

2026

Formulary

(List of Covered Drugs)

This formulary was updated on July 1, 2026. 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: 12

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 July 1, 2026. 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 July 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

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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 July 1, 2026. 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 251. 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 July 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

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

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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>.

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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 251.

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: July 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	

Drug Name	Drug Tier	Requirements/Limits
APACET CHW 80MG CHEW 80mg	2	
<i>arthritis pain reliever</i> GEL 1%	2	
ASCRIPTIN 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	

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</i>	2	
<i>bufferin extra strength</i>	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	

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	
<i>voltaren arthritis pain</i> GEL 1%	2	
NSAIDS		
<i>addaprin</i> TABS 200mg	2	
<i>advil junior strength</i> CHEW 100mg; TABS 100mg	2	
<i>aleve</i> CAPS 220mg	2	
ALEVE TABS 220mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>all day pain relief</i> TABS 220mg	2	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<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)

Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	QL (180 tabs / 30 days)
<i>butorphanol tartrate SOLN 1mg/ml, 2mg/ml</i>	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 LIQD 1mg/ml</i>	1	QL (600 mL / 30 days)
<i>hydromorphone hcl TABS 2mg, 4mg, 8mg</i>	1	QL (180 tabs / 30 days)
<i>morphine sulfate SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml</i>	1	B/D
<i>morphine sulfate SOLN 10mg/5ml, 20mg/5ml</i>	1	QL (900 mL / 30 days)
<i>morphine sulfate SOLN 100mg/5ml</i>	1	QL (180 mL / 30 days)
<i>morphine sulfate TABS 15mg, 30mg</i>	1	QL (180 tabs / 30 days)
<i>oxycodone hcl CONC 100mg/5ml</i>	1	QL (180 mL / 30 days)
<i>oxycodone hcl SOLN 5mg/5ml</i>	1	QL (900 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	1	QL (180 tabs / 30 days)
<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</i> TABS 50mg	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</i> TABS 200mg	1	QL (672 tabs / year), PA
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	1	
ANTIMINTH SUS 250/5ML SUSP 250mg/5ml	2	
ARIKAYCE SUSP 590mg/8.4ml	1	NM, PA
<i>ascarel</i> SUSP 250mg/5ml	2	
<i>atovaquone</i> SUSP 750mg/5ml	1	QL (300 mL / 30 days), PA
<i>aztreonam</i> SOLR 1gm, 2gm	1	
BLUJEPA TABS 750mg	1	
CAYSTON SOLR 75mg	1	NM, PA
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	1	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	1	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>polymyxin b sulfate</i> SOLR 500000unit	1	
<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, 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	

Drug Name	Drug Tier	Requirements/Limits
VANCOMYCIN INJ 1 GM	1	
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 200 mg/100ml</i>	1	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	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>micafungin 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

Drug Name	Drug Tier	Requirements/Limits
<i>voriconazole</i> SOLR 200mg	1	PA
<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

Drug Name	Drug Tier	Requirements/Limits
EDURANT PED TBSO 2.5mg	1	NM
<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>rilpivirine hcl</i> TABS 25mg	1	NM
<i>ritonavir</i> TABS 100mg	1	NM

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Drug Name	Drug Tier	Requirements/Limits
RUKOBIA TB12 600mg	1	NM
SELZENTRY SOLN 20mg/ml	1	NM
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

Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	NM
<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

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Drug Name	Drug Tier	Requirements/Limits
TRIUMEQ PD TAB	1	NM
TRIUMEQ TAB	1	NM
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	

Drug Name	Drug Tier	Requirements/Limits
<i>ganciclovir sodium</i> SOLR 500mg	1	B/D
<i>lamivudine (hbm)</i> TABS 100mg	1	NM
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)

Drug Name	Drug Tier	Requirements/Limits
CEPHALOSPORINS		
<i>cefaclor</i> CAPS 250mg, 500mg	1	
<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>ceftaroline fosamil</i> SOLR 400mg, 600mg	1	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1	
<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	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 200 mg/100ml in d5w</i>	1	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	1	

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

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Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	1	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1	
<i>TETRACYCLINES</i>		
<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	
<i>ANTINEOPLASTIC AGENTS</i>		
<i>ALKYLATING AGENTS</i>		
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; SOLN 1gm/5ml, 500mg/2.5ml; SOLR 1gm, 2gm, 500mg</i>	1	B/D

Drug Name	Drug Tier	Requirements/Limits
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	1	B/D, NM
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>lomustine</i> CAPS 10mg, 40mg, 100mg	1	NM
<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

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Drug Name	Drug Tier	Requirements/Limits
<i>mercaptopurine</i> SUSP 2000mg/100ml	1	NM
<i>mercaptopurine</i> TABS 50mg	1	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>exemestane</i> TABS 25mg	1	
FIRMAGON SOLR 80mg, 120mg/vial	1	NM, PA
<i>fulvestrant</i> SOSY 250mg/5ml	1	B/D
INLURIYO TABS 200mg	1	QL (56 tabs / 28 days), NM, PA
<i>letrozole</i> TABS 2.5mg	1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	1	NM, PA
LIFYORLI CAP 125MG DS	1	QL (18 caps / 28 days), NM, PA
LIFYORLI CAP 150MG DS	1	QL (27 caps / 28 days), 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

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Drug Name	Drug Tier	Requirements/Limits
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
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
<i>pomalidomide</i> CAPS 1mg, 2mg, 3mg, 4mg	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	

Drug Name	Drug Tier	Requirements/Limits
<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
<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

Drug Name	Drug Tier	Requirements/Limits
<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
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

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Drug Name	Drug Tier	Requirements/Limits
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
BRUKINSA TABS 160mg	1	QL (60 tabs / 30 days), NM, PA
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

Drug Name	Drug Tier	Requirements/Limits
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
ENSACOVE CAPS 25mg	1	QL (270 caps / 30 days), NM, PA
ENSACOVE CAPS 100mg	1	QL (60 caps / 30 days), NM, PA
ERIVEDGE CAPS 150mg	1	QL (30 caps / 30 days), NM, PA
<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

Drug Name	Drug Tier	Requirements/Limits
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
HERCESSI SOLR 150mg, 420mg	1	NM, PA
HERNEXEOS TABS 60mg	1	QL (120 tabs / 30 days), NM, PA
HERZUMA SOLR 150mg, 420mg	1	NM, PA
HYRNUO TABS 10mg	1	QL (120 tabs / 30 days), 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

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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
KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML	1	QL (1 vial / 21 days), NM, PA
KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML	1	QL (1 vial / 42 days), 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
KOMZIFTI CAPS 200mg	1	QL (90 caps / 30 days), NM, PA
KOSELUGO CAPS 10mg	1	QL (240 caps / 30 days), NM, PA
KOSELUGO CAPS 25mg	1	QL (120 caps / 30 days), NM, PA
KOSELUGO CPSP 5mg	1	QL (600 caps / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
KOSELUGO CPSP 7.5mg	1	QL (360 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

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

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 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
<i>pazopanib hcl</i> TABS 400mg	1	QL (60 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

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

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
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
<i>torpenz</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	1	QL (30 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
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
VIZIMPRO TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
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 ONCE WEEKLY) TBPK 80mg	1	QL (4 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

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	

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	

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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)

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)

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

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	
ANTIPIPEMICS, 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	
ANTIPIPEMICS, 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)

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	
<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	

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)

