA | |
| LIPOTRIAD ORAL TABLET | | ACA | |
| mega multiple/chelated mineral oral tablet | Actiflovit Ear Health | ACA | |
| nat-rul b-50 oral tablet | Actiflovit Ear Health | ACA | |
| risanoid plus oral tablet | Actiflovit Ear Health | ACA | |
| ultra b-100 complex oral tablet | Actiflovit Ear Health | ACA | |
| *Musculoskeletal Therapy Agents* | | | |
| *Central Muscle Relaxants*** | | | |
| baclofen oral tablet 10 mg, 20 mg | | 1 | |
| carisoprodol oral tablet | Soma | 1 | |
| chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg | | 1 | |
| cyclobenzaprine hcl oral tablet | Fexmid | 1 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|-------------------------------|-------------|--------------|
| FEXMID ORAL TABLET | | 1 | |
| metaxalone oral tablet 400 mg, 800 mg | | 1 | |
| methocarbamol oral tablet 500 mg, 750 mg | | 1 | |
| orphenadrine citrate er oral tablet extended release 12 hour | | 1 | |
| SOMA ORAL TABLET | | 3 | |
| tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg | | 1 | |
| tizanidine hcl oral tablet | Zanaflex | 1 | |
| ZANAFLEX ORAL TABLET | | 3 | |
| *Direct Muscle Relaxants*** | | | |
| DANTRIUM ORAL CAPSULE 25 MG | | 3 | |
| dantrolene sodium oral capsule | Dantrium | 1 | |
| *Muscle Relaxant Combinations*** | | | |
| NORGESIC ORAL TABLET | | 1 | PA; QL |
| orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg | Norgesic | 1 | PA; QL |
| ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG | | 1 | PA; QL |
| *Nasal Agents - Systemic And Topical* | | | |
| *Nasal Anticholinergics*** | | | |
| ipratropium bromide nasal solution | | 1 | |
| *Nasal Antihistamines*** | | | |
| azelastine hcl nasal solution 0.1 %, 137 mcg/spray | | 1 | |
| olopatadine hcl nasal solution | | 1 | |
| *Nasal Steroids*** | | | |
| flunisolide nasal solution 25 mcg/act (0.025%) | | 1 | |
| fluticasone propionate nasal suspension | Flonase Allergy Rel Childrens | 1 | |
| mometasone furoate nasal suspension | Nasonex 24HR | 1 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|-----------|------|------------|
| *Neuromuscular Agents* | | | |
| *Als Agents - Miscellaneous*** | | | |
| RADICAVA ORS ORAL SUSPENSION | | 3 | PA; SP; QL |
| RADICAVA ORS STARTER KIT ORAL SUSPENSION | | 3 | PA; SP; QL |
| *Benzothiazoles*** | | | |
| riluzole oral tablet | | 1 | SP |
| *Friedrich's Ataxia Agents - Nrf2 Pathway Activators*** | | | |
| SKYCLARYS ORAL CAPSULE | | 3 | PA; QL |
| *Rett Syndrome Agents - Glycine-Proline-Glutamate Analogs*** | | | |
| DAYBUE ORAL SOLUTION | | 3 | PA; QL |
| *Spinal Muscular Atrophy-Smn2 Splicing Modifiers*** | | | |
| EVRYSDI ORAL SOLUTION RECONSTITUTED | | 3 | PA; QL |
| EVRYSDI ORAL TABLET | | 3 | PA; QL |
| *Ophthalmic Agents* | | | |
| *Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb*** | | | |
| SIMBRINZA OPHTHALMIC SUSPENSION | | 2 | |
| *Beta-Blockers - Ophthalmic Combinations*** | | | |
| brimonidine tartrate-timolol ophthalmic solution | Combigan | 1 | |
| COMBIGAN OPHTHALMIC SOLUTION | | 3 | |
| COSOPT OPHTHALMIC SOLUTION | | 3 | |
| COSOPT PF OPHTHALMIC SOLUTION 2-0.5 % | | 3 | |
| dorzolamide hcl-timolol mal ophthalmic solution | Cosopt | 1 | |
| dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 % | Cosopt PF | 1 | |
| *Beta-Blockers - Ophthalmic*** | | | |
| betaxolol hcl ophthalmic solution | | 1 | |
| BETIMOL OPHTHALMIC SOLUTION 0.5 % | | 3 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|-------------------------|-------------|--------------|
| BETOPTIC-S OPHTHALMIC SUSPENSION | | 3 | |
| carteolol hcl ophthalmic solution | | 1 | |
| ISTALOL OPHTHALMIC SOLUTION | | 3 | |
| levobunolol hcl ophthalmic solution 0.5 % | | 1 | |
| timolol hemihydrate ophthalmic solution | Betimol | 1 | |
| timolol maleate (once-daily) ophthalmic solution | Istalol | 1 | |
| TIMOLOL MALEATE OCUDOSE OPHTHALMIC SOLUTION | | 1 | |
| timolol maleate ophthalmic gel forming solution | | 1 | |
| timolol maleate ophthalmic solution | | 1 | |
| timolol maleate pf ophthalmic solution | Timolol Maleate Ocudose | 1 | |
| TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION | | 3 | |
| *Cholinergic Agonists*** | | | |
| TYRVAYA NASAL SOLUTION | | 3 | |
| *Cycloplegic Mydriatic Combinations*** | | | |
| CYCLOMYDRIL OPHTHALMIC SOLUTION | | 3 | |
| *Cycloplegic Mydriatics*** | | | |
| atropine sulfate ophthalmic solution 1 % | | 3 | |
| CYCLOGYL OPHTHALMIC SOLUTION | | 3 | |
| cyclopentolate hcl ophthalmic solution 1 % | Cyclogyl | 1 | |
| MYDRIACYL OPHTHALMIC SOLUTION | | 3 | |
| phenylephrine hcl ophthalmic solution 10 %, 2.5 % | Altafrin | 1 | |
| tropicamide ophthalmic solution | Mydriacyl | 1 | |
| *Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag*** | | | |
| XIIDRA OPHTHALMIC SOLUTION | | 2 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|-----------|------|-------|
| *Miotics - Cholinesterase Inhibitors*** | | | |
| PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED | | 3 | |
| *Miotics - Direct Acting*** | | | |
| MIOCHOL-E INTRAOCULAR SOLUTION RECONSTITUTED | | 3 | |
| MIOSTAT INTRAOCULAR SOLUTION | | 3 | |
| pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 % | | 1 | |
| *Ophthalmic Antiallergic*** | | | |
| ALOCRILOPHTHALMIC SOLUTION | | 3 | |
| azelastine hcl ophthalmic solution | | 1 | |
| bepotastine besilate ophthalmic solution | Bepreve | 1 | |
| BEPREVE OPHTHALMIC SOLUTION | | 3 | |
| cromolyn sodium ophthalmic solution | | 1 | |
| epinastine hcl ophthalmic solution | | 1 | |
| *Ophthalmic Antibiotics*** | | | |
| AZASITE OPHTHALMIC SOLUTION | | 3 | |
| besifloxacin hcl ophthalmic suspension | Besivance | 1 | |
| BESIVANCE OPHTHALMIC SUSPENSION | | 3 | |
| CILOXAN OPHTHALMIC OINTMENT | | 3 | |
| ciprofloxacin hcl ophthalmic solution | | 1 | |
| erythromycin ophthalmic ointment | | 1 | |
| gatifloxacin ophthalmic solution | | 1 | |
| gentamicin sulfate ophthalmic solution | | 1 | |
| levofloxacin ophthalmic solution | | 1 | |
| moxifloxacin hcl (2x day) ophthalmic solution | | 1 | |
| moxifloxacin hcl ophthalmic solution | Vigamox | 1 | |
| OCUFLOX OPHTHALMIC SOLUTION | | 3 | |
| ofloxacin ophthalmic solution | Ocuflox | 1 | |
| tobramycin ophthalmic solution | | 1 | |
| TOBREX OPHTHALMIC OINTMENT | | 3 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|-----------|------|-------|
| VIGAMOX OPHTHALMIC SOLUTION | | 3 | |
| *Ophthalmic Antifungal*** | | | |
| NATACYN OPHTHALMIC SUSPENSION | | 3 | |
| *Ophthalmic Anti-Infective Combinations*** | | | |
| bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm | | 1 | |
| neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000 | | 1 | |
| neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025 | | 1 | |
| polymyxin b-trimethoprim ophthalmic solution | | 1 | |
| *Ophthalmic Antiseptics*** | | | |
| BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION | | 3 | |
| *Ophthalmic Antivirals*** | | | |
| trifluridine ophthalmic solution | | 1 | |
| ZIRGAN OPHTHALMIC GEL | | 3 | |
| *Ophthalmic Carbonic Anhydrase Inhibitors*** | | | |
| AZOPT OPHTHALMIC SUSPENSION | | 3 | |
| brinzolamide ophthalmic suspension | Azopt | 1 | |
| dorzolamide hcl ophthalmic solution | | 1 | |
| *Ophthalmic Ectoparasiticide** | | | |
| XDEMVY OPHTHALMIC SOLUTION | | 2 | |
| *Ophthalmic Immunomodulators*** | | | |
| cyclosporine (pf) ophthalmic emulsion | Restasis | 1 | |
| RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % | | 2 | |
| RESTASIS OPHTHALMIC EMULSION | | 2 | |
| *Ophthalmic Local Anesthetics*** | | | |
| ALCAINE OPHTHALMIC SOLUTION | | 3 | |
| proparacaine hcl ophthalmic solution | Alcaine | 1 | |
| tetracaine hcl ophthalmic solution | Altacaine | 1 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|------------|------|--------|
| *Ophthalmic Nerve Growth Factors*** | | | |
| OXERVATE OPHTHALMIC SOLUTION | | 3 | PA; QL |
| *Ophthalmic Nonsteroidal Anti-Inflammatory Agents*** | | | |
| ACULAR LS OPHTHALMIC SOLUTION | | 3 | |
| ACULAR OPHTHALMIC SOLUTION | | 3 | |
| bromfenac sodium (once-daily) ophthalmic solution | | 1 | |
| bromfenac sodium ophthalmic solution 0.07 % | Prolensa | 1 | |
| bromfenac sodium ophthalmic solution 0.075 % | BromSite | 1 | |
| BROMSITE OPHTHALMIC SOLUTION | | 3 | |
| diclofenac sodium ophthalmic solution | | 1 | |
| flurbiprofen sodium ophthalmic solution | | 1 | |
| ILEVRO OPHTHALMIC SUSPENSION | | 3 | |
| ketorolac tromethamine ophthalmic solution | Acular | 1 | |
| NEVANAC OPHTHALMIC SUSPENSION | | 3 | |
| PROLENSA OPHTHALMIC SOLUTION | | 3 | |
| *Ophthalmic Selective Alpha Adrenergic Agonists*** | | | |
| ALPHAGAN P OPHTHALMIC SOLUTION | | 3 | |
| apraclonidine hcl ophthalmic solution | | 1 | |
| brimonidine tartrate ophthalmic solution | Alphagan P | 1 | |
| IOPIDINE OPHTHALMIC SOLUTION 1 % | | 3 | |
| *Ophthalmic Steroid Combinations*** | | | |
| bacitra-neomycin-polymyxin-hc ophthalmic ointment | | 1 | |
| loteprednol-tobramycin ophthalmic suspension | Zylet | 1 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|------------------|-------------|--------------|
| MAXITROL OPHTHALMIC OINTMENT | | 3 | |
| MAXITROL OPHTHALMIC SUSPENSION 0.1 % | | 3 | |
| neomycin-polymyxin-dexameth ophthalmic ointment | Maxitrol | 1 | |
| neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 | Maxitrol | 1 | |
| neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1 | | 1 | |
| sulfacetamide-prednisolone ophthalmic solution | | 1 | |
| TOBRADEX OPHTHALMIC OINTMENT | | 2 | |
| TOBRADEX ST OPHTHALMIC SUSPENSION | | 3 | |
| tobramycin-dexamethasone ophthalmic suspension | | 1 | |
| ZYLET OPHTHALMIC SUSPENSION | | 3 | |
| *Ophthalmic Steroids*** | | | |
| ALREX OPHTHALMIC SUSPENSION | | 3 | |
| dexamethasone sodium phosphate ophthalmic solution | | 1 | |
| difluprednate ophthalmic emulsion | Durezol | 1 | |
| DUREZOL OPHTHALMIC EMULSION | | 3 | |
| FLAREX OPHTHALMIC SUSPENSION | | 3 | |
| fluorometholone ophthalmic suspension | FML Liquifilm | 1 | |
| FML FORTE OPHTHALMIC SUSPENSION | | 3 | |
| INVELTYS OPHTHALMIC SUSPENSION | | 3 | |
| LOTEMAX OPHTHALMIC GEL | | 2 | |
| LOTEMAX OPHTHALMIC OINTMENT | | 2 | |
| LOTEMAX OPHTHALMIC SUSPENSION | | 3 | |
| LOTEMAX SM OPHTHALMIC GEL | | 2 | |
| loteprednol etabonate ophthalmic gel | Lotemax | 1 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|------------------|-------------|--------------|
| loteprednol etabonate ophthalmic suspension 0.5 % | Lotemax | 1 | |
| MAXIDEX OPHTHALMIC SUSPENSION | | 2 | |
| PRED MILD OPHTHALMIC SUSPENSION | | 2 | |
| prednisolone acetate ophthalmic suspension | Pred Forte | 1 | |
| prednisolone sodium phosphate ophthalmic solution | | 3 | |
| *Ophthalmic Sulfonamides*** | | | |
| sulfacetamide sodium ophthalmic solution | | 1 | |
| *Ophthalmics - Blepharoptosis Agents** | | | |
| UPNEEQ OPHTHALMIC SOLUTION | | 3 | PA; QL |
| *Ophthalmics - Cystinosis Agents** | | | |
| CYSTARAN OPHTHALMIC SOLUTION | | 3 | |
| *Ophthalmics Misc. - Other*** | | | |
| MIEBO OPHTHALMIC SOLUTION | | 2 | |
| *Prostaglandins - Ophthalmic*** | | | |
| bimatoprost ophthalmic solution 0.03 % | | 1 | |
| IYUZEH OPHTHALMIC SOLUTION | | 3 | |
| latanoprost ophthalmic solution | Xalatan | 1 | |
| LUMIGAN OPHTHALMIC SOLUTION 0.01 % | | 3 | |
| tafluprost (pf) ophthalmic solution | Zioptan | 1 | |
| TRAVATAN Z OPHTHALMIC SOLUTION | | 3 | |
| travoprost (bak free) ophthalmic solution | Travatan Z | 1 | |
| XALATAN OPHTHALMIC SOLUTION | | 3 | |
| ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % | | 3 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|------------|------|-------|
| *Otic Agents* | | | |
| *Otic Agents - Miscellaneous*** | | | |
| acetic acid otic solution | | 1 | |
| *Otic Analgesic Combinations*** | | | |
| PRAMOTIC OTIC LIQUID | | 3 | |
| *Otic Anti-Infectives*** | | | |
| CETRAXAL OTIC SOLUTION | | 3 | |
| ciprofloxacin hcl otic solution | Cetraxal | 1 | |
| ofloxacin otic solution | | 1 | |
| *Otic Steroid-Anti-Infective Combinations*** | | | |
| CIPRO HC OTIC SUSPENSION | | 3 | |
| ciprofloxacin-dexamethasone otic suspension | | 1 | |
| ciprofloxacin-hydrocortisone otic suspension | Cipro HC | 1 | |
| CORTISPORIN-TC OTIC SUSPENSION | | 3 | |
| neomycin-polymyxin-hc otic solution | | 1 | |
| neomycin-polymyxin-hc otic suspension | | 1 | |
| *Otic Steroids*** | | | |
| DERMOTIC OTIC OIL | | 3 | |
| fluocinolone acetonide otic oil | DermOtic | 1 | |
| hydrocortisone-acetic acid otic solution | | 1 | |
| *Oxytocics* | | | |
| *Oxytocics*** | | | |
| METHERGINE ORAL TABLET | | 1 | QL |
| methylergonovine maleate oral tablet | Methergine | 1 | QL |
| *Passive Immunizing And Treatment Agents* | | | |
| *Antiviral Monoclonal Antibodies*** | | | |
| BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | | ACA | |
| ENFLONSIA INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | | ACA | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|-----------|------|--------|
| *Immune Serums*** | | | |
| CUTAQUIG SUBCUTANEOUS SOLUTION | | 3 | PA; SP |
| CUVITRU SUBCUTANEOUS SOLUTION | | 3 | PA; SP |
| GAMMAGARD INJECTION SOLUTION | | 3 | PA; SP |
| GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML | | 3 | PA; SP |
| GAMUNEX-C INJECTION SOLUTION | | 3 | PA; SP |
| HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML | | 3 | PA; SP |
| HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | 3 | PA; SP |
| XEMBIFY SUBCUTANEOUS SOLUTION | | 3 | PA; SP |
| *Penicillins* | | | |
| *Aminopenicillins*** | | | |
| amoxicillin oral capsule | | 1 | |
| amoxicillin oral suspension reconstituted | | 1 | |
| amoxicillin oral tablet | | 1 | |
| amoxicillin oral tablet chewable 125 mg, 250 mg | | 1 | |
| ampicillin oral capsule 500 mg | | 1 | |
| ampicillin sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg | | 1 | |
| ampicillin sodium intravenous solution reconstituted | | 1 | |
| *Natural Penicillins*** | | | |
| penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml | | 3 | |
| penicillin g potassium injection solution reconstituted | Pfizerpen | 1 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|------------------|-------------|--------------|
| penicillin g sodium injection solution reconstituted | | 1 | |
| penicillin v potassium oral solution reconstituted | | 1 | |
| penicillin v potassium oral tablet | | 1 | |
| PFIZERPEN INJECTION SOLUTION RECONSTITUTED | | 1 | |
| *Penicillin Combinations*** | | | |
| amoxicillin-pot clavulanate er oral tablet extended release 12 hour | | 1 | |
| amoxicillin-pot clavulanate oral suspension reconstituted | Augmentin ES-600 | 1 | |
| amoxicillin-pot clavulanate oral tablet | | 1 | |
| ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm | Unasyn | 1 | |
| ampicillin-sulbactam sodium intravenous solution reconstituted | Unasyn | 1 | |
| AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED | | 3 | |
| AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML | | 3 | |
| piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3-0.375 gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm | | 1 | |
| UNASYN INJECTION SOLUTION RECONSTITUTED 1.5 (1-0.5) GM, 3 (2-1) GM | | 3 | |
| UNASYN INTRAVENOUS SOLUTION RECONSTITUTED 15 (10-5) GM | | 3 | |
| ZOSYN INTRAVENOUS SOLUTION | | 3 | |
| *Penicillinase-Resistant Penicillins*** | | | |
| dicloxacillin sodium oral capsule | | 1 | |
| nafcillin sodium in dextrose intravenous solution 2 gm/100ml | | 3 | |
| nafcillin sodium injection solution reconstituted 1 gm, 2 gm | | 1 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|------------------|-------------|--------------|
| nafillin sodium intravenous solution reconstituted 10 gm | | 1 | |
| oxacillin sodium in dextrose intravenous solution 2 gm/50ml | | 3 | |
| oxacillin sodium injection solution reconstituted 1 gm, 2 gm | | 1 | |
| oxacillin sodium intravenous solution reconstituted | | 1 | |
| *Progestins* | | | |
| *Progestins*** | | | |
| medroxyprogesterone acetate oral tablet | Provera | 1 | |
| megestrol acetate oral suspension 625 mg/5ml | | 1 | |
| norethindrone acetate oral tablet | Gallifrey | 1 | |
| progesterone oral capsule | Prometrium | 1 | |
| PROMETRIUM ORAL CAPSULE | | 3 | |
| PROVERA ORAL TABLET | | 3 | |
| *Psychotherapeutic And Neurological Agents - Misc.* | | | |
| *Alcohol Deterrents*** | | | |
| acamprosate calcium oral tablet delayed release | | 1 | |
| disulfiram oral tablet | | 1 | |
| *Anti-Cataplectic Agents*** | | | |
| LUMRYZ ORAL PACKET | | 3 | PA; SP; QL |
| LUMRYZ STARTER PACK ORAL THERAPY PACK | | 3 | PA; SP; QL |
| sodium oxybate oral solution | Xyrem | 3 | PA; QL |
| XYREM ORAL SOLUTION | | 3 | PA; QL |
| *Antisense Oligonucleotide (Aso) Inhibitor Agents*** | | | |
| WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | | 3 | PA; QL |
| *Benzodiazepines & Tricyclic Agents*** | | | |
| chlordiazepoxide-amitriptyline oral tablet | | 1 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|-----------|------|------------|
| *Cholinomimetics - Ache Inhibitors*** | | | |
| ARICEPT ORAL TABLET | | 3 | |
| donepezil hcl oral tablet | Aricept | 1 | |
| donepezil hcl oral tablet dispersible | | 1 | |
| EXELON TRANSDERMAL PATCH 24 HOUR | | 3 | |
| galantamine hydrobromide er oral capsule extended release 24 hour | | 1 | |
| galantamine hydrobromide oral solution | | 1 | |
| galantamine hydrobromide oral tablet | | 1 | |
| rivastigmine tartrate oral capsule | | 1 | |
| rivastigmine transdermal patch 24 hour | Exelon | 1 | |
| ZUNVEYL ORAL TABLET DELAYED RELEASE | | 3 | PA; QL |
| *Fibromyalgia Agent - Snris*** | | | |
| SAVELLA ORAL TABLET | | 3 | |
| SAVELLA TITRATION PACK ORAL | | 3 | |
| *Movement Disorder Drug Therapy*** | | | |
| AUSTEDO ORAL TABLET | | 3 | PA; SP; QL |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR | | 3 | PA; SP; QL |
| AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG | | 3 | PA; SP; QL |
| INGREZZA ORAL CAPSULE | | 3 | PA; SP; QL |
| INGREZZA ORAL CAPSULE SPRINKLE | | 3 | PA; SP; QL |
| INGREZZA ORAL CAPSULE THERAPY PACK | | 3 | PA; SP; QL |
| tetrabenazine oral tablet | Xenazine | 1 | PA; SP; QL |
| *Ms Agents - Pyrimidine Synthesis Inhibitors*** | | | |
| teriflunomide oral tablet | Aubagio | 1 | SP; QL |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|---------------------|-------------|--------------|
| *Multiple Sclerosis Agents - Antimetabolites*** | | | |
| cladribine (10 tabs) oral tablet therapy pack | Mavenclad (10 Tabs) | 1 | SP; QL |
| cladribine (4 tabs) oral tablet therapy pack | Mavenclad (4 Tabs) | 1 | SP; QL |
| cladribine (5 tabs) oral tablet therapy pack | Mavenclad (5 Tabs) | 1 | SP; QL |
| cladribine (6 tabs) oral tablet therapy pack | Mavenclad (6 Tabs) | 1 | SP; QL |
| cladribine (7 tabs) oral tablet therapy pack | Mavenclad (7 Tabs) | 1 | SP; QL |
| cladribine (8 tabs) oral tablet therapy pack | Mavenclad (8 Tabs) | 1 | SP; QL |
| cladribine (9 tabs) oral tablet therapy pack | Mavenclad (9 Tabs) | 1 | SP; QL |
| MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK | | 3 | SP; QL |
| MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK | | 3 | SP; QL |
| MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK | | 3 | SP; QL |
| MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK | | 3 | SP; QL |
| MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK | | 3 | SP; QL |
| MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK | | 3 | SP; QL |
| MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK | | 3 | SP; QL |
| *Multiple Sclerosis Agents - Interferons*** | | | |
| AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT | | 2 | SP; QL |
| AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT | | 2 | SP; QL |
| BETASERON SUBCUTANEOUS KIT | | 2 | SP; QL |
| REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR | | 2 | SP; QL |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|-----------|------|--------|
| REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | | 2 | SP; QL |
| REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | 2 | SP; QL |
| REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | 2 | SP; QL |
| *Multiple Sclerosis Agents - Monoclonal Antibodies*** | | | |
| KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | | 2 | SP; QL |
| *Multiple Sclerosis Agents - Nrf2 Pathway Activators*** | | | |
| dimethyl fumarate oral capsule delayed release | Tecfidera | 1 | SP; QL |
| dimethyl fumarate starter pack oral capsule delayed release therapy pack | Tecfidera | 1 | SP; QL |
| *Multiple Sclerosis Agents - Potassium Channel Blockers*** | | | |
| dalfampridine er oral tablet extended release 12 hour | Ampyra | 1 | SP |
| *Multiple Sclerosis Agents*** | | | |
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | 2 | SP; QL |
| glatiramer acetate subcutaneous solution prefilled syringe | Glatopa | 1 | SP; QL |
| GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | 1 | SP; QL |
| *N-Methyl-D-Aspartate (Nmda) Receptor Antagonists*** | | | |
| memantine hcl er oral capsule extended release 24 hour | | 1 | |
| memantine hcl oral solution 2 mg/ml | | 1 | |
| memantine hcl oral tablet | | 1 | |
| *Phenothiazines & Tricyclic Agents*** | | | |
| perphenazine-amitriptyline oral tablet | | 1 | |
| *Postherpetic Neuralgia (Phn)/Neuropathic Pain Agents*** | | | |
| LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR | | 3 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|------------------|-------------|--------------|
| pregabalin er oral tablet extended release 24 hour | Lyrica CR | 1 | |
| *Premenstrual Dysphoric Disorder (Pmdd) Agents - Ssris*** | | | |
| fluoxetine hcl (pmdd) oral tablet | | 1 | |
| *Pseudobulbar Affect Agent Combinations*** | | | |
| NUEDEXTA ORAL CAPSULE | | 3 | |
| *Psychotherapeutic And Neurological Agents - Misc.*** | | | |
| pimozide oral tablet | | 1 | |
| *Smoking Deterrents*** | | | |
| bupropion hcl er (smoking det) oral tablet extended release 12 hour | | ACA | |
| CHANTIX STARTING MONTH PAK ORAL TABLET THERAPY PACK | | ACA | |
| cvs nicotine mouth/throat gum | KLS Quit2 | ACA | |
| cvs nicotine mouth/throat lozenge | KLS Quit2 | ACA | |
| cvs nicotine polacrilex mouth/throat gum | KLS Quit2 | ACA | |
| cvs nicotine polacrilex mouth/throat lozenge | KLS Quit2 | ACA | |
| cvs nicotine transdermal patch 24 hour | Habitrol | ACA | |
| eq nicotine mouth/throat lozenge | KLS Quit4 | ACA | |
| eq nicotine polacrilex mouth/throat gum | KLS Quit2 | ACA | |
| eq nicotine polacrilex mouth/throat lozenge | KLS Quit2 | ACA | |
| eq nicotine step 3 transdermal patch 24 hour | Nicoderm CQ | ACA | |
| eq nicotine transdermal patch 24 hour 14 mg/24hr | Nicoderm CQ | ACA | |
| eq nicotine transdermal patch 24 hour 21 mg/24hr | Habitrol | ACA | |
| gnp nicotine mini mouth/throat lozenge | KLS Quit2 | ACA | |
| gnp nicotine mouth/throat gum 4 mg | KLS Quit4 | ACA | |
| gnp nicotine polacrilex mouth/throat gum | KLS Quit2 | ACA | |
| gnp nicotine polacrilex mouth/throat lozenge | KLS Quit2 | ACA | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|------------------|-------------|--------------|
| gnp nicotine transdermal patch 24 hour | Habitrol | ACA | |
| goodsense nicotine mouth/throat gum | KLS Quit2 | ACA | |
| goodsense nicotine mouth/throat lozenge | KLS Quit2 | ACA | |
| HABITROL TRANSDERMAL PATCH 24 HOUR | | ACA | |
| KLS QUIT2 MOUTH/THROAT GUM | | ACA | |
| KLS QUIT2 MOUTH/THROAT LOZENGE | | ACA | |
| KLS QUIT4 MOUTH/THROAT GUM | | ACA | |
| KLS QUIT4 MOUTH/THROAT LOZENGE | | ACA | |
| NICODERM CQ TRANSDERMAL PATCH 24 HOUR | | ACA | |
| NICORETTE MINI MOUTH/THROAT LOZENGE | | ACA | |
| NICORETTE MOUTH/THROAT GUM | | ACA | |
| NICORETTE MOUTH/THROAT LOZENGE | | ACA | |
| NICORETTE STARTER KIT MOUTH/THROAT GUM | | ACA | |
| nicotine mini mouth/throat lozenge | KLS Quit2 | ACA | |
| nicotine polacrilex mini mouth/throat lozenge | KLS Quit2 | ACA | |
| nicotine polacrilex mouth/throat gum | KLS Quit2 | ACA | |
| nicotine polacrilex mouth/throat lozenge | KLS Quit2 | ACA | |
| nicotine step 1 transdermal patch 24 hour | Habitrol | ACA | |
| nicotine step 2 transdermal patch 24 hour | Nicoderm CQ | ACA | |
| nicotine step 3 transdermal patch 24 hour | Nicoderm CQ | ACA | |
| nicotine transdermal kit | | ACA | |
| nicotine transdermal patch 24 hour | Habitrol | ACA | |
| NICOTROL NS NASAL SOLUTION | | ACA | |
| qc nicotine transdermal system transdermal patch 24 hour | Habitrol | ACA | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|----------------------------|-------------|--------------|
| sm nicotine mouth/throat gum | KLS Quit4 | ACA | |
| sm nicotine mouth/throat lozenge | KLS Quit2 | ACA | |
| sm nicotine polacrilex mouth/throat lozenge 4 mg | KLS Quit4 | ACA | |
| THRIVE MOUTH/THROAT GUM 2 MG | | ACA | |
| varenicline tartrate (starter) oral tablet therapy pack | Chantix Starting Month Pak | ACA | |
| varenicline tartrate oral tablet 0.5 mg, 1 mg | Chantix | ACA | |
| *Sphingosine 1-Phosphate (S1p) Receptor Modulators*** | | | |
| fingolimod hcl oral capsule | Gilenya | 1 | SP; QL |
| GILENYA ORAL CAPSULE 0.25 MG | | 3 | SP; QL |
| MAYZENT ORAL TABLET | | 3 | SP; QL |
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK | | 3 | SP; QL |
| TASCENSO ODT ORAL TABLET DISPERSIBLE | | 2 | PA; AL; QL |
| ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK | | 2 | PA; SP; QL |
| ZEPOSIA ORAL CAPSULE | | 2 | PA; SP; QL |
| ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21) | | 2 | PA; SP; QL |
| *Thienbenzodiazepines & Opioid Antagonists*** | | | |
| LYBALVI ORAL TABLET | | 3 | QL |
| *Thienbenzodiazepines & Ssris*** | | | |
| olanzapine-fluoxetine hcl oral capsule | | 1 | |
| *Respiratory Agents - Misc.* | | | |
| *Cftr Potentiators*** | | | |
| KALYDECO ORAL PACKET 13.4 MG, 25 MG, 50 MG, 75 MG | | 3 | PA; SP; QL |
| KALYDECO ORAL PACKET 5.8 MG | | 3 | PA; SP |
| KALYDECO ORAL TABLET | | 3 | PA; SP; QL |
| *Cystic Fibrosis Agent - Combinations*** | | | |
| ALYFTREK ORAL TABLET | | 3 | PA; SP; QL |
| ORKAMBI ORAL PACKET | | 3 | PA; SP; QL |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|----------------|------|------------|
| ORKAMBI ORAL TABLET | | 3 | PA; SP; QL |
| SYMDEKO ORAL TABLET THERAPY PACK | | 3 | PA; SP; QL |
| TRIKAFTA ORAL TABLET THERAPY PACK | | 3 | PA; SP; QL |
| TRIKAFTA ORAL THERAPY PACK | | 3 | PA; SP; QL |
| *Dipeptidyl Peptidase 1 (Dpp1) Inhibitors*** | | | |
| BRINSUPRI ORAL TABLET | | 3 | PA; SP; QL |
| *Hydrolytic Enzymes*** | | | |
| PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML | | 2 | SP |
| *Pulmonary Fibrosis Agents - Kinase Inhibitors*** | | | |
| OFEV ORAL CAPSULE | | 3 | PA; SP; QL |
| *Pulmonary Fibrosis Agents - Phosphodiesterase 4 (Pde4) Inhibitors*** | | | |
| JASCAYD ORAL TABLET | | 3 | PA; SP; QL |
| *Pulmonary Fibrosis Agents*** | | | |
| pirfenidone oral capsule | | 1 | PA; SP; QL |
| pirfenidone oral tablet 267 mg, 801 mg | Esbriet | 1 | PA; SP; QL |
| pirfenidone oral tablet 534 mg | | 2 | PA; QL |
| *Respiratory Agents - Misc.*** | | | |
| CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5ML, 240 MG/3ML | | 3 | |
| *Sulfonamides* | | | |
| *Sulfonamides*** | | | |
| sulfadiazine oral tablet | | 1 | |
| *Tetracyclines* | | | |
| *Tetracyclines*** | | | |
| demeclocycline hcl oral tablet | | 1 | |
| doxycycline hyclate oral capsule | | 1 | |
| doxycycline hyclate oral tablet 100 mg, 20 mg | | 1 | |
| doxycycline monohydrate oral capsule 100 mg | Mondoxylene NL | 1 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|----------------|------|-------|
| doxycycline monohydrate oral capsule 50 mg | | 1 | |
| doxycycline monohydrate oral suspension reconstituted | | 1 | |
| doxycycline monohydrate oral tablet | | 1 | |
| minocycline hcl oral capsule | | 1 | |
| minocycline hcl oral tablet | | 1 | |
| MONDOXYNE NL ORAL CAPSULE 100 MG | | 1 | |
| tetracycline hcl oral capsule | | 1 | |
| *Thyroid Agents* | | | |
| *Antithyroid Agents - Radiopharmaceuticals*** | | | |
| sodium iodide i-131 oral solution | | 3 | |
| *Antithyroid Agents*** | | | |
| methimazole oral tablet | | 1 | |
| propylthiouracil oral tablet | | 1 | |
| *Thyroid Hormones*** | | | |
| ARMOUR THYROID ORAL TABLET | | 2 | |
| CYTOMEL ORAL TABLET | | 3 | |
| EVEXITHROID ORAL TABLET | | 2 | |
| LEVO-T ORAL TABLET | | 1 | PREV |
| levothyroxine sodium oral capsule | Tirosint | 1 | |
| levothyroxine sodium oral tablet | Levo-T | 1 | PREV |
| LEVOXYL ORAL TABLET | | 1 | PREV |
| liothyronine sodium oral tablet | Cytomel | 1 | |
| niva thyroid oral tablet | Armour Thyroid | 2 | |
| NP THYROID ORAL TABLET | | 2 | |
| RENTHYROID ORAL TABLET 45 MG | | 2 | |
| RENTHYROID ORAL TABLET 75 MG | | 2 | PREV |
| SYNTHROID ORAL TABLET | | 2 | |
| TIROSINT ORAL CAPSULE | | 3 | |
| TIROSINT-SOL ORAL SOLUTION | | 3 | |
| UNITHROID ORAL TABLET | | 1 | PREV |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|-----------|------|-------|
| *Toxoids* | | | |
| *Toxoid Combinations*** | | | |
| ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 | | ACA | |
| ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | | ACA | |
| BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | | ACA | |
| DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 | | ACA | |
| INFANRIX INTRAMUSCULAR SUSPENSION | | ACA | |
| KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | | ACA | |
| PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | | ACA | |
| PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED | | ACA | |
| QUADRACEL INTRAMUSCULAR SUSPENSION | | ACA | |
| QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | | ACA | |
| TENIVAC INTRAMUSCULAR SUSPENSION | | ACA | |
| *Ulcer Drugs/Antispasmodics/Anticholinergics* | | | |
| *Anticholinergic Combinations*** | | | |
| chlordiazepoxide-clidinium oral capsule | Librax | 1 | |
| LIBRAX ORAL CAPSULE | | 3 | |
| *Antispasmodics*** | | | |
| dicyclomine hcl oral capsule | | 1 | |
| dicyclomine hcl oral solution 10 mg/5ml | | 1 | |
| dicyclomine hcl oral tablet 20 mg | | 1 | |
| *Belladonna Alkaloids*** | | | |
| hyoscyamine sulfate er oral tablet extended release 12 hour | Levbid | 1 | |
| hyoscyamine sulfate oral elixir | | 1 | |
| hyoscyamine sulfate oral solution | | 1 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|-----------|------|-------|
| hyoscyamine sulfate oral tablet | Levsin | 1 | |
| hyoscyamine sulfate oral tablet dispersible | NuLev | 1 | |
| hyoscyamine sulfate sublingual tablet sublingual | Levsin/SL | 1 | |
| hyosyne oral elixir | | 1 | |
| hyosyne oral solution | | 1 | |
| NULEV ORAL TABLET DISPERSIBLE | | 1 | |
| oscimin oral tablet | Levsin | 1 | |
| oscimin sublingual tablet sublingual | Levsin/SL | 1 | |
| *H-2 Antagonists*** | | | |
| cimetidine hcl oral solution 300 mg/5ml | | 1 | |
| cimetidine oral tablet 300 mg, 400 mg, 800 mg | | 1 | |
| famotidine oral suspension reconstituted | | 1 | |
| famotidine oral tablet 40 mg | Pepcid | 1 | |
| nizatidine oral capsule | | 1 | |
| *Misc. Anti-Ulcer*** | | | |
| CARAFATE ORAL TABLET | | 3 | |
| sucralfate oral suspension | | 1 | |
| sucralfate oral tablet | Carafate | 1 | |
| *Ppi - Potassium-Competitive Acid Blockers (P-Cab)*** | | | |
| VOQUEZNA ORAL TABLET | | 2 | |
| *Proton Pump Inhibitors*** | | | |
| FIRST-LANSOPRAZOLE ORAL SUSPENSION | | 2 | |
| lansoprazole oral capsule delayed release | Prevacid | 1 | |
| omeprazole oral capsule delayed release | | 1 | |
| pantoprazole sodium oral packet | Protonix | 1 | |
| pantoprazole sodium oral tablet delayed release | Protonix | 1 | |
| PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG | | 3 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|-----------|------|-------|
| *Quaternary Anticholinergics*** | | | |
| CUVPOSA ORAL SOLUTION | | 3 | |
| glycopyrrolate oral solution | Cuvposa | 1 | |
| glycopyrrolate oral tablet 1 mg, 2 mg | | 1 | |
| methscopolamine bromide oral tablet | | 1 | |
| *Ulcer Anti-Infective W/ Bismuth Combinations*** | | | |
| bismuth/metronidaz/tetracyclin oral capsule | Pylera | 1 | |
| PYLERA ORAL CAPSULE | | 3 | |
| *Ulcer Anti-Infective W/ Proton Pump Inhibitors*** | | | |
| amoxicill-clarithro-lansopraz oral therapy pack | | 1 | |
| *Ulcer Drugs - Prostaglandins*** | | | |
| CYTOTEC ORAL TABLET | | 3 | |
| misoprostol oral tablet | Cytotec | 1 | |
| *Urinary Antispasmodics* | | | |
| *Urinary Antispasmodic - Antimuscarinic (Anticholinergic)*** | | | |
| darifenacin hydrobromide er oral tablet extended release 24 hour | | 1 | |
| fesoterodine fumarate er oral tablet extended release 24 hour | Toviaz | 1 | |
| oxybutynin chloride er oral tablet extended release 24 hour | | 1 | |
| oxybutynin chloride oral tablet 5 mg | | 1 | |
| OXYTROL TRANSDERMAL PATCH TWICE WEEKLY | | 3 | |
| solifenacin succinate oral tablet | VESIcare | 1 | |
| tolterodine tartrate er oral capsule extended release 24 hour | | 1 | |
| tolterodine tartrate oral tablet | | 1 | |
| TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR | | 3 | |
| trospium chloride er oral capsule extended release 24 hour | | 1 | |
| trospium chloride oral tablet | | 1 | |
| VESICARE ORAL TABLET | | 3 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|-----------|------|-------|
| *Urinary Antispasmodics - Beta-3 Adrenergic Agonists*** | | | |
| mirabegron er oral tablet extended release 24 hour | Myrbetriq | 1 | |
| MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER | | 2 | |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR | | 3 | |
| *Urinary Antispasmodics - Cholinergic Agonists*** | | | |
| bethanechol chloride oral tablet | | 1 | |
| *Urinary Antispasmodics - Direct Muscle Relaxants*** | | | |
| flavoxate hcl oral tablet | | 1 | |
| *Vaccines* | | | |
| *Bacterial Vaccines*** | | | |
| ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED | | ACA | |
| bcg vaccine injection solution reconstituted | | ACA | |
| BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | | ACA | |
| CAPVAXIVE INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | | ACA | |
| HIBERIX INJECTION SOLUTION RECONSTITUTED | | ACA | |
| MENQUADFI INTRAMUSCULAR SOLUTION | | ACA | |
| MENVEO INTRAMUSCULAR SOLUTION | | ACA | |
| MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED | | ACA | |
| PEDVAX HIB INTRAMUSCULAR SUSPENSION | | ACA | |
| PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED | | ACA | |
| penmenvy intramuscular suspension reconstituted | | ACA | |
| PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE | | 3 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|------------------|-------------|--------------|
| PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | | ACA | |
| TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | | ACA | |
| VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | | ACA | |
| *Viral Vaccine Combinations*** | | | |
| M-M-R II INJECTION SOLUTION RECONSTITUTED | | ACA | |
| PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED | | ACA | |
| PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED | | ACA | |
| TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | | ACA | |
| *Viral Vaccines*** | | | |
| ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED | | ACA | |
| ACAM2000 INJECTION SOLUTION RECONSTITUTED | | ACA | |
| AFLURIA INTRAMUSCULAR SUSPENSION | | ACA | |
| AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | | ACA | |
| AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED | | ACA | |
| AUDENZ INTRAMUSCULAR EMULSION | | ACA | |
| AUDENZ INTRAMUSCULAR PREFILLED SYRINGE | | ACA | |
| COMIRNATY 5-11 YEARS INTRAMUSCULAR SUSPENSION | | ACA | |
| COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | | ACA | |
| ENGERIX-B INJECTION SUSPENSION 20 MCG/ML | | ACA | |
| ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE | | ACA | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|------------------|-------------|--------------|
| FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | | ACA | |
| FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | | ACA | |
| FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | | ACA | |
| FLUCELVAX INTRAMUSCULAR SUSPENSION | | ACA | |
| FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | | ACA | |
| FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | | ACA | |
| FLUMIST NASAL LIQUID | | ACA | |
| FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | | ACA | |
| FLUZONE INTRAMUSCULAR SUSPENSION | | ACA | |
| FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | | ACA | |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION | | ACA | |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | | ACA | |
| HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | | ACA | |
| HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | | ACA | |
| IPOL INJECTION SUSPENSION | | ACA | |
| JYNNEOS SUBCUTANEOUS SUSPENSION | | ACA | |
| MNEXSPIKE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | | ACA | |
| MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | | ACA | |
| nuvaxovid covid-19 vaccine intramuscular suspension prefilled syringe | | ACA | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|--|-----------|------|-------|
| RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML | | ACA | |
| RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE | | ACA | |
| ROTARIX ORAL SUSPENSION | | ACA | |
| ROTATEQ ORAL SOLUTION | | ACA | |
| SHINGRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | | ACA | AL |
| SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML | | ACA | AL |
| SPIKEVAX 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | | ACA | |
| SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | | ACA | |
| VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML | | ACA | |
| VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | | ACA | |
| VARIVAX INJECTION SUSPENSION RECONSTITUTED | | 3 | |
| *Vaginal And Related Products* | | | |
| *Imidazole-Related Antifungals*** | | | |
| GYNAZOLE-1 VAGINAL CREAM | | 3 | |
| terconazole vaginal cream | | 1 | |
| terconazole vaginal suppository | | 1 | |
| *Miscellaneous Vaginal Products*** | | | |
| INTRAROSA VAGINAL INSERT | | 3 | |
| *Spermicides*** | | | |
| ENCARE VAGINAL SUPPOSITORY | | ACA | |
| OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL | | ACA | |
| TODAY SPONGE VAGINAL | | ACA | |
| VCF VAGINAL CONTRACEPTIVE VAGINAL FILM | | ACA | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|------------------|-------------|--------------|
| VCF VAGINAL CONTRACEPTIVE VAGINAL GEL | | ACA | |
| *Vaginal Anti-Infectives*** | | | |
| CLEOCIN VAGINAL CREAM | | 3 | |
| CLEOCIN VAGINAL SUPPOSITORY | | 3 | |
| clindamycin phosphate vaginal cream | Cleocin | 1 | |
| CLINDESSE VAGINAL CREAM | | 3 | |
| metronidazole vaginal gel | Vandazole | 1 | |
| VANDAZOLE VAGINAL GEL | | 3 | |
| XACIATO VAGINAL GEL | | 3 | PA; QL |
| *Vaginal Estrogens*** | | | |
| estradiol vaginal tablet | Yuvaferm | 1 | |
| FEMRING VAGINAL RING | | 3 | |
| IMVEXXY MAINTENANCE PACK VAGINAL INSERT | | 3 | |
| IMVEXXY STARTER PACK VAGINAL INSERT | | 3 | |
| PREMARIN VAGINAL CREAM | | 2 | |
| VAGIFEM VAGINAL TABLET 10 MCG | | 3 | |
| YUVAFEM VAGINAL TABLET | | 1 | |
| *Vasopressors* | | | |
| *Anaphylaxis Therapy Agents*** | | | |
| epinephrine injection solution auto-injector | Auvi-Q | 1 | QL |
| EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR | | 3 | QL |
| EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR | | 3 | QL |
| *Vasopressors*** | | | |
| midodrine hcl oral tablet | | 1 | |
| *Vitamins* | | | |
| *Vitamin D*** | | | |
| DRISDOL ORAL CAPSULE | | 3 | |
| ergocalciferol oral capsule | Drisdol | 1 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization
PREV=Preventive Drugs for HSA Plans SP= Specialty Medication
ST=Step Therapy QL=Quantity Limits TF=Trial Fill
Effective as of 4/1/2026

