

2026

Formulary

(List of Covered Drugs)

This formulary was updated on October 8, 2025. For more recent information or other questions, please contact ArchCare Senior Life (PACE) Member Services at 1-866-412-5435 or, for TTY users, 711, 24 hours a day, 7 days a week, or visit www.ArchCareSeniorLife.org.



archcare
Senior Life

ArchCare Senior Life (PACE)

2026 Formulary

List of Covered Drugs

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER IN THIS PLAN**

Formulary ID: 00026079, Version Number: 6

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Catholic Managed Long Term Care, Inc. When it refers to “plan” or “our plan,” it means ArchCare Senior Life (PACE).

ArchCare Senior Life is a Program of All-inclusive Care for the Elderly (PACE). PACE is a community-based healthcare program created for people 55 and over who require nursing-home-level care, but prefer to receive it in their own familiar surroundings.

This document includes the Drug List (formulary) for our plan which is current as of October 8, 2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary and/or pharmacy network may change on January 1, 2026, and from time to time during the year.

What is the ArchCare Senior Life (PACE) Formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by ArchCare Senior Life (PACE) in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. ArchCare Senior Life (PACE) will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an ArchCare Senior Life (PACE) network pharmacy, and other plan rules are followed.

Can the formulary change?

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Most changes in drug coverage happen on January 1, but ArchCare Senior Life (PACE) may add or remove drugs on the formulary during the year or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: www.ArchCareSeniorLife.org.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately add new restrictions

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the ArchCare Senior Life (PACE)’s Formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product. We may make changes based on new clinical guidelines. If we remove drugs

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

from our formulary or add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the ArchCare Senior Life (PACE)’s Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of October 8, 2025. To get updated information about the drugs covered by ArchCare Senior Life (PACE), please contact us. Our contact information appears on the front and back cover pages. Please visit our web site at www.ArchCareSeniorLife.org or call Member Services at 1-866-412-5435, 24 hours a day, 7 days a week. TTY/TDD users should call 711. We will notify you by mail in the event of mid-year non-maintenance formulary changes.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 13. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular”. If you know what your drug is used for, look for the category name in the list that begins below. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 248. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

What are generic drugs?

ArchCare Senior Life (PACE) covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

Prior Authorization: ArchCare Senior Life (PACE) requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from ArchCare Senior Life (PACE) before you fill your prescriptions. If you don't get approval, ArchCare Senior Life (PACE) may not cover the drug.

Quantity Limits: For certain drugs, ArchCare Senior Life (PACE) limits the amount of the drug that ArchCare Senior Life (PACE) will cover. For example, ArchCare Senior Life (PACE) provides 30 tablets per prescription for Kerendia. This may be in addition to a standard one-month or three-month supply.

Step Therapy: In some cases, ArchCare Senior Life (PACE) requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, ArchCare Senior Life (PACE) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, ArchCare Senior Life (PACE) will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 13. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document that explains our prior authorization and step therapy restrictions. You may also ask us to send you a

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask ArchCare Senior Life (PACE) to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the ArchCare Senior Life (PACE)’s formulary?” on page 6 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that ArchCare Senior Life (PACE) does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by ArchCare Senior Life (PACE). When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by ArchCare Senior Life (PACE).
- You can ask ArchCare Senior Life (PACE) to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the ArchCare Senior Life (PACE)’s Formulary?

You can ask ArchCare Senior Life (PACE) to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, ArchCare Senior Life (PACE) limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, ArchCare Senior Life (PACE) will only approve your request for an exception if the alternative drugs included on the plan’s formulary or the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask us for a formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber’s supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

by waiting up to 72 hours for a decision. If we agree, or your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

If you experience a change in level of care, we will cover a transition supply of your drugs. A level of care change occurs when you are discharged from a hospital or moved to or from a long-term care facility. In these instances, we will provide an emergency supply of non-formulary medication (including Part D medications that are on our formulary but require prior authorization or step therapy under our utilization management rules). This emergency supply will be for one 31-day supply, or less if your prescription is written for fewer days. The emergency supply is to ensure that you receive your medications while an exception has been requested.

For more information

For more detailed information about your ArchCare Senior Life (PACE) prescription drug coverage, please review your plan materials.

If you have questions about ArchCare Senior Life (PACE), please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

ArchCare Senior Life (PACE)’s Formulary

The formulary below provides coverage information about the drugs covered by ArchCare Senior Life (PACE). If you have trouble finding your drug in the list, turn to the Index that begins on page 248.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., COUMADIN) and generic drugs are listed in lower-case italics (e.g., *warfarin*).

The information in the Requirements/Limits column tells you if ArchCare Senior Life (PACE) has any special requirements for coverage of your drug.

GUIDE TO ABBREVIATIONS

PA – Prior Authorization required. This means that you or your physician must get approval from us before you fill your prescriptions for certain drugs. If you do not get approval, we may not cover the drugs.

QL – Quantity limits apply. For certain drugs we limit the amount that the plan will cover.

B/D – The plan will determine whether this drug will be covered under Medicare Part B or Part D based on the reason this drug has been prescribed by your doctor.

NM – Not available at our mail-order pharmacies. Not all drugs are available at mail-order, please check with customer service if you have any questions.

ST – Step Therapy. This means that we may require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

ArchCare Senior Life is a Program of All-inclusive Care for the Elderly (PACE).

You can ask for this information for free in other formats, such as Braille, large print, data CD, audio CD or qualified reader. Puede solicitar esta información de forma gratuita en otros formatos, tales como Braille, letra grande, en CD, CD de audio o un lector cualificado.

The formulary, pharmacy network and provider network may change at any time. You will receive notice when necessary.

Discrimination is Against the Law

ArchCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ArchCare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

ArchCare

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

If you need these services, contact ArchCare Compliance at 800-443-0463, TTY 711

If you believe that ArchCare has failed to provide these services listed above or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: ArchCare Compliance at 800-443-0463, TTY 711, or email PACE1557grievances@archcare.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, ArchCare Compliance at 800-443-0463, TTY 711 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/cp/wizard_cp.jsf or by mail or phone at:

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

Complaint forms are available on-line at <http://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>

ArchCare Senior Life (PACE) Language Assistance

ATTENTION: Language assistance services and other aids, free of charge, are available to you. Call 1-866-263-9083 (TTY:711).	English
ATENCIÓN: Dispone de servicios de asistencia lingüística y otras ayudas, gratis. Llame al 1-866-263-9083 (TTY:711).	Spanish
请注意：您可以免费获得语言协助服务和其他辅助服务。请致电 1-866-263-9083 (TTY:711).	Chinese
ملاحظة: خدمات المساعدة اللغوية والمساعدات الأخرى المجانية متاحة لك. اتصل بالرقم 1-866-263-9083 (TTY:711).	Arabic
주의: 언어 지원 서비스 및 기타 지원을 무료로 이용하실 수 있습니다. 1-866-263-9083 (TTY:711) 번으로 연락해 주십시오.	Korean
ВНИМАНИЕ! Вам доступны бесплатные услуги переводчика и другие виды помощи. Звоните по номеру 1-866-263-9083 (TTY:711).	Russian
ATTENZIONE: Sono disponibili servizi di assistenza linguistica e altri ausili gratuiti. Chiamare il 1-866-263-9083 (TTY:711).	Italian

ATTENTION : Des services d'assistance linguistique et d'autres ressources d'aide vous sont offerts gratuitement. Composez le 1-866-263-9083 (TTY:711).	French
ATANSYON: Gen sèvis pou bay asistans nan lang ak lòt èd ki disponib gratis pou ou. Rele 1-866-263-9083 (TTY:711).	French Creole
אכטונג: שפראך הילף סערוויסעס און אנדערע הילף, זענען אוועילעבל פאר אייך אומזיסט. רופט 1-866-263-9083 (TTY:711).	Yiddish
UWAGA: Dostępne są bezpłatne usługi językowe oraz inne formy pomocy. Zadzwoń: 1-866-263-9083 (TTY:711).	Polish
ATENSYON: Available ang mga serbisyong tulong sa wika at iba pang tulong nang libre. Tumawag sa 1-866-263-9083 (TTY:711).	Tagalog
মনোযোগ নামূল্যে ভাষা সহায়তা পরিষেবা এবং অন্যান্য সাহায্য আপনার জন্য উপলব্ধ। 1-866-263-9083 (TTY:711)-এ ফোন করুন।	Bengali
VINI RE: Për ju disponohen shërbime asistence gjuhësore dhe ndihma të tjera falas. Telefononi 1-866-263-9083 (TTY:711).	Albanian

ΠΡΟΣΟΧΗ: Υπηρεσίες γλωσσικής βοήθειας και άλλα βοηθήματα είναι στη διάθεσή σας, δωρεάν. Καλέστε στο 1-866-263-9083 (TTY:711).	Greek
توجہ فرمائیں: زبان میں معاونت کی خدمات اور دیگر معاونتیں آپ کے لیے بلا معاوضہ دستیاب ہیں۔ کال کریں (TTY:711) 1-866-263-9083۔	Urdu

H4393_2025_Language Assistance Notice_C

Revised 3/2025

ArchCare Senior Life (PACE) Formulary

Effective: January 1, 2026

Drug Name	Drug Tier	Requirements/Limits
<u>ANALGESICS</u>		
<u>GOUT</u>		
<i>allopurinol</i> TABS 100mg, 300mg	1	
<i>colchicine</i> TABS .6mg	1	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
<i>probenecid</i> TABS 500mg	1	
<u>MISCELLANEOUS</u>		
<i>a/f pain relief</i> TABS 500mg	2	
<i>acephen</i> SUPP 120mg	2	
<i>acetaminophen</i> CAPS 500mg; CHEW 80mg, 160mg; LIQD 160mg/5ml, 166.67mg/5ml; SOLN 160mg/5ml; SUPP 325mg, 650mg; SUSP 80mg/0.8ml; TABS 325mg	2	
<i>acetaminophen junior stre</i> TBDP 160mg	2	
<i>added strength pain relie</i>	2	
<i>adprin b</i>	2	
<i>adult aspirin regimen</i> TBEC 81mg	2	
<i>af-aspirin childrens</i> CHEW 81mg	2	
ALKA-SELTZER TAB 325MG	2	
ALKA-SELTZER TAB 500MG	2	
<i>anacin</i> TBEC 81mg	2	
ANACIN TAB 400-30MG	2	
ANACIN TAB MAX STR	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
APACET CHW 80MG CHEW 80mg	2	
<i>arthritis pain reliever</i> GEL 1%	2	
ASCRIPITIN TAB	2	
<i>aspercreme arthritis pain</i> GEL 1%	2	
<i>aspir-low</i> TBEC 81mg	2	
<i>aspirin</i> SUPP 300mg, 600mg; TABS 325mg, 500mg; TBEC 81mg, 325mg, 650mg	2	
ASPIRIN SUPP 300mg, 600mg; TBEC 650mg	2	
<i>aspirin 81</i> TBEC 81mg	2	
<i>aspirin adult low dose</i> TBEC 81mg	2	
<i>aspirin adult low strengt</i> TBEC 81mg	2	
<i>aspirin buffered tab 500 mg</i>	2	
<i>aspirin ec adult low dose</i> TBEC 81mg	2	
<i>aspirin ec low dose</i> TBEC 81mg	2	
<i>aspirin enteric coated ad</i> TBEC 81mg	2	
<i>aspirin low dose</i> TBEC 81mg	2	
<i>aspirin powder</i>	2	
<i>aspirin regimen</i> TBEC 81mg	2	
<i>aspirin-caffeine tab 400-32 mg</i>	2	
BACK PAINOFF TAB	2	
<i>bayer aspirin ec low dose</i> TBEC 81mg	2	
<i>bayer chewable low dose</i> CHEW 81mg	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>bayer low dose</i> TBEC 81mg	2	
BAYER PLUS TAB 500MG	2	
BAYER WOMENS TAB 81-300MG	2	
BC FAST PAIN POW RELIEF	2	
BC FAST PAIN POW RLF ARTH	2	
<i>bufferin extra strength</i>	2	
BUFFERIN TAB 325MG	2	
BUFFERIN TAB 500MG	2	
<i>childrens acetaminophen</i> SUSP 160mg/5ml	2	
CHLD NON-ASA TAB 80MG	2	
CRAMP TAB	2	
<i>cvs aspirin adult low str</i> TBEC 81mg	2	
<i>cvs aspirin ec</i> TBEC 81mg	2	
<i>cvs aspirin low dose</i> TBEC 81mg	2	
<i>cvs aspirin low strength</i> TBEC 81mg	2	
<i>cvs diclofenac sodium</i> GEL 1%	2	
<i>diclofenac sodium (topical)</i> GEL 1%	2	
DOANS EXTRA STRENGTH TABS 500mg	2	
<i>ecotrin low strength</i> TBEC 81mg	2	
ECOTRIN LOW TAB 81MG EC	2	
ECOTRIN MAXIMUM STRENGTH TBEC 500mg	2	

Drug Name	Drug Tier	Requirements/Limits
ECOTRIN REGULAR STRENGTH TBEC 325mg	2	
<i>eq arthritis pain</i> GEL 1%	2	
<i>eq arthritis pain relieve</i> GEL 1%	2	
<i>eq aspirin adult low dose</i> TBEC 81mg	2	
<i>eq aspirin low dose</i> TBEC 81mg	2	
EXCEDRIN TAB	2	
<i>extra strength bayer arth</i> TBEC 500mg	2	
FEVERALL JUNIOR STRENGTH SUPP 325mg	2	
FEVERALL SUP 80MG SUPP 80mg	2	
<i>ft arthritis pain</i> GEL 1%	2	
<i>gnp arthritis pain</i> GEL 1%	2	
<i>gnp aspirin</i> TBEC 81mg	2	
<i>gnp aspirin low dose</i> TBEC 81mg	2	
<i>gnp diclofenac sodium</i> GEL 1%	2	
<i>goodsense arthritis pain</i> GEL 1%	2	
<i>goodsense aspirin</i> CHEW 81mg; TBEC 81mg	2	
<i>goodsense aspirin low dos</i> TBEC 81mg	2	
GOODYS POW EX ST	2	
<i>h-e-b aspirin</i> TBEC 81mg	2	
HISTAFLEX TAB 325-25MG	2	
<i>hm aspirin ec low dose</i> TBEC 81mg	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
HM PAIN REL DRO 80/0.8ML	2	
JR NON-ASA TAB 160MG QM	2	
<i>kls arthritis pain relief</i> GEL 1%	2	
<i>kls aspirin low dose</i> TBEC 81mg	2	
<i>kls diclofenac sodium</i> GEL 1%	2	
<i>kp aspirin</i> TBEC 81mg	2	
<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%	1	B/D
<i>magnesium salicylate</i> TABS 500mg	2	
MEDI-TABS TAB 500MG	2	
<i>miniprin low dose</i> TBEC 81mg	2	
<i>mm aspirin</i> TBEC 81mg	2	
<i>motrin arthritis pain</i> GEL 1%	2	
<i>nicotine polacrilex</i> LOZG 2mg	2	
PAIN RELIEF TAB	2	
<i>painaid</i>	2	
<i>px enteric aspirin</i> TBEC 81mg	2	
<i>qc aspirin low dose</i> TBEC 81mg	2	
<i>qc diclofenac sodium</i> GEL 1%	2	
<i>ra antacid pain relief</i>	2	
<i>ra aspirin ec</i> TBEC 81mg	2	
<i>ra aspirin ec adult low s</i> TBEC 81mg	2	
<i>sb aspirin</i> TBEC 81mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>sb aspirin adult low stre</i> TBEC 81mg	2	
<i>sb low dose asa ec</i> TBEC 81mg	2	
<i>sm 8 hour pain relief</i> TBCR 650mg	2	
<i>sm arthritis pain</i> GEL 1%	2	
<i>sm aspirin adult low stre</i> TBEC 81mg	2	
<i>sm aspirin ec low strengt</i> TBEC 81mg	2	
<i>sm aspirin low dose</i> TBEC 81mg	2	
<i>st joseph aspirin</i> TBEC 81mg	2	
<i>st joseph low dose aspiri</i> TBEC 81mg	2	
TEMPRA 3 CHW 160MG CHEW 160mg	2	
<i>tgt acetaminophen melts c</i> TBDP 80mg	2	
TYLENOL CAP 500MG CAPS 500mg	2	
TYLENOL CAPLETS TABS 325mg	2	
TYLENOL CHILDRENS SUSP 160mg/5ml	2	
TYLENOL ER TAB 650MG TBCR 650mg	2	
TYLENOL EXTRA STRENGTH LIQD 1000mg/30ml	2	
VOLTAREN ARTHRITIS PAIN GEL 1%	2	
NSAIDS		
<i>addaprin</i> TABS 200mg	2	
<i>advil junior strength</i> CHEW 100mg; TABS 100mg	2	
ALEVE CAPS 220mg; TABS 220mg	2	
<i>all day pain relief</i> TABS 220mg	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	1	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	1	QL (30 caps / 30 days)
CHILDRENS ADVIL SUSP 40mg/ml	2	
<i>childrens ibuprofen</i> SUSP 40mg/ml	2	
CHILDRENS MOTRIN JUNIOR S CHEW 100mg	2	
<i>diclofenac potassium</i> TABS 50mg	1	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1	
<i>diflunisal</i> TABS 500mg	1	
<i>eq ibuprofen</i> CAPS 200mg	2	
<i>eq naproxen sodium</i> CAPS 220mg	2	
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	1	
<i>flurbiprofen</i> TABS 100mg	1	
HCA IBUPROFE CAP SOFTGEL	2	
HM IBUPROFEN SUS 100/5ML	2	
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
MOTRIN MIGRA TAB 200MG	2	
<i>nabumetone</i> TABS 500mg, 750mg	1	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>naproxen</i> TBEC 375mg	1	QL (120 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	1	
<i>piroxicam</i> CAPS 10mg, 20mg	1	
<i>sb childrens ibuprofen</i> SUSP 100mg/5ml	2	
<i>sulindac</i> TABS 150mg, 200mg	1	

OPIOID ANALGESICS, LONG-ACTING

<i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	1	QL (4 patches / 28 days), PA
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	1	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	1	QL (30 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	1	QL (450 mL / 30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i> CONC 10mg/ml	1	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	1	QL (90 tabs / 30 days), PA

OPIOID ANALGESICS, SHORT-ACTING

<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	1	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-15 mg	1	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-30 mg	1	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-60 mg	1	QL (180 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	1	
<i>endocet tab 2.5-325mg</i>	1	QL (360 tabs / 30 days)
<i>endocet tab 5-325mg</i>	1	QL (360 tabs / 30 days)
<i>endocet tab 7.5-325mg</i>	1	QL (240 tabs / 30 days)
<i>endocet tab 10-325mg</i>	1	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD 1mg/ml	1	QL (600 mL / 30 days)
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg	1	QL (180 tabs / 30 days)
<i>morphine sulfate</i> SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	1	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml	1	QL (900 mL / 30 days)
<i>morphine sulfate</i> SOLN 100mg/5ml	1	QL (180 mL / 30 days)
<i>morphine sulfate</i> TABS 15mg, 30mg	1	QL (180 tabs / 30 days)
<i>oxycodone hcl</i> CONC 100mg/5ml	1	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	1	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	1	QL (180 tabs / 30 days)

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	QL (180 tabs / 30 days)
<i>tramadol hcl TABS 50mg</i>	1	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	QL (240 tabs / 30 days)

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole TABS 200mg</i>	1	QL (672 tabs / year), PA
<i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i>	1	
<i>ANTIMINTH SUS 250/5ML SUSP 250mg/5ml</i>	2	
<i>ARIKAYCE SUSP 590mg/8.4ml</i>	1	NM, PA
<i>ascarel SUSP 250mg/5ml</i>	2	
<i>atovaquone SUSP 750mg/5ml</i>	1	QL (300 mL / 30 days), PA
<i>aztreonam SOLR 1gm, 2gm</i>	1	
<i>CAYSTON SOLR 75mg</i>	1	NM, PA
<i>clindamycin hcl CAPS 75mg, 150mg, 300mg</i>	1	
<i>clindamycin palmitate hydrochloride SOLR 75mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate</i> SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml	1	
<i>clindamycin phosphate in d5w iv soln</i> 300 mg/50ml	1	
<i>clindamycin phosphate in d5w iv soln</i> 600 mg/50ml	1	
<i>clindamycin phosphate in d5w iv soln</i> 900 mg/50ml	1	
CLINDMYC/NAC INJ 300/50ML	1	
CLINDMYC/NAC INJ 600/50ML	1	
CLINDMYC/NAC INJ 900/50ML	1	
<i>colistimethate sodium</i> SOLR 150mg	1	
<i>dapsone</i> TABS 25mg, 100mg	1	
DAPTOMYCIN SOLR 350mg	1	
<i>daptomycin</i> SOLR 350mg, 500mg	1	
EMVERM CHEW 100mg	1	QL (12 tabs / year)
<i>ertapenem sodium</i> SOLR 1gm	1	
<i>fosfomycin tromethamine</i> PACK 3gm	1	
<i>gentamicin in saline inj</i> 0.8 mg/ml	1	
<i>gentamicin in saline inj</i> 1 mg/ml	1	
<i>gentamicin in saline inj</i> 1.2 mg/ml	1	
<i>gentamicin in saline inj</i> 1.6 mg/ml	1	
<i>gentamicin in saline inj</i> 2 mg/ml	1	
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	1	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>imipenem-cilastatin intravenous for soln</i> 250 mg	1	
<i>imipenem-cilastatin intravenous for soln</i> 500 mg	1	
IMPAVIDO CAPS 50mg	1	PA
<i>ivermectin</i> TABS 3mg	1	QL (20 tabs / 90 days), PA
<i>ivermectin</i> TABS 6mg	1	QL (10 tabs / 90 days), PA
<i>linezolid</i> SOLN 600mg/300ml	1	
<i>linezolid</i> SUSR 100mg/5ml	1	QL (1800 mL / 30 days)
<i>linezolid</i> TABS 600mg	1	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	1	
<i>meropenem</i> SOLR 1gm, 2gm, 500mg	1	
<i>methenamine hippurate</i> TABS 1gm	1	
<i>metronidazole</i> SOLN 500mg/100ml; TABS 250mg, 500mg	1	
<i>neomycin sulfate</i> TABS 500mg	1	
<i>nitazoxanide</i> TABS 500mg	1	QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg	1	
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	1	
<i>pentamidine isethionate inh</i> SOLR 300mg	1	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	1	
<i>polymyxin b sulfate</i> SOLR 500000unit	1	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>praziquantel</i> TABS 600mg	1	
<i>pyrimethamine</i> TABS 25mg	1	QL (90 tabs / 30 days), PA
REESES PINWORM MEDICINE TABS 180mg	2	
<i>streptomycin sulfate</i> SOLR 1gm	1	
<i>sulfadiazine</i> TABS 500mg	1	
<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	1	
<i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml	1	
<i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg	1	
<i>sulfamethoxazole-trimethoprim tab</i> 800-160 mg	1	
<i>tinidazole</i> TABS 250mg, 500mg	1	
TOBI PODHALER CAPS 28mg	1	NM, PA
<i>tobramycin</i> NEBU 300mg/5ml	1	NM, PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	1	
<i>trimethoprim</i> TABS 100mg	1	
<i>vancomycin hcl</i> CAPS 125mg	1	QL (80 caps / 180 days)
<i>vancomycin hcl</i> CAPS 250mg	1	QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	1	
VANCOMYCIN INJ 1 GM	1	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
VANCOMYCIN INJ 500MG	1	
VANCOMYCIN INJ 750MG	1	
ANTIFUNGALS		
<i>amphotericin b</i> SOLR 50mg	1	B/D
<i>amphotericin b liposome</i> SUSR 50mg	1	B/D
<i>caspofungin acetate</i> SOLR 50mg, 70mg	1	
CRESEMBA CAPS 74.5mg, 186mg	1	PA
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	1	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	1	
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	1	
<i>flucytosine</i> CAPS 250mg, 500mg	1	PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	1	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	1	
<i>itraconazole</i> CAPS 100mg	1	QL (120 caps / 30 days)
<i>ketoconazole</i> TABS 200mg	1	PA
<i>miconazole sodium</i> SOLR 50mg, 100mg	1	
<i>nystatin</i> TABS 500000unit	1	
<i>posaconazole</i> TBEC 100mg	1	QL (93 tabs / 30 days), PA
<i>terbinafine hcl</i> TABS 250mg	1	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year
<i>voriconazole</i> SOLR 200mg	1	PA

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>voriconazole</i> SUSR 40mg/ml	1	QL (600 mL / 28 days), PA
<i>voriconazole</i> TABS 50mg	1	QL (480 tabs / 30 days)
<i>voriconazole</i> TABS 200mg	1	QL (120 tabs / 30 days)

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	1	
<i>mefloquine hcl</i> TABS 250mg	1	
<i>primaquine phosphate</i> TABS 26.3mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	1	
<i>quinine sulfate</i> CAPS 324mg	1	PA

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	1	NM
APTIVUS CAPS 250mg	1	NM
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	1	NM
<i>darunavir</i> TABS 600mg	1	QL (60 tabs / 30 days), NM
<i>darunavir</i> TABS 800mg	1	QL (30 tabs / 30 days), NM
EDURANT TABS 25mg	1	NM
EDURANT PED TBSO 2.5mg	1	NM

Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz</i> TABS 600mg	1	NM
<i>emtricitabine</i> CAPS 200mg	1	NM
EMTRIVA SOLN 10mg/ml	1	NM
<i>etravirine</i> TABS 100mg, 200mg	1	NM
<i>fosamprenavir calcium</i> TABS 700mg	1	NM
INTELENCE TABS 25mg	1	NM
ISENTRESS CHEW 25mg, 100mg; PACK 100mg; TABS 400mg	1	NM
ISENTRESS HD TABS 600mg	1	NM
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	1	NM
<i>maraviroc</i> TABS 150mg, 300mg	1	NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg	1	NM
NORVIR PACK 100mg	1	NM
PIFELTRO TABS 100mg	1	NM
PREZISTA SUSP 100mg/ml	1	QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	1	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	1	QL (240 tabs / 30 days), NM
REYATAZ PACK 50mg	1	NM
<i>ritonavir</i> TABS 100mg	1	NM
RUKOBIA TB12 600mg	1	NM
SELZENTRY SOLN 20mg/ml	1	NM

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
SUNLENCA TABS 300mg; TBPk 300mg	1	NM
<i>tenofovir disoproxil fumarate</i> TABS 300mg	1	NM
TIVICAY TABS 50mg	1	NM
TIVICAY PD TBSO 5mg	1	NM
TROGARZO SOLN 200mg/1.33ml	1	NM
TYBOST TABS 150mg	1	NM
VIRACEPT TABS 250mg, 625mg	1	NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	1	NM
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	1	NM
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	NM
BIKTARVY TAB 30-120-15 MG	1	NM
BIKTARVY TAB 50-200-25 MG	1	NM
CIMDUO TAB 300-300	1	NM
DELSTRIGO TAB	1	NM
DESCOVY TAB 120-15MG	1	NM
DESCOVY TAB 200/25MG	1	NM
DOVATO TAB 50-300MG	1	NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	NM

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	NM
<i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i>	1	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	NM
EVOTAZ TAB 300-150	1	NM
GENVOYA TAB	1	NM
JULUCA TAB 50-25MG	1	NM
KALETRA SOL	1	NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	NM
ODEFSEY TAB	1	NM
PREZCOBIX TAB 675/150	1	NM
PREZCOBIX TAB 800-150	1	NM
STRIBILD TAB	1	NM
SYMTUZA TAB	1	NM
TRIUMEQ PD TAB	1	NM
TRIUMEQ TAB	1	NM

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
ANTITUBERCULAR AGENTS		
<i>cycloserine</i> CAPS 250mg	1	
<i>ethambutol hcl</i> TABS 100mg, 400mg	1	
<i>isoniazid</i> SYRP 50mg/5ml; TABS 100mg, 300mg	1	
PRIFTIN TABS 150mg	1	
<i>pyrazinamide</i> TABS 500mg	1	
<i>rifabutin</i> CAPS 150mg	1	
<i>rifampin</i> CAPS 150mg, 300mg; SOLR 600mg	1	
SIRTURO TABS 20mg, 100mg	1	NM, PA
ANTIVIRALS		
<i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	1	
<i>acyclovir sodium</i> SOLN 50mg/ml	1	B/D
<i>adefovir dipivoxil</i> TABS 10mg	1	NM
BARACLUDE SOLN .05mg/ml	1	NM, ST
<i>entecavir</i> TABS .5mg, 1mg	1	NM
EPCLUSA PAK 150-37.5	1	NM, PA
EPCLUSA PAK 200-50MG	1	NM, PA
EPCLUSA TAB 200-50MG	1	NM, PA
EPCLUSA TAB 400-100	1	NM, PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	1	
<i>ganciclovir sodium</i> SOLR 500mg	1	B/D
<i>lamivudine (hbv)</i> TABS 100mg	1	NM

Drug Name	Drug Tier	Requirements/Limits
LIVTENCITY TABS 200mg	1	QL (336 tabs / 28 days), NM, PA
MAVYRET PAK 50-20MG	1	NM, PA
MAVYRET TAB 100-40MG	1	NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	1	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	1	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	1	QL (1080 mL / year)
PAXLOVID PAK	1	QL (22 tabs / 90 days)
PAXLOVID TAB 150-100	1	QL (40 tabs / 90 days)
PAXLOVID TAB 300-100	1	QL (60 tabs / 90 days)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	1	NM, PA
PREVYMIS TABS 240mg, 480mg	1	QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	1	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	1	NM
<i>rimantadine hydrochloride</i> TABS 100mg	1	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	1	
<i>valganciclovir hcl</i> SOLR 50mg/ml; TABS 450mg	1	
VOSEVI TAB	1	NM, PA
XOFLUZA TBPk 40mg, 80mg	1	QL (1 tab / 180 days)
CEPHALOSPORINS		
<i>cefaclor</i> CAPS 250mg, 500mg	1	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	1	
CEFAZOLIN SOLR 2gm, 3gm	1	
CEFAZOLIN INJ 1GM/50ML	1	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	1	
CEFAZOLIN SOLN 2GM/100ML-4%	1	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	1	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	1	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	1	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	1	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>cefepime hcl</i> SOLR 1gm, 2gm	1	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	1	
<i>cefotetan disodium</i> SOLR 1gm, 2gm	1	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	1	
<i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1	
TEFLARO SOLR 400mg, 600mg	1	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	1	
DIFICID SUSR 40mg/ml; TABS 200mg	1	
<i>e.e.s. 400</i> TABS 400mg	1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	1	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
<i>erythromycin ethylsuccinate</i> TABS 400mg	1	
<i>erythromycin lactobionate</i> SOLR 500mg	1	
<i>fidaxomicin</i> TABS 200mg	1	
FLUOROQUINOLONES		
<i>ciprofloxacin</i> 200 mg/100ml in d5w	1	
<i>ciprofloxacin</i> 400 mg/200ml in d5w	1	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1	
<i>moxifloxacin hcl</i> TABS 400mg	1	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	1	
PENICILLINS		
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>ampicillin</i> CAPS 500mg	1	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	1	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	1	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	1	
<i>ampicillin sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	1	
<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	1	
<i>nafcillin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	1	
<i>penicillin g sodium</i> SOLR 5000000unit	1	
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	1	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1	

TETRACYCLINES

<i>doxy 100 SOLR 100mg</i>	1	
<i>doxycycline (monohydrate) CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg</i>	1	
<i>doxycycline hyclate CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg</i>	1	
<i>minocycline hcl CAPS 50mg, 75mg, 100mg</i>	1	
NUZYRA SOLR 100mg	1	NM
NUZYRA TABS 150mg	1	QL (30 tabs / 14 days), NM
<i>tetracycline hcl CAPS 250mg, 500mg</i>	1	
<i>tigecycline SOLR 50mg</i>	1	

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	1	B/D, NM
BENDEKA SOLN 100mg/4ml	1	B/D, NM
<i>carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml</i>	1	B/D
<i>cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml</i>	1	B/D
<i>cyclophosphamide CAPS 25mg, 50mg; SOLR 1gm, 2gm, 500mg</i>	1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	1	B/D, NM

Drug Name	Drug Tier	Requirements/Limits
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml; TABS 25mg, 50mg	1	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	1	B/D
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	1	B/D, NM
GLEOSTINE CAPS 10mg, 40mg, 100mg	1	NM
LEUKERAN TABS 2mg	1	PA
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg, 100mg	1	B/D
VIVIMUSTA SOLN 100mg/4ml	1	B/D, NM
ANTIMETABOLITES		
<i>azacitidine</i> SUSR 100mg	1	B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	1	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	1	B/D
INQOVI TAB 35-100MG	1	QL (5 tabs / 28 days), NM, PA
LONSURF TAB 15-6.14	1	QL (100 tabs / 28 days), NM, PA
LONSURF TAB 20-8.19	1	QL (80 tabs / 28 days), NM, PA
<i>mercaptopurine</i> SUSP 2000mg/100ml	1	NM
<i>mercaptopurine</i> TABS 50mg	1	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D
ONUREG TABS 200mg, 300mg	1	QL (14 tabs / 28 days), NM, PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	1	B/D
TABLOID TABS 40mg	1	PA
<i>HORMONAL ANTINEOPLASTIC AGENTS</i>		
<i>abiraterone acetate</i> TABS 250mg	1	QL (120 tabs / 30 days), NM, PA
<i>abiraterone acetate</i> TABS 500mg	1	QL (60 tabs / 30 days), NM, PA
<i>abirtega</i> TABS 250mg	1	QL (120 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	1	QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 100/500	1	QL (60 tabs / 30 days), NM, PA
<i>anastrozole</i> TABS 1mg	1	
<i>bicalutamide</i> TABS 50mg	1	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	1	NM, PA
ERLEADA TABS 60mg	1	QL (120 tabs / 30 days), NM, PA
ERLEADA TABS 240mg	1	QL (30 tabs / 30 days), NM, PA
EULEXIN CAPS 125mg	1	
<i>exemestane</i> TABS 25mg	1	
FIRMAGON SOLR 80mg, 120mg/vial	1	NM, PA

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>fulvestrant</i> SOSY 250mg/5ml	1	B/D
<i>letrozole</i> TABS 2.5mg	1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	1	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	1	NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	1	NM, PA
LYSODREN TABS 500mg	1	NM
<i>megestrol acetate</i> TABS 20mg, 40mg	1	
<i>nilutamide</i> TABS 150mg	1	
NUBEQA TABS 300mg	1	QL (120 tabs / 30 days), NM, PA
ORGOVYX TABS 120mg	1	NM, PA
ORSERDU TABS 86mg	1	QL (90 tabs / 30 days), NM, PA
ORSERDU TABS 345mg	1	QL (30 tabs / 30 days), NM, PA
SOLTAMOX SOLN 10mg/5ml	1	
<i>tamoxifen citrate</i> TABS 10mg, 20mg	1	
<i>toremifene citrate</i> TABS 60mg	1	PA
XTANDI CAPS 40mg	1	QL (120 caps / 30 days), NM, PA
XTANDI TABS 40mg	1	QL (120 tabs / 30 days), NM, PA
XTANDI TABS 80mg	1	QL (60 tabs / 30 days), NM, PA
YONSA TABS 125mg	1	QL (120 tabs / 30 days), NM, PA

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	1	QL (28 caps / 28 days), NM, PA
<i>lenalidomide</i> CAPS 20mg, 25mg	1	QL (21 caps / 28 days), NM, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	1	QL (21 caps / 28 days), NM, PA
THALOMID CAPS 50mg	1	QL (84 caps / 28 days), NM, PA
THALOMID CAPS 100mg	1	QL (112 caps / 28 days), NM, PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	1	QL (2 syringes / 28 days), NM, PA
<i>bexarotene</i> CAPS 75mg	1	QL (300 caps / 30 days), NM, PA
<i>doxorubicin hcl</i> SOLN 2mg/ml	1	B/D
<i>doxorubicin hcl liposomal</i> SUSP 2mg/ml	1	B/D
<i>hydroxyurea</i> CAPS 500mg	1	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	1	B/D
IWILFIN TABS 192mg	1	QL (240 tabs / 30 days), NM, PA
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	1	
MATULANE CAPS 50mg	1	NM

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>mesna</i> TABS 400mg	1	
MODEYSO CAPS 125mg	1	QL (20 caps / 28 days), NM, PA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	1	
WELIREG TABS 40mg	1	QL (90 tabs / 30 days), NM, PA

MITOTIC INHIBITORS

<i>docetaxel</i> CONC 20mg/ml, 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	B/D
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	B/D, NM
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	1	B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	B/D
<i>paclitaxel inj</i> 100mg	1	B/D, NM
<i>vincristine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	1	B/D

MOLECULAR TARGET AGENTS

ALECENSA CAPS 150mg	1	QL (240 caps / 30 days), NM, PA
ALUNBRIG TABS 30mg	1	QL (120 tabs / 30 days), NM, PA
ALUNBRIG TABS 90mg, 180mg	1	QL (30 tabs / 30 days), NM, PA

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
ALUNBRIG PAK	1	QL (30 tabs / 30 days), NM, PA
AUGTYRO CAPS 40mg	1	QL (240 caps / 30 days), NM, PA
AUGTYRO CAPS 160mg	1	QL (60 caps / 30 days), NM, PA
AVMAPKI PAK FAKZYNJA	1	QL (1 pack / 28 days), NM, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	1	QL (30 tabs / 30 days), NM, PA
BALVERSA TABS 3mg	1	QL (84 tabs / 28 days), NM, PA
BALVERSA TABS 4mg	1	QL (56 tabs / 28 days), NM, PA
BALVERSA TABS 5mg	1	QL (28 tabs / 28 days), NM, PA
BORTEZOMIB SOLR 1mg, 2.5mg	1	NM, PA
<i>bortezomib</i> SOLR 3.5mg	1	NM, PA
BOSULIF CAPS 50mg	1	QL (30 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	1	QL (300 caps / 30 days), NM, PA
BOSULIF TABS 100mg	1	QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 400mg, 500mg	1	QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAPS 75mg	1	QL (180 caps / 30 days), NM, PA
BRUKINSA CAPS 80mg	1	QL (120 caps / 30 days), NM, PA

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
CABOMETYX TABS 20mg, 40mg, 60mg	1	QL (30 tabs / 30 days), NM, PA
CALQUENCE TABS 100mg	1	QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 100mg	1	QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 300mg	1	QL (30 tabs / 30 days), NM, PA
COMETRIQ (60MG DOSE) KIT 20mg	1	QL (84 caps / 28 days), NM, PA
COMETRIQ KIT 100MG	1	QL (56 caps / 28 days), NM, PA
COMETRIQ KIT 140MG	1	QL (112 caps / 28 days), NM, PA
COPIKTRA CAPS 15mg, 25mg	1	QL (56 caps / 28 days), NM, PA
COTELLIC TABS 20mg	1	QL (63 tabs / 28 days), NM, PA
DANZITEN TABS 71mg, 95mg	1	QL (112 tabs / 28 days), NM, PA
<i>dasatinib</i> TABS 20mg	1	QL (90 tabs / 30 days), NM, PA
<i>dasatinib</i> TABS 50mg, 70mg, 80mg, 100mg, 140mg	1	QL (30 tabs / 30 days), NM, PA
DAURISMO TABS 25mg	1	QL (60 tabs / 30 days), NM, PA
DAURISMO TABS 100mg	1	QL (30 tabs / 30 days), NM, PA
ERIVEDGE CAPS 150mg	1	QL (30 caps / 30 days), NM, PA

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>erlotinib hcl</i> TABS 25mg	1	QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	1	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	1	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 2mg, 5mg	1	QL (60 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	1	QL (90 tabs / 30 days), NM, PA
FOTIVDA CAPS .89mg, 1.34mg	1	QL (21 caps / 28 days), NM, PA
FRUZAQLA CAPS 1mg	1	QL (84 caps / 28 days), NM, PA
FRUZAQLA CAPS 5mg	1	QL (21 caps / 28 days), NM, PA
GAVRETO CAPS 100mg	1	QL (120 caps / 30 days), NM, PA
<i>gefitinib</i> TABS 250mg	1	QL (60 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	1	QL (30 tabs / 30 days), NM, PA
GOMEKLI CAPS 1mg	1	QL (168 caps / 28 days), NM, PA
GOMEKLI CAPS 2mg	1	QL (84 caps / 28 days), NM, PA
GOMEKLI TBSO 1mg	1	QL (168 tabs / 28 days), NM, PA
HERCEP HYLEC SOL 60-10000	1	NM, PA
HERCEPTIN SOLR 150mg	1	NM, PA

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
HERNEXEOS TABS 60mg	1	QL (120 tabs / 30 days), NM, PA
HERZUMA SOLR 150mg, 420mg	1	NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	1	QL (21 caps / 28 days), NM, PA
IBRANCE TABS 75mg, 100mg, 125mg	1	QL (21 tabs / 28 days), NM, PA
IBTROZI CAPS 200mg	1	QL (90 caps / 30 days), NM, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days), NM, PA
IDHIFA TABS 50mg, 100mg	1	QL (30 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 100mg	1	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	1	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	1	QL (30 caps / 30 days), NM, PA
IMBRUVICA CAPS 140mg	1	QL (120 caps / 30 days), NM, PA
IMBRUVICA SUSP 70mg/ml	1	QL (216 mL / 27 days), NM, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	1	QL (30 tabs / 30 days), NM, PA
IMKELDI SOLN 80mg/ml	1	QL (280 mL / 28 days), NM, PA
INLYTA TABS 1mg	1	QL (180 tabs / 30 days), NM, PA

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
INLYTA TABS 5mg	1	QL (120 tabs / 30 days), NM, PA
INREBIC CAPS 100mg	1	QL (120 caps / 30 days), NM, PA
ITOVEBI TABS 3mg	1	QL (56 tabs / 28 days), NM, PA
ITOVEBI TABS 9mg	1	QL (28 tabs / 28 days), NM, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	1	QL (60 tabs / 30 days), NM, PA
JAYPIRCA TABS 50mg	1	QL (30 tabs / 30 days), NM, PA
JAYPIRCA TABS 100mg	1	QL (60 tabs / 30 days), NM, PA
KADCYLA SOLR 100mg, 160mg	1	B/D, NM
KANJINTI SOLR 150mg, 420mg	1	NM, PA
KEYTRUDA SOLN 100mg/4ml	1	NM, PA
KISQALI 200 DOSE TBPK 200mg	1	QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	1	QL (42 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	1	QL (70 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	1	QL (63 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	1	QL (91 tabs / 28 days), NM, PA
KOSELUGO CAPS 10mg	1	QL (240 caps / 30 days), NM, PA

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
KOSELUGO CAPS 25mg	1	QL (120 caps / 30 days), NM, PA
KRAZATI TABS 200mg	1	QL (180 tabs / 30 days), NM, PA
<i>lapatinib ditosylate</i> TABS 250mg	1	QL (180 tabs / 30 days), NM, PA
LAZCLUZE TABS 80mg	1	QL (60 tabs / 30 days), NM, PA
LAZCLUZE TABS 240mg	1	QL (30 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	1	QL (30 caps / 30 days), NM, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	1	QL (60 caps / 30 days), NM, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	1	QL (30 caps / 30 days), NM, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	1	QL (90 caps / 30 days), NM, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	1	QL (60 caps / 30 days), NM, PA
LENVIMA CAP 14 MG	1	QL (60 caps / 30 days), NM, PA
LENVIMA CAP 18 MG	1	QL (90 caps / 30 days), NM, PA
LENVIMA CAP 24 MG	1	QL (90 caps / 30 days), NM, PA
LORBRENA TABS 25mg	1	QL (90 tabs / 30 days), NM, PA
LORBRENA TABS 100mg	1	QL (30 tabs / 30 days), NM, PA

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
LUMAKRAS TABS 120mg	1	QL (240 tabs / 30 days), NM, PA
LUMAKRAS TABS 240mg	1	QL (120 tabs / 30 days), NM, PA
LUMAKRAS TABS 320mg	1	QL (90 tabs / 30 days), NM, PA
LYNPARZA TABS 100mg, 150mg	1	QL (120 tabs / 30 days), NM, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	1	QL (84 tabs / 28 days), NM, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	1	QL (112 tabs / 28 days), NM, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	1	QL (140 tabs / 28 days), NM, PA
MEKINIST SOLR .05mg/ml	1	QL (1260 mL / 30 days), NM, PA
MEKINIST TABS 2mg	1	QL (30 tabs / 30 days), NM, PA
MEKINIST TABS .5mg	1	QL (90 tabs / 30 days), NM, PA
MEKTOVI TABS 15mg	1	QL (180 tabs / 30 days), NM, PA
MONJUVI SOLR 200mg	1	NM, PA
NERLYNX TABS 40mg	1	QL (180 tabs / 30 days), NM, PA
<i>nilotinib hcl</i> CAPS 50mg	1	QL (120 caps / 30 days), NM, PA
<i>nilotinib hcl</i> CAPS 150mg, 200mg	1	QL (112 caps / 28 days), NM, PA

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
NINLARO CAPS 2.3mg, 3mg, 4mg	1	QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	1	QL (30 caps / 30 days), NM, PA
OGIVRI SOLR 150mg, 420mg	1	NM, PA
OGSIVEO TABS 50mg	1	QL (180 tabs / 30 days), NM, PA
OGSIVEO TABS 100mg, 150mg	1	QL (56 tabs / 28 days), NM, PA
OJEMDA SUSR 25mg/ml	1	QL (96 mL / 28 days), NM, PA
OJEMDA TABS 100mg	1	QL (24 tabs / 28 days), NM, PA
OJJAARA TABS 100mg, 150mg, 200mg	1	QL (30 tabs / 30 days), NM, PA
ONTRUZANT SOLR 150mg, 420mg	1	NM, PA
<i>pazopanib hcl</i> TABS 200mg	1	QL (120 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	1	QL (28 tabs / 28 days), NM, PA
PHESGO SOL	1	NM, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	1	QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	1	QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	1	QL (56 tabs / 28 days), NM, PA
QINLOCK TABS 50mg	1	QL (90 tabs / 30 days), NM, PA

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
RETEVMO TABS 40mg	1	QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 80mg	1	QL (120 tabs / 30 days), NM, PA
RETEVMO TABS 120mg, 160mg	1	QL (60 tabs / 30 days), NM, PA
REVUFORJ TABS 25mg	1	QL (240 tabs / 30 days), NM, PA
REVUFORJ TABS 110mg	1	QL (120 tabs / 30 days), NM, PA
REVUFORJ TABS 160mg	1	QL (60 tabs / 30 days), NM, PA
REZLIDHIA CAPS 150mg	1	QL (60 caps / 30 days), NM, PA
ROMVIMZA CAPS 14mg, 20mg, 30mg	1	QL (8 caps / 28 days), NM, PA
ROZLYTREK CAPS 100mg	1	QL (180 caps / 30 days), NM, PA
ROZLYTREK CAPS 200mg	1	QL (90 caps / 30 days), NM, PA
ROZLYTREK PACK 50mg	1	QL (336 packets / 28 days), NM, PA
RUBRACA TABS 200mg, 250mg, 300mg	1	QL (120 tabs / 30 days), NM, PA
RYDAPT CAPS 25mg	1	QL (224 caps / 28 days), NM, PA
SCEMBLIX TABS 20mg	1	QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	1	QL (300 tabs / 30 days), NM, PA

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
SCEMBLIX TABS 100mg	1	QL (120 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	1	QL (120 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	1	QL (84 tabs / 28 days), NM, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	1	QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	1	QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	1	QL (120 caps / 30 days), NM, PA
TAFINLAR TBSO 10mg	1	QL (840 tabs / 28 days), NM, PA
TAGRISSO TABS 40mg, 80mg	1	QL (30 tabs / 30 days), NM, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	1	QL (30 caps / 30 days), NM, PA
TALZENNA CAPS .25mg	1	QL (90 caps / 30 days), NM, PA
TAZVERIK TABS 200mg	1	QL (240 tabs / 30 days), NM, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	1	NM, PA
TECENTRIQ INJ HYBREZA	1	QL (1 vial / 21 days), NM, PA
TEPMETKO TABS 225mg	1	QL (60 tabs / 30 days), NM, PA
TIBSOVO TABS 250mg	1	QL (60 tabs / 30 days), NM, PA

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>torpenz</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	1	QL (30 tabs / 30 days), NM, PA
TRAZIMERA SOLR 150mg, 420mg	1	NM, PA
TRUQAP TABS 160mg, 200mg	1	QL (64 tabs / 28 days), NM, PA
TRUQAP TBPk 160mg, 200mg	1	QL (4 packs / 28 days), NM, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	1	NM, PA
TUKYSA TABS 50mg, 150mg	1	QL (120 tabs / 30 days), NM, PA
TURALIO CAPS 125mg	1	QL (120 caps / 30 days), NM, PA
VANFLYTA TABS 17.7mg, 26.5mg	1	QL (56 tabs / 28 days), NM, PA
VENCLEXTA TABS 10mg, 50mg	1	QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 100mg	1	QL (180 tabs / 30 days), NM, PA
VENCLEXTA TAB START PK	1	QL (42 tabs / 28 days), NM, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	1	QL (56 tabs / 28 days), NM, PA
VITRAKVI CAPS 25mg	1	QL (180 caps / 30 days), NM, PA
VITRAKVI CAPS 100mg	1	QL (60 caps / 30 days), NM, PA
VITRAKVI SOLN 20mg/ml	1	QL (300 mL / 30 days), NM, PA

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
VIZIMPRO TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days), NM, PA
VONJO CAPS 100mg	1	QL (120 caps / 30 days), NM, PA
VORANIGO TABS 10mg	1	QL (60 tabs / 30 days), NM, PA
VORANIGO TABS 40mg	1	QL (30 tabs / 30 days), NM, PA
XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg	1	QL (120 caps / 30 days), NM, PA
XALKORI CPSP 150mg	1	QL (180 caps / 30 days), NM, PA
XOSPATA TABS 40mg	1	QL (90 tabs / 30 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 10mg	1	QL (16 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg	1	QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg	1	QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg	1	QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg	1	QL (24 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg	1	QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg	1	QL (32 tabs / 28 days), NM, PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg	1	QL (8 tabs / 28 days), NM, PA

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
ZEJULA TABS 100mg, 200mg, 300mg	1	QL (30 tabs / 30 days), NM, PA
ZELBORAF TABS 240mg	1	QL (240 tabs / 30 days), NM, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	1	NM, PA
ZOLINZA CAPS 100mg	1	QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	1	QL (60 tabs / 30 days), NM, PA
ZYKADIA TABS 150mg	1	QL (84 tabs / 28 days), NM, PA

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	QL (30 caps / 30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
ACE INHIBITORS		
<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	1	
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	1	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>fosinopril sodium</i> TABS 10mg, 20mg, 40mg	1	
<i>lisinopril</i> TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
<i>moexipril hcl</i> TABS 7.5mg, 15mg	1	
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	1	
<i>quinapril hcl</i> TABS 5mg, 10mg, 20mg, 40mg	1	
<i>ramipril</i> CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i> TABS 25mg, 50mg	1	
KERENDIA TABS 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>spironolactone</i> TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg	1	
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	1	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil</i> tab 5-20 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil</i> tab 5-40 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil</i> tab 10-20 mg	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	QL (30 tabs / 30 days)
ENTRESTO CAP 6-6MG	1	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	1	QL (240 caps / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	QL (30 tabs / 30 days)