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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; CP24 120mg, 180mg, 240mg; 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</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

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	
<i>nitro-bid</i> OINT 2%	1	
<i>nitroglycerin</i> OINT 2%; 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

ANTIANXIETY

<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)

ANTIDEMENTIA

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

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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	
EXXUA TB24 18.2mg, 36.3mg, 54.5mg, 72.6mg	1	QL (30 tabs / 30 days), PA
EXXUA TITRATION PACK TB24 18.2mg	1	QL (2 packs / year), PA
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

Drug Name	Drug Tier	Requirements/Limits
<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
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

Drug Name	Drug Tier	Requirements/Limits
<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)
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</i> 10-100mg	1	
<i>carb/levo orally disintegrating tab</i> 25-100mg	1	
<i>carb/levo orally disintegrating tab</i> 25-250mg	1	
<i>carbidopa & levodopa tab</i> 10-100 mg	1	
<i>carbidopa & levodopa tab</i> 25-100 mg	1	
<i>carbidopa & levodopa tab</i> 25-250 mg	1	
<i>carbidopa & levodopa tab er</i> 25-100 mg	1	
<i>carbidopa & levodopa tab er</i> 50-200 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<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)

Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole</i> SOLN 1mg/ml	1	QL (900 mL / 30 days)
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	1	QL (30 tabs / 30 days)
<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)
COBENFY CAP 100-20MG	1	QL (60 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
COBENFY CAP 125-30MG	1	QL (60 caps / 30 days)
COBENFY STRT CAP PACK	1	QL (2 packs / year)
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)

Drug Name	Drug Tier	Requirements/Limits
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1	
<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)

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Drug Name	Drug Tier	Requirements/Limits
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
<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 .5mg, .75mg, 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)
<i>brivaracetam</i> SOLN 10mg/ml	1	QL (600 mL / 30 days), PA
<i>brivaracetam</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg	1	QL (60 tabs / 30 days), PA
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

Drug Name	Drug Tier	Requirements/Limits
<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)
<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

Drug Name	Drug Tier	Requirements/Limits
<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	
<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)

Drug Name	Drug Tier	Requirements/Limits
<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)
<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	
<i>levetiracetam</i> TB3D 250mg	1	QL (360 tabs / 30 days)
<i>levetiracetam</i> TB3D 500mg	1	QL (180 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)

Drug Name	Drug Tier	Requirements/Limits
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	
<i>perampanel</i> SUSP .5mg/ml	1	QL (680 mL / 28 days), PA
<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
<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

Drug Name	Drug Tier	Requirements/Limits
<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>relgaabi</i> CAPS 300mg	1	QL (360 caps / 30 days)
<i>relgaabi</i> CAPS 400mg	1	QL (270 caps / 30 days)
<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
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)
SUBVENITE SUSP 10mg/ml	1	ST
<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

Drug Name	Drug Tier	Requirements/Limits
<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
<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
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)

Drug Name	Drug Tier	Requirements/Limits
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</i> <i>24hr 5 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er</i> <i>24hr 10 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er</i> <i>24hr 15 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er</i> <i>24hr 20 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er</i> <i>24hr 25 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er</i> <i>24hr 30 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5</i> <i>mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5</i> <i>mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10</i> <i>mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab</i> <i>12.5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15</i> <i>mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20</i> <i>mg</i>	1	QL (90 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<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
<i>guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg</i>	1	QL (30 tabs / 30 days), PA; PA applies if 65 years and older
<i>guanfacine hcl (adhd) TB24 3mg</i>	1	QL (60 tabs / 30 days), PA; PA applies if 65 years and older
<i>methylphenidate hcl CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg</i>	1	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl SOLN 5mg/5ml</i>	1	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl SOLN 10mg/5ml</i>	1	QL (900 mL / 30 days), PA
<i>methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg</i>	1	QL (90 tabs / 30 days), PA
<i>HYPNOTICS</i>		
<i>DAYVIGO TABS 5mg, 10mg</i>	1	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) TABS 3mg, 6mg</i>	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<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
<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

Drug Name	Drug Tier	Requirements/Limits
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
<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 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

Drug Name	Drug Tier	Requirements/Limits
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	
<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

Drug Name	Drug Tier	Requirements/Limits
<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
<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 after a 90 day supply in a calendar year
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>methocarbamol</i> TABS 500mg	1	QL (360 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>methocarbamol</i> TABS 750mg	1	QL (240 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>tizanidine hcl</i> TABS 2mg, 4mg	1	
<i>NARCOLEPSY/CATAPLEXY</i>		
<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
<i>sodium oxybate</i> SOLN 500mg/ml	1	QL (540 mL / 30 days), NM, PA
<i>PSYCHOTHERAPEUTIC-MISC</i>		
<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)

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl</i> SUBL 8mg	1	QL (120 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film</i> 2-0.5 mg (base equiv)	1	QL (180 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film</i> 4-1 mg (base equiv)	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film</i> 8-2 mg (base equiv)	1	QL (120 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film</i> 12-3 mg (base equiv)	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab</i> 2-0.5 mg (base equiv)	1	QL (180 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab</i> 8-2 mg (base equiv)	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	
compoz CAPS 50mg	2	
cvs nicotine PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	2	
cvs nicotine polacrilex 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>eq ibuprofen pm</i>	2	
<i>eq sleep aid nighttime</i> LIQD 50mg/30ml	2	

Drug Name	Drug Tier	Requirements/Limits
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> 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	
<i>unisom sleepgels</i> CAPS 50mg	2	
<i>varenicline tartrate</i> TABS .5mg, 1mg	1	QL (56 tabs / 28 days)
<i>varenicline tartrate tab</i> 11 x 0.5 mg & 42 x 1 mg start pack	1	QL (2 packs / year)
VIVITROL SUSR 380mg	1	NM
<i>zzzquil</i> 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

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone pump GEL 1.62%</i>	1	QL (150 gm / 30 days), PA
ANTIDIABETICS		
<i>acarbose TABS 25mg, 50mg, 100mg</i>	1	
<i>dapagliflozin TABS 5mg, 10mg</i>	1	QL (30 tabs / 30 days)
<i>dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg</i>	1	QL (60 tabs / 30 days)
<i>dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg</i>	1	QL (60 tabs / 30 days)
<i>dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg</i>	1	QL (30 tabs / 30 days)
<i>dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg</i>	1	QL (30 tabs / 30 days)
<i>FARXIGA TABS 5mg, 10mg</i>	1	QL (30 tabs / 30 days)
<i>glimepiride TABS 1mg, 2mg</i>	1	QL (90 tabs / 30 days)
<i>glimepiride TABS 4mg</i>	1	QL (60 tabs / 30 days)
<i>glipizide TABS 5mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide TABS 10mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide TB24 2.5mg, 5mg</i>	1	QL (90 tabs / 30 days)
<i>glipizide TB24 10mg</i>	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)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>GLYXAMBI TAB 10-5 MG</i>	1	QL (30 tabs / 30 days)
<i>GLYXAMBI TAB 25-5 MG</i>	1	QL (30 tabs / 30 days)
<i>JANUMET TAB 50-500MG</i>	1	QL (60 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
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)
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)
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 TABS 1.5mg, 4mg, 9mg	1	QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
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)
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)

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Drug Name	Drug Tier	Requirements/Limits
<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
LANTUS SOLN 100unit/ml	1	
LANTUS SOLOSTAR SOPN 100unit/ml	1	
NOVOLIN INJ 70/30	1	(brand RELION not covered)