| Drug | Reference | Tier | Notes |
|---|------------------|-------------|--------------|
| vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut) | Drisdol | 1 | |
| *Vitamin K*** | | | |
| phytonadione injection solution 1 mg/0.5ml | | 1 | |
| phytonadione oral tablet | | 1 | |
| vitamin k1 injection solution 1 mg/0.5ml | | 1 | |

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

Standard 3-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

ST=Step Therapy QL=Quantity Limits TF=Trial Fill

Effective as of 4/1/2026

Index

| | | | | | |
|---|---------|---|--------|---|-----|
| abacavir sulfate | 68 | ACTOPLUS MET | 36 | ALOCRIIL..... | 146 |
| abacavir sulfate-lamivudine | 65 | ACTOS | 36 | ALORA..... | 106 |
| ABILIFY | 65 | ACULAR..... | 148 | alose tron hcl | 109 |
| ABILIFY ASIMTUFII..... | 64 | ACULAR LS..... | 148 | ALPHAGAN P..... | 148 |
| ABILIFY MAINTENA..... | 64, 65 | acyclovir | 70, 92 | alprazolam | 17 |
| ABIRTEGA..... | 50 | ACZONE..... | 87 | ALPRAZOLAM INTENSOL.... | 17 |
| ABRYSVO..... | 167 | ADACEL..... | 163 | ALREX..... | 149 |
| ABSORICA..... | 88 | adalimumab-aacf (2 pen) | 5 | ALTAVERA..... | 78 |
| ACAM2000..... | 167 | adalimumab-aacf (2 syringe) | 5 | ALUNBRIG..... | 51 |
| acamprosate calcium | 154 | adalimumab-aacf(cd/uc/hs strt) | 6 | ALVAIZ..... | 117 |
| ACANYA..... | 88 | adalimumab-aacf(ps/uv starter) | 6 | alyacen 1/35 | 78 |
| acarbose | 32 | adapalene | 88 | alyacen 7/7/7 | 84 |
| ACCOLATE..... | 21 | adapalene-benzoyl peroxide | 88 | ALYFTREK..... | 160 |
| ACCU-CHEK AVIVA..... | 125 | ADDERALL..... | 1 | ALYQ..... | 75 |
| ACCU-CHEK AVIVA PLUS | 98, 125 | ADDERALL XR..... | 1 | amantadine hcl | 60 |
| ACCU-CHEK FASTCLIX | 125 | adefovir dipivoxil | 69 | AMBIEN..... | 118 |
| LANCET..... | 125 | ADEMPAS..... | 74 | AMBIEN CR..... | 118 |
| ACCU-CHEK FASTCLIX | 125 | ADZENYS XR-ODT..... | 1 | ambrisentan | 74 |
| LANCETS..... | 125 | AEROCHAMBER PLUS FLO- | | amcinonide | 93 |
| ACCU-CHEK GUIDE..... | 125 | VU..... | 127 | AMETHYST..... | 82 |
| ACCU-CHEK GUIDE | 125 | AFINITOR DISPERZ..... | 54 | amikacin sulfate | 5 |
| CONTROL..... | 125 | AFIRMELLE..... | 78 | amiloride hcl | 100 |
| ACCU-CHEK GUIDE ME..... | 125 | AFLURIA..... | 167 | amiloride-hydrochlorothiazide | 100 |
| ACCU-CHEK GUIDE TEST.... | 98 | AFLURIA PRESERVATIVE |  | ..... | 100 |
| ACCU-CHEK SAFE-T PRO | 125 | FREE..... | 167 | aminocaproic acid | 118 |
| LANCETS..... | 125 | AFTERA..... | 82 | amiodarone hcl | 18 |
| ACCU-CHEK SMARTVIEW ... | 98 | AFTERPILL..... | 82 | AMITIZA..... | 108 |
| ACCU-CHEK SMARTVIEW | 125 | AGRYLIN..... | 115 | amitriptyline hcl | 31 |
| CONTROL..... | 125 | AIMOVIG..... | 127 | AMJEVITA-PED.10KG.TO..... | 6 |
| ACCU-CHEK SOFTCLIX | 125 | aimsco lubricated | 123 | AMJEVITA-PED.15KG.TO..... | 6 |
| LANCET DEV..... | 125 | AIRSUPRA..... | 18 | amlodipine besy-benazepril | |
| ACCU-CHEK SOFTCLIX | 125 | AJOVY..... | 127 | hcl | 42 |
| LANCETS..... | 125 | ala-cort | 92 | amlodipine besylate | 72 |
| ACCUTANE..... | 88 | albendazole | 16 | amlodipine besylate-valsartan | 43 |
| ACCUTREND GLUCOSE..... | 98 | albuterol sulfate | 20 | amlodipine-atorvastatin | 73 |
| ACCUTREND GLUCOSE | 125 | albuterol sulfate hfa | 20 | amlodipine-olmesartan | 43 |
| CONTROL..... | 125 | ALCAINE..... | 147 | amlodipine-valsartan-hctz | 44 |
| acebutolol hcl | 71 | alclometasone dipropionate | 92, 93 | AMNESTEEM..... | 88 |
| acetaminophen-codeine | 11 | ..... |  | amoxapine | 31 |
| acetazolamide | 99 | ALDACTONE..... | 100 | amoxicill-clarithro-lansopraz | 165 |
| acetazolamide er | 99 | ALECENSA..... | 51 | amoxicillin | 152 |
| acetic acid | 151 | alendronate sodium | 101 | amoxicillin-pot clavulanate | 153 |
| acetylcysteine | 87 | alfuzosin hcl er | 111 | amoxicillin-pot clavulanate er | 153 |
| acitretin | 90 | aliskiren fumarate | 45 | amphetamine er | 1 |
| ACTHIB..... | 166 | ALKINDI SPRINKLE..... | 85 | amphetamine-dextroamphet | |
| ACTIFLOVIT EAR HEALTH. | 142 | ALLBEE/C..... | 135 | er | 1 |
| ACTIMMUNE..... | 56 | allopurinol | 113 | amphetamine- | |
| ACTIVELLA..... | 106 | almotriptan malate | 128 | dextroamphetamine | 1 |
| ACTONEL..... | 101 | | | amphet-dextroamphet 3-bead | |
| | | | | er | 1 |

| | | | | | |
|--|-----|--|-----|---|----------|
| ampicillin | 152 | aspirin childrens | 8 | AVYCAZ..... | 75 |
| ampicillin sodium | 152 | aspirin ec adult low dose | 8 | AYUNA..... | 78 |
| ampicillin-sulbactam sodium | 153 | aspirin ec low dose | 8 | AYVAKIT..... | 55 |
| AMZEEQ..... | 87 | aspirin ec low strength | 9 | AZACTAM..... | 48 |
| ANAFRANIL..... | 31 | aspirin low dose | 9 | AZASAN..... | 132 |
| anagrelide hcl | 115 | aspirin regimen | 9 | AZASITE..... | 146 |
| anastrozole | 57 | aspirin-dipyridamole er | 114 | azathioprine | 132 |
| ANDEMBRY..... | 114 | ASTAGRAF XL..... | 131 | azelaic acid | 97 |
| ANGELIQ..... | 106 | ATABEX EC..... | 139 | azelastine hcl | 143, 146 |
| ANNOVERA..... | 82 | ATACAND..... | 43 | AZELEX..... | 88 |
| ANORO ELLIPTA..... | 18 | ATACAND HCT..... | 43 | AZILECT..... | 60 |
| anti-oxidant | 137 | atazanavir sulfate | 67 | azithromycin | 122 |
| ANUSOL-HC..... | 15 | AELVIA..... | 101 | AZOPT..... | 147 |
| ANZEMET..... | 37 | atenolol | 71 | AZOR..... | 43 |
| ALENZIN..... | 29 | atenolol-chlorthalidone | 45 | aztreonam | 48 |
| APOKYN..... | 61 | ATIVAN..... | 17 | AZULFIDINE..... | 109 |
| apomorphine hcl | 61 | atomoxetine hcl | 1 | AZULFIDINE EN-TABS..... | 109 |
| apraclonidine hcl | 148 | atorvastatin calcium | 41 | AZURETTE..... | 78 |
| aprepitant | 38 | atovaquone | 46 | b complex (lipotropics) | 142 |
| APRETUDE..... | 67 | atovaquone-proguanil hcl | 49 | b complex 100 tr | 135 |
| APRI..... | 78 | ATRALIN..... | 88 | b complex formula 1 (lipotrop) | 142 |
| APRISO..... | 109 | atropine sulfate | 145 | b complex formula 1 (w/ fa) | 135 |
| APTIOM..... | 24 | ATROVENT HFA..... | 20 | b complex-c | 135 |
| APTIVUS..... | 67 | ATTRUBY..... | 75 | b complex-c-biotin-e-fa | 135 |
| ARAKODA..... | 49 | AUBRA EQ..... | 78 | b complex-c-folic acid | 134 |
| ARANELLE..... | 84 | AUDENZ..... | 167 | b-100 b-complex | 135 |
| ARANESP (ALBUMIN FREE) | 116 | AUGMENTIN..... | 153 | b-100 complex cr | 135 |
| ARAVA..... | 8 | AUGMENTIN ES-600..... | 153 | b-100 tr | 135 |
| ARBLI..... | 43 | AUGTYRO..... | 56 | b-50 complex | 136 |
| ARCALYST..... | 6 | AUROVELA 1.5/30..... | 78 | bacitracin-polymyxin b | 147 |
| AREXVY..... | 167 | AUROVELA 1/20..... | 78 | bacitra-neomycin-polymyxin- hc | 148 |
| arformoterol tartrate | 20 | AUROVELA 24 FE..... | 78 | baclofen | 142 |
| ARICEPT..... | 155 | AUROVELA FE 1.5/30..... | 78 | BACTRIM..... | 45 |
| ARIDOL..... | 98 | AUROVELA FE 1/20..... | 78 | BACTRIM DS..... | 45 |
| ARIKAYCE..... | 5 | AURYXIA..... | 111 | balance b-100 | 142 |
| ARIMIDEX..... | 57 | AUSTEDO..... | 155 | balance b-50 | 136 |
| aripiprazole | 65 | AUSTEDO XR..... | 155 | balanced b complex | 136 |
| ARISTADA..... | 65 | AUSTEDO XR PATIENT TITRATION..... | 155 | balanced b-100 | 136 |
| ARISTADA INITIO..... | 65 | AUTOLET II CLINISAFE..... | 125 | balanced b-50 complex | 142 |
| ARIXTRA..... | 23 | AUTOLET LITE CLINISAFE..... | 125 | balanced b-50/fa | 136 |
| armodafinil | 2 | AUTOLET LITE STARTER PACK..... | 125 | BALCOLTRA..... | 78 |
| ARMOUR THYROID..... | 162 | AVALIDE..... | 43 | balsalazide disodium | 109 |
| ARNUITY ELLIPTA..... | 21 | AVAPRO..... | 44 | BALVERSA..... | 53 |
| AROMASIN..... | 57 | AVERI..... | 78 | BALZIVA..... | 78 |
| ARTHROTEC..... | 6 | AVIANE..... | 78 | BANZEL..... | 24 |
| asenapine maleate | 63 | AVMAPKI FAKZYNJA CO- PACK..... | 56 | BAQSIMI ONE PACK..... | 32 |
| ASHLYNA..... | 83 | AVODART..... | 111 | BAQSIMI TWO PACK..... | 32 |
| aspirin | 9 | AVONEX PEN..... | 156 | BARACLUDGE..... | 69 |
| aspirin 81 | 8 | AVONEX PREFILLED..... | 156 | BAXDELA..... | 107 |
| aspirin adult low dose | 8 | | | | |
| aspirin adult low strength | 8 | | | | |

| | | | |
|--|--------------------------------------|---------|---|
| BAYER ADVANCED | BEXSERO..... | 166 | budesonide-formoterol |
| ASPIRIN REG ST..... | BEYAZ..... | 78 | fumarate |
| BAYER ASPIRIN..... | BEYFORTUS..... | 151 | bumetanide |
| BAYER ASPIRIN EC LOW | bicalutamide | 50 | BUMEX..... |
| DOSE..... | BIDIL..... | 74 | buprenorphine |
| BAYER LOW DOSE..... | BIG 100..... | 135 | buprenorphine hcl |
| bcg vaccine | BIG 100 (BIOTIN)..... | 136 | buprenorphine hcl-naloxone |
| b-compleet-100 | BIKTARVY..... | 65 | hcl |
| b-compleet-50 | BILTRICIDE..... | 16 | bupropion hcl |
| b-complex | bimatoprost | 97, 150 | bupropion hcl er (smoking |
| b-complex (folic acid) | BIMZELX..... | 90 | det) |
| b-complex balanced | BINOSTO..... | 101 | bupropion hcl er (sr) |
| b-complex plus b-12 | bisacodyl ec | 121 | bupropion hcl er (xl) |
| b-complex/b-12 | bismuth/metronidaz/tetracycli | | buspirone hcl |
| b-complex/electrolytes | n | 165 | butorphanol tartrate |
| b-complex/vitamin c | bisoprolol fumarate | 71 | BUTRANS..... |
| b-complex-c | bisoprolol- | | BYLVAY..... |
| b-complex-c (w/folic acid) | hydrochlorothiazide | 45 | BYLVAY (PELLETS)..... |
| benazepril hcl | BLISOVI 24 FE..... | 78 | BYSTOLIC..... |
| benazepril- | BLISOVI FE 1.5/30..... | 78 | cabergoline |
| hydrochlorothiazide | BLISOVI FE 1/20..... | 78 | CABOMETYX..... |
| BENICAR..... | BLUJEP A..... | 49 | CADUET..... |
| BENICAR HCT..... | BONSITY..... | 104 | calcipotriene |
| BENLYSTA..... | BOOSTRIX..... | 163 | calcipotriene-betameth diprop |
| BENZAMYCIN..... | bosentan | 74 | calcitonin (salmon) |
| benznidazole | BOSULIF..... | 52 | CALCITRENE..... |
| benzonatate | b-plex | 134 | calcitriol |
| benzoyl peroxide- | BRAFTOVI..... | 52 | 91, 103 |
| erythromycin | BREATHERITE VALVED | | calcium acetate |
| benztropine mesylate | MDI CHAMBER..... | 127 | calcium acetate (phos binder) |
| bepotastine besilate | BREKIYA..... | 128 | 111 |
| BEPREVE..... | BRENZAVVY..... | 35 | CALQUENCE..... |
| besifloxacin hcl | BREO ELLIPTA..... | 18 | CAMILA..... |
| BESIVANCE..... | BREZTRI AEROSPHERE..... | 18 | CAMRESE..... |
| BESREMI..... | briellyn | 79 | CAMRESE LO..... |
| BETADINE OPHTHALMIC | BRILINTA..... | 114 | CAMZYOS..... |
| PREP..... | brimonidine tartrate | 148 | CANASA..... |
| betaine | brimonidine tartrate-timolol | 144 | candesartan cilexetil |
| betamethasone dipropionate ... 93 | BRINSUPRI..... | 161 | candesartan cilexetil-hctz |
| betamethasone dipropionate | brinzolamide | 147 | capecitabine |
| aug | BRIVIACT..... | 24 | 51 |
| betamethasone valerate | BRIXADI..... | 14 | CAPLYTA..... |
| BETAPACE..... | BRIXADI (WEEKLY)..... | 14 | 62 |
| BETAPACE AF..... | bromfenac sodium | 148 | CAPRELSA..... |
| BETASERON..... | bromfenac sodium (once- | | 55 |
| betaxolol hcl | daily) | 148 | captopril |
| bethanechol chloride | bromocriptine mesylate | 60 | 42 |
| BETIMOL..... | BROMSITE..... | 148 | captopril-hydrochlorothiazide |
| BETOPTIC-S..... | BRUKINSA..... | 52, 53 | 42 |
| better b complex | budesonide | 21, 85 | CAPVAXIVE..... |
| bexagliflozin | budesonide er | 85 | 166 |
| bexarotene | | | CARAFATE..... |
| | | | 164 |
| | | | CARBAGLU..... |
| | | | 103 |
| | | | carbamazepine |
| | | | 24, 25 |
| | | | carbamazepine er |
| | | | 24 |
| | | | CARBATROL..... |
| | | | 25 |
| | | | carbidopa |
| | | | 61 |
| | | | carbidopa-levodopa |
| | | | 61 |
| | | | carbidopa-levodopa er |
| | | | 61 |