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	QL (30 tabs / 30 days)
<i>sacubitril-valsartan tab 24-26 mg</i>	1	QL (60 tabs / 30 days)
<i>sacubitril-valsartan tab 49-51 mg</i>	1	QL (60 tabs / 30 days)
<i>sacubitril-valsartan tab 97-103 mg</i>	1	QL (60 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	QL (30 tabs / 30 days)

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil TABS 32mg</i>	1	QL (30 tabs / 30 days)
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	1	
<i>olmesartan medoxomil TABS 5mg</i>	1	QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan TABS 40mg, 80mg, 160mg</i>	1	QL (60 tabs / 30 days)
<i>valsartan TABS 320mg</i>	1	QL (30 tabs / 30 days)
ANTIARRHYTHMICS		
<i>amiodarone hcl SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 200mg, 400mg</i>	1	
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	1	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg	1	NM
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	1	
MULTAQ TABS 400mg	1	QL (60 tabs / 30 days)
<i>pacerone</i> TABS 100mg, 200mg, 400mg	1	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	1	
<i>quinidine sulfate</i> TABS 200mg, 300mg	1	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	1	
<i>sotalol hcl (afib/afl)</i> TABS 80mg, 120mg, 160mg	1	
ANTIPEMICS, FIBRATES		
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	1	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	1	
<i>gemfibrozil</i> TABS 600mg	1	
ANTIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	1	QL (60 tabs / 30 days)
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	1	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	1	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	1	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	1	
<i>ezetimibe</i> TABS 10mg	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL (30 tabs / 30 days)
NEXLETOL TABS 180mg	1	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	1	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	1	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	1	
REPATHA SOSY 140mg/ml	1	QL (6 syringes / 28 days), NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	1	QL (6 autoinjectors / 28 days), NM, PA
VASCEPA CAPS .5gm, 1gm	1	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
BETA-BLOCKERS		
<i>acebutolol hcl CAPS 200mg, 400mg</i>	1	
<i>atenolol TABS 25mg, 50mg, 100mg</i>	1	
<i>betaxolol hcl TABS 10mg, 20mg</i>	1	
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	1	
<i>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	
<i>labetalol hcl TABS 100mg, 200mg, 300mg</i>	1	
<i>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</i>	1	
<i>metoprolol tartrate SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg</i>	1	
<i>nadolol TABS 20mg, 40mg, 80mg</i>	1	
<i>nebivolol hcl TABS 2.5mg, 5mg, 10mg</i>	1	QL (30 tabs / 30 days)
<i>nebivolol hcl TABS 20mg</i>	1	QL (60 tabs / 30 days)

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>pindolol</i> TABS 5mg, 10mg	1	
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	1	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	1	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	1	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	1	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg	1	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1	
<i>isradipine</i> CAPS 2.5mg, 5mg	1	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	1	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1	
<i>nimodipine</i> CAPS 30mg	1	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1	
<i>amiloride & hydrochlorothiazide tab</i> 5-50 mg	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	1	
<i>chlorthalidone</i> TABS 25mg, 50mg	1	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	1	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
<i>methazolamide</i> TABS 25mg, 50mg	1	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	
<i>spironolactone & hydrochlorothiazide tab</i> 25-25 mg	1	
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	1	
<i>triamterene & hydrochlorothiazide tab</i> 37.5-25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
MISCELLANEOUS		
<i>aliskiren fumarate</i> TABS 150mg, 300mg	1	QL (30 tabs / 30 days)
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	1	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml	1	QL (450 mL / 30 days)
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	1	
<i>digoxin</i> TABS 125mcg, 250mcg	1	QL (30 tabs / 30 days)
<i>droxidopa</i> CAPS 100mg	1	QL (90 caps / 30 days), NM, PA
<i>droxidopa</i> CAPS 200mg, 300mg	1	QL (180 caps / 30 days), NM, PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	1	
<i>guanfacine hcl</i> TABS 1mg, 2mg	1	PA; PA applies if 65 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
<i>ivabradine hcl</i> TABS 5mg, 7.5mg	1	QL (60 tabs / 30 days)
<i>metyrosine</i> CAPS 250mg	1	NM, PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	1	
<i>minoxidil</i> TABS 2.5mg, 10mg	1	
<i>ranolazine</i> TB12 500mg, 1000mg	1	
VERQUVO TABS 2.5mg, 5mg, 10mg	1	QL (30 tabs / 30 days), PA

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
NITRATES		
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	1	
<i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	1	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	1	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	1	QL (90 tabs / 30 days), NM, PA
<i>alyq</i> TABS 20mg	1	QL (60 tabs / 30 days), NM, PA
<i>ambrisentan</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days), NM, PA
<i>bosentan</i> TABS 62.5mg, 125mg	1	QL (60 tabs / 30 days), NM, PA
<i>bosentan</i> TBSO 32mg	1	QL (120 tabs / 30 days), NM, PA
OPSUMIT TABS 10mg	1	QL (30 tabs / 30 days), NM, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	1	QL (360 tabs / 30 days), NM, PA
<i>tadalafil (pulmonary hypertension)</i> TABS 20mg	1	QL (60 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	1	NM, PA
UPTRAVI TABS 200mcg	1	QL (140 tabs / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	1	QL (60 tabs / 30 days), NM, PA
UPTRAVI PACK TAB 200/800	1	QL (1 pack / 28 days), NM, PA
WINREVAIR KIT 45mg, 60mg	1	QL (2 vials / 21 days), NM, PA
WINREVAIR INJ 45MG	1	QL (2 vials / 21 days), NM, PA
WINREVAIR INJ 60MG	1	QL (2 vials / 21 days), NM, PA
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg	1	QL (140 caps / 28 days), NM, PA
YUTREPIA CAPS 106mcg	1	QL (224 caps / 28 days), NM, PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
<i>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	1	
<i>lorazepam</i> CONC 2mg/ml	1	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 4mg/ml, 20mg/10ml	1	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	1	QL (150 mL / 30 days)

ANTI-DEMENTIA

<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	1	QL (30 tabs / 30 days)
---	---	------------------------

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	1	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	1	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	1	QL (200 mL / 30 days)
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	1	QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	1	PA; PA applies if 29 years and younger
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	1	PA; PA applies if 29 years and younger
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>	1	
<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i>	1	
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>	1	
NAMZARIC CAP 7-10MG	1	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	1	QL (60 caps / 30 days)
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	PA; PA applies if 65 years and older
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	1	PA; PA applies if 65 years and older
AUVELITY TAB 45-105MG	1	QL (60 tabs / 30 days), PA
<i>bupropion hcl</i> TABS 75mg, 100mg	1	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg	1	QL (60 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	1	QL (30 tabs / 30 days)
<i>citalopram hydrobromide</i> SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	1	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	PA; PA applies if 65 years and older
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	1	PA; PA applies if 65 years and older
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	1	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	1	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	1	QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg	1	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	1	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	1	QL (2 packs / year), PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	1	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1	PA; PA applies if 65 years and older

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
MARPLAN TABS 10mg	1	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	1	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	1	
<i>paroxetine hcl</i> SUSP 10mg/5ml	1	QL (900 mL / 30 days), PA; PA applies if 65 years and older
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	1	PA; PA applies if 65 years and older
<i>phenelzine sulfate</i> TABS 15mg	1	
<i>protriptyline hcl</i> TABS 5mg, 10mg	1	
RALDESY SOLN 10mg/ml	1	QL (1800 mL / 30 days), PA
<i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	1	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	1	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	1	QL (30 tabs / 30 days), PA
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
ZURZUVAE CAPS 20mg, 25mg	1	QL (28 caps / 14 days), NM, PA
ZURZUVAE CAPS 30mg	1	QL (14 caps / 14 days), NM, PA
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS 100mg	1	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	1	
<i>benztropine mesylate</i> SOLN 1mg/ml	1	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	1	PA; PA applies if 65 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	1	
<i>carb/levo orally disintegrating tab 10-100mg</i>	1	
<i>carb/levo orally disintegrating tab 25-100mg</i>	1	
<i>carb/levo orally disintegrating tab 25-250mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
<i>entacapone TABS 200mg</i>	1	
INBRIJA CAPS 42mg	1	QL (300 caps / 30 days), NM, PA
<i>pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	1	
<i>rasagiline mesylate TABS .5mg, 1mg</i>	1	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	1	
<i>selegiline hcl CAPS 5mg; TABS 5mg</i>	1	
<i>trihexyphenidyl hcl SOLN .4mg/ml; TABS 2mg, 5mg</i>	1	
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	1	QL (1 syringe / 56 days)
ABILIFY MAINTENA PRSY 300mg, 400mg	1	QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	1	QL (1 injection / 28 days)
<i>aripiprazole SOLN 1mg/ml</i>	1	QL (900 mL / 30 days)
<i>aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>	1	QL (30 tabs / 30 days)

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole</i> TBDP 10mg, 15mg	1	QL (60 tabs / 30 days), ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	1	QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	1	QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	1	
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	1	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	1	QL (30 caps / 30 days)
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	
<i>clozapine</i> TABS 25mg, 50mg	1	
<i>clozapine</i> TABS 100mg	1	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	1	QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	1	PA
<i>clozapine</i> TBDP 100mg	1	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	1	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	1	QL (120 tabs / 30 days), PA
COBENFY CAP 50-20MG	1	QL (60 caps / 30 days), PA
COBENFY CAP 100-20MG	1	QL (60 caps / 30 days), PA
COBENFY CAP 125-30MG	1	QL (60 caps / 30 days), PA

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
COBENFY STRT CAP PACK	1	QL (2 packs / year), PA
ERZOFRI SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	1	QL (1 syringe / 28 days)
ERZOFRI SUSY 351mg/2.25ml	1	QL (2 syringes / year)
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	1	QL (60 tabs / 30 days), PA
FANAPT PAK PACK A	1	QL (2 packs / year), PA
FANAPT PAK PACK B	1	QL (2 packs / year), PA
FANAPT PAK PACK C	1	QL (2 packs / year), PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	1	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	1	QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	1	QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	1	QL (1 syringe / 90 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	1	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	1	QL (60 tabs / 30 days)
LYBALVI TAB 5-10MG	1	QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	1	QL (30 tabs / 30 days)
LYBALVI TAB 15-10MG	1	QL (30 tabs / 30 days)
LYBALVI TAB 20-10MG	1	QL (30 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1	
NUPLAZID CAPS 34mg	1	QL (30 caps / 30 days), NM, PA
NUPLAZID TABS 10mg	1	QL (30 tabs / 30 days), NM, PA
<i>olanzapine</i> SOLR 10mg	1	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg	1	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	1	QL (30 tabs / 30 days), ST
<i>olanzapine</i> TBDP 10mg	1	QL (60 tabs / 30 days), ST
OPIPZA FILM 2mg, 5mg	1	QL (30 films / 30 days), PA
OPIPZA FILM 10mg	1	QL (90 films / 30 days), PA
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	1	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	1	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>pimozide</i> TABS 1mg, 2mg	1	
<i>quetiapine fumarate</i> TABS 25mg	1	QL (180 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg	1	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg	1	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	1	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	1	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	1	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	1	QL (60 tabs / 30 days)
<i>risperidone</i> SOLN 1mg/ml	1	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	1	QL (60 tabs / 30 days), ST
<i>risperidone</i> TBDP 4mg	1	QL (120 tabs / 30 days), ST
<i>risperidone</i> TBDP .25mg, .5mg	1	QL (90 tabs / 30 days), ST
<i>risperidone microspheres</i> SRER 12.5mg, 25mg, 37.5mg, 50mg	1	QL (2 injections / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	1	QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	1	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	1	
VERSACLOZ SUSP 50mg/ml	1	QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	1	QL (60 caps / 30 days)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	1	QL (30 caps / 30 days)
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	1	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	1	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg, 300mg	1	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	1	QL (1 vial / 28 days), NM, PA
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg	1	QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	1	QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	1	QL (600 mL / 30 days), PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	1	QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg, 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	1	
<i>clobazam</i> SUSP 2.5mg/ml	1	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	1	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg; TBDP 2mg	1	QL (300 tabs / 30 days)

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	1	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	1	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DIACOMIT CAPS 250mg	1	QL (360 caps / 30 days), NM, PA
DIACOMIT CAPS 500mg	1	QL (180 caps / 30 days), NM, PA
DIACOMIT PACK 250mg	1	QL (360 packets / 30 days), NM, PA
DIACOMIT PACK 500mg	1	QL (180 packets / 30 days), NM, PA
<i>diazepam</i> SOLN 5mg/5ml	1	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam</i> TABS 2mg, 5mg, 10mg	1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	1	
<i>diazepam inj</i> SOLN 5mg/ml	1	
<i>diazepam intensol</i> CONC 5mg/ml	1	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAPS 30mg	1	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	1	
EPIDIOLEX SOLN 100mg/ml	1	QL (600 mL / 30 days), NM, PA
<i>eslicarbazepine acetate</i> TABS 200mg, 400mg	1	QL (30 tabs / 30 days)
<i>eslicarbazepine acetate</i> TABS 600mg, 800mg	1	QL (60 tabs / 30 days)
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	1	
<i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg	1	
FINTEPLA SOLN 2.2mg/ml	1	QL (360 mL / 30 days), NM, PA
FYCOMPA SUSP .5mg/ml	1	QL (680 mL / 28 days), PA
FYCOMPA TABS 2mg	1	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	1	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg	1	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	1	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	1	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	1	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	1	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	1	
<i>lacosamide</i> TABS 50mg	1	QL (120 tabs / 30 days)

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	1	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	1	QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	ST
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	1	
LEVETIRACETAM TB3D 250mg	1	QL (360 tabs / 30 days)
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	1	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	1	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	1	
<i>methsuximide</i> CAPS 300mg	1	
NAYZILAM SOLN 5mg/0.1ml	1	QL (10 nasal units / 30 days)
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	
<i>perampanel</i> TABS 2mg	1	QL (60 tabs / 30 days), PA
<i>perampanel</i> TABS 4mg, 6mg, 8mg, 10mg, 12mg	1	QL (30 tabs / 30 days), PA
<i>phenobarbital</i> ELIX 20mg/5ml	1	QL (1500 mL / 30 days), PA; PA applies if 65 years and older

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	1	PA; PA applies if 65 years and older
<i>phenytek</i> CAPS 200mg, 300mg	1	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	1	
<i>phenytoin sodium</i> SOLN 50mg/ml	1	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	1	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	1	QL (120 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin</i> CAPS 200mg	1	QL (90 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin</i> CAPS 225mg, 300mg	1	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin</i> SOLN 20mg/ml	1	QL (900 mL / 30 days), PA; PA applies if 65 years and older
<i>primidone</i> TABS 50mg, 125mg, 250mg	1	
<i>roweepra</i> TABS 500mg	1	
<i>rufinamide</i> SUSP 40mg/ml	1	QL (2400 mL / 30 days), PA
<i>rufinamide</i> TABS 200mg	1	QL (480 tabs / 30 days), PA
<i>rufinamide</i> TABS 400mg	1	QL (240 tabs / 30 days), PA

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
SPRITAM TB3D 250mg	1	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	1	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	1	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	1	QL (90 tabs / 30 days)
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg, 10mg, 20mg	1	QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	1	
<i>topiramate</i> CPSP 15mg, 25mg, 50mg; TABS 25mg, 50mg, 100mg, 200mg	1	
<i>topiramate</i> SOLN 25mg/ml	1	QL (480 mL / 30 days), PA
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1	
<i>valproic acid</i> CAPS 250mg	1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	1	QL (10 blister packs / 30 days)
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	1	QL (10 blister packs / 30 days)
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	1	QL (10 blister packs / 30 days)
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	1	QL (10 blister packs / 30 days)
<i>vigabatrin</i> PACK 500mg	1	QL (180 packets / 30 days), NM, PA
<i>vigabatrin</i> TABS 500mg	1	QL (180 tabs / 30 days), NM, PA

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>vigadrone</i> PACK 500mg	1	QL (180 packets / 30 days), NM, PA
<i>vigadrone</i> TABS 500mg	1	QL (180 tabs / 30 days), NM, PA
VIGAFYDE SOLN 100mg/ml	1	QL (900 mL / 30 days), NM, PA
<i>vigpoder</i> PACK 500mg	1	QL (180 packets / 30 days), NM, PA
XCOPRI TABS 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	1	QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	1	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	1	QL (28 tabs / 28 days)
XCOPRI PAK 100-150	1	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	1	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	1	QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	1	QL (900 mL / 30 days), PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	1	
ZTALMY SUSP 50mg/ml	1	QL (1100 mL / 30 days), NM, PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL (30 caps / 30 days), PA

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	1	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	1	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	1	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	1	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl TABS 10mg</i>	1	QL (60 tabs / 30 days), PA

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>guanfacine hcl (adhd)</i> TB24 1mg, 2mg, 4mg	1	QL (30 tabs / 30 days), PA; PA applies if 65 years and older
<i>guanfacine hcl (adhd)</i> TB24 3mg	1	QL (60 tabs / 30 days), PA; PA applies if 65 years and older
<i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg	1	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl</i> SOLN 5mg/5ml	1	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl</i> SOLN 10mg/5ml	1	QL (900 mL / 30 days), PA
<i>methylphenidate hcl</i> TABS 20mg; TBCR 10mg, 20mg	1	QL (90 tabs / 30 days), PA
HYPNOTICS		
DAYVIGO TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg	1	QL (30 tabs / 30 days)
<i>eszopiclone</i> TABS 1mg, 2mg, 3mg	1	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>ramelteon</i> TABS 8mg	1	QL (30 tabs / 30 days)
<i>tasimelteon</i> CAPS 20mg	1	QL (30 caps / 30 days), NM, PA
<i>temazepam</i> CAPS 7.5mg, 30mg	1	QL (30 caps / 30 days), PA; PA applies if 65 years and older
<i>temazepam</i> CAPS 15mg	1	QL (60 caps / 30 days), PA; PA applies if 65 years and older

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>zaleplon</i> CAPS 5mg	1	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zaleplon</i> CAPS 10mg	1	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml	1	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	1	QL (8 mL / 30 days), PA
EMGALITY SOAJ 120mg/ml	1	QL (2 pens / 30 days), NM, PA
EMGALITY SOSY 100mg/ml	1	QL (3 syringes / 30 days), NM, PA
EMGALITY SOSY 120mg/ml	1	QL (2 syringes / 30 days), NM, PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	1	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	1	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	1	QL (16 tabs / 30 days), PA
QULIPTA TABS 10mg, 30mg, 60mg	1	QL (30 tabs / 30 days), PA

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	1	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	1	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	1	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	1	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	1	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	1	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	1	QL (16 tabs / 30 days), PA
MISCELLANEOUS		
AUSTEDO TABS 6mg	1	QL (60 tabs / 30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	1	QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 6mg	1	QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	1	QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg	1	QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TB24 24mg	1	QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	1	QL (2 packs / year), NM, PA
<i>lithium</i> SOLN 8meq/5ml	1	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	1	
NUEDEXTA CAP 20-10MG	1	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	1	
<i>riluzole</i> TABS 50mg	1	
<i>tetrabenazine</i> TABS 12.5mg	1	QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	1	QL (120 tabs / 30 days), NM, PA
<i>MULTIPLE SCLEROSIS AGENTS</i>		
BAFIERTAM CPDR 95mg	1	QL (120 caps / 30 days), NM, PA
BETASERON KIT .3mg	1	QL (14 kits / 28 days), NM, PA
COPAXONE SOSY 20mg/ml	1	QL (30 syringes / 30 days), NM, PA
COPAXONE SOSY 40mg/ml	1	QL (12 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	1	QL (60 tabs / 30 days), NM, PA
<i>fingolimod hcl</i> CAPS .5mg	1	QL (30 caps / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	1	QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	1	QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	1	QL (30 syringes / 30 days), NM, PA

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>glatopa</i> SOSY 40mg/ml	1	QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	1	QL (16 pens / 365 days), NM, PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS 5mg	1	QL (90 tabs / 30 days)
<i>baclofen</i> TABS 10mg, 20mg	1	
<i>carisoprodol</i> TABS 350mg	1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA; PA applies if 65 years and older
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	1	
<i>methocarbamol</i> TABS 500mg	1	QL (360 tabs / 30 days), PA; PA applies if 65 years and older
<i>methocarbamol</i> TABS 750mg	1	QL (240 tabs / 30 days), PA; PA applies if 65 years and older
<i>tizanidine hcl</i> TABS 2mg, 4mg	1	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> TABS 50mg	1	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	1	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg	1	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	1	QL (60 tabs / 30 days), PA

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
SODIUM OXYBATE SOLN 500mg/ml	1	QL (540 mL / 30 days), NM, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	1	
<i>acetadryl</i>	2	
ADVIL PM TAB 200-38MG	2	
BAYER PM TAB 38.3-500	2	
<i>bl headache pm</i>	2	
BUFFERIN AF TAB NITETIME	2	
<i>buprenorphine hcl</i> SUBL 2mg	1	QL (180 tabs / 30 days)
<i>buprenorphine hcl</i> SUBL 8mg	1	QL (120 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	QL (180 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	QL (120 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	QL (180 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QL (120 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	1	QL (60 tabs / 30 days)
COMMIT LOZG 2mg, 4mg	2	
<i>compoz</i> CAPS 50mg	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>cvs nicotine</i> PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	2	
<i>cvs nicotine polacrilex</i> GUM 2mg, 4mg; LOZG 2mg, 4mg	2	
<i>diphenhydramine hcl (sleep)</i> TABS 25mg	2	
<i>disulfiram</i> TABS 250mg, 500mg	1	
<i>doxylamine succinate (sleep)</i> TABS 25mg	2	
<i>eq sleep-aid nighttime</i> CAPS 25mg	2	
<i>eql ibuprofen pm</i>	2	
<i>eql sleep aid nighttime</i> LIQD 50mg/30ml	2	
HCA NON-ASA TAB PM	2	
KLOXXADO LIQD 8mg/0.1ml	1	
<i>naloxone hcl</i> LIQD 4mg/0.1ml	2	
<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	1	
<i>naltrexone hcl</i> TABS 50mg	1	
NICOTINE SYS KIT TRANSDER	2	
NICOTROL NS SOLN 10mg/ml	1	
UNISOM TABS 25mg	2	
UNISOM SLEEPGELS CAPS 50mg	2	
<i>varenicline tartrate</i> TABS .5mg, 1mg	1	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	1	QL (2 packs / year)
VIVITROL SUSR 380mg	1	NM

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
ZZZQUIL CAPS 25mg; LIQD 50mg/30ml	2	
ENDOCRINE AND METABOLIC		
ANDROGENS		
<i>danazol</i> CAPS 50mg, 100mg, 200mg	1	
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	1	QL (300 gm / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	1	PA
<i>testosterone pump</i> GEL 1.62%	1	QL (150 gm / 30 days), PA
ANTIDIABETICS		
<i>acarbose</i> TABS 25mg, 50mg, 100mg	1	
<i>dapagliflozin propanediol</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
FARXIGA TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>glimepiride</i> TABS 1mg, 2mg	1	QL (90 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	1	QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	1	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	1	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	1	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	1	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	1	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	1	QL (30 tabs / 30 days), ST
JENTADUETO TAB 2.5-500	1	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	1	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	1	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	1	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	1	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	1	QL (4 pens / 28 days), PA
<i>nateglinide</i> TABS 60mg, 120mg	1	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	1	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	1	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	1	QL (1 pen / 28 days), PA
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	QL (90 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	1	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	1	QL (30 tabs / 30 days), PA
TRADJENTA TABS 5mg	1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	1	QL (30 tabs / 30 days)
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	1	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	1	QL (60 tabs / 30 days)

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR TAB 5-1000MG	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	1	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	1	QL (30 tabs / 30 days)
<i>ANTIDIABETICS, INSULINS</i>		
ADMELOG SOLN 100unit/ml	1	B/D
ADMELOG SOLOSTAR SOPN 100unit/ml	1	
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	1	PA
CEQUR SIMPL KIT PATCH 2U (3-DAY)	1	QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (4-DAY)	1	QL (8 patches / 24 days), PA
CEQUR SIMPL MIS INSERTER	1	QL (2 inserters / year), PA
FIASP SOLN 100unit/ml	1	B/D
FIASP FLEXTOUCH SOPN 100unit/ml	1	
FIASP PENFILL SOCT 100unit/ml	1	
FIASP PUMPCART SOCT 100unit/ml	1	B/D
GAUZE PADS 2" X 2"	1	PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	1	B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	1	
INSULIN PEN NEEDLES: EMBECTA-BD	1	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	1	PA
INSULIN SYRINGES: EMBECTA-BD	1	PA

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
LANTUS SOLN 100unit/ml	1	
LANTUS SOLOSTAR SOPN 100unit/ml	1	
NOVOLIN INJ 70/30	1	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	1	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	1	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	1	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	1	B/D; (brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	1	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	1	B/D
NOVOLOG FLEXPEN SOPN 100unit/ml	1	
NOVOLOG FLEXPEN RELION SOPN 100unit/ml	1	
NOVOLOG MIX INJ 70/30	1	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	1	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	1	
NOVOLOG RELION SOLN 100unit/ml	1	B/D
OMNIPOD 5 DX KIT INT G7G6	1	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	1	QL (15 pods / 30 days), PA
OMNIPOD 5 L2 KIT INTRO G6	1	QL (1 kit / year), PA

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 L2 MIS PODS G6	1	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	1	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	1	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	1	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	1	
TOUJEO SOLOSTAR SOPN 300unit/ml	1	
XULTOPHY INJ 100/3.6	1	QL (5 pens / 30 days)
<i>CALCIUM REGULATORS</i>		
<i>alendronate sodium</i> SOLN 70mg/75ml	1	ST
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	
BONSITY SOPN 560mcg/2.24ml	1	QL (1 pen / 28 days), NM, PA
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	1	B/D
<i>ibandronate sodium</i> TABS 150mg	1	B/D
PAMIDRONATE DISODIUM SOLN 6mg/ml	1	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	1	B/D
PROLIA SOSY 60mg/ml	1	QL (1 syringe / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg	1	
<i>risedronate sodium</i> TBEC 35mg	1	ST

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
TERIPARATIDE SOPN 560mcg/2.24ml	1	QL (1 pen / 28 days), NM, PA; (ALVOGEN product)
WYOST SOLN 120mg/1.7ml	1	NM, PA
zoledronic acid CONC 4mg/5ml; SOLN 5mg/100ml	1	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	1	
deferasirox TABS 90mg, 180mg, 360mg; TBSO 125mg, 250mg, 500mg	1	NM, PA
kionex SUSP 15gm/60ml	1	
LOKELMA PACK 5gm, 10gm	1	
penicillamine TABS 250mg	1	NM
sodium polystyrene sulfonate powder	1	
sps SUSP 15gm/60ml	1	
sps rectal SUSP 15gm/60ml	1	
trientine hcl CAPS 250mg	1	NM, PA
ESTROGENS		
abigale	1	
abigale lo	1	
dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	
estradiol PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1	
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	1	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	1	
<i>fyavolv tab 0.5mg-2.5mcg</i>	1	
<i>fyavolv tab 1mg-5mcg</i>	1	
<i>jinteli</i>	1	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	
<i>mimvey</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1	
<i>yuvaferm</i> TABS 10mcg	1	
GLUCOCORTICOIDS		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	
DEXAMETHASONE INTENSOL CONC 1mg/ml	1	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml	1	
<i>fludrocortisone acetate</i> TABS .1mg	1	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	1	
<i>hydrocortisone sod succinate</i> SOLR 100mg	1	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	1	B/D
<i>methylprednisolone</i> TBPK 4mg	1	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	1	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 500mg, 1000mg	1	B/D
<i>prednisolone</i> SOLN 15mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	1	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	1	
PREDNISONE INTENSOL CONC 5mg/ml	1	B/D
SOLU-CORTEF SOLR 250mg, 500mg, 1000mg	1	
GLUCOSE ELEVATING AGENTS		
BD GLUCOSE CHEW 5gm	2	
BL GLUCOSE CHEW 4gm	2	
<i>cvs glucose</i> GEL 40%	2	
CVS GLUCOSE CHW FRUIT	2	
DEX4 CHEW 1gm	2	
DEX4 FAST ACTING GLUCOSE GEL 15gm/33gm; LIQD 15gm/59ml	2	
<i>dextrose (diabetic use)</i> CHEW 4gm, 5gm	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>diazoxide</i> SUSP 50mg/ml	1	
GLUCOSE LIQD 15gm/60ml	2	
GLUCOSE LIQUID LIQD 15gm/59ml	2	
INSTA-GLUCOSE GEL 77.4%	2	
RA TRUEPLUS GLUCOSE GEL 15gm/32ml	2	
WALGREENS GLUCOSE CHEW 4gm	2	
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	1	
MISCELLANEOUS		
A1C NOW KIT	2	
ACCU-CHECK TES COMFORT	2	
ACCU-CHEK KIT FASTCLIX	2	
<i>actidose/sorbitol</i>	2	
ADJ LANCING MIS DEVICE	2	
ALDURAZYME SOLN 2.9mg/5ml	1	NM, PA
ASCENSIA MIS AUTODISC	2	
AUTOLET PLAT MIS 1.8MM	2	
<i>betaine powder for oral solution</i>	1	NM
BILI-LABSTIX TES STRIPS	2	
<i>cabergoline</i> TABS .5mg	1	
<i>carglumic acid</i> TBSO 200mg	1	NM, PA
CERDELGA CAPS 84mg	1	NM, PA
CEREZYME SOLR 400unit	1	NM, PA

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>*charcoal activated powder*</i>	2	
CHARCOAL POW	2	
CHEMSTRIP TES UGK	2	
CHEMSTRIP-UG TES	2	
1ST CHOICE MIS LANCETS	2	
<i>cinacalcet hcl</i> TABS 30mg, 60mg	1	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	1	B/D, QL (120 tabs / 30 days), NM
CLINI-TEK MIS	2	
CYSTAGON CAPS 50mg, 150mg	1	NM, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml; TABS .1mg, .2mg	1	
<i>desmopressin acetate spray</i> SOLN .01%	1	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	1	
FABRAZYME SOLR 5mg, 35mg	1	NM, PA
GENOTROPIN CART 5mg, 12mg	1	NM, PA
GENOTROPIN MINISQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	1	NM, PA
INCRELEX SOLN 40mg/4ml	1	NM, PA
IOSAT TABS 130mg	2	
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	1	NM, PA
<i>*lancets misc.***</i>	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>*lancets***</i>	2	
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	1	NM, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	1	B/D
LUMIZYME SOLR 50mg	1	NM, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	1	NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	1	NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	1	NM, PA
<i>mifepristone (hyperglycemia)</i> TABS 300mg	1	NM, PA
<i>*multiple urine test strips***</i>	2	
NAGLAZYME SOLN 1mg/ml	1	NM, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	1	NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml, 1000mcg/ml; SOSY 50mcg/ml, 100mcg/ml, 500mcg/ml	1	NM, PA
POTASSIUM IODIDE SOLN 65mg/ml	2	
<i>raloxifene hcl</i> TABS 60mg	1	
RELION ALL- MIS IN-ONE	2	
REVCovi SOLN 2.4mg/1.5ml	1	NM, PA
REZDIFFRA TABS 60mg, 80mg, 100mg	1	QL (30 tabs / 30 days), NM, PA
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	1	NM, PA

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	1	NM, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	1	NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml	1	NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	1	NM, PA
SYNAREL SOLN 2mg/ml	1	PA
THYROSAFE TABS 65mg	2	
<i>tolvaptan</i> TABS 15mg, 30mg	1	NM, PA; (generic of JYNARQUE)
<i>tolvaptan</i> TBPK 15mg	1	NM, PA
<i>tolvaptan tab therapy pack 30 & 15 mg</i>	1	NM, PA
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	1	NM, PA
<i>tolvaptan tab therapy pack 60 & 30 mg</i>	1	NM, PA
<i>tolvaptan tab therapy pack 90 & 30 mg</i>	1	NM, PA
PROGESTINS		
<i>gallifrey</i> TABS 5mg	1	
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	1	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	1	PA
<i>norethindrone acetate</i> TABS 5mg	1	
<i>progesterone</i> CAPS 100mg, 200mg	1	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
THYROID AGENTS		
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	1	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	1	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
<i>calcitriol</i> CAPS .25mcg, .5mcg	1	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	1	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	1	B/D
GASTROINTESTINAL		
ANTACIDS		
<i>acid gone</i>	2	
ACID GONE SUS	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>acid relief</i>	2	
<i>alamag-plus</i>	2	
<i>aldroxicon i</i>	2	
ALKA SELTZER TAB HEARTBRN	2	
ALKA-SELTZER CHW 750-80MG	2	
ALKA-SELTZER TAB GOLD	2	
<i>alkets</i> CHEW 500mg	2	
ALUMINUM HYDROXIDE SUSP 320mg/5ml, 600mg/5ml	2	
<i>aluminum hydroxide gel</i> SUSP 320mg/5ml	2	
<i>aluminum hydroxide gel su</i> SUSP 600mg/5ml	2	
<i>antacid</i>	2	
ANTACID CHEW 1177mg	2	
<i>antacid double strength</i>	2	
<i>antacid extra strength</i>	2	
<i>antacid ultra strength</i> CHEW 1000mg	2	
BELL-ANS TAB 650MG TABS 650mg	2	
CALCIUM CARBONATE TABS 648mg, 650mg	2	
<i>calcium carbonate (antacid)</i> TABS 648mg, 650mg	2	
<i>cvs antacid multi-symptom</i>	2	
DEWEES CARMINATIVE SUSP 250mg/5ml	2	
<i>eq antacid & anti-gas max</i>	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
FP FOMICON SUS	2	
GAVISCON CHW	2	
GAVISCON CHW EX-STR	2	
GAVISCON SUS	2	
GELUSIL CHW	2	
<i>gnp calcium antacid child</i> CHEW 400mg	2	
<i>hm advanced antacid maxim</i>	2	
<i>hm magnesium</i> TABS 250mg	2	
HYVEE ADVCD SUS ANTACID	2	
<i>longs acid relief extra s</i> CHEW 750mg	2	
MAALOX MAX CHW 1000-60	2	
MAALOX QUICK DISSOLVE MAX CHEW 1000mg	2	
MAG-AL LIQ	2	
<i>mag-caps</i> CAPS 140mg	2	
MAG-OX 400 TAB 400MG TABS 400mg	2	
<i>magaldrate</i> SUSP 540mg/5ml	2	
<i>magaldrate w/ simethicone susp</i> 1080-30 mg/5ml	2	
MAGNESIUM CAPS 500mg	2	
MAGNESIUM OXIDE CAPS 400mg	2	
<i>magnesium oxide</i> TABS 400mg, 420mg	2	
<i>maox</i> TABS 420mg	2	
MI-ACID CHW	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
MYLANTA CHW 400MG CHEW 400mg	2	
MYLANTA SUS	2	
MYLANTA SUS SUPREME	2	
RI-MAG SUSP 540mg/5ml	2	
RI-MAG PLUS SUS	2	
ROLAIDS CHW	2	
ROLAIDS CHW EX ST	2	
ROLAIDS MULT CHW SYMPTOM	2	
<i>sodium bicarbonate (antacid) TABS</i> 325mg, 650mg	2	
<i>*sodium bicarbonate powder**</i>	2	
SODIUM POW BICARBON	2	
<i>tgt antacid extra strengt</i>	2	
TUMS CHEW 500mg	2	
TUMS CALCIUM FOR LIFE BON CHEW 750mg	2	
<i>tums gas relief</i>	2	
URO MAG CAPS 140mg	2	
ANTI-DIARRHEAL		
ABATINEX CAPS 680mg	2	
ACIDOPHILUS WAFR 1mg	2	
ACIDOPHILUS CAP	2	
ACIDOPHILUS/ TAB CIT PECT	2	
<i>anti-diarrheal</i> CAPS 2mg; LIQD 1mg/5ml; SOLN 1mg/7.5ml; TABS 2mg	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>bismuth subsalicylate</i> CHEW 262mg; SUSP 525mg/15ml	2	
CULTURELLE CAPS 10bcell	2	
CULTURELLE CAP	2	
CULTURELLE CHW DIGESTIV	2	
CULTURELLE CHW KIDS	2	
CULTURELLE KIDS PACK 5bcell	2	
<i>cvs acidophilus probiotic</i>	2	
<i>cvs anti-diarrheal</i> SUSP 262mg/15ml	2	
<i>cvs bismuth</i> TABS 262mg	2	
<i>cvs digestive probiotic</i> CAPS 250mg	2	
<i>flora assist</i>	2	
FLORAJEN CAP ACIDOPHI	2	
FLORASTOR CAPS 250mg; PACK 250mg	2	
<i>hm probiotic digestive he</i> CAPS 20bcell	2	
IMODIUM A-D SOLN 1mg/7.5ml; TABS 2mg	2	
IMODIUM A-D LIQ 1MG/5ML LIQD 1mg/5ml	2	
IMODIUM ADV TAB	2	
KAOLIN POW	2	
<i>kaolin powder</i>	2	
KAOPECTATE SUS 262/15ML	2	
KAOPECTATE SUS EX ST	2	

Drug Name	Drug Tier	Requirements/Limits
KAPECTATE TAB	2	
LACTINEX CHW	2	
LACTINEX GRA	2	
LACTINEX TAB	2	
<i>*lactobacillus acidophilus-pectin cap**</i>	2	
<i>*lactobacillus chew tab**</i>	2	
LOPERAMIDE HYDROCHLORIDE SUSP 1mg/7.5ml	2	
MORE-DOPHILUS ACIDOPHILUS POWD 1550mg/1.55gm	2	
PEPTO-BISMOL TO-GO CHEW 262mg	2	
<i>qc anti-diarrheal advance</i>	2	
RESTORE PAK	2	
4X PROBIOTIC TAB	2	
ANTIEMETICS		
<i>ambizine</i> TABS 25mg	2	
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	1	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	B/D
BL MOTION SI TAB 25MG	2	
<i>bonine</i> CHEW 25mg	2	
<i>compro</i> SUPP 25mg	1	
<i>dimenhydrinate</i> TABS 50mg	2	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	1	B/D, QL (60 caps / 30 days)

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1	
<i>granisetron hcl</i> TABS 1mg	1	B/D
HCA MOT SICK TAB 50MG	2	
<i>meclizine hcl</i> TABS 12.5mg	2	
<i>meclizine hcl</i> TABS 12.5mg, 25mg	1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg	1	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D
<i>prochlorperazine</i> SUPP 25mg	1	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	1	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	1	
<i>promethazine hcl</i> SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>scopolamine</i> PT72 1mg/3days	1	QL (10 patches / 30 days)
ANTISPASMODICS		
<i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	1	PA; PA applies if 65 years and older
<i>glycopyrrolate</i> TABS 1mg	1	QL (90 tabs / 30 days)

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>glycopyrrolate</i> TABS 2mg	1	QL (120 tabs / 30 days)
<i>DIGESTIVE AGENTS</i>		
CVS DAIRY RELIEF EXTRA ST TABS 4500unit	2	
<i>cvs lactase</i> TABS 3000unit	2	
<i>dairy digestive ultra</i> TABS 9000unit	2	
<i>fast acting dairy aid</i> TABS 9000unit	2	
FP DAIRY-REL TAB 3000UNIT	2	
GAS-X CAP PREVENT	2	
LACTAID FAST ACT CHEW 9000unit; TABS 9000unit	2	
<i>sb lactase</i> TABS 3000unit	2	
<i>H2-RECEPTOR ANTAGONISTS</i>		
<i>acid controller</i> TABS 10mg	2	
<i>cimetidine tab 200 mg</i> TABS 200mg	2	
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml; TABS 20mg, 40mg	1	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	1	
<i>gnp acid control 75</i> TABS 75mg	2	
<i>gnp acid control 150 maxi</i> TABS 150mg	2	
<i>kls acid controller maxim</i> TABS 20mg	2	
<i>nizatidine</i> CAPS 150mg, 300mg	1	
PEPCID AC TABS 10mg	2	
ZANTAC TAB 75MG	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> CAPS 750mg	1	
<i>budesonide</i> CPEP 3mg	1	QL (90 caps / 30 days)
<i>budesonide</i> TB24 9mg	1	QL (30 tabs / 30 days), PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	1	
<i>mesalamine</i> CP24 .375gm	1	QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	1	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm	1	QL (1680 mL / 28 days)
<i>mesalamine</i> SUPP 1000mg	1	QL (30 suppositories / 30 days)
<i>mesalamine</i> TBEC 1.2gm	1	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	1	QL (28 bottles / 28 days)
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	1	
LAXATIVES		
<i>alophen</i> TBEC 5mg	2	
<i>benefiber on the go</i>	2	
BENEFIBER POW	2	
<i>bisac-evac</i> SUPP 10mg	2	
<i>bl epsom salt</i>	2	
<i>bl laxative pills</i> TABS 15mg, 25mg	2	
<i>bl magnesium citrate</i>	2	
<i>bl mineral oil</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>bl natural fiber</i> POWD 48.57%	2	
<i>calcium polycarbophil</i> TABS 625mg	2	
CASTOR OIL OIL 100%	2	
<i>castor oil stimulant laxa</i> OIL 100%	2	
CELLOTHYL TAB 500MG TABS 500mg	2	
CEO-TWO SUP	2	
<i>chocolated laxative</i> CHEW 15mg	2	
CITRUCEL POW ORANGE	2	
<i>clearlax</i>	2	
COLACE CAPS 50mg	2	
<i>colace 2-in-1</i>	2	
<i>colace adult</i> SUPP 2.1gm	2	
COLACE CAP 100MG CAPS 100mg	2	
COLACE LIQ 150/15ML LIQD 150mg/15ml	2	
<i>colace pediatric</i> SUPP 1.2gm	2	
COLACE SYP 60/15ML SYRP 60mg/15ml	2	
<i>constulose</i> SOLN 10gm/15ml	1	
<i>cvs enema disposable</i>	2	
CVS EPSOM GRA SALT	2	
<i>cvs fiber</i> CAPS .52gm	2	
<i>cvs fiber laxative</i> POWD 30.9%	2	
<i>cvs laxative dietary supp</i> TABS 500mg	2	
<i>cvs mineral oil</i>	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>cvs mini enema kids</i> ENEM 100mg/5ml	2	
<i>cvs nat fiber laxative</i> POWD 100%	2	
<i>cvs natural daily fiber</i> POWD 51.7%	2	
<i>cvs natural fiber supplem</i> PACK 58.6%	2	
<i>cvs senna</i> TABS 8.6mg	2	
<i>dietary fiber laxative</i> POWD 28.3%	2	
<i>diocto</i> LIQD 150mg/15ml	2	
<i>doculase</i>	2	
<i>docusate calcium</i> CAPS 240mg	2	
<i>docusate sodium</i> CAPS 100mg, 250mg; SYRP 60mg/15ml; TABS 100mg	2	
<i>docusol mini</i> ENEM 283mg/5ml	2	
DULCOLAX TBEC 5mg	2	
<i>dulcolax milk of magnesia</i> SUSP 400mg/5ml	2	
<i>eck soluble fiber</i> POWD 2gm/19gm	2	
ENEMEEZ KIDS ENEM 100mg/5ml	2	
<i>enemeez plus</i>	2	
<i>enulose</i> SOLN 10gm/15ml	1	
EPSOM SALT GRA	2	
EPSOM SALT POW	2	
EQUALACTIN CHEW 625mg	2	
EVAC POW	2	
EX-LAX CHEW 15mg	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
EX-LAX MILK SUS OF MAGNE	2	
FIBER LAX POW 95%	2	
<i>fiber therapy</i> POWD 25%	2	
FIBERCON TAB 625MG TABS 625mg	2	
FLEET BISACODYL ENEM 10mg/30ml	2	
FLEET ENE PED	2	
FLEET ENEMA	2	
FLEET LIQUID GLYCERIN SUP ENEM 5.4gm/dose	2	
<i>fp fiber laxative</i> POWD 95%	2	
FV MINERAL OIL HEAVY	2	
GAVILAX PACK 8.5gm	2	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/flavor pack</i>	1	
<i>generlac</i> SOLN 10gm/15ml	1	
<i>glycerin (laxative)</i> SUPP 1gm, 2gm	2	
GLYCERIN ADULT SUPP 2gm	2	
<i>glycerin adult</i> SUPP 80.7%	2	
<i>gnp fiber powder</i> POWD 43%	2	
<i>goodsense clearlax</i> POWD 17gm/scoop	2	
<i>goodsense fiber</i> TABS 500mg	2	
HCA BISACODY SUP 10MG	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
HCA LAX-X TAB 25MG	2	
<i>hm fiber</i> POWD 51.7%	2	
HYDROCIL INS POW 95% PACK 95%	2	
KAOPECTATE STOOL SOFTENER CAPS 240mg	2	
KONSYL PACK 60.3%; POWD 60.3%, 71.67%	2	
KONSYL DAILY FIBER PACK 28.3%	2	
KONSYL POW 100%	2	
KONSYL-D POWD 52.3%	2	
<i>lactulose</i> SOLN 10gm/15ml	1	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	1	
<i>laxmar</i> POWD 33%	2	
<i>magnesium sulfate granules</i>	2	
METAMUCIL CAPS .36gm	2	
<i>metamucil 3-in-1 daily fi</i>	2	
METAMUCIL 4-IN-1 FIBER PACK 51.7%	2	
METAMUCIL MULTIHEALTH FIB PACK 58.12%	2	
METAMUCIL POW 28% CIT PACK 28%	2	
METAMUCIL POW 48.57%	2	
METAMUCIL POW 58.6 CIT PACK 58.6%	2	
METAMUCIL POW 58.6%	2	
METAMUCIL POW 63%	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
METAMUCIL POW ORANGE POWD 33%	2	
METAMUCIL WAF	2	
<i>milk of magnesia concentr</i> SUSP 2400mg/10ml	2	
MINERAL OIL	2	
<i>mineral oil (bulk)</i>	2	
MINERAL OIL ENE	2	
MINERAL OIL LIGHT	2	
<i>mineral oil light (bulk)</i>	2	
MIRALAX PACK 17gm; POWD 17gm/scoop	2	
<i>natural vegetable fiber</i> POWD 63%	2	
<i>osco natural fiber laxati</i> PACK 28%	2	
PEDIA-LAX CHEW 400mg; LIQD 50mg/15ml; SUPP 1gm, 2.8gm	2	
<i>pediatric enema</i>	2	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
PHILLIPS TABS 500mg	2	
PLENVU SOL	1	
<i>psyllium</i> POWD 68%	2	
<i>ra laxative extra strengt</i> TABS 17.2mg	2	
<i>senexon</i> LIQD 8.8mg/5ml	2	
SENNA SYRP 176mg/5ml	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
SENNA LEAVES MIS	2	
SENOKOT SYRP 8.8mg/5ml; TABS 8.6mg	2	
SENOKOT S TAB 8.6-50MG	2	
SENOKOT XTRA TABS 17.2mg	2	
<i>sm fiber</i> POWD 51.7%	2	
SM LAXATIVE TAB REGULAR	2	
<i>sod sulfate-pot sulf-mg sulf oral sol</i> 17.5-3.13-1.6 gm/177ml	1	
SORBITOL SOLN 70%	2	
<i>vacuant mini-enema</i> ENEM 283mg	2	
<i>vacuant plus mini-enema</i>	2	
MISCELLANEOUS		
<i>alka-seltzer anti-gas</i> CAPS 125mg	2	
<i>alosetron hcl</i> TABS .5mg, 1mg	1	QL (60 tabs / 30 days), PA
<i>anti gas</i> CAPS 166mg	2	
BICARSIM TABS 80mg	2	
BICARSIM FORTE TABS 125mg	2	
CREON CAP 3000UNIT	1	
CREON CAP 6000UNIT	1	
CREON CAP 12000UNT	1	
CREON CAP 24000UNT	1	
CREON CAP 36000UNT	1	
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	1	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>cvs gas relief drops extr</i> LIQD 40mg/0.6ml	2	
<i>cvs gas relief extra stre</i> CHEW 125mg	2	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
EMETROL SOL	2	
GAS RELIEF CAP 125MG	2	
GAS-X CHEW 80mg	2	
GAS-X EXTRA STRENGTH CHEW 125mg; STRP 62.5mg	2	
GATTEX KIT 5mg	1	NM, PA
<i>hm anti-nausea</i>	2	
<i>kls acid controller compl</i>	2	
LINZESS CAPS 72mcg, 145mcg, 290mcg	1	QL (30 caps / 30 days)
LITTLE TUMMY DRO 20/0.3ML	2	
<i>loperamide hcl</i> CAPS 2mg	1	
<i>misoprostol</i> TABS 100mcg, 200mcg	1	
MOVANTIK TABS 12.5mg, 25mg	1	QL (30 tabs / 30 days)
NEXABIOTIC CAP	2	
PEPCID CHW COMPLETE	2	
PHAZYME CAPS 180mg	2	
PHAZYME MAXIMUM STRENGTH CAPS 250mg	2	
PHAZYME MS CAP 166MG CAPS 166mg	2	
RELISTOR SOLN 12mg/0.6ml	1	QL (28 vials / 28 days), PA

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
RELISTOR SOSY 8mg/0.4ml, 12mg/0.6ml	1	QL (28 syringes / 28 days), PA
<i>sb anti-gas</i> CAPS 180mg	2	
<i>simethicone</i> CHEW 80mg; TABS 80mg	2	
<i>simethicone susp 40 mg/0.4</i> SUSP 40mg/0.6ml	2	
<i>sucralfate</i> TABS 1gm	1	
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	1	
VOQUEZNA PAK DUAL PAK	1	QL (2 kits / year), PA
VOQUEZNA PAK TRIP PK	1	QL (2 kits / year), PA
VOWST CAP	1	QL (12 caps / 30 days), NM, PA
XERMELO TABS 250mg	1	QL (84 tabs / 28 days), NM, PA
XIFAXAN TABS 550mg	1	PA
ZENPEP CAP 3000UNIT	1	
ZENPEP CAP 5000UNIT	1	
ZENPEP CAP 10000UNIT	1	
ZENPEP CAP 15000UNIT	1	
ZENPEP CAP 20000UNIT	1	
ZENPEP CAP 25000UNIT	1	
ZENPEP CAP 40000UNIT	1	
ZENPEP CAP 60000UNIT	1	
PROTON PUMP INHIBITORS		
<i>acid reducer</i> CPDR 20.6mg	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	1	QL (30 caps / 30 days), ST
<i>heartburn treatment 24 ho</i> CPDR 15mg	2	
<i>lansoprazole</i> CPDR 15mg, 30mg	1	QL (60 caps / 30 days)
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>omeprazole</i> TBEC 20mg	2	
<i>pantoprazole sodium</i> SOLR 40mg; TBEC 20mg, 40mg	1	
PRILOSEC OTC TBEC 20mg	2	
<i>rabeprazole sodium</i> TBEC 20mg	1	QL (30 tabs / 30 days)

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl</i> TB24 10mg	1	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	1	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg	1	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>tadalafil</i> TABS 5mg	1	QL (30 tabs / 30 days), PA
<i>tamsulosin hcl</i> CAPS .4mg	1	QL (60 caps / 30 days)