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Drug Name	Drug Tier	Requirements/Limits
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
OMNIPOD5 LIB KIT INTRO	1	QL (1 kit / year), PA
OMNIPOD5 LIB MIS PODS	1	QL (15 pods / 30 days), PA
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 DASH KIT INTRO	1	QL (1 kit / year), PA

Drug Name	Drug Tier	Requirements/Limits
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	
BILDYOS SOSY 60mg/ml	1	QL (1 syringe / 180 days), NM
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
OSPOMYV SOSY 60mg/ml	1	QL (1 syringe / 180 days), NM
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

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

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol</i> 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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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	
cvS glucose GEL 40%	2	
CVS GLUCOSE CHW FRUIT	2	

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Drug Name	Drug Tier	Requirements/Limits
DEX4 CHEW 1gm	2	
DEX4 FAST ACTING GLUCOSE GEL 15gm/33gm; LIQD 15gm/59ml	2	
<i>dextrose (diabetic use)</i> CHEW 4gm, 5gm	2	
<i>diazoxide</i> SUSP 50mg/ml	1	
GLUCOSE LIQD 15gm/60ml	2	
GLUCOSE LIQUID LIQD 15gm/59ml	2	
GVOKE HYPOPEN 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	1	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	1	
GVOKE KIT SOLN 1mg/0.2ml	1	
GVOKE PFS SOSY 1mg/0.2ml	1	
INSTA-GLUCOSE GEL 77.4%	2	
RA TRUEPLUS GLUCOSE GEL 15gm/32ml	2	
<i>walgreens glucose</i> 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	
ACTIDOSE-AQUA SUSP 15gm/72ml, 25gm/120ml, 50gm/240ml	2	
<i>actidose/sorbitol</i>	2	
ADJ LANCING MIS DEVICE	2	

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Drug Name	Drug Tier	Requirements/Limits
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
<i>charcoal activated</i> CAPS 260mg	2	
CHARCOAL ACTIVATED CAPS 280mg	2	
<i>*charcoal activated powder*</i>	2	
CHARCOAL POW	2	
<i>charcocaps</i> CAPS 260mg	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	
<i>cvs charcoal</i> CAPS 260mg	2	
CYSTAGON CAPS 50mg, 150mg	1	NM, PA

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Drug Name	Drug Tier	Requirements/Limits
<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
INSTA-CHAR SUSP 25gm/240ml	2	
IOSAT TABS 130mg	2	
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	1	NM, PA
<i>kerr insta-char</i> SUSP 25gm/120ml, 50gm/240ml	2	
<i>*lancets misc.***</i>	2	
<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

Drug Name	Drug Tier	Requirements/Limits
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	
<i>requa activated charcoal</i> CAPS 260mg	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
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

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Drug Name	Drug Tier	Requirements/Limits
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
<i>zelvysia</i> PACK 100mg, 500mg	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	
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	

Drug Name	Drug Tier	Requirements/Limits
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>liomny</i> TABS 5mcg, 25mcg, 50mcg	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	
<u>VITAMIN D ANALOGS</u>		
<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
<u>GASTROINTESTINAL</u>		
<u>ANTACIDS</u>		
<i>acid gone</i>	2	
ACID GONE SUS	2	
<i>acid relief</i>	2	
<i>alamag-plus</i>	2	
<i>aldroxicon i</i>	2	
ALKA SELTZER TAB HEARTBRN	2	

Drug Name	Drug Tier	Requirements/Limits
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> 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	
FP FOMICON SUS	2	
GAVISCON CHW	2	
GAVISCON CHW EX-STR	2	
GAVISCON SUS	2	
GELUSIL CHW	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>gnp calcium antacid child</i> CHEW 400mg	2	
<i>hm advanced antacid maxim</i>	2	
<i>hm magnesium</i> TABS 250mg	2	
<i>hyvee advanced antacid ma</i>	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 1080-30 mg/5ml</i>	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	
MYLANTA CHW 400MG CHEW 400mg	2	
MYLANTA SUS	2	
MYLANTA SUS SUPREME	2	
RI-MAG SUSP 540mg/5ml	2	
RI-MAG PLUS SUS	2	

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Drug Name	Drug Tier	Requirements/Limits
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	
<i>tgt antacid extra strengt</i>	2	
<i>tums</i> CHEW 500mg	2	
TUMS CALCIUM FOR LIFE BON CHEW 750mg	2	
<i>tums gas relief chewy bit</i>	2	
URO MAG CAPS 140mg	2	
ANTI-DIARRHEAL		
<i>abatinex</i> 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	
<i>bismuth subsalicylate</i> CHEW 262mg; SUSP 525mg/15ml	2	
CULTURELLE CAPS 10bcell	2	
CULTURELLE CHW KIDS	2	
<i>culturelle digestive heal</i>	2	
<i>culturelle kids</i> PACK 5bcell	2	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>florajen acidophilus</i>	2	
FLORASTOR CAPS 250mg; PACK 250mg	2	
<i>hm probiotic digestive he</i> CAPS 20bcell	2	
<i>imodium a-d</i> SOLN 1mg/7.5ml	2	
IMODIUM A-D 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	
KAOPECTATE TAB	2	
<i>lactinex</i>	2	
LACTINEX CHW	2	
LACTINEX TAB	2	
<i>*lactobacillus acidophilus-pectin cap**</i>	2	
<i>*lactobacillus chew tab**</i>	2	

Drug Name	Drug Tier	Requirements/Limits
LOPERAMIDE HYDROCHLORIDE SUSP 1mg/7.5ml	2	
MORE-DOPHILUS ACIDOPHILUS POWD 1550mg/1.55gm	2	
<i>pepto-bismol to-go</i> CHEW 262mg	2	
<i>qc anti-diarrheal advance</i>	2	
<i>restore</i>	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)
<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

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Drug Name	Drug Tier	Requirements/Limits
<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)
<i>glycopyrrolate</i> TABS 2mg	1	QL (120 tabs / 30 days)
DIGESTIVE AGENTS		
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	

Drug Name	Drug Tier	Requirements/Limits
FP DAIRY-REL TAB 3000UNIT	2	
<i>gas-x prevention</i>	2	
<i>lactaid fast act</i> CHEW 9000unit; TABS 9000unit	2	
<i>sb lactase</i> TABS 3000unit	2	
H2-RECEPTOR ANTAGONISTS		
<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	
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	

Drug Name	Drug Tier	Requirements/Limits
<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</i>	2	
<i>benefiber on the go</i>	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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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>daily fiber</i> CAPS 400mg	2	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>enemeez kids</i> ENEM 100mg/5ml	2	
<i>enemeez plus</i>	2	
<i>enulose</i> SOLN 10gm/15ml	1	
EPSOM SALT GRA	2	
EPSOM SALT POW	2	
<i>eq daily fiber</i> CAPS 400mg	2	
EQUALACTIN CHEW 625mg	2	
<i>evac</i>	2	
EX-LAX CHEW 15mg	2	
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	

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Drug Name	Drug Tier	Requirements/Limits
FLEET LIQUID GLYCERIN SUP ENEM 5.4gm/dose	2	
FLEET MINI ENEMA ENEM 10mg/30ml	2	
<i>fleet pediatric</i>	2	
<i>fleet saline enema extra</i>	2	
<i>fp fiber laxative</i> POWD 95%	2	
<i>ft fiber supplement</i> CAPS 400mg	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	
<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	
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	