| | | | | | |
|--|-----|---|----------|--|-----------------|
| carbidopa-levodopa-entacapone | 61 | CHARLOTTE 24 FE..... | 79 | CLEOCIN-T..... | 87 |
| carbinoxamine maleate | 39 | CHATEAL EQ..... | 79 | CLIMARA..... | 107 |
| CARDIZEM..... | 72 | CHEMET..... | 36 | CLIMARA PRO..... | 106 |
| CARDIZEM CD..... | 72 | CHEMSTRIP K..... | 99 | CLINDACIN..... | 87 |
| CARDIZEM LA..... | 72 | childrens aspirin | 9 | CLINDACIN ETZ..... | 87 |
| CARDURA..... | 44 | chlordiazepoxide hcl | 17 | CLINDACIN-P..... | 87 |
| CARDURA XL..... | 112 | chlordiazepoxide-amitriptyline | 154 | CLINDAGEL..... | 87 |
| carglumic acid | 103 | ..... | 154 | clindamycin hcl | 48 |
| carisoprodol | 142 | chlordiazepoxide-clidinium ... | 163 | clindamycin palmitate hcl | 48 |
| carteolol hcl | 145 | chlorhexidine gluconate ... 65, 133 | | clindamycin phos (once-daily) .. | 87 |
| CARTIA XT..... | 72 | chloroquine phosphate | 49 | clindamycin phos (twice-daily) | 87 |
| carvedilol | 70 | chlorpromazine hcl | 64 | clindamycin phos-benzoyl | |
| carvedilol phosphate er | 70 | chlorthalidone | 100 | perox | 88 |
| CASODEX..... | 51 | chlorzoxazone | 142 | clindamycin phosphate | |
| CATAPRES-TTS-1..... | 44 | CHOLBAM..... | 108 | ..... | 48, 87, 88, 170 |
| CATAPRES-TTS-2..... | 44 | cholestyramine | 40 | clindamycin phosphate in d5w | 48 |
| CATAPRES-TTS-3..... | 44 | cholestyramine light | 40 | clindamycin phosphate in nacl | 48 |
| CAYA..... | 124 | CICLODAN..... | 89 | clindamycin-tretinoin | 88 |
| CAYSTON..... | 48 | ciclopirox | 89, 90 | CLINDESSE..... | 170 |
| cefaclor | 76 | ciclopirox olamine | 90 | CLINPRO 5000..... | 133 |
| cefaclor er | 76 | cilostazol | 114 | clobazam | 24 |
| cefadroxil | 75 | CILOXAN..... | 146 | clobetasol prop emollient base .. | 93 |
| cefazolin sodium | 75 | CIMDUO..... | 65 | clobetasol propionate | 93 |
| cefazolin sodium-dextrose | 76 | cimetidine | 164 | clobetasol propionate e | 93 |
| cefdinir | 76 | cimetidine hcl | 164 | clobetasol propionate | |
| cefepime hcl | 77 | cinacalcet hcl | 101 | emulsion | 93 |
| cefepime-dextrose | 77 | CIPRO..... | 107, 108 | CLOBEX..... | 93, 94 |
| cefixime | 76 | CIPRO HC..... | 151 | CLOBEX SPRAY..... | 94 |
| cefotetan disodium | 76 | ciprofloxacin hcl 108, 146, 151 | | clocortolone pivalate | 94 |
| cefoxitin sodium | 76 | ciprofloxacin in d5w | 108 | CLODAN..... | 94 |
| cefoxitin sodium-dextrose | 76 | ciprofloxacin-dexamethasone | 151 | clomipramine hcl | 31 |
| cefpodoxime proxetil | 76 | ciprofloxacin-hydrocortisone .. | 151 | clonazepam | 24 |
| cefprozil | 76 | cialopram hydrobromide | 30 | clonidine | 44 |
| ceftaroline fosamil | 77 | CITRANATAL 90 DHA..... | 141 | clonidine hcl | 44 |
| ceftazidime | 77 | CITRANATAL ASSURE..... | 141 | clonidine hcl er | 1 |
| ceftriaxone sodium | 77 | CITROMA..... | 119 | clodogrel bisulfate | 115 |
| ceftriaxone sodium in dextrose | 77 | cladribine (10 tabs) | 156 | clorazepate dipotassium | 17 |
| ceftriaxone sodium-dextrose | 77 | cladribine (4 tabs) | 156 | clotrimazole | 96, 132 |
| cefuroxime axetil | 76 | cladribine (5 tabs) | 156 | clotrimazole-betamethasone | 89 |
| cefuroxime sodium | 76 | cladribine (6 tabs) | 156 | clozapine | 63 |
| CELEBREX..... | 6 | cladribine (7 tabs) | 156 | CLOZARIL..... | 63 |
| celecoxib | 6 | cladribine (8 tabs) | 156 | c-nate dha | 139 |
| CELEXA..... | 30 | cladribine (9 tabs) | 156 | COARTEM..... | 49 |
| CELLCEPT..... | 131 | CLARAVIS..... | 88 | COBENFY..... | 64 |
| CELONTIN..... | 28 | clarithromycin | 122 | COBENFY STARTER PACK... 64 | |
| cephalexin | 76 | clarithromycin er | 122 | codeine sulfate | 12 |
| CERDELGA..... | 115 | classic prenatal | 139 | colchicine | 113 |
| CETRAXAL..... | 151 | CLEARLAX..... | 120 | colchicine-probenecid | 113 |
| cevimeline hcl | 134 | clemastine fumarate | 39 | colesevelam hcl | 40 |
| CHANTIX STARTING | | CLENPIQ..... | 118 | COLESTID..... | 40 |
| MONTH PAK..... | 158 | CLEOCIN..... | 48, 170 | colestipol hcl | 40 |
| | | CLEOCIN PHOSPHATE..... | 48 | colistimethate sodium (cba) | 49 |

| | | | | | |
|---|--------------|--|-----|--|--------|
| COLY-MYCIN M..... | 49 | CUVPOSA..... | 165 | DALIRESP..... | 21 |
| COMBIGAN..... | 144 | CUVRIOR..... | 130 | DALVANCE..... | 47 |
| COMBIPATCH..... | 106 | cvx aspirin | 9 | danazol | 15 |
| COMBIVENT RESPIMAT..... | 19 | cvx aspirin adult low dose | 9 | DANTRIUM..... | 143 |
| COMETRIQ (100 MG DAILY DOSE)..... | 55 | cvx aspirin adult low strength | 9 | dantrolene sodium | 143 |
| COMETRIQ (140 MG DAILY DOSE)..... | 55 | cvx aspirin ec | 9 | DANZITEN..... | 52 |
| COMETRIQ (60 MG DAILY DOSE)..... | 55 | cvx aspirin low dose | 9 | dapsone | 47, 88 |
| COMIRNATY..... | 167 | cvx aspirin low strength | 9 | DAPTACEL..... | 163 |
| COMIRNATY 5-11 YEARS... | 167 | cvx b complex plus c | 135 | daptomycin | 46 |
| COMPLERA..... | 65 | CVS BALANCED B50..... | 142 | daptomycin-sodium chloride ... | 46 |
| complete natal dha | 141 | cvx c-lax laxative | 121 | DARAPRIM..... | 49 |
| completenate | 139 | cvx folic acid | 116 | darifenacin hydrobromide er | 165 |
| complex b-100 | 136 | cvx gentle laxative | 121 | darunavir | 67 |
| complex b-100-inositol | 142 | cvx gentle laxative womens ... | 121 | dasatinib | 52 |
| complex b-50 prolonged release | 136 | cvx genuine aspirin | 10 | DASETTA 1/35 (28)..... | 79 |
| COMPRO..... | 64 | cvx inner ear plus | 142 | DASETTA 7/7/7..... | 84 |
| CO-NATAL FA..... | 139 | cvx magnesium citrate | 119 | DAURISMO..... | 53 |
| CONCEPT DHA..... | 139 | cvx milk of magnesia | 119 | DAWNZERA..... | 115 |
| CONCEPT OB..... | 139 | cvx nicotine | 158 | DAYBUE..... | 144 |
| CONCERTA..... | 2 | cvx nicotine polacrilex | 158 | DAYSEE..... | 83 |
| condoms | 123 | cvx prenatal | 139 | DAYTRANA..... | 2 |
| CONDYLOX..... | 96 | CVS PURELAX..... | 120 | DDAVP..... | 106 |
| constulose | 120 | cvx super b complex/c | 135 | DEBLITANE..... | 83 |
| COPAXONE..... | 157 | cyanocobalamin | 115 | deferasirox | 36 |
| COPIKTRA..... | 58 | cyclobenzaprine hcl | 142 | deferasirox granules | 36 |
| CORDRAN..... | 94 | CYCLOGYL..... | 145 | deferiprone | 36 |
| COREG..... | 71 | CYCLOMYDRIL..... | 145 | DELESTROGEN..... | 107 |
| COREG CR..... | 70 | cyclopentolate hcl | 145 | DELSTRIGO..... | 65 |
| corphena | 39 | cyclophosphamide | 58 | DELYLA..... | 79 |
| CORTEF..... | 85 | cycloserine | 50 | DELZICOL..... | 109 |
| CORTENEMA..... | 15 | CYCLOSET..... | 33 | demeclocycline hcl | 161 |
| CORTIFOAM..... | 15 | cyclosporine | 130 | DENAVIR..... | 92 |
| CORTISPORIN-TC..... | 151 | cyclosporine (pf) | 147 | DENTA 5000 PLUS..... | 133 |
| COSOPT..... | 144 | cyclosporine modified | 130 | dentagel | 133 |
| COSOPT PF..... | 144 | cyproheptadine hcl | 39 | DEPAKOTE..... | 28 |
| COTELLIC..... | 54 | CYRED EQ..... | 79 | DEPAKOTE ER..... | 28 |
| COZAAR..... | 44 | CYSTADANE..... | 103 | DEPAKOTE SPRINKLES..... | 28 |
| CRENESSITY..... | 101, 102 | CYSTAGON..... | 112 | DEPEN TITRATABS..... | 130 |
| CREON..... | 99 | CYSTARAN..... | 150 | DEPO-ESTRADIOL..... | 107 |
| CRESEMBA..... | 38 | CYTOMEL..... | 162 | DEPO-PROVERA..... | 83 |
| CRESTOR..... | 41 | CYTOTEC..... | 165 | DEPO-SUBQ PROVERA 104... | 83 |
| cromolyn sodium | 19, 108, 146 | dabigatran etexilate mesylate .. | 23 | DEPO-TESTOSTERONE..... | 15 |
| CROTAN..... | 97 | daily multiple vitamins | 137 | DERMA-SMOOTH/FS | |
| CRYSSELLE-28..... | 79 | daily value multivitamin | 137 | BODY..... | 94 |
| CTEXLI..... | 108 | daily vitamins | 137 | DERMOTIC..... | 151 |
| CUROSURF..... | 161 | daily vite | 137 | DESCOVY..... | 65 |
| CUTAQUIG..... | 152 | daily vite multivitamin/iron ... | 136 | desipramine hcl | 31 |
| CUVITRU..... | 152 | daily vites | 137 | desmopressin ace spray refrig | |
| | | daily-vite | 137 | ..... | 106 |
| | | daily-vite multivitamin | 137 | desmopressin acetate | 106 |
| | | dalbavancin hcl | 47 | desmopressin acetate spray ... | 106 |
| | | dalfampridine er | 157 | desogestrel-ethinyl estradiol ... | 78 |

| | | | | | |
|---|------------|---|----------|---|-----|
| desonide | 94 | dimethyl fumarate | 157 | ec-naproxen | 7 |
| desoximetasone | 94 | dimethyl fumarate starter pack | 157 | econazole nitrate | 96 |
| desvenlafaxine er | 31 | DIOVAN..... | 44 | ECONTRA ONE-STEP..... | 82 |
| desvenlafaxine succinate er | 31 | DIOVAN HCT..... | 43 | ECOTRIN LOW STRENGTH...10 | |
| dexamethasone | 85 | DIPENTUM..... | 109 | EDARBI..... | 44 |
| DEXAMETHASONE | | diphenhydramine hcl | 39 | EDARBYCLOR..... | 43 |
| INTENSOL..... | 85 | diphenoxylate-atropine | 36 | EDECIN..... | 100 |
| dexamethasone sodium phosphate | 149 | DIPROLENE..... | 94 | EDURANT..... | 67 |
| DEXCOM G6 RECEIVER..... | 125 | dipyridamole | 115 | EDURANT PED..... | 67 |
| DEXCOM G6 SENSOR..... | 125 | DISKETS..... | 12 | efavirenz | 68 |
| DEXCOM G6 TRANSMITTER..... | 126 | disopyramide phosphate | 17 | efavirenz-emtricitab-tenofo df ..66 | |
| DEXCOM G7 15 DAY SENSOR..... | 126 | disulfiram | 154 | efavirenz-lamivudine-tenofovir | 66 |
| DEXCOM G7 RECEIVER..... | 126 | DIURIL..... | 100 | EFFEXOR XR..... | 31 |
| DEXCOM G7 SENSOR..... | 126 | divalproex sodium | 28 | EFFIENT..... | 115 |
| DEXEDRINE..... | 2 | divalproex sodium er | 28 | EGRIFTA SV..... | 102 |
| dexmethylphenidate hcl | 3 | DIVIGEL..... | 107 | EGRIFTA WR..... | 102 |
| dexmethylphenidate hcl er | 3 | dofetilide | 18 | EKTERLY..... | 114 |
| dextroamphetamine sulfate | 2 | DOLISHALE..... | 82 | ELESTRIN..... | 107 |
| dextroamphetamine sulfate er ...2 | | donepezil hcl | 155 | eletriptan hydrobromide | 128 |
| DHIVY..... | 61 | DOPTLET..... | 117 | ELINEST..... | 79 |
| DIACOMIT..... | 25 | DOPTLET SPRINKLE..... | 117 | ELIQUIS..... | 22 |
| DIALYVITE 800..... | 134 | dorzolamide hcl | 147 | ELIQUIS (1.5 MG PACK)..... | 22 |
| diazepam | 17, 24 | dorzolamide hcl-timolol mal ..144 | | ELIQUIS (2 MG PACK)..... | 22 |
| DIAZEPAM INTENSOL..... | 17 | dorzolamide hcl-timolol mal pf | 144 | ELIQUIS DVT/PE STARTER PACK..... | 22 |
| diazoxide | 32 | DOTTI..... | 107 | ELITE-OB..... | 139 |
| dichlorphenamide | 99 | DOVATO..... | 66 | ELIXOPHYLLIN..... | 22 |
| diclofenac epolamine | 90 | doxazosin mesylate | 44 | ELLA..... | 82 |
| diclofenac potassium | 7 | doxepin hcl | 31, 90 | ELMIRON..... | 112 |
| diclofenac sodium | 7, 90, 148 | doxercalciferol | 103 | eltrombopag olamine | 117 |
| diclofenac sodium er | 7 | doxycycline hyclate | 161 | ELURYNG..... | 82 |
| diclofenac-misoprostol | 6 | doxycycline monohydrate | 161, 162 | EMEND..... | 38 |
| dicloxacin sodium | 153 | DRISDOL..... | 170 | EMEND TRIPACK..... | 38 |
| dicyclomine hcl | 163 | dronabinol | 38 | EMGALITY..... | 127 |
| DIFFERIN..... | 88, 89 | drospiren-eth estrad-levomefol 79 | | EMGALITY (300 MG DOSE).127 | |
| DIFICID..... | 123 | drospirenone-ethinyl estradiol 79 | | EMPAVELI..... | 114 |
| diflorasone diacetate | 94 | DROXIA..... | 116 | EMROSI..... | 97 |
| DIFLUCAN..... | 38 | DUETACT..... | 35 | EMSAM..... | 29 |
| diflunisal | 10 | DULCOLAX..... | 119 | emtricitabine | 68 |
| difluprednate | 149 | duloxetine hcl | 31 | emtricitabine-tenofovir df | 66 |
| digoxin | 73 | DUPIXENT..... | 92 | emtricitab- rilpivir-tenofov df ..66 | |
| dihydroergotamine mesylate ..128 | | DUREX REALFEEL..... | 123 | EMTRIVA..... | 68 |
| DILANTIN..... | 28 | DUREZOL..... | 149 | EMVERM..... | 16 |
| DILANTIN INFATABS..... | 28 | dutasteride | 111 | enalapril maleate | 42 |
| DILAUDID..... | 12 | dutasteride-tamsulosin hcl....112 | | enalapril-hydrochlorothiazide ..42 | |
| diltiazem hcl | 72 | DYANAVEL XR..... | 2 | ENBREL..... | 8 |
| diltiazem hcl er | 72 | E.E.S. 400..... | 122 | ENBREL MINI..... | 8 |
| diltiazem hcl er beads | 72 | ear health formula | 142 | ENBREL SURECLICK..... | 8 |
| diltiazem hcl er coated beads ..72 | | ear health plus | 142 | ENBUMYST..... | 100 |
| dilt-xr | 72 | EBGLYSS..... | 92 | ENCARE..... | 169 |
| | | | | ENDOCET..... | 14 |

| | | | | | |
|--|-----|--|--------------|---------------------------------------|-----|
| ENDUR-B..... | 136 | ERIVEDGE..... | 53 | ezetimibe | 41 |
| ENFAMIL EXPECTA..... | 141 | ERLEADA..... | 51 | ezetimibe-simvastatin | 41 |
| ENFLONIA..... | 151 | erlotinib hcl | 53 | FA-8..... | 116 |
| ENGERIX-B..... | 167 | ERRIN..... | 83 | FABHALTA..... | 114 |
| ENILLORING..... | 82 | ERTACZO..... | 96 | FALMINA..... | 79 |
| enoxaparin sodium | 23 | ertapenem sodium | 46 | famciclovir | 70 |
| ENSACOVE..... | 55 | ery | 88 | famotidine | 164 |
| ENSKYCE..... | 79 | ERYPED 400..... | 122 | FANTASY LUBRICATED..... | 123 |
| ENSPRYNG..... | 132 | ERY-TAB..... | 122 | FANTASY | |
| entacapone | 62 | erythromycin | 88, 123, 146 | LUBRICATED/SPERMICIDE | 123 |
| entecavir | 69 | erythromycin base | 122 | FARESTON..... | 51 |
| ENTRESTO..... | 74 | erythromycin ethylsuccinate .. | 123 | FARXIGA..... | 35 |
| ENTYVIO PEN..... | 110 | erythromycin lactobionate | 123 | FASENRA..... | 21 |
| enulose | 110 | escitalopram oxalate | 30 | FASENRA PEN..... | 21 |
| ENVARUS XR..... | 131 | eslicarbazepine acetate | 25 | FASLODEX..... | 57 |
| EOHILIA..... | 85 | ESTARYLLA..... | 79 | FC2 FEMALE CONDOM..... | 123 |
| EPANED..... | 42 | estazolam | 118 | febuxostat | 113 |
| EPCLUSA..... | 69 | estradiol | 107, 170 | felbamate | 27 |
| EPIDIOLEX..... | 25 | estradiol valerate | 107 | FELBATOL..... | 27 |
| EPIDUO..... | 88 | estradiol-norethindrone acet. | 106 | felodipine er | 72 |
| EPIFOAM..... | 98 | ESTROFACTORS..... | 137 | FEMARA..... | 57 |
| epinastine hcl | 146 | ESTROGEL..... | 107 | FEMCAP..... | 123 |
| epinephrine | 170 | estrogens conjugated | 107 | FEMLYV..... | 79 |
| EPIPEN 2-PAK..... | 170 | eszopiclone | 118 | FEMRING..... | 170 |
| EPIPEN JR 2-PAK..... | 170 | ethacrynic acid | 100 | fenofibrate | 40 |
| EPIVIR..... | 68 | ethambutol hcl | 50 | fenofibrate micronized | 40 |
| eplerenone | 45 | ethosuximide | 28 | fenofibric acid | 40 |
| EPOGEN..... | 116 | ethynodiol diac-eth estradiol .. | 79 | fentanyl | 12 |
| EPSOLAY..... | 89 | etodolac | 7 | ferric citrate | 111 |
| eq aspirin | 10 | etodolac er | 7 | FERRIPROX..... | 36 |
| eq aspirin adult low dose | 10 | etonogestrel-ethinyl estradiol .. | 82 | FERRIPROX TWICE-A-DAY.. | 36 |
| eq aspirin low dose | 10 | etoposide | 58 | fesoterodine fumarate er | 165 |
| EQ CLEARLAX..... | 120 | etravirine | 68 | FETROJA..... | 78 |
| eq gentle laxative | 121 | eua patient assessment | 132 | FEXMID..... | 143 |
| eq magnesium citrate | 119 | EUCRISA..... | 97 | FIASP..... | 33 |
| eq nicotine | 158 | EULEXIN..... | 51 | FIASP FLEXTOUCH..... | 33 |
| eq nicotine polacrilex | 158 | EVAMIST..... | 107 | FIASP PENFILL..... | 33 |
| eq nicotine step 3 | 158 | EVENTY..... | 105 | fidaxomicin | 123 |
| eq aspirin ec | 10 | everolimus | 54, 131 | FILSPARI..... | 112 |
| eq aspirin low dose | 10 | EVEXITHROID..... | 162 | FILSUVEZ..... | 98 |
| eq b complex 50 | 136 | EVISTA..... | 105 | FINACEA..... | 97 |
| eq b-100 complex | 136 | EVOTAZ..... | 66 | finasteride | 111 |
| EQL CLEARLAX..... | 120 | EVOXAC..... | 134 | fingolimod hcl | 160 |
| eql gentle laxative | 121 | EVRYSDI..... | 144 | FINTEPLA..... | 25 |
| eql laxative | 121 | EXELDERM..... | 96 | FINZALA..... | 79 |
| eql prenatal formula | 139 | EXELON..... | 155 | FIRAZYR..... | 113 |
| eql super b complex/vitamin c | | exemestane | 57 | FIRDAPSE..... | 50 |
| ..... | 134 | EXFORGE..... | 43 | FIRMAGON..... | 57 |
| EQUETRO..... | 62 | EXFORGE HCT..... | 44 | FIRMAGON (240 MG DOSE).. | 57 |
| ergocalciferol | 170 | EX-LAX ULTRA..... | 121 | FIRST-LANSOPRAZOLE..... | 164 |
| ERGOMAR..... | 128 | EXXUA..... | 30 | FIRVANQ..... | 47 |
| ergotamine-caffeine | 127 | EXXUA TITRATION PACK.... | 30 | FLAREX..... | 149 |