MISCELLANEOUS

A + D PERSON MIS CARE WIP	2	
<i>acetic acid</i> SOLN .25%	1	
<i>azo dine</i> TABS 95mg	2	
<i>azo dine maximum strength</i> TABS 97.5mg	2	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	1	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>cvs disposable douche med SOLN .3%</i>	2	
<i>fq breathable adult brief</i>	2	
GLYCINE POW	2	
<i>phenazopyridine hcl TABS 100mg, 200mg</i>	2	
<i>potassium citrate (alkalinizer) TBCR 15meq, 540mg, 1080mg</i>	1	
SUMMERS EVE SOL 0.3%	2	
URO-TRIN TAB 95MG TABS 95mg	2	

URINARY ANTISPASMODICS

<i>fesoterodine fumarate TB24 4mg, 8mg</i>	1	QL (30 tabs / 30 days)
GEMTESA TABS 75mg	1	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	1	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride SOLN 5mg/5ml</i>	1	QL (600 mL / 30 days)
<i>oxybutynin chloride TABS 5mg</i>	1	QL (120 tabs / 30 days)
<i>oxybutynin chloride TB24 5mg</i>	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride TB24 10mg, 15mg</i>	1	QL (60 tabs / 30 days)
<i>solifenacin succinate TABS 5mg, 10mg</i>	1	QL (30 tabs / 30 days)
<i>tolterodine tartrate CP24 2mg, 4mg</i>	1	QL (30 caps / 30 days)
<i>tolterodine tartrate TABS 1mg, 2mg</i>	1	QL (60 tabs / 30 days)
<i>trospium chloride TABS 20mg</i>	1	QL (60 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

<i>af-miconazole 7 CREA 2%</i>	2	
<i>bl miconazole 3</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate vaginal</i> CREA 2%	1	
CLOTRIMAZOLE CRE 2%	2	
<i>clotrimazole vaginal</i> CREA 1%	2	
<i>cvs miconazole 3</i>	2	
GYNE-LOTTRIMIN CREA 1%	2	
<i>metronidazole vaginal</i> GEL .75%	1	
<i>miconazole 3 combination</i>	2	
MICONAZOLE KIT 200MG/2%	2	
<i>miconazole nitrate vaginal</i> SUPP 100mg	2	
<i>miconazole nitrate vaginal supp 1200 mg & 2% cream kit</i>	2	
<i>monistat 1-day</i> OINT 6.5%	2	
MONISTAT 3 CREA 4%	2	
MONISTAT 3 KIT COMBINAT	2	
MONISTAT 7 CREA 2%; SUPP 100mg	2	
MONISTAT CARE INSTANT ITC CREA 1%	2	
<i>qc 3 day vaginal cream</i> CREA 4%	2	
<i>sm 3-day vaginal</i> CREA 2%	2	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1	
TIOCONAZOLE OIN -1	2	

HEMATOLOGIC

ANTICOAGULANTS

<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	1	QL (60 caps / 30 days)
---	---	------------------------

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>dabigatran etexilate mesylate</i> CAPS 110mg	1	QL (120 caps / 30 days)
ELIQUIS TABS 2.5mg	1	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	1	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	1	QL (74 tabs / 30 days)
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	1	
HEP SOD/NACL INJ 25000UNT	1	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
<i>heparin sodium (porcine) lock flush</i> SOLN 10unit/ml, 100unit/ml	2	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
<i>rivaroxaban</i> SUSR 1mg/ml	1	QL (620 mL / 30 days)
<i>rivaroxaban</i> TABS 2.5mg	1	QL (60 tabs / 30 days)
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO TABS 2.5mg	1	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	1	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
FULPHILA SOSY 6mg/0.6ml	1	QL (2 syringes / 28 days), NM, PA

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/ml, 40000unit/ml	1	NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	1	NM, PA
IRON		
<i>abatron af</i>	2	
ABATRON LIQ	2	
<i>altorex</i> CAPS 150mg	2	
BIFERA TAB 28MG	2	
<i>bl iron</i>	2	
<i>cvs iron</i> TABS 27mg	2	
<i>eql carbonyl iron</i> TABS 45mg	2	
EZFE 200 CAPS 200mg	2	
<i>fe c</i>	2	
<i>fe c tab plus</i>	2	
FE SULFATE POW	2	
<i>fe tabs</i> TBEC 325mg	2	
FEOSOL TABS 45mg, 200mg	2	
FER-IN-SOL SOLN 15mg/ml	2	
<i>fer-iron</i> SOLN 15mg/ml	2	
FERGON TABS 240mg	2	
FERGON TAB 320MG TABS 320mg	2	
FERRETTS TABS 325mg	2	

Drug Name	Drug Tier	Requirements/Limits
FERRETTIS IPS SOLN 40mg/15ml	2	
FERRIMIN 150 TABS 150mg	2	
FERRO-SEQUEL TAB 65-25MG	2	
<i>ferrocite</i> TABS 324mg	2	
FERROUS FUMARATE TABS 29mg	2	
<i>ferrous fumarate</i> TABS 325mg	2	
<i>ferrous gluconate</i> TABS 320mg	2	
FERROUS GLUCONATE TABS 324mg	2	
FERROUS SULFATE LIQD 220mg/5ml; TBCR 140mg; TBEC 324mg	2	
<i>ferrous sulfate</i> SOLN 220mg/5ml, 300mg/5ml; SYRP 300mg/5ml; TABS 27mg; TBCR 50mg	2	
<i>ferrous sulfate dried</i> TBCR 160mg	2	
<i>ferrous sulfate elixir</i> 22 ELIX 220mg/5ml	2	
FERROUS SULFATE ELIXIR 22 ELIX 220mg/5ml	2	
<i>ferrous sulfate iron</i> TABS 200mg	2	
FOLITAB 500 TAB	2	
FUSION CAP	2	
<i>gnp iron</i> TBCR 45mg	2	
<i>hematron</i>	2	
HEMOCYTE TABS 324mg	2	
ICAR PEDIATRIC SUSP 15mg/1.25ml	2	
ICAR-C TAB	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
INTEGRA CAP	2	
IRO-PLEX LIQ	2	
IRO-PLEX TAB 165-2MG	2	
IRON TABS 28mg, 90mg, 256mg	2	
IRON 21/7 MIS	2	
IRON CHEWS PEDIATRIC CHEW 15mg	2	
<i>*iron combination elixir*</i>	2	
<i>iron slow release</i> TBCR 45mg	2	
IRON UP LIQD 15mg/0.5ml	2	
<i>kp ferrous gluconate</i> TABS 324mg	2	
NOVAFERRUM 50 CAPS 50mg	2	
NOVAFERRUM LIQ 125	2	
NOVAFERRUM PEDIATRIC DROP LIQD 15mg/ml	2	
PERFECT IRON TABS 25mg	2	
PROFE CAPS 180mg	2	
PROFERRIN ES TAB 12 MG	2	
RA HIGH POTENCY IRON TABS 27mg	2	
<i>ra slow release iron</i> TBCR 47.5mg	2	
SLOW FE TBCR 45mg, 160mg	2	
SM SLOW RELEASE IRON TBCR 143mg	2	
TANDEM CAP	2	
VITRON-C TAB 65-125MG	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>wee care</i> SUSP 15mg/1.25ml	2	
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg	1	QL (60 tabs / 30 days), NM, PA
ALVAIZ TABS 18mg, 36mg	1	QL (90 tabs / 30 days), NM, PA
<i>anagrelide hcl</i> CAPS .5mg, 1mg	1	
BERINERT KIT 500unit	1	QL (24 boxes / 30 days), NM, PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
DOPTelet TABS 20mg	1	NM, PA
HAEGARDA SOLR 2000unit	1	QL (30 vials / 30 days), NM, PA
HAEGARDA SOLR 3000unit	1	QL (20 vials / 30 days), NM, PA
<i>icatibant acetate</i> SOSY 30mg/3ml	1	QL (9 syringes / 30 days), NM, PA
<i>l-glutamine (sickle cell)</i> PACK 5gm	1	NM, PA
<i>pentoxifylline</i> TBCR 400mg	1	
<i>sajazir</i> SOSY 30mg/3ml	1	QL (9 syringes / 30 days), NM, PA
SIKLOS TABS 100mg, 1000mg	1	
TAVNEOS CAPS 10mg	1	QL (180 caps / 30 days), NM, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>PLATELET AGGREGATION INHIBITORS</i>		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
<i>clopidogrel bisulfate TABS 75mg</i>	1	
<i>dipyridamole TABS 25mg, 50mg, 75mg</i>	1	PA; PA applies if 65 years and older
<i>prasugrel hcl TABS 5mg, 10mg</i>	1	
<i>ticagrelor TABS 60mg, 90mg</i>	1	
<i>IMMUNOLOGIC AGENTS</i>		
<i>AUTOIMMUNE AGENTS</i>		
BIMZELX SOAJ 160mg/ml, 320mg/2ml	1	QL (2 pens / 28 days), NM, PA
BIMZELX SOSY 160mg/ml, 320mg/2ml	1	QL (2 syringes / 28 days), NM, PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml	1	QL (4 pens / 28 days), NM, PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	1	QL (4 syringes / 28 days), NM, PA
ENBREL SOLN 25mg/0.5ml	1	QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	1	QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	1	QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	1	QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	1	QL (8 pens / 28 days), NM, PA
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml	1	QL (6 syringes / 28 days), NM, PA

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
HADLIMA PUSHTOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml	1	QL (6 autoinjectors / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml	1	QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 20mg/0.2ml	1	QL (4 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	1	QL (6 syringes / 28 days), NM, PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml	1	QL (6 pens / 28 days), NM, PA
HUMIRA PEN AJKT 80mg/0.8ml	1	QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	1	QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	1	QL (3 pens / 28 days), NM, PA
INFLIXIMAB SOLR 100mg	1	NM, PA
KINERET SOSY 100mg/0.67ml	1	QL (28 syringes / 28 days), NM, PA
PYZCHIVA SOAJ 45mg/0.5ml, 90mg/ml	1	QL (1 pen / 28 days), NM, PA
PYZCHIVA SOLN 45mg/0.5ml	1	QL (1 vial / 28 days), NM, PA
PYZCHIVA SOLN 130mg/26ml	1	NM, PA
PYZCHIVA SOSY 45mg/0.5ml, 90mg/ml	1	QL (1 syringe / 28 days), NM, PA
REMICADE SOLR 100mg	1	NM, PA
RENFLEXIS SOLR 100mg	1	NM, PA

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
RINVOQ TB24 15mg, 30mg	1	QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	1	QL (168 tabs / year), NM, PA
RINVOQ LQ SOLN 1mg/ml	1	QL (360 mL / 30 days), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	1	QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	1	NM, PA
SKYRIZI SOSY 150mg/ml	1	QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	1	QL (6 pens / 365 days), NM, PA
SOTYKTU TABS 6mg	1	QL (30 tabs / 30 days), NM, PA
STELARA SOLN 45mg/0.5ml	1	QL (1 vial / 28 days), NM, PA
STELARA SOLN 130mg/26ml	1	NM, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	1	QL (1 syringe / 28 days), NM, PA
TREMFYA SOAJ 200mg/2ml	1	QL (2 pens / 28 days), NM, PA
TREMFYA SOLN 200mg/20ml	1	NM, PA
TREMFYA SOPN 100mg/ml	1	QL (1 pen / 28 days), NM, PA
TREMFYA SOSY 100mg/ml	1	QL (1 syringe / 28 days), NM, PA
TREMFYA SOSY 200mg/2ml	1	QL (2 syringes / 28 days), NM, PA

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml	1	QL (2 pens / 28 days), NM, PA
TYENNE SOAJ 162mg/0.9ml	1	QL (4 pens / 28 days), NM, PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	1	NM, PA
TYENNE SOSY 162mg/0.9ml	1	QL (4 syringes / 28 days), NM, PA
USTEKINUMAB SOLN 45mg/0.5ml	1	QL (1 vial / 28 days), NM, PA
USTEKINUMAB SOLN 130mg/26ml	1	NM, PA
USTEKINUMAB SOSY 45mg/0.5ml, 90mg/ml	1	QL (1 syringe / 28 days), NM, PA
VELSIPITY TABS 2mg	1	QL (30 tabs / 30 days), NM, PA
XELJANZ SOLN 1mg/ml	1	QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	1	QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	1	QL (30 tabs / 30 days), NM, PA
YESINTEK SOLN 45mg/0.5ml	1	QL (1 vial / 28 days), NM, PA
YESINTEK SOLN 130mg/26ml	1	NM, PA
YESINTEK SOSY 45mg/0.5ml, 90mg/ml	1	QL (1 syringe / 28 days), NM, PA
<i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i>		
<i>hydroxychloroquine sulfate</i> TABS 200mg	1	
JYLAMVO SOLN 2mg/ml	1	B/D

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>leflunomide</i> TABS 10mg, 20mg	1	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	1	
XATMEP SOLN 2.5mg/ml	1	B/D
IMMUNOGLOBULINS		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	1	NM, PA
BIVIGAM SOLN 5gm/50ml, 10%	1	NM, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	1	NM, PA
GAMASTAN INJ	1	B/D, NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	1	NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	1	NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	1	NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	1	NM, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	1	NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	1	NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	1	NM, PA

Drug Name	Drug Tier	Requirements/Limits
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	1	NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	1	NM, PA
ARCALYST SOLR 220mg	1	NM, PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 .5mg, 1mg, 5mg	1	B/D, NM
<i>azathioprine</i> TABS 50mg	1	B/D
BENLYSTA SOAJ 200mg/ml	1	QL (8 pens / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	1	NM, PA
BENLYSTA SOSY 200mg/ml	1	QL (8 syringes / 28 days), NM, PA
<i>cyclosporine</i> CAPS 25mg, 100mg	1	B/D, NM
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	1	B/D, NM
<i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg, 1mg	1	B/D, NM
<i>engraf</i> CAPS 25mg, 100mg	1	B/D, NM
<i>mycophenolate mofetil</i> CAPS 250mg; SUSR 200mg/ml; TABS 500mg	1	B/D, NM
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	1	B/D, NM
NULOJIX SOLR 250mg	1	B/D, NM
PROGRAF PACK .2mg, 1mg	1	B/D, NM
REZUROCK TABS 200mg	1	QL (30 tabs / 30 days), NM, PA

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>sirolimus</i> SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	1	B/D, NM
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	1	B/D, NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	1	PA
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	PA
BCG VACCINE SOLR 50mg	1	
BEXSERO SUSY .5ml	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENG VAXIA SUS	1	
ENGRIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	1	
HAVRIX SUSY 720elu/0.5ml, 1440unit/ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
KINRIX INJ	1	
M-M-R II INJ	1	
MENQUADFI SOLN .5ml	1	
MENVEO INJ	1	
MENVEO SOL	1	
MRESVIA SUSY 50mcg/0.5ml	1	PA
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENMENVY INJ	1	
PENTACEL INJ	1	
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml	1	QL (2 vials per lifetime)
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
TRUMENBA SUSY .5ml	1	
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml; SUSY 25unit/0.5ml, 50unit/ml	1	
VARIVAX SUSR 1350pfu/0.5ml	1	
VAXCHORA SUS	1	
VIMKUNYA SUSY 40mcg/0.8ml	1	
VIVOTIF CAP EC	1	
YF-VAX INJ	1	

INJECTABLE

ANTI-COAGULANT FOR IV

<i>heparin sodium (porcine) lock flush</i> SOLN 1unit/ml, 10unit/ml, 100unit/ml	2
---	---

STERILE INJECTABLE

<i>water for injection</i>	2
<i>water for iv injection</i>	2

MISCELLANEOUS

MISCELLANEOUS

ACACIA POW	2
<i>acacia powder</i>	2
ACETAMIN POW	2
ACETIC ACID SOLN 3%	2
ALCOHOL SOL DENATURE	2
ALLANTOIN POW	2

Drug Name	Drug Tier	Requirements/Limits
<i>almond oil (sweet)</i>	2	
<i>alum (ammonium) powder</i>	2	
ALUM AMMONIU POW	2	
AMMONIUM GRA CHLORIDE	2	
ANISE FLAVOR OIL	2	
AQUABASE OIN	2	
ASCORBIC ACD POW	2	
BENZYL ALC LIQ	2	
BIOFLAVINOID POW LEMON	2	
BIOFLAVONOID POW CITRUS	2	
BISMUTH POW SUBNITRA	2	
BISMUTH SUBC POW	2	
<i>bismuth subcarbonate powder</i>	2	
<i>bismuth subnitrate powder</i>	2	
BL BORIC ACI POW	2	
BL GLYCERIN LIQ	2	
BL PETROLEUM OIN JELLY	2	
BLENDED SUSP SUS COMPOUND	2	
<i>boric acid powder</i>	2	
BUBBLE GUM SYP	2	
<i>calcium hydroxide powder</i>	2	
CALCIUM POW SACCHARA	2	
CARBOMER POW 1342	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>castor oil</i>	2	
CASTOR OIL OIL 100%	2	
CETYL ALCOHO GRA	2	
CHERRY CON	2	
<i>cherry syrup</i>	2	
CHLOROFORM SOL	2	
<i>chloroform soln</i>	2	
CITRIC ACID GRA	2	
<i>citric acid granules</i>	2	
<i>citric acid powder</i>	2	
<i>clove oil</i>	2	
CLOVE OIL	2	
<i>cocoa butter</i>	2	
COCOA BUTTER LOT	2	
<i>coconut oil</i>	2	
<i>collodion flexible</i>	2	
COLLODION LIQ FLEXIBLE	2	
COTTONSEED OIL	2	
CROTON OIL	2	
CRYSTAL LAKE LIQ WATER	2	
D-VITAMIN E POW SUCCINAT	2	
DELBASE OIN COMPOUND	2	
DL-MENTHOL CRY	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
FATTYBLEND MIS	2	
FD&C BLUE #2 POW	2	
FD&C RED 40 POW	2	
FDC BLUE 1 POW AL LAKE	2	
FDC RED #40 POW AL LAKE	2	
FDC YELLOW 5 POW AL LAKE	2	
FERRIC POW SUBSULFA	2	
FLAVOR CONC LIQ GRAPE	2	
FULLERS POW EARTH	2	
<i>glycerin liquid</i>	2	
<i>glycolic acid crystals</i>	2	
GNP PETROLEU GEL JELLY	2	
GRAPE SEED OIL	2	
GREEN TEA EXTRACT LIQD 90%	2	
GRX WHITE OIN PETROLAT	2	
HYDROPHILIC OIN PETROLAT	2	
<i>hydrophilic ointment</i>	2	
INDOLE-3- POW CARBINOL	2	
INOSITOL POW HEXANICO	2	
IODINE CRY	2	
<i>karaya gum</i>	2	
KARAYA GUM	2	
LACTIC ACID SOL	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
LACTOSE POW	2	
<i>lactose powder</i>	2	
LIP BALM OIN NATURAL	2	
LIPOIL OIL	2	
LIPOVAN BASE CRE	2	
LOLLIBASE POW	2	
LOZIBASE MIS	2	
MANNITOL POW	2	
<i>menthol crystals</i>	2	
METHYLCELLULOSE GEL 2%, 3%	2	
<i>methylcellulose powder</i>	2	
NICE PURE POW BAK SODA	2	
ORA-HESIVE PST BASE	2	
<i>*oral vehicles***</i>	2	
OXALIC ACID CRY	2	
<i>oxalic acid crystals</i>	2	
PCCA MBK MIS FAT ACID	2	
PEG 1000 LIQ	2	
PERUVIAN LIQ BALSAM	2	
<i>petrolatum ointment</i>	2	
<i>petrolatum, hydrophilic ointment</i>	2	
PHOSPHATIDYL POW 20%	2	
PLURONIC GEL 20%, 30%	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
POLYSORBATE SOL 20	2	
POT NITRATE GRA	2	
POT SORBATE CRY	2	
POTASSIUM HYDROXIDE SOLN 10%, 20%	2	
PROPYLENE GL SOL	2	
<i>propylene glycol</i>	2	
<i>raspberry syrup</i>	2	
RED YEAST POW RICE	2	
<i>simple - syrup</i>	2	
SOD BENZOATE POW	2	
SOD METABISU GRA	2	
SOD PERBORAT CRY	2	
SOD PROPION POW	2	
SOD SULFITE POW	2	
<i>sodium benzoate powder</i>	2	
SODIUM BORAT POW	2	
SODIUM CITRA GRA	2	
<i>sorbitol</i> SOLN 70%	2	
STEVIA EXTRACT POWD 90%	2	
SULFUR POW	2	
SULFUR POW PRECIPIT	2	
SUSPENDOL-S LIQ	2	
TALC POW	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>talc powder</i>	2	
THYMOL CRY	2	
TROCHIBASE S MIS	2	
<i>turpentine liq</i>	2	
UNIBASE CRE	2	
UREA BEA	2	
VEEGUM MIS LUMP	2	
<i>white petrolatum gel</i>	2	
<i>white petrolatum ointment</i>	2	
WITEPSOL MIS	2	
ZINC CHLORID GRA	2	
ZINC OXIDE POW	2	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

BABY DARLNG POW PED ELEC	2	
<i>buffered salt</i>	2	
CERALYTE 50 LIQ	2	
CERASPORT SOL	2	
<i>hm potassium TABS 595mg</i>	2	
<i>hydralife</i>	2	
MEDI-LYTE TAB	2	
<i>*oral electrolyte for soln***</i>	2	
<i>*oral electrolyte solution***</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>osco potassium gluconate</i> TABS 550mg	2	
POT GLUCONAT TAB 500MG	2	
<i>potassium</i> TABS 99mg	2	
<i>potassium gluconate</i> TABS 2meq	2	
POTASSIUM GLUCONATE TABS 550mg	2	
POTASSIUM GLUCONATE ER TBCR 595mg	2	
POTASSIUM TAB CHELATED	2	
REPLACE TAB SR	2	
<i>ELECTROLYTES/MINERALS, INJECTABLE</i>		
D2.5W/NACL INJ 0.45%	1	
D10W/NACL INJ 0.2%	1	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% in lactated ringers</i>	1	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	1	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	1	
ISOLYTE-P INJ /D5W	1	
ISOLYTE-S INJ PH 7.4	1	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	1	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	1	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	1	
KCL/D5W/NACL INJ 0.3/0.9%	1	
<i>lactated ringer's solution</i>	1	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	1	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	1	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	1	
<i>multiple electrolytes ph 5.5</i>	1	
POT CHL 20MEQ/L IN NACL 0.9% INJ	1	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
POT CHL 20MEQ/L IN NACL 0.45% INJ	1	
POT CHL 40MEQ/L IN NACL 0.9% INJ	1	
<i>potassium chloride</i> SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	1	
<i>potassium chloride</i> 20 meq/l (0.15%) in dextrose 5% inj	1	
<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	1	
TPN ELECTROL INJ	1	B/D
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
<i>klor-con</i> PACK 20meq	1	
<i>klor-con 8</i> TBCR 8meq	1	
<i>klor-con 10</i> TBCR 10meq	1	
<i>klor-con m10</i> TBCR 10meq	1	
<i>klor-con m15</i> TBCR 15meq	1	
<i>klor-con m20</i> TBCR 20meq	1	
M-NATAL PLUS TAB	1	
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq	1	
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 15meq, 20meq	1	
PRENATAL TAB 27-1MG	1	
PRENATAL TAB PLUS	1	
<i>sodium fluoride</i> chew; tab; 1.1 (0.5 f) mg/ml soln	1	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
WESTAB PLUS TAB 27-1MG	1	
IV NUTRITION		
CLINIMIX INJ 4.25/D5W	1	B/D
CLINIMIX INJ 4.25/D10	1	B/D
CLINIMIX INJ 5%/D15W	1	B/D
CLINIMIX INJ 5%/D20W	1	B/D
CLINIMIX INJ 6/5	1	B/D
CLINIMIX INJ 8/10	1	B/D
CLINIMIX INJ 8/14	1	B/D
<i>clinisol sf 15%</i>	1	B/D
CLINOLIPID EMU 20%	1	B/D
COPPER SULF CRY	2	
<i>dextrose SOLN 5%, 10%</i>	1	
<i>dextrose SOLN 50%, 70%</i>	1	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	1	B/D
NUTRILIPID EMUL 20gm/100ml	1	B/D
<i>plenamine</i>	1	B/D
PREMASOL SOL 10%	1	B/D
PROSOL INJ 20%	1	B/D
TRAVASOL INJ 10%	1	B/D
TROPHAMINE INJ 10%	1	B/D
MINERALS		
BEELITH TAB	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>bl calcium 500/d</i>	2	
<i>bl calcium 600 + d</i>	2	
<i>bl calcium citrate+d</i>	2	
<i>bl calcium/magnesium/zinc</i>	2	
<i>bl magnesium TABS 250mg</i>	2	
BONE MEAL TAB	2	
<i>*bone meal w/ vitamin d tab***</i>	2	
CA GLUCONATE TAB 50MG	2	
CA HI-CAL/D TAB 500MG	2	
CA PHOS DIHY POW DIBASIC	2	
CA/MG TAB	2	
CA/MG/ZN TAB	2	
CAL CIT MAL/ TAB VITAMIND	2	
CAL-CITRATE TAB PLUS D	2	
CAL-LAC CAPS 500mg	2	
CAL-MAG COMP TAB	2	
CAL-MAG-ZINC TAB -D	2	
CAL-MAG-ZINC TAB VIT D3	2	
CAL-QUICK LIQ 500-400	2	
CAL/MAG TAB CHEW	2	
CAL/MAG/VITD TAB	2	
CALC CHEWABL CHW 600 PLUS	2	
CALC CIT+D3 TAB 250-200	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
CALC/MAGNES TAB 333-167	2	
CALC/VIT D3 CHW 200-200	2	
CALC/VIT D3 CHW DISNEY	2	
<i>calcarb 600</i> TABS 1500mg	2	
<i>calcarb 600/vitamin d</i>	2	
CALCET CHW BITES	2	
CALCET PETIT TAB 200-250	2	
<i>calci-chew</i> CHEW 1250mg	2	
CALCI-CHEW CHEW 1250mg	2	
CALCI-MIX CAPS 1250mg	2	
<i>calcio del mar</i> TABS 1250mg	2	
<i>calcitrate</i> TABS 950mg	2	
<i>calcium</i> TABS 600mg	2	
<i>calcium 500+d high potenc</i>	2	
<i>calcium 500/d</i>	2	
<i>calcium 600 + d</i>	2	
<i>calcium 600 mg w/ vitamin d tab</i>	2	
<i>calcium 600 with vitamin</i>	2	
<i>calcium 600-d</i>	2	
CALCIUM 1000 TAB + D	2	
<i>calcium 1200+d3</i>	2	
CALCIUM + D3 TAB	2	
CALCIUM ACETATE TABS 668mg	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
CALCIUM CARB POW	2	
CALCIUM CARB TAB 600MG	2	
<i>calcium carb-cholecalcif chew tab 500 mg-2.5mcg (100 unit)</i>	2	
<i>calcium carb-cholecalciferol tab 500 mg-3.125 mcg (125 unit)</i>	2	
<i>calcium carb-cholecalciferol tab 500 mg-10 mcg (400 unit)</i>	2	
<i>calcium carb-cholecalciferol tab 600 mg-3.125 mcg (125 unit)</i>	2	
<i>*calcium carb-vit d w/ minerals chew tab 600 mg-400 unit***</i>	2	
<i>*calcium carb-vit d w/ minerals chew tab 1200 mg-1000 unit**</i>	2	
CALCIUM CARBONATE CHEW 260mg; POWD 800mg/2gm	2	
<i>calcium carbonate (antacid) SUSP 1250mg/5ml</i>	2	
<i>calcium carbonate powder</i>	2	
<i>calcium carbonate-ergocalciferol tab 500 mg-5 mcg (200 unit)</i>	2	
<i>*calcium carbonate-vit d</i>	2	
<i>calcium carbonate-vitamin d tab 250 mg-3.125 mcg (125 unit)</i>	2	
<i>calcium carbonate-vitamin d tab 500 mg-3.125 mcg (125 unit)</i>	2	
<i>calcium cit-vit d tab 315 mg-6.25 mcg(250 unit) (elem ca)</i>	2	
CALCIUM CIT/ TAB VIT D	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
CALCIUM CITR TAB + D	2	
CALCIUM CITRATE GRAN 760mg/3.5gm; TABS 250mg, 1040mg	2	
<i>calcium citrate + d3</i>	2	
<i>calcium citrate-vitamin d tab 1500 mg-200 unit</i>	2	
<i>calcium gluconate</i> TABS 500mg, 650mg	2	
CALCIUM GLUCONATE TABS 500mg, 650mg	2	
<i>calcium gluconate powder</i>	2	
<i>calcium gummies</i>	2	
CALCIUM LACTATE TABS 100mg, 648mg, 750mg	2	
<i>calcium lactate</i> TABS 650mg	2	
<i>calcium liquid caps</i>	2	
<i>calcium phos-cholecalcif chew tab 250 mg- 12.5 mcg (500 unit)</i>	2	
CALCIUM PLUS CAP VIT D	2	
CALCIUM SOFT CHW CARAMEL	2	
CALCIUM TAB 600MG	2	
CALCIUM TAB FORMULA	2	
<i>calcium w/ magnesium tab 333-167 mg</i>	2	
<i>calcium w/ magnesium tab 500-250 mg</i>	2	
<i>calcium w/ vitamin d & k chew tab 500 mg-100 unit-40 mcg</i>	2	
<i>calcium-carb 600 + d</i>	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>calcium-magnesium-zinc tab 333-133-8.3 mg</i>	2	
<i>calcium-magnesium-zinc tab 334-134-5 mg</i>	2	
<i>calcium-magnesium-zinc-vit d3 tab 333 mg-133 mg-5 mg-3.3 mcg</i>	2	
<i>calcium-magnesium-zinc-vit d3 tab 333 mg-133 mg-5 mg-5 mcg</i>	2	
<i>calcium-vitamin d tab 600 mg-5 mcg (200 unit)</i>	2	
CALCIUM/C/D CHW 500MG	2	
CALCIUM/D3 CAP 600-2500	2	
CALCIUM/D TAB 600/200	2	
CALCIUM/MAGN TAB 250-155	2	
CALCIUM/VITD CAP 600-400	2	
CALTRATE 600 CHW 600-800	2	
CALTRATE 600 CHW +D PLUS	2	
CALTRATE + D TAB 300-800	2	
CALTRATE +D3 TAB 600-800	2	
CALTRATE+D TAB 600-800	2	
<i>calvite p&d</i>	2	
CHELATED CALCIUM TABS 200mg	2	
CHELATED MG TAB 100MG TABS 100mg	2	
CHELATED MUL TAB MINERAL	2	
CITRACAL CAL CHW GUMMIES	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
CITRACAL CAL TAB +D SLOW	2	
CITRACAL TAB MAXIMUM	2	
CITRACAL TAB VIT D	2	
CITRACAL+D3 CHW 250-500	2	
CORAL CALCIU CAP	2	
CORAL CALCIU CAP 1000MG	2	
CORAL CAP CALCIUM	2	
<i>cvs magnesium citrate</i> CAPS 125mg	2	
<i>cvs selenium</i> TABS 200mcg	2	
<i>cvs selenium natural</i> TABS 100mcg	2	
<i>cvs zinc</i> LOZG 10mg	2	
<i>600+d3 plus minerals</i>	2	
DIASENSE MAGNESIUM TABS 241.3mg	2	
ECK HI-CAL TAB 500MG	2	
<i>eq calcium 500+d</i>	2	
<i>eq calcium 600+d+minerals</i>	2	
EQL CALCIUM CAP VIT D	2	
<i>eql calcium gummies</i>	2	
<i>eql calcium soft chews</i>	2	
<i>gnp calcium 500 +d3</i>	2	
GUMMY BITES CHW	2	
HCA ELEMENTA CAP MAGNESIU	2	
<i>hca elemental magnesium</i> CAPS 300mg	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
HCA ZINC GLU TAB 50MG	2	
<i>hm calcium 600 & vitamin</i>	2	
<i>iodine (kelp) TABS .15mg</i>	2	
<i>kp calcium 600+d3</i>	2	
<i>kp mag-oxide magnesium TABS 200mg</i>	2	
LIQUID CALCI CAP WITH D3	2	
LOCALNESIUM TAB	2	
LOCALNESIUM TAB -C	2	
MAG64 TBEC 64mg	2	
MAG CARBONAT POW	2	
MAG GLYCINATE TABS 100mg	2	
MAG-200 TABS 200mg	2	
MAG-G TABS 500mg	2	
MAG-SR PLUS TAB CALCIUM	2	
MAG-TAB SR TBCR 84mg	2	
<i>magbee</i>	2	
<i>magdelay TBEC 64mg</i>	2	
MAGDELAY TBEC 70mg	2	
MAGINEX TBEC 615mg	2	
MAGNEBIND TAB 200	2	
MAGNEBIND TAB 300	2	
MAGNESIUM CHEW 200mg; TABS 200mg	2	
<i>magnesium TABS 30mg, 100mg</i>	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>magnesium chloride</i> TBEC 64mg	2	
MAGNESIUM CITRATE CAPS 125mg; TABS 100mg	2	
MAGNESIUM ELEMENTAL TABS 30mg	2	
<i>magnesium gluconate</i> TABS 27.5mg	2	
MAGNESIUM GLUCONATE TABS 250mg, 500mg, 550mg	2	
MAGNESIUM GLYCINATE CAPS 100mg	2	
<i>magnesium glycinate</i> CAPS 100mg, 120mg	2	
<i>magnesium lactate</i> TBCR 7meq	2	
MAGNESIUM OXIDE CAPS 400mg; TABS 250mg	2	
<i>magnesium oxide (mg supplement)</i> CAPS 500mg; TABS 250mg, 400mg, 500mg	2	
MAGNESIUM SULFATE CAPS 70mg	2	
<i>magnesium tab 200 mg</i>	2	
<i>magnesium tab 400 mg</i>	2	
MAGONATE LIQ 1000/5ML	2	
<i>mar-zinc</i> TABS 220mg	2	
MONOCAL TAB 3-250	2	
<i>*multiple minerals tab**</i>	2	
NU-MAG TAB 71.5-119	2	
ORAZINC TABS 110mg	2	
<i>os-cal</i>	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
OS-CAL TABS 1250mg	2	
OS-CAL TAB 500 + D	2	
OS-CAL ULTRA TAB	2	
OSTEO-PORETI TAB	2	
OYST SHELL/D TAB 250-125	2	
<i>oyster shell</i> TABS 500mg	2	
OYSTER SHELL CALCIUM TABS 250mg	2	
PARVA-CAL TAB 250-100	2	
PARVA-CAL TAB 500MG	2	
PHOS-NAK POW CONCENTR	2	
POSTURE-D TAB 600MG	2	
POSTURE-D TAB CALC/MAG	2	
<i>potassium & sodium phosphates powder pack 280-160-250 mg</i>	2	
RA CA/BORON TAB	2	
<i>ra calcium 600</i> TABS 600mg	2	
RA OYS SHL/D TAB 500MG	2	
<i>ra potassium/magnesium as</i>	2	
RISACAL-D TAB	2	
SE PLUS PROTEIN TABS 200mcg	2	
<i>selenium</i> TABS 50mcg	2	
SELENIUM TBCR 200mcg	2	
SELENIUM TAB 50MCG	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>slow magnesium chloride/</i>	2	
SLOW MAGNESIUM CHLORIDE/	2	
<i>sm calcium plus/vitamin d</i>	2	
SM CORAL CALCIUM TABS 1000mg	2	
SOD CHLORIDE GRA	2	
<i>sodium chloride</i> TABS 1gm	2	
SODIUM CHLORIDE TABS 1gm	2	
TR MAG COMPL CAP 400MG	2	
UPCAL D POW	2	
VIACTIV CHW CARAMEL	2	
ZINC LOZG 10mg	2	
<i>zinc</i> TABS 50mg	2	
ZINC 15 TABS 66mg	2	
<i>zinc gluconate</i> TABS 30mg, 50mg, 100mg	2	
ZINC SULFATE CAPS 50mg	2	
<i>zinc sulfate</i> CAPS 220mg; TABS 66mg	2	
ZINC SULFATE POW	2	
ZINC SULFATE POW GRANULAR	2	
ZINC SULFATE POW MONOHYD	2	
<i>zinc sulfate powder</i>	2	
MISCELLANEOUS		
ADULT OMEGA CHW PLUS DHA	2	
ADVERA LIQ CHOCOLAT	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
ALBA-LYBE NR LIQ	2	
ALP HIGH3 CAP 600MG	2	
<i>alpha betic</i> CAPS 200mg	2	
ALPHA LIPOIC ACID CAPS 50mg, 200mg, 300mg	2	
ALPHA-LIPOIC ACID TABS 100mg	2	
<i>alpha-lipoic acid (thioctic acid)</i> CAPS 100mg, 600mg; TABS 100mg	2	
<i>arginine</i> CAPS 500mg; TABS 500mg	2	
ARGININE PACK 500mg; TABS 500mg	2	
ARGININE2000 PACK 2000mg	2	
ARGININE CAP 500 MG CAPS 500mg	2	
<i>arthx ds</i>	2	
<i>azo cranberry gummies uri</i> CHEW 250mg	2	
<i>azo d-mannose</i> CAPS 500mg	2	
BIO-FLAX CAPS 1000mg	2	
<i>bioginkgo 24/6</i> TABS 60mg	2	
<i>bl flax seed oil</i> CAPS 1000mg	2	
CHEW Q CHEW 30mg	2	
CHEW Q CHW 100MG	2	
CHEW Q CHW 600MG	2	
<i>cidaflex</i>	2	
<i>cidatrine</i> TABS 500mg	2	
CO Q10 TABS 100mg	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
CO Q-10 CAPS 300mg	2	
CO-ENZYME WAF Q10/E	2	
COENZYME Q10 CHEW 60mg; LIQD 30mg/5ml; TABS 25mg, 50mg, 200mg	2	
<i>coenzyme q10 (ubidecarenone)</i> CAPS 10mg, 30mg, 50mg, 60mg, 75mg, 100mg, 150mg, 200mg, 300mg, 400mg; TABS 25mg, 60mg	2	
COENZYME Q-10 CAPS 75mg	2	
COQ10/VIT E CAP 100-10	2	
COQ10/VIT E CAP 200-200	2	
COQ-10 TR CPCR 100mg	2	
COROMEGA EMU OMEGA 3	2	
COROMEGA MIS	2	
CRANBEREX CAPS 240mg	2	
CRANBERRY TABS 125mg, 400mg, 600mg	2	
CRANBERRY (VACCINIUM MACR CAPS 400mg	2	
<i>cranberry (vaccinium macrocarpon)</i> CAPS 200mg, 250mg, 425mg; TABS 300mg, 450mg	2	
<i>cranberry concentrate</i> CAPS 500mg	2	
CRANBERRY EXTRACT TABS 250mg	2	
CRANBERRY FRUIT CAPS 465mg	2	
CRANBERRY HIGHLY CONCENTR CAPS 450mg	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
CRANBERRY JUICE EXTRACT CAPS 1000mg	2	
CRANBERRY SOFT CHEWS CHEW 500mg	2	
<i>cranberry ultra strength</i> TABS 500mg	2	
CRANBERRY WOMENS HEALTH CAPS 215mg	2	
CRANBERRY WOMENS HEALTH F TBDP 125mg	2	
CVS CRANBERR CAP 4200MG	2	
<i>cvs glucose liquid shot</i>	2	
<i>cvs l-lysine</i> TABS 500mg	2	
<i>cvs lutein</i> CAPS 40mg	2	
<i>cvs natural fish oil</i>	2	
<i>cvs quality sleep</i> CAPS 10mg	2	
<i>cyto arg</i>	2	
CYTO-Q LIQD 80mg/10ml	2	
CYTO-Q MAX LIQD 100mg/ml	2	
D-MANNOSE CAPS 500mg	2	
DEXTROSE GRA ANHYDROU	2	
DIABETISWEET POW	2	
DL-METHIONIN POW	2	
<i>emulsified omega-3</i>	2	
<i>eql lutein</i> CAPS 20mg	2	
EQL OMEGA 3 CAP 1400MG	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>eq1 omega 3 fish oil</i>	2	
ESTROVEN TAB ENERGY	2	
FATIGUE REL TAB COMPLEX	2	
<i>fish oil adult gummies</i>	2	
FISH OIL CAP 150MG	2	
FISH OIL CAP 180MG	2	
FISH OIL CAP 183.33MG	2	
FISH OIL CAP 900MG	2	
FISH OIL CAP 1360MG	2	
FISH OIL CHW 875MG	2	
<i>fish oil maximum strength</i>	2	
<i>fish oil pearls</i>	2	
FLAX SEED CAP 1300MG	2	
<i>*flaxseed (linseed) cap 1200 mg***</i>	2	
<i>*flaxseed (linseed) oral oil***</i>	2	
<i>*flaxseed (linseed) oral powder***</i>	2	
FLAXSEED OIL CAPS 1030mg	2	
FLAXSEED OIL CAP 1400MG	2	
<i>fp glucosamine</i>	2	
GENNAMD CAPS 130mg	2	
GINKGO BILOB TAB PLUS	2	
GINKGO BILOBA CAPS 30mg, 50mg, 100mg, 125mg, 200mg, 500mg; TABS 230mg	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>ginkgo biloba</i> CAPS 40mg, 60mg, 120mg; TABS 120mg	2	
GINKGO PHYTOSOME CAPS 80mg	2	
GLUCOS/CHOND TAB DOUBLE	2	
<i>glucosamine chondroitin m</i>	2	
<i>*glucosamine-chondroitin-</i>	2	
GLUCOSE LIQ SHOT	2	
GLUTAMINE POW RAP RLS	2	
<i>glutamine powder</i>	2	
GNP FISH OIL CAP 840MG	2	
GOWEY TIN TINCTURE	2	
HM FISH OIL CAP 554MG	2	
<i>kp glucosamine chondroiti</i>	2	
<i>kp melatonin</i> TABS 3mg	2	
L-ARGININE TABS 1000mg	2	
L-ARGININE POW	2	
L-CARNITINE CAPS 250mg	2	
L-CYSTINE POW	2	
L-ISOLEUCINE POW	2	
L-LYSINE CAPS 500mg; TABS 600mg	2	
L-LYSINE HYDROCHLORIDE SOLN 100mg/ml	2	
L-TRYPTOPHAN TAB 500MG TABS 500mg	2	
L-TYROSINE POW	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
L-VALINE POW	2	
LECITHIN GRA	2	
<i>levocarnitine</i> TABS 500mg	2	
LIPOIC ACID CAPS 150mg	2	
LIQ-10 SYP	2	
LIQ-10 SYRUP DOUBLE STREN LIQD 100mg/5ml	2	
LIQSORB LIQD 100mg/ml	2	
<i>lutein</i> CAPS 6mg; TABS 10mg	2	
LUTEIN TABS 6mg, 20mg	2	
<i>lysine hcl</i> TABS 1000mg	2	
<i>melatonin</i> CAPS 5mg; LIQD 1mg/ml; TABS 1mg, 5mg; TBDP 3mg, 5mg	2	
MELATONIN LIQD 1mg/4ml; TABS 300mcg	2	
MELATONIN TAB 1-10MG	2	
MELATONIN TAB 3-10MG	2	
<i>melatonin tr</i> TBCR 10mg	2	
<i>melatonin-pyridoxine tab 3-10 mg</i>	2	
<i>melatonin-pyridoxine tab 5-10 mg</i>	2	
NAC CAPS 500mg	2	
<i>nac</i> CAPS 600mg	2	
NEOQ10 CAPS 125mg	2	
<i>*nutritional supplement liquid**</i>	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>odorless coated fish oil/</i>	2	
OMEGA POWER CAP 1050MG	2	
OMEGA-3 CAP 350MG	2	
OMEGA-3 CAP FISH OIL	2	
<i>omega-3 fatty acids</i> CAPS 500mg	2	
<i>*omega-3 fatty acids cap 435 mg**</i>	2	
OMEGA-3 IQ CHW 240MG	2	
OMEGAPURE CAP 780 EC	2	
<i>prasterone (dhea)</i> CAPS 25mg	2	
PRASTERONE (DHEA) CAP 25 CAPS 25mg	2	
PRO NUTRIENT CAP OMEGA3	2	
PROSOURCE LIQ NO CARB	2	
PROTO-CHOL CAP 1000MG CAPS 1000mg	2	
PURE L-CITRULLINE CAPS 600mg	2	
<i>px fish oil</i>	2	
Q-GEL CAPS 15mg	2	
<i>q-up</i> LIQD 30mg/5ml	2	
<i>qunol coq10/ubiquinol/meg</i> CAPS 100mg	2	
<i>ra ginkgo biloba</i> TABS 40mg	2	
<i>ra l-arginine</i> TABS 1000mg	2	
SALMON CAP 200MG	2	
SAW PALMETTO CAPS 1000mg; TABS 160mg	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>saw palmetto (serenoa repens)</i> CAPS 160mg, 450mg, 500mg	2	
SAW PALMETTO BERRIES CAPS 540mg, 585mg	2	
SAW PALMETTO CAP 450MG CAPS 450mg	2	
<i>sm flax seed oil</i> CAPS 1000mg	2	
<i>sm ginkgo biloba</i> TABS 60mg	2	
<i>sodium saccharin powder</i>	2	
SUPER TWIN CAP EPA/DHA	2	
<i>sv d-mannose</i> CAPS 500mg	2	
THERACRAN HP CAPS 180mg	2	
THERACRAN HP FOR KIDS CHEW 50mg	2	
TRUEPLUS GEL GLUCOSE	2	
TRUEPLUS GLUCOSE CHEW 4gm	2	
<i>tryptophan</i> TABS 500mg	2	
ULTRA COQ10 CAPS 75mg	2	
<i>valine powder</i>	2	
VITALINE COQ10 TABS 60mg	2	
VITAMINS		
<i>a thru z advantage</i>	2	
<i>a thru z select</i>	2	
<i>a-10000</i> CAPS 10000unit	2	
A/BETA CAROT TAB 25000UNT	2	
ABC COMPLETE TAB WOMEN	2	