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Drug Name	Drug Tier	Requirements/Limits
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	
<i>metamucil</i> CAPS .36gm	2	
<i>metamucil 3-in-1 daily fi</i> CAPS 400mg	2	
<i>metamucil 4-in-1 fiber</i> 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	
METAMUCIL POW ORANGE POWD 33%	2	
METAMUCIL WAF	2	
<i>milk of magnesia concentr</i> SUSP 2400mg/10ml	2	
MINERAL OIL	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>mineral oil (bulk)</i>	2	
MINERAL OIL ENE	2	
MINERAL OIL LIGHT	2	
<i>mineral oil light (bulk)</i>	2	
MIRALAX PACK 17gm	2	
<i>miralax</i> 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	
<i>phillips</i> TABS 500mg	2	
PLENVU SOL	1	
<i>psyllium</i> POWD 68%	2	
<i>ra laxative extra strengt</i> TABS 17.2mg	2	
<i>reguloid</i> CAPS 400mg	2	
<i>senexon</i> LIQD 8.8mg/5ml	2	
<i>senna</i> SYRP 176mg/5ml	2	
SENNALAX LEAVES MIS	2	
SENOKOT SYRP 8.8mg/5ml; TABS 8.6mg	2	

Drug Name	Drug Tier	Requirements/Limits
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	
<i>cvs gas relief drops extr</i> LIQD 40mg/0.6ml	2	
<i>cvs gas relief extra stre</i> CHEW 125mg	2	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>gas-x extra strength</i> CHEW 125mg	2	
GAS-X EXTRA STRENGTH 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>lubiprostone</i> CAPS 8mcg, 24mcg	1	QL (60 caps / 30 days)
<i>misoprostol</i> TABS 100mcg, 200mcg	1	
MOVANTIK TABS 12.5mg, 25mg	1	QL (30 tabs / 30 days)
<i>nexabiotic</i>	2	
PEPCID CHW COMPLETE	2	
PHAZYME CAPS 180mg	2	
<i>phazyme maximum strength</i> CAPS 250mg	2	
PHAZYME MS CAP 166MG CAPS 166mg	2	
RELISTOR SOLN 12mg/0.6ml	1	QL (28 vials / 28 days), PA

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	

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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	

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)
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Drug Name	Drug Tier	Requirements/Limits
<i>dabigatran etexilate mesylate</i> CAPS 110mg	1	QL (120 caps / 30 days)
ELIQUIS CPSP .15mg	1	QL (56 caps / 21 days)
ELIQUIS TABS 2.5mg	1	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	1	QL (74 tabs / 30 days)
ELIQUIS TBSO .5mg	1	QL (588 tabs / 29 days)
ELIQUIS (1.5MG PACK) 3 X TBSO .5mg	1	QL (591 tabs / 29 days)
ELIQUIS (2MG PACK) 4 X TBSO .5mg	1	QL (592 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	
HEPARIN LOCK FLUSH SOLN 10unit/ml	2	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
HEPARIN SODIUM LOCK FLUSH SOLN 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	

Drug Name	Drug Tier	Requirements/Limits
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
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>eqi 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	2	

Drug Name	Drug Tier	Requirements/Limits
<i>feosol</i> TABS 325mg	2	
<i>fer-in-sol</i> 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	
FERRETTS 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, 324mg	2	
FERROUS SULFATE LIQD 220mg/5ml; TABS 27mg; TBCR 140mg	2	
<i>ferrous sulfate</i> SOLN 220mg/5ml, 300mg/5ml; SYRP 300mg/5ml; TBCR 50mg; TBEC 324mg	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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
INTEGRA CAP	2	
<i>iro-plex</i>	2	
IRO-PLEX LIQ	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	

Drug Name	Drug Tier	Requirements/Limits
<i>ra slow release iron</i> TBCR 47.5mg	2	
<i>slow fe</i> TBCR 45mg	2	
SLOW FE TBCR 160mg	2	
SM SLOW RELEASE IRON TBCR 143mg	2	
TANDEM CAP	2	
<i>vitron-c</i>	2	
<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
DOPTelet SPRINKLE CPSP 10mg	1	NM, PA
DROXIA CAPS 200mg, 300mg, 400mg	1	
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

Drug Name	Drug Tier	Requirements/Limits
<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	

PLATELET AGGREGATION INHIBITORS

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
<i>clopidogrel bisulfate</i> TABS 75mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	1	PA; PA applies if 65 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	1	
<i>ticagrelor</i> TABS 60mg, 90mg	1	

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

ADALIMUMAB-BWWD SOAJ 40mg/0.4ml	1	QL (6 autoinjectors / 28 days), NM, PA
ADALIMUMAB-BWWD SOSY 40mg/0.4ml	1	QL (6 syringes / 28 days), NM, PA
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

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml	1	QL (2 pens / 28 days), NM, PA
TREMFYA PEN SOAJ 100mg/ml	1	QL (1 pen / 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

Drug Name	Drug Tier	Requirements/Limits
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

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

<i>hydroxychloroquine sulfate</i> TABS 200mg	1	
JYLAMVO SOLN 2mg/ml	1	B/D
<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

Drug Name	Drug Tier	Requirements/Limits
GAMMAGARD LIQUID ERC SOLN 5gm/50ml, 10gm/100ml	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
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

Drug Name	Drug Tier	Requirements/Limits
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
<i>sirolimus</i> SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	1	B/D, NM
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg; CP24 .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	

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Drug Name	Drug Tier	Requirements/Limits
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENGIVAXIA 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
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	

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Drug Name	Drug Tier	Requirements/Limits
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)
SHINGRIX SUSY 50mcg/0.5ml	1	QL (2 syringes per lifetime)
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
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	

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Drug Name	Drug Tier	Requirements/Limits
VIVOTIF CAP EC	1	
YF-VAX INJ	1	
<u>INJECTABLE</u>		
<i>ANTI-COAGULANT FOR IV</i>		
HEPARIN LOCK FLUSH SOLN 1unit/ml	2	
<i>heparin sodium (porcine) lock flush SOLN 10unit/ml, 100unit/ml</i>	2	
<i>STERILE INJECTABLE</i>		
<i>water for injection</i>	2	
<i>water for iv injection</i>	2	
<u>MISCELLANEOUS</u>		
<i>MISCELLANEOUS</i>		
ACACIA POW	2	
<i>acacia powder</i>	2	
ACETAMIN POW	2	
ACETIC ACID SOLN 3%	2	
ALCOHOL SOL DENATURE	2	
ALLANTOIN POW	2	
<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	

Drug Name	Drug Tier	Requirements/Limits
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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
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	
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	

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Drug Name	Drug Tier	Requirements/Limits
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	
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	

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Drug Name	Drug Tier	Requirements/Limits
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	
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	

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Drug Name	Drug Tier	Requirements/Limits
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 SOLN 70%</i>	2	
STEVIA EXTRACT POWD 90%	2	
SULFUR POW	2	
SULFUR POW PRECIPIT	2	
SUSPENDOL-S LIQ	2	
TALC POW	2	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>cerasport</i>	2	
<i>hm potassium</i> TABS 595mg	2	
<i>hydralife</i>	2	
<i>medi-lyte</i>	2	
<i>*oral electrolyte for soln***</i>	2	
<i>*oral electrolyte solution***</i>	2	
<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	