| | | | | | |
|---|---------|--------------------------------------|-----|-------------------------------------|------------|
| flavoxate hcl | 166 | fondaparinux sodium | 23 | FYCOMPA..... | 24 |
| flecainide acetate | 18 | formoterol fumarate | 20 | g tussin ac | 86 |
| FLECTOR..... | 90 | FORTEO..... | 104 | gabapentin | 25 |
| FLORIVA PLUS..... | 138 | FOSAMAX..... | 101 | GALAFOLD..... | 102 |
| FLUAD..... | 168 | FOSAMAX PLUS D..... | 101 | galantamine hydrobromide ... | 155 |
| FLUARIX..... | 168 | fosamprenavir calcium | 67 | galantamine hydrobromide er | |
| FLUBLOK..... | 168 | fosfomycin tromethamine | 49 | ..... | 155 |
| FLUCELVAX..... | 168 | fosinopril sodium | 42 | GALBRIELA..... | 79 |
| fluconazole | 38 | fosinopril sodium-hctz | 42 | GALZIN..... | 130 |
| fludrocortisone acetate | 86 | FOSRENOL..... | 111 | GAMMAGARD..... | 152 |
| FLULAVAL..... | 168 | FOTIVDA..... | 55 | GAMMAKED..... | 152 |
| FLUMIST..... | 168 | FRAGMIN..... | 23 | GAMUNEX-C..... | 152 |
| flunisolide | 143 | FREESTYLE CONTROL | | GARDASIL 9..... | 168 |
| fluocinolone acetonide | 94, 151 | SOLUTION..... | 126 | GASTROCROM..... | 108 |
| fluocinolone acetonide body ... | 94 | FREESTYLE FREEDOM LITE | | gatifloxacin | 146 |
| fluocinolone acetonide scalp ... | 94 | ..... | 126 | gavilax | 120 |
| fluocinonide | 94 | FREESTYLE INSULINX TEST99 | | GAVILYTE-C..... | 119 |
| fluocinonide emulsified base ... | 94 | FREESTYLE LANCETS..... | 126 | GAVILYTE-G..... | 119 |
| FLUORIDEX..... | 133 | FREESTYLE LIBRE 14 DAY | | GAVRETO..... | 55 |
| FLUORIDEX DAILY | | READER..... | 126 | gefitinib | 53 |
| RENEWAL..... | 133 | FREESTYLE LIBRE 14 DAY | | gemfibrozil | 40 |
| FLUORIDEX ENHANCED | | SENSOR..... | 126 | GEMMILY..... | 79 |
| WHITENING..... | 133 | FREESTYLE LIBRE 2 PLUS | | generlac | 110 |
| FLUORIDEX SENSITIVITY | | SENSOR..... | 126 | GENGRAF..... | 130 |
| RELIEF..... | 133 | FREESTYLE LIBRE 2 | | GENOTROPIN..... | 102 |
| fluorometholone | 149 | READER..... | 126 | GENOTROPIN MINIQUICK.. | 102 |
| fluorouracil | 90 | FREESTYLE LIBRE 2 | | gentamicin in saline | 5 |
| fluoxetine hcl | 30 | SENSOR..... | 126 | gentamicin sulfate | 5, 89, 146 |
| fluoxetine hcl (pmdd) | 158 | FREESTYLE LIBRE 3 PLUS | | GENTEEL CONTACT TIPS | |
| fluphenazine hcl | 64 | SENSOR..... | 126 | (BLUE)..... | 126 |
| flurandrenolide | 94 | FREESTYLE LIBRE 3 | | GENTEEL CONTACT TIPS | |
| flurazepam hcl | 118 | READER..... | 126 | (CLEAR)..... | 126 |
| flurbiprofen | 7 | FREESTYLE LIBRE 3 | | GENTEEL CONTACT TIPS | |
| flurbiprofen sodium | 148 | SENSOR..... | 126 | (GREEN)..... | 126 |
| fluticasone furoate ellipta | 21 | FREESTYLE LIBRE 3 | | GENTEEL CONTACT TIPS | |
| fluticasone propionate 94, 95, 143 | | READER..... | 126 | (ORANGE)..... | 126 |
| fluticasone propionate hfa | 22 | FREESTYLE LIBRE 3 | | GENTEEL CONTACT TIPS | |
| fluticasone-salmeterol | 19 | SENSOR..... | 126 | (RAINBOW)..... | 126 |
| fluvastatin sodium | 41 | FREESTYLE LIBRE 3 PLUS | | GENTEEL CONTACT TIPS | |
| fluvastatin sodium er | 41 | SENSOR..... | 126 | (VIOLET)..... | 126 |
| fluvoxamine maleate | 30 | FREESTYLE LIBRE 3 | | GENTEEL CONTACT TIPS | |
| fluvoxamine maleate er | 30 | READER..... | 126 | (YELLOW)..... | 126 |
| FLUZONE..... | 168 | FREESTYLE LIBRE 3 | | GENTEEL CONTACT TIPS | |
| FLUZONE HIGH-DOSE..... | 168 | SENSOR..... | 126 | (GREEN)..... | 126 |
| FML FORTE..... | 149 | FREESTYLE LIBRE 3 | | GENTEEL CONTACT TIPS | |
| FOCALIN..... | 3 | READER..... | 126 | (ORANGE)..... | 126 |
| FOCALIN XR..... | 3 | FREESTYLE LIBRE 3 | | GENTEEL CONTACT TIPS | |
| folate | 116 | SENSOR..... | 126 | (RAINBOW)..... | 126 |
| FOLGARD OS..... | 137 | FREESTYLE LIBRE 3 PLUS | | GENTEEL CONTACT TIPS | |
| folic acid | 116 | SENSOR..... | 126 | (VIOLET)..... | 126 |
| FOLIVANE-OB..... | 139 | FREESTYLE LIBRE 3 | | GENTEEL CONTACT TIPS | |
| FOLTABS 800..... | 116 | READER..... | 126 | (YELLOW)..... | 126 |
| | | FREESTYLE LIBRE 3 | | GENTEEL CONTACT TIPS | |
| | | SENSOR..... | 126 | GENTEEL LANCING KIT | |
| | | FREESTYLE LIBRE 3 PLUS | | (BLUE)..... | 126 |
| | | SENSOR..... | 126 | GENTEEL NOZZLES..... | 126 |
| | | FREESTYLE LIBRE 3 | | gentle laxative | 121 |
| | | READER..... | 126 | genuine aspirin | 10 |
| | | FREESTYLE LIBRE 3 | | GENVOYA..... | 66 |
| | | SENSOR..... | 126 | GEODON..... | 62 |
| | | FREESTYLE LIBRE 3 PLUS | | GILENYA..... | 160 |
| | | SENSOR..... | 126 | GILOTRIF..... | 53 |
| | | FREESTYLE LIBRE 3 | | glatiramer acetate | 157 |
| | | READER..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 PLUS | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | READER..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 PLUS | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | READER..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 PLUS | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | READER..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 PLUS | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | READER..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 PLUS | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | READER..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 PLUS | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | READER..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 PLUS | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | READER..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 PLUS | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | READER..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 PLUS | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | READER..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 PLUS | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | READER..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 PLUS | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | READER..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 PLUS | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | READER..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 PLUS | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | READER..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 PLUS | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | READER..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 PLUS | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | READER..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 PLUS | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | READER..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 PLUS | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | READER..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 PLUS | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | READER..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 PLUS | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | READER..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 PLUS | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | READER..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 PLUS | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | READER..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 PLUS | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | READER..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 PLUS | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | READER..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 PLUS | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | READER..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 PLUS | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | READER..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 PLUS | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | READER..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 PLUS | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | READER..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 PLUS | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | READER..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 PLUS | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | READER..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 PLUS | | | |
| | | SENSOR..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | |
| | | READER..... | 126 | | |
| | | FREESTYLE LIBRE 3 | | | </ |

| | | | | | |
|--|----------|--|------------|---|----------|
| GLATOPA..... | 157 | HADLIMA..... | 6 | hydrogen peroxide | 65 |
| GLEOSTINE..... | 58 | HADLIMA PUSH TOUCH..... | 6 | hydromet | 86 |
| glimepiride | 35 | HAEGARDA..... | 114 | hydromorphone hcl | 12 |
| glipizide | 35 | HAILEY 1.5/30..... | 79 | hydromorphone hcl er | 12 |
| glipizide er | 35 | HAILEY 24 FE..... | 79 | hydroxychloroquine sulfate | 49 |
| glipizide-metformin hcl | 35 | HAILEY FE 1.5/30..... | 79 | hydroxyurea | 57 |
| glucagon emergency | 32 | HAILEY FE 1/20..... | 79 | hydroxyzine hcl | 17 |
| GLUCOTROL XL..... | 35 | halcinonide | 95 | hydroxyzine pamoate | 17 |
| glyburide | 35 | HALCION..... | 118 | HYFTOR..... | 97 |
| glyburide-metformin | 35 | halobetasol propionate | 95 | hylavite | 135 |
| GLYCOLAX..... | 120 | HALOG..... | 95 | hyoscyamine sulfate | 163, 164 |
| glycopyrrolate | 165 | haloperidol | 63 | hyoscyamine sulfate er | 163 |
| GLYDO..... | 96 | haloperidol lactate | 63 | hyosyne | 164 |
| GLYXAMBI..... | 35 | HARVONI..... | 69 | HYPERSAL..... | 86 |
| gnp adult aspirin low strength | 10 | HAVRIX..... | 168 | HYPOLANCE AST LANCING | |
| gnp aspirin | 10 | healthy hair/skin/nails | 137 | ..... | 126 |
| gnp aspirin low dose | 10 | HEALTHYLAX..... | 120 | HYRNUO..... | 55 |
| gnp b-100 complex | 136 | HEATHER..... | 83 | HYZAAR..... | 43 |
| gnp b-50 complex | 136 | h-e-b aspirin | 10 | ibandronate sodium | 101 |
| gnp b-complex plus vitamin c | 134 | HEMANGEOL..... | 71 | IBTROZI..... | 56 |
| GNP CLEARLAX..... | 120 | heparin (porcine) in nacl | 23 | IBU..... | 7 |
| gnp essential one daily | 137 | heparin sodium (porcine) | 23 | ibuprofen | 7 |
| gnp folic acid | 116 | heparin sodium (porcine) pf | 23 | icatibant acetate | 113 |
| gnp gentle laxative | 121 | HEPLISAV-B..... | 168 | ICLEVIA..... | 83 |
| gnp milk of magnesia | 119 | HER STYLE..... | 82 | ICLUSIG..... | 52 |
| gnp nicotine | 158, 159 | HERNEXEOS..... | 52 | IDHIFA..... | 58 |
| gnp nicotine mini | 158 | HIBERIX..... | 166 | ILARIS..... | 6 |
| gnp nicotine polacrilex | 158 | HIPREX..... | 49 | ILEVRO..... | 148 |
| gnp prenatal | 139 | HIZENTRA..... | 152 | imatinib mesylate | 52 |
| gnp womens gentle laxative ... | 121 | HUMATIN..... | 5 | IMBRUVICA..... | 53 |
| GOCOVRI..... | 60 | HUMATROPE..... | 102 | IMCIVREE..... | 104 |
| GOLYTELY..... | 119 | HUMULIN R U-500 | | imipenem-cilastatin | 46 |
| GOMEKLI..... | 54 | KWIKPEN..... | 33 | imipramine hcl | 31 |
| goodsense aspirin | 10 | HYCAMTIN..... | 59 | imipramine pamoate | 31 |
| goodsense aspirin low dose | 10 | HYCODAN..... | 86 | imiquimod | 96 |
| goodsense bisacodyl laxative .. | 121 | hydralazine hcl | 45 | imiquimod pump | 96 |
| GOODSENSE CLEARLAX.... | 120 | HYDREA..... | 57 | IMITREX..... | 128 |
| goodsense magnesium citrate | 119 | hydrochlorothiazide | 100 | IMITREX STATDOSE REFILL | |
| goodsense milk of magnesia ... | 119 | hydrocod poli-chlorphe poli er | 87 | ..... | 128 |
| goodsense nicotine | 159 | hydrocodone bit-homatrop | | IMITREX STATDOSE | |
| granisetron hcl | 37 | mbr | 86 | SYSTEM..... | 128 |
| griseofulvin microsize | 38 | hydrocodone-acetaminophen | | imkeldi | 52 |
| griseofulvin ultramicrosize | 38 | ..... | 11, 12 | IMURAN..... | 132 |
| guaifenesin-codeine | 86 | hydrocodone-ibuprofen | 12 | IMVEXXY MAINTENANCE | |
| guanfacine hcl | 44 | hydrocortisone | 15, 85, 95 | PACK..... | 170 |
| guanfacine hcl er | 1 | hydrocortisone (perianal) | 16 | IMVEXXY STARTER PACK.. | 170 |
| GVOKE HYPOPEN 1-PACK.... | 32 | hydrocortisone ace-pramoxine | 15 | INATAL GT..... | 139 |
| GVOKE HYPOPEN 2-PACK.... | 32 | hydrocortisone butyrate | 95 | INBRIJA..... | 60 |
| GVOKE KIT..... | 32 | hydrocortisone max st | 95 | INCASSIA..... | 83 |
| GVOKE PFS..... | 32 | hydrocortisone sod suc (pf) | 85 | indapamide | 100 |
| GYNAZOLE-1..... | 169 | hydrocortisone valerate | 95 | INDERAL LA..... | 71 |
| HABITROL..... | 159 | hydrocortisone-acetic acid | 151 | INDERAL XL..... | 71 |

| | | | | | |
|---|---------|-------------------------------------|--------|---|--------|
| indomethacin | 7 | JASMIEL..... | 79 | KIONEX..... | 132 |
| indomethacin er | 7 | JAVADIN..... | 44 | KISQALI (200 MG DOSE)..... | 57 |
| INFANRIX..... | 163 | JAVYGTOR..... | 104 | KISQALI (400 MG DOSE)..... | 57 |
| INGREZZA..... | 155 | JAYPIRCA..... | 53 | KISQALI (600 MG DOSE)..... | 57 |
| INLURIYO..... | 57 | JENCYCLA..... | 84 | KLARON..... | 88 |
| INLYTA..... | 59 | JINTELI..... | 106 | KLONOPIN..... | 24 |
| INNOPRAN XL..... | 71 | JOENJA..... | 130 | KLOR-CON..... | 129 |
| INPEFA..... | 74 | JOLESSA..... | 83 | KLOR-CON 10..... | 129 |
| INQOVI..... | 56 | JOURNAVX..... | 8 | KLOR-CON M10..... | 129 |
| insulin glargine-yfgn | 33 | JOYEAUX..... | 79 | KLOR-CON M15..... | 129 |
| INTELENCE..... | 68 | JULEBER..... | 79 | KLOR-CON M20..... | 129 |
| INTRAROSA..... | 169 | JULUCA..... | 66 | KLOXXADO..... | 37 |
| INTROVALE..... | 83 | JUNEL 1.5/30..... | 79 | kl aspirin low dose | 10 |
| INTUNIV..... | 1 | JUNEL 1/20..... | 79 | KLS LAXACLEAR..... | 120 |
| INVEGA..... | 62 | JUNEL FE 1.5/30..... | 79 | KLS QUIT2..... | 159 |
| INVEGA HAFYERA..... | 62 | JUNEL FE 1/20..... | 79 | KLS QUIT4..... | 159 |
| INVEGA SUSTENNA..... | 62 | JUNEL FE 24..... | 80 | kobee | 135 |
| INVEGA TRINZA..... | 62 | JYNARQUE..... | 105 | KORLYM..... | 35 |
| INVELTYS..... | 149 | JYNNEOS..... | 168 | KOSELUGO..... | 54 |
| IOPIDINE..... | 148 | KAITLIB FE..... | 80 | kp aspirin | 10 |
| IPOL..... | 168 | KALETRA..... | 66 | kp b complex-c | 135 |
| ipratropium bromide | 20, 143 | KALLIGA..... | 80 | kp bisacodyl | 121 |
| ipratropium-albuterol | 19 | KALYDECO..... | 160 | kp folic acid | 116 |
| IQIRVO..... | 111 | KAMELEON LUBRICATED..... | 123 | kp prenatal multivitamins | 139 |
| irbesartan | 44 | KARIVA..... | 78 | K-PHOS..... | 129 |
| irbesartan- | | KELNOR 1/35..... | 80 | K-PHOS NO 2..... | 112 |
| hydrochlorothiazide | 43 | KEPPRA..... | 25 | K-PHOS-NEUTRAL..... | 129 |
| IRESSA..... | 53 | KEPPRA XR..... | 25 | kpn prenatal | 139 |
| ISENTRESS..... | 67 | KERENDIA..... | 104 | KRAZATI..... | 54 |
| ISENTRESS HD..... | 67 | KESIMPTA..... | 157 | KRINTAFEL..... | 49 |
| ISIBLOOM..... | 79 | ketoconazole | 38, 96 | KRISTALOSE..... | 120 |
| isoniazid | 50 | KETODAN..... | 96 | KURVELO..... | 80 |
| isosorb dinitrate-hydralazine .. | 74 | KETO-DIASTIX..... | 99 | labetalol hcl | 71 |
| isosorbide dinitrate | 16 | ketone test | 99 | lacosamide | 25 |
| isosorbide mononitrate | 16 | ketoprofen er | 7 | lactulose | 120 |
| isosorbide mononitrate er | 16 | ketorolac tromethamine | 7, 148 | LAGEVRIO..... | 70 |
| isotretinoin | 89 | KETOSTIX..... | 99 | LAMICTAL..... | 25 |
| isradipine | 72 | KEVEYIS..... | 99 | LAMICTAL ODT..... | 25 |
| ISTALOL..... | 145 | kimono | 123 | LAMICTAL STARTER..... | 25 |
| ISTURISA..... | 102 | KIMONO COLORS..... | 123 | LAMICTAL XR..... | 25 |
| ITOVEBI..... | 59 | KIMONO MAXX-LARGE | | lamivudine | 68, 69 |
| itraconazole | 39 | FLARE..... | 123 | lamivudine-zidovudine | 66 |
| ivermectin | 16 | kimono micro thin | 123 | lamotrigine | 25 |
| IYUZEH..... | 150 | kimono micro thin plus | 123 | lamotrigine er | 25 |
| JAIMIESS..... | 83 | kimono plus | 123 | lamotrigine starter kit-blue | 26 |
| JAKAFI..... | 58 | kimono ps | 123 | lamotrigine starter kit-green ... | 26 |
| JANTOVEN..... | 22 | kimono ps plus | 123 | lamotrigine starter kit-orange .. | 26 |
| JANUMET..... | 32 | kimono sensation | 123 | LAMPIT..... | 46 |
| JANUMET XR..... | 33 | kimono sensation plus | 123 | LANOXIN..... | 73 |
| JANUVIA..... | 32 | KIMONO SPECIAL..... | 124 | lanreotide acetate | 105 |
| JARDIANCE..... | 35 | KIMYRSA..... | 47 | lansoprazole | 164 |
| JASCAYD..... | 161 | KINRIX..... | 163 | lanthanum carbonate | 111 |