Drug Name	Drug Tier	Requirements/Limits
<i>abc-z -tr</i>	2	
<i>abdek</i>	2	
ABDEK CAP	2	
<i>abdek pediatric</i>	2	
ACEROLA C-500 WAFR 500mg	2	
ACTIFLOVIT TAB EAR HEAL	2	
ACTITROM CAP	2	
ACTIVE 55 LIQ PLUS	2	
ACTIVESSENT PAK	2	
ADEKS PEDIAT DRO	2	
ADLT ONE DLY CHW GUMMIES	2	
ADRENAL TAB CALM	2	
<i>50+ adult eye health</i>	2	
ADVANCED CA/ TAB D/MAGNES	2	
AIRBORNE LOZ	2	
ALIVE MULTI CHW CHILDRNS	2	
ALLBEE-T TAB	2	
<i>alph-e-mixed</i> CAPS 200unit	2	
<i>alph-e-mixed 1000</i> CAPS 1000unit	2	
AMINO-MIN-D CAP	2	
<i>animal chewable multiple</i>	2	
<i>animal chews</i>	2	
ANIMAL SHAPE CHW IRON	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>animal shapes plus extra</i>	2	
ANTIOXIDANT CAP	2	
ANTIOXIDANT CHW VITAMINS	2	
<i>antioxidant pack</i>	2	
APATATE LIQ	2	
APETEX ELX	2	
APETIGEN TAB PLUS	2	
APETIGEN-PLS SOL	2	
<i>apetonic</i>	2	
APPEAREX TABS 2.5mg	2	
AQUA-E LIQD 75unit/ml	2	
AQUASOL E SOLN 15unit/0.3ml	2	
AQUASOL E CAP 100IU CAPS 100iu	2	
AQUASOL E CAP 400IU CAPS 400iu	2	
<i>aquavit-e</i> SOLN 15unit/0.3ml	2	
<i>aqueous vitamin e</i> SOLN 15mg/0.67ml	2	
ASCOCID POW	2	
ASCOCID-1000 TAB	2	
<i>ascorbic acid</i> CHEW 100mg, 250mg, 500mg; CPCR 500mg; LIQD 500mg/5ml; SYRP 500mg/5ml; TABS 100mg, 250mg, 500mg, 1000mg; TBCR 500mg, 1000mg, 1500mg	2	
<i>ascorbic acid oral crystals</i>	2	
AVAIL TAB	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>b complete</i>	2	
B COMPLEX +C TAB TR	2	
<i>b complex maxi</i>	2	
B COMPLEX TAB FORM #1	2	
B COMPLEX/FO TAB	2	
B-1 TABS 500mg	2	
B-6 TABS 500mg	2	
B-12 CAPS 1000mcg; LOZG 1000mcg; TABS 2000mcg, 2500mcg	2	
B-12 DOTS TBDP 500mcg	2	
B-12 DUAL SPECTRUM TBCR 5000mcg	2	
<i>b-12 quick dissolve</i> SUBL 1000mcg, 3000mcg	2	
B-12 QUICK DISSOLVE TBDP 5000mcg	2	
B-12 SUB 1000MCG	2	
B-12 SUPER STRENGTH LIQD 5000mcg/ml	2	
<i>b-12 tr</i> TBCR 2000mcg	2	
<i>b-100</i>	2	
B-100 COMPLX TAB	2	
<i>b-100 tr</i>	2	
<i>*b-complex vitamin cap**</i>	2	
<i>*b-complex vitamin elixir**</i>	2	
<i>*b-complex vitamin sublingual liquid**</i>	2	
<i>*b-complex w/ c & e + zn tab***</i>	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>*b-complex w/ c cap**</i>	2	
<i>*b-complex w/ c tab er**</i>	2	
<i>*b-complex w/ c tab**</i>	2	
<i>*b-complex w/ folic acid tab**</i>	2	
<i>*b-complex w/ minerals ta</i>	2	
B-NATAL LOZG 25mg; LPOP 25mg	2	
BABY DDROPS LIQD 400ut/0.028ml	2	
<i>baby super daily d3</i> LIQD 400ut/0.028ml	2	
<i>baby vitamin</i>	2	
<i>baby vitamin/iron</i>	2	
BALANCE B-50 TAB	2	
BETA CAROTEN CAP 25000UNT	2	
<i>beta carotene</i> CAPS 25000unit	2	
BIO-D-MULSION LIQD 400unt/0.04ml	2	
BIO-D-MULSION FORTE LIQD 2000unt/0.04ml	2	
<i>*bioflavonoid products cap**</i>	2	
<i>*bioflavonoid products chew tab**</i>	2	
<i>*bioflavonoid products tab er**</i>	2	
<i>*bioflavonoid products tab**</i>	2	
BIOTIN CAPS 1mg	2	
<i>biotin</i> CAPS 10mg, 2500mcg, 5000mcg; TABS 300mcg, 1000mcg	2	
BIOTIN FORTE TAB	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
BIOTIN FORTE TAB /ZINC	2	
BIOVOL SYP	2	
<i>bl brewers yeast</i>	2	
<i>bl niacin tr</i> TBCR 250mg	2	
<i>bl prenatal vitamins</i>	2	
BPROTECT PED DRO TRI-VITE	2	
C-BUFF POW	2	
CA CITRATE TAB PLUS	2	
CAL-CITRATE CAPS 150mg	2	
CALCI-MAX CAP	2	
<i>calcidol</i> SOLN 200mcg/ml	2	
<i>calcium ascorbate</i> TABS 500mg	2	
<i>calcium pantothenate</i> TABS 500mg	2	
CARDIOTEK TAB	2	
CATEMINE TAB	2	
<i>centrum kids complete</i>	2	
CENTRUM SPEC PAK PRENATAL	2	
CHILDRENS CHW COMPLETE	2	
CHLORELLA CAP	2	
<i>cholecalciferol</i> CAPS 10000unit; CHEW 2000unit	2	
CHROMIUM PIC TAB 500MCG	2	
CL PRENATAL TAB 28-0.8MG	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>*cobalamin combination sl tab***</i>	2	
<i>*cobalamin combination tab***</i>	2	
COD LIVER OIL	2	
<i>*cod liver oil cap***</i>	2	
<i>*cod liver oil***</i>	2	
<i>complex b-100</i>	2	
CONCEPTIONXR MIS MOTILITY	2	
<i>crush vitamin c drops</i> LOZG 60mg	2	
CVS B12 CHEW 2500mcg	2	
<i>cvs b-12</i> LIQD 1000mcg/15ml; TBDP 1500mcg	2	
<i>cvs childrens vitamin d f</i> CHEW 400unit	2	
<i>cvs d3</i> CAPS 400unit, 1000unit, 2000unit, 5000unit; CHEW 1000unit	2	
<i>cvs e oil</i> OIL 100unt/0.25ml	2	
<i>cvs niacin</i> TABS 100mg	2	
<i>cvs niacin flush free</i>	2	
CVS PRENATAL TAB 27-0.8MG	2	
<i>cyanocobalamin</i> LOZG 500mcg; SOLN 1000mcg/ml; SUBL 2500mcg, 5000mcg; TABS 50mcg, 100mcg, 250mcg, 500mcg, 1000mcg, 2000mcg; TBCR 1000mcg	2	
CYTO B2 POWD 343mg/gm	2	
D3 DOTS TBDP 2000unit	2	
<i>d3 maximum strength</i> LIQD 5000unit/ml	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>d3 vitamin</i> LIQD 400unit/ml	2	
<i>d3-50</i> CAPS 50000unit	2	
<i>d 400</i> TABS 400unit	2	
<i>d 1000</i> TABS 1000unit	2	
<i>d 2000</i> TABS 2000unit	2	
D-BIOTIN CAP 10MG CAPS 10mg	2	
D-VI-SOL LIQD 400unit/ml	2	
DAILY MULTI TAB VIT/IRON	2	
DDROPS LIQD 1000ut/0.028ml, 2000ut/0.028ml	2	
DECARA CAPS 25000unit	2	
DEKAS CAP ESSENTIA	2	
DEKAS LIQ ESSENTIA	2	
DEKAS PLUS LIQ	2	
<i>dialyvite 800</i>	2	
DIALYVITE WAF PLUS D	2	
DIALYVITE/ TAB ZINC	2	
DINO-LIFE CHW IRON-ZIN	2	
DRISDOL SOLN 8000unit/ml	2	
<i>dry e-synthetic</i> TABS 400unit	2	
E600 CAPS 600unit	2	
<i>e-oil</i> OIL 45mg/0.25ml	2	
<i>endur-acin</i> TBCR 750mg	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>endur-amide</i> TBCR 500mg	2	
ENDUR-AMIDE TBCR 750mg	2	
ENDURACIN TAB 500MG SR TBCR 500mg	2	
ENFAMIL MIS EXPECTA	2	
<i>eql air protector</i>	2	
<i>eql b complex</i>	2	
<i>eql gummies childrens</i>	2	
<i>eql niacin flush free</i> CAPS 500mg	2	
<i>ergocalciferol</i> CAPS 50000unit	2	
ESTROFACTORS TAB	2	
EZFE FORTE CAP	2	
<i>fa-8</i> CAPS .8mg; TABS 800mcg	2	
FLINTSTONES CHW COMPLETE	2	
FLINTSTONES CHW TODDLER	2	
FOLGARD TAB	2	
FOLIC + B12 TAB	2	
<i>folic acid</i> CAPS 5mg; SOLN 5mg/ml; TABS 1mg, 400mcg	2	
FOLIC ACID CAPS 20mg	2	
FOLIC ACID TAB 400MCG	2	
FOLTABS 800 TAB	2	
FRUIT C CHW 200MG	2	
FV VITAMIN E TAB 200IU TABS 200iu	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
GERIATRIC LIQ VITAMIN	2	
GERITOL LIQ TONIC	2	
GEVRABON LIQ	2	
GNP DAILY MIS PRENATAL	2	
<i>gnp niacin</i> TABS 250mg	2	
<i>gnp vitamin b1</i> TABS 100mg	2	
<i>gnp vitamin d super stren</i> TABS 5000unit	2	
HARD NAILS CAPS 2.5mg	2	
HCA NIACIN TAB 250MG TR	2	
HCA VIT B12 TAB 500MCG	2	
HCA VIT C CHW 250MG	2	
HCA VIT C CHW 500MG	2	
HONEY BEARS CHW	2	
<i>hydroxocobalamin acetate</i> SOLN 1000mcg/ml	2	
ICAPS LUTEIN TAB ZEAXANTH	2	
<i>immune system booster</i>	2	
<i>*iron w/ vitamin liq**</i>	2	
<i>k 100</i> TABS 100mcg	2	
KEY-E CHEW 400unit	2	
<i>kp folic acid</i> TABS 1mg	2	
<i>kp niacin</i> TABS 500mg	2	
<i>kp vitamin e</i> CAPS 100unit	2	

Drug Name	Drug Tier	Requirements/Limits
KPN PRENATAL TAB	2	
<i>lexinal</i> TABS 2.5mg	2	
LIQUI C LIQ 500/5ML LIQD 500mg/5ml	2	
<i>liqui-e</i> LIQD 400unit/15ml	2	
LIQUID C LIQ	2	
MEPHYTON TABS 5mg	2	
METHISCOL CAP	2	
<i>methylcobalamin</i> SUBL 1000mcg	2	
MIL-A-MULSIO EMU	2	
MTERYTI TAB	2	
MTERYTI TAB FOLIC 5	2	
<i>multi-delyn</i>	2	
MULTI-DELYN LIQ /IRON	2	
<i>*multiple vitamin cap**</i>	2	
<i>*multiple vitamin tab**</i>	2	
<i>*multiple vitamins w/ calcium tab**</i>	2	
<i>*multiple vitamins w/ min</i>	2	
<i>*multiple vitamins w/ minerals tab**</i>	2	
MVW COMPLETE DRO PEDIATRI	2	
NANOVM POW 1-3 YRS	2	
NASCOBAL SOLN 500mcg/0.1ml	2	
<i>nat-rul antioxidants c+e</i>	2	
NEPHRO-VITE TAB RX	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
NEPHRONEX LIQ 0.9/5ML	2	
<i>nestrex</i> TABS 25mg	2	
<i>niacin</i> CPCR 125mg, 250mg, 500mg; TABS 50mg; TBCR 1000mg	2	
NIACIN FLUSH-FREE EXTRA S CAPS 750mg	2	
<i>niacin tab cr 500 mg</i> TBCR 500mg	2	
NIACIN TR TBCR 1000mg	2	
<i>niacinamide</i> TABS 500mg	2	
NIACINOL CAPS 500mg	2	
NICOBID CAP 125MG CR CPCR 125mg	2	
NICOBID CAP 250MG CR CPCR 250mg	2	
NICOBID CAP 500MG CR CPCR 500mg	2	
ONE A DAY CAP PRENATAL	2	
OPTIMAL D3 M CAPS 14000unit	2	
P D NATAL/FA TAB	2	
PALMITATE-A TABS 15000unit	2	
<i>*pediatric multiple vitam</i>	2	
<i>*pediatric multiple vitamin w/ minerals & c chew tab 60 mg**</i>	2	
<i>*pediatric multiple vitamins w/ iron chew tab 12 mg**</i>	2	
<i>*pediatric multiple vitamins w/ iron chew tab**</i>	2	
<i>phytonadione</i> SOLN 1mg/0.5ml, 10mg/ml; TABS 5mg	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>poly-c</i>	2	
POLY-VI-SOL SOL 50MG/ML	2	
POLY-VI-SOL SOL IRON	2	
PRENAT MULTI CAP +DHA	2	
PRENATAL CAP FORMULA	2	
PRENATAL DHA PAK MULTI	2	
PRENATAL FRM TAB A-FREE	2	
PRENATAL GUM CHW 0.4-32.5	2	
PRENATAL TAB	2	
<i>pyridoxine hcl</i> TABS 50mg, 100mg, 250mg	2	
<i>qc b-complex + vitamin c</i>	2	
RA VITAMIN B-1 TABS 100mg	2	
RA VITAMIN B-12 LIQD 1000mcg/ml	2	
<i>ra vitamin e</i> CAPS 200unit	2	
<i>ra vitamin e natural</i> CAPS 1000unit	2	
<i>renal caps</i>	2	
REPLESTA WAFR 50000unit	2	
REPLESTA CHILDRENS WAFR 14000unit	2	
<i>riboflavin</i> TABS 25mg, 50mg, 100mg	2	
RIBOFLAVIN TABS 400mg	2	
SCOOBY-DOO CHW	2	
SESAME ST CHW VITAMINS	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
SLO-NIACIN TBCR 750mg	2	
SM B-COMPLEX TAB /VIT C	2	
<i>sm biotin</i> TABS 5000mcg	2	
SM VITAMIN D3 MAXIMUM STR CAPS 4000unit	2	
STRESS B CMP TAB /C TR	2	
STRESSCAPS CAP	2	
STUART ONE CAP	2	
SUPER DAILY D3 LIQD 1000unt/0.03ml	2	
SUPERIORSOURCE K1 TBDP 500mcg	2	
<i>sv b12</i> SUBL 500mcg	2	
<i>sv b12 fast dissolve</i> TBDP 5000mcg	2	
<i>th b complex/iron/vitamin</i>	2	
THER B COMPL TAB W/C	2	
THERA MULTI LIQ	2	
THERA-D 4000 TABS 4000unit	2	
THERANATAL CAP ONE	2	
THERANATAL MIS COMPLETE	2	
THERANATAL PAK OVAVITE	2	
<i>thiamine hcl</i> SOLN 100mg/ml; TABS 50mg, 100mg, 250mg, 500mg	2	
TRI-VI-SOL SOL A/C/D	2	
<i>tri-vite pediatric</i>	2	
<i>true vitamin e</i> CAPS 180mg	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
UPSPRING BABY VITAMIN D LIQD 400ut/0.025ml	2	
VICKS VITAMIN C DROPS LOZG 60mg	2	
VIT C+ZINC TAB 15-60MG	2	
VITA-C CRY	2	
VITACRAVES CHW +OMEGA-3	2	
VITAMAX CHW	2	
<i>vitamin a</i> CAPS 8000iu; TABS 10000iu	2	
VITAMIN A CAP 8000UNIT	2	
VITAMIN B12 LIQD 3000mcg/ml	2	
VITAMIN B 12 LOZG 250mcg	2	
VITAMIN B-12 LOZG 50mcg	2	
VITAMIN B-12 SUB 1000MCG SUBL 1000mcg	2	
VITAMIN C SYRP 500mg/5ml; TABS 100mg	2	
VITAMIN C SOL	2	
VITAMIN D CAPS 400unit, 2000unit	2	
VITAMIN D2 TABS 400unit, 2000unit	2	
VITAMIN D3 LIQD 1000unit/spray, 1200unit/15ml; TABS 3000unit, 10000unit; TBDP 5000unit	2	
VITAMIN D3 IMMUNE HEALTH LIQD 25mcg/10ml	2	
<i>vitamin d3 ultra potency</i> TABS 1250mcg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>vitamin e</i> CAPS 90mg, 400iu, 450mg; OIL 100unt/0.25ml; TABS 200iu	2	
VITAMIN E CHEW 400unit; TABS 100unit, 200unit, 400unit	2	
<i>vitamin e-100</i> TABS 100unit	2	
<i>vitamin e/d-alpha natural</i> CAPS 268mg	2	
VITAMIN K TABS 100mcg	2	
VITAMIN K2 TABS 40mcg	2	
<i>*vitamin mixture tab**</i>	2	
<i>*vitamins a & d cap***</i>	2	
<i>*vitamins a & d tab***</i>	2	
<i>*vitamins w/ lipotropics cap**</i>	2	
ZINC & C LOZ 20-120MG	2	

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
<i>neo-polycin hc ophth oint 1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	1	

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
ZYLET SUS 0.5-0.3%	1	
ANTI-INFECTIVES		
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	1	
CILOXAN OINT .3%	1	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	
<i>gatifloxacin (ophth) SOLN .5%</i>	1	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	1	QL (12 mL / 30 days)
NATACYN SUSP 5%	1	
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin (ophth) SOLN .3%</i>	1	
<i>polycin ophth oint</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	1	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin (ophth)</i> SOLN .3%	1	
<i>trifluridine</i> SOLN 1%	1	
XDEM VY SOLN .25%	1	NM, PA
ZIRGAN GEL .15%	1	

ANTI-INFLAMMATORIES

<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	1	
<i>diclofenac sodium (ophth)</i> SOLN .1%	1	
<i>difluprednate</i> EMUL .05%	1	
<i>fluorometholone (ophth)</i> SUSP .1%	1	
<i>flurbiprofen sodium</i> SOLN .03%	1	
<i>ketorolac tromethamine (ophth)</i> SOLN .4%, .5%	1	
LOTEMAX OINT .5%	1	
<i>prednisolone acetate (ophth)</i> SUSP 1%	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	1	

ANTIALLERGICS

<i>alaway</i> SOLN .035%	2	
<i>altazine moisture relief</i> SOLN .05%	2	
<i>azelastine hcl (ophth)</i> SOLN .05%	1	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
<i>cvs olopatadine hydrochlo</i> SOLN .2%	2	
<i>eye allergy itch relief</i> SOLN .2%	2	
<i>eye allergy itch/redness</i> SOLN .1%	2	

Drug Name	Drug Tier	Requirements/Limits
<i>gnp olopatadine hydrochlo</i> SOLN .1%, .2%	2	
<i>hm eye allergy itch/redne</i> SOLN .1%	2	
NAPHCN-A SOL OP	2	
<i>olopatadine hcl</i> SOLN .1%, .2%	2	
OPCON-A SOL OP	2	
PATADAY SOLN .1%, .2%	2	
PATADAY EXTRA STRENGTH SOLN .7%	2	
<i>tgt eye allergy relief</i>	2	
VISINE SOLN .05%	2	
ZERViate SOLN .24%	1	
ANTIGLAUCOMA		
<i>betaxolol hcl (ophth)</i> SOLN .5%	1	
<i>brimonidine tartrate</i> SOLN .2%	1	
<i>brinzolamide</i> SUSP 1%	1	ST
<i>carteolol hcl (ophth)</i> SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	1	
<i>dorzolamide hcl</i> SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5%	1	
<i>latanoprost</i> SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	1	
LUMIGAN SOLN .01%	1	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	1	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
RHOPRESSA SOLN .02%	1	
ROCKLATAN DRO	1	
SIMBRINZA SUS 1-0.2%	1	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	1	
VYZULTA SOLN .024%	1	
MISCELLANEOUS		
<i>adsorbonac</i> SOLN 5%	2	
<i>advanced eye relief dry e</i>	2	
<i>ak-rinse</i>	2	
AKWA TEARS OIN OP	2	
ALCON SALINE SOL SEN EYES	2	
<i>altalube</i>	2	
<i>20/20 artificial tears</i>	2	
<i>artificial tears</i> SOLN 1.4%	2	
ATROPINE SULFATE SOLN 1%	1	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	1	
<i>biolle gel tears</i> GEL 1%	2	
<i>biolle tears</i> SOLN .5%	2	
BLINK TEARS LUBRICATING E SOLN .25%	2	
COLLYRIUM SOL OP	2	
<i>cvs gentle lubricant eye</i> SOLN .3%	2	
<i>cvs lubricant eye drops</i> SOLN .5%	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>cvs lubricant gel drops</i> GEL 1%	2	
CYSTADROPS SOLN .37%	1	NM, PA
CYSTARAN SOLN .44%	1	NM, PA
DAKRINA SOL 2.7-2%	2	
<i>eq artificial tears</i>	2	
<i>eq lubricant eye drops hi</i>	2	
EYE STREAM SOL OP	2	
EYSUVIS SUSP .25%	1	
GENTEAL GEL	2	
GENTEAL MILD TO MODERATE SOLN .3%	2	
GENTEAL SEVERE GEL .3%	2	
GENTEAL TEAR SOL MOD PF	2	
GONAK SOLN 2.5%	2	
<i>gonioscopic prism</i> SOLN 2.5%	2	
<i>goodsense lubricant eye d</i>	2	
HCA TEARS SOL PLUS	2	
ISOPTO TEARS SOLN .5%	2	
LIQUIFILM TEARS SOLN 1.4%	2	
<i>lubricant eye drops</i> SOLN .6%	2	
<i>lubricant eye drops/dual-</i>	2	
LUBRICNT GEL DRO 0.25-0.3	2	
MIEBO SOLN 1.338gm/ml	1	
<i>moisturizing lubricant ey</i> SOLN .25%	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
MURO 128 OINT 5%; SOLN 2%, 5%	2	
<i>optics mini drops</i>	2	
<i>proparacaine hcl</i> SOLN .5%	1	
<i>ra cleaning/disinfecting</i> SOLN 3%	2	
REFRESH DRO OP	2	
REFRESH GEL OPTIVE	2	
REFRESH LIQUIGEL GEL 1%	2	
REFRESH OPTI DRO 0.5-0.9%	2	
REFRESH PLUS SOLN .5%	2	
REFRESH SOL OPTIVE	2	
RESTASIS EMUL .05%	1	
RESTASIS MULTIDOSE EMUL .05%	1	
RETAIN HPMC SOLN .3%	2	
RETAIN MGD EMU 0.5-0.5%	2	
<i>sodium chloride hypertonic</i> OINT 5%	2	
STERILE LUBRICANT DROPS LIQD .7%	2	
SYSTANE BALANCE RESTORATI SOLN .6%	2	
SYSTANE FREE GEL	2	
SYSTANE PF SOL	2	
TEARS NATURA OIN PM	2	
THERATEARS GEL 1%; SOLN .25%	2	
VISINE PURE DRO TEARS	2	
VISINE TIRED EYE RELIEF SOLN 1%	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
XIIDRA SOLN 5%	1	
<u>OTIC</u>		
<u>OTIC AGENTS</u>		
<i>acetic acid (otic) SOLN 2%</i>	1	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
<i>flac OIL .01%</i>	1	
<i>fluocinolone acetonide (otic) OIL .01%</i>	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
<i>ofloxacin (otic) SOLN .3%</i>	1	
<u>RESPIRATORY</u>		
<u>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</u>		
ANORO ELLIPT AER 62.5-25	1	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	1	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	1	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	1	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	1	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	1	QL (60 blisters / 30 days)

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
TRELEGY AER ELLIPTA 200-62.5-25 MCG	1	QL (60 blisters / 30 days)
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	1	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	1	QL (30 blisters / 30 days)
<i>ipratropium bromide</i> SOLN .02%	1	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	1	
SPIRIVA RESPIMAT AERS 1.25mcg/act	1	QL (1 inhaler / 30 days)
ANTIHISTAMINES		
AHIST TABS 25mg	2	
ALA-HIST IR TABS 2mg	2	
<i>alavert</i> TABS 10mg; TBDP 10mg	2	
ALAVERT SYP	2	
<i>aler-cap</i> CAPS 25mg; TABS 25mg	2	
<i>all day allergy childrens</i> CHEW 5mg, 10mg	2	
<i>aller-chlor</i> SYRP 2mg/5ml; TABS 4mg	2	
<i>aller-ease</i> TABS 60mg	2	
<i>aller-ease childrens</i> SUSP 30mg/5ml	2	
<i>allergy</i> TBCR 12mg	2	
<i>allergy childrens</i> SOLN 5mg/5ml	2	
<i>allergy rapid melts child</i> CHEW 12.5mg	2	
<i>azelastine hcl</i> SOLN .1%	1	

Drug Name	Drug Tier	Requirements/Limits
<i>banophen</i> CAPS 50mg	2	
BENADRYL ALLERGY CHEW 12.5mg	2	
BENADRYL CAP 25MG CAPS 25mg	2	
BENADRYL TAB 25MG TABS 25mg	2	
<i>cetirizine hcl</i> SOLN 5mg/5ml	1	QL (300 mL / 30 days)
CHLOR-TRIMETON SYRP 2mg/5ml; TABS 4mg	2	
CHLOR-TRIMETON REPETABS TBCR 12mg	2	
CLARITIN CAPS 10mg	2	
<i>cycloheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>diphenhydramine hcl</i> SOLN 50mg/ml	1	
DIPHENHYDRAMINE HYDROCHLO LIQD 6.25mg/ml	2	
ED CHLORPED LIQD 2mg/ml	2	
<i>goodsense all day allergy</i> SOLN 5mg/5ml; TABS 10mg	2	
HISTEX CHEW 1.25mg; SYRP 2.5mg/5ml	2	
HISTEX PD LIQD .938mg/ml	2	
HISTEX PDX LIQD 1.25mg/ml	2	
<i>24hr allergy relief</i> TABS 180mg	2	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml	1	PA; PA applies if 65 years and older

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
KC ALLERGY LIQ RELIEF	2	
<i>kp cetirizine hcl</i> TABS 5mg	2	
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	1	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>loratadine</i> CAPS 10mg	2	
<i>m-hist pd</i> LIQD .625mg/ml	2	
PEDIAVENT CHEW 1mg; SYRP 2mg/5ml	2	
<i>ra allergy</i> LIQD 12.5mg/5ml	2	
<i>sm allergy relief</i> TABS 1.34mg	2	
TAVIST ALLERGY TABS 1.34mg	2	
TRIPROLIDINE HYDROCHLORID LIQD .313mg/ml	2	
VANACLEAR PD LIQD .313mg/ml	2	
VANAHIST PD LIQD .625mg/ml	2	
VANAMINE PD LIQD 6.25mg/ml	2	
ZYRTEC CHILDRENS ALLERGY SOLN 1mg/ml	2	

Drug Name	Drug Tier	Requirements/Limits
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	1	
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	1	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	1	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	1	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	1	
VENTOLIN HFA AERS 108mcg/act	1	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	1	QL (6 inhalers / 30 days)
COUGH AND COLD		
<i>a.r.m.</i>	2	
<i>aceta-gesic</i>	2	
<i>acetadryl</i>	2	
<i>acta-tabs pe</i>	2	

Drug Name	Drug Tier	Requirements/Limits
ACTICON SOL 1-30	2	
ACTICON TAB 2-60MG	2	
ACTIDOGESIC TAB 1-500MG	2	
<i>actifed cold/sinus</i>	2	
ACTINEL LIQ	2	
ACTINEL LIQ PEDIATRI	2	
ADULT DISPOS MIS MOUTHPIE	2	
ADVIL COLD/ TAB SINUS	2	
<i>af-dibromm</i>	2	
<i>af-dibromm dm</i>	2	
<i>af-ibup sinus</i>	2	
<i>af-pseudoephedrine hcl</i> TABS 30mg	2	
<i>af-tussin dm</i>	2	
AFRIN SPR 0.05% SOLN .05%	2	
AIRZONE PEAK MIS FLOW MTR	2	
ALA-HIST PE TAB 2-10MG	2	
ALAHIST CF TAB 10-2-20	2	
ALAHIST DM LIQ 7.5-2-15	2	
<i>alavert allergy/sinus</i>	2	
ALEVE COLD & TAB SINUS	2	
<i>alka-seltzer plus night c</i>	2	
ALKA-SELTZER TAB PLS COLD	2	
<i>all day allergy d-12</i>	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>all day pain relief sinus</i>	2	
<i>all-nite multi-symptom co</i>	2	
<i>allerest</i>	2	
<i>allergy multi-symptom</i>	2	
<i>allergy multi-symptom nig</i>	2	
ALLERGY/SINU TAB HEADACHE	2	
ALLFEN TABS 400mg	2	
<i>allfen dm</i>	2	
ALOE VESTA LIQ WHIRLBTH	2	
<i>altarussin SYRP 100mg/5ml</i>	2	
<i>altarussin dm</i>	2	
<i>ambi 10peh/400gfn</i>	2	
<i>ambi 10peh/400gfn/20dm</i>	2	
<i>ambi 12.5cpd/1dcpm/30pse</i>	2	
<i>ambi 40pse/400gfn</i>	2	
AMBI 60PSE/ TAB 400GFN	2	
<i>ambitussin ac</i>	2	
ANTI HIST NAS TAB DECONGES	2	
ANTITUSS CG/ SYP CODEINE	2	
AP-HIST DM LIQ 7.5-4-15	2	
AQUANAZ TAB	2	
BENADRYL TAB ALL/COLD	2	
BENYLIN SYP 15MG/5ML SYRP 15mg/5ml	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
BENYLIN-DME LIQ	2	
BENZEDREX INH	2	
<i>benzonatate</i> CAPS 100mg, 200mg	2	
<i>bidex</i> TABS 400mg	2	
<i>bio t pres</i>	2	
<i>biofed</i> LIQD 30mg/5ml	2	
BROHIST D TAB 4-10MG	2	
<i>bromfed dm</i>	2	
<i>broncho saline</i> AERS .9%	2	
BROTAPP DM LIQ 15-1-5/5	2	
<i>*camphor-eucalyptus-menthol - oint***</i>	2	
CAPMIST DM TAB	2	
CAPRON DM LIQ	2	
CAPRON DMT TAB 30-30MG	2	
CARBAPHEN CH SUS	2	
<i>chest congestion & pain r</i>	2	
<i>chest congestion relief d</i>	2	
<i>childrens plus multi-symp</i>	2	
<i>childrens pseuphedrin</i> LIQD 15mg/5ml	2	
CHILDRENS SUS PLUS CLD	2	
<i>childs allergy cold/cough</i>	2	
CHLO HIST SOL	2	
CHLO TUSS LIQ	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
CLEAN START TAB VAPORIZE	2	
CLEAR COUGH LIQ PM	2	
CLOFERA LIQ	2	
CNTC CLD/FLU TAB DAY/NGHT	2	
<i>codar gf</i>	2	
CODITUSSIN LIQ AC	2	
CODITUSSIN LIQ DAC	2	
<i>666 cold</i>	2	
<i>cold & flu relief nightti</i>	2	
<i>cold head congestion day/</i>	2	
<i>cold head congestion dayt</i>	2	
<i>666 cold preparation</i>	2	
<i>cold relief plus</i>	2	
COMTrex CLD/ PAK CGH D/NT	2	
COMTrex COLD TAB & COUGH	2	
<i>comtrex severe cold & sin</i>	2	
<i>contac cold+flu maximum s</i>	2	
<i>contac-d</i> TABS 10mg	2	
<i>corfen-dm</i>	2	
CORICIDN HBP TAB 2-325MG	2	
CORICIDN HBP TAB CGH&COLD	2	
<i>cough & chest congestion</i>	2	
<i>cough & cold</i>	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>cough cold & sore throat</i>	2	
<i>cough suppressant long-ac</i> SYRP 15mg/5ml	2	
<i>cough</i> tab TABS 200mg	2	
<i>cvs allergy relief d</i>	2	
CVS CHEST CONGESTION CHIL PACK 100mg	2	
<i>cvs chest congestion plus</i>	2	
<i>cvs chest rub medicated</i>	2	
<i>cvs cold & cough children</i>	2	
<i>cvs cold & cough nighttim</i>	2	
<i>cvs cold & flu bp</i>	2	
<i>cvs cold & sinus multi-sy</i>	2	
<i>cvs flu & severe cold nig</i>	2	
<i>cvs nighttime cough</i>	2	
<i>cvs stuffy nose & cold ch</i>	2	
DAY TIME CAP COLD/FLU	2	
<i>daytime multi-symptom col</i>	2	
DECONEX DMX TAB	2	
DECONEX IR TAB 10-385MG	2	
DELSYM SUER 30mg/5ml	2	
<i>despec</i>	2	
<i>dexbrompheniramine-phenylephrine tab 2- 10 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>dextromethorphan hbr SYRP 10mg/5ml</i>	2	
<i>dextromethorphan-guaifene</i>	2	
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i>	2	
DIABETIC TUS LIQ DM	2	
DIABETIC TUS LIQ EX	2	
DIABETIC TUS LIQ MAX STR	2	
DIMETAPP CLD ELX /ALLERGY	2	
DIMETAPP ELX 1-15/5ML	2	
DIMETAPP LIQ CHILD	2	
DOLOGEN TAB	2	
DORCOL LIQ DECONGES LIQD 15mg/5ml	2	
<i>doxylamine-phenylephrine tab 7.5-10 mg</i>	2	
DURAFLU TAB	2	
DURAVENT DM TAB	2	
ED A-HIST DM TAB 10-4-10	2	
ED A-HIST LIQ 4-10/5ML	2	
ED BRON GP LIQ	2	
ED CHLORPED DRO D	2	
<i>eq cold & cough dm child</i>	2	
<i>eq tussin dm cough/chest</i>	2	
<i>eq flu & severe cold mul</i>	2	
<i>eq tussin dm cough/chest</i>	2	

Drug Name	Drug Tier	Requirements/Limits
EXCEDRIN SIN TAB HEADACHE	2	
FLOWTUSS SOL 2.5-200	2	
FLU & SORE POW THROAT	2	
<i>geri-tussin dm</i>	2	
GLEN PE LIQ	2	
GLENAX PEB LIQ	2	
GLENTUSS LIQ	2	
GLUCOSSIN-DM LIQD 15mg/5ml	2	
<i>gnp allergy & congestion</i>	2	
<i>gnp allergy plus sinus he</i>	2	
<i>gnp allergy sinus pe day</i>	2	
<i>goodsense cold & head con</i>	2	
<i>goodsense cough dm</i> SUER 30mg/5ml	2	
<i>goodsense day time cold &</i>	2	
<i>goodsense nighttime cold</i>	2	
<i>guaicon dms</i>	2	
<i>guaifenesin liquid 100 mg</i> LIQD 100mg/5ml	2	
GUAIFENESIN TAB 200 MG TABS 200mg	2	
HCA SUPHEDRI TAB PLUS	2	
HCA TUSSIN LIQ CF	2	
HISTAGESIC TAB	2	
HISTEX-AC SYP	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
HISTEX-DM SYP	2	
HISTEX-PE SYP 2.5-10/5	2	
<i>hm severe cold cough & fl</i>	2	
<i>hm severe cold/cough/flu</i>	2	
<i>12 hour cold</i> TB12 120mg	2	
HUMIBID CS TAB 20-400MG	2	
HUMIBID MAXIMUM STRENGTH TB12 1200mg	2	
HYCOFENIX SOL	2	
HYDROC/GUAIF SOL 2.5-200	2	
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	2	
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	2	
<i>hydromet</i>	2	
LODRANE D CAP 4-60MG	2	
LOHIST-DM SYP 5-2-10MG	2	
<i>lohist-peb</i>	2	
LORTUSS DM LIQ	2	
LORTUSS EX LIQ	2	
LORTUSS LQ LIQ	2	
3M AIR WARM MIS MASK	2	
M-CLEAR WC LIQ 100-6.33	2	
M-END DMX LIQ	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
M-END PE LIQ	2	
<i>m-end wc</i>	2	
MAPAP SINUS TAB PE	2	
MAR-COF BP LIQ 30-2-7.5	2	
MAR-COF CG LIQ 225-7.5	2	
MAXIPHEN DM TAB	2	
<i>medi-tussin dm</i>	2	
MEDICATED OIN RUB	2	
MEDIFIN PE TAB 10-400MG	2	
MICROSPACER MIS	2	
MS COLD MIS DAY/NITE	2	
MUCINEX TB12 600mg	2	
MUCINEX CAP DAY/NGHT	2	
MUCINEX CAP FAST-MAX	2	
MUCINEX CGH GRA 5-100MG	2	
MUCINEX CHLD LIQ MULTISYM	2	
MUCINEX COLD LIQ /KIDS	2	
MUCINEX COLD LIQ CHILDREN	2	
MUCINEX COLD LIQ SINUS	2	
MUCINEX D TAB 60-600MG	2	
MUCINEX D/N PAK FAST/MAX	2	
MUCINEX FAST MIS DAY/NGHT	2	
MUCINEX FAST TAB 5-10-200	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>mucinex fast-max day time</i>	2	
<i>mucinex sinus-max day/nig</i>	2	
<i>mucus congestion & cough</i>	2	
<i>mucus relief dm</i>	2	
<i>mucus relief dm maximum s</i>	2	
NASAL DECONGESTANT LIQD 30mg/5ml; SYRP 30mg/5ml	2	
NASOPEN PE LIQ	2	
NEO-SYNEPHRINE SOLN 1%	2	
NEXAFED SINS TAB + PAIN	2	
NIGHT TIME CAP COLD/FLU	2	
<i>nighttime cold & flu</i>	2	
<i>nighttime sinus & congest</i>	2	
NINJACOF LIQ	2	
NINJACOF-A LIQ	2	
NINJACOF-XG LIQ 200-8/5	2	
NIVANEX DMX TAB	2	
<i>non-asa severe allergy</i>	2	
NYQUIL COUGH LIQ 6.25-15	2	
NYQUIL SINEX CAP NT RELF	2	
OBREDON SOL 2.5-200	2	
<i>oxymetazoline hcl SOLN .05%</i>	2	
PEDIACARE INFANT SOLN 7.5mg/0.8ml	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
PEDIACARE LIQ CGH/COLD	2	
PEDIATRIC MIS MASK	2	
PERCOGESIC TAB 12.5-325	2	
PHANATUSS SYP	2	
<i>phenylephrine w/ dm-gg liqd 10-18-200 mg/15ml</i>	2	
<i>phenylephrine w/ dm-gg syrup 5-10-100 mg/5ml</i>	2	
<i>phenylephrine w/ dm-gg tab 10-17.5-385 mg</i>	2	
POLY HIST TAB 7.5-10MG	2	
POLY-HIST DM LIQ 5-25-10	2	
POLY-HIST PD LIQ	2	
POLY-TUSSIN LIQ 10-4-10	2	
POLY-VENT DM TAB	2	
POLY-VENT IR TAB 60-380MG	2	
PRO-RED AC SYP 5-1-9/5	2	
<i>promethazine vc/codeine</i>	2	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	2	
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	2	
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	2	
<i>pseudoeph-chlorphen w/ hydrocodone soln 60-4-5 mg/5ml</i>	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	2	
<i>pseudoephedrine hcl SOLN 7.5mg/0.8ml; SYRP 30mg/5ml; TABS 60mg</i>	2	
PYRILAMIN/PE TAB 25-10MG	2	
<i>q-tussin dm</i>	2	
<i>ra day/night maximum stre</i>	2	
<i>ra severe cold/night time</i>	2	
<i>ra tussin cough dm sugar</i>	2	
REFENESEN TAB CHST CNG	2	
<i>relcof c</i>	2	
RESCON TAB 2-60MG	2	
RESCON-DM SYP	2	
RESPAIRE-30 CAP	2	
<i>robafen dm clear</i>	2	
<i>robafen dm cough clear</i>	2	
ROBITUSSIN COUGHGELS CAPS 15mg	2	
ROBITUSSIN LIQ CGH/CLD	2	
ROBITUSSIN SYP 100/5ML SYRP 100mg/5ml	2	
RYDEX LIQ	2	
RYMED TAB 2-10MG	2	
<i>sb cough control CAPS 15mg</i>	2	
<i>sb cough control cf</i>	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>sb cough relief</i> LIQD 15mg/5ml	2	
<i>siltussin-dm</i>	2	
SINUS RELIEF TAB DAY/NGHT	2	
<i>sm tussin dm</i>	2	
<i>sm tussin dm cough/chest</i>	2	
<i>sodium chloride (inhalant)</i> NEBU .9%, 3%	2	
STAHIST AD LIQ	2	
STAHIST AD TAB 25-60MG	2	
SUDAFED PE MAXIMUM STRENG TABS 10mg	2	
SUDAFED PE PAK COLD	2	
SUDAFED SINUS CONGESTION TABS 30mg	2	
SUDAFED TAB 60MG TABS 60mg	2	
TESSALON PERLES CAPS 100mg	2	
<i>tg 10peh/380gfn/15dm</i>	2	
<i>tgt cough formula dm max</i>	2	
<i>th cold & allergy</i>	2	
THERAFLU PAK SEV COLD	2	
THERAFLU SEV POW COLD/CGH	2	
TRIAMINIC NT LIQ COLD/CGH	2	
TRIAMINIC SOL COLD/CGH	2	
TRIAMINIC SYP CLD/ALRG	2	
TRIAMINIC SYP COLD/CGH	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>triprolidine & pseudoephedrine tab 2.5-60 mg</i>	2	
<i>trymine cg</i>	2	
TUSNEL C SYP	2	
TUSNEL PED DRO 7.5-50	2	
TUSNEL TAB	2	
TUSNEL-DM DRO PEDIATRC	2	
<i>tussin dm</i>	2	
TYL ALLERGY TAB SINUS	2	
TYLENOL ALLE TAB MULTI-SY	2	
TYLENOL CHLD SUS COLD FLU	2	
TYLENOL COLD LIQ MAX	2	
TYLENOL COLD LIQ MULTI-S	2	
TYLENOL COLD LIQ MULTI-SY	2	
TYLENOL COLD TAB HEAD CON	2	
TYLENOL COLD TAB RELIEF	2	
TYLENOL SINU PAK CNG/PAIN	2	
TYLENOL TAB CLD/HD	2	
VANACOF AC LIQ 12.5-25	2	
VANACOF DM LIQ	2	
VANACOF LIQ	2	
VANACOF-8 LIQ 25-50/15	2	
VANATAB AC TAB 12.5-25	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
VANATAB DM TAB 5-9-198	2	
<i>vazotab</i>	2	
<i>vicks dayquil severe cold</i>	2	
VICKS NYQUIL LIQ COLD/FLU	2	
VICKS OIN VAPORUB	2	
WAL-FLU COLD POW SORE THR	2	
<i>wal-tussin cough & chest</i>	2	
<i>4-way fast acting</i> SOLN 1%	2	
ZUTRIPRO LIQ 60-4-5MG	2	
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	1	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
<i>afrin saline nasal mist</i>	2	
ALYFTREK TAB 4-20-50	1	QL (84 tabs / 28 days), NM, PA
ALYFTREK TAB 10-50-125	1	QL (56 tabs / 28 days), NM, PA
ARALAST NP SOLR 500mg, 1000mg	1	NM, PA
ASTHMANEFRIN REFILL NEBU 2.25%	2	
<i>ayr nasal drops</i> SOLN .65%	2	
AYR NASAL DROPS SOLN .65%	2	
AYR NASAL MIST ALLERGY & SOLN 2.65%	2	

Drug Name	Drug Tier	Requirements/Limits
AYR SALINE KIT NETI RNS	2	
<i>ayr saline nasal</i>	2	
<i>bronchial mist</i> AERS .22mg/act	2	
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D
<i>cromolyn sodium (nasal)</i> AERS 4%	2	
CVS NASAL MIST AERS .9%, 3%	2	
DRAIN POUCH MIS CLAMP	2	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	1	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	1	(generic of Adrenaclick)
EPINEPHRINE AER MIST AERS .22mg/act	2	
FASENRA SOSY 10mg/0.5ml, 30mg/ml	1	QL (1 syringe / 28 days), NM, PA
FASENRA PEN SOAJ 30mg/ml	1	QL (1 pen / 28 days), NM, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	1	QL (56 packets / 28 days), NM, PA
KALYDECO TABS 150mg	1	QL (60 tabs / 30 days), NM, PA
NASADROPS SALINE ON THE G SOLN .9%	2	
NASOGEL GEL	2	
NOZIN NASAL SANITIZER KIT 62%; SWAB 62%	2	
OCEAN NASAL SPRAY SOLN .65%	2	
OFEV CAPS 100mg, 150mg	1	QL (60 caps / 30 days), NM, PA

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
ORKAMBI GRA 75-94MG	1	QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 100-125	1	QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 150-188	1	QL (56 packets / 28 days), NM, PA
ORKAMBI TAB 100-125	1	QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	1	QL (112 tabs / 28 days), NM, PA
PANDA MASK MIS SMALL	2	
<i>pirfenidone</i> CAPS 267mg	1	QL (270 caps / 30 days), NM, PA
<i>pirfenidone</i> TABS 267mg	1	QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	1	QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml	1	NM, PA
PULMOZYME SOLN 2.5mg/2.5ml	1	NM, PA
RHINARIS SOLN .2%	2	
<i>roflumilast</i> TABS 250mcg	1	QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg	1	QL (30 tabs / 30 days)
S2 NEBU 2.25%	2	
SINUS WASH CRY SALT	2	
SYMDEKO TAB 50-75MG	1	QL (56 tabs / 28 days), NM, PA
SYMDEKO TAB 100-150	1	QL (56 tabs / 28 days), NM, PA

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA PAK 59.5MG	1	QL (56 packs / 28 days), NM, PA
TRIKAFTA PAK 75MG	1	QL (56 packs / 28 days), NM, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	1	QL (84 tabs / 28 days), NM, PA
TRIKAFTA TAB 100-50-75MG & 150MG	1	QL (84 tabs / 28 days), NM, PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml	1	QL (4 pens / 28 days), NM, PA
XOLAIR SOAJ 150mg/ml	1	QL (8 pens / 28 days), NM, PA
XOLAIR SOLR 150mg	1	QL (8 vials / 28 days), NM, PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml	1	QL (4 syringes / 28 days), NM, PA
XOLAIR SOSY 150mg/ml	1	QL (8 syringes / 28 days), NM, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	1	NM, PA
NASAL STEROIDS		
FLONASE SENSIMIST SUSP 27.5mcg/spray	2	
<i>flunisolide (nasal)</i> SOLN .025%	1	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	1	QL (1 bottle / 30 days)
<i>gnp 24 hour nasal allerg</i> AERO 55mcg/act	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>kls aller-flo</i> SUSP 50mcg/act	2	
NASACORT ALR SPR 55MCG/AC	2	
XHANCE EXHU 93mcg/act	1	QL (32 mL / 30 days), PA
<i>STEROID INHALANTS</i>		
ALVESCO AERS 80mcg/act	1	QL (3 inhalers / 30 days)
ALVESCO AERS 160mcg/act	1	QL (2 inhalers / 30 days)
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	1	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	1	B/D
<i>STEROID/BETA-AGONIST COMBINATIONS</i>		
ADVAIR HFA AER 45/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	1	QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	1	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	1	QL (60 blisters / 30 days)
<i>breynd</i>	1	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd</i> <i>aerosol 80-4.5 mcg/act</i>	1	QL (3 inhalers / 30 days)

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	1	QL (3 inhalers / 30 days)
DULERA AER 50-5MCG	1	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	1	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	1	QL (3 inhalers / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>wixela inhub</i>	1	QL (60 inhalations / 30 days)

TOPICAL

DERMATOLOGY, ACNE

<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>acne 10</i> GEL 10%	2	
<i>acne foaming wash</i> LIQD 10%	2	
ACNE MEDICATION LOTN 10%	2	
<i>acne medication 5</i> GEL 5%	2	
ACNE MEDICATION 5 LOTN 5%	2	
ACNEFREE KIT SEVERE	2	

Drug Name	Drug Tier	Requirements/Limits
<i>amnestem</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
BENZOYL PEROXIDE GEL 2.5%	2	
<i>benzoyl peroxide</i> LOTN 5%, 10%	2	
<i>benzoyl peroxide cleanser</i> LIQD 6%	2	
BENZOYL PEROXIDE CLEANSER LIQD 6%	2	
<i>benzoyl peroxide-erythromycin gel</i> 5-3%	1	QL (46.6 gm / 30 days)
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>clindamycin phosph-benzoyl peroxide (refrig) gel</i> 1.2 (1)-5%	1	QL (45 gm / 30 days)
<i>clindamycin phosphate (topical)</i> GEL 1%	1	QL (75 mL / 30 days), PA
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1%	1	QL (60 mL / 30 days)
<i>cvs acne cleansing bar</i> BAR 10%	2	
<i>cvs advanced 3-in-1 exfol</i> LIQD 5%	2	
<i>ery</i> PADS 2%	1	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid)</i> GEL 2%	1	QL (60 gm / 30 days)
<i>erythromycin (acne aid)</i> SOLN 2%	1	QL (60 mL / 30 days)
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>neuac</i>	1	QL (45 gm / 30 days)
<i>sulfacetamide sodium (acne)</i> LOTN 10%	1	QL (118 mL / 30 days)
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%	1	QL (45 gm / 30 days), PA

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>twice-daily clindamycin phosphate (topical)</i> GEL 1%	1	QL (60 gm / 30 days)
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
DERMATOLOGY, ANTIBIOTICS		
<i>alba-3</i>	2	
ANTIBIOTIC CRE	2	
BACIGUENT OINT 500unit/gm	2	
<i>bacitracin (topical)</i> OINT 500u/gm	2	
<i>bacitracin zinc</i> OINT 500unit/gm	2	
<i>*bacitracin-polymyxin b oint***</i>	2	
<i>eqi antibiotic + pain rel</i>	2	
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%	1	QL (30 gm / 30 days)
<i>mp triple antibiotic plus</i>	2	
<i>mupirocin</i> OINT 2%	1	QL (220 gm / 30 days)
MYCITRACIN OIN	2	
POLYSPORIN OIN	2	
<i>ra antibiotic/pain relief</i>	2	
<i>silver sulfadiazine</i> CREA 1%	1	
SPECTROCIN OIN PLUS	2	
<i>ssd</i> CREA 1%	1	
SULFAMYLON CREA 85mg/gm	1	QL (453.6 gm / 30 days)
DERMATOLOGY, ANTIFUNGALS		
<i>absorbine jr</i> SOLN 1%	2	

Drug Name	Drug Tier	Requirements/Limits
AFTATE ATHLE POW FOOT 1% POWD 1%	2	
<i>aftate athlete's foot</i> AERO 1%	2	
ALEVAZOL OINT 1%	2	
ALOE VESTA 2-N-1 ANTIFUNG OINT 2%	2	
<i>antifungal</i> CREA 1%, 2%	2	
<i>athletes foot powder spra</i> AERP 2%	2	
AZOLEN TINCTURE SOLN 2%	2	
<i>butenafine hcl</i> CREA 1%	2	
<i>castellani paint</i> LIQD 1.5%	2	
<i>ciclopirox</i> SHAM 1%	1	QL (120 mL / 30 days)
<i>ciclopirox olamine</i> CREA .77%	1	QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	1	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	1	QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> SOLN 1%	1	QL (60 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	QL (45 gm / 30 days)
CLOVERINE OIN SALVE	2	
<i>critic-aid clear af</i> OINT 2%	2	
CRUEX CRE 1%	2	
<i>cvs af spray powder</i> AERP 1%	2	
DESENEX MAX CREA 1%	2	
<i>econazole nitrate</i> CREA 1%	1	QL (85 gm / 30 days)
<i>eql antifungal</i> CREA 1%	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
FUNGOID TINCTURE KIT 2%	2	
<i>ketoconazole (topical)</i> CREA 2%	1	QL (60 gm / 30 days)
<i>ketoconazole (topical)</i> SHAM 2%	1	QL (120 mL / 30 days)
<i>klayesta</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
LAMISIL ADVANCED GEL 1%	2	
MICATIN AERP 2%	2	
MICATIN CRE 2%	2	
MICATIN POW 2% POWD 2%	2	
NP-27 AERP 1%; CREA 1%	2	
NP-27 SOL 1% SOLN 1%	2	
<i>nyamyc</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	1	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>original ointment</i>	2	
<i>ra antifungal foot care</i> CREA 1%	2	
<i>remedy phytoplex antifung</i> POWD 2%	2	
<i>selenium sulfide</i> LOTN 2.5%	1	
TINACTIN AERO 1%	2	
<i>tolnaftate</i> POWD 1%	2	
DERMATOLOGY, ANTIHISTAMINES		
<i>allergy cream</i> CREA 2%	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>allergy relief maximum st</i>	2	
BENADRYL CRE 2% EX ST	2	
BENADRYL MAXIMUM STRENGTH SOLN 2%	2	
BENADRYL SPR 2-0.1%	2	
<i>diphenhydramine hcl (topical) SOLN 2%</i>	2	
<i>diphenhydramine-zinc acetate cream 2-0.1%</i>	2	
ITCH RELIEF CREA 2%	2	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin CAPS 10mg, 17.5mg, 25mg</i>	1	PA
<i>calcipotriene CREA .005%; OINT .005%</i>	1	QL (120 gm / 30 days), PA
<i>calcipotriene SOLN .005%</i>	1	QL (120 mL / 30 days), PA
<i>calcitrene OINT .005%</i>	1	QL (120 gm / 30 days), PA
ENSTILAR AER	1	QL (120 gm / 30 days), PA
<i>tazarotene CREA .05%, .1%</i>	1	QL (60 gm / 30 days), PA
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort CREA 1%</i>	1	
<i>alclometasone dipropionate CREA .05%; OINT .05%</i>	1	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical) CREA .05%; OINT .05%</i>	1	QL (120 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate (topical)</i> LOTN .05%	1	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	1	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	1	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	1	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>clobetasol propionate</i> SHAM .05%	1	QL (236 mL / 30 days)
<i>clobetasol propionate</i> SOLN .05%	1	QL (100 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	1	QL (120 gm / 30 days)
<i>clodan</i> SHAM .05%	1	QL (236 mL / 30 days)
CORTIZONE-10 CRE 1%	2	
<i>cortizone-10 eczema</i> LOTN 1%	2	
CORTIZONE-10 OIN 1%	2	
CORTIZONE-10 SOL SCALP 1% SOLN 1%	2	
<i>eql anti-itch maximum str</i> OINT 1%	2	
<i>fluocinolone acetonide</i> CREA .01%	1	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	1	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	1	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	1	QL (60 mL / 30 days)

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide</i> CREA .05%, .1%	1	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	1	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	1	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	1	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	1	QL (50 gm / 30 days)
HYDROCORT CRE 0.5%	2	
HYDROCORT CRE 1%	2	
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1	
<i>hydrocortisone (topical)</i> CREA .5%; OINT .5%; SOLN 1%	2	
<i>hydrocortisone (topical)</i> OINT 1%	1	QL (30 gm / 30 days)
<i>hydrocortisone valerate</i> CREA .2%	1	QL (60 gm / 30 days)
<i>hydrocortisone-aloe vera cream</i> 0.5%	2	
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
<i>pramoxine-hc cream</i> 1-2.5%	2	
<i>tgt anti-itch/aloe maximu</i>	2	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%	1	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
<i>triderm</i> CREA .5%	1	QL (454 gm / 30 days)

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2%	1	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	1	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	1	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> SOLN 4%	1	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	1	B/D, QL (30 gm / 30 days)
<i>lidocan</i> PTCH 5%	1	QL (3 patches / 1 day), PA
<i>tridacaine ii</i> PTCH 5%	1	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
A + D PERSON LOT	2	
<i>a+d first aid</i>	2	
ABREVA CREA 10%	2	
<i>absorbine jr back patch</i> PTCH 5%	2	
ACNE-AID BAR	2	
ACNO CLEANSE LIQ	2	
ACTICOAT 3 MIS 4"X8"	2	
ACTICOAT 3 MIS 4"X48"	2	
ACTICOAT 3 MIS 8"X16"	2	
ACTICOAT 3 MIS 16"X16"	2	
ACTICOAT 7 MIS 1"X24"	2	