Drug Name	Drug Tier	Requirements/Limits
REPLACE TAB SR	2	
<i>ELECTROLYTES/MINERALS, INJECTABLE</i>		
D2.5W/NACL INJ 0.45%	1	
D5W/NACL INJ 0.2%	1	
D5W/NACL INJ 0.45%	1	
D10W/NACL INJ 0.2%	1	
D10W/NACL INJ 0.45%	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 0.3%</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	
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	
<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 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>	1	
KCL/D5W/NACL INJ 0.3/0.9%	1	
KCL/D5W/NACL INJ 0.15/0.2	1	
LACTATED RIN INJ	1	
<i>lactated ringer's solution</i>	1	
<i>magnesium sulfate SOLN 2gm/50ml, 3gm/100ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	1	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 20gm/500ml, 40gm/1000ml	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	
POT CHL 20MEQ/L IN NACL 0.45% INJ	1	
POT CHL 40MEQ/L IN NACL 0.9% INJ	1	
<i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
IV NUTRITION		
<i>aminosyn ii soln 15%</i>	1	B/D
AMINOSYN INJ 10%	1	B/D
AMINOSYN-PF INJ 10%	1	B/D
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%</i>	1	B/D
DEXTROSE 10% SOLN 10%	1	
DEXTROSE 70% SOLN 70%	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

Drug Name	Drug Tier	Requirements/Limits
PROSOL INJ 20%	1	B/D
TRAVASOL INJ 10%	1	B/D
TROPHAMINE INJ 10%	1	B/D

MINERALS

BEELITH TAB	2	
<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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

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Drug Name	Drug Tier	Requirements/Limits
<i>calcium 600-d</i>	2	
<i>calcium 1000 + d</i>	2	
<i>calcium 1200+d3</i>	2	
CALCIUM + D3 TAB	2	
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	

Drug Name	Drug Tier	Requirements/Limits
<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	
CALCIUM CITR TAB + D	2	
CALCIUM CITRATE GRAN 760mg/3.5gm; TABS 1040mg	2	
<i>calcium citrate</i> TABS 250mg	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	

Drug Name	Drug Tier	Requirements/Limits
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	
<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	
<i>caltrate 600+d plus miner</i>	2	
CALTRATE + D TAB 300-800	2	
CALTRATE +D3 TAB 600-800	2	

Drug Name	Drug Tier	Requirements/Limits
<i>caltrate gummy bites</i>	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	
<i>citracal calcium+d slow r</i>	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 CAPS 125mg</i>	2	
<i>cvs selenium TABS 200mcg</i>	2	
<i>cvs selenium natural TABS 100mcg</i>	2	
<i>cvs zinc LOZG 10mg</i>	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	

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Drug Name	Drug Tier	Requirements/Limits
<i>eql calcium gummies</i>	2	
<i>eql calcium soft chews</i>	2	
<i>gnp calcium 500 +d3</i>	2	
HCA ELEMENTA CAP MAGNESIU	2	
<i>hca elemental magnesium CAPS 300mg</i>	2	
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	
<i>mag64 TBEC 64mg</i>	2	
MAG CARBONAT POW	2	
MAG GLYCINATE TABS 100mg	2	
<i>mag-200 TABS 200mg</i>	2	
MAG-G TABS 500mg	2	
MAG-SR PLUS TAB CALCIUM	2	
<i>mag-tab sr TBCR 84mg</i>	2	
<i>magbee</i>	2	
<i>magdelay TBEC 64mg</i>	2	
MAGDELAY TBEC 70mg	2	

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Drug Name	Drug Tier	Requirements/Limits
MAGINEX TBEC 615mg	2	
MAGNEBIND TAB 200	2	
MAGNEBIND TAB 300	2	
MAGNESIUM CHEW 200mg; TABS 200mg	2	
<i>magnesium</i> TABS 30mg, 100mg	2	
<i>magnesium chloride</i> TBEC 64mg	2	
MAGNESIUM CITRATE TABS 100mg	2	
<i>magnesium citrate (mg supplement)</i> CAPS 125mg	2	
MAGNESIUM ELEMENTAL TABS 30mg	2	
MAGNESIUM GLUCONATE TABS 27.5mg, 250mg, 500mg, 550mg	2	
<i>magnesium glycinate</i> CAPS 100mg, 120mg	2	
<i>magnesium lactate</i> TBCR 7meq	2	
MAGNESIUM OXIDE CAPS 500mg; TABS 250mg	2	
<i>magnesium oxide (mg supplement)</i> CAPS 400mg; 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	

Drug Name	Drug Tier	Requirements/Limits
<i>*multiple minerals tab**</i>	2	
NU-MAG TAB 71.5-119	2	
ORAZINC TABS 110mg	2	
<i>os-cal</i>	2	
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	
<i>phos-nak powder concentra</i>	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	

Drug Name	Drug Tier	Requirements/Limits
SE PLUS PROTEIN TABS 200mcg	2	
<i>selenium</i> TABS 50mcg	2	
SELENIUM TBCR 200mcg	2	
SELENIUM TAB 50MCG	2	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>zinc sulfate powder</i>	2	
MISCELLANEOUS		
ADULT OMEGA CHW PLUS DHA	2	
ADVERA LIQ CHOCOLAT	2	
ALBA-LYBE NR LIQ	2	
ALP HIGH3 CAP 600MG	2	
<i>alpha betic</i> CAPS 200mg	2	
ALPHA LIPOIC ACID CAPS 50mg, 200mg	2	
ALPHA-LIPOIC ACID TABS 100mg	2	
<i>alpha-lipoic acid (thioctic acid)</i> CAPS 100mg, 300mg, 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>arginine oral powder</i>	2	
<i>arthx ds</i>	2	
AZO CRANBERRY GUMMIES URI 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	

Drug Name	Drug Tier	Requirements/Limits
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	
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, 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	

Drug Name	Drug Tier	Requirements/Limits
<i>cranberry concentrate</i> CAPS 500mg	2	
CRANBERRY EXTRACT TABS 250mg	2	
CRANBERRY FRUIT CAPS 465mg	2	
CRANBERRY HIGHLY CONCENTR CAPS 450mg	2	
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	
<i>cyto-q max</i> LIQD 100mg/ml	2	
<i>d-mannose</i> CAPS 500mg	2	
DEXTROSE GRA ANHYDROU	2	
DIABETISWEET POW	2	

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Drug Name	Drug Tier	Requirements/Limits
DL-METHIONIN POW	2	
<i>emulsified omega-3</i>	2	
<i>eql lutein</i> CAPS 20mg	2	
EQL OMEGA 3 CAP 1400MG	2	
<i>eql 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 435MG	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	

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Drug Name	Drug Tier	Requirements/Limits
FOLTANX RF CAP	2	
<i>fp glucosamine</i>	2	
GENNAMD CAPS 130mg	2	
GINKGO BILOB TAB PLUS	2	
<i>ginkgo biloba</i> CAPS 30mg, 60mg, 120mg; TABS 120mg	2	
GINKGO BILOBA CAPS 50mg, 100mg, 125mg, 200mg, 500mg; TABS 230mg	2	
GINKGO BILOBA EXTRACT CAPS 40mg	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-CARNITINE CAPS 250mg	2	
L-CYSTINE POW	2	

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Drug Name	Drug Tier	Requirements/Limits
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	
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	