| | | | | |
|---|----------|---|--------------------------------------|----------|
| LANTUS..... | 33 | levonorg-eth estrad triphasic ... 84 | lorazepam | 17 |
| LANTUS SOLOSTAR..... | 33 | LEVORA 0.15/30 (28)..... | LORAZEPAM INTENSOL..... | 17 |
| lapatinib ditosylate | 55 | levorphanol tartrate | LORBRENA..... | 51 |
| LARIN 1.5/30..... | 80 | LEVO-T..... | LORYNA..... | 80 |
| LARIN 1/20..... | 80 | levothyroxine sodium | losartan potassium | 44 |
| LARIN 24 FE..... | 80 | LEVOXYL..... | losartan potassium-hctz | 43 |
| LARIN FE 1.5/30..... | 80 | LEVULAN KERASTICK..... | LOTEMAX..... | 149 |
| LARIN FE 1/20..... | 80 | LEXAPRO..... | LOTEMAX SM..... | 149 |
| LASIX..... | 100 | LIALDA..... | LOTENSIN..... | 42 |
| LASIX ONYU..... | 100 | LIBRAX..... | LOTENSIN HCT..... | 42 |
| latanoprost | 150 | LICART..... | loteprednol etabonate | 149, 150 |
| LATUDA..... | 62 | lidocaine | loteprednol-tobramycin | 148 |
| LAZCLUZE..... | 53 | lidocaine hcl | LOTREL..... | 42 |
| LEDERLE LEUCOVORIN..... | 57 | lidocaine hcl urethral/mucosal | LOTRONEX..... | 109 |
| leflunomide | 8 | lidocaine viscous hcl | lovastatin | 41 |
| lenalidomide | 131 | lidocaine-prilocaine | LOVENOX..... | 23 |
| LENVIMA (10 MG DAILY | | LIDODERM..... | LOW-OGESTREL..... | 80 |
| DOSE)..... | 60 | linezolid | loxapine succinate | 64 |
| LENVIMA (12 MG DAILY | | linezolid in sodium chloride | LO-ZUMANDIMINE..... | 80 |
| DOSE)..... | 60 | LINZESS..... | lubiprostone | 108 |
| LENVIMA (14 MG DAILY | | liothyronine sodium | lugols strong iodine | 65 |
| DOSE)..... | 60 | LIPIODOL..... | LUIZZA 1.5/30..... | 80 |
| LENVIMA (18 MG DAILY | | LIPITOR..... | LUIZZA 1/20..... | 80 |
| DOSE)..... | 60 | LIPO FLAVONOID PLUS..... | LUMAKRAS..... | 54 |
| LENVIMA (20 MG DAILY | | LIPOFEN..... | LUMIGAN..... | 150 |
| DOSE)..... | 60 | LIPOTRIAD..... | LUMRYZ..... | 154 |
| LENVIMA (24 MG DAILY | | liraglutide | LUMRYZ STARTER PACK... 154 | |
| DOSE)..... | 60 | lisdexamfetamine dimesylate | LUNESTA..... | 118 |
| LENVIMA (4 MG DAILY | | lisinopril | LUPRON DEPOT (1-MONTH)..... | 58 |
| DOSE)..... | 60 | lisinopril-hydrochlorothiazide .. | LUPRON DEPOT (3-MONTH)..... | 58 |
| LENVIMA (8 MG DAILY | | lithium carbonate | LUPRON DEPOT-PED (1- | |
| DOSE)..... | 60 | lithium carbonate er | MONTH)..... | 103 |
| LESCOL XL..... | 41 | LITHOBID..... | LUPRON DEPOT-PED (3- | |
| LESSINA..... | 80 | LITHOSTAT..... | MONTH)..... | 103 |
| letrozole | 57 | LIVDELZI..... | LUPRON DEPOT-PED (6- | |
| leucovorin calcium | 57 | LIVMARLI..... | MONTH)..... | 103 |
| LEUKERAN..... | 58 | LIVTENCITY..... | lurasidone hcl | 62 |
| leuprolide acetate | 58 | LO LOESTRIN FE..... | LUTERA..... | 80 |
| levalbuterol hcl | 20 | LODINE..... | LUTRATE DEPOT..... | 58 |
| levalbuterol tartrate | 20 | LODOSYN..... | LYBALVI..... | 160 |
| levetiracetam | 26 | LOESTRIN 1.5/30 (21)..... | LYLEQ..... | 84 |
| levetiracetam er | 26 | LOESTRIN 1/20 (21)..... | LYLLANA..... | 107 |
| levobunolol hcl | 145 | LOESTRIN FE 1.5/30..... | LYNKUET..... | 104 |
| levocarnitine | 101 | LOESTRIN FE 1/20..... | LYNPARZA..... | 59 |
| levocarnitine sf | 101 | LOJAIMIESS..... | LYRICA..... | 26 |
| levofloxacin | 108, 146 | LOKELMA..... | LYRICA CR..... | 157 |
| levofloxacin in d5w | 108 | LOMOTIL..... | LYSODREN..... | 50 |
| LEVONEST..... | 84 | lomustine | LYTGOBI (12 MG DAILY | |
| levonorgest-eth estrad 91-day .. | 83 | LONSURF..... | DOSE)..... | 53 |
| levonorgestrel | 82 | LOPID..... | LYTGOBI (16 MG DAILY | |
| levonorgestrel-ethinyl estrad | | lopinavir-ritonavir | DOSE)..... | 53 |
| ..... | 80, 82 | LOPRESSOR..... | | |

| | | | | | |
|---|---------|---|-----|---|-------------|
| LYTGOBI (20 MG DAILY DOSE)..... | 53 | MENVEO..... | 166 | metoprolol-hydrochlorothiazide | 45 |
| LYZA..... | 84 | meperidine hcl | 12 | METROCREAM..... | 97 |
| MACROBID..... | 49 | meprobamate | 17 | METROGEL..... | 97 |
| MACRODANTIN..... | 49 | MEPRON..... | 46 | metronidazole | 45, 97, 170 |
| magnesium citrate | 120 | mercaptapurine | 51 | mexiletine hcl | 18 |
| MALARONE..... | 49 | meropenem | 46 | MI PASTE..... | 124 |
| malathion | 97 | meropenem-sodium chloride | 46 | MI PASTE PLUS..... | 124 |
| maraviroc | 66 | mesalamine | 110 | MICARDIS..... | 44 |
| marlissa | 80 | mesalamine er | 109 | MICARDIS HCT..... | 43 |
| MARPLAN..... | 29 | mesalamine-cleanser | 110 | miconazole-zinc oxide-petrolat | 89 |
| masonatal | 139 | mesna | 59 | MICORT HC..... | 95 |
| MATULANE..... | 57 | MESNEX..... | 59 | MICROGESTIN 1.5/30..... | 80 |
| MATZIM LA..... | 72 | MESTINON..... | 50 | MICROGESTIN 1/20..... | 80 |
| MAVENCLAD (10 TABS)..... | 156 | METADATE CD..... | 3 | MICROGESTIN FE 1.5/30..... | 80 |
| MAVENCLAD (4 TABS)..... | 156 | metaxalone | 143 | MICROGESTIN FE 1/20..... | 80 |
| MAVENCLAD (5 TABS)..... | 156 | metformin hcl | 32 | midazolam hcl | 118 |
| MAVENCLAD (6 TABS)..... | 156 | metformin hcl er | 32 | midodrine hcl | 170 |
| MAVENCLAD (7 TABS)..... | 156 | methadone hcl | 12 | MIEBO..... | 150 |
| MAVENCLAD (8 TABS)..... | 156 | METHADONE HCL INTENSOL..... | 12 | mifepristone | 35 |
| MAVENCLAD (9 TABS)..... | 156 | METHADOSE..... | 12 | MIGERGOT..... | 128 |
| MAXALT..... | 128 | METHADOSE SUGAR-FREE..... | 13 | miglitol | 32 |
| MAXALT-MLT..... | 128 | methamphetamine hcl | 2 | miglustat | 115 |
| MAXIDEX..... | 150 | methazolamide | 99 | MILI..... | 80 |
| MAXITROL..... | 149 | methenamine hippurate | 49 | milk of magnesia | 120 |
| maxi-tuss ac | 86 | METHERGINE..... | 151 | MIMVEY..... | 106 |
| maxx | 124 | methimazole | 162 | mini multi vitamins/iron | 136 |
| maxx plus | 124 | methitest | 15 | MINIVELLE..... | 107 |
| MAYZENT..... | 160 | methocarbamol | 143 | minocycline hcl | 162 |
| MAYZENT STARTER PACK..... | 160 | methotrexate sodium | 51 | minoxidil | 45 |
| meclizine hcl | 37 | methotrexate sodium (pf) | 51 | MIOCHOL-E..... | 146 |
| meclofenamate sodium | 7 | methoxsalen rapid | 90 | MIOSTAT..... | 146 |
| MEDI-FIRST ASPIRIN..... | 10 | methscopolamine bromide | 165 | mirabegron er | 166 |
| MEDIQUE ASPIRIN..... | 10 | methyldopa | 44 | MIRCERA..... | 116 |
| MEDPURA HYDROCORTISONE..... | 95 | methylergonovine maleate | 151 | mirtazapine | 29 |
| MEDROL..... | 85 | METHYLIN..... | 3 | misoprostol | 165 |
| medroxyprogesterone acetate | 83, 154 | methylphenidate | 3 | MITIGARE..... | 113 |
| mefenamic acid | 7 | methylphenidate hcl | 3 | mm aspirin | 11 |
| mefloquine hcl | 49 | methylphenidate hcl er | 3 | MM CLEARLAX..... | 120 |
| mega multiple/chelated mineral | 142 | methylphenidate hcl er (cd) | 3 | M-M-R II..... | 167 |
| megestrol acetate | 59, 154 | methylphenidate hcl er (la) | 3 | MNEXSPIKE..... | 168 |
| meijer aspirin ec | 11 | methylphenidate hcl er (osm) | 3 | modafinil | 3 |
| MEKINIST..... | 54 | methylphenidate hcl er(diffus) | 3 | MODEYSO..... | 55 |
| MEKTOVI..... | 54 | methylprednisolone | 85 | moexipril hcl | 43 |
| meloxicam | 7 | methylprednisolone sodium succ | 85 | molindone hcl | 64 |
| memantine hcl | 157 | methyltestosterone | 15 | mometasone furoate | 95, 143 |
| memantine hcl er | 157 | metoclopramide hcl | 109 | MONDOXYNE NL..... | 162 |
| MENOSTAR..... | 107 | metolazone | 100 | MONO-LINYAH..... | 80 |
| MENQUADFI..... | 166 | metoprolol succinate er | 71 | montelukast sodium | 21 |
| | | metoprolol tartrate | 71 | morphine sulfate | 13 |
| | | | | morphine sulfate (concentrate) | 13 |
| | | | | morphine sulfate er | 13 |

| | | | | | |
|--|----------|--------------------------------------|----------|--|------------|
| morphine sulfate er beads | 13 | naproxen | 7 | NICORETTE..... | 159 |
| MOTOFEN..... | 36 | naproxen sodium | 7 | NICORETTE MINI..... | 159 |
| MOUNJARO..... | 34 | naratriptan hcl | 128 | NICORETTE STARTER KIT..... | 159 |
| MOVANTIK..... | 110 | NARCAN..... | 37 | nicotine | 159 |
| MOVIPREP..... | 119 | NARDIL..... | 29 | nicotine mini | 159 |
| moxifloxacin hcl | 108, 146 | NASCOBAL..... | 115 | nicotine polacrilex | 159 |
| moxifloxacin hcl (2x day) | 146 | NATACYN..... | 147 | nicotine polacrilex mini | 159 |
| moxifloxacin hcl in nacl | 108 | NATAZIA..... | 83 | nicotine step 1 | 159 |
| MOZOBIL..... | 115 | nateglinide | 35 | nicotine step 2 | 159 |
| MRESVIA..... | 168 | NATROBA..... | 97 | nicotine step 3 | 159 |
| MS CONTIN..... | 13 | nat-rul b-50 | 142 | NICOTROL NS..... | 159 |
| MULPLETA..... | 117 | nat-rul daily-vite+iron | 137 | nifedipine | 73 |
| MULTAQ..... | 18 | NAYZILAM..... | 24 | nifedipine er | 73 |
| multi prenatal | 139 | nebivolol hcl | 71 | nifedipine er osmotic release ...73 | |
| multi vitamin | 137 | NEBUPENT..... | 45 | NIKKI..... | 81 |
| multi vitamin w/d-3 | 137 | NEBUSAL..... | 86 | nilotinib d-tartrate | 52 |
| MULTI-LANCET DEVICE 2.. | 127 | NECON 0.5/35 (28)..... | 81 | nilotinib hcl | 52 |
| multiple vitamin-folic acid | 137 | NEEVO DHA..... | 139 | nilutamide | 51 |
| multiple vitamins | 137 | nefazodone hcl | 30 | nimodipine | 73 |
| multiple vitamins/iron | 136 | NEOMULTIVITE..... | 137 | NINLARO..... | 55 |
| multivitamin | 137 | neomycin sulfate | 5 | nisoldipine er | 73 |
| multi-vitamin | 137 | neomycin-bacitracin zn- | | nitazoxanide | 46 |
| multivitamin adult | 137 | polymyx | 147 | nitisinone | 103 |
| multivitamin iron-free | 137 | neomycin-polymyxin- | | NITRO-BID..... | 16 |
| multivitamin plus iron adult .. | 136 | dexameth | 149 | NITRO-DUR..... | 16 |
| multivitamin/fluoride | 138 | neomycin-polymyxin- | | nitrofurantoin | 49 |
| multi-vitamin/fluoride | 138 | gramicidin | 147 | nitrofurantoin macrocrystal | 49 |
| multi-vitamin/fluoride/iron | 138 | neomycin-polymyxin-hc | 149, 151 | nitrofurantoin monohyd | |
| multi-vitamin/iron | 137 | neonatal prenatal | 139 | macro | 49 |
| MULTI-VIT-FLOR..... | 138 | NEONATAL VITAMIN..... | 139 | nitroglycerin | 15, 16, 17 |
| mupirocin | 89 | NEORAL..... | 130 | NITROLINGUAL..... | 17 |
| MY CHOICE..... | 82 | NEO-SYNALAR..... | 89 | NITROSTAT..... | 17 |
| MY WAY..... | 82 | nephro vitamins | 135 | NITYR..... | 103 |
| MYCAPSSA..... | 105 | NEPHRO-VITE..... | 135 | niva thyroid | 162 |
| mycophenolate mofetil | 131 | NERLYNX..... | 55 | NIVESTYM..... | 117 |
| mycophenolate sodium | 131 | NESTABS..... | 139 | nizatidine | 164 |
| MYDAYIS..... | 1 | NESTABS DHA..... | 139 | NORA-BE..... | 84 |
| MYDRIACYL..... | 145 | NESTABS ONE..... | 141 | norethin ace-eth estrad-fe | 81 |
| MYFEMBREE..... | 106 | NEUAC..... | 88 | norethindrone | 84 |
| MYFORTIC..... | 131 | NEULASTA..... | 117 | norethindrone acetate | 154 |
| MYLERAN..... | 50 | NEUPRO..... | 61 | norethindrone acet-ethinyl est ..81 | |
| MYRBETRIQ..... | 166 | NEURONTIN..... | 26 | norethindrone-eth estradiol ...106 | |
| MYSOLINE..... | 26 | NEVANAC..... | 148 | NORGESIC..... | 143 |
| na sulfate-k sulfate-mg sulf | 119 | nevirapine | 68 | norgestimate-eth estradiol | 81 |
| nabumetone | 7 | nevirapine er | 68 | norgestim-eth estrad triphasic ..84 | |
| nadolol | 71 | NEW DAY..... | 82 | NORITATE..... | 97 |
| nafcillin sodium | 153, 154 | NEXAVAR..... | 55 | NORLYROC..... | 84 |
| nafcillin sodium in dextrose ...153 | | NEXLETOL..... | 40 | NORPACE..... | 18 |
| naftifine hcl | 90 | NEXLIZET..... | 39 | NORPACE CR..... | 18 |
| nalmefene hcl | 37 | NIACOR..... | 41 | NORPRAMIN..... | 31 |
| naloxone hcl | 37 | nicardipine hcl | 72 | NORTREL 0.5/35 (28)..... | 81 |
| naltrexone hcl | 37 | NICODERM CQ..... | 159 | NORTREL 1/35 (21)..... | 81 |

| | | | | | |
|--------------------------------------|---------------|--|-----|--|----------|
| NORTREL 1/35 (28)..... | 81 | OJEMDA..... | 52 | ORENITRAM MONTH 1..... | 74 |
| NORTREL 7/7/7..... | 84 | OJJAARA..... | 58 | ORENITRAM MONTH 2..... | 74 |
| nortriptyline hcl | 31 | olanzapine | 65 | ORENITRAM MONTH 3..... | 74 |
| NORVASC..... | 73 | olanzapine-fluoxetine hcl | 160 | ORFADIN..... | 103 |
| NORVIR..... | 67 | olmesartan medoxomil | 44 | ORGOVYX..... | 58 |
| NOURIANZ..... | 60 | olmesartan medoxomil-hctz | 43 | ORIAHNN..... | 106 |
| NOVOLIN 70/30..... | 33 | olmesartan-amlodipine-hctz | 44 | ORILISSA..... | 102 |
| NOVOLIN 70/30 FLEXPEN.... | 33 | olopatadine hcl | 143 | ORKAMBI..... | 160, 161 |
| NOVOLIN N..... | 33 | omeprazole | 164 | ORLADEYO..... | 114 |
| NOVOLIN N FLEXPEN..... | 33 | omnicap | 138 | ORLYNVAH..... | 48 |
| NOVOLIN R..... | 33 | OMNIFLEX DIAPHRAGM.... | 124 | orphenadrine citrate er | 143 |
| NOVOLIN R FLEXPEN..... | 33 | OMNIPOD 5 DEXG7G6 | | orphenadrine-aspirin-caffeine | |
| NOVOLOG..... | 33 | INTRO GEN 5..... | 127 | ..... | 143 |
| NOVOLOG FLEXPEN..... | 33 | OMNIPOD 5 DEXG7G6 PODS | | ORPHENGESIC FORTE..... | 143 |
| NOVOLOG MIX 70/30..... | 34 | GEN 5..... | 127 | ORSERDU..... | 59 |
| NOVOLOG MIX 70/30 | | OMNIPOD 5 LIBRE2 PLUS G6 | | oscimin | 164 |
| FLEXPEN..... | 34 | PODS..... | 127 | oseltamivir phosphate | 70 |
| NOVOLOG PENFILL..... | 34 | OMNIPOD DASH PODS (GEN | | OSPHENA..... | 105 |
| NOXAFIL..... | 39 | 4)..... | 127 | OTEZLA..... | 7, 8 |
| NP THYROID..... | 162 | once daily | 138 | OTEZLA XR..... | 8 |
| NPLATE..... | 117 | ondansetron | 37 | OTEZLA/OTEZLA XR | |
| NUBEQA..... | 51 | ondansetron hcl | 37 | INITIATION PK..... | 8 |
| NUCALA..... | 21 | one daily | 138 | OVIDE..... | 98 |
| NUCYNTA..... | 13 | ONE DAILY ESSENTIAL..... | 138 | oxacillin sodium | 154 |
| NUCYNTA ER..... | 13 | one daily multivitamin adult .. | 138 | oxacillin sodium in dextrose .. | 154 |
| NUDEXTA..... | 158 | one daily multivitamin/iron ... 137 | | oxaprozin | 7 |
| NULEV..... | 164 | one vite womens | 140 | oxazepam | 17 |
| NUPLAZID..... | 62 | one-daily multi vitamins | 138 | oxcarbazepine | 26 |
| NUVARING..... | 82 | one-daily multi-vitamin | 138 | oxcarbazepine er | 26 |
| nuvaxovid covid-19 vaccine .. | 168 | one-daily multi-vitamin/iron .. 137 | | OXERVATE..... | 148 |
| NUVIGIL..... | 3 | one-daily/iron | 137 | oxiconazole nitrate | 96 |
| NYAMYC..... | 90 | ONELAX MAGNESIUM | | OXISTAT..... | 96 |
| NYLIA 1/35..... | 81 | CITRATE..... | 120 | OXLUMO..... | 112 |
| NYLIA 7/7/7..... | 84 | ONETOUCH DELICA PLUS | | OXTELLAR XR..... | 26 |
| NYMALIZE..... | 73 | LANCING..... | 127 | oxybutynin chloride | 165 |
| nystatin | 38, 90, 132 | ONFI..... | 24 | oxybutynin chloride er | 165 |
| nystatin-triamcinolone | 89 | ONGENTYS..... | 62 | oxycodone hcl | 13 |
| NYSTOP..... | 90 | ONUREG..... | 51 | oxycodone-acetaminophen | 14 |
| NYVEPRIA..... | 117 | OPCICON ONE-STEP..... | 82 | OXYCONTIN..... | 13 |
| OB COMPLETE..... | 140 | OPILL..... | 84 | oxymorphone hcl | 13 |
| OB COMPLETE ONE..... | 139 | OPIPZA..... | 65 | oxymorphone hcl er | 13 |
| OB COMPLETE PETITE..... | 140 | OPSUMIT..... | 74 | OXYTROL..... | 165 |
| OB COMPLETE PREMIER.... | 140 | OPTION 2..... | 82 | OZEMPIC (0.25 OR 0.5 | |
| OB COMPLETE/DHA..... | 140 | OPTIONS GYNOL II | | MG/DOSE)..... | 34 |
| octreotide acetate | 105 | CONTRACEPTIVE..... | 169 | OZEMPIC (1 MG/DOSE)..... | 34 |
| OCUFLOX..... | 146 | OPVEE..... | 37 | OZEMPIC (2 MG/DOSE)..... | 34 |
| ODEFSEY..... | 66 | OPZELURA..... | 92 | PACERONE..... | 18 |
| ODOMZO..... | 53 | ORALONE..... | 134 | PALFORZIA (1 MG DAILY | |
| OFEV..... | 161 | ORAPRED ODT..... | 85 | DOSE)..... | 4 |
| ofloxacin | 108, 146, 151 | ORAVIG..... | 132 | PALFORZIA (12 MG DAILY | |
| OGSIVEO..... | 53 | ORBACTIV..... | 47 | DOSE)..... | 4 |
| OHTUVAYRE..... | 21 | ORENITRAM..... | 74 | | |