Drug Name	Drug Tier	Requirements/Limits
ACTICOAT 7 MIS 2"X2"	2	
ACTICOAT 7 MIS 4"X5"	2	
ACTICOAT 7 MIS 6"X6"	2	
ACTICOAT MIS 4"X4"	2	
ACTICOAT MIS 5"X5"	2	
ACTICOAT SUR PAD 4"X8"	2	
ACTICOAT SUR PAD 4"X10"	2	
ACTICOAT SUR PAD 4X4-3/4"	2	
ACTICOAT SUR PAD 4X13.75"	2	
ACTIMARIS GEL WOUND	2	
<i>advanced healing ointment</i> OINT 41%	2	
AGREE SHA EX CLEAN	2	
<i>ala seb</i>	2	
ALCOHOL SOL /WG 70%	2	
<i>alcohol, rubbing</i> SOLN 70%	2	
ALLCLENZ LIQ	2	
ALLEVYN AG MIS 6-3/4"	2	
ALLEVYN AG PAD 2"X2"	2	
ALLEVYN AG PAD 3"X3"	2	
ALLEVYN AG PAD 4"X4"	2	
ALLEVYN AG PAD 5"X5"	2	
ALLEVYN AG PAD 6"X6"	2	
ALLEVYN AG PAD 7"X7"	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
ALLEVYN AG PAD 8"X8"	2	
<i>aloe vesta 2-n-1 body was</i>	2	
ALOE VESTA 2-N-1 SKIN CON LOTN 3%	2	
<i>alphasoft</i>	2	
ALUMINUM CHLORIDE CRYST 25%	2	
<i>amedia triple zero lanolin</i>	2	
<i>americerin</i>	2	
AMERIGEL LOT BARRIER	2	
<i>ameriphor</i>	2	
<i>amlactin</i> CREA 12%	2	
AMMENS MEDIC POW	2	
<i>amplify relief mm</i>	2	
<i>analgesia</i> CREA 10%	2	
ANALPRAM-HC LOT 2.5%	2	
<i>anecream</i> CREA 4%	2	
<i>anecream5</i> CREA 5%	2	
<i>anti-dandruff shampoo</i> SHAM 1%	2	
ANTI-ITCH LOT 1% LOTN 1%	2	
<i>anti-itch medication</i>	2	
ANTIBAC ALGI PAD SILVER	2	
ANTIPHLOGIST CRE	2	
<i>antiseptic</i> SOLN 10%	2	
<i>antiseptic skin cleanser</i> SOLN 4%	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>anusoI-hc</i> SUPP 25mg	2	
AQUA CARE CREA 10%	2	
<i>aqua care</i> CREA 10%; LOTN 10%	2	
<i>aqua lube</i>	2	
<i>aqua net conditon norm</i>	2	
AQUACEL AG FOAM PADS 1.2%	2	
AQUACEL AG FOAM/HEEL PADS 1.2%	2	
AQUACEL AG FOAM/SACRAL PADS 1.2%	2	
AQUAPHILIC OIN	2	
AQUAPHOR 3 IN 1 DIAPER RA CREA 15%	2	
AQUASITE PAD 4"X4"	2	
ARCTIC RELF GEL 0.2-3.5%	2	
<i>arctic relief roll-on pai</i> GEL 4%	2	
ARGLAES POW	2	
ARIDA GEL	2	
<i>arthritis pain relieving</i> CREA .075%	2	
ASPERCREME/ALOE CREA 10%	2	
AVEENO ANTI- LOT ITCH	2	
AVEENO BABY SOOTHING RELI CREA 13%	2	
AVEENO SKIN OIL RELIEF	2	
<i>baby ease</i> OINT 30%	2	
BABY EYELID PAD CLEANSER	2	
BABY MONKEY CRE 2-12%	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>baby vitamin a & d</i>	2	
BALMEX CREA 11.3%; STCK 11.3%	2	
BALMEX ADULT CARE CREA 11.3%	2	
BALMEX COMPLETE PROTECTIO CREA 11.3%	2	
BASIS FACIAL CRE MOIST	2	
BAZA CLEANSE & PROTECT LOTN 2%	2	
BENGAY CRE GREASLES	2	
<i>bengay pain relief/massag</i> GEL 2.5%	2	
BENZOIN CMPD TIN	2	
<i>benzoin compound tincture</i>	2	
BENZOIN TIN	2	
<i>benzoin tincture</i>	2	
BERRI-FREEZ PAIN RELIEVIN LIQD 10%	2	
BETADINE OINT 10%; SOLN 5%, 10%	2	
BETADINE PREPSTICK SWAB 10%	2	
BETADINE SCR SOL 7.5% SOLN 7.5%	2	
BETASAL SHA 3% SHAM 3%	2	
<i>betasept surgical scrub</i> LIQD 4%	2	
<i>bexarotene (topical)</i> GEL 1%	1	QL (60 gm / 30 days), NM, PA
<i>biofreeze</i> LIQD 10%	2	
<i>biofreeze cool the pain</i> AERO 10.5%	2	
<i>bl cold & hot therapy bal</i>	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
BL ISOPROPYL ALCOHOL SOLN 91%, 99%	2	
<i>bl isopropyl rubbing alco</i> SOLN 70%	2	
BL ISOPROPYL RUBBING ALCO SOLN 70%	2	
BL MINERAL OIL LIGHT	2	
<i>bl wart remover</i> LIQD 17%	2	
BL WITCH HAZ LIQ 86%	2	
<i>blue gel</i> GEL 2%	2	
BLUE STAR OIN	2	
BORIC ACID GRA	2	
<i>boric acid granules</i>	2	
BOUDREAUXS BUTT PASTE OINT 16%	2	
BULL FROG SPR MOSQUITO	2	
BURN SPRAY AER	2	
CALAMINE LOT	2	
CALAMINE LOT PHENOLAT	2	
<i>*calamine lotion***</i>	2	
<i>*calamine phenolated lotion***</i>	2	
<i>calamine plus</i>	2	
CALAMINE POW	2	
<i>calamine powder</i>	2	
CALAZIME SKN PST PROTECT	2	
CAMPBOR CRY	2	
<i>camphor crystals</i>	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>capsaicin</i> CREA .025%, .075%	2	
CAPSAICIN POW	2	
CAPZASIN-HP CREA .1%	2	
CAPZASIN-P CRE 0.025% CREA .025%	2	
<i>carb-o-philic/20</i> CREA 20%	2	
CARMOL 10 LOTN 10%	2	
CARMOL 20 CREA 20%	2	
<i>cerave baby</i> LOTN 1%	2	
CLORPACTIN WCS-90 POWD 2gm	2	
COATS ALOE CREME CREA .5%	2	
COATS ALOE GELLY GEL .5%	2	
COATS ALOE MOISTURIZING L LOTN .5%	2	
COLEMAN 100 MAX INSECT RE LIQD 98.11%	2	
COLEMAN INSECT REPELLENT/ AERO 25%	2	
COLEMN BOTAN LIQ INSECT	2	
COLEMN INSEC SPR SKINSMAR	2	
COMFEEL FILM MIS	2	
COMPOUND W LIQD 17%	2	
COMPOUND W MAXIMUM STRENG GEL 17%	2	
CONFORMANT 2 MIS 4"X4"	2	
<i>constant-clens</i>	2	
<i>corn fix</i> SOLN 17%	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>cottontails diaper rash c</i> OINT 10%	2	
COZIMA CREA 24%	2	
CUTTER ALL FAMILY MOSQUIT SHEE 7.15%	2	
<i>cvs alcohol</i> SOLN 91%	2	
<i>cvs anti-itch</i>	2	
<i>cvs anti-itch sensitive s</i> LOTN 1%	2	
<i>cvs hydrogen peroxide</i> SOLN 3%	2	
<i>cvs muscle rub</i>	2	
<i>cvs wart remover gel pen</i> GEL 17%	2	
DAKINS SOLUTION FULL STRE SOLN .5%	2	
DAKINS SOLUTION HALF STRE SOLN .25%	2	
DAKINS SOLUTION QUARTER S SOLN .125%	2	
DERMAGRAN OIN	2	
<i>dermamed</i>	2	
<i>*dermatological products misc - aerosol**</i>	2	
DERMAZINC SPRAY LIQD .25%	2	
<i>desitin</i> CREA 13%	2	
DESITIN OINT 40%	2	
DESITIN CREAMY OINT 10%	2	
DESITIN MAXIMUM STRENGTH PSTE 40%	2	
<i>desitin rapid relief</i> CREA 13%	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
DHS TAR SHAM .5%	2	
DHS ZINC SHA 2% SHAM 2%	2	
<i>diaper rash</i> CREA 10%	2	
<i>dibucaine (rectal)</i> OINT 1%	2	
<i>dickinsons witch hazel</i>	2	
<i>diclofenac sodium (topical)</i> SOLN 1.5%	1	QL (300 mL / 28 days)
<i>docosanol</i> CREA 10%	2	
DR SCHOLLS AER ODOR-X	2	
DR SMITHS ADULT BARRIER OINT 10%	2	
DR SMITHS ADULT BARRIER S AERO 10%	2	
DRS CHOICE KIT CLOSURE	2	
DURAFIBER AG PAD 3/4X18"	2	
DURAFIBER AG PAD 8X11.75"	2	
DY-O-DERM VITILIGO STAIN SOLN 6.55%	2	
DYNAGINATE MIS 12" ROPE	2	
DYNAGINATE PAD 4"X8"	2	
<i>e-oil</i> OIL 400unit/ml	2	
<i>eck a & d</i>	2	
ECK IODINE TIN 2%	2	
EHA LOTION 4% LOTN 4%	2	
ELA-MAX CREA 4%	2	
ELA-MAX 5 CREA 5%	2	
ELTA SEAL MOISTURE BARRIE CREA 6%	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>*emollient - cream**</i>	2	
ENEGEL GEL	2	
<i>eq hygienic cleansing wip</i>	2	
<i>eq1 aloe after sun</i>	2	
ETHY ALCOHOL SOL 70%	2	
EUCRISA OINT 2%	1	QL (120 gm / 30 days), PA
<i>fluorouracil (topical) CREA 5%</i>	1	QL (40 gm / 30 days)
<i>fluorouracil (topical) SOLN 2%, 5%</i>	1	QL (10 mL / 30 days)
FORAXA EMU	2	
<i>formaldehyde SOLN 37%</i>	2	
FORMALDEHYDE SOLN 37%	2	
<i>formulation r</i>	2	
FP ANTI-ITCH CRE MEDICATE	2	
FREEZE IT GEL 0.2-3.5%	2	
<i>fv iodine tincture</i>	2	
<i>geri-hydrolac LOTN 5%</i>	2	
<i>glycerin topical liquid</i>	2	
<i>glycolic acid SOLN 70%</i>	2	
<i>gnp arthritis pain relief CREA .1%</i>	2	
<i>gnp isopropyl alcohol SOLN 99%</i>	2	
GOLD BOND POW	2	
<i>gold bond rapid relief</i>	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
GOLD DUST POW WOUND	2	
GOODSENSE CAPSAICIN ARTHR LIQD .15%	2	
<i>goodsense hemorrhoidal</i>	2	
<i>goodsense hemorrhoidal oi</i>	2	
<i>grx dyne swab</i> SWAB 10%	2	
<i>grx wound</i>	2	
<i>h-chlor 12</i> SOLN .125%	2	
<i>hca alcohol swabs</i>	2	
HCA GLYCERIN LIQ	2	
HCA HEMORRHO OIN	2	
<i>hemorrhoid</i>	2	
<i>hemorrhoidal</i>	2	
<i>hemorrhoidal cooling</i>	2	
<i>hemorrhoidal suppositorie</i>	2	
HEMORROID SUP 3%	2	
HIBICLENS LIQ 4% LIQD 4%	2	
HIBICLENS SOL 4% SOLN 4%	2	
HUGGIES DIAPER RASH CREAM CREA 10%	2	
HYDROC/PRAM SUP 25-18MG	2	
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	1	
<i>hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
HYDROGEL DRE PAD 2"X3"	2	
HYDROGEN PEROXIDE SOLN 3%	2	
<i>hysept 25</i> SOLN .25%	2	
<i>hysept 50</i> SOLN .5%	2	
ICY HOT PAIN RELIEVING GE GEL 2.5%	2	
<i>imiquimod</i> CREA 5%	1	QL (24 packets / 30 days)
INSTACLEAN LIQ	2	
IODINE TIN 2% MILD	2	
IODINE TIN STRONG	2	
<i>*iodine tincture strong**</i>	2	
IODOFLEX PADS .9%	2	
IODOSORB GEL .9%	2	
<i>ionil-t</i> SHAM 1%	2	
<i>isopropyl alcohol 70%</i>	2	
ISOPROPYL ALCOHOL WIPES MISC 70%	2	
JESSNERS SOL	2	
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	1	
LACTICARE LOT 5%	2	
LID SCRUB LIQ ORIGINAL	2	
<i>lidocaine pain relief pat</i> PTCH 4%	2	
<i>*liniments & rubs - cream**</i>	2	
<i>*liniments & rubs - ointment**</i>	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
LMX 4 CREA 4%	2	
LUXAMEND CRE	2	
3M DURABLE CRE MOISTURI	2	
MCM PAD	2	
MEDERMA CRE SPF 30	2	
<i>medicated pain relieving</i>	2	
MEDIHONEY PST WOUND	2	
MENTICAM CRE	2	
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	1	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	1	QL (59 mL / 30 days)
MOISTURE BARRIER CREA 5%	2	
<i>moisturel therapeutic</i> LOTN 3%	2	
<i>moisturizing lotion</i> LOTN 1.5%	2	
MUSCLE RUB CRE ULT STR	2	
MUSCLE RUB OIN	2	
4-N-1 CREA 1%	2	
NATRAPEL LIQD 20%	2	
NATRAPEL 12-HOUR TICK & I AERO 20%	2	
NEURACIN GEL 4-10-30%	2	
NEW SKIN LIQUID BANDAGE AERO .2%	2	
<i>nitroglycerin (intra-anal)</i> OINT .4%	1	QL (30 gm / 30 days)
<i>noble formula</i> LIQD .25%	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
NUPERCAINAL OINT 1%	2	
OCUSOFT LID AER ORIGINAL	2	
OPERAND CHLORHEXIDINE GLU LIQD 2%	2	
OXIPOR VHC LOT	2	
PAIN RELIVNG SPR 4-10-30%	2	
PANRETIN GEL .1%	1	QL (60 gm / 30 days), PA
PETROLATUM OIN	2	
PHARMABASE BARRIER OINT 9.38%	2	
PHENOL LIQ	2	
<i>phenol liquid</i>	2	
<i>phenylephrine in hard fat</i>	2	
<i>pimecrolimus</i> CREA 1%	1	QL (100 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	1	QL (7 mL / 28 days)
POLAR FROST GEL 4%	2	
<i>povidone-iodine</i> OINT 10%; SOLN 5%, 7.5%	2	
POVIDONE-IODINE PREP PAD PADS 10%	2	
<i>powders</i> POWD .1%	2	
<i>pramoxine hcl (rectal)</i> FOAM 1%	2	
PREDATOR CREA 4%	2	
PREPARATIO H CRE TOTABLE	2	
PREPARATIO H GEL	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
PREPARATION OIN H	2	
PROCORT CRE	2	
<i>procto-med hc</i> CREA 2.5%	1	
<i>proctocort</i> CREA 1%	1	
PROCTOCORT SUPP 30mg	2	
PROCTOFOAM AER NS 1% FOAM 1%	2	
<i>proctosol hc</i> CREA 2.5%	1	
<i>proctozone-hc</i> CREA 2.5%	1	
<i>psoriasin</i> LIQD 3%	2	
PSORIASIS MEDICATED SKIN LIQD 3%	2	
PX ULTRA STR OIN RUB	2	
<i>pyrithione zinc</i> SHAM 2%	2	
<i>qc relief patch</i>	2	
<i>ra body powder medicated</i>	2	
<i>ra medicated first aid sp</i>	2	
REMEDY CLEANSING BODY LOT LOTN 1.5%	2	
REMEDY PST CALAZIME	2	
REMEDY SKIN REPAIR CREA 1.5%	2	
REPEL SPORTSMEN MAX LOTN 40%	2	
RESTORE SILV PAD 4"X4.75"	2	
RISAMINE OIN	2	
SALONPAS GEL DEEP REL	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
SARNA CALM LOT 1-0.5%	2	
SARNA LOT	2	
<i>*scar treatment products - cream**</i>	2	
<i>scholls for her cracked s</i> CREA 1.5%	2	
SCYTERA FOAM 2%	2	
SEBULEX SHA	2	
SECURA EXTRA PROTECTIVE CREA 30.6%	2	
SELSUN BLUE LOTN 1%	2	
2ND SKIN PAD MST BURN	2	
SKIN PROTECTANT MOISTURE CREA 12%	2	
<i>*skin protectants misc - PSTE 49.8%</i>	2	
<i>sm anti-dandruff coal tar</i> SHAM .5%	2	
<i>*soap & cleansers - bar***</i>	2	
SOOTH-IT PAD PADS 50%	2	
STIMULEN LOT	2	
STOPAIN LIQD 8%	2	
SWEEN CRE	2	
<i>tacrolimus (topical)</i> OINT .03%, .1%	1	QL (100 gm / 30 days), PA
TANNIC ACID POW	2	
<i>tannic acid powder</i>	2	
TEGADERM AG MIS ALGINATE	2	
TEGADERM AG PAD ALG 4X5	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
TEGADERM AG PAD ALG 6X6	2	
TEGADERM AG PAD ALGINATE	2	
<i>tgt hemorrhoidal supposit</i>	2	
THERAPLEX T SHAM 1%	2	
THERASEAL LOTN 1%	2	
TIGER BALM CRE MUSCLE	2	
TOPICAINE GEL 4%	2	
TRIPLE PASTE OINT 12.8%	2	
VALCHLOR GEL .016%	1	QL (60 gm / 30 days), NM, PA
VITAMIN A&D OIN	2	
WART OFF SOL 17% SOLN 17%	2	
<i>white petrolatum topical gel</i>	2	
WOUN'DRES GEL	2	
<i>*wound dressings - pads***</i>	2	
Z-BUM CREA 22%	2	
ZENIFIBER AG PAD 2"X2"	2	
ZENIFIBER AG PAD 4"X5"	2	
ZENIFIBER AG PAD 6"X6"	2	
ZENIFIBER AG PAD 8"X8"	2	
ZENIFIBER AG PAD 12" ROPE	2	
ZENIFOAM AG PAD 4"X5"	2	
ZIKS ARTHRIT CRE RELIEF	2	

Drug Name	Drug Tier	Requirements/Limits
ZINC OXIDE PSTE 25%	2	
<i>zinc oxide (topical)</i> OINT 20%, 25%, 40%; PSTE 25%	2	
ZOSTRIX NATURAL PAIN RELI CREA .033%	2	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>a-200</i> AERO .5%	2	
<i>a-200 maximum strength</i>	2	
<i>bl permethrin</i> LIQD 1%	2	
<i>complete lice treatment k</i>	2	
<i>cvs permethrin</i> LOTN 1%	2	
END LICE M/S LIQ	2	
<i>hca lice shampoo</i>	2	
<i>liceout</i>	2	
<i>malathion</i> LOTN .5%	1	QL (59 mL / 30 days)
NIX COMPLETE KIT LICE 1%	2	
NIX CREME LIQ RINSE 1% LIQD 1%	2	
<i>permethrin</i> CREA 5%	1	QL (60 gm / 30 days)
PERMETHRIN LOT 1%	2	
PRONTO SHA 0.33-4%	2	
<i>pyrethrins-piperonyl butoxide liq 0.3-3%</i>	2	
RID AERO .5%	2	
RID COMPLETE KIT LICE	2	
RID ESS LICE KIT 0.33-4%	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
RID LIQ	2	
DERMATOLOGY, WOUND CARE AGENTS		
SANTYL OINT 250unit/gm	1	QL (180 gm / 30 days), PA
<i>sodium chloride (gu irrigant) SOLN .9%</i>	1	
<i>water for irrigation, sterile irrigation soln</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
ACTISEP SOL	2	
ACTISEP SPR	2	
<i>allevacaine SOLN 20%</i>	2	
ANBESOL GEL 10%; LIQD 10%	2	
<i>anbesol cold sore therapy</i>	2	
ANBESOL MAXIMUM STRENGTH GEL 20%; LIQD 20%	2	
<i>*artificial saliva - solution***</i>	2	
ASTRING-O-SO LIQ MTHWASH	2	
BABY ANBESOL GEL 7.5%	2	
<i>baby oral pain GEL 7.5%</i>	2	
<i>baby teething GEL 7.5%</i>	2	
<i>baby teething pain medici GEL 7.5%</i>	2	
<i>benz-o-sthetic GEL 20%; LIQD 20%; SOLN 20%</i>	2	
BENZ-O-STHETIC SWAB 20%	2	
<i>benzodent CREA 20%</i>	2	
BLISTEX OIN MEDICATE	2	

Drug Name	Drug Tier	Requirements/Limits
CANKERMELTS LASTING PAIN DISK 15mg	2	
CAPHOSOL SOL	2	
<i>cavarest</i> GEL 1.1%	2	
CEPACOL LOZG 2mg	2	
CEPACOL DUAL SPR RELIEF	2	
CEPACOL FIZZLERS TBDP 6mg	2	
CEPACOL LOZ 15-2.3MG	2	
CEPACOL LOZ 15-20MG	2	
CEPACOL LOZ EXTRA ST	2	
CEPACOL LOZ INSTAMAX	2	
CEPACOL MAX LOZ NUMBING	2	
CEPACOL REGULAR STRENGTH LOZG 3mg	2	
CEPACOL SORE LOZ 10-2.1MG	2	
CEPACOL SORE LOZ 15-3.6MG	2	
CEPACOL SORE LOZ THRT MAX	2	
CEPACOL SORE SPR 0.1-33%	2	
CEPACOL SORE THROAT LOZG 5.4mg	2	
CEPACOL SORE THROAT/POST LOZG 5.4mg	2	
<i>cevimeline hcl</i> CAPS 30mg	1	
CHERACOL SORE THROAT LIQD 1.4%	2	
<i>cherry cough drops</i>	2	
<i>chloraseptic gargle</i> LIQD 1.4%	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
CHLORASEPTIC LOZ 6-10MG	2	
CHLORASEPTIC LOZ CHERRY	2	
CHLORASEPTIC LOZ CITRUS	2	
CHLORASEPTIC LOZ HONY LEM	2	
CHLORASEPTIC LOZ MAX	2	
CHLORASEPTIC LOZ MENTHOL	2	
CHLORASEPTIC MIS	2	
CHLORASEPTIC MIS KIDS	2	
<i>chloraseptic warming sore</i> LOZG 15mg	2	
CHLORASEPTIC WARMING SORE LOZG 15mg	2	
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg	1	QL (150 lozenges / 30 days)
CONTROL DENT CRE ADHESIVE	2	
COUGH DROPS LOZG 2.7mg, 3.1mg, 5mg, 10mg	2	
<i>cough drops</i> LOZG 5.4mg, 5.8mg, 6.5mg, 7mg, 7.5mg, 7.6mg, 8mg, 8.4mg	2	
<i>cough drops menthol</i>	2	
<i>cough drops sugar free</i> LOZG 5.8mg, 7.6mg	2	
<i>cvs baby teething oral pa</i> GEL 7.5%	2	
<i>cvs cherry menthol drops</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>cvs cough drops sugar fre</i> LOZG 5.8mg, 7.6mg	2	
<i>cvs honey lemon drops</i>	2	
<i>cvs menthol drops</i>	2	
<i>cvs oral anesthetic maxim</i> GEL 20%	2	
<i>cvs oral pain reliever</i> PSTE 20%	2	
<i>cvs oral pain reliever ma</i> CREA 20%; PSTE 20%	2	
<i>cvs sore throat</i>	2	
<i>cvs sore throat maximum s</i>	2	
CVS SORE THROAT RELIEF PO LPOP 20mg	2	
<i>cvs throat relief pops ch</i> LPOP 10mg	2	
DADS MENTHOL THROAT DROP LOZG 3.5mg	2	
<i>dent-o-kain/20</i> LIQD 20%	2	
DENTIVA LOZ	2	
DENTS TOOTHACHE GUM GUM 20%	2	
DENTURE BRSH MIS /PICK	2	
<i>*denture care products - cream***</i>	2	
DIABETIC TUSSIN COUGH DRO LOZG 6mg	2	
DUAL RELIEF LIQ	2	
EFFERDENT PAK PWR CLN	2	
EFFERDENT TAB PLUS	2	
<i>eq cough drops sugar free</i> LOZG 5.8mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>eql cough drops</i> LOZG 5.8mg, 7.5mg, 7.6mg	2	
EZO CUSHIONS MIS LOW REG	2	
FIRST-MOUTHW SUS BLM	2	
FRUIT FROSTERS LOZG 7mg	2	
G-BUCAL-C SOL 0.15-0.1	2	
GILTUSS SPR BUCALSEP	2	
<i>gnp cough drops</i> LOZG 6.5mg, 7mg	2	
GNP HERBAL LOZG 4.8mg	2	
<i>gnp oral pain relief</i> LIQD 20%	2	
<i>gnp throat drops</i> LOZG 2.8mg	2	
<i>goodsense oral pain relie</i> GEL 20%	2	
GUMSOL LIQ	2	
GUMSOL SPR	2	
HURRICAINA AERO 20%; SOLN 20%	2	
<i>hurricane</i> GEL 20%	2	
HURRICAINA ONE SOLN 20%	2	
HURRICAINA SNAP-N-GO SWAB 20%	2	
HURRIPAK STARTER KIT KIT 20%	2	
<i>instant oral pain relief</i> GEL 20%	2	
<i>intense toothache pain re</i> GEL 20%	2	
<i>kank-a mouth pain</i> SOLN 20%	2	
<i>kourzeq</i> PSTE .1%	1	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>larynex</i>	2	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	1	
LITTLE COLDS COLD RELIEF LPOP 19mg	2	
LITTLE COLDS SOOTHING THR STRP 19mg	2	
LITTLE TEETH GEL 7.5%	2	
<i>lollicaine</i> GEL 20%	2	
LUDENS DUAL LOZ RELIEF	2	
LUDENS THROAT DROPS LOZG 1mg, 1.6mg, 1.7mg, 2.5mg, 2.8mg	2	
<i>medikoff drops</i> LOZG 7.6mg	2	
<i>menthol cough drops</i> LOZG 5mg	2	
<i>*mouthwashes - liquid**</i>	2	
MUCINEX INST LIQ SORETHRO	2	
MUCINEX LIQ INSTASOO	2	
<i>natural herb cough drops</i> LOZG 3mg	2	
<i>nycoff</i>	2	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	1	
ORA-FILM STRP 6%	2	
ORAJEL 2X LIQ TOOTHACH	2	
ORAJEL 3X GEL TTH/GUM	2	
<i>oral analgesic maximum st</i> GEL 20%; LIQD 20%; PSTE 20%	2	
<i>oral anesthetic maximum s</i> PSTE 20%	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
ORAMAGIC PLUS SUSR 10%	2	
ORASEP SPR	2	
<i>orastat maximum strength</i> GEL 20%	2	
<i>periogard</i> SOLN .12%	1	
PERMA-GRIP POW	2	
<i>perox-a-mint</i> SOLN 1.5%	2	
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	1	
POLIGRIP MIS COMFORT	2	
POLIGRIP SUP CRE STRNG FR	2	
<i>qc cough drops</i> LOZG 5.8mg	2	
<i>qc sore throat</i>	2	
<i>ra cough drops</i> LOZG 5.4mg, 5.8mg, 6.5mg, 7mg, 7.5mg	2	
<i>ra mouth pain anesthetic</i> LIQD 20%	2	
RICOLA CHERRY HERB SUGAR LOZG 2.6mg	2	
RICOLA CHERRY HONEY HERB LOZG 2mg	2	
<i>ricola honey lemon w/echi</i> LOZG 3.5mg	2	
RICOLA HONEY-HERB LOZG 2mg	2	
RICOLA LEMON MINT LOZG 1.5mg	2	
RICOLA LEMON MINT HERB SU LOZG 1.1mg	2	
RICOLA LOZ	2	
<i>ricola mountain herb suga</i> LOZG 4.8mg	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>ricola natural herb</i> LOZG 4.8mg	2	
SALESE LOZ	2	
SEA BOND BRI GEL CLEANSER	2	
SEA BOND WAF	2	
<i>sm cough drops</i> LOZG 3.1mg, 5mg, 5.8mg, 6.5mg, 7mg, 8mg, 10mg	2	
<i>sm fruit coolers</i> LOZG 7mg	2	
<i>sm natural herb cough dro</i> LOZG 4.8mg	2	
<i>sore throat</i>	2	
SORE THROAT LOLLIPOPS LPOP 10mg	2	
<i>sore throat lozenges</i>	2	
SUCRETS SORE THROAT LOZG 2mg	2	
<i>tgt cough drops</i> LOZG 9.1mg	2	
<i>throat discs</i>	2	
<i>*throat lozenges - lozenges**</i>	2	
TOOTHACHE GEL 20-0.26%	2	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	1	
<i>ultra throat lozenges</i>	2	
VICKS VAPODROPS LOZG 1.7mg, 3.3mg	2	
ZILACTIN BABY GEL 10%	2	
<i>zilactin-b</i> GEL 10%	2	
ZINC W/A&C LOZ	2	

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
OTIC		
<i>antiseptic cleanser</i> SOLN 10%	2	
<i>auraphene-b</i> SOLN 6.5%	2	
<i>auro-dri</i> LIQD 95%	2	
HCA EAR WAX SOL 6.5% OT	2	
SWIM EAR LIQD 95%	2	

Index

*	
*artificial saliva - solution***	239
*bacitracin-polymyxin b oint***	215
*b-complex vitamin cap**	170
*b-complex vitamin elixir**	170
*b-complex vitamin sublingual liquid**	170
*b-complex w/ c & e + zn tab***	170
*b-complex w/ c cap**	171
*b-complex w/ c tab er**	171
*b-complex w/ c tab**	171
*b-complex w/ folic acid tab**	171
*b-complex w/ minerals ta	171
*bioflavonoid products cap**	171
*bioflavonoid products chew tab**	171
*bioflavonoid products tab er**	171
*bioflavonoid products tab**	171
*bone meal w/ vitamin d tab***	150
*calamine lotion***	226
*calamine phenolated lotion***	226
*calcium carbonate-vit d	152
*calcium carb-vit d w/ minerals chew tab 1200 mg-1000 unit**	152
*calcium carb-vit d w/ minerals chew tab 600 mg-400 unit***	152
*camphor-eucalyptus-menthol - oint***	196
charcoal activated powder	103
*cobalamin combination sl tab***	173
*cobalamin combination tab***	173
*cod liver oil cap***	173
*cod liver oil***	173
*denture care products - cream***	242
*dermatological products misc - aerosol**	228
*emollient - cream**	230
*flaxseed (linseed) cap 1200 mg***	163
*flaxseed (linseed) oral oil***	163
*flaxseed (linseed) oral powder***	163
*glucosamine-chondroitin-	164
*iodine tincture strong**	232
iron combination elixir	129
*iron w/ vitamin liq**	176
*lactobacillus acidophilus-pectin cap**	111
*lactobacillus chew tab**	111
*lancets misc.***	103
*lancets***	104
*liniments & rubs - cream**	232
*liniments & rubs - ointment**	232
*mouthwashes - liquid**	244
*multiple minerals tab**	157
*multiple urine test strips***	104
*multiple vitamin cap**	177
*multiple vitamin tab**	177
*multiple vitamins w/ calcium tab**	177
*multiple vitamins w/ min	177
*multiple vitamins w/ minerals tab**	177
*nutritional supplement liquid**	165
*omega-3 fatty acids cap 435 mg**	166
*oral electrolyte for soln***	145
*oral electrolyte solution***	145
*oral vehicles***	143
*pediatric multiple vitam	178
*pediatric multiple vitamin w/ minerals & c chew tab 60 mg**	178

<i>*pediatric multiple vitamins w/ iron chew tab 12 mg**</i>	178
<i>*pediatric multiple vitamins w/ iron chew tab**</i>	178
<i>*scar treatment products - cream**</i>	236
<i>*skin protectants misc -</i>	236
<i>*soap & cleansers - bar***</i>	236
<i>*sodium bicarbonate powder**</i>	109
<i>*throat lozenges - lozenges**</i>	246
<i>*vitamin mixture tab**</i>	182
<i>*vitamins a & d cap***</i>	182
<i>*vitamins a & d tab***</i>	182
<i>*vitamins w/ lipotropics cap**</i>	182
<i>*wound dressings - pads***</i>	237
1	
12 hour cold	201
1ST CHOICE MIS LANCETS	103
2	
20/20 artificial tears.....	186
24hr allergy relief.....	191
2ND SKIN PAD MST BURN.....	236
3	
3M AIR WARM MIS MASK.....	201
3M DURABLE CRE MOISTURI	233
4	
4-N-1	233
4-way fast acting.....	208
4X PROBIOTIC TAB.....	111
5	
50+ adult eye health	168
6	
600+d3 plus minerals	155
666 cold	197
666 cold preparation.....	197

A

A + D PERSON LOT	221
A + D PERSON MIS CARE WIP	123
<i>a thru z advantage</i>	167
<i>a thru z select</i>	167
<i>a.r.m.</i>	193
A/BETA CAROT TAB 25000UNT	167
<i>a/f pain relief</i>	13
<i>a+d first aid</i>	221
<i>a-10000</i>	167
A1C NOW KIT	102
<i>a-200</i>	238
<i>a-200 maximum strength</i>	238
<i>abacavir sulfate</i>	27
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	29
ABATINEX.....	109
<i>abatron af</i>	127
ABATRON LIQ	127
ABC COMPLETE TAB WOMEN	167
<i>abc-z -tr</i>	168
<i>abdek</i>	168
ABDEK CAP	168
<i>abdek pediatric</i>	168
<i>abigale</i>	99
<i>abigale lo</i>	99
ABILIFY ASIMTUFII	73
ABILIFY MAINTENA	73
<i>abiraterone acetate</i>	39
<i>abirtega</i>	39
ABREVA.....	221
ABRYSVO.....	137
<i>absorbine jr</i>	215
<i>absorbine jr back patch</i>	221
ACACIA POW	139
<i>acacia powder</i>	139
<i>acamprosate calcium</i>	91
<i>acarbose</i>	93
ACCU-CHECK TES COMFORT	102
ACCU-CHEK KIT FASTCLIX.....	102
<i>accutane</i>	213

<i>acebutolol hcl</i>	63
<i>acephen</i>	13
ACEROLA C-500.....	168
<i>acetadryl</i>	91, 193
<i>aceta-gesic</i>	193
ACETAMIN POW.....	139
<i>acetaminophen</i>	13
<i>acetaminophen junior stre</i>	13
<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml.....	20
<i>acetaminophen w/ codeine tab 300-</i> 15 mg.....	20
<i>acetaminophen w/ codeine tab 300-</i> 30 mg.....	20
<i>acetaminophen w/ codeine tab 300-</i> 60 mg.....	20
<i>acetazolamide</i>	65
<i>acetic acid</i>	123
ACETIC ACID.....	139
<i>acetic acid (otic)</i>	189
<i>acetylcysteine</i>	208
<i>acid controller</i>	113
<i>acid gone</i>	106
ACID GONE SUS.....	106
<i>acid reducer</i>	122
<i>acid relief</i>	107
ACIDOPHILUS.....	109
ACIDOPHILUS CAP.....	109
ACIDOPHILUS/ TAB CIT PECT.....	109
<i>acitretin</i>	218
<i>acne 10</i>	213
<i>acne foaming wash</i>	213
ACNE MEDICATION.....	213
<i>acne medication 5</i>	213
ACNE MEDICATION 5.....	213
ACNE-AID BAR.....	221
ACNEFREE KIT SEVERE.....	213
ACNO CLEANSE LIQ.....	221
<i>acta-tabs pe</i>	193
ACTHIB INJ.....	137
ACTICOAT 3 MIS 16.....	221
ACTICOAT 3 MIS 4.....	221

ACTICOAT 3 MIS 8.....	221
ACTICOAT 7 MIS 1.....	221
ACTICOAT 7 MIS 2.....	222
ACTICOAT 7 MIS 4.....	222
ACTICOAT 7 MIS 6.....	222
ACTICOAT MIS 4.....	222
ACTICOAT MIS 5.....	222
ACTICOAT SUR PAD 4.....	222
ACTICOAT SUR PAD 4X13.75.....	222
ACTICOAT SUR PAD 4X4-3/4.....	222
ACTICON SOL 1-30.....	194
ACTICON TAB 2-60MG.....	194
ACTIDOGESIC TAB 1-500MG.....	194
<i>actidose/sorbitol</i>	102
<i>actifed cold/sinus</i>	194
ACTIFLOVIT TAB EAR HEAL.....	168
ACTIMARIS GEL WOUND.....	222
ACTIMMUNE.....	136
ACTINEL LIQ.....	194
ACTINEL LIQ PEDIATRI.....	194
ACTISEP SOL.....	239
ACTISEP SPR.....	239
ACTITROM CAP.....	168
ACTIVE 55 LIQ PLUS.....	168
ACTIVESSENT PAK.....	168
<i>acyclovir</i>	31
<i>acyclovir sodium</i>	31
ADACEL INJ.....	137
<i>addaprin</i>	18
<i>added strength pain relie</i>	13
<i>adefovir dipivoxil</i>	31
ADEKS PEDIAT DRO.....	168
ADEMPAS.....	67
ADJ LANCING MIS DEVICE.....	102
ADLT ONE DLY CHW GUMMIES.....	168
ADMELOG.....	96
ADMELOG SOLOSTAR.....	96
<i>adprin b</i>	13
ADRENAL TAB CALM.....	168
<i>adsorbonac</i>	186
<i>adult aspirin regimen</i>	13

This document includes a list of drugs covered on our formulary as of January 1, 2026.
You can find information on what the symbols and abbreviations on this table mean by
going to page 8.

ADULT DISPOS MIS MOUTHPIE.....	194	<i>alavert allergy/sinus</i>	194
ADULT OMEGA CHW PLUS DHA.....	159	ALAVERT SYP	190
ADVAIR HFA AER 115/21	212	<i>alaway</i>	184
ADVAIR HFA AER 230/21	212	<i>alba-3</i>	215
ADVAIR HFA AER 45/21	212	ALBA-LYBE NR LIQ	160
ADVANCED CA/ TAB D/MAGNES ..	168	<i>albendazole</i>	22
<i>advanced eye relief dry e</i>	186	<i>albuterol sulfate</i>	193
<i>advanced healing ointment</i>	222	<i>alclometasone dipropionate</i>	218
ADVERA LIQ CHOCOLAT	159	ALCOHOL SOL /WG 70%	222
ADVIL COLD/ TAB SINUS.....	194	ALCOHOL SOL DENATURE	139
<i>advil junior strength</i>	18	ALCOHOL SWABS: EMBECTA- BD/MHC/RUGBY.....	96
ADVIL PM TAB 200-38MG	91	<i>alcohol, rubbing</i>	222
<i>af-aspirin childrens</i>	13	ALCON SALINE SOL SEN EYES	186
<i>af-dibromm</i>	194	<i>aldroxicon i</i>	107
<i>af-dibromm dm</i>	194	ALDURAZYME.....	102
<i>af-ibup sinus</i>	194	ALECENSA	42
<i>af-miconazole 7</i>	124	<i>alendronate sodium</i>	98
<i>af-pseudoephedrine hcl</i>	194	<i>aler-cap</i>	190
<i>afrin saline nasal mist</i>	208	ALEVAZOL	216
AFRIN SPR 0.05%	194	ALEVE	18
AFTATE ATHLE POW FOOT 1%	216	ALEVE COLD & TAB SINUS.....	194
<i>aftate athlete's foot</i>	216	<i>alfuzosin hcl</i>	123
<i>af-tussin dm</i>	194	<i>aliskiren fumarate</i>	66
AGREE SHA EX CLEAN.....	222	ALIVE MULTI CHW CHILDRNS	168
AHIST	190	ALKA SELTZER TAB HEARTBRN....	107
AIMOVIG	87	<i>alka-seltzer anti-gas</i>	120
AIRBORNE LOZ.....	168	ALKA-SELTZER CHW 750-80MG ..	107
AIRSUPRA AER 90-80MCG.....	212	<i>alka-seltzer plus night c</i>	194
AIRZONE PEAK MIS FLOW MTR....	194	ALKA-SELTZER TAB 325MG	13
AKEEGA TAB 100/500	39	ALKA-SELTZER TAB 500MG	13
AKEEGA TAB 50/500MG	39	ALKA-SELTZER TAB GOLD.....	107
<i>ak-rinse</i>	186	ALKA-SELTZER TAB PLS COLD	194
AKWA TEARS OIN OP	186	<i>alkets</i>	107
<i>ala seb</i>	222	<i>all day allergy childrens</i>	190
<i>ala-cort</i>	218	<i>all day allergy d-12</i>	194
ALAHIST CF TAB 10-2-20	194	<i>all day pain relief</i>	18
ALAHIST DM LIQ 7.5-2-15	194	<i>all day pain relief sinus</i>	195
ALA-HIST IR	190	ALLANTOIN POW	139
ALA-HIST PE TAB 2-10MG	194	ALLBEE-T TAB.....	168
<i>alamag-plus</i>	107	ALLCLENZ LIQ	222
<i>alavert</i>	190		

<i>aller-chlor</i>	190	<i>altalube</i>	186
<i>aller-ease</i>	190	<i>altarussin</i>	195
<i>aller-ease childrens</i>	190	<i>altarussin dm</i>	195
<i>allerest</i>	195	<i>altazine moisture relief</i>	184
<i>allergy</i>	190	<i>altorex</i>	127
<i>allergy childrens</i>	190	<i>alum (ammonium) powder</i>	140
<i>allergy cream</i>	217	ALUM AMMONIU POW	140
<i>allergy multi-symptom</i>	195	ALUMINUM CHLORIDE	223
<i>allergy multi-symptom nig</i>	195	ALUMINUM HYDROXIDE	107
<i>allergy rapid melts child</i>	190	<i>aluminum hydroxide gel</i>	107
<i>allergy relief maximum st</i>	218	<i>aluminum hydroxide gel su</i>	107
ALLERGY/SINU TAB HEADACHE ..	195	ALUNBRIG	42
<i>allevacaine</i>	239	ALUNBRIG PAK	43
ALLEVYN AG MIS 6-3/4	222	ALVAIZ	130
ALLEVYN AG PAD 2	222	ALVESCO	212
ALLEVYN AG PAD 3	222	ALYFTREK TAB 10-50-125	208
ALLEVYN AG PAD 4	222	ALYFTREK TAB 4-20-50	208
ALLEVYN AG PAD 5	222	ALYGLO	135
ALLEVYN AG PAD 6	222	<i>alyq</i>	67
ALLEVYN AG PAD 7	222	<i>amantadine hcl</i>	72
ALLEVYN AG PAD 8	223	<i>ambi 10peh/400gfn</i>	195
ALLFEN	195	<i>ambi 10peh/400gfn/20dm</i>	195
<i>allfen dm</i>	195	<i>ambi 12.5cpd/1dcpm/30pse</i>	195
<i>all-nite multi-symptom co</i>	195	<i>ambi 40pse/400gfn</i>	195
<i>allopurinol</i>	13	AMBI 60PSE/ TAB 400GFN	195
<i>almond oil (sweet)</i>	140	<i>ambitussin ac</i>	195
ALOE VESTA 2-N-1 ANTIFUNG	216	<i>ambizine</i>	111
<i>aloe vesta 2-n-1 body was</i>	223	<i>ambrisentan</i>	67
ALOE VESTA 2-N-1 SKIN CON	223	<i>ameda triple zero lanolin</i>	223
ALOE VESTA LIQ WHIRLBTH	195	<i>americerin</i>	223
<i>alophen</i>	114	AMERIGEL LOT BARRIER	223
<i>alosetron hcl</i>	120	<i>ameriphor</i>	223
ALP HIGH3 CAP 600MG	160	<i>amikacin sulfate</i>	22
<i>alpha betic</i>	160	<i>amiloride & hydrochlorothiazide tab</i> 5-50 mg	65
ALPHA LIPOIC ACID	160	<i>amiloride hcl</i>	65
ALPHA-LIPOIC ACID	160	AMINO-MIN-D CAP	168
<i>alpha-lipoic acid (thioctic acid)</i>	160	<i>amiodarone hcl</i>	60
<i>alphasoft</i>	223	<i>amitriptyline hcl</i>	69
<i>alph-e-mixed</i>	168	<i>amlactin</i>	223
<i>alph-e-mixed 1000</i>	168	<i>amlodipine besylate</i>	64
<i>alprazolam</i>	68		

<i>amlodipine besylate-benazepril hcl</i> cap 10-20 mg	55
<i>amlodipine besylate-benazepril hcl</i> cap 10-40 mg	55
<i>amlodipine besylate-benazepril hcl</i> cap 2.5-10 mg	55
<i>amlodipine besylate-benazepril hcl</i> cap 5-10 mg	55
<i>amlodipine besylate-benazepril hcl</i> cap 5-20 mg	55
<i>amlodipine besylate-benazepril hcl</i> cap 5-40 mg	55
<i>amlodipine besylate-olmesartan</i> medoxomil tab 10-20 mg	57
<i>amlodipine besylate-olmesartan</i> medoxomil tab 10-40 mg	58
<i>amlodipine besylate-olmesartan</i> medoxomil tab 5-20 mg	57
<i>amlodipine besylate-olmesartan</i> medoxomil tab 5-40 mg	57
<i>amlodipine besylate-valsartan tab</i> 10-160 mg	58
<i>amlodipine besylate-valsartan tab</i> 10-320 mg	58
<i>amlodipine besylate-valsartan tab</i> 5-160 mg	58
<i>amlodipine besylate-valsartan tab</i> 5-320 mg	58
AMMENS MEDIC POW	223
AMMONIUM GRA CHLORIDE	140
<i>amnestem</i>	214
<i>amoxapine</i>	69
<i>amoxicillin</i>	35
<i>amoxicillin & k clavulanate for susp</i> 200-28.5 mg/5ml	35
<i>amoxicillin & k clavulanate for susp</i> 250-62.5 mg/5ml	35
<i>amoxicillin & k clavulanate for susp</i> 400-57 mg/5ml	35
<i>amoxicillin & k clavulanate for susp</i> 600-42.9 mg/5ml	35

<i>amoxicillin & k clavulanate tab 250-</i> 125 mg	35
<i>amoxicillin & k clavulanate tab 500-</i> 125 mg	35
<i>amoxicillin & k clavulanate tab 875-</i> 125 mg	35
<i>amphetamine-dextroamphetamine</i> cap er 24hr 10 mg	84
<i>amphetamine-dextroamphetamine</i> cap er 24hr 15 mg	84
<i>amphetamine-dextroamphetamine</i> cap er 24hr 20 mg	85
<i>amphetamine-dextroamphetamine</i> cap er 24hr 25 mg	85
<i>amphetamine-dextroamphetamine</i> cap er 24hr 30 mg	85
<i>amphetamine-dextroamphetamine</i> cap er 24hr 5 mg	84
<i>amphetamine-dextroamphetamine</i> tab 10 mg	85
<i>amphetamine-dextroamphetamine</i> tab 12.5 mg	85
<i>amphetamine-dextroamphetamine</i> tab 15 mg	85
<i>amphetamine-dextroamphetamine</i> tab 20 mg	85
<i>amphetamine-dextroamphetamine</i> tab 30 mg	85
<i>amphetamine-dextroamphetamine</i> tab 5 mg	85
<i>amphetamine-dextroamphetamine</i> tab 7.5 mg	85
<i>amphotericin b</i>	26
<i>amphotericin b liposome</i>	26
<i>ampicillin</i>	35
<i>ampicillin & sulbactam sodium for</i> inj 1.5 (1-0.5) gm	35
<i>ampicillin & sulbactam sodium for</i> inj 3 (2-1) gm	35
<i>ampicillin & sulbactam sodium for iv</i> soln 1.5 (1-0.5) gm	36

<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	36
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	36
<i>ampicillin sodium</i>	36
<i>amplify relief mm</i>	223
<i>anacin</i>	13
ANACIN TAB 400-30MG.....	13
ANACIN TAB MAX STR.....	13
<i>anagrelide hcl</i>	130
<i>analgesia</i>	223
ANALPRAM-HC LOT 2.5%	223
<i>anastrozole</i>	39
ANBESOL	239
<i>anbesol cold sore therapy</i>	239
ANBESOL MAXIMUM STRENGTH ..	239
<i>anecream</i>	223
<i>anecream5</i>	223
<i>animal chewable multiple</i>	168
<i>animal chews</i>	168
ANIMAL SHAPE CHW IRON.....	168
<i>animal shapes plus extra</i>	169
ANISE FLAVOR OIL.....	140
ANORO ELLIPT AER 62.5-25.....	189
<i>antacid</i>	107
ANTACID	107
<i>antacid double strength</i>	107
<i>antacid extra strength</i>	107
<i>antacid ultra strength</i>	107
<i>anti gas</i>	120
ANTIBAC ALGI PAD SILVER	223
ANTIBIOTIC CRE.....	215
<i>anti-dandruff shampoo</i>	223
<i>anti-diarrheal</i>	109
<i>antifungal</i>	216
ANTI HIST NAS TAB DECONGES ..	195
ANTI-ITCH LOT 1%	223
<i>anti-itch medication</i>	223
ANTIMINTH SUS 250/5ML	22
ANTIOXIDANT CAP	169
ANTIOXIDANT CHW VITAMINS.....	169

<i>antioxidant pack</i>	169
ANTIPHLOGIST CRE	223
<i>antiseptic</i>	223
<i>antiseptic cleanser</i>	247
<i>antiseptic skin cleanser</i>	223
ANTITUSS CG/ SYP CODEINE	195
<i>anusol-hc</i>	224
APACET CHW 80MG	14
APATATE LIQ.....	169
APETEX ELX.....	169
APETIGEN TAB PLUS.....	169
APETIGEN-PLS SOL	169
<i>apetonic</i>	169
AP-HIST DM LIQ 7.5-4-15.....	195
APPEAREX	169
<i>aprepitant</i>	111
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	111
APTIOM	78
APTIVUS.....	27
<i>aqua care</i>	224
AQUA CARE	224
<i>aqua lube</i>	224
<i>aqua net conditon norm</i>	224
AQUABASE OIN.....	140
AQUACEL AG FOAM.....	224
AQUACEL AG FOAM/HEEL.....	224
AQUACEL AG FOAM/SACRAL	224
AQUA-E	169
AQUANAZ TAB.....	195
AQUAPHILIC OIN.....	224
AQUAPHOR 3 IN 1 DIAPER RA.....	224
AQUASITE PAD 4.....	224
AQUASOL E.....	169
AQUASOL E CAP 100IU.....	169
AQUASOL E CAP 400IU.....	169
<i>aquavit-e</i>	169
<i>aqueous vitamin e</i>	169
ARALAST NP	208
ARCALYST	136
ARCTIC RELF GEL 0.2-3.5%.....	224

<i>arctic relief roll-on pai</i>	224
AREXVY.....	137
<i>arginine</i>	160
ARGININE.....	160
ARGININE CAP 500 MG.....	160
ARGININE2000.....	160
ARGLAES POW.....	224
ARIDA GEL.....	224
ARIKAYCE.....	22
<i>aripiprazole</i>	73, 74
ARISTADA.....	74
ARISTADA INITIO.....	74
<i>armodafinil</i>	90
ARNUITY ELLIPTA.....	212
<i>arthritis pain reliever</i>	14
<i>arthritis pain relieving</i>	224
<i>arthx ds</i>	160
<i>artificial tears</i>	186
<i>ascarel</i>	22
ASCENSIA MIS AUTODISC	102
ASCOCID POW.....	169
ASCOCID-1000 TAB	169
ASCORBIC ACD POW	140
<i>ascorbic acid</i>	169
<i>ascorbic acid oral crystals</i>	169
ASCRIPITIN TAB.....	14
<i>asenapine maleate</i>	74
<i>aspercreme arthritis pain</i>	14
ASPERCREME/ALOE.....	224
<i>aspirin</i>	14
ASPIRIN	14
<i>aspirin 81</i>	14
<i>aspirin adult low dose</i>	14
<i>aspirin adult low strengt</i>	14
<i>aspirin buffered tab 500 mg</i>	14
<i>aspirin ec adult low dose</i>	14
<i>aspirin ec low dose</i>	14
<i>aspirin enteric coated ad</i>	14
<i>aspirin low dose</i>	14
<i>aspirin powder</i>	14
<i>aspirin regimen</i>	14

<i>aspirin-caffeine tab 400-32 mg</i>	14
<i>aspirin-dipyridamole cap er 12hr</i> 25-200 mg.....	131
<i>aspir-low</i>	14
ASTAGRAF XL.....	136
ASTHMANEFRIN REFILL.....	208
ASTRING-O-SO LIQ MTHWASH ...	239
<i>atazanavir sulfate</i>	27
<i>atenolol</i>	63
<i>atenolol & chlorthalidone tab 100-</i> 25 mg	63
<i>atenolol & chlorthalidone tab 50-25</i> mg.....	62
<i>athletes foot powder spra</i>	216
<i>atomoxetine hcl</i>	85
<i>atorvastatin calcium</i>	61
<i>atovaquone</i>	22
<i>atovaquone-proguanil hcl tab 250-</i> 100 mg.....	27
<i>atovaquone-proguanil hcl tab 62.5-</i> 25 mg	27
ATROPINE SULFATE	186
<i>atropine sulfate (ophthalmic)</i>	186
ATROVENT HFA.....	190
AUGTYRO.....	43
<i>auraphene-b</i>	247
<i>auro-dri</i>	247
AUSTEDO.....	88
AUSTEDO XR.....	88
AUSTEDO XR TAB TITR KIT	88
AUTOLET PLAT MIS 1.8MM.....	102
AUVELITY TAB 45-105MG.....	69
AVAIL TAB.....	169
AVEENO ANTI- LOT ITCH.....	224
AVEENO BABY SOOTHING RELI ...	224
AVEENO SKIN OIL RELIEF	224
AVMAPKI PAK FAKZYNJA	43
<i>ayr nasal drops</i>	208
AYR NASAL DROPS.....	208
AYR NASAL MIST ALLERGY &.....	208
AYR SALINE KIT NETI RNS.....	209
<i>ayr saline nasal</i>	209

AYVAKIT	43
azacitidine	38
azathioprine	136
azelastine hcl	190
azelastine hcl (ophth)	184
azithromycin	34
azo cranberry gummies uri	160
azo dine	123
azo dine maximum strength	123
azo d-mannose	160
AZOLEN TINCTURE	216
aztreonam	22

B

<i>b complete</i>	170	<i>baby vitamin</i>	171
B COMPLEX +C TAB TR	170	<i>baby vitamin a & d</i>	225
<i>b complex maxi</i>	170	<i>baby vitamin/iron</i>	171
B COMPLEX TAB FORM #1	170	BACIGUENT	215
B COMPLEX/FO TAB	170	<i>bacitracin (ophthalmic)</i>	183
B-1	170	<i>bacitracin (topical)</i>	215
<i>b-100</i>	170	<i>bacitracin zinc</i>	215
B-100 COMPLX TAB	170	<i>bacitracin-polymyxin b ophth oint</i>	183
<i>b-100 tr</i>	170	<i>bacitracin-polymyxin-neomycin-hc</i> <i>ophth oint 1%</i>	182
B-12	170	BACK PAINOFF TAB	14
B-12 DOTS	170	<i>baclofen</i>	90
B-12 DUAL SPECTRUM	170	BAFIERTAM	89
<i>b-12 quick dissolve</i>	170	BALANCE B-50 TAB	171
B-12 QUICK DISSOLVE	170	BALMEX	225
B-12 SUB 1000MCG	170	BALMEX ADULT CARE	225
B-12 SUPER STRENGTH	170	BALMEX COMPLETE PROTECTIO ..	225
<i>b-12 tr</i>	170	<i>balsalazide disodium</i>	114
B-6	170	BALVERSA	43
BABY ANBESOL	239	<i>banophen</i>	191
BABY DARLNG POW PED ELEC	145	BARACLUDGE	31
BABY DDROPS	171	BASIS FACIAL CRE MOIST	225
<i>baby ease</i>	224	<i>bayer aspirin ec low dose</i>	14
BABY EYELID PAD CLEANSER	224	<i>bayer chewable low dose</i>	14
BABY MONKEY CRE 2-12%	224	<i>bayer low dose</i>	15
<i>baby oral pain</i>	239	BAYER PLUS TAB 500MG	15
<i>baby super daily d3</i>	171	BAYER PM TAB 38.3-500	91
<i>baby teething</i>	239	BAYER WOMENS TAB 81-300MG ..	15
<i>baby teething pain medici</i>	239	BAZA CLEANSE & PROTECT	225
		BC FAST PAIN POW RELIEF	15
		BC FAST PAIN POW RLF ARTH	15
		BCG VACCINE	137
		BD GLUCOSE	101
		BEELITH TAB	149
		BELL-ANS TAB 650MG	107
		BENADRYL ALLERGY	191
		BENADRYL CAP 25MG	191
		BENADRYL CRE 2% EX ST	218
		BENADRYL MAXIMUM STRENGTH ..	218
		BENADRYL SPR 2-0.1%	218

This document includes a list of drugs covered on our formulary as of January 1, 2026.
You can find information on what the symbols and abbreviations on this table mean by
going to page 8.