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Drug Name	Drug Tier	Requirements/Limits
<i>melatonin-pyridoxine tab 5-10 mg</i>	2	
METANX CAP	2	
METHYLFOL/ME CAP CBL/P5P	2	
NAC CAPS 500mg	2	
<i>nac CAPS 600mg</i>	2	
NEOQ10 CAPS 125mg	2	
<i>*nutritional supplement liquid**</i>	2	
<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 CAPS 500mg</i>	2	
OMEGA-3 IQ CHW 240MG	2	
OMEGAPURE CAP 780 EC	2	
<i>prasterone (dhea) CAPS 25mg</i>	2	
PRASTERONE (DHEA) CAP 25 CAPS 25mg	2	
PREVAGEN CAPS 10mg	2	
PRO NUTRIENT CAP OMEGA3	2	
<i>prosource no carb</i>	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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
VITALINE COQ10 TABS 60mg	2	
VITAMINS		
A THRU Z ADVANTAGE	2	
A THRU Z SELECT	2	
<i>a-10000</i> CAPS 10000unit	2	
A/BETA CAROT TAB 25000UNT	2	
ABC COMPLETE TAB WOMEN	2	
<i>abc-z -tr</i>	2	
<i>abdek</i>	2	
ABDEK CAP	2	
<i>abdek pediatric</i>	2	
ACEROLA C-500 WAFR 500mg	2	
<i>actiflovit ear health</i>	2	
<i>actitrom</i>	2	
ACTIVE 55 LIQ PLUS	2	
ACTIVESSENT PAK	2	
ADEKS PEDIAT DRO	2	
ADLT ONE DLY CHW GUMMIES	2	
ADRENAL TAB CALM	2	
50+ ADULT EYE HEALTH	2	
ADVANCED CA/ TAB D/MAGNES	2	
AIRBORNE LOZ	2	
ALIVE MULTI CHW CHILDRNS	2	

Drug Name	Drug Tier	Requirements/Limits
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	
<i>animal shapes plus extra</i>	2	
ANTIOXIDANT CAP	2	
ANTIOXIDANT CHW VITAMINS	2	
<i>antioxidant pack</i>	2	
APATATE LIQ	2	
<i>apetex</i>	2	
APETIGEN TAB PLUS	2	
APETIGEN-PLS SOL	2	
<i>apetigen-plus</i>	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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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	
<i>b-12 super strength</i> LIQD 5000mcg/ml	2	
<i>b-12 tr</i> TBCR 2000mcg	2	
<i>b-100</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
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	
<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	
<i>baby ddrops LIQD 400ut/0.028ml</i>	2	
<i>baby super daily d3 LIQD 400ut/0.028ml</i>	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 CAPS 25000unit</i>	2	
BIO-D-MULSION LIQD 400unt/0.04ml	2	
BIO-D-MULSION FORTE LIQD 2000unt/0.04ml	2	
<i>*bioflavonoid products cap**</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<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	
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	
CALCIUM PANTOTHENATE TABS 500mg	2	
CARDIOTEK TAB	2	
CATEMINE TAB	2	
<i>centrum kids complete</i>	2	

Drug Name	Drug Tier	Requirements/Limits
CENTRUM SPEC PAK PRENATAL	2	
CHILDRENS CHW COMPLETE	2	
CHLORELLA CAP	2	
<i>cholecalciferol</i> CAPS 10000unit; CHEW 2000unit; TABS 10000unit; TBDP 5000unit	2	
CHROMIUM PIC TAB 500MCG	2	
CL PRENATAL TAB 28-0.8MG	2	
<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	

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Drug Name	Drug Tier	Requirements/Limits
CVS PRENATAL TAB 27-0.8MG	2	
<i>cyanocobalamin</i> LOZG 500mcg; SOLN 1000mcg/ml; SUBL 2500mcg; 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	
<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	
<i>d-vi-sol</i> LIQD 400unit/ml	2	
DAILY MULTI TAB VIT/IRON	2	
<i>ddrops</i> 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	

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Drug Name	Drug Tier	Requirements/Limits
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	
<i>endur-amide</i> TBCR 500mg	2	
ENDUR-AMIDE TBCR 750mg	2	
ENDURACIN TAB 500MG SR TBCR 500mg	2	
ENFAMIL MIS EXPECTA	2	
EQL AIR PROTECTOR	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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>fruit c 200</i>	2	
FV VITAMIN E TAB 200IU TABS 200iu	2	
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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
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; TBDP 5000mcg	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	

Drug Name	Drug Tier	Requirements/Limits
<i>*multiple vitamins w/ min</i>	2	
<i>*multiple vitamins w/ minerals tab**</i>	2	
MVW COMPLETE DRO PEDIATRI	2	
NANOVN POW 1-3 YRS	2	
NASCOBAL SOLN 500mcg/0.1ml	2	
<i>nat-rul antioxidants c+e</i>	2	
NEPHRO-VITE TAB RX	2	
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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
RENAL CAPS	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	
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 extra strength fas</i> SUBL 5000mcg	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	

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Drug Name	Drug Tier	Requirements/Limits
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	
TRI-VITE PEDIATRIC	2	
<i>true vitamin e</i> CAPS 180mg	2	
<i>upspring baby vitamin d</i> 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	

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Drug Name	Drug Tier	Requirements/Limits
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	2	
VITAMIN D3 IMMUNE HEALTH LIQD 25mcg/10ml	2	
<i>vitamin d3 ultra potency</i> TABS 1250mcg	2	
<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	
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Drug Name	Drug Tier	Requirements/Limits
<i>loteprednol etabonate-tobramycin ophth susp 0.5-0.3%</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	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
ZYLET SUS 0.5-0.3%	1	
ANTI-INFECTIVES		
<i>bacitracin-polymyxin b ophth oint</i>	1	
<i>besifloxacin hcl SUSP .6%</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>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin (ophth) SOLN .3%</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) SOLN 10%</i>	1	
<i>tobramycin (ophth) SOLN .3%</i>	1	
<i>trifluridine SOLN 1%</i>	1	
XDEMVY SOLN .25%	1	NM, PA
ZIRGAN GEL .15%	1	
ANTI-INFLAMMATORIES		
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	1	
<i>diclofenac sodium (ophth) SOLN .1%</i>	1	
<i>difluprednate EMUL .05%</i>	1	
<i>fluorometholone (ophth) SUSP .1%</i>	1	
<i>flurbiprofen sodium SOLN .03%</i>	1	
<i>ketorolac tromethamine (ophth) SOLN .4%, .5%</i>	1	
LOTEMAX OINT .5%	1	
<i>prednisolone acetate (ophth) SUSP 1%</i>	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	1	
ANTIALLERGICS		
<i>alaway SOLN .035%</i>	2	
<i>altazine moisture relief SOLN .05%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>gnp olopatadine hydrochlo</i> SOLN .1%, .2%	2	
<i>hm eye allergy itch/redne</i> SOLN .1%	2	
<i>naphcon-a</i>	2	
<i>olopatadine hcl</i> SOLN .1%, .2%	2	
OPCON-A SOL OP	2	
<i>pataday</i> SOLN .1%, .2%	2	
<i>pataday extra strength</i> 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	