| | | | | | |
|---------------------------------------|-----|---|-----|--|----------|
| PALFORZIA (120 MG DAILY DOSE)..... | 4 | peg-kcl-nacl-nasulf-na asc-c .. | 119 | pilocarpine hcl | 134, 146 |
| PALFORZIA (160 MG DAILY DOSE)..... | 4 | PEG-PREP..... | 119 | pimecrolimus | 97 |
| PALFORZIA (20 MG DAILY DOSE)..... | 4 | PEMAZYRE..... | 53 | pimozide | 158 |
| PALFORZIA (200 MG DAILY DOSE)..... | 4 | PENBRAYA..... | 166 | PIMTREA..... | 78 |
| PALFORZIA (240 MG DAILY DOSE)..... | 4 | penciclovir | 92 | pindolol | 71 |
| PALFORZIA (3 MG DAILY DOSE)..... | 4 | penicillamine | 130 | pioglitazone hcl | 36 |
| PALFORZIA (300 MG MAINTENANCE)..... | 4 | penicillin g pot in dextrose | 152 | pioglitazone hcl-glimepiride | 35 |
| PALFORZIA (300 MG TITRATION)..... | 4 | penicillin g potassium | 152 | pioglitazone hcl-metformin hcl | 36 |
| PALFORZIA (40 MG DAILY DOSE)..... | 4 | penicillin g sodium | 153 | piperacillin sod-tazobactam so | 153 |
| PALFORZIA (6 MG DAILY DOSE)..... | 4 | penicillin v potassium | 153 | PIQRAY (200 MG DAILY DOSE)..... | 59 |
| PALFORZIA (80 MG DAILY DOSE)..... | 4 | penmenvy | 166 | PIQRAY (250 MG DAILY DOSE)..... | 59 |
| PALFORZIA INITIAL DOSE 1-3YRS..... | 4 | PENTACEL..... | 163 | PIQRAY (300 MG DAILY DOSE)..... | 59 |
| PALFORZIA INITIAL ESCALATION..... | 4 | pentamidine isethionate | 45 | pirfenidone | 161 |
| paliperidone er | 62 | PENTASA..... | 110 | piroxicam | 7 |
| PALSONIFY..... | 105 | pentazocine-naloxone hcl | 14 | PLAQUENIL..... | 49 |
| PALYNZIQ..... | 104 | pentetate calcium trisodium | 36 | PLAVIX..... | 115 |
| PAMELOR..... | 31 | pentetate zinc trisodium | 36 | PLENVU..... | 119 |
| PANRETIN..... | 90 | pentoxifylline er | 114 | plerixafor | 115 |
| pantoprazole sodium | 164 | perampanel | 24 | PNEUMOVAX 23..... | 166 |
| paricalcitol | 103 | PERCOCET..... | 14 | pnv-dha+docusate | 141 |
| PARLODEL..... | 60 | PERFOROMIST..... | 20 | pnv-omega | 140 |
| PARNATE..... | 29 | PERIDEX..... | 133 | podofilox | 96 |
| paroxetine hcl | 30 | perindopril erbumine | 43 | polyethylene glycol 3350 | 120 |
| paroxetine hcl er | 30 | PERIOGARD..... | 133 | polymyxin b sulfate | 49 |
| PAXIL..... | 30 | permethrin | 98 | polymyxin b-trimethoprim | 147 |
| PAXIL CR..... | 30 | perphenazine | 64 | POLY-VI-FLOR..... | 138, 139 |
| PAXLOVID (150/100)..... | 69 | perphenazine-amitriptyline ... | 157 | POLY-VI-FLOR/IRON..... | 138 |
| PAXLOVID (300/100 & 150/100)..... | 69 | PERSERIS..... | 63 | POMALYST..... | 54 |
| PAXLOVID (300/100)..... | 69 | PFIZERPEN..... | 153 | PORTIA-28..... | 81 |
| pazopanib hcl | 55 | ph strips | 99 | posaconazole | 39 |
| PEDIARIX..... | 163 | PHEBURANE..... | 106 | potassium chloride | 130 |
| PEDVAX HIB..... | 166 | phenazopyridine hcl | 113 | potassium chloride crys er | 129 |
| peg 3350 | 120 | phenelzine sulfate | 29 | potassium chloride er | 129, 130 |
| peg 3350-kcl-na bicarb-nacl .. | 119 | phenobarbital | 118 | potassium citrate er | 112 |
| peg-3350/electrolytes | 119 | phentermine-topiramate er | 2 | pramipexole dihydrochloride .. | 61 |
| peg-3350/electrolytes/ascorbat | 119 | phenylephrine hcl | 145 | pramipexole dihydrochloride er | 61 |
| PEGASYS..... | 69 | PHENYTEK..... | 28 | PRAMOSONE..... | 98 |
| | | phenytoin | 28 | PRAMOTIC..... | 151 |
| | | PHENYTOIN INFATABS..... | 28 | prasugrel hcl | 115 |
| | | phenytoin sodium extended | 28 | pravastatin sodium | 41 |
| | | PHILITH..... | 81 | praziquantel | 16 |
| | | PHILLIPS MILK OF MAGNESIA..... | 120 | prazosin hcl | 44 |
| | | PHOSPHA 250 NEUTRAL..... | 129 | PRED MILD..... | 150 |
| | | PHOSPHOLINE IODIDE..... | 146 | prednisolone | 85 |
| | | phosphorous | 129 | prednisolone acetate | 150 |
| | | PHOSPHO-TRIN 250 NEUTRAL..... | 129 | prednisolone sodium | |
| | | PHOSPHO-TRIN K500..... | 129 | phosphate | 85, 150 |
| | | PHYRAGO..... | 52 | | |
| | | phytonadione | 171 | | |
| | | PIFELTRO..... | 68 | | |

| | | | | | |
|---|----------|---------------------------------------|--------|---|-----|
| prednisone | 86 | PRISTIQ | 31 | qc childrens aspirin | 11 |
| PREDNISONE INTENSOL | 85 | PROAIR RESPICLICK | 20 | qc daily multivitamins/iron | 137 |
| pregabalin | 26 | probenecid | 113 | qc enteric aspirin | 11 |
| pregabalin er | 158 | PROCARDIA XL | 73 | qc essentials | 138 |
| PREMARIN | 107, 170 | PROCENTRA | 2 | qc folic acid | 116 |
| PREMESISRX | 142 | prochlorperazine | 64 | qc gentle laxative | 121 |
| PREMPHASE | 106 | prochlorperazine maleate | 64 | qc gentle laxative womens | 121 |
| PREMPRO | 106 | PROCRT | 116 | qc laxative | 121 |
| prenal pearl | 140 | PROCTOCORT | 16 | qc magnesium citrate | 120 |
| prenatal | 140 | PROCTOFOAM HC | 15 | qc milk of magnesia | 120 |
| prenatal (w/iron & fa) | 140 | PROCTO-MED HC | 16 | qc nicotine transdermal | |
| prenatal 19 | 140 | PROCTOSOL HC | 16 | system | 159 |
| prenatal complete | 140 | PROCTOZONE-HC | 16 | qc prenatal | 140 |
| prenatal forte | 140 | PROCYSBI | 112 | QELBREE | 1 |
| PRENATAL MULTIVITAMIN | | progesterone | 154 | QINLOCK | 55 |
| + DHA | 141 | PROGLYCEM | 32 | QUADRACEL | 163 |
| prenatal one daily | 140 | PROGRAF | 131 | quazepam | 118 |
| prenatal vitamin and mineral | 140 | PROLENSA | 148 | QUESTRAN | 40 |
| prenatal vitamins | 140 | PROMACTA | 117 | QUESTRAN LIGHT | 40 |
| prenatal/iron | 140 | promethazine hcl | 39 | quetiapine fumarate | 64 |
| PRENATAL-U | 140 | promethazine-codeine | 87 | quetiapine fumarate er | 64 |
| PRENATE | 142 | promethazine-dm | 87 | QUILLICHEW ER | 3 |
| PRENATE AM | 142 | PROMETHEGAN | 39 | QUILLIVANT XR | 3 |
| PRENATE DHA | 141 | PROMETRIUM | 154 | quin b strong b-25 | 136 |
| PRENATE ELITE | 140 | propafenone hcl | 18 | quinapril hcl | 43 |
| PRENATE ENHANCE | 141 | propafenone hcl er | 18 | quinapril-hydrochlorothiazide | 42 |
| PRENATE ESSENTIAL | 141 | proparacaine hcl | 147 | quinidine gluconate er | 18 |
| PRENATE MINI | 141 | propranolol hcl | 72 | quinidine sulfate | 18 |
| PRENATE RESTORE | 141 | propranolol hcl er | 71 | quinine sulfate | 50 |
| pretomanid | 50 | propylthiouracil | 162 | quintabs | 138 |
| PREVACID | 164 | PROQUAD | 167 | QULIPTA | 127 |
| PREVALITE | 40 | PROSCAR | 111 | QVAR REDIHALER | 22 |
| PREVIDENT | 133 | protriptyline hcl | 31 | RADICAVA ORS | 144 |
| PREVIDENT 5000 BOOSTER | | PROVERA | 154 | RADICAVA ORS STARTER | |
| PLUS | 133 | PROVIDA OB | 140 | KIT | 144 |
| PREVIDENT 5000 DRY | | PROVIGIL | 3 | raloxifene hcl | 105 |
| MOUTH | 133 | pseudoeph-bromphen-dm | 87 | ramipril | 43 |
| PREVIDENT 5000 ENAMEL | | PULMICORT FLEXHALER | 22 | ranolazine er | 16 |
| PROTECT | 133 | PULMOSAL | 86 | RAPAFLO | 112 |
| PREVIDENT 5000 ORTHO | | PULMOZYME | 161 | rasagiline mesylate | 61 |
| DEFENSE | 133 | PURIXAN | 51 | REALITY LATEX CONDOMS | |
| PREVIDENT 5000 PLUS | 133 | PYLERA | 165 | ..... | 124 |
| PREVIDENT 5000 SENSITIVE | | pyrazinamide | 50 | REALITY LATEX/ULTRA | |
| ..... | 133 | pyridostigmine bromide | 50 | TEXTURED | 124 |
| PREVNAR 20 | 167 | pyridostigmine bromide er | 37, 50 | REALITY LATEX/ULTRA | |
| PREVYMIS | 69 | pyrimethamine | 49 | THIN | 124 |
| PREZCOBIX | 66 | PYRUKYND | 115 | REBIF | 157 |
| PREZISTA | 67 | PYRUKYND TAPER PACK .. | 115 | REBIF REBIDOSE | 156 |
| PRIFTIN | 50 | qc aspirin | 11 | REBIF REBIDOSE | |
| PRIMAXIN IV | 46 | qc aspirin low dose | 11 | TITRATION PACK | 157 |
| primidone | 26 | qc b50 prolonged release | 136 | REBIF TITRATION PACK | 157 |
| PRIORIX | 167 | qc b-complex/vitamin c | 134 | RECARBRIO | 46 |

| | | | | | |
|---|--------|--|----------|--|----------|
| RECLIPSEN..... | 81 | RITALIN..... | 3 | SCSEMBLIX..... | 52 |
| RECOMBIVAX HB..... | 169 | RITALIN LA..... | 3 | scopolamine | 37 |
| RECTIV..... | 15 | ritonavir | 67 | SECUADO..... | 63 |
| REGLAN..... | 109 | rivaroxaban | 22 | select-lite device/lancets | 127 |
| RELENZA DISKHALER..... | 70 | rivastigmine | 155 | SELECT-OB..... | 140 |
| RELION KETONE TEST..... | 99 | rivastigmine tartrate | 155 | SELECT-OB+DHA..... | 141 |
| RELISTOR..... | 110 | RIVELSA..... | 83 | selegiline hcl | 61 |
| relnate dha | 140 | RIVFLOZA..... | 112, 113 | selenium sulfide | 92 |
| RELPAK..... | 128 | rizatriptan benzoate | 128 | SELZENTRY..... | 67 |
| REMERON..... | 29 | ROCALTROL..... | 103 | se-natal 19 | 140 |
| REMERON SOLTAB..... | 29 | roflumilast | 21 | SENSIPAR..... | 101 |
| REMESENSE..... | 124 | ROMVIMZA..... | 53 | SEPHIENCE..... | 104 |
| renal vitamin | 135 | ropinirole hcl | 61 | SEREVENT DISKUS..... | 20 |
| rena-vite | 135 | ropinirole hcl er | 61 | SEROQUEL..... | 64 |
| RENTHYROID..... | 162 | rosuvastatin calcium | 41 | SEROQUEL XR..... | 64 |
| REVELA..... | 111 | ROTARIX..... | 169 | sertraline hcl | 30 |
| repaglinide | 35 | ROTATEQ..... | 169 | SETLAKIN..... | 83 |
| REPATHA..... | 41 | ROWASA..... | 110 | sevelamer carbonate | 111 |
| REPATHA SURECLICK..... | 42 | ROWEEPRA..... | 26 | sevelamer hcl | 111 |
| RESTASIS..... | 147 | ROXICODONE..... | 13 | sf | 134 |
| RESTASIS MULTIDOSE..... | 147 | ROZLYTREK..... | 56 | sf 5000 plus | 134 |
| RESTORIL..... | 118 | RUBRACA..... | 59 | SHAROBEL..... | 84 |
| RETACRIT..... | 116 | rufinamide | 26 | SHINGRIX..... | 169 |
| RETEVMO..... | 55 | RUKOBIA..... | 67 | SIGNIFOR..... | 105 |
| RETIN-A..... | 89 | RYBELSUS..... | 34 | SIKLOS..... | 116 |
| RETROVIR..... | 68 | RYCLORA..... | 39 | sildenafil citrate | 75 |
| REVLIMID..... | 131 | RYDAPT..... | 55 | silodosin | 112 |
| REVUFORJ..... | 54 | RYKINDO..... | 63 | SILVADENE..... | 92 |
| REXTOVY..... | 37 | SABRIL..... | 27 | silver nitrate | 92 |
| REXULTI..... | 65 | sacubitril-valsartan | 74 | silver sulfadiazine | 92 |
| REYATAZ..... | 67 | SAFYRAL..... | 81 | SIMBRINZA..... | 144 |
| REZDIFFRA..... | 109 | SAJAZIR..... | 113 | SIMLANDI (1 PEN)..... | 6 |
| REZLIDHIA..... | 58 | SALAGEN..... | 134 | SIMLANDI (2 PEN)..... | 6 |
| REZUROCK..... | 132 | SANCUSO..... | 37 | SIMLANDI (2 SYRINGE)..... | 6 |
| RHAPSIDO..... | 131 | SANDIMMUNE..... | 130 | SIMLIYA..... | 78 |
| ribavirin | 69, 70 | SANDOSTATIN..... | 105 | SIMPESSE..... | 83 |
| RIDAURA..... | 6 | SANDOSTATIN LAR DEPOT..... | 105 | simvastatin | 41 |
| rifabutin | 50 | SANTYL..... | 96 | SINEMET..... | 61 |
| rifampin | 50 | SAPHRIS..... | 63 | SINGULAIR..... | 21 |
| RIGHTEST ALTERNATE | | sapropterin dihydrochloride | 104 | sirolimus | 131 |
| SITE ADAPT..... | 127 | SAVELLA..... | 155 | SKYCLARYS..... | 144 |
| riluzole | 144 | SAVELLA TITRATION PACK | | SKYRIZI..... | 91, 110 |
| rimantadine hcl | 70 | ..... | 155 | SKYRIZI PEN..... | 91 |
| RINVOQ..... | 5 | sb aspirin | 11 | SKYTROFA..... | 102 |
| RINVOQ LQ..... | 5 | sb aspirin ec | 11 | SLYND..... | 84 |
| RIOMET..... | 32 | sb bisacodyl laxative ec | 121 | sm aspirin ec | 11 |
| risanoid plus | 142 | sb childrens aspirin | 11 | sm nicotine | 160 |
| risedronate sodium | 101 | sb gentle lax-women | 121 | sm nicotine polacrilex | 160 |
| RISPERDAL..... | 63 | sb low dose asa ec | 11 | SMOOTH LAX..... | 121 |
| RISPERDAL CONSTA..... | 63 | sb magnesium citrate | 120 | sodium chloride | 87 |
| risperidone | 63 | sb milk of magnesia | 120 | sodium fluoride | 129, 134 |
| risperidone microspheres er | 63 | sb polyethylene glycol 3350 | 120 | sodium fluoride 5000 enamel | 133 |