BENADRYL TAB 25MG.....	191
BENADRYL TAB ALL/COLD	195
<i>benazepril & hydrochlorothiazide</i>	
<i>tab 10-12.5 mg</i>	55
<i>benazepril & hydrochlorothiazide</i>	
<i>tab 20-12.5 mg</i>	55
<i>benazepril & hydrochlorothiazide</i>	
<i>tab 20-25 mg</i>	56
<i>benazepril & hydrochlorothiazide</i>	
<i>tab 5-6.25mg</i>	55
<i>benazepril hcl</i>	56
BENDAMUSTINE HYDROCHLORID	37
BENDEKA	37
<i>benefiber on the go</i>	114
BENEFIBER POW	114
BENGAY CRE GREASLES.....	225
<i>bengay pain relief/massag</i>	225
BENLYSTA.....	136
BENYLIN SYP 15MG/5ML.....	195
BENYLIN-DME LIQ.....	196
BENZEDREX INH.....	196
<i>benzodent</i>	239
BENZOIN CMPD TIN	225
<i>benzoin compound tincture</i>	225
BENZOIN TIN	225
<i>benzoin tincture</i>	225
<i>benzonatate</i>	196
<i>benz-o-sthetic</i>	239
BENZ-O-STHETIC	239
<i>benzoyl peroxide</i>	214
BENZOYL PEROXIDE	214
<i>benzoyl peroxide cleanser</i>	214
BENZOYL PEROXIDE CLEANSER.....	214
<i>benzoyl peroxide-erythromycin gel</i>	
<i>5-3%</i>	214
<i>benztropine mesylate</i>	72
BENZYL ALC LIQ	140
BERINERT	130
BERRI-FREEZ PAIN RELIEVIN.....	225
BESIVANCE	183
BESREMI	41
BETA CAROTEN CAP 25000UNT ...	171

<i>beta carotene</i>	171
BETADINE	225
BETADINE PREPSTICK	225
BETADINE SCR SOL 7.5%.....	225
<i>betaine powder for oral solution</i> ..	102
<i>betamethasone dipropionate</i>	
<i>(topical)</i>	218, 219
<i>betamethasone dipropionate</i>	
<i>augmented</i>	219
<i>betamethasone valerate</i>	219
BETASAL SHA 3%	225
<i>betasept surgical scrub</i>	225
BETASERON.....	89
<i>betaxolol hcl</i>	63
<i>betaxolol hcl (ophth)</i>	185
<i>bethanechol chloride</i>	123
BEVESPI AER 9-4.8MCG.....	189
<i>bexarotene</i>	41
<i>bexarotene (topical)</i>	225
BEXSERO	137
<i>bicalutamide</i>	39
BICARSIM.....	120
BICARSIM FORTE	120
BICILLIN L-A.....	36
<i>bidex</i>	196
BIFERA TAB 28MG	127
BIKTARVY TAB 30-120-15 MG.....	29
BIKTARVY TAB 50-200-25 MG.....	29
BILI-LABSTIX TES STRIPS	102
BIMZELX	131
<i>bio t pres</i>	196
BIO-D-MULSION.....	171
BIO-D-MULSION FORTE	171
<i>biofed</i>	196
BIOFLAVINOID POW LEMON	140
BIOFLAVONOID POW CITRUS.....	140
BIO-FLAX.....	160
<i>biofreeze</i>	225
<i>biofreeze cool the pain</i>	225
<i>bioginkgo 24/6</i>	160
<i>biolle gel tears</i>	186

<i>biolle tears</i>	186
<i>biotin</i>	171
BIOTIN.....	171
BIOTIN FORTE TAB.....	171
BIOTIN FORTE TAB /ZINC	172
BIOVOL SYP.....	172
<i>bisac-evac</i>	114
BISMUTH POW SUBNITRA	140
BISMUTH SUBC POW	140
<i>bismuth subcarbonate powder</i>	140
<i>bismuth subnitrate powder</i>	140
<i>bismuth subsalicylate</i>	110
<i>bisoprolol & hydrochlorothiazide tab</i> 10-6.25 mg.....	63
<i>bisoprolol & hydrochlorothiazide tab</i> 2.5-6.25 mg	63
<i>bisoprolol & hydrochlorothiazide tab</i> 5-6.25 mg	63
<i>bisoprolol fumarate</i>	63
BIVIGAM	135
BL BORIC ACI POW	140
<i>bl brewers yeast</i>	172
<i>bl calcium 500/d</i>	150
<i>bl calcium 600 + d</i>	150
<i>bl calcium citrate+d</i>	150
<i>bl calcium/magnesium/zinc</i>	150
<i>bl cold & hot therapy bal</i>	225
<i>bl epsom salt</i>	114
<i>bl flax seed oil</i>	160
BL GLUCOSE.....	101
BL GLYCERIN LIQ.....	140
<i>bl headache pm</i>	91
<i>bl iron</i>	127
BL ISOPROPYL ALCOHOL	226
<i>bl isopropyl rubbing alco</i>	226
BL ISOPROPYL RUBBING ALCO	226
<i>bl laxative pills</i>	114
<i>bl magnesium</i>	150
<i>bl magnesium citrate</i>	114
<i>bl miconazole 3</i>	124
<i>bl mineral oil</i>	114

BL MINERAL OIL LIGHT	226
BL MOTION SI TAB 25MG.....	111
<i>bl natural fiber</i>	115
<i>bl niacin tr</i>	172
<i>bl permethrin</i>	238
BL PETROLEUM OIN JELLY.....	140
<i>bl prenatal vitamins</i>	172
<i>bl wart remover</i>	226
BL WITCH HAZ LIQ 86%.....	226
BLENDED SUSP SUS COMPOUND	140
BLINK TEARS LUBRICATING E.....	186
BLISTEX OIN MEDICATE	239
<i>blue gel</i>	226
BLUE STAR OIN	226
B-NATAL	171
BONE MEAL TAB	150
<i>bonine</i>	111
BONSITY	98
BOOSTRIX INJ.....	137
BORIC ACID GRA	226
<i>boric acid granules</i>	226
<i>boric acid powder</i>	140
<i>bortezomib</i>	43
BORTEZOMIB.....	43
<i>bosentan</i>	67
BOSULIF	43
BOUDREAUXS BUTT PASTE.....	226
BPROTECT PED DRO TRI-VITE	172
BRAFTOVI.....	43
BREO ELLIPTA INH 100-25	212
BREO ELLIPTA INH 200-25	212
BREO ELLIPTA INH 50-25MCG.....	212
<i>breyana</i>	212
BREZTRI AERO AER SPHERE	189
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	189
<i>brimonidine tartrate</i>	185
<i>brinzolamide</i>	185
BRIVIACT.....	78
BROHIST D TAB 4-10MG	196
<i>bromfed dm</i>	196

<i>bromocriptine mesylate</i>	72
<i>bronchial mist</i>	209
<i>broncho saline</i>	196
BROTAPP DM LIQ 15-1-5/5	196
BRUKINSA	43
BUBBLE GUM SYP	140
<i>budesonide</i>	114
<i>budesonide (inhalation)</i>	212
<i>budesonide-formoterol fumarate</i> <i>dihyd aerosol 160-4.5 mcg/act</i>	213
<i>budesonide-formoterol fumarate</i> <i>dihyd aerosol 80-4.5 mcg/act</i>	212
<i>buffered salt</i>	145
BUFFERIN AF TAB NITETIME	91
<i>bufferin extra strength</i>	15
BUFFERIN TAB 325MG	15
BUFFERIN TAB 500MG	15
BULL FROG SPR MOSQUITO	226
<i>bumetanide</i>	65
<i>buprenorphine</i>	20
<i>buprenorphine hcl</i>	91
<i>buprenorphine hcl-naloxone hcl sl</i> <i>film 12-3 mg (base equiv)</i>	91
<i>buprenorphine hcl-naloxone hcl sl</i> <i>film 2-0.5 mg (base equiv)</i>	91
<i>buprenorphine hcl-naloxone hcl sl</i> <i>film 4-1 mg (base equiv)</i>	91
<i>buprenorphine hcl-naloxone hcl sl</i> <i>film 8-2 mg (base equiv)</i>	91
<i>buprenorphine hcl-naloxone hcl sl</i> <i>tab 2-0.5 mg (base equiv)</i>	91
<i>buprenorphine hcl-naloxone hcl sl</i> <i>tab 8-2 mg (base equiv)</i>	91
<i>bupropion hcl</i>	69, 70
<i>bupropion hcl (smoking deterrent)</i>	91
BURN SPRAY AER	226
<i>buspirone hcl</i>	68
<i>butenafine hcl</i>	216
<i>butorphanol tartrate</i>	21

C

CA CITRATE TAB PLUS	172
CA GLUCONATE TAB 50MG	150
CA HI-CAL/D TAB 500MG	150
CA PHOS DIHY POW DIBASIC	150
CA/MG TAB	150
CA/MG/ZN TAB	150
<i>cabergoline</i>	102
CABOMETYX	44
CAL CIT MAL/ TAB VITAMIND	150
CAL/MAG TAB CHEW	150
CAL/MAG/VITD TAB	150
CALAMINE LOT	226
CALAMINE LOT PHENOLAT	226
<i>calamine plus</i>	226
CALAMINE POW	226
<i>calamine powder</i>	226
CALAZIME SKN PST PROTECT	226
CALC CHEWABL CHW 600 PLUS	150
CALC CIT+D3 TAB 250-200	150
CALC/MAGNES TAB 333-167	151
CALC/VIT D3 CHW 200-200	151
CALC/VIT D3 CHW DISNEY	151
<i>calcarb 600</i>	151
<i>calcarb 600/vitamin d</i>	151
CALCET CHW BITES	151
CALCET PETIT TAB 200-250	151
<i>calci-chew</i>	151
CALCI-CHEW	151
<i>calcidol</i>	172
CALCI-MAX CAP	172
CALCI-MIX	151
<i>calcio del mar</i>	151
<i>calcipotriene</i>	218
<i>calcitonin (salmon) spray</i>	98
<i>calcitrate</i>	151
CAL-CITRATE	172
CAL-CITRATE TAB PLUS D	150
<i>calcitrene</i>	218
<i>calcitriol</i>	106
<i>calcitriol (oral)</i>	106

<i>calcium</i>	151	<i>calcium gummies</i>	153
CALCIUM + D3 TAB	151	<i>calcium hydroxide powder</i>	140
CALCIUM 1000 TAB + D	151	<i>calcium lactate</i>	153
<i>calcium 1200+d3</i>	151	CALCIUM LACTATE	153
<i>calcium 500/d</i>	151	<i>calcium liquid caps</i>	153
<i>calcium 500+d high potenc</i>	151	<i>calcium pantothenate</i>	172
<i>calcium 600 + d</i>	151	<i>calcium phos-cholecalcif chew tab</i>	
<i>calcium 600 mg w/ vitamin d tab</i>	151	250 mg-12.5 mcg (500 unit)	153
<i>calcium 600 with vitamin</i>	151	CALCIUM PLUS CAP VIT D	153
<i>calcium 600-d</i>	151	<i>calcium polycarbophil</i>	115
CALCIUM ACETATE	151	CALCIUM POW SACCHARA	140
<i>calcium ascorbate</i>	172	CALCIUM SOFT CHW CARAMEL	153
CALCIUM CARB POW	152	CALCIUM TAB 600MG	153
CALCIUM CARB TAB 600MG	152	CALCIUM TAB FORMULA	153
<i>calcium carb-cholecalcif chew tab</i>		<i>calcium w/ magnesium tab 333-167</i>	
500 mg-2.5mcg (100 unit)	152	mg	153
<i>calcium carb-cholecalciferol tab 500</i>		<i>calcium w/ magnesium tab 500-250</i>	
mg-10 mcg (400 unit)	152	mg	153
<i>calcium carb-cholecalciferol tab 500</i>		<i>calcium w/ vitamin d & k chew tab</i>	
mg-3.125 mcg (125 unit)	152	500 mg-100 unit-40 mcg	153
<i>calcium carb-cholecalciferol tab 600</i>		CALCIUM/C/D CHW 500MG	154
mg-3.125 mcg (125 unit)	152	CALCIUM/D TAB 600/200	154
CALCIUM CARBONATE	107, 152	CALCIUM/D3 CAP 600-2500	154
<i>calcium carbonate (antacid)</i> ..	107, 152	CALCIUM/MAGN TAB 250-155	154
<i>calcium carbonate powder</i>	152	CALCIUM/VITD CAP 600-400	154
<i>calcium carbonate-ergocalciferol tab</i>		<i>calcium-carb 600 + d</i>	153
500 mg-5 mcg (200 unit)	152	<i>calcium-magnesium-zinc tab 333-</i>	
<i>calcium carbonate-vitamin d tab</i>		133-8.3 mg	154
250 mg-3.125 mcg (125 unit) ..	152	<i>calcium-magnesium-zinc tab 334-</i>	
<i>calcium carbonate-vitamin d tab</i>		134-5 mg	154
500 mg-3.125 mcg (125 unit) ..	152	<i>calcium-magnesium-zinc-vit d3 tab</i>	
CALCIUM CIT/ TAB VIT D	152	333 mg-133 mg-5 mg-3.3 mcg	154
CALCIUM CITR TAB + D	153	<i>calcium-magnesium-zinc-vit d3 tab</i>	
CALCIUM CITRATE	153	333 mg-133 mg-5 mg-5 mcg ...	154
<i>calcium citrate + d3</i>	153	<i>calcium-vitamin d tab 600 mg-5</i>	
<i>calcium citrate-vitamin d tab 1500</i>		mcg (200 unit)	154
mg-200 unit	153	CAL-LAC	150
<i>calcium cit-vit d tab 315 mg-6.25</i>		CAL-MAG COMP TAB	150
mcg(250 unit) (elem ca)	152	CAL-MAG-ZINC TAB -D	150
<i>calcium gluconate</i>	153	CAL-MAG-ZINC TAB VIT D3	150
CALCIUM GLUCONATE	153	CALQUENCE	44
<i>calcium gluconate powder</i>	153	CAL-QUICK LIQ 500-400	150

This document includes a list of drugs covered on our formulary as of January 1, 2026.
You can find information on what the symbols and abbreviations on this table mean by
going to page 8.

CALTRATE + D TAB 300-800.....	154	<i>carb/levo orally disintegrating tab</i>	
CALTRATE +D3 TAB 600-800.....	154	25-250mg	72
CALTRATE 600 CHW +D PLUS	154	<i>carbamazepine</i>	78
CALTRATE 600 CHW 600-800	154	CARBAPHEN CH SUS	196
CALTRATE+D TAB 600-800.....	154	<i>carbidopa & levodopa tab 10-100</i>	
<i>calvite p&d</i>	154	mg	72
CAMPHOR CRY	226	<i>carbidopa & levodopa tab 25-100</i>	
<i>camphor crystals</i>	226	mg	72
<i>candesartan cilexetil</i>	60	<i>carbidopa & levodopa tab 25-250</i>	
<i>candesartan cilexetil-</i>		mg	72
<i>hydrochlorothiazide tab 16-12.5</i>		<i>carbidopa & levodopa tab er 25-100</i>	
mg	58	mg	72
<i>candesartan cilexetil-</i>		<i>carbidopa & levodopa tab er 50-200</i>	
<i>hydrochlorothiazide tab 32-12.5</i>		mg	72
mg	58	<i>carbidopa-levodopa-entacapone</i>	
<i>candesartan cilexetil-</i>		<i>tabs 12.5-50-200 mg</i>	72
<i>hydrochlorothiazide tab 32-25 mg</i>		<i>carbidopa-levodopa-entacapone</i>	
.....	58	<i>tabs 18.75-75-200 mg</i>	72
CANKERMELTS LASTING PAIN	240	<i>carbidopa-levodopa-entacapone</i>	
CAPHOSOL SOL.....	240	<i>tabs 25-100-200 mg</i>	73
CAPLYTA.....	74	<i>carbidopa-levodopa-entacapone</i>	
CAPMIST DM TAB	196	<i>tabs 31.25-125-200 mg</i>	73
CAPRELSA.....	44	<i>carbidopa-levodopa-entacapone</i>	
CAPRON DM LIQ	196	<i>tabs 37.5-150-200 mg</i>	73
CAPRON DMT TAB 30-30MG	196	<i>carbidopa-levodopa-entacapone</i>	
<i>capsaicin</i>	227	<i>tabs 50-200-200 mg</i>	73
CAPSAICIN POW	227	CARBOMER POW 1342.....	140
<i>captopril</i>	56	<i>carb-o-philic/20</i>	227
<i>captopril & hydrochlorothiazide tab</i>		<i>carboplatin</i>	37
25-15 mg	56	CARDIOTEK TAB.....	172
<i>captopril & hydrochlorothiazide tab</i>		<i>carglumic acid</i>	102
25-25 mg	56	<i>carisoprodol</i>	90
<i>captopril & hydrochlorothiazide tab</i>		CARMOL 10.....	227
50-15 mg	56	CARMOL 20.....	227
<i>captopril & hydrochlorothiazide tab</i>		<i>carteolol hcl (ophth)</i>	185
50-25 mg	56	<i>cartia xt</i>	64
CAPZASIN-HP	227	<i>carvedilol</i>	63
CAPZASIN-P CRE 0.025%.....	227	<i>caspofungin acetate</i>	26
<i>carb/levo orally disintegrating tab</i>		<i>castellani paint</i>	216
10-100mg.....	72	<i>castor oil</i>	141
<i>carb/levo orally disintegrating tab</i>		CASTOR OIL	115, 141
25-100mg.....	72	<i>castor oil stimulant laxa</i>	115

CATEMINE TAB	172
<i>cavarest</i>	240
CAYSTON	22
C-BUFF POW.....	172
<i>cefaclor</i>	32
<i>cefadroxil</i>	33
CEFAZOLIN	33
CEFAZOLIN INJ 1GM/50ML.....	33
<i>cefazolin sodium</i>	33
CEFAZOLIN SOLN 2GM/100ML-4%	33
CEFAZOLIN/DEX SOL 1GM/50ML- 4%.....	33
CEFAZOLIN/DEX SOL 2GM/50ML- 3%.....	33
CEFAZOLIN/DEX SOL 3GM/150ML- 4%.....	33
CEFAZOLIN/DEX SOL 3GM/50ML- 2%.....	33
<i>cefdinir</i>	33
<i>cefepime hcl</i>	33
<i>cefixime</i>	33
<i>cefotetan disodium</i>	33
<i>cefoxitin sodium</i>	33
<i>cefpodoxime proxetil</i>	33
<i>cefprozil</i>	33
<i>ceftazidime</i>	33
<i>ceftriaxone sodium</i>	33
<i>cefuroxime axetil</i>	33
<i>cefuroxime sodium</i>	34
<i>celecoxib</i>	19
CELLOTHYL TAB 500MG.....	115
<i>centrum kids complete</i>	172
CENTRUM SPEC PAK PRENATAL ...	172
CEO-TWO SUP	115
CEPACOL.....	240
CEPACOL DUAL SPR RELIEF	240
CEPACOL FIZZLERS.....	240
CEPACOL LOZ 15-2.3MG	240
CEPACOL LOZ 15-20MG.....	240
CEPACOL LOZ EXTRA ST	240
CEPACOL LOZ INSTAMAX	240

CEPACOL MAX LOZ NUMBING.....	240
CEPACOL REGULAR STRENGTH....	240
CEPACOL SORE LOZ 10-2.1MG ...	240
CEPACOL SORE LOZ 15-3.6MG ...	240
CEPACOL SORE LOZ THRT MAX ...	240
CEPACOL SORE SPR 0.1-33%	240
CEPACOL SORE THROAT	240
CEPACOL SORE THROAT/POST ...	240
<i>cephalexin</i>	34
CEQUR SIMPL KIT PATCH 2U (3- DAY).....	96
CEQUR SIMPL KIT PATCH 2U (4- DAY).....	96
CEQUR SIMPL MIS INSERTER.....	96
CERALYTE 50 LIQ.....	145
CERASPORT SOL	145
<i>cerave baby</i>	227
CERDELGA	102
CEREZYME	102
<i>cetirizine hcl</i>	191
CETYL ALCOHO GRA	141
<i>cevimeline hcl</i>	240
CHARCOAL POW	103
CHELATED CALCIUM.....	154
CHELATED MG TAB 100MG	154
CHELATED MUL TAB MINERAL.....	154
CHEMET.....	99
CHEMSTRIP TES UGK	103
CHEMSTRIP-UG TES	103
CHERACOL SORE THROAT.....	240
CHERRY CON.....	141
<i>cherry cough drops</i>	240
<i>cherry syrup</i>	141
<i>chest congestion & pain r</i>	196
<i>chest congestion relief d</i>	196
CHEW Q	160
CHEW Q CHW 100MG.....	160
CHEW Q CHW 600MG.....	160
<i>childrens acetaminophen</i>	15
CHILDRENS ADVIL.....	19
CHILDRENS CHW COMPLETE	172

<i>childrens ibuprofen</i>	19
CHILDRENS MOTRIN JUNIOR S	19
<i>childrens plus multi-symp</i>	196
<i>childrens pseuphedrin</i>	196
CHILDRENS SUS PLUS CLD	196
<i>childs allergy cold/cough</i>	196
CHLD NON-ASA TAB 80MG	15
CHLO HIST SOL	196
CHLO TUSS LIQ	196
<i>chloraseptic gargle</i>	240
CHLORASEPTIC LOZ 6-10MG	241
CHLORASEPTIC LOZ CHERRY	241
CHLORASEPTIC LOZ CITRUS	241
CHLORASEPTIC LOZ HONY LEM	241
CHLORASEPTIC LOZ MAX	241
CHLORASEPTIC LOZ MENTHOL	241
CHLORASEPTIC MIS	241
CHLORASEPTIC MIS KIDS	241
<i>chloraseptic warming sore</i>	241
CHLORASEPTIC WARMING SORE	241
CHLORELLA CAP	172
<i>chlorhexidine gluconate (mouth-throat)</i>	241
CHLOROFORM SOL	141
<i>chloroform soln</i>	141
<i>chloroquine phosphate</i>	27
<i>chlorpromazine hcl</i>	74
<i>chlorthalidone</i>	65
CHLOR-TRIMETON	191
CHLOR-TRIMETON REPETABS	191
<i>chocolated laxative</i>	115
<i>cholecalciferol</i>	172
<i>cholestyramine</i>	62
<i>cholestyramine light</i>	62
CHROMIUM PIC TAB 500MCG	172
<i>ciclopirox</i>	216
<i>ciclopirox olamine</i>	216
<i>cidaflex</i>	160
<i>cidatrine</i>	160
<i>cilostazol</i>	130
CILOXAN	183

CIMDUO TAB 300-300	29
<i>cimetidine tab 200 mg</i>	113
<i>cinacalcet hcl</i>	103
<i>ciprofloxacin 200 mg/100ml in d5w</i>	34
<i>ciprofloxacin 400 mg/200ml in d5w</i>	34
<i>ciprofloxacin hcl</i>	34
<i>ciprofloxacin hcl (ophth)</i>	183
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	189
<i>cisplatin</i>	37
<i>citalopram hydrobromide</i>	70
CITRACAL CAL CHW GUMMIES	154
CITRACAL CAL TAB +D SLOW	155
CITRACAL TAB MAXIMUM	155
CITRACAL TAB VIT D	155
CITRACAL+D3 CHW 250-500	155
CITRIC ACID GRA	141
<i>citric acid granules</i>	141
<i>citric acid powder</i>	141
CITRUCEL POW ORANGE	115
CL PRENATAL TAB 28-0.8MG	172
<i>claravis</i>	214
<i>clarithromycin</i>	34
CLARITIN	191
CLEAN START TAB VAPORIZE	197
CLEAR COUGH LIQ PM	197
<i>clearlax</i>	115
<i>clindamycin hcl</i>	22
<i>clindamycin palmitate hydrochloride</i>	22
<i>clindamycin phosphate</i>	23
<i>clindamycin phosphate (topical)</i>	214
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	23
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	23
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	23
<i>clindamycin phosphate vaginal</i>	125

<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	214
CLINDMYC/NAC INJ 300/50ML	23
CLINDMYC/NAC INJ 600/50ML	23
CLINDMYC/NAC INJ 900/50ML	23
CLINIMIX INJ 4.25/D10	149
CLINIMIX INJ 4.25/D5W.....	149
CLINIMIX INJ 5%/D15W	149
CLINIMIX INJ 5%/D20W	149
CLINIMIX INJ 6/5	149
CLINIMIX INJ 8/10.....	149
CLINIMIX INJ 8/14.....	149
<i>clinisol sf 15%</i>	149
CLINI-TEK MIS	103
CLINOLIPID EMU 20%.....	149
<i>clobazam</i>	78
<i>clobetasol propionate</i>	219
<i>clobetasol propionate e</i>	219
<i>clodan</i>	219
CLOFERA LIQ.....	197
<i>clomipramine hcl</i>	70
<i>clonazepam</i>	78, 79
<i>clonidine</i>	66
<i>clonidine hcl</i>	66
<i>clopidogrel bisulfate</i>	131
<i>clorazepate dipotassium</i>	79
CLORPACTIN WCS-90.....	227
<i>clotrimazole</i>	241
<i>clotrimazole (topical)</i>	216
CLOTRIMAZOLE CRE 2%	125
<i>clotrimazole vaginal</i>	125
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	216
<i>clove oil</i>	141
CLOVE OIL.....	141
CLOVERINE OIN SALVE.....	216
<i>clozapine</i>	74
CNTC CLD/FLU TAB DAY/NGHT	197
CO Q10.....	160
CO Q-10	161
COARTEM TAB 20-120MG.....	27

COATS ALOE CREME.....	227
COATS ALOE GELLY	227
COATS ALOE MOISTURIZING L....	227
COBENFY CAP 100-20MG	74
COBENFY CAP 125-30MG	74
COBENFY CAP 50-20MG.....	74
COBENFY STRT CAP PACK.....	75
<i>cocoa butter</i>	141
COCOA BUTTER LOT	141
<i>coconut oil</i>	141
COD LIVER OIL	173
<i>codar gf</i>	197
CODITUSSIN LIQ AC.....	197
CODITUSSIN LIQ DAC	197
COENZYME Q10	161
COENZYME Q-10	161
<i>coenzyme q10 (ubidecarenone)</i> ...	161
CO-ENZYME WAF Q10/E	161
COLACE.....	115
<i>colace 2-in-1</i>	115
<i>colace adult</i>	115
COLACE CAP 100MG	115
COLACE LIQ 150/15ML.....	115
<i>colace pediatric</i>	115
COLACE SYP 60/15ML.....	115
<i>colchicine</i>	13
<i>colchicine w/ probenecid tab 0.5- 500 mg</i>	13
<i>cold & flu relief nightti</i>	197
<i>cold head congestion day/</i>	197
<i>cold head congestion dayt</i>	197
<i>cold relief plus</i>	197
COLEMAN 100 MAX INSECT RE....	227
COLEMAN INSECT REPELLENT/	227
COLEMN BOTAN LIQ INSECT.....	227
COLEMN INSEC SPR SKINSMAR ..	227
<i>colesevelam hcl</i>	62
<i>colestipol hcl</i>	62
<i>colistimethate sodium</i>	23
<i>collodion flexible</i>	141
COLLODION LIQ FLEXIBLE.....	141

COLLYRIUM SOL OP	186
COMBIGAN SOL 0.2/0.5%	185
COMBIVENT AER 20-100	189
COMETRIQ (60MG DOSE)	44
COMETRIQ KIT 100MG	44
COMETRIQ KIT 140MG	44
COMFEEL FILM MIS	227
COMMIT	91
<i>complete lice treatment k</i>	238
<i>complex b-100</i>	173
COMPOUND W	227
COMPOUND W MAXIMUM STRENG	227
<i>compoz</i>	91
<i>compro</i>	111
COMTrex CLD/ PAK CGH D/NT	197
COMTrex COLD TAB & COUGH	197
<i>comtrex severe cold & sin</i>	197
CONCEPTIONXR MIS MOTILITY	173
CONFORMANT 2 MIS 4	227
<i>constant-clens</i>	227
<i>constulose</i>	115
<i>contac cold+flu maximum s</i>	197
<i>contac-d</i>	197
CONTROL DENT CRE ADHESIVE ..	241
COPAXONE	89
COPIKTRA	44
COPPER SULF CRY	149
COQ-10 TR	161
COQ10/VIT E CAP 100-10	161
COQ10/VIT E CAP 200-200	161
CORAL CALCIU CAP	155
CORAL CALCIU CAP 1000MG	155
CORAL CAP CALCIUM	155
<i>corfen-dm</i>	197
CORICIDN HBP TAB 2-325MG	197
CORICIDN HBP TAB CGH&COLD ..	197
CORLANOR	66
<i>corn fix</i>	227
COROMEGA EMU OMEGA 3	161
COROMEGA MIS	161

CORTIZONE-10 CRE 1%	219
<i>cortizone-10 eczema</i>	219
CORTIZONE-10 OIN 1%	219
CORTIZONE-10 SOL SCALP 1% ..	219
COTELLIC	44
COTTONSEED OIL	141
<i>cottontails diaper rash c</i>	228
<i>cough & chest congestion</i>	197
<i>cough & cold</i>	197
<i>cough cold & sore throat</i>	198
<i>cough drops</i>	241
COUGH DROPS	241
<i>cough drops menthol</i>	241
<i>cough drops sugar free</i>	241
<i>cough suppressant long-ac</i>	198
<i>cough tab</i>	198
COZIMA	228
CRAMP TAB	15
CRANBEREX	161
CRANBERRY	161
CRANBERRY (VACCINIUM MACR..	161
<i>cranberry (vaccinium macrocarpon)</i>	161
<i>cranberry concentrate</i>	161
CRANBERRY EXTRACT	161
CRANBERRY FRUIT	161
CRANBERRY HIGHLY CONCENTR.	161
CRANBERRY JUICE EXTRACT	162
CRANBERRY SOFT CHEWS	162
<i>cranberry ultra strength</i>	162
CRANBERRY WOMENS HEALTH	162
CRANBERRY WOMENS HEALTH F	162
CREON CAP 12000UNT	120
CREON CAP 24000UNT	120
CREON CAP 3000UNIT	120
CREON CAP 36000UNT	120
CREON CAP 6000UNIT	120
CRESEMBA	26
<i>critic-aid clear af</i>	216
<i>cromolyn sodium</i>	209
<i>cromolyn sodium (mastocytosis).</i>	120

<i>cromolyn sodium (nasal)</i>	209	<i>cvx d3</i>	173
<i>cromolyn sodium (ophth)</i>	184	CVS DAIRY RELIEF EXTRA ST	113
CROTON OIL.....	141	<i>cvx diclofenac sodium</i>	15
CRUEX CRE 1%.....	216	<i>cvx digestive probiotic</i>	110
<i>crush vitamin c drops</i>	173	<i>cvx disposable douche med</i>	124
CRYSTAL LAKE LIQ WATER	141	<i>cvx e oil</i>	173
CULTURELLE.....	110	<i>cvx enema disposable</i>	115
CULTURELLE CAP.....	110	CVS EPSOM GRA SALT.....	115
CULTURELLE CHW DIGESTIV	110	<i>cvx fiber</i>	115
CULTURELLE CHW KIDS	110	<i>cvx fiber laxative</i>	115
CULTURELLE KIDS	110	<i>cvx flu & severe cold nig</i>	198
CUTTER ALL FAMILY MOSQUIT	228	<i>cvx gas relief drops extr</i>	121
<i>cvx acidophilus probiotic</i>	110	<i>cvx gas relief extra stre</i>	121
<i>cvx acne cleansing bar</i>	214	<i>cvx gentle lubricant eye</i>	186
<i>cvx advanced 3-in-1 exfol</i>	214	<i>cvx glucose</i>	101
<i>cvx af spray powder</i>	216	CVS GLUCOSE CHW FRUIT	101
<i>cvx alcohol</i>	228	<i>cvx glucose liquid shot</i>	162
<i>cvx allergy relief d</i>	198	<i>cvx honey lemon drops</i>	242
<i>cvx antacid multi-symptom</i>	107	<i>cvx hydrogen peroxide</i>	228
<i>cvx anti-diarrheal</i>	110	<i>cvx iron</i>	127
<i>cvx anti-itch</i>	228	<i>cvx lactase</i>	113
<i>cvx anti-itch sensitive s</i>	228	<i>cvx laxative dietary supp</i>	115
<i>cvx aspirin adult low str</i>	15	<i>cvx l-lysine</i>	162
<i>cvx aspirin ec</i>	15	<i>cvx lubricant eye drops</i>	186
<i>cvx aspirin low dose</i>	15	<i>cvx lubricant gel drops</i>	187
<i>cvx aspirin low strength</i>	15	<i>cvx lutein</i>	162
<i>cvx b-12</i>	173	<i>cvx magnesium citrate</i>	155
CVS B12.....	173	<i>cvx menthol drops</i>	242
<i>cvx baby teething oral pa</i>	241	<i>cvx miconazole 3</i>	125
<i>cvx bismuth</i>	110	<i>cvx mineral oil</i>	115
<i>cvx cherry menthol drops</i>	241	<i>cvx mini enema kids</i>	116
CVS CHEST CONGESTION CHIL ...	198	<i>cvx muscle rub</i>	228
<i>cvx chest congestion plus</i>	198	CVS NASAL MIST	209
<i>cvx chest rub medicated</i>	198	<i>cvx nat fiber laxative</i>	116
<i>cvx childrens vitamin d f</i>	173	<i>cvx natural daily fiber</i>	116
<i>cvx cold & cough children</i>	198	<i>cvx natural fiber supplem</i>	116
<i>cvx cold & cough nighttim</i>	198	<i>cvx natural fish oil</i>	162
<i>cvx cold & flu bp</i>	198	<i>cvx niacin</i>	173
<i>cvx cold & sinus multi-sy</i>	198	<i>cvx niacin flush free</i>	173
<i>cvx cough drops sugar fre</i>	242	<i>cvx nicotine</i>	92
CVS CRANBERR CAP 4200MG	162	<i>cvx nicotine polacrilex</i>	92

<i>cvs nighttime cough</i>	198
<i>cvs olopatadine hydrochlo</i>	184
<i>cvs oral anesthetic maxim</i>	242
<i>cvs oral pain reliever</i>	242
<i>cvs oral pain reliever ma</i>	242
<i>cvs permethrin</i>	238
CVS PRENATAL TAB 27-0.8MG	173
<i>cvs quality sleep</i>	162
<i>cvs selenium</i>	155
<i>cvs selenium natural</i>	155
<i>cvs senna</i>	116
<i>cvs sore throat</i>	242
<i>cvs sore throat maximum s</i>	242
CVS SORE THROAT RELIEF PO	242
<i>cvs stuffy nose & cold ch</i>	198
<i>cvs throat relief pops ch</i>	242
<i>cvs wart remover gel pen</i>	228
<i>cvs zinc</i>	155
<i>cyanocobalamin</i>	173
<i>cyclobenzaprine hcl</i>	90
<i>cyclophosphamide</i>	37
CYCLOPHOSPHAMIDE	37, 38
CYCLOPHOSPHAMIDE MONOHYDR	38
<i>cycloserine</i>	31
<i>cyclosporine</i>	136
<i>cyclosporine modified (for microemulsion)</i>	136
<i>cyproheptadine hcl</i>	191
CYSTADROPS	187
CYSTAGON	103
CYSTARAN	187
<i>cytarabine</i>	38
<i>cyto arg</i>	162
CYTO B2	173
CYTO-Q	162
CYTO-Q MAX	162
D	
<i>d 1000</i>	174
<i>d 2000</i>	174
<i>d 400</i>	174
D10W/NACL INJ 0.2%	146

D2.5W/NACL INJ 0.45%	146
D3 DOTS	173
<i>d3 maximum strength</i>	173
<i>d3 vitamin</i>	174
<i>d3-50</i>	174
<i>dabigatran etexilate mesylate</i>	125, 126
DADS MENTHOL THROAT DROP... ..	242
DAILY MULTI TAB VIT/IRON	174
<i>dairy digestive ultra</i>	113
DAKINS SOLUTION FULL STRE	228
DAKINS SOLUTION HALF STRE ...	228
DAKINS SOLUTION QUARTER S... ..	228
DAKRINA SOL 2.7-2%	187
<i>dalfampridine</i>	89
<i>danazol</i>	93
<i>dantrolene sodium</i>	90
DANZITEN	44
<i>dapagliflozin propanediol</i>	93
<i>dapsone</i>	23
DAPTACEL INJ	137
<i>daptomycin</i>	23
DAPTOMYCIN	23
<i>darunavir</i>	27
<i>dasatinib</i>	44
DAURISMO	44
DAY TIME CAP COLD/FLU	198
<i>daytime multi-symptom col</i>	198
DAYVIGO	86
D-BIOTIN CAP 10MG	174
DDROPS	174
DECARA	174
DECONEX DMX TAB	198
DECONEX IR TAB 10-385MG	198
<i>deferasirox</i>	99
DEKAS CAP ESSENTIA	174
DEKAS LIQ ESSENTIA	174
DEKAS PLUS LIQ	174
DELBASE OIN COMPOUND	141
DELSTRIGO TAB	29
DELSYM	198

DENGVAIXIA SUS	137
DENTIVA LOZ	242
<i>dent-o-kain/20</i>	242
DENTS TOOTHACHE GUM	242
DENTURE BRSH MIS /PICK	242
<i>depo-testosterone</i>	93
DERMAGRAN OIN	228
<i>dermamed</i>	228
DERMAZINC SPRAY	228
DESCOVY TAB 120-15MG	29
DESCOVY TAB 200/25MG	29
DESENEX MAX	216
<i>desipramine hcl</i>	70
<i>desitin</i>	228
DESITIN	228
DESITIN CREAMY	228
DESITIN MAXIMUM STRENGTH	228
<i>desitin rapid relief</i>	228
<i>desmopressin acetate</i>	103
<i>desmopressin acetate spray</i>	103
<i>desmopressin acetate spray</i> <i>refrigerated</i>	103
<i>despec</i>	198
<i>desvenlafaxine succinate</i>	70
DEWEES CARMINATIVE	107
DEX4	101
DEX4 FAST ACTING GLUCOSE	101
<i>dexamethasone</i>	100
DEXAMETHASONE INTENSOL	100
<i>dexamethasone sodium phosphate</i>	100
<i>dexamethasone sodium phosphate</i> <i>(ophth)</i>	184
<i>dexbrompheniramine-phenylephrine</i> <i>tab 2-10 mg</i>	198
<i>dexmethylphenidate hcl</i>	85
<i>dextromethorphan hbr</i>	199
<i>dextromethorphan-guaifene</i>	199
<i>dextromethorphan-guaifenesin</i> <i>syrup 10-100 mg/5ml</i>	199
<i>dextrose</i>	149
<i>dextrose (diabetic use)</i>	101

<i>dextrose 10% w/ sodium chloride</i> <i>0.45%</i>	146
<i>dextrose 2.5% w/ sodium chloride</i> <i>0.45%</i>	146
<i>dextrose 5% in lactated ringers</i> ...	146
<i>dextrose 5% w/ sodium chloride</i> <i>0.2%</i>	146
<i>dextrose 5% w/ sodium chloride</i> <i>0.225%</i>	146
<i>dextrose 5% w/ sodium chloride</i> <i>0.3%</i>	146
<i>dextrose 5% w/ sodium chloride</i> <i>0.45%</i>	146
<i>dextrose 5% w/ sodium chloride</i> <i>0.9%</i>	146
DEXTROSE GRA ANHYDROU	162
DHS TAR	229
DHS ZINC SHA 2%	229
DIABETIC TUS LIQ DM	199
DIABETIC TUS LIQ EX	199
DIABETIC TUS LIQ MAX STR	199
DIABETIC TUSSIN COUGH DRO ...	242
DIABETISWEET POW	162
DIACOMIT	79
<i>dialyvite 800</i>	174
DIALYVITE WAF PLUS D	174
DIALYVITE/ TAB ZINC	174
<i>diaper rash</i>	229
DIASENSE MAGNESIUM	155
<i>diazepam</i>	79
<i>diazepam (anticonvulsant)</i>	79
<i>diazepam inj.</i>	79
<i>diazepam intensol</i>	79
<i>diazoxide</i>	102
<i>dibucaine (rectal)</i>	229
<i>dickinsons witch hazel</i>	229
<i>diclofenac potassium</i>	19
<i>diclofenac sodium</i>	19
<i>diclofenac sodium (ophth)</i>	184
<i>diclofenac sodium (topical)</i>	15, 229
<i>dicloxacillin sodium</i>	36
<i>dicyclomine hcl</i>	112

<i>dietary fiber laxative</i>	116	<i>docusol mini</i>	116
DIFICID	34	<i>dofetilide</i>	61
<i>diflunisal</i>	19	DOLOGEN TAB.....	199
<i>difluprednate</i>	184	<i>donepezil hydrochloride</i>	68, 69
<i>digoxin</i>	66	DOPTelet	130
<i>dihydroergotamine mesylate</i>	87	DORCOL LIQ DECONGES	199
DILANTIN.....	79	<i>dorzolamide hcl</i>	185
<i>diltiazem hcl</i>	64	<i>dorzolamide hcl-timolol maleate</i>	
<i>diltiazem hcl coated beads</i>	64	<i>ophth soln 2-0.5%</i>	185
<i>diltiazem hcl extended release</i>		<i>dotti</i>	99
<i>beads</i>	64	DOVATO TAB 50-300MG	29
<i>dilt-xr</i>	64	<i>doxazosin mesylate</i>	57
<i>dimenhydrinate</i>	111	<i>doxepin hcl</i>	70
DIMETAPP CLD ELX /ALLERGY	199	<i>doxepin hcl (sleep)</i>	86
DIMETAPP ELX 1-15/5ML	199	<i>doxorubicin hcl</i>	41
DIMETAPP LIQ CHILD	199	<i>doxorubicin hcl liposomal</i>	41
DINO-LIFE CHW IRON-ZIN.....	174	<i>doxy 100</i>	37
<i>diocto</i>	116	<i>doxycycline (monohydrate)</i>	37
<i>diphenhydramine hcl</i>	191	<i>doxycycline hyclate</i>	37
<i>diphenhydramine hcl (sleep)</i>	92	<i>doxylamine succinate (sleep)</i>	92
<i>diphenhydramine hcl (topical)</i>	218	<i>doxylamine-phenylephrine tab 7.5-</i>	
DIPHENHYDRAMINE HYDROCHLO		<i>10 mg</i>	199
.....	191	DR SCHOLLS AER ODOR-X	229
<i>diphenhydramine-zinc acetate</i>		DR SMITHS ADULT BARRIER.....	229
<i>cream 2-0.1%</i>	218	DR SMITHS ADULT BARRIER S.....	229
<i>diphenoxylate w/ atropine tab 2.5-</i>		DRAIN POUCH MIS CLAMP	209
<i>0.025 mg</i>	121	DRISDOL	174
<i>dipyridamole</i>	131	DRIZALMA SPRINKLE	70
<i>disopyramide phosphate</i>	60	<i>dronabinol</i>	111
<i>disulfiram</i>	92	<i>droxidopa</i>	66
<i>divalproex sodium</i>	80	DRS CHOICE KIT CLOSURE	229
DL-MENTHOL CRY	141	<i>dry e-synthetic</i>	174
DL-METHIONIN POW.....	162	DUAL RELIEF LIQ	242
D-MANNOSE	162	DULCOLAX	116
DOANS EXTRA STRENGH	15	<i>dulcolax milk of magnesia</i>	116
<i>docetaxel</i>	42	DULERA AER 100-5MCG.....	213
DOCETAXEL	42	DULERA AER 200-5MCG.....	213
DOCIVYX.....	42	DULERA AER 50-5MCG	213
<i>docosanol</i>	229	<i>duloxetine hcl</i>	70
<i>doculase</i>	116	DUPIXENT	131
<i>docusate calcium</i>	116	DURAFIBER AG PAD 3/4X18.....	229
<i>docusate sodium</i>	116		

This document includes a list of drugs covered on our formulary as of January 1, 2026. You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DURAFIBER AG PAD 8X11.75	229
DURAFLU TAB	199
DURAVENT DM TAB	199
<i>dutasteride</i>	123
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	123
D-VI-SOL	174
D-VITAMIN E POW SUCCINAT	141
DYNAGINATE MIS 12	229
DYNAGINATE PAD 4	229
DY-O-DERM VITILIGO STAIN	229
E	
<i>e.e.s. 400</i>	34
E600	174
<i>eck a & d</i>	229
ECK HI-CAL TAB 500MG	155
ECK IODINE TIN 2%	229
<i>eck soluble fiber</i>	116
<i>econazole nitrate</i>	216
<i>ecotrin low strength</i>	15
ECOTRIN LOW TAB 81MG EC	15
ECOTRIN MAXIMUM STRENGTH	15
ECOTRIN REGULAR STRENGTH	16
ED A-HIST DM TAB 10-4-10	199
ED A-HIST LIQ 4-10/5ML	199
ED BRON GP LIQ	199
ED CHLORPED	191
ED CHLORPED DRO D	199
EDURANT	27
EDURANT PED	27
<i>efavirenz</i>	28
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	29
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	29
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	30
EFFERDENT PAK PWR CLN	242
EFFERDENT TAB PLUS	242
EHA LOTION 4%	229
ELA-MAX	229