Drug Name	Drug Tier	Requirements/Limits
<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	
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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	
<i>genteal tears moderate pf</i>	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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>muro 128</i> OINT 5%; SOLN 5%	2	
MURO 128 SOLN 2%	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	
<i>refresh plus</i> SOLN .5%	2	
REFRESH PLUS SOLN .5%	2	
REFRESH SOL OPTIVE	2	
RESTASIS EMUL .05%	1	
RESTASIS MULTIDOSE EMUL .05%	1	
RETAINE HPMC SOLN .3%	2	
RETAINE MGD EMU 0.5-0.5%	2	
<i>sodium chloride hypertonic</i> OINT 5%	2	
STERILE LUBRICANT DROPS LIQD .7%	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>systane balance restorati</i> SOLN .6%	2	
SYSTANE FREE GEL	2	
SYSTANE PF SOL	2	
TEARS NATURA OIN PM	2	
THERATEARS GEL 1%; SOLN .25%	2	
<i>theratears</i> SOLN .25%	2	
VISINE PURE DRO TEARS	2	
<i>visine tired eye relief</i> SOLN 1%	2	
XIIDRA SOLN 5%	1	

OTIC

OTIC AGENTS

<i>acetic acid (otic)</i> SOLN 2%	1	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
<i>flac</i> OIL .01%	1	
<i>fluocinolone acetonide (otic)</i> OIL .01%	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)</i> SOLN .3%	1	

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ANORO ELLIPT AER 62.5-25	1	QL (60 blisters / 30 days)
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Drug Name	Drug Tier	Requirements/Limits
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)
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 SOLN .02%</i>	1	B/D
<i>ipratropium bromide (nasal) SOLN .03%, .06%</i>	1	
<i>ipratropium bromide hfa AERS 17mcg/act</i>	1	QL (2 inhalers / 30 days)
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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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>cypheptadine 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	

Drug Name	Drug Tier	Requirements/Limits
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	
<i>histex pd</i> 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
<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	

Drug Name	Drug Tier	Requirements/Limits
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	

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)

Drug Name	Drug Tier	Requirements/Limits
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	
<i>acticon</i>	2	
ACTICON SOL 1-30	2	
<i>actidogesic</i>	2	
<i>actifed cold/sinus</i>	2	
<i>actinel</i>	2	
<i>actinel pediatric</i>	2	
ADULT DISPOS MIS MOUTHPIE	2	
<i>advil cold & sinus</i>	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	

Drug Name	Drug Tier	Requirements/Limits
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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
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	
<i>capron dm</i>	2	
CAPRON DMT TAB 30-30MG	2	
CARBAPHEN CH SUS	2	
<i>chest congestion & pain r</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>chest congestion relief d</i>	2	
<i>childrens plus multi-symp</i>	2	
<i>childrens pseuphedrin LIQD 15mg/5ml</i>	2	
CHILDRENS SUS PLUS CLD	2	
<i>childs allergy cold/cough</i>	2	
CHLO HIST SOL	2	
CHLO TUSS LIQ	2	
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	
<i>comtrex cold & cough day/</i>	2	
COMTrex COLD TAB & COUGH	2	
<i>comtrex severe cold & sin</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>contac cold+flu maximum s</i>	2	
<i>contac-d TABS 10mg</i>	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	
<i>cough cold & sore throat</i>	2	
<i>cough suppressant long-ac SYRP 15mg/5ml</i>	2	
<i>coughtab TABS 200mg</i>	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	

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Drug Name	Drug Tier	Requirements/Limits
<i>daytime multi-symptom col</i>	2	
DECONEX DMX TAB	2	
<i>deconex ir</i>	2	
DELSYM SUER 30mg/5ml	2	
<i>despec</i>	2	
<i>dexbrompheniramine-phenylephrine tab 2-10 mg</i>	2	
<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	
<i>ed a-hist dm</i>	2	
ED A-HIST LIQ 4-10/5ML	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>ed bron gp</i>	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	
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 SUER 30mg/5ml</i>	2	
<i>goodsense day time cold &</i>	2	
<i>goodsense nighttime cold</i>	2	
<i>guaicon dms</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<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	
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	

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Drug Name	Drug Tier	Requirements/Limits
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	
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	
MICROSPACER MIS	2	
MUCINEX TB12 600mg	2	
MUCINEX CAP DAY/NGHT	2	
MUCINEX CAP FAST-MAX	2	
MUCINEX CGH GRA 5-100MG	2	
<i>mucinex childrens multi-s</i>	2	
MUCINEX CHLD LIQ MULTISYM	2	
MUCINEX COLD LIQ /KIDS	2	
MUCINEX COLD LIQ SINUS	2	

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Drug Name	Drug Tier	Requirements/Limits
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	
<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	
<i>multi-symptom cold daytim</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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

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Drug Name	Drug Tier	Requirements/Limits
<i>promethazine-phenylephrine-codeine syrup</i> 6.25-5-10 mg/5ml	2	
<i>pseudoeph-chlorphen w/ hydrocodone soln</i> 60-4-5 mg/5ml	2	
<i>pseudoephed-bromphen-dm syrup</i> 30-2-10 mg/5ml	2	
<i>pseudoephedrine hcl</i> SOLN 7.5mg/0.8ml; SYRP 30mg/5ml; TABS 60mg	2	
PYRILAMIN/PE TAB 25-10MG	2	
<i>q-tussin dm</i>	2	
<i>qc medifin pe</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	

Drug Name	Drug Tier	Requirements/Limits
RYDEX LIQ	2	
<i>rymed</i>	2	
<i>sb cough control</i> CAPS 15mg	2	
<i>sb cough control cf</i>	2	
<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	
<i>sudafed sinus congestion</i> 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	

Drug Name	Drug Tier	Requirements/Limits
TRIAMINIC NT LIQ COLD/CGH	2	
TRIAMINIC SOL COLD/CGH	2	
TRIAMINIC SYP CLD/ALRG	2	
TRIAMINIC SYP COLD/CGH	2	
<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	
<i>tylenol childrens cold/fl</i>	2	
<i>tylenol cold & head sever</i>	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	
VANACOF AC LIQ 12.5-25	2	

Drug Name	Drug Tier	Requirements/Limits
<i>vanacof dm</i>	2	
VANACOF LIQ	2	
VANACOF-8 LIQ 25-50/15	2	
VANATAB AC TAB 12.5-25	2	
VANATAB DM TAB 5-9-198	2	
<i>vazotab</i>	2	
<i>vicks dayquil severe cold</i>	2	
<i>vicks nyquil cough</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 SOLN 1%</i>	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

Drug Name	Drug Tier	Requirements/Limits
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	
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	

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Drug Name	Drug Tier	Requirements/Limits
NASOGEL GEL	2	
<i>nintedanib esylate</i> CAPS 100mg, 150mg	1	QL (60 caps / 30 days), NM, PA
NOZIN NASAL SANITIZER KIT 62%; SWAB 62%	2	
<i>ocean nasal spray</i> SOLN .65%	2	
OFEV CAPS 100mg, 150mg	1	QL (60 caps / 30 days), NM, PA
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	

Drug Name	Drug Tier	Requirements/Limits
<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
<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

Drug Name	Drug Tier	Requirements/Limits
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	
<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
STEROID INHALANTS		
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
STEROID/BETA-AGONIST COMBINATIONS		
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)

Drug Name	Drug Tier	Requirements/Limits
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 aerosol 80-4.5 mcg/act</i>	1	QL (3 inhalers / 30 days)
<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)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	QL (60 inhalations / 30 days)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	QL (60 inhalations / 30 days)
<i>wixela inhub</i>	1	QL (60 inhalations / 30 days)