| | | | | | |
|--|-----|--|--------|---|---------|
| sodium fluoride 5000 plus | 134 | STRIBILD | 66 | TAB-A-VITE/BETA | |
| sodium fluoride 5000 ppm | 134 | SUBLOCADE..... | 14 | CAROTENE..... | 138 |
| sodium fluoride 5000 sensitive | | SUBOXONE..... | 14 | TAB-A-VITE/IRON..... | 137 |
| ..... | 133 | SUBVENITE..... | 26 | TAB-A-VITE/IRON/BETA | |
| sodium iodide i-131 | 162 | SUBVENITE STARTER KIT- | | CAROTENE..... | 137 |
| sodium oxybate | 154 | BLUE..... | 26 | TABLOID..... | 51 |
| sodium phenylbutyrate | 106 | SUBVENITE STARTER KIT- | | TABRECTA..... | 54 |
| sodium polystyrene sulfonate | 132 | GREEN..... | 26 | TACLONEX..... | 98 |
| SOGROYA..... | 102 | SUBVENITE STARTER KIT- | | tacrolimus | 97, 131 |
| solifenacin succinate | 165 | ORANGE..... | 27 | tadalafil (pah) | 75 |
| SOLOSEC..... | 4 | SUCRAID..... | 99 | TAFINLAR..... | 52 |
| SOLTAMOX..... | 51 | sucralfate | 164 | tafluprost (pf) | 150 |
| SOLU-CORTEF..... | 86 | SUFLAVE..... | 119 | TAGRISSE..... | 53 |
| SOLU-MEDROL (PF)..... | 86 | SULAR..... | 73 | TAKE ACTION..... | 82 |
| SOMA..... | 143 | sulconazole nitrate | 96 | TAKHZYRO..... | 114 |
| SOMATULINE DEPOT..... | 105 | sulfacetamide sodium | 150 | TALTZ..... | 91 |
| SOMAVERT..... | 102 | sulfacetamide sodium (acne) ... | 88 | TALZENNA..... | 59 |
| sorafenib tosylate | 55 | sulfacetamide-prednisolone ... | 149 | TAMIFLU..... | 70 |
| SORILUX..... | 91 | sulfadiazine | 161 | tamoxifen citrate | 51 |
| sotalol hcl | 72 | sulfamethoxazole- | | tamsulosin hcl | 112 |
| sotalol hcl (af) | 72 | trimethoprim | 45, 46 | TARGRETIN..... | 98 |
| SOTYKTU..... | 91 | SULFAMYLON..... | 92 | TARINA 24 FE..... | 81 |
| SOTYLIZE..... | 72 | sulfasalazine | 110 | TARINA FE 1/20 EQ..... | 81 |
| SPEVIGO..... | 91 | SULFATRIM PEDIATRIC..... | 46 | TARON-C DHA..... | 140 |
| SPIKEVAX..... | 169 | sulindac | 7 | TARPEYO..... | 86 |
| SPIKEVAX 6M-11Y..... | 169 | sumatriptan | 128 | TASCENSO ODT..... | 160 |
| spinosad | 98 | sumatriptan succinate | 128 | TASIGNA..... | 52 |
| SPIRIVA HANDIHALER..... | 20 | sunitinib malate | 55 | TASMAR..... | 61 |
| SPIRIVA RESPIMAT..... | 20 | SUNLENCA..... | 66 | TAVALISSE..... | 115 |
| spironolactone | 100 | SUNOSI..... | 2 | TAYSOFY..... | 81 |
| spironolactone-hctz | 100 | super b complex/fa/vit c | 135 | TAYTULLA..... | 81 |
| SPORANOX..... | 39 | super b complex/vitamin c | 135 | tazarotene | 91, 92 |
| SPRAVATO (56 MG DOSE).... | 29 | super b-complex | 136 | TAZICEF..... | 77 |
| SPRAVATO (84 MG DOSE).... | 29 | super b-complex + vitamin c .. | 135 | TAZORAC..... | 92 |
| SPRINTEC 28..... | 81 | super b-complex/vit c/fa | 135 | TAZVERIK..... | 54 |
| SPRITAM..... | 26 | SUPER DEC B-100..... | 136 | TEFLARO..... | 77 |
| SPRYCEL..... | 52 | SUPER QUINTS B-50..... | 136 | TEGRETOL..... | 27 |
| SPS (SODIUM | | SUPREP BOWEL PREP KIT .. | 119 | TEGRETOL-XR..... | 27 |
| POLYSTYRENE SULF)..... | 132 | SUTENT..... | 55 | TEKTURNA..... | 45 |
| SRONYX..... | 81 | SYEDA..... | 81 | telmisartan | 44 |
| SSD..... | 92 | SYMDEKO..... | 161 | telmisartan-amlodipine | 43 |
| ST JOSEPH ASPIRIN..... | 11 | SYMFI..... | 66 | telmisartan-hctz | 43 |
| ST JOSEPH LOW DOSE..... | 11 | SYMPAZAN..... | 24 | temazepam | 118 |
| STIOLTO RESPIMAT..... | 19 | SYMPROIC..... | 110 | temozolomide | 58 |
| STIVARGA..... | 55 | SYMTUZA..... | 66 | TENIVAC..... | 163 |
| STRENSIQ..... | 103 | SYNALAR..... | 95 | tenofovir disoproxil fumarate .. | 68 |
| streptomycin sulfate | 5 | SYNAREL..... | 104 | TENORMIN..... | 71 |
| stress b complex/iron | 137 | SYNDROS..... | 38 | TEPMETKO..... | 54 |
| stress formula | 138 | SYNJARDY..... | 35 | terazosin hcl | 45 |
| stress formula (folic acid) | 135 | SYNJARDY XR..... | 35 | terbinafine hcl | 38 |
| stress formula/iron | 137 | SYNTHROID..... | 162 | terbutaline sulfate | 20 |
| STRESSSTABS ENERGY..... | 138 | TAB-A-VITE..... | 138 | terconazole | 169 |

| | | | | | |
|--|---------|---|-------------|------------------------------------|-----|
| teriflunomide | 155 | tobramycin-dexamethasone ... | 149 | TRIKAFTA..... | 161 |
| teriparatide | 104 | TOBEX..... | 146 | TRI-LEGEST FE..... | 84 |
| testosterone | 15 | TODAY SPONGE..... | 169 | TRILEPTAL..... | 27 |
| testosterone cypionate | 15 | tolcapone | 61 | TRI-LINYAH..... | 84 |
| testosterone enanthate | 15 | tolterodine tartrate | 165 | TRI-LO-ESTARYLLA..... | 84 |
| tetrabenazine | 155 | tolterodine tartrate er | 165 | TRI-LO-MARZIA..... | 84 |
| tetracaine hcl | 147 | tolvaptan | 105 | TRI-LO-MILI..... | 84 |
| tetracycline hcl | 162 | tolvaptan (hyponatremia) | 105 | TRI-LO-SPRINTEC..... | 84 |
| TEXACORT..... | 95 | TOPAMAX..... | 27 | trimethobenzamide hcl | 38 |
| TEZRULY..... | 45 | TOPAMAX SPRINKLE..... | 27 | trimethoprim | 45 |
| TEZSPIRE..... | 22 | TOPICORT..... | 95 | TRI-MILI..... | 84 |
| THALITONE..... | 100 | TOPICORT SPRAY..... | 95 | trimipramine maleate | 31 |
| THALOMID..... | 130 | topiramate | 27 | trinatal rx 1 | 141 |
| theophylline | 22 | TOPROL XL..... | 71 | TRINATE..... | 141 |
| theophylline er | 22 | toremifene citrate | 51 | TRINTELLIX..... | 30 |
| THERA..... | 138 | torsemide | 100 | TRI-SPRINTEC..... | 84 |
| thera-tabs | 138 | TOUJEO MAX SOLOSTAR..... | 34 | TRIUMEQ..... | 66 |
| THEREMS..... | 138 | TOVET..... | 95 | triumeq pd | 66 |
| THIOLA..... | 113 | TOVIAZ..... | 165 | TRI-VI-FLOR..... | 139 |
| THIOLA EC..... | 113 | TRACLEER..... | 74 | tri-vi-floro | 139 |
| thioridazine hcl | 64 | tramadol hcl | 13 | tri-vite/fluoride | 139 |
| thiothixene | 65 | tramadol hcl er | 13 | TRIVORA (28)..... | 84 |
| THRIVE..... | 160 | tramadol-acetaminophen | 14 | TRI-VYLIBRA..... | 84 |
| thrivite rx | 141 | trandolapril | 43 | TRI-VYLIBRA LO..... | 84 |
| TIADYLT ER..... | 73 | trandolapril-verapamil hcl er .. | 42 | tropicamide | 145 |
| tiagabine hcl | 27 | tranlycypromine sulfate | 29 | trospium chloride | 165 |
| TIAZAC..... | 73 | TRAVATAN Z..... | 150 | trospium chloride er | 165 |
| TIBSOVO..... | 58 | travoprost (bak free) | 150 | TRULANCE..... | 108 |
| ticagrelor | 114 | trazodone hcl | 30 | TRULICITY..... | 34 |
| TIKOSYN..... | 18 | TRELEGY ELLIPTA..... | 19 | TRUMENBA..... | 167 |
| TILIA FE..... | 84 | TREMFYA..... | 91, 110 | TRUQAP..... | 51 |
| timolol hemihydrate | 145 | TREMFYA ONE-PRESS..... | 91 | TRUSTEX COLOR | |
| timolol maleate | 72, 145 | TREMFYA PEN..... | 91 | CONDOMS + LUBE..... | 124 |
| timolol maleate (once-daily) .. | 145 | TRESIBA..... | 34 | TRUSTEX | |
| TIMOLOL MALEATE | | TRESIBA FLEXTOUCH..... | 34 | LUB/RIBBED/STUDED..... | 124 |
| OCUDOSE..... | 145 | tretinoin | 59, 89 | TRUSTEX LUB/SPERMICIDE | |
| timolol maleate pf | 145 | tretinoin microsphere | 89 | EX ST..... | 124 |
| TIMOPTIC OCUDOSE..... | 145 | tretinoin microsphere pump ... | 89 | TRUSTEX LUB/SPERMICIDE | |
| tinidazole | 45 | triamcinolone acetonide | | XL..... | 124 |
| tiopronin | 113 | ..... | 95, 96, 134 | TRUSTEX LUBRICATED..... | 124 |
| tiotropium bromide | 21 | triamcinolone in absorbbase | 96 | TRUSTEX LUBRICATED EX | |
| TIROSINT..... | 162 | triamterene-hctz | 100 | LARGE..... | 124 |
| TIROSINT-SOL..... | 162 | triazolam | 118 | TRUSTEX LUBRICATED | |
| TISSEEL..... | 118 | TRIBENZOR..... | 44 | EXTRA ST..... | 124 |
| TIVICAY..... | 67 | tri-buffered aspirin | 8 | TRUSTEX | |
| TIVICAY PD..... | 67 | TRICOR..... | 40 | LUBRICATED/SPERMICIDE | 124 |
| tizanidine hcl | 143 | TRIDERM..... | 96 | TRUSTEX NATURAL | |
| TOBI PODHALER..... | 5 | trientine hcl | 130 | CONDOMS + LUBE..... | 124 |
| TOBRADEX..... | 149 | TRI-ESTARYLLA..... | 84 | TRUSTEX NON- | |
| TOBRADEX ST..... | 149 | trifluoperazine hcl | 64 | LUBRICATED..... | 124 |
| tobramycin | 5, 146 | trifluridine | 147 | TRUSTEX RIA | |
| tobramycin sulfate | 5 | trihexyphenidyl hcl | 60 | LUB/SPERMICIDE..... | 124 |

| | | | | | |
|---|-----|--|----------|---|-----|
| TRUSTEX RIA LUBRICATED | 124 | vancomycin hcl in nacl | 47 | VIRACEPT | 67 |
| TRUSTEX RIA NON-LUBRICATED | 124 | VANDAZOLE | 170 | VIREAD | 68 |
| TRUSTEX-NONOXYNOL-9/RIB/STUD | 124 | VANFLYTA | 55 | VISTOGARD | 36 |
| TRUVADA | 66 | VANOS | 96 | vit e-vit c-beta carotene | 138 |
| TRYNGOLZA | 102 | VANRAFIA | 112 | VITAFOL GUMMIES | 141 |
| TUKYSA | 52 | VAQTA | 169 | VITAFOL ULTRA | 141 |
| TURALIO | 55 | varenicline tartrate | 160 | VITAFOL-OB | 141 |
| TWINRIX | 167 | varenicline tartrate (starter) .. | 160 | VITAFOL-OB+DHA | 141 |
| TWIRLA | 82 | VARIVAX | 169 | VITAFOL-ONE | 141 |
| TYBLUME | 81 | VARUBI (180 MG DOSE) | 38 | vitalee | 138 |
| TYMLOS | 104 | VASERETIC | 42 | vitamin b complex | 134 |
| TYRVAYA | 145 | VASOTEC | 43 | vitamin d (ergocalciferol) | 171 |
| TYZAVAN | 47 | VAXNEUVANCE | 167 | vitamin k1 | 171 |
| UBRELVY | 127 | VCF VAGINAL CONTRACEPTIVE | 169, 170 | vitamin-b complex | 134 |
| UCERIS | 86 | VECAMYL | 45 | VITRAKVI | 56 |
| UDENYCA | 117 | VECTICAL | 92 | VIVELLE-DOT | 107 |
| UDENYCA ONBODY | 117 | VELIVET | 84 | VIVITROL | 37 |
| ULORIC | 113 | VELPHORO | 111 | VIVJOA | 38 |
| ultra b-100 complex | 142 | VELSIPITY | 111 | VOLNEA | 78 |
| umeclidinium-vilanterol | 19 | VELTASSA | 132 | VONJO | 58 |
| UNASYN | 153 | VEMLIDY | 69 | VOQUEZNA | 164 |
| UNITHROID | 162 | VENCLEXTA | 52 | VORANIGO | 58 |
| UPNEEQ | 150 | VENCLEXTA STARTING PACK | 52 | voriconazole | 39 |
| UPTRAVI | 75 | venlafaxine hcl | 31 | VOSEVI | 69 |
| UPTRAVI TITRATION | 75 | venlafaxine hcl er | 31 | VOTRIENT | 55 |
| UROCIT-K 10 | 112 | VENTOLIN HFA | 20 | VOWST | 110 |
| UROCIT-K 15 | 112 | VEOZAH | 104 | VOXZOGO | 104 |
| UROXATRAL | 112 | verapamil hcl | 73 | VOYDEYA | 114 |
| URSO FORTE | 108 | verapamil hcl er | 73 | VRAYLAR | 62 |
| ursodiol | 108 | VEREGEN | 89 | VUSION | 89 |
| ustekinumab-aauz | 91 | VERQUVO | 75 | VYFEMLA | 81 |
| UZEDY | 63 | VERSACLOZ | 63 | VYLIBRA | 81 |
| VABOMERE | 46 | VERZENIO | 57 | VYNDAMAX | 75 |
| VAFSEO | 117 | VESICARE | 165 | VYTORIN | 41 |
| VAGIFEM | 170 | VESTURA | 81 | VYVANSE | 2 |
| valacyclovir hcl | 70 | VFEND | 39 | VYVGART HYTRULO | 131 |
| VALCHLOR | 90 | VIBATIV | 47 | WAINUA | 154 |
| VALCYTE | 69 | VIBERZI | 109 | WAKIX | 2 |
| valganciclovir hcl | 69 | VICTOZA | 34 | warfarin sodium | 22 |
| VALIUM | 17 | VIENVA | 81 | WAYRILZ | 113 |
| valproic acid | 28 | vigabatrin | 27, 28 | WELCHOL | 40 |
| valsartan | 44 | VIGADRONE | 28 | WELIREG | 53 |
| valsartan-hydrochlorothiazide .. | 43 | VIGAFYDE | 28 | WELLBUTRIN SR | 29 |
| VALTOCO 10 MG DOSE | 24 | VIGAMOX | 147 | WELLBUTRIN XL | 29 |
| VALTOCO 5 MG DOSE | 24 | VIIIBRYD | 31 | WERA | 81 |
| VALTREX | 70 | VIJOICE | 132 | wesnatal dha complete | 141 |
| VANCOGIN | 47 | vilazodone hcl | 31 | WIDE-SEAL DIAPHRAGM 60 | 124 |
| vancomycin hcl | 47 | VIMPAT | 27 | WIDE-SEAL DIAPHRAGM 65 | 125 |
| vancomycin hcl in dextrose | 47 | VINATE DHA RF | 141 | WIDE-SEAL DIAPHRAGM 70 | 125 |
| | | viorele | 78 | | |

| | | | | | |
|-------------------------------------|-----|-------------------------------------|-----|-----------------------------------|----------|
| WIDE-SEAL DIAPHRAGM 75 | 125 | XPOVIO (80 MG ONCE WEEKLY)..... | 56 | ZITHROMAX Z-PAK..... | 122 |
| WIDE-SEAL DIAPHRAGM 80 | 125 | XPOVIO (80 MG TWICE WEEKLY)..... | 56 | ZOCOR..... | 41 |
| WIDE-SEAL DIAPHRAGM 85 | 125 | XROMI..... | 116 | ZOKINVY..... | 131 |
| WIDE-SEAL DIAPHRAGM 90 | 125 | XTAMPZA ER..... | 14 | ZOLINZA..... | 54 |
| WIDE-SEAL DIAPHRAGM 95 | 125 | XTANDI..... | 51 | zolmitriptan | 128 |
| WINREVAIR..... | 74 | XULANE..... | 82 | ZOLOFT..... | 30 |
| WIXELA INHUB..... | 19 | XULTOPHY..... | 34 | zolpidem tartrate | 118 |
| womans laxative | 121 | XURIDEN..... | 102 | zolpidem tartrate er | 118 |
| womens laxative | 122 | XYREM..... | 154 | ZOMIG..... | 128, 129 |
| WYMZYA FE..... | 81 | YASMIN 28..... | 81 | ZONEGRAN..... | 27 |
| XACIATO..... | 170 | YAZ..... | 82 | zonisamide | 27 |
| XALATAN..... | 150 | YESINTEK..... | 91 | ZONTIVITY..... | 115 |
| XALKORI..... | 52 | YEZTUGO..... | 66 | ZORTRESS..... | 131 |
| XANAX..... | 17 | yl balanced b-100 | 136 | ZORYVE..... | 97 |
| XARELTO..... | 23 | yl folic acid | 116 | ZOSYN..... | 153 |
| XARELTO STARTER PACK...23 | | YONSA..... | 50 | ZOVIA 1/35 (28)..... | 82 |
| XATMEP..... | 51 | YORVIPATH..... | 103 | ZOVIRAX..... | 92 |
| XCOPRI..... | 27 | YUVAFEM..... | 170 | ZTALMY..... | 27 |
| XCOPRI (250 MG DAILY DOSE)..... | 27 | ZAFEMY..... | 82 | ZUMANDIMINE..... | 82 |
| XCOPRI (350 MG DAILY DOSE)..... | 27 | zafirlukast | 21 | ZUNVEYL..... | 155 |
| XDEMVY..... | 147 | zaleplon | 118 | ZURNAI..... | 37 |
| XELJANZ..... | 5 | ZANAFLEX..... | 143 | ZURZUVAE..... | 29 |
| XELJANZ XR..... | 5 | ZARONTIN..... | 28 | ZYDELIG..... | 59 |
| XEMBIFY..... | 152 | ZARXIO..... | 117 | ZYKADIA..... | 52 |
| XERMELO..... | 111 | ZAVZPRET..... | 127 | ZYLET..... | 149 |
| XIFAXAN..... | 45 | ZEJULA..... | 59 | ZYPREXA..... | 65 |
| XIGDUO XR..... | 35 | ZELAPAR..... | 61 | ZYVOX..... | 48 |
| XIIDRA..... | 145 | ZELBORAF..... | 52 | | |
| XOFLUZA (40 MG DOSE)..... | 70 | ZEMPLAR..... | 103 | | |
| XOFLUZA (80 MG DOSE)..... | 70 | ZENATANE..... | 89 | | |
| XOLAIR..... | 19 | ZENPEP..... | 99 | | |
| XOLREMDI..... | 116 | ZENZEDI..... | 2 | | |
| XOPENEX HFA..... | 20 | ZEPOSIA..... | 160 | | |
| XOSPATA..... | 55 | ZEPOSIA 7-DAY STARTER PACK..... | 160 | | |
| XPHOZAH..... | 101 | ZEPOSIA STARTER KIT..... | 160 | | |
| XPOVIO (100 MG ONCE WEEKLY)..... | 56 | ZERBAXA..... | 75 | | |
| XPOVIO (40 MG ONCE WEEKLY)..... | 56 | ZESTORETIC..... | 42 | | |
| XPOVIO (40 MG TWICE WEEKLY)..... | 56 | ZESTRIL..... | 43 | | |
| XPOVIO (60 MG ONCE WEEKLY)..... | 56 | ZETIA..... | 41 | | |
| XPOVIO (60 MG TWICE WEEKLY)..... | 56 | ZIAGEN..... | 68 | | |
| | | zidovudine | 68 | | |
| | | ZILBRYSQ..... | 114 | | |
| | | zileuton er | 18 | | |
| | | ZILXI..... | 97 | | |
| | | ZIOPTAN..... | 150 | | |
| | | ziprasidone hcl | 62 | | |
| | | ZIRGAN..... | 147 | | |
| | | ZITHROMAX..... | 122 | | |
| | | ZITHROMAX TRI-PAK..... | 122 | | |

DISCRIMINATION IS AGAINST THE LAW

Blue Cross of Idaho complies with applicable Federal civil rights laws and does not discriminate, exclude or treat less favorably on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability or sex.

Blue Cross of Idaho:

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

If you need these services, contact Blue Cross of Idaho Civil Rights Coordinator at 1-800-627-1188 (TTY: 711).

If you believe that Blue Cross of Idaho has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance at:

Civil Rights Coordinator
3000 E. Pine Ave., Meridian, ID 83642
Telephone: 1-800-274-4018
Fax: 208-331-7493
Email: grievancesandappeals@bcidaho.com
TTY: 711

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>.

ATTENTION: If you speak Arabic, Bantu, Chinese, Farsi, French, German, Japanese, Korean, Nepali, Romanian, Russian, Serbo-Croatian, Spanish, Tagalog, or Vietnamese, appropriate auxiliary aids and language assistance services are available free of charge. Call 1-800-627-1188 (TTY: 711).

Arabic: انتبه: إذا كنت تتحدث اللغة العربية ، فإن خدمات المساعدة اللغوية متاحة لك مجاناً اتصل على 1-800-627-1188 (للصم والبكم: 711).

Bantu: ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-800-627-1188 (TTY: 711).

Chinese: 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-800-627-1188 (TTY: 711)。

Farsi: توجه: اگر به زبان فارسی صحبت می کنید، خدمات رایگان پشتیبانی زبان، در دسترس شما است. شماره تماس 1-800-627-1188 (TTY: 711).

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-627-1188 (ATS : 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-627-1188 (TTY: 711).

Japanese: 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-800-627-1188 (TTY: 711) まで、お電話にてご連絡ください。

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-627-1188 (TTY: 711)번으로 전화해 주십시오.

Nepali: ध्यान दनिहोस: तपाइंले नेपाली बोल्नुहुन्छ भने तपाइंको नमिति भाषा सहायता सेवाहरू ने:शुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस 1-800-627-1188 (टटिविड: 711) ।

Romanian: ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-627-1188 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-627-1188 (телетайп: 711).

Serbo-Croatian: OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-627-1188 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-627-1188 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-627-1188 (TTY: 711).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-627-1188 (TTY: 711).