ELA-MAX 5	229
ELIGARD	39
ELIQUIS	126
ELIQUIS STARTER PACK	126
ELTA SEAL MOISTURE BARRIE	229
EMETROL SOL	121
EMGALITY	87
EMSAM	70
<i>emtricitabine</i>	28
<i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i>	30
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	30
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	30
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	30
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	30
EMTRIVA	28
<i>emulsified omega-3</i>	162
EMVERM	23
<i>enalapril maleate</i>	56
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	56
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	56
ENBREL	131
ENBREL MINI	131
ENBREL SURECLICK	131
END LICE M/S LIQ	238
<i>endocet tab 10-325mg</i>	21
<i>endocet tab 2.5-325mg</i>	21
<i>endocet tab 5-325mg</i>	21
<i>endocet tab 7.5-325mg</i>	21
<i>endur-acin</i>	174
ENDURACIN TAB 500MG SR	175
<i>endur-amide</i>	175
ENDUR-AMIDE	175
ENEGEL GEL	230

ENEMEEZ KIDS.....	116
<i>enemeez plus</i>	116
ENFAMIL MIS EXPECTA.....	175
ENGERIX-B.....	137
<i>enoxaparin sodium</i>	126
ENSTILAR AER.....	218
<i>entacapone</i>	73
<i>entecavir</i>	31
ENTRESTO CAP 15-16MG.....	58
ENTRESTO CAP 6-6MG.....	58
<i>enulose</i>	116
<i>e-oil</i>	174, 229
EPCLUSA PAK 150-37.5.....	31
EPCLUSA PAK 200-50MG	31
EPCLUSA TAB 200-50MG	31
EPCLUSA TAB 400-100	31
EPIDIOLEX	80
<i>epinephrine (anaphylaxis)</i>	66, 209
EPINEPHRINE AER MIST.....	209
<i>eplerenone</i>	57
EPSOM SALT GRA.....	116
EPSOM SALT POW	116
<i>eq antacid & anti-gas max</i>	107
<i>eq arthritis pain</i>	16
<i>eq arthritis pain relieve</i>	16
<i>eq artificial tears</i>	187
<i>eq aspirin adult low dose</i>	16
<i>eq calcium 500+d</i>	155
<i>eq calcium 600+d+minerals</i>	155
<i>eq cold & cough dm child</i>	199
<i>eq cough drops sugar free</i>	242
<i>eq hygienic cleansing wip</i>	230
<i>eq ibuprofen</i>	19
<i>eq lubricant eye drops hi</i>	187
<i>eq sleep-aid nighttime</i>	92
<i>eq tussin dm cough/chest</i>	199
<i>eql air protector</i>	175
<i>eql aloe after sun</i>	230
<i>eql antibiotic + pain rel</i>	215
<i>eql antifungal</i>	216
<i>eql anti-itch maximum str</i>	219

<i>eql aspirin low dose</i>	16
<i>eql b complex</i>	175
EQL CALCIUM CAP VIT D	155
<i>eql calcium gummies</i>	155
<i>eql calcium soft chews</i>	155
<i>eql carbonyl iron</i>	127
<i>eql cough drops</i>	243
<i>eql flu & severe cold mul</i>	199
<i>eql gummies childrens</i>	175
<i>eql ibuprofen pm</i>	92
<i>eql lutein</i>	162
<i>eql naproxen sodium</i>	19
<i>eql niacin flush free</i>	175
EQL OMEGA 3 CAP 1400MG.....	162
<i>eql omega 3 fish oil</i>	163
<i>eql sleep aid nighttime</i>	92
<i>eql tussin dm cough/chest</i>	199
EQUALACTIN	116
<i>ergocalciferol</i>	175
<i>ergotamine w/ caffeine tab 1-100</i> <i>mg</i>	87
ERIVEDGE	44
ERLEADA.....	39
<i>erlotinib hcl</i>	45
<i>ertapenem sodium</i>	23
<i>ery</i>	214
ERYTHROCIN LACTOBIONATE	34
<i>erythromycin (acne aid)</i>	214
<i>erythromycin (ophth)</i>	183
<i>erythromycin base</i>	34
<i>erythromycin ethylsuccinate</i>	34
<i>erythromycin lactobionate</i>	34
ERZOFR I	75
<i>escitalopram oxalate</i>	70
<i>eslicarbazepine acetate</i>	80
<i>esomeprazole magnesium</i>	123
<i>estradiol</i>	99
<i>estradiol & norethindrone acetate</i> <i>tab 0.5-0.1 mg</i>	100
<i>estradiol & norethindrone acetate</i> <i>tab 1-0.5 mg</i>	100

<i>estradiol vaginal</i>	100
<i>estradiol valerate</i>	100
ESTROFACTORS TAB.....	175
ESTROVEN TAB ENERGY	163
<i>eszopiclone</i>	86
<i>ethambutol hcl</i>	31
<i>ethosuximide</i>	80
ETHY ALCOHOL SOL 70%	230
<i>etodolac</i>	19
<i>etoposide</i>	42
<i>etravirine</i>	28
EUCRISA	230
EULEXIN	39
EVAC POW	116
<i>everolimus</i>	45
<i>everolimus (immunosuppressant)</i>	136
EVOTAZ TAB 300-150	30
EXCEDRIN SIN TAB HEADACHE ...	200
EXCEDRIN TAB	16
<i>exemestane</i>	39
EX-LAX.....	116
EX-LAX MILK SUS OF MAGNE	117
<i>extra strength bayer arth</i>	16
<i>eye allergy itch relief</i>	184
<i>eye allergy itch/redness</i>	184
EYE STREAM SOL OP.....	187
EYSUVIS.....	187
<i>ezetimibe</i>	62
<i>ezetimibe-simvastatin tab 10-10</i> <i>mg</i>	62
<i>ezetimibe-simvastatin tab 10-20</i> <i>mg</i>	62
<i>ezetimibe-simvastatin tab 10-40</i> <i>mg</i>	62
<i>ezetimibe-simvastatin tab 10-80</i> <i>mg</i>	62
EZFE 200	127
EZFE FORTE CAP	175
EZO CUSHIONS MIS LOW REG.....	243

F

<i>fa-8</i>	175
FABRAZYME.....	103
<i>famciclovir</i>	31
<i>famotidine</i>	113
<i>famotidine in nacl 0.9% iv soln 20</i> <i>mg/50ml</i>	113
FANAPT.....	75
FANAPT PAK PACK A	75
FANAPT PAK PACK B	75
FANAPT PAK PACK C	75
FARXIGA	93
FASENRA	209
FASENRA PEN	209
<i>fast acting dairy aid</i>	113
FATIGUE REL TAB COMPLEX.....	163
FATTYBLEND MIS	142
FD&C BLUE #2 POW	142
FD&C RED 40 POW	142
FDC BLUE 1 POW AL LAKE	142
FDC RED #40 POW AL LAKE	142
FDC YELLOW 5 POW AL LAKE	142
<i>fe c</i>	127
<i>fe c tab plus</i>	127
FE SULFATE POW	127
<i>fe tabs</i>	127
<i>felbamate</i>	80
<i>felodipine</i>	64
<i>fenofibrate</i>	61
<i>fenofibrate micronized</i>	61
<i>fentanyl</i>	20
FEOSOL.....	127
FERGON	127
FERGON TAB 320MG	127
FER-IN-SOL	127
<i>fer-iron</i>	127
FERRETTS.....	127
FERRETTS IPS	128
FERRIC POW SUBSULFA.....	142
FERRIMIN 150	128
<i>ferrocite</i>	128

FERRO-SEQUEL TAB 65-25MG.....	128	FLAXSEED OIL.....	163
<i>ferrous fumarate</i>	128	FLAXSEED OIL CAP 1400MG	163
FERROUS FUMARATE	128	FLEBOGAMMA DIF	135
<i>ferrous gluconate</i>	128	<i>flecainide acetate</i>	61
FERROUS GLUCONATE	128	FLEET BISACODYL	117
<i>ferrous sulfate</i>	128	FLEET ENE PED	117
FERROUS SULFATE	128	FLEET ENEMA.....	117
<i>ferrous sulfate dried</i>	128	FLEET LIQUID GLYCERIN SUP.....	117
<i>ferrous sulfate elixir 22</i>	128	FLINTSTONES CHW COMPLETE...	175
FERROUS SULFATE ELIXIR 22	128	FLINTSTONES CHW TODDLER.....	175
<i>ferrous sulfate iron</i>	128	FLONASE SENSIMIST	211
<i>fesoterodine fumarate</i>	124	<i>flora assist</i>	110
FETZIMA.....	70	FLORAJEN CAP ACIDOPHI	110
FETZIMA CAP TITRATIO.....	70	FLORASTOR.....	110
FEVERALL JUNIOR STRENGTH	16	FLOWTUSS SOL 2.5-200.....	200
FEVERALL SUP 80MG	16	FLU & SORE POW THROAT	200
FIASP.....	96	<i>fluconazole</i>	26
FIASP FLEXTOUCH	96	<i>fluconazole in nacl 0.9% inj 200</i>	
FIASP PENFILL.....	96	<i>mg/100ml</i>	26
FIASP PUMPCART	96	<i>fluconazole in nacl 0.9% inj 400</i>	
FIBER LAX POW 95%.....	117	<i>mg/200ml</i>	26
<i>fiber therapy</i>	117	<i>flucytosine</i>	26
FIBERCON TAB 625MG.....	117	<i>fludrocortisone acetate</i>	100
<i>fidaxomicin</i>	34	<i>flunisolide (nasal)</i>	211
<i>finasteride</i>	123	<i>fluocinolone acetonide</i>	219
<i> fingolimod hcl</i>	89	<i>fluocinolone acetonide (otic)</i>	189
FINTEPLA	80	<i>fluocinonide</i>	220
FIRMAGON	39	<i>fluocinonide emulsified base</i>	220
FIRST-MOUTHW SUS BLM	243	<i>fluorometholone (ophth)</i>	184
<i>fish oil adult gummies</i>	163	<i>fluorouracil</i>	38
FISH OIL CAP 1360MG.....	163	<i>fluorouracil (topical)</i>	230
FISH OIL CAP 150MG	163	<i>fluoxetine hcl</i>	70
FISH OIL CAP 180MG	163	<i>fluphenazine decanoate</i>	75
FISH OIL CAP 183.33MG	163	<i>fluphenazine hcl</i>	75
FISH OIL CAP 900MG	163	<i>flurbiprofen</i>	19
FISH OIL CHW 875MG.....	163	<i>flurbiprofen sodium</i>	184
<i>fish oil maximum strength</i>	163	<i>fluticasone propionate</i>	220
<i>fish oil pearls</i>	163	<i>fluticasone propionate (nasal)</i>	211
<i>flac</i>	189	<i>fluticasone-salmeterol aer powder</i>	
FLAVOR CONC LIQ GRAPE	142	<i>ba 100-50 mcg/act</i>	213
FLAX SEED CAP 1300MG.....	163	<i>fluticasone-salmeterol aer powder</i>	
		<i>ba 250-50 mcg/act</i>	213

This document includes a list of drugs covered on our formulary as of January 1, 2026.
You can find information on what the symbols and abbreviations on this table mean by
going to page 8.

<i>fluticasone-salmeterol aer powder</i>	
<i>ba 500-50 mcg/act</i>	213
<i>fluvoxamine maleate</i>	68
FOLGARD TAB.....	175
FOLIC + B12 TAB	175
<i>folic acid</i>	175
FOLIC ACID.....	175
FOLIC ACID TAB 400MCG	175
FOLITAB 500 TAB.....	128
FOLTABS 800 TAB.....	175
<i>fondaparinux sodium</i>	126
FORAXA EMU.....	230
<i>formaldehyde</i>	230
FORMALDEHYDE	230
<i>formulation r</i>	230
<i>fosamprenavir calcium</i>	28
<i>fosfomycin tromethamine</i>	23
<i>fosinopril sodium</i>	57
<i>fosinopril sodium &</i>	
<i>hydrochlorothiazide tab 10-12.5</i>	
<i>mg</i>	56
<i>fosinopril sodium &</i>	
<i>hydrochlorothiazide tab 20-12.5</i>	
<i>mg</i>	56
FOTIVDA	45
FP ANTI-ITCH CRE MEDICATE.....	230
FP DAIRY-REL TAB 3000UNIT	113
<i>fp fiber laxative</i>	117
FP FOMICON SUS	108
<i>fp glucosamine</i>	163
<i>fq breathable adult brief</i>	124
FREEZE IT GEL 0.2-3.5%.....	230
FRINDOVYX.....	38
FRUIT C CHW 200MG	175
FRUIT FROSTERS	243
FRUZAQLA.....	45
<i>ft arthritis pain</i>	16
FULLERS POW EARTH.....	142
FULPHILA.....	126
<i>fulvestrant</i>	40
FUNGOID TINCTURE	217
<i>furosemide</i>	65

<i>furosemide inj</i>	65
FUSION CAP	128
<i>fv iodine tincture</i>	230
FV MINERAL OIL HEAVY	117
FV VITAMIN E TAB 200IU	175
<i>fyavolv tab 0.5mg-2.5mcg</i>	100
<i>fyavolv tab 1mg-5mcg</i>	100
FYCOMPA.....	80

G

<i>gabapentin</i>	80
<i>galantamine hydrobromide</i>	69
<i>gallifrey</i>	105
GAMASTAN INJ	135
GAMMAGARD LIQUID	135
GAMMAGARD S/D IGA LESS TH...	135
GAMMAKED.....	135
GAMMAPLEX	135
GAMUNEX-C	135
<i>ganciclovir sodium</i>	31
GARDASIL 9	137
GAS RELIEF CAP 125MG	121
GAS-X	121
GAS-X CAP PREVENT	113
GAS-X EXTRA STRENGTH	121
<i>gatifloxacin (ophth)</i>	183
GATTEX	121
GAUZE PADS 2	96
GAVILAX	117
<i>gavilyte-c</i>	117
<i>gavilyte-g</i>	117
<i>gavilyte-n/flavor pack</i>	117
GAVISCON CHW	108
GAVISCON CHW EX-STR.....	108
GAVISCON SUS	108
GAVRETO.....	45
G-BUCAL-C SOL 0.15-0.1	243
<i>gefitinib</i>	45
GELUSIL CHW	108
<i>gemcitabine hcl</i>	38
<i>gemfibrozil</i>	61
GEMTESA.....	124

This document includes a list of drugs covered on our formulary as of January 1, 2026.
You can find information on what the symbols and abbreviations on this table mean by
going to page 8.

<i>generlac</i>	117
<i>gengraf</i>	136
GENNAMD	163
GENOTROPIN	103
GENOTROPIN MINISQUICK	103
<i>gentamicin in saline inj 0.8 mg/ml</i> 23	
<i>gentamicin in saline inj 1 mg/ml</i> ...23	
<i>gentamicin in saline inj 1.2 mg/ml</i> 23	
<i>gentamicin in saline inj 1.6 mg/ml</i> 23	
<i>gentamicin in saline inj 2 mg/ml</i> ...23	
<i>gentamicin sulfate</i>	23
<i>gentamicin sulfate (ophth)</i>	183
<i>gentamicin sulfate (topical)</i>	215
GENTEAL GEL	187
GENTEAL MILD TO MODERATE	187
GENTEAL SEVERE	187
GENTEAL TEAR SOL MOD PF	187
GENVOYA TAB	30
GERIATRIC LIQ VITAMIN	176
<i>geri-hydrolac</i>	230
GERITOL LIQ TONIC.....	176
<i>geri-tussin dm</i>	200
GEVRABON LIQ	176
GILOTRIF	45
GILTUSS SPR BUCALSEP	243
GINKGO BILOB TAB PLUS.....	163
<i>ginkgo biloba</i>	164
GINKGO BILOBA.....	163
GINKGO PHYTOSOME	164
<i>glatiramer acetate</i>	89
<i>glatopa</i>	89, 90
GLEN PE LIQ	200
GLENAX PEB LIQ.....	200
GLENTUSS LIQ	200
GLEOSTINE	38
<i>glimepiride</i>	93
<i>glipizide</i>	93
<i>glipizide-metformin hcl tab 2.5-250</i> <i>mg</i>	93
<i>glipizide-metformin hcl tab 2.5-500</i> <i>mg</i>	93

<i>glipizide-metformin hcl tab 5-500</i> <i>mg</i>	94
GLUCOS/CHOND TAB DOUBLE	164
<i>glucosamine chondroitin m</i>	164
GLUCOSE.....	102
GLUCOSE LIQ SHOT.....	164
GLUCOSE LIQUID.....	102
GLUCOSSIN-DM.....	200
GLUTAMINE POW RAP RLS.....	164
<i>glutamine powder</i>	164
<i>glycerin (laxative)</i>	117
<i>glycerin adult</i>	117
GLYCERIN ADULT	117
<i>glycerin liquid</i>	142
<i>glycerin topical liquid</i>	230
GLYCINE POW	124
<i>glycolic acid</i>	230
<i>glycolic acid crystals</i>	142
<i>glycopyrrolate</i>	112, 113
<i>glydo</i>	221
GLYXAMBI TAB 10-5 MG	94
GLYXAMBI TAB 25-5 MG	94
<i>gnp 24 hour nasal allerg</i>	211
<i>gnp acid control 150 maxi</i>	113
<i>gnp acid control 75</i>	113
<i>gnp allergy & congestion</i>	200
<i>gnp allergy plus sinus he</i>	200
<i>gnp allergy sinus pe day</i>	200
<i>gnp arthritis pain</i>	16
<i>gnp arthritis pain relief</i>	230
<i>gnp aspirin</i>	16
<i>gnp aspirin low dose</i>	16
<i>gnp calcium 500 +d3</i>	155
<i>gnp calcium antacid child</i>	108
<i>gnp cough drops</i>	243
GNP DAILY MIS PRENATAL.....	176
<i>gnp diclofenac sodium</i>	16
<i>gnp fiber powder</i>	117
GNP FISH OIL CAP 840MG	164
GNP HERBAL	243
<i>gnp iron</i>	128

<i>gnp isopropyl alcohol</i>	230
<i>gnp niacin</i>	176
<i>gnp olopatadine hydrochlo</i>	185
<i>gnp oral pain relief</i>	243
GNP PETROLEU GEL JELLY	142
<i>gnp throat drops</i>	243
<i>gnp vitamin b1</i>	176
<i>gnp vitamin d super stren</i>	176
GOLD BOND POW	230
<i>gold bond rapid relief</i>	230
GOLD DUST POW WOUND	231
GOMEKLI	45
GONAK	187
<i>gonioscopic prism</i>	187
<i>goodsense all day allergy</i>	191
<i>goodsense arthritis pain</i>	16
<i>goodsense aspirin</i>	16
<i>goodsense aspirin low dos</i>	16
GOODSENSE CAPSAICIN ARTHR	231
<i>goodsense clearlax</i>	117
<i>goodsense cold & head con</i>	200
<i>goodsense cough dm</i>	200
<i>goodsense day time cold &</i>	200
<i>goodsense fiber</i>	117
<i>goodsense hemorrhoidal</i>	231
<i>goodsense hemorrhoidal oi</i>	231
<i>goodsense lubricant eye d</i>	187
<i>goodsense nighttime cold</i>	200
<i>goodsense oral pain relie</i>	243
GOODYS POW EX ST	16
GOWEY TIN TINCTURE	164
<i>granisetron hcl</i>	112
GRAPE SEED OIL	142
GREEN TEA EXTRACT	142
<i>griseofulvin microsize</i>	26
<i>griseofulvin ultramicrosize</i>	26
<i>grx dyne swab</i>	231
GRX WHITE OIN PETROLAT	142
<i>grx wound</i>	231
<i>guaicon dms</i>	200
<i>guaifenesin liquid 100 mg</i>	200

GUAIFENESIN TAB 200 MG	200
<i>guanfacine hcl</i>	66
<i>guanfacine hcl (adhd)</i>	86
GUMMY BITES CHW	155
GUMSOL LIQ	243
GUMSOL SPR	243
GYNE-LOTRIMIN	125

H

HADLIMA	131
HADLIMA PUSH TOUCH	132
HAEGARDA	130
<i>halobetasol propionate</i>	220
<i>haloperidol</i>	75
<i>haloperidol decanoate</i>	75
<i>haloperidol lactate</i>	75
HARD NAILS	176
HAVRIX	137
<i>hca alcohol swabs</i>	231
HCA BISACODY SUP 10MG	117
HCA EAR WAX SOL 6.5% OT	247
HCA ELEMENTA CAP MAGNESIU	155
<i>hca elemental magnesium</i>	155
HCA GLYCERIN LIQ	231
HCA HEMORRHO OIN	231
HCA IBUPROFE CAP SOFTGEL	19
HCA LAX-X TAB 25MG	118
<i>hca lice shampoo</i>	238
HCA MOT SICK TAB 50MG	112
HCA NIACIN TAB 250MG TR	176
HCA NON-ASA TAB PM	92
HCA SUPHEDRI TAB PLUS	200
HCA TEARS SOL PLUS	187
HCA TUSSIN LIQ CF	200
HCA VIT B12 TAB 500MCG	176
HCA VIT C CHW 250MG	176
HCA VIT C CHW 500MG	176
HCA ZINC GLU TAB 50MG	156
<i>h-chlor 12</i>	231
<i>heartburn treatment 24 ho</i>	123
<i>h-e-b aspirin</i>	16
<i>hematron</i>	128

HEMOCYTE	128
<i>hemorrhoid</i>	231
<i>hemorrhoidal</i>	231
<i>hemorrhoidal cooling</i>	231
<i>hemorrhoidal suppositorie</i>	231
HEMORROID SUP 3%	231
HEP SOD/NACL INJ 25000UNT	126
<i>heparin sodium (porcine)</i>	126
<i>heparin sodium (porcine) lock flush</i>	126, 139
HEPLISAV-B	137
HERCEP HYLEC SOL 60-10000	45
HERCEPTIN	45
HERNEXEOS	46
HERZUMA	46
HIBERIX	137
HIBICLENS LIQ 4%	231
HIBICLENS SOL 4%	231
HISTAFLEX TAB 325-25MG	16
HISTAGESIC TAB	200
HISTEX	191
HISTEX PD	191
HISTEX PDX	191
HISTEX-AC SYP	200
HISTEX-DM SYP	201
HISTEX-PE SYP 2.5-10/5	201
<i>hm advanced antacid maxim</i>	108
<i>hm anti-nausea</i>	121
<i>hm aspirin ec low dose</i>	16
<i>hm calcium 600 & vitamin</i>	156
<i>hm eye allergy itch/redne</i>	185
<i>hm fiber</i>	118
HM FISH OIL CAP 554MG	164
HM IBUPROFEN SUS 100/5ML	19
<i>hm magnesium</i>	108
HM PAIN REL DRO 80/0.8ML	17
<i>hm potassium</i>	145
<i>hm probiotic digestive he</i>	110
<i>hm severe cold cough & fl</i>	201
<i>hm severe cold/cough/flu</i>	201
HONEY BEARS CHW	176

HUGGIES DIAPER RASH CREAM ..	231
HUMIBID CS TAB 20-400MG	201
HUMIBID MAXIMUM STRENGTH...	201
HUMIRA	132
HUMIRA PEN	132
HUMIRA PEN KIT PS/UV	132
HUMIRA PEN-CD/UC/HS START ...	132
HUMULIN R U-500 (CONCENTR	96
HUMULIN R U-500 KWIKPEN	96
<i>hurricane</i>	243
HURRICAIN	243
HURRICAIN ONE	243
HURRICAIN SNAP-N-GO	243
HURRIPAK STARTER KIT	243
HYCOFENIX SOL	201
<i>hydralazine hcl</i>	66
<i>hydralife</i>	145
HYDROC/GUAIF SOL 2.5-200	201
HYDROC/PRAM SUP 25-18MG	231
<i>hydrochlorothiazide</i>	65
HYDROCIL INS POW 95%	118
<i>hydrocodone bitart-homatropine</i> <i>methylbrom soln 5-1.5 mg/5ml</i>	201
<i>hydrocodone bitartrate</i>	20
<i>hydrocodone w/ homatropine syrup</i> <i>5-1.5 mg/5ml</i>	201
<i>hydrocodone-acetaminophen soln</i> <i>7.5-325 mg/15ml</i>	21
<i>hydrocodone-acetaminophen tab</i> <i>10-325 mg</i>	21
<i>hydrocodone-acetaminophen tab 5-</i> <i>325 mg</i>	21
<i>hydrocodone-acetaminophen tab</i> <i>7.5-325 mg</i>	21
<i>hydrocodone-ibuprofen tab 7.5-200</i> <i>mg</i>	21
HYDROCORT CRE 0.5%	220
HYDROCORT CRE 1%	220
<i>hydrocortisone</i>	101
<i>hydrocortisone (intrarectal)</i>	114
<i>hydrocortisone (rectal)</i>	231

<i>hydrocortisone (topical)</i>	220
<i>hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%</i>	231
<i>hydrocortisone sod succinate</i>	101
<i>hydrocortisone valerate</i>	220
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	189
<i>hydrocortisone-aloe vera cream 0.5%</i>	220
HYDROGEL DRE PAD 2	232
HYDROGEN PEROXIDE	232
<i>hydromet</i>	201
<i>hydromorphone hcl</i>	21
HYDROPHILIC OIN PETROLAT	142
<i>hydrophilic ointment</i>	142
<i>hydroxocobalamin acetate</i>	176
<i>hydroxychloroquine sulfate</i>	134
<i>hydroxyurea</i>	41
<i>hydroxyzine hcl</i>	191, 192
<i>hydroxyzine pamoate</i>	192
<i>hysept 25</i>	232
<i>hysept 50</i>	232
HYVEE ADVCD SUS ANTACID	108

I

<i>ibandronate sodium</i>	98
IBRANCE	46
IBTROZI	46
<i>ibu</i>	19
<i>ibuprofen</i>	19
ICAPS LUTEIN TAB ZEAXANTH	176
ICAR PEDIATRIC	128
ICAR-C TAB.....	128
<i>icatibant acetate</i>	130
ICLUSIG	46
ICY HOT PAIN RELIEVING GE.....	232
IDHIFA	46
<i>imatinib mesylate</i>	46
IMBRUVICA	46
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	24
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	24
<i>imipramine hcl</i>	70
<i>imiquimod</i>	232
IMKELDI	46
<i>immune system booster</i>	176
IMODIUM A-D	110
IMODIUM A-D LIQ 1MG/5ML	110
IMODIUM ADV TAB.....	110
IMOVAX RABIES (H.D.C.V.).....	137
IMPAVIDO	24
INBRIJA	73
INCRELEX	103
INCRUSE ELLIPTA	190
<i>indapamide</i>	65
INDOLE-3- POW CARBINOL	142
INFANRIX INJ	137
INFLIXIMAB	132
INLYTA.....	46, 47
INOSITOL POW HEXANICO	142
INQOVI TAB 35-100MG	38
INREBIC	47
INSTACLEAN LIQ	232
INSTA-GLUCOSE	102
<i>instant oral pain relief</i>	243
INSULIN PEN NEEDLES: EMBECTA- BD	96
INSULIN SAFETY NEEDLES: EMBECTA-BD	96
INSULIN SYRINGES: EMBECTA-BD	96
INTEGRA CAP.....	129
INTELENCE	28
<i>intense toothache pain re</i>	243
INTRALIPID	149
INVEGA HAFYERA	75
INVEGA SUSTENNA	75
INVEGA TRINZA.....	75
<i>iodine (kelp)</i>	156
IODINE CRY.....	142
IODINE TIN 2% MILD.....	232
IODINE TIN STRONG	232

IODOFLEX.....	232
IODOSORB.....	232
<i>ionil-t</i>	232
IOSAT.....	103
IPOL INJ INACTIVE.....	137
<i>ipratropium bromide</i>	190
<i>ipratropium bromide (nasal)</i>	190
<i>ipratropium-albuterol nebu soln</i> <i>0.5-2.5(3) mg/3ml</i>	189
<i>irbesartan</i>	60
<i>irbesartan-hydrochlorothiazide tab</i> <i>150-12.5 mg</i>	58
<i>irbesartan-hydrochlorothiazide tab</i> <i>300-12.5 mg</i>	58
<i>irinotecan hcl</i>	41
IRON.....	129
IRON 21/7 MIS.....	129
IRON CHEWS PEDIATRIC.....	129
<i>iron slow release</i>	129
IRON UP.....	129
IRO-PLEX LIQ.....	129
IRO-PLEX TAB 165-2MG.....	129
ISENTRESS.....	28
ISENTRESS HD.....	28
ISOLYTE-P INJ /D5W.....	146
ISOLYTE-S INJ PH 7.4.....	146
<i>isoniazid</i>	31
<i>isopropyl alcohol 70%</i>	232
ISOPROPYL ALCOHOL WIPES.....	232
ISOPTO TEARS.....	187
<i>isosorbide dinitrate</i>	67
<i>isosorbide mononitrate</i>	67
<i>isotretinoin</i>	214
<i>isradipine</i>	64
ITCH RELIEF.....	218
ITOVEBI.....	47
<i>itraconazole</i>	26
<i>ivabradine hcl</i>	66
<i>ivermectin</i>	24
IWILFIN.....	41
IXIARO INJ.....	137

J

JAKAFI.....	47
<i>jantoven</i>	126
JANUMET TAB 50-1000.....	94
JANUMET TAB 50-500MG.....	94
JANUMET XR TAB 100-1000.....	94
JANUMET XR TAB 50-1000.....	94
JANUMET XR TAB 50-500MG.....	94
JANUVIA.....	94
JARDIANCE.....	94
<i>javygtor</i>	103
JAYPIRCA.....	47
JENTADUETO TAB 2.5-1000.....	94
JENTADUETO TAB 2.5-500.....	94
JENTADUETO TAB 2.5-850.....	94
JENTADUETO TAB XR 2.5-1000MG	94
JENTADUETO TAB XR 5-1000MG..	94
JESSNERS SOL.....	232
<i>jinteli</i>	100
JR NON-ASA TAB 160MG QM.....	17
JULUCA TAB 50-25MG.....	30
JYLAMVO.....	134
JYNNEOS.....	137

K

<i>k 100</i>	176
KADCYLA.....	47
KALETRA SOL.....	30
KALYDECO.....	209
KANJINTI.....	47
<i>kank-a mouth pain</i>	243
KAOLIN POW.....	110
<i>kaolin powder</i>	110
KAOPECTATE STOOL SOFTENER..	118
KAOPECTATE SUS 262/15ML.....	110
KAOPECTATE SUS EX ST.....	110
KAOPECTATE TAB.....	111
<i>karaya gum</i>	142
KARAYA GUM.....	142
KC ALLERGY LIQ RELIEF.....	192

<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	146
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	147
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	147
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	147
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	147
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	147
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	147
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	147
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	147
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	147
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	147
KCL/D5W/NACL INJ 0.3/0.9%	147
KERENDIA	57
KESIMPTA.....	90
ketoconazole	26
ketoconazole (topical)	217
ketorolac tromethamine (ophth).....	184
KEY-E	176
KEYTRUDA.....	47
KINERET	132
KINRIX INJ.....	138
kionex	99
KISQALI 200 DOSE.....	47
KISQALI 400 DOSE.....	47
KISQALI 400 PAK FEMARA	47
KISQALI 600 DOSE.....	47
KISQALI 600 PAK FEMARA	47
klayesta	217
klor-con	148
klor-con 10.....	148
klor-con 8	148

klor-con m10	148
klor-con m15	148
klor-con m20	148
KLOXXADO.....	92
kls acid controller compl	121
kls acid controller maxim.....	113
kls aller-flo.....	212
kls arthritis pain relief.....	17
kls aspirin low dose.....	17
kls diclofenac sodium	17
KONSYL.....	118
KONSYL DAILY FIBER.....	118
KONSYL POW 100%.....	118
KONSYL-D	118
KOSELUGO.....	47, 48
kourzeq	243
kp aspirin.....	17
kp calcium 600+d3	156
kp cetirizine hcl.....	192
kp ferrous gluconate.....	129
kp folic acid	176
kp glucosamine chondroiti.....	164
kp mag-oxide magnesium	156
kp melatonin	164
kp niacin	176
kp vitamin e	176
KPN PRENATAL TAB	177
KRAZATI	48

L

labetalol hcl	63
lacosamide.....	80, 81
lacosamide oral.....	81
LACTAID FAST ACT	113
lactated ringer's solution.....	147
lactic acid (ammonium lactate)....	232
LACTIC ACID SOL	142
LACTICARE LOT 5%	232
LACTINEX CHW	111
LACTINEX GRA.....	111
LACTINEX TAB.....	111
LACTOSE POW.....	143

<i>lactose powder</i>	143
<i>lactulose</i>	118
<i>lactulose (encephalopathy)</i>	118
LAMISIL ADVANCED	217
<i>lamivudine</i>	28
<i>lamivudine (hbv)</i>	31
<i>lamivudine-zidovudine tab 150-300</i> <i>mg</i>	30
<i>lamotrigine</i>	81
<i>lanreotide acetate</i>	104
<i>lansoprazole</i>	123
LANTUS	97
LANTUS SOLOSTAR	97
<i>lapatinib ditosylate</i>	48
L-ARGININE	164
L-ARGININE POW	164
<i>larynex</i>	244
<i>latanoprost</i>	185
<i>laxmar</i>	118
LAZCLUZE	48
L-CARNITINE	164
L-CYSTINE POW	164
LECITHIN GRA	165
<i>leflunomide</i>	135
<i>lenalidomide</i>	41
LENVIMA 10 MG DAILY DOSE	48
LENVIMA 12MG DAILY DOSE	48
LENVIMA 20 MG DAILY DOSE	48
LENVIMA 4 MG DAILY DOSE	48
LENVIMA 8 MG DAILY DOSE	48
LENVIMA CAP 14 MG	48
LENVIMA CAP 18 MG	48
LENVIMA CAP 24 MG	48
<i>letrozole</i>	40
<i>leucovorin calcium</i>	41
LEUKERAN	38
<i>leuprolide acetate</i>	40
<i>levalbuterol hcl</i>	193
<i>levalbuterol tartrate</i>	193
<i>levetiracetam</i>	81
LEVETIRACETAM	81

<i>levetiracetam in sodium chloride iv</i> <i>soln 1000 mg/100ml</i>	81
<i>levetiracetam in sodium chloride iv</i> <i>soln 1500 mg/100ml</i>	81
<i>levetiracetam in sodium chloride iv</i> <i>soln 500 mg/100ml</i>	81
<i>levobunolol hcl</i>	185
<i>levocarnitine</i>	165
<i>levocarnitine (metabolic modifiers)</i>	104
<i>levocetirizine dihydrochloride</i>	192
<i>levofloxacin</i>	35
<i>levofloxacin in d5w iv soln 250</i> <i>mg/50ml</i>	35
<i>levofloxacin in d5w iv soln 500</i> <i>mg/100ml</i>	35
<i>levofloxacin in d5w iv soln 750</i> <i>mg/150ml</i>	35
<i>levo-t</i>	106
<i>levothyroxine sodium</i>	106
<i>levoxyl</i>	106
<i>lexinal</i>	177
<i>l-glutamine (sickle cell)</i>	130
<i>liceout</i>	238
LID SCRUB LIQ ORIGINAL	232
<i>lidocaine</i>	221
<i>lidocaine hcl</i>	221
<i>lidocaine hcl (local anesth.)</i>	17
<i>lidocaine hcl (mouth-throat)</i>	244
<i>lidocaine pain relief pat</i>	232
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	221
<i>lidocan</i>	221
<i>linezolid</i>	24
LINEZOLID INJ 2MG/ML	24
LINZESS	121
<i>liothyronine sodium</i>	106
LIP BALM OIN NATURAL	143
LIPOIC ACID	165
LIPOIL OIL	143
LIPOVAN BASE CRE	143
LIQ-10 SYP	165

LIQ-10 SYRUP DOUBLE STREN	165
LIQSORB	165
LIQUI C LIQ 500/5ML	177
LIQUID C LIQ	177
LIQUID CALCI CAP WITH D3	156
<i>liqui-e</i>	177
LIQUIFILM TEARS	187
<i>lisinopril</i>	57
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	56
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	56
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	56
L-ISOLEUCINE POW	164
<i>lithium</i>	88
<i>lithium carbonate</i>	89
LITTLE COLDS COLD RELIEF	244
LITTLE COLDS SOOTHING THR	244
LITTLE TEETH GEL 7.5%	244
LITTLE TUMMY DRO 20/0.3ML	121
LIVTENCITY	32
L-LYSINE	164
L-LYSINE HYDROCHLORIDE	164
LMX 4	233
LOCALNESIUM TAB	156
LOCALNESIUM TAB -C	156
LODRANE D CAP 4-60MG	201
LOHIST-DM SYP 5-2-10MG	201
<i>lohist-peb</i>	201
LOKELMA	99
LOLLIBASE POW	143
<i>lollicaine</i>	244
<i>longs acid relief extra s</i>	108
LONSURF TAB 15-6.14	38
LONSURF TAB 20-8.19	38
<i>loperamide hcl</i>	121
LOPERAMIDE HYDROCHLORIDE	111
<i>lopinavir-ritonavir tab 100-25 mg</i>	30
<i>lopinavir-ritonavir tab 200-50 mg</i>	30
<i>loratadine</i>	192

<i>lorazepam</i>	68
<i>lorazepam intensol</i>	68
LORBRENA	48
LORTUSS DM LIQ	201
LORTUSS EX LIQ	201
LORTUSS LQ LIQ	201
<i>losartan potassium</i>	60
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	58
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	58
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	58
LOTEMAX	184
<i>lovastatin</i>	61
<i>loxapine succinate</i>	75
LOZIBASE MIS	143
L-TRYPTOPHAN TAB 500MG	164
L-TYROSINE POW	164
<i>lubricant eye drops</i>	187
<i>lubricant eye drops/dual-</i>	187
LUBRICNT GEL DRO 0.25-0.3	187
LUDENS DUAL LOZ RELIEF	244
LUDENS THROAT DROPS	244
LUMAKRAS	49
LUMIGAN	185
LUMIZYME	104
LUPRON DEPOT (1-MONTH)	40
LUPRON DEPOT (3-MONTH)	40
LUPRON DEPOT-PED (1-MONTH)	104
LUPRON DEPOT-PED (3-MONTH)	104
LUPRON DEPOT-PED (6-MONTH)	104
<i>lurasidone hcl</i>	76
<i>lutein</i>	165
LUTEIN	165
LUXAMEND CRE	233
L-VALINE POW	165
LYBALVI TAB 10-10MG	76
LYBALVI TAB 15-10MG	76

LYBALVI TAB 20-10MG	76
LYBALVI TAB 5-10MG	76
<i>lyllana</i>	100
LYNPARZA	49
<i>lysine hcl</i>	165
LYSODREN	40
LYTGOBI (12 MG DAILY DOSE)	49
LYTGOBI (16 MG DAILY DOSE)	49
LYTGOBI (20 MG DAILY DOSE)	49

M

MAALOX MAX CHW 1000-60	108
MAALOX QUICK DISSOLVE MAX	108
MAG CARBONAT POW	156
MAG GLYCINATE	156
MAG-200	156
MAG64	156
MAG-AL LIQ	108
<i>magaldrate</i>	108
<i>magaldrate w/ simethicone susp</i> <i>1080-30 mg/5ml</i>	108
<i>magbee</i>	156
<i>mag-caps</i>	108
<i>magdelay</i>	156
MAGDELAY	156
MAG-G	156
MAGINEX	156
MAGNEBIND TAB 200	156
MAGNEBIND TAB 300	156
<i>magnesium</i>	156
MAGNESIUM	108, 156
<i>magnesium chloride</i>	157
MAGNESIUM CITRATE	157
MAGNESIUM ELEMENTAL	157
<i>magnesium gluconate</i>	157
MAGNESIUM GLUCONATE	157
<i>magnesium glycinate</i>	157
MAGNESIUM GLYCINATE	157
<i>magnesium lactate</i>	157
<i>magnesium oxide</i>	108
MAGNESIUM OXIDE	108, 157

<i>magnesium oxide (mg supplement)</i>	157
<i>magnesium salicylate</i>	17
<i>magnesium sulfate</i>	147
MAGNESIUM SULFATE	147, 157
<i>magnesium sulfate granules</i>	118
<i>magnesium sulfate in dextrose 5%</i> <i>iv soln 1 gm/100ml</i>	147
<i>magnesium tab 200 mg</i>	157
<i>magnesium tab 400 mg</i>	157
MAGONATE LIQ 1000/5ML	157
MAG-OX 400 TAB 400MG	108
MAG-SR PLUS TAB CALCIUM	156
MAG-TAB SR	156
<i>malathion</i>	238
MANNITOL POW	143
<i>maox</i>	108
MAPAP SINUS TAB PE	202
<i>maraviroc</i>	28
MAR-COF BP LIQ 30-2-7.5	202
MAR-COF CG LIQ 225-7.5	202
MARPLAN	71
<i>mar-zinc</i>	157
MATULANE	41
MAVYRET PAK 50-20MG	32
MAVYRET TAB 100-40MG	32
MAXIPHEN DM TAB	202
M-CLEAR WC LIQ 100-6.33	201
MCM PAD	233
<i>meclizine hcl</i>	112
MEDERMA CRE SPF 30	233
MEDICATED OIN RUB	202
<i>medicated pain relieving</i>	233
MEDIFIN PE TAB 10-400MG	202
MEDIHONEY PST WOUND	233
<i>medikoff drops</i>	244
MEDI-LYTE TAB	145
MEDI-TABS TAB 500MG	17
<i>medi-tussin dm</i>	202
<i>medroxyprogesterone acetate</i>	105
<i>mefloquine hcl</i>	27

<i>megestrol acetate</i>	40, 105	METAMUCIL POW 28% CIT	118
<i>megestrol acetate (appetite)</i>	105	METAMUCIL POW 48.57%	118
MEKINIST	49	METAMUCIL POW 58.6 CIT	118
MEKTOVI	49	METAMUCIL POW 58.6%	118
<i>melatonin</i>	165	METAMUCIL POW 63%	118
MELATONIN	165	METAMUCIL POW ORANGE	119
MELATONIN TAB 1-10MG	165	METAMUCIL WAF	119
MELATONIN TAB 3-10MG	165	<i>metformin hcl</i>	94
<i>melatonin tr</i>	165	<i>methadone hcl</i>	20
<i>melatonin-pyridoxine tab 3-10 mg</i>	165	<i>methadone hydrochloride i</i>	20
<i>melatonin-pyridoxine tab 5-10 mg</i>	165	<i>methazolamide</i>	65
<i>meloxicam</i>	19	<i>methenamine hippurate</i>	24
<i>memantine hcl</i>	69	<i>methimazole</i>	106
<i>memantine hcl tab 28 x 5 mg & 21</i> <i>x 10 mg titration pack</i>	69	METHISCOL CAP	177
<i>memantine hcl-donepezil hcl cap er</i> <i>24hr 14-10 mg</i>	69	<i>methocarbamol</i>	90
<i>memantine hcl-donepezil hcl cap er</i> <i>24hr 21-10 mg</i>	69	<i>methotrexate sodium</i>	39, 135
<i>memantine hcl-donepezil hcl cap er</i> <i>24hr 28-10 mg</i>	69	<i>methsuximide</i>	81
M-END DMX LIQ	201	METHYLCELLULOSE	143
M-END PE LIQ	202	<i>methylcellulose powder</i>	143
<i>m-end wc</i>	202	<i>methylcobalamin</i>	177
MENQUADFI	138	<i>methylphenidate hcl</i>	86
<i>menthol cough drops</i>	244	<i>methylprednisolone</i>	101
<i>menthol crystals</i>	143	<i>methylprednisolone acetate</i>	101
MENTICAM CRE	233	<i>methylprednisolone sod succ</i>	101
MENVEO INJ	138	<i>metoclopramide hcl</i>	112
MENVEO SOL	138	<i>metolazone</i>	65
MEPHYTON	177	<i>metoprolol & hydrochlorothiazide</i> <i>tab 100-25 mg</i>	63
<i>mercaptapurine</i>	38	<i>metoprolol & hydrochlorothiazide</i> <i>tab 100-50 mg</i>	63
<i>meropenem</i>	24	<i>metoprolol & hydrochlorothiazide</i> <i>tab 50-25 mg</i>	63
<i>mesalamine</i>	114	<i>metoprolol succinate</i>	63
<i>mesalamine w/ cleanser</i>	114	<i>metoprolol tartrate</i>	63
<i>mesna</i>	42	<i>metronidazole</i>	24
METAMUCIL	118	<i>metronidazole (topical)</i>	233
<i>metamucil 3-in-1 daily fi</i>	118	<i>metronidazole vaginal</i>	125
METAMUCIL 4-IN-1 FIBER	118	<i>metyrosine</i>	66
METAMUCIL MULTIHEALTH FIB	118	<i>m-hist pd</i>	192
		MI-ACID CHW	108
		<i>micafungin sodium</i>	26

This document includes a list of drugs covered on our formulary as of January 1, 2026.
You can find information on what the symbols and abbreviations on this table mean by
going to page 8.

MICATIN.....	217	MONISTAT 7.....	125
MICATIN CRE 2%.....	217	MONISTAT CARE INSTANT ITC.....	125
MICATIN POW 2%.....	217	MONJUVI.....	49
<i>miconazole 3 combination</i>	125	MONOCAL TAB 3-250	157
MICONAZOLE KIT 200MG/2%.....	125	<i>montelukast sodium</i>	208
<i>miconazole nitrate vaginal</i>	125	MORE-DOPHILUS ACIDOPHILUS..	111
<i>miconazole nitrate vaginal supp</i>		<i>morphine sulfate</i>	20, 21
1200 mg & 2% cream kit.....	125	<i>motrin arthritis pain</i>	17
MICROSPACER MIS.....	202	MOTRIN MIGRA TAB 200MG.....	19
<i>midodrine hcl</i>	66	MOUNJARO	95
MIEBO	187	MOVANTIK	121
<i>mifepristone (hyperglycemia)</i>	104	<i>moxifloxacin hcl</i>	35
MIL-A-MULSIO EMU.....	177	<i>moxifloxacin hcl (ophth)</i>	183
<i>milk of magnesia concentr</i>	119	<i>moxifloxacin hcl 400 mg/250ml in</i>	
<i>mimvey</i>	100	<i>sodium chloride 0.8% inj</i>	35
MINERAL OIL.....	119	<i>mp triple antibiotic plus</i>	215
<i>mineral oil (bulk)</i>	119	MRESVIA.....	138
MINERAL OIL ENE	119	MS COLD MIS DAY/NITE	202
MINERAL OIL LIGHT.....	119	MTERYTI TAB.....	177
<i>mineral oil light (bulk)</i>	119	MTERYTI TAB FOLIC 5.....	177
<i>miniprin low dose</i>	17	MUCINEX	202
<i>minocycline hcl</i>	37	MUCINEX CAP DAY/NGHT.....	202
<i>minoxidil</i>	66	MUCINEX CAP FAST-MAX	202
MIRALAX	119	MUCINEX CGH GRA 5-100MG.....	202
<i>mirtazapine</i>	71	MUCINEX CHLD LIQ MULTISYM...	202
<i>misoprostol</i>	121	MUCINEX COLD LIQ /KIDS.....	202
<i>mm aspirin</i>	17	MUCINEX COLD LIQ CHILDREN...	202
M-M-R II INJ.....	138	MUCINEX COLD LIQ SINUS.....	202
M-NATAL PLUS TAB	148	MUCINEX D TAB 60-600MG.....	202
<i>modafinil</i>	90	MUCINEX D/N PAK FAST/MAX	202
MODEYSO	42	MUCINEX FAST MIS DAY/NGHT ...	202
<i>moexipril hcl</i>	57	MUCINEX FAST TAB 5-10-200.....	202
MOISTURE BARRIER	233	<i>mucinex fast-max day time</i>	203
<i>moisturel therapeutic</i>	233	MUCINEX INST LIQ SORETHRO ...	244
<i>moisturizing lotion</i>	233	MUCINEX LIQ INSTASOO.....	244
<i>moisturizing lubricant ey</i>	187	<i>mucinex sinus-max day/nig</i>	203
<i>molindone hcl</i>	76	<i>mucus congestion & cough</i>	203
<i>mometasone furoate</i>	220	<i>mucus relief dm</i>	203
<i>monistat 1-day</i>	125	<i>mucus relief dm maximum s</i>	203
MONISTAT 3	125	MULTAQ	61
MONISTAT 3 KIT COMBINAT	125	<i>multi-delyn</i>	177

MULTI-DELYN LIQ /IRON	177
multiple electrolytes ph 5.5	147
mupirocin.....	215
MURO 128	188
MUSCLE RUB CRE ULT STR	233
MUSCLE RUB OIN.....	233
MVW COMPLETE DRO PEDIATRI ..	177
MYCITRACIN OIN.....	215
mycophenolate mofetil.....	136
mycophenolate sodium	136
MYLANTA CHW 400MG	109
MYLANTA SUS.....	109
MYLANTA SUS SUPREME	109
MYRBETRIQ.....	124

N

nabumetone	19
nac.....	165
NAC	165
nadolol	63
nafcillin sodium	36
NAGLAZYME.....	104
naloxone hcl	92
naltrexone hcl.....	92
NAMZARIC CAP 7-10MG	69
NANOVM POW 1-3 YRS	177
NAPHCN-A SOL OP	185
naproxen.....	19, 20
naproxen sodium.....	20
naratriptan hcl.....	87
NASACORT ALR SPR 55MCG/AC...	212
NASADROPS SALINE ON THE G ...	209
NASAL DECONGESTANT	203
NASCOBAL	177
NASOGEL GEL.....	209
NASOPEN PE LIQ	203
NATACYN	183
nateglinide	95
NATRAPEL.....	233
NATRAPEL 12-HOUR TICK & I.....	233
nat-rul antioxidants c+e.....	177
natural herb cough drops.....	244

natural vegetable fiber	119
NAYZILAM	81
nebivolol hcl	63
nefazodone hcl.....	71
neomycin sulfate	24
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	183
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	183
neomycin-polymyxin- dexamethasone ophth oint 0.1%	182
neomycin-polymyxin- dexamethasone ophth susp 0.1%	182
neomycin-polymyxin-hc ophth susp	182
neomycin-polymyxin-hc otic soln 1%	189
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%..	189
neo-polycin 5(3.5)mg-400unt- 10000unt op oin	183
neo-polycin hc ophth oint 1%.....	182
NEOQ10	165
NEO-SYNEPHRINE.....	203
NEPHRONEX LIQ 0.9/5ML.....	178
NEPHRO-VITE TAB RX.....	177
NERLYNX	49
nestrex	178
neuac	214
NEURACIN GEL 4-10-30%	233
nevirapine	28
NEW SKIN LIQUID BANDAGE.....	233
NEXABIOTIC CAP	121
NEXAFED SINS TAB + PAIN	203
NEXLETOL	62
NEXLIZET TAB 180/10MG.....	62
niacin	178
niacin (antihyperlipidemic).....	62

This document includes a list of drugs covered on our formulary as of January 1, 2026.
You can find information on what the symbols and abbreviations on this table mean by
going to page 8.

NIACIN FLUSH-FREE EXTRA S	178
<i>niacin tab cr 500 mg</i>	178
NIACIN TR	178
<i>niacinamide</i>	178
NIACINOL	178
<i>nicardipine hcl</i>	64
NICE PURE POW BAK SODA	143
NICOBID CAP 125MG CR	178
NICOBID CAP 250MG CR	178
NICOBID CAP 500MG CR	178
<i>nicotine polacrilex</i>	17
NICOTINE SYS KIT TRANSDER	92
NICOTROL NS	92
<i>nifedipine</i>	64
NIGHT TIME CAP COLD/FLU	203
<i>nighttime cold & flu</i>	203
<i>nighttime sinus & congest</i>	203
<i>nilotinib hcl</i>	49
<i>nilutamide</i>	40
<i>nimodipine</i>	64
NINJACOF LIQ	203
NINJACOF-A LIQ	203
NINJACOF-XG LIQ 200-8/5	203
NINLARO	50
<i>nitazoxanide</i>	24
<i>nitisinone</i>	104
NITRO-BID	67
<i>nitrofurantoin macrocrystal</i>	24
<i>nitrofurantoin monohyd macro</i>	24
<i>nitroglycerin</i>	67
<i>nitroglycerin (intra-anal)</i>	233
NIVANEX DMX TAB	203
NIX COMPLETE KIT LICE 1%	238
NIX CREME LIQ RINSE 1%	238
<i>nizatidine</i>	113
<i>noble formula</i>	233
<i>non-asa severe allergy</i>	203
<i>norethindrone acetate</i>	105
<i>norethindrone acetate-ethinyl</i> <i>estradiol tab 0.5 mg-2.5 mcg</i> ...	100

<i>norethindrone acetate-ethinyl</i> <i>estradiol tab 1 mg-5 mcg</i>	100
<i>nortriptyline hcl</i>	71
NORVIR	28
NOVAFERRUM 50	129
NOVAFERRUM LIQ 125	129
NOVAFERRUM PEDIATRIC DROP ..	129
NOVOLIN INJ 70/30	97
NOVOLIN INJ 70/30 FP	97
NOVOLIN N	97
NOVOLIN N FLEXPEN	97
NOVOLIN R	97
NOVOLIN R FLEXPEN	97
NOVOLOG	97
NOVOLOG FLEXPEN	97
NOVOLOG FLEXPEN RELION	97
NOVOLOG MIX INJ 70/30	97
NOVOLOG MIX INJ FLEXPEN	97
NOVOLOG PENFILL	97
NOVOLOG RELION	97
NOZIN NASAL SANITIZER	209
NP-27	217
NP-27 SOL 1%	217
NUBEQA	40
NUDEXTA CAP 20-10MG	89
NULOJIX	136
NU-MAG TAB 71.5-119	157
NUPERCAINAL	234
NUPLAZID	76
NURTEC	87
NUTRILIPID	149
NUZYRA	37
<i>nyamyc</i>	217
<i>nycoff</i>	244
NYQUIL COUGH LIQ 6.25-15	203
NYQUIL SINEX CAP NT RELF	203
<i>nystatin</i>	26
<i>nystatin (mouth-throat)</i>	244
<i>nystatin (topical)</i>	217
<i>nystop</i>	217

O

OBREDON SOL 2.5-200	203
OCEAN NASAL SPRAY	209
OCTAGAM	135
<i>octreotide acetate</i>	104
OCUSOFT LID AER ORIGINAL	234
ODEFSEY TAB	30
ODOMZO.....	50
<i>odorless coated fish oil/</i>	166
OFEV.....	209
<i>ofloxacin (ophth)</i>	183
<i>ofloxacin (otic)</i>	189
OGIVRI	50
OGSIVEO	50
OJEMDA.....	50
OJJAARA.....	50
<i>olanzapine</i>	76
<i>olmesartan medoxomil</i>	60
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 20-12.5</i> <i>mg</i>	58
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-12.5</i> <i>mg</i>	59
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-25 mg</i>	59
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 20-5-12.5</i> <i>mg</i>	59
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-10-</i> <i>12.5 mg</i>	59
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-10-25</i> <i>mg</i>	59
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-5-12.5</i> <i>mg</i>	59
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-5-25</i> <i>mg</i>	59

<i>olopatadine hcl</i>	185
OMEGA POWER CAP 1050MG.....	166
OMEGA-3 CAP 350MG	166
OMEGA-3 CAP FISH OIL.....	166
<i>omega-3 fatty acids</i>	166
OMEGA-3 IQ CHW 240MG.....	166
<i>omega-3-acid ethyl esters cap 1 gm</i>	62
OMEGAPURE CAP 780 EC.....	166
<i>omeprazole</i>	123
OMNIPOD 5 DX KIT INT G7G6.....	97
OMNIPOD 5 DX MIS POD G7G6	97
OMNIPOD 5 L2 KIT INTRO G6	97
OMNIPOD 5 L2 MIS PODS G6	98
OMNIPOD DASH KIT INTRO.....	98
OMNIPOD DASH MIS PODS	98
<i>ondansetron</i>	112
<i>ondansetron hcl</i>	112
ONE A DAY CAP PRENATAL	178
ONTRUZANT	50
ONUREG.....	39
OPCON-A SOL OP.....	185
OPERAND CHLORHEXIDINE GLU .	234
OPIPZA.....	76
OPSUMIT	67
<i>optics mini drops</i>	188
OPTIMAL D3 M	178
ORA-FILM	244
ORA-HESIVE PST BASE	143
ORAJEL 2X LIQ TOOTHACH.....	244
ORAJEL 3X GEL TTH/GUM	244
<i>oral analgesic maximum st</i>	244
<i>oral anesthetic maximum s</i>	244
ORAMAGIC PLUS	245
ORASEP SPR.....	245
<i>orastat maximum strength</i>	245
ORAZINC	157
ORGOVYX	40
<i>original ointment</i>	217
ORKAMBI GRA 100-125	210
ORKAMBI GRA 150-188	210

ORKAMBI GRA 75-94MG	210
ORKAMBI TAB 100-125	210
ORKAMBI TAB 200-125	210
ORSERDU.....	40
<i>os-cal</i>	157
OS-CAL.....	158
OS-CAL TAB 500 + D.....	158
OS-CAL ULTRA TAB.....	158
<i>osco natural fiber laxati</i>	119
<i>osco potassium gluconate</i>	146
<i>oseltamivir phosphate</i>	32
OSTEO-PORETI TAB	158
<i>oxacillin sodium</i>	36
OXALIC ACID CRY	143
<i>oxalic acid crystals</i>	143
<i>oxaliplatin</i>	38
<i>oxcarbazepine</i>	81
OXIPOR VHC LOT	234
<i>oxybutynin chloride</i>	124
<i>oxycodone hcl</i>	21
<i>oxycodone w/ acetaminophen tab</i> 10-325 mg	22
<i>oxycodone w/ acetaminophen tab</i> 2.5-325 mg.....	22
<i>oxycodone w/ acetaminophen tab</i> 5-325 mg.....	22
<i>oxycodone w/ acetaminophen tab</i> 7.5-325 mg.....	22
<i>oxymetazoline hcl</i>	203
OYST SHELL/D TAB 250-125.....	158
<i>oyster shell</i>	158
OYSTER SHELL CALCIUM	158
OZEMPIC (0.25 OR 0.5MG/DOSE).....	95
OZEMPIC (1MG/DOSE)	95
OZEMPIC (2MG/DOSE)	95
P	
P D NATAL/FA TAB.....	178
<i>pacerone</i>	61
<i>paclitaxel</i>	42
<i>paclitaxel inj 100mg</i>	42
PAIN RELIEF TAB.....	17

PAIN RELIVNG SPR 4-10-30%.....	234
<i>painaid</i>	17
<i>paliperidone</i>	76
PALMITATE-A	178
<i>pamidronate disodium</i>	98
PAMIDRONATE DISODIUM	98
PANDA MASK MIS SMALL	210
PANRETIN.....	234
<i>pantoprazole sodium</i>	123
PANZYGA.....	135
<i>paricalcitol</i>	106
<i>paroxetine hcl</i>	71
PARVA-CAL TAB 250-100	158
PARVA-CAL TAB 500MG	158
PATADAY.....	185
PATADAY EXTRA STRENGTH	185
PAXLOVID PAK.....	32
PAXLOVID TAB 150-100.....	32
PAXLOVID TAB 300-100.....	32
<i>pazopanib hcl</i>	50
PCCA MBK MIS FAT ACID	143
PEDIACARE INFANT	203
PEDIACARE LIQ CGH/COLD	204
PEDIA-LAX	119
PEDIARIX INJ 0.5ML.....	138
<i>pediatric enema</i>	119
PEDIATRIC MIS MASK.....	204
PEDIAVENT	192
PEDVAX HIB	138
PEG 1000 LIQ.....	143
<i>peg 3350-kcl-na bicarb-nacl-na</i> <i>sulfate for soln 236 gm</i>	119
<i>peg 3350-kcl-sod bicarb-nacl for</i> <i>soln 420 gm</i>	119
PEGASYS	32
PEMAZYRE.....	50
<i>pemetrexed disodium</i>	39
PENBRAYA INJ	138
<i>penicillamine</i>	99
<i>penicillin g potassium</i>	36
<i>penicillin g sodium</i>	36

<i>penicillin v potassium</i>	36
PENMENVY INJ.....	138
PENTACEL INJ.....	138
<i>pentamidine isethionate inh</i>	24
<i>pentamidine isethionate inj</i>	24
<i>pentoxifylline</i>	130
PEPCID AC.....	113
PEPCID CHW COMPLETE.....	121
PEPTO-BISMOL TO-GO.....	111
<i>perampanel</i>	81
PERCOGESIC TAB 12.5-325.....	204
PERFECT IRON.....	129
<i>perindopril erbumine</i>	57
<i>periogard</i>	245
PERMA-GRIP POW	245
<i>permethrin</i>	238
PERMETHRIN LOT 1%	238
<i>perox-a-mint</i>	245
<i>perphenazine</i>	76
PERUVIAN LIQ BALSAM	143
PETROLATUM OIN	234
<i>petrolatum ointment</i>	143
<i>petrolatum, hydrophilic ointment</i>	143
<i>pfizerpen</i>	36
PHANATUSS SYP.....	204
PHARMABASE BARRIER	234
PHAZYME	121
PHAZYME MAXIMUM STRENGTH ..	121
PHAZYME MS CAP 166MG.....	121
<i>phenazopyridine hcl</i>	124
<i>phenelzine sulfate</i>	71
<i>phenobarbital</i>	81, 82
<i>phenobarbital sodium</i>	82
PHENOL LIQ.....	234
<i>phenol liquid</i>	234
<i>phenylephrine in hard fat</i>	234
<i>phenylephrine w/ dm-gg liqd 10-18-200 mg/15ml</i>	204
<i>phenylephrine w/ dm-gg syrup 5-10-100 mg/5ml</i>	204

<i>phenylephrine w/ dm-gg tab 10-17.5-385 mg</i>	204
<i>phenytek</i>	82
<i>phenytoin</i>	82
<i>phenytoin sodium</i>	82
<i>phenytoin sodium extended</i>	82
PHESGO SOL.....	50
PHILLIPS.....	119
PHOS-NAK POW CONCENTR.....	158
PHOSPHATIDYL POW 20%	143
<i>phytonadione</i>	178
PIFELTRO.....	28
<i>pilocarpine hcl</i>	185
<i>pilocarpine hcl (oral)</i>	245
<i>pimecrolimus</i>	234
<i>pimozide</i>	77
<i>pindolol</i>	64
<i>pioglitazone hcl</i>	95
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	95
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	95
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	36
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	36
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	36
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	36
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	37
PIQRAY 200MG DAILY DOSE.....	50
PIQRAY 250MG TAB DOSE	50
PIQRAY 300MG DAILY DOSE.....	50
<i>pirfenidone</i>	210
<i>piroxicam</i>	20
<i>plenamine</i>	149
PLENVU SOL.....	119
PLURONIC	143
<i>podofilox</i>	234
POLAR FROST	234

POLIGRIP MIS COMFORT	245
POLIGRIP SUP CRE STRNG FR	245
POLY HIST TAB 7.5-10MG	204
<i>poly-c</i>	179
<i>polycin ophth oint</i>	183
POLY-HIST DM LIQ 5-25-10	204
POLY-HIST PD LIQ	204
<i>polymyxin b sulfate</i>	24
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	183
POLYSORBATE SOL 20	144
POLYSPORIN OIN	215
POLY-TUSSIN LIQ 10-4-10	204
POLY-VENT DM TAB	204
POLY-VENT IR TAB 60-380MG	204
POLY-VI-SOL SOL 50MG/ML	179
POLY-VI-SOL SOL IRON	179
POMALYST	41
<i>posaconazole</i>	26
POSTURE-D TAB 600MG	158
POSTURE-D TAB CALC/MAG	158
POT CHL 20MEQ/L IN NA CL 0.45% INJ	148
POT CHL 20MEQ/L IN NA CL 0.9% INJ	147
POT CHL 40MEQ/L IN NA CL 0.9% INJ	148
POT GLUCONAT TAB 500MG	146
POT NITRATE GRA	144
POT SORBATE CRY	144
<i>potassium</i>	146
<i>potassium & sodium phosphates powder pack 280-160-250 mg</i>	158
<i>potassium chloride</i>	148
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	148
<i>potassium chloride microencapsulated crystals er</i>	148
<i>potassium citrate (alkalinizer)</i>	124
<i>potassium gluconate</i>	146
POTASSIUM GLUCONATE	146
POTASSIUM GLUCONATE ER	146

POTASSIUM HYDROXIDE	144
POTASSIUM IODIDE	104
POTASSIUM TAB CHELATED	146
<i>povidone-iodine</i>	234
POVIDONE-IODINE PREP PAD	234
<i>powders</i>	234
<i>pramipexole dihydrochloride</i>	73
<i>pramoxine hcl (rectal)</i>	234
<i>pramoxine-hc cream 1-2.5%</i>	220
<i>prasterone (dhea)</i>	166
PRASTERONE (DHEA) CAP 25	166
<i>prasugrel hcl</i>	131
<i>pravastatin sodium</i>	61
<i>praziquantel</i>	25
<i>prazosin hcl</i>	57
PREDATOR	234
<i>prednisolone</i>	101
<i>prednisolone acetate (ophth)</i>	184
PREDNISOLONE SODIUM PHOSP	184
<i>prednisolone sodium phosphate</i>	101
<i>prednisone</i>	101
PREDNISONE INTENSOL	101
<i>pregabalin</i>	82
PREMASOL SOL 10%	149
PRENAT MULTI CAP +DHA	179
PRENATAL CAP FORMULA	179
PRENATAL DHA PAK MULTI	179
PRENATAL FRM TAB A-FREE	179
PRENATAL GUM CHW 0.4-32.5	179
PRENATAL TAB	179
PRENATAL TAB 27-1MG	148
PRENATAL TAB PLUS	148
PREPARATIO H CRE TOTABLE	234
PREPARATIO H GEL	234
PREPARATION OIN H	235
<i>prevalite</i>	62
PREVYMIS	32
PREZCOBIX TAB 675/150	30
PREZCOBIX TAB 800-150	30
PREZISTA	28
PRIFTIN	31

PRILOSEC OTC	123
<i>primaquine phosphate</i>	27
PRIMAQUINE PHOSPHATE	27
<i>primidone</i>	82
PRIORIX INJ	138
PRIVIGEN.....	136
PRO NUTRIENT CAP OMEGA3.....	166
<i>probenecid</i>	13
<i>prochlorperazine</i>	112
<i>prochlorperazine edisylate</i>	112
<i>prochlorperazine maleate</i>	112
PROCORT CRE	235
PROCRIT	127
<i>proctocort</i>	235
PROCTOCORT.....	235
PROCTOFOAM AER NS 1%	235
<i>procto-med hc</i>	235
<i>proctosol hc</i>	235
<i>proctozone-hc</i>	235
PROFE	129
PROFERRIN ES TAB 12 MG.....	129
<i>progesterone</i>	105
PROGRAF	136
PROLASTIN-C.....	210
PROLIA.....	98
<i>promethazine hcl</i>	112
<i>promethazine vc/codeine</i>	204
<i>promethazine w/ codeine syrup</i> 6.25-10 mg/5ml	204
<i>promethazine-dm syrup 6.25-15</i> <i>mg/5ml</i>	204
<i>promethazine-phenylephrine-</i> <i>codeine syrup 6.25-5-10 mg/5ml</i>	204
PRONTO SHA 0.33-4%.....	238
<i>propafenone hcl</i>	61
<i>proparacaine hcl</i>	188
<i>propranolol hcl</i>	64
PROPYLENE GL SOL.....	144
<i>propylene glycol</i>	144
<i>propylthiouracil</i>	106
PROQUAD INJ	138

PRO-RED AC SYP 5-1-9/5.....	204
PROSOL INJ 20%	149
PROSOURCE LIQ NO CARB	166
PROTO-CHOL CAP 1000MG.....	166
<i>protriptyline hcl</i>	71
<i>pseudoeph-chlorphen w/</i> <i>hydrocodone soln 60-4-5 mg/5ml</i>	204
<i>pseudoephed-bromphen-dm syrup</i> 30-2-10 mg/5ml.....	205
<i>pseudoephedrine hcl</i>	205
<i>psoriasis</i>	235
PSORIASIS MEDICATED SKIN	235
<i>psyllium</i>	119
PULMOZYME	210
PURE L-CITRULLINE.....	166
<i>px enteric aspirin</i>	17
<i>px fish oil</i>	166
PX ULTRA STR OIN RUB.....	235
<i>pyrazinamide</i>	31
<i>pyrethrins-piperonyl butoxide liq</i> 0.3-3%	238
<i>pyridostigmine bromide</i>	89
<i>pyridoxine hcl</i>	179
PYRILAMIN/PE TAB 25-10MG.....	205
<i>pyrimethamine</i>	25
<i>pyrithione zinc</i>	235
PYZCHIVA.....	132

q

<i>qc 3 day vaginal cream</i>	125
<i>qc anti-diarrheal advance</i>	111
<i>qc aspirin low dose</i>	17
<i>qc b-complex + vitamin c</i>	179
<i>qc cough drops</i>	245
<i>qc diclofenac sodium</i>	17
<i>qc relief patch</i>	235
<i>qc sore throat</i>	245
Q-GEL	166
QINLOCK	50
<i>q-tussin dm</i>	205
QUADRACEL INJ 0.5ML.....	138

<i>quetiapine fumarate</i>	77
<i>quinapril hcl</i>	57
<i>quinidine sulfate</i>	61
<i>quinine sulfate</i>	27
QULIPTA.....	87
<i>qunol coq10/ubiquinol/meg</i>	166
<i>q-up</i>	166

R

<i>ra allergy</i>	192
<i>ra antacid pain relief</i>	17
<i>ra antibiotic/pain relief</i>	215
<i>ra antifungal foot care</i>	217
<i>ra aspirin ec</i>	17
<i>ra aspirin ec adult low s</i>	17
<i>ra body powder medicated</i>	235
RA CA/BORON TAB.....	158
<i>ra calcium 600</i>	158
<i>ra cleaning/disinfecting</i>	188
<i>ra cough drops</i>	245
<i>ra day/night maximum stre</i>	205
<i>ra ginkgo biloba</i>	166
RA HIGH POTENCY IRON.....	129
<i>ra l-arginine</i>	166
<i>ra laxative extra strengt</i>	119
<i>ra medicated first aid sp</i>	235
<i>ra mouth pain anesthetic</i>	245
RA OYS SHL/D TAB 500MG.....	158
<i>ra potassium/magnesium as</i>	158
<i>ra severe cold/night time</i>	205
<i>ra slow release iron</i>	129
RA TRUEPLUS GLUCOSE.....	102
<i>ra tussin cough dm sugar</i>	205
RA VITAMIN B-1.....	179
RA VITAMIN B-12.....	179
<i>ra vitamin e</i>	179
<i>ra vitamin e natural</i>	179
RABAVERT INJ.....	138
<i>rabeprazole sodium</i>	123
RALDESY.....	71
<i>raloxifene hcl</i>	104
<i>ramelteon</i>	86

<i>ramipril</i>	57
<i>ranolazine</i>	66
<i>rasagiline mesylate</i>	73
<i>raspberry syrup</i>	144
RECOMBIVAX HB.....	138
RED YEAST POW RICE.....	144
REESES PINWORM MEDICINE.....	25
REFENESSEN TAB CHST CNG.....	205
REFRESH DRO OP.....	188
REFRESH GEL OPTIVE.....	188
REFRESH LIQUIGEL.....	188
REFRESH OPTI DRO 0.5-0.9%.....	188
REFRESH PLUS.....	188
REFRESH SOL OPTIVE.....	188
<i>relcof c</i>	205
RELENZA DISKHALER.....	32
RELION ALL- MIS IN-ONE.....	104
RELISTOR.....	121, 122
REMEDY CLEANSING BODY LOT..	235
<i>remedy phytoplex antifung</i>	217
REMEDY PST CALAZIME.....	235
REMEDY SKIN REPAIR.....	235
REMICADE.....	132
<i>renal caps</i>	179
RENFLEXIS.....	132
<i>repaglinide</i>	95
REPATHA.....	62
REPATHA SURECLICK.....	62
REPEL SPORTSMEN MAX.....	235
REPLACE TAB SR.....	146
REPLESTA.....	179
REPLESTA CHILDRENS.....	179
RESCON TAB 2-60MG.....	205
RESCON-DM SYP.....	205
RESPIRE-30 CAP.....	205
RESTASIS.....	188
RESTASIS MULTIDOSE.....	188
RESTORE PAK.....	111
RESTORE SILV PAD 4.....	235
RETAIN E HPMC.....	188
RETAIN E MGD EMU 0.5-0.5%.....	188

RETEVMO	51
REVCovi	104
REVUFORJ	51
REXULTI	77
REYATAZ	28
REZDIFFRA.....	104
REZLIDHIA.....	51
REZUROCK.....	136
RHINARIS	210
RHOPRESSA.....	186
<i>ribavirin (hepatitis c)</i>	32
<i>riboflavin</i>	179
RIBOFLAVIN	179
RICOLA CHERRY HERB SUGAR	245
RICOLA CHERRY HONEY HERB	245
<i>ricola honey lemon w/echi</i>	245
RICOLA HONEY-HERB.....	245
RICOLA LEMON MINT.....	245
RICOLA LEMON MINT HERB SU	245
RICOLA LOZ.....	245
<i>ricola mountain herb suga</i>	245
<i>ricola natural herb</i>	246
RID	238
RID COMPLETE KIT LICE	238
RID ESS LICE KIT 0.33-4%	238
RID LIQ.....	239
<i>rifabutin</i>	31
<i>rifampin</i>	31
<i>riluzole</i>	89
RI-MAG	109
RI-MAG PLUS SUS.....	109
<i>rimantadine hydrochloride</i>	32
RINVOQ	133
RINVOQ LQ	133
RISACAL-D TAB.....	158
RISAMINE OIN.....	235
<i>risedronate sodium</i>	98
<i>risperidone</i>	77
<i>risperidone microspheres</i>	77
<i>ritonavir</i>	28
<i>rivaroxaban</i>	126

<i>rivastigmine</i>	69
<i>rivastigmine tartrate</i>	69
<i>rizatriptan benzoate</i>	88
<i>robafen dm clear</i>	205
<i>robafen dm cough clear</i>	205
ROBITUSSIN COUGHGELS	205
ROBITUSSIN LIQ CGH/CLD.....	205
ROBITUSSIN SYP 100/5ML	205
ROCKLATAN DRO	186
<i>roflumilast</i>	210
ROLAIDS CHW.....	109
ROLAIDS CHW EX ST	109
ROLAIDS MULT CHW SYMPTOM...	109
ROMVIMZA.....	51
<i>ropinirole hydrochloride</i>	73
<i>rosuvastatin calcium</i>	61
ROTARIX SUS.....	138
ROTATEQ SOL	138
<i>roweepra</i>	82
ROZLYTREK	51
RUBRACA.....	51
<i>rufinamide</i>	82
RUKOBIA	28
RYBELSUS	95
RYDAPT	51
RYDEX LIQ.....	205
RYMED TAB 2-10MG	205
s	
S2	210
<i>sacubitril-valsartan tab 24-26 mg</i>	59
<i>sacubitril-valsartan tab 49-51 mg</i>	59
<i>sacubitril-valsartan tab 97-103 mg</i>	59
<i>sajazir</i>	130
SALESE LOZ	246
SALMON CAP 200MG	166
SALONPAS GEL DEEP REL	235
SANTYL.....	239
<i>sapropterin dihydrochloride</i>	104
SARNA CALM LOT 1-0.5%	236
SARNA LOT	236

SAW PALMETTO	166
<i>saw palmetto (serenoa repens)</i>	167
SAW PALMETTO BERRIES	167
SAW PALMETTO CAP 450MG	167
<i>sb anti-gas</i>	122
<i>sb aspirin</i>	17
<i>sb aspirin adult low stre</i>	18
<i>sb childrens ibuprofen</i>	20
<i>sb cough control</i>	205
<i>sb cough control cf</i>	205
<i>sb cough relief</i>	206
<i>sb lactase</i>	113
<i>sb low dose asa ec</i>	18
SCSEMBLIX.....	51, 52
<i>scholls for her cracked s</i>	236
SCOOBY-DOO CHW	179
<i>scopolamine</i>	112
SCYTERA.....	236
SE PLUS PROTEIN	158
SEA BOND BRI GEL CLEANSER.....	246
SEA BOND WAF	246
SEBULEX SHA	236
SECUADO.....	77
SECURA EXTRA PROTECTIVE	236
<i>selegiline hcl</i>	73
<i>selenium</i>	158
SELENIUM.....	158
<i>selenium sulfide</i>	217
SELENIUM TAB 50MCG	158
SELSUN BLUE.....	236
SELZENTRY	28
<i>senexon</i>	119
SENNA.....	119
SENNA LEAVES MIS	120
SENOKOT.....	120
SENOKOT S TAB 8.6-50MG.....	120
SENOKOT XTRA.....	120
SEREVENT DISKUS	193
<i>sertraline hcl</i>	71
SESAME ST CHW VITAMINS	179
SHINGRIX.....	138

SIGNIFOR.....	105
SIKLOS.....	130
<i>sildenafil citrate (pulmonary hypertension)</i>	67
<i>siltussin-dm</i>	206
<i>silver sulfadiazine</i>	215
SIMBRINZA SUS 1-0.2%	186
<i>simethicone</i>	122
<i>simethicone susp 40 mg/0.</i>	122
<i>simple - syrup</i>	144
<i>simvastatin</i>	61
SINUS RELIEF TAB DAY/NGHT	206
SINUS WASH CRY SALT	210
<i>sirolimus</i>	137
SIRTURO.....	31
SKIN PROTECTANT MOISTURE.....	236
SKYRIZI	133
SKYRIZI PEN	133
SLO-NIACIN	180
SLOW FE.....	129
<i>slow magnesium chloride/</i>	159
SLOW MAGNESIUM CHLORIDE/ ...	159
<i>sm 3-day vaginal</i>	125
<i>sm 8 hour pain relief</i>	18
<i>sm allergy relief</i>	192
<i>sm anti-dandruff coal tar</i>	236
<i>sm arthritis pain</i>	18
<i>sm aspirin adult low stre</i>	18
<i>sm aspirin ec low strengt</i>	18
<i>sm aspirin low dose</i>	18
SM B-COMPLEX TAB /VIT C	180
<i>sm biotin</i>	180
<i>sm calcium plus/vitamin d</i>	159
SM CORAL CALCIUM	159
<i>sm cough drops</i>	246
<i>sm fiber</i>	120
<i>sm flax seed oil</i>	167
<i>sm fruit coolers</i>	246
<i>sm ginkgo biloba</i>	167
SM LAXATIVE TAB REGULAR.....	120
<i>sm natural herb cough dro</i>	246

SM SLOW RELEASE IRON	129	<i>sore throat lozenges</i>	246
<i>sm tussin dm</i>	206	<i>sotalol hcl</i>	61
<i>sm tussin dm cough/chest</i>	206	<i>sotalol hcl (afib/afl)</i>	61
SM VITAMIN D3 MAXIMUM STR ...	180	SOTYKTU	133
SOD BENZOATE POW	144	SPECTROCIN OIN PLUS	215
SOD CHLORIDE GRA	159	SPIRIVA RESPIMAT	190
SOD METABISU GRA	144	<i>spironolactone</i>	57
SOD PERBORAT CRY	144	<i>spironolactone &</i>	
SOD PROPION POW	144	<i>hydrochlorothiazide tab 25-25 mg</i>	
<i>sod sulfate-pot sulf-mg sulf oral sol</i>			65
<i>17.5-3.13-1.6 gm/177ml</i>	120	SPRITAM	83
SOD SULFITE POW	144	<i>sps</i>	99
<i>sodium benzoate powder</i>	144	<i>sps rectal</i>	99
<i>sodium bicarbonate (antacid)</i>	109	<i>ssd</i>	215
SODIUM BORAT POW	144	<i>st joseph aspirin</i>	18
<i>sodium chloride</i>	148, 159	<i>st joseph low dose aspiri</i>	18
SODIUM CHLORIDE	159	STAHIST AD LIQ	206
<i>sodium chloride (gu irrigant)</i>	239	STAHIST AD TAB 25-60MG	206
<i>sodium chloride (inhalant)</i>	206	STELARA	133
<i>sodium chloride hypertonic</i>	188	STERILE LUBRICANT DROPS	188
SODIUM CITRA GRA	144	STEVIA EXTRACT	144
<i>sodium fluoride chew; tab; 1.1 (0.5</i>		STIMULEN LOT	236
<i>f) mg/ml soln</i>	148	STIVARGA	52
SODIUM OXYBATE	91	STOPAIN	236
<i>sodium phenylbutyrate</i>	105	<i>streptomycin sulfate</i>	25
<i>sodium polystyrene sulfonate</i>		STRESS B CMP TAB /C TR	180
<i>powder</i>	99	STRESSCAPS CAP	180
SODIUM POW BICARBON	109	STRIBILD TAB	30
<i>sodium saccharin powder</i>	167	STUART ONE CAP	180
<i>solifenacin succinate</i>	124	<i>subvenite</i>	83
SOLIQUA INJ 100/33	98	<i>sucrafate</i>	122
SOLTAMOX	40	SUCRETS SORE THROAT	246
SOLU-CORTEF	101	SUDAFED PE MAXIMUM STRENG	206
SOMATULINE DEPOT	105	SUDAFED PE PAK COLD	206
SOMAVERT	105	SUDAFED SINUS CONGESTION ...	206
SOOTH-IT PAD	236	SUDAFED TAB 60MG	206
<i>sorafenib tosylate</i>	52	<i>sulfacetamide sodium (acne)</i>	214
<i>sorbitol</i>	144	<i>sulfacetamide sodium (ophth)</i>	183
SORBITOL	120	<i>sulfacetamide sodium-prednisolone</i>	
<i>sore throat</i>	246	<i>ophth soln 10-0.23(0.25)%</i>	182
SORE THROAT LOLLIPOPS	246	<i>sulfadiazine</i>	25

<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	25
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	25
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	25
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	25
SULFAMYLON	215
sulfasalazine	114
SULFUR POW	144
SULFUR POW PRECIPIT	144
<i>sulindac</i>	20
<i>sumatriptan</i>	88
<i>sumatriptan succinate</i>	88
SUMMERS EVE SOL 0.3%	124
<i>sunitinib malate</i>	52
SUNLENCA	29
SUPER DAILY D3	180
SUPER TWIN CAP EPA/DHA	167
SUPERIORSOURCE K1	180
SUSPENDOL-S LIQ	144
<i>sv b12</i>	180
<i>sv b12 fast dissolve</i>	180
<i>sv d-mannose</i>	167
SWEEN CRE	236
SWIM EAR	247
SYMDEKO TAB 100-150	210
SYMDEKO TAB 50-75MG	210
SYMPAZAN	83
SYMTUZA TAB	30
SYNAREL	105
SYNTHROID	106
SYSTANE BALANCE RESTORATI	188
SYSTANE FREE GEL	188
SYSTANE PF SOL	188

T

TABLOID	39
TABRECTA	52
<i>tacrolimus</i>	137
<i>tacrolimus (topical)</i>	236

<i>tadalafil</i>	123
<i>tadalafil (pulmonary hypertension)</i>	67
TAFINLAR	52
TAGRISSO	52
TALC POW	144
<i>talco powder</i>	145
TALZENNA	52
<i>tamoxifen citrate</i>	40
<i>tamsulosin hcl</i>	123
TANDEM CAP	129
TANNIC ACID POW	236
<i>tannic acid powder</i>	236
<i>tasimelteon</i>	86
TAVIST ALLERGY	192
TAVNEOS	130
<i>tazarotene</i>	218
<i>tazicef</i>	34
TAZVERIK	52
TEARS NATURA OIN PM	188
TECENTRIQ	52
TECENTRIQ INJ HYBREZA	52
TEFLARO	34
TEGADERM AG MIS ALGINATE	236
TEGADERM AG PAD ALG 4X5	236
TEGADERM AG PAD ALG 6X6	237
TEGADERM AG PAD ALGINATE	237
<i>telmisartan</i>	60
<i>telmisartan-amlodipine tab 40-10 mg</i>	59
<i>telmisartan-amlodipine tab 40-5 mg</i>	59
<i>telmisartan-amlodipine tab 80-10 mg</i>	59
<i>telmisartan-amlodipine tab 80-5 mg</i>	59
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	59
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	59
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	59

<i>temazepam</i>	86	THERATEARS	188
TEMPRA 3 CHW 160MG.....	18	<i>thiamine hcl</i>	180
TENIVAC INJ 5-2LF	138	<i>thioridazine hcl</i>	77
<i>tenofovir disoproxil fumarate</i>	29	<i>thiothixene</i>	77
TEPMETKO.....	52	<i>throat discs</i>	246
<i>terazosin hcl</i>	57	THYMOL CRY	145
<i>terbinafine hcl</i>	26	THYROSAFE	105
<i>terbutaline sulfate</i>	193	<i>tiadylt er</i>	64
<i>terconazole vaginal</i>	125	<i>tiagabine hcl</i>	83
TERIPARATIDE.....	99	TIBSOVO.....	52
TESSALON PERLES	206	<i>ticagrelor</i>	131
<i>testosterone</i>	93	TICOVAC.....	138
<i>testosterone cypionate</i>	93	<i>tigecycline</i>	37
<i>testosterone enanthate</i>	93	TIGER BALM CRE MUSCLE.....	237
<i>testosterone pump</i>	93	<i>timolol maleate</i>	64
<i>tetrabenazine</i>	89	<i>timolol maleate (ophth)</i>	186
<i>tetracycline hcl</i>	37	TINACTIN	217
<i>tg 10peh/380gfn/15dm</i>	206	<i>tinidazole</i>	25
<i>tgt acetaminophen melts c</i>	18	TIOCONAZOLE OIN -1.....	125
<i>tgt antacid extra strengt</i>	109	TIVICAY.....	29
<i>tgt anti-itch/aloe maximu</i>	220	TIVICAY PD.....	29
<i>tgt cough drops</i>	246	<i>tizanidine hcl</i>	90
<i>tgt cough formula dm max</i>	206	TOBI PODHALER.....	25
<i>tgt eye allergy relief</i>	185	TOBRADEX OIN 0.3-0.1%	182
<i>tgt hemorrhoidal supposit</i>	237	<i>tobramycin</i>	25
<i>th b complex/iron/vitamin</i>	180	<i>tobramycin (ophth)</i>	184
<i>th cold & allergy</i>	206	<i>tobramycin sulfate</i>	25
THALOMID.....	41	<i>tobramycin-dexamethasone ophth</i> <i>susp 0.3-0.1%</i>	183
<i>theophylline</i>	211	<i>tolnaftate</i>	217
THER B COMPL TAB W/C.....	180	<i>tolterodine tartrate</i>	124
THERA MULTI LIQ	180	<i>tolvaptan</i>	105
THERACRAN HP.....	167	<i>tolvaptan tab therapy pack 30 & 15</i> <i>mg</i>	105
THERACRAN HP FOR KIDS.....	167	<i>tolvaptan tab therapy pack 45 & 15</i> <i>mg</i>	105
THERA-D 4000.....	180	<i>tolvaptan tab therapy pack 60 & 30</i> <i>mg</i>	105
THERAFLU PAK SEV COLD	206	<i>tolvaptan tab therapy pack 90 & 30</i> <i>mg</i>	105
THERAFLU SEV POW COLD/CGH..	206	TOOTHACHE GEL 20-0.26%	246
THERANATAL CAP ONE	180	TOPICAINE.....	237
THERANATAL MIS COMPLETE.....	180		
THERANATAL PAK OVAVITE	180		
THERAPLEX T	237		
THERASEAL.....	237		

This document includes a list of drugs covered on our formulary as of January 1, 2026.
You can find information on what the symbols and abbreviations on this table mean by
going to page 8.

<i>topiramate</i>	83	<i>trifluoperazine hcl</i>	78
<i>toremifene citrate</i>	40	<i>trifluridine</i>	184
<i>torpenz</i>	53	<i>trihexyphenidyl hcl</i>	73
<i>torsemide</i>	65	TRIJARDY XR TAB ER 24HR 10-5-1000MG.....	95
TOUJEO MAX SOLOSTAR.....	98	TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	95
TOUJEO SOLOSTAR.....	98	TRIJARDY XR TAB ER 24HR 25-5-1000MG.....	95
TPN ELECTROL INJ.....	148	TRIJARDY XR TAB ER 24HR 5-2.5-1000MG.....	95
TR MAG COMPL CAP 400MG	159	TRIKAFTA PAK 59.5MG.....	211
TRADJENTA.....	95	TRIKAFTA PAK 75MG.....	211
<i>tramadol hcl</i>	22	TRIKAFTA TAB 100-50-75MG & 150MG.....	211
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	22	TRIKAFTA TAB 50-25-37.5MG & 75MG.....	211
<i>trandolapril</i>	57	<i>trimethoprim</i>	25
<i>tranexamic acid</i>	130	<i>trimipramine maleate</i>	71
<i>tranylcypromine sulfate</i>	71	TRINTELLIX	71
TRAVASOL INJ 10%	149	TRIPLE PASTE.....	237
TRAZIMERA.....	53	<i>triprolidine & pseudoephedrine tab 2.5-60 mg</i>	207
<i>trazodone hcl</i>	71	TRIPROLIDINE HYDROCHLORID..	192
TRELEGY AER ELLIPTA 100-62.5-25 MCG	189	TRIUMEQ PD TAB	30
TRELEGY AER ELLIPTA 200-62.5-25 MCG	190	TRIUMEQ TAB.....	30
TREMFYA.....	133	TRI-VI-SOL SOL A/C/D	180
TREMFYA INDUCTION PACK FO....	134	<i>tri-vite pediatric</i>	180
<i>treprostinil</i>	67	TROCHIBASE S MIS	145
<i>tretinoin</i>	214	TROGARZO	29
<i>tretinoin (chemotherapy)</i>	42	TROPHAMINE INJ 10%	149
<i>triamcinolone acetonide (mouth)</i>	246	<i>trospium chloride</i>	124
<i>triamcinolone acetonide (topical)</i>	220	<i>true vitamin e</i>	180
TRIAMINIC NT LIQ COLD/CGH.....	206	TRUEPLUS GEL GLUCOSE	167
TRIAMINIC SOL COLD/CGH	206	TRUEPLUS GLUCOSE	167
TRIAMINIC SYP CLD/ALRG	206	TRULICITY.....	95
TRIAMINIC SYP COLD/CGH	206	TRUMENBA.....	139
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	65	TRUQAP.....	53
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	65	TRUXIMA	53
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	66	<i>trymine cg</i>	207
<i>tridacaine ii</i>	221	<i>tryptophan</i>	167
<i>triderm</i>	220	TUKYSA.....	53
<i>trientine hcl</i>	99		

This document includes a list of drugs covered on our formulary as of January 1, 2026.
You can find information on what the symbols and abbreviations on this table mean by going to page 8.

TUMS	109
TUMS CALCIUM FOR LIFE BON	109
<i>tums gas relief</i>	109
TURALIO	53
<i>turpentine liq</i>	145
TUSNEL C SYP	207
TUSNEL PED DRO 7.5-50	207
TUSNEL TAB	207
TUSNEL-DM DRO PEDIATRC	207
<i>tussin dm</i>	207
<i>twice-daily clindamycin phosphate</i> <i>(topical)</i>	215
TWINRIX INJ	139
TYBOST	29
TYENNE	134
TYL ALLERGY TAB SINUS	207
TYLENOL ALLE TAB MULTI-SY	207
TYLENOL CAP 500MG	18
TYLENOL CAPLETS	18
TYLENOL CHILDRENS	18
TYLENOL CHLD SUS COLD FLU	207
TYLENOL COLD LIQ MAX	207
TYLENOL COLD LIQ MULTI-S	207
TYLENOL COLD LIQ MULTI-SY	207
TYLENOL COLD TAB HEAD CON	207
TYLENOL COLD TAB RELIEF	207
TYLENOL ER TAB 650MG	18
TYLENOL EXTRA STRENGTH	18
TYLENOL SINU PAK CNG/PAIN	207
TYLENOL TAB CLD/HD	207
TYPHIM VI	139

U

UBRELVY	88
ULTRA COQ10	167
<i>ultra throat lozenges</i>	246
UNIBASE CRE	145
UNISOM	92
UNISOM SLEEPGELS	92
<i>unithroid</i>	106
UPCAL D POW	159
UPSPRING BABY VITAMIN D	181

UPTRAVI	67, 68
UPTRAVI PACK TAB 200/800	68
UREA BEA	145
URO MAG	109
URO-TRIN TAB 95MG	124
<i>ursodiol</i>	122
USTEKINUMAB	134

V

<i>vacuant mini-enema</i>	120
<i>vacuant plus mini-enema</i>	120
<i>valacyclovir hcl</i>	32
VALCHLOR	237
<i>valganciclovir hcl</i>	32
<i>valine powder</i>	167
<i>valproate sodium</i>	83
<i>valproic acid</i>	83
<i>valsartan</i>	60
<i>valsartan-hydrochlorothiazide tab</i> <i>160-12.5 mg</i>	60
<i>valsartan-hydrochlorothiazide tab</i> <i>160-25 mg</i>	60
<i>valsartan-hydrochlorothiazide tab</i> <i>320-12.5 mg</i>	60
<i>valsartan-hydrochlorothiazide tab</i> <i>320-25 mg</i>	60
<i>valsartan-hydrochlorothiazide tab</i> <i>80-12.5 mg</i>	60
VALTOCO 10 MG DOSE	83
VALTOCO 15 MG DOSE	83
VALTOCO 20 MG DOSE	83
VALTOCO 5 MG DOSE	83
VANACLEAR PD	192
VANACOF AC LIQ 12.5-25	207
VANACOF DM LIQ	207
VANACOF LIQ	207
VANACOF-8 LIQ 25-50/15	207
VANAHIST PD	192
VANAMINE PD	192
VANATAB AC TAB 12.5-25	207
VANATAB DM TAB 5-9-198	208
<i>vancomycin hcl</i>	25

VANCOMYCIN INJ 1 GM	25
VANCOMYCIN INJ 500MG	26
VANCOMYCIN INJ 750MG	26
VANFLYTA.....	53
VAQTA.....	139
<i>varenicline tartrate</i>	92
<i>varenicline tartrate tab 11 x 0.5 mg</i> <i>& 42 x 1 mg start pack</i>	92
VARIVAX	139
VASCEPA.....	62
VAXCHORA SUS	139
<i>vazotab</i>	208
VEEGUM MIS LUMP	145
VELSIPITY.....	134
VENCLEXTA.....	53
VENCLEXTA TAB START PK	53
<i>venlafaxine hcl</i>	71
VENTOLIN HFA	193
VENTOLIN HFA (INSTITUTIONAL PACK)	193
<i>verapamil hcl</i>	65
VERQUVO.....	66
VERSACLOZ	78
VERZENIO	53
VIActiv CHW CARAMEL.....	159
<i>vicks dayquil severe cold</i>	208
VICKS NYQUIL LIQ COLD/FLU.....	208
VICKS OIN VAPORUB.....	208
VICKS VAPODROPS	246
VICKS VITAMIN C DROPS	181
<i>vigabatrin</i>	83
<i>vigadrone</i>	84
VIGAFYDE.....	84
<i>vigpoder</i>	84
<i>vilazodone hcl</i>	71
VIMKUNYA.....	139
<i>vincristine sulfate</i>	42
<i>vinorelbine tartrate</i>	42
VIRACEPT	29
VIREAD	29
VISINE	185

VISINE PURE DRO TEARS.....	188
VISINE TIRED EYE RELIEF.....	188
VIT C+ZINC TAB 15-60MG	181
VITA-C CRY.....	181
VITACRAVES CHW +OMEGA-3	181
VITALINE COQ10.....	167
VITAMAX CHW.....	181
<i>vitamin a</i>	181
VITAMIN A CAP 8000UNIT	181
VITAMIN A&D OIN	237
VITAMIN B 12.....	181
VITAMIN B12	181
VITAMIN B-12	181
VITAMIN B-12 SUB 1000MCG.....	181
VITAMIN C	181
VITAMIN C SOL.....	181
VITAMIN D.....	181
VITAMIN D2.....	181
VITAMIN D3.....	181
VITAMIN D3 IMMUNE HEALTH.....	181
<i>vitamin d3 ultra potency</i>	181
<i>vitamin e</i>	182
VITAMIN E.....	182
<i>vitamin e/d-alpha natural</i>	182
<i>vitamin e-100</i>	182
VITAMIN K	182
VITAMIN K2.....	182
VITRAKVI.....	53
VITRON-C TAB 65-125MG	129
VIVIMUSTA	38
VIVITROL.....	92
VIVOTIF CAP EC	139
VIZIMPRO.....	54
VOLTAREN ARTHRITIS PAIN.....	18
VONJO	54
VOQUEZNA PAK DUAL PAK	122
VOQUEZNA PAK TRIP PK.....	122
VORANIGO.....	54
<i>voriconazole</i>	26, 27
VOSEVI TAB	32
VOWST CAP.....	122

VRAYLAR	78
VYZULTA	186

W

WAL-FLU COLD POW SORE THR...	208
WALGREENS GLUCOSE	102
<i>wal-tussin cough & chest</i>	208
<i>warfarin sodium</i>	126
WART OFF SOL 17%	237
<i>water for injection</i>	139
<i>water for irrigation, sterile irrigation soln</i>	239
<i>water for iv injection</i>	139
<i>wee care</i>	130
WELIREG	42
WESTAB PLUS TAB 27-1MG	149
<i>white petrolatum gel</i>	145
<i>white petrolatum ointment</i>	145
<i>white petrolatum topical gel</i>	237
WINREVAIR	68
WINREVAIR INJ 45MG	68
WINREVAIR INJ 60MG	68
WITEPSOL MIS	145
<i>wixela inhub</i>	213
WOUN'DRES GEL	237
WYOST	99

X

XALKORI	54
XARELTO	126
XARELTO STAR TAB 15/20MG	126
XATMEP	135
XCOPRI	84
XCOPRI PAK 100-150	84
XCOPRI PAK 12.5-25	84
XCOPRI PAK 150-200MG (MAINTENANCE)	84
XCOPRI PAK 150-200MG (TITRATION)	84
XCOPRI PAK 50-100MG	84
XDEMVY	184
XELJANZ	134

XELJANZ XR	134
XERMELO	122
XHANCE	212
XIFAXAN	122
XIGDUO XR TAB 10-1000	96
XIGDUO XR TAB 10-500MG	96
XIGDUO XR TAB 2.5-1000	95
XIGDUO XR TAB 5-1000MG	96
XIGDUO XR TAB 5-500MG	95
XIIDRA	189
XOFLUZA	32
XOLAIR	211
XOSPATA	54
XPOVIO PAK (100 MG ONCE WEEKLY)	54
XPOVIO PAK (40 MG ONCE WEEKLY)	54
XPOVIO PAK (40 MG TWICE WEEKLY)	54
XPOVIO PAK (60 MG ONCE WEEKLY)	54
XPOVIO PAK (60 MG TWICE WEEKLY)	54
XPOVIO PAK (80 MG ONCE WEEKLY)	54
XPOVIO PAK (80 MG TWICE WEEKLY)	54
XTANDI	40
XULTOPHY INJ 100/3.6	98

Y

YESINTEK	134
YF-VAX INJ	139
YONSA	40
YUTREPIA	68
<i>yuvaferm</i>	100

Z

<i>zafirlukast</i>	208
<i>zaleplon</i>	87
ZANTAC TAB 75MG	113
ZARXIO	127

Z-BUM.....	237	<i>zinc gluconate</i>	159
ZEGALOGUE	102	ZINC OXIDE	238
ZEJULA.....	55	<i>zinc oxide (topical)</i>	238
ZELBORAF	55	ZINC OXIDE POW	145
ZEMAIRA.....	211	<i>zinc sulfate</i>	159
<i>zenatane</i>	215	ZINC SULFATE.....	159
ZENIFIBER AG PAD 12	237	ZINC SULFATE POW	159
ZENIFIBER AG PAD 2.....	237	ZINC SULFATE POW GRANULAR..	159
ZENIFIBER AG PAD 4.....	237	ZINC SULFATE POW MONOHYD ...	159
ZENIFIBER AG PAD 6.....	237	<i>zinc sulfate powder</i>	159
ZENIFIBER AG PAD 8.....	237	ZINC W/A&C LOZ.....	246
ZENIFOAM AG PAD 4	237	<i>ziprasidone hcl</i>	78
ZENPEP CAP 10000UNT	122	<i>ziprasidone mesylate</i>	78
ZENPEP CAP 15000UNT	122	ZIRABEV	55
ZENPEP CAP 20000UNT	122	ZIRGAN	184
ZENPEP CAP 25000UNT	122	<i>zoledronic acid</i>	99
ZENPEP CAP 3000UNIT.....	122	ZOLINZA.....	55
ZENPEP CAP 40000UNT	122	<i>zolpidem tartrate</i>	87
ZENPEP CAP 5000UNIT.....	122	ZONISADE.....	84
ZENPEP CAP 60000UNT	122	<i>zonisamide</i>	84
ZERViate	185	ZOSTRIX NATURAL PAIN RELI.....	238
<i>zidovudine</i>	29	ZTALMY	84
ZIKS ARTHRIT CRE RELIEF	237	ZURZUVAE	72
ZILACTIN BABY	246	ZUTRIPRO LIQ 60-4-5MG	208
<i>zilactin-b</i>	246	ZYDELIG	55
<i>zinc</i>	159	ZYKADIA.....	55
ZINC	159	ZYLET SUS 0.5-0.3%	183
ZINC & C LOZ 20-120MG.....	182	ZYPREXA RELPREVV.....	78
ZINC 15.....	159	ZYRTEC CHILDRENS ALLERGY.....	192
ZINC CHLORID GRA	145	ZZZQUIL.....	93