TOPICAL

DERMATOLOGY, ACNE

<i>acutane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>acne 10</i> GEL 10%	2	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>amnesteam</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>benzoyl peroxide</i> GEL 2.5%; 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)

Drug Name	Drug Tier	Requirements/Limits
<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
<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>eql 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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	
<i>azolen tincture</i> 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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

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

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%	1	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	1	QL (120 gm / 30 days)
<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)

Drug Name	Drug Tier	Requirements/Limits
<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)
<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	

Drug Name	Drug Tier	Requirements/Limits
<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)
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	
<i>abreva</i> CREA 10%	2	
<i>absorbine jr back patch</i> PTCH 5%	2	
<i>acne-aid</i>	2	
ACNO CLEANSE LIQ	2	
ACTICOAT 3 MIS 4"X8"	2	

Drug Name	Drug Tier	Requirements/Limits
ACTICOAT 3 MIS 4"X48"	2	
ACTICOAT 3 MIS 8"X16"	2	
ACTICOAT 3 MIS 16"X16"	2	
ACTICOAT 7 MIS 1"X24"	2	
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	
<i>actimaris wound gel</i>	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	

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Drug Name	Drug Tier	Requirements/Limits
ALLEVYN AG PAD 4"X4"	2	
ALLEVYN AG PAD 5"X5"	2	
ALLEVYN AG PAD 6"X6"	2	
ALLEVYN AG PAD 7"X7"	2	
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	
<i>amerigel barrier</i>	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	

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Drug Name	Drug Tier	Requirements/Limits
ANTIBAC ALGI PAD SILVER	2	
ANTIPHLOGIST CRE	2	
<i>antiseptic</i> SOLN 10%	2	
<i>antiseptic skin cleanser</i> SOLN 4%	2	
ANUSOL-HC 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	
<i>aquaphilic</i>	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	

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Drug Name	Drug Tier	Requirements/Limits
AVEENO SKIN OIL RELIEF	2	
<i>baby ease</i> OINT 30%	2	
BABY MONKEY CRE 2-12%	2	
<i>baby vitamin a & d</i>	2	
BALMEX CREA 11.3%; STCK 11.3%	2	
<i>balmex adult care</i> CREA 11.3%	2	
BALMEX ADULT CARE CREA 11.3%	2	
<i>balmex complete protectio</i> 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	
<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

Drug Name	Drug Tier	Requirements/Limits
<i>biofreeze</i> LIQD 10%	2	
BIOFREEZE COOL THE PAIN AERO 10.5%	2	
<i>bl cold & hot therapy bal</i>	2	
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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
CAMPHOR CRY	2	
<i>camphor crystals</i>	2	
<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	
<i>coleman 100 max insect re</i> LIQD 98.11%	2	
<i>coleman botanicals insect</i>	2	
<i>coleman insect repellent/</i> AERO 25%	2	
<i>coleman skinsmart insect</i>	2	
COMFEEL FILM MIS	2	
<i>compound w</i> LIQD 17%	2	
<i>compound w maximum streng</i> GEL 17%	2	
CONFORMANT 2 MIS 4"X4"	2	
<i>constant-clens</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>corn fix</i> SOLN 17%	2	
<i>cottontails diaper rash c</i> OINT 10%	2	
COZIMA CREA 24%	2	
<i>cutter all family mosquit</i> SHEE 7.15%	2	
CVS ALCOHOL 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	
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	
<i>dhs tar</i> SHAM .5%	2	
DHS ZINC SHA 2% SHAM 2%	2	
<i>diaper rash</i> CREA 10%	2	
<i>dibucaine (rectal)</i> OINT 1%	2	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>dr scholls odor-x all-day</i>	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	
<i>*emollient - cream**</i>	2	
ENEGEL GEL	2	
<i>eq hygienic cleansing wip</i>	2	
<i>eql aloe after sun</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
ETHY ALCOHOL SOL 70%	2	
EUCRISA OINT 2%	1	QL (120 gm / 30 days), PA
<i>fluorouracil (topical)</i> CREA 5%	1	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	1	QL (10 mL / 30 days)
FORAXA EMU	2	
<i>formaldehyde</i> SOLN 37%	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</i> LOTN 5%	2	
<i>glycerin topical liquid</i>	2	
<i>glycolic acid</i> SOLN 70%	2	
<i>gnp arthritis pain relief</i> CREA .1%	2	
GNP ISOPROPYL ALCOHOL SOLN 99%	2	
GOLD BOND POW	2	
<i>gold bond rapid relief</i>	2	
GOLD DUST POW WOUND	2	
<i>goodsense capsaicin arthr</i> LIQD .15%	2	
<i>goodsense hemorrhoidal</i>	2	
<i>goodsense hemorrhoidal oi</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>huggies diaper rash cream</i> 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	
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	

Drug Name	Drug Tier	Requirements/Limits
<i>imiquimod</i> CREA 5%	1	QL (24 packets / 30 days)
INSTACLEAN LIQ	2	
IODINE TIN STRONG	2	
<i>*iodine tincture strong**</i>	2	
<i>*iodine tincture**</i>	2	
IODOFLEX PADS .9%	2	
IODOSORB GEL .9%	2	
<i>ionil-t</i> SHAM 1%	2	
<i>isopropyl alcohol</i> 70%	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	
<i>Imx 4</i> CREA 4%	2	
LUXAMEND CRE	2	
3M DURABLE CRE MOISTURI	2	
MCM PAD	2	
<i>mederma spf 30</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>natrapel</i> LIQD 20%	2	
<i>natrapel 12-hour tick & i</i> AERO 20%	2	
<i>neuracin</i>	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	
NUPERCAINAL OINT 1%	2	
<i>ocusoft baby eyelid & eye</i>	2	
<i>ocusoft lid scrub origina</i>	2	
OPERAND CHLORHEXIDINE GLU LIQD 2%	2	
OXIPOR VHC LOT	2	

Drug Name	Drug Tier	Requirements/Limits
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	
<i>preparation h</i>	2	
PREPARATION H SUPP .25%	2	
PROCORT CRE	2	
<i>procto-med hc</i> CREA 2.5%	1	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>repel sportsmen max</i> LOTN 40%	2	
RESTORE SILV PAD 4"X4.75"	2	
<i>risamine</i>	2	
SALONPAS GEL DEEP REL	2	
SARNA CALM LOT 1-0.5%	2	
SARNA LOT	2	
<i>*scar treatment products - cream**</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>skin protectant moisture</i> CREA 12%	2	
<i>*skin protectants misc -</i> PSTE 49.8%	2	
<i>sm anti-dandruff coal tar</i> SHAM .5%	2	
<i>*soap & cleansers - bar***</i>	2	
<i>sodium hypochlorite</i> SOLN .125%, .25%, .5%	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	
TEGADERM AG PAD ALG 6X6	2	
TEGADERM AG PAD ALGINATE	2	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>z-bum</i> 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	
ZINC OXIDE PSTE 25%	2	
<i>zinc oxide (topical)</i> OINT 20%, 25%, 40%; PSTE 25%	2	

Drug Name	Drug Tier	Requirements/Limits
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</i> 0.3-3%	2	
RID AERO .5%	2	
RID COMPLETE KIT LICE	2	
RID ESS LICE KIT 0.33-4%	2	
RID LIQ	2	

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, WOUND CARE AGENTS		
SANTYL OINT 250unit/gm	1	QL (180 gm / 30 days), PA
<i>sodium chloride (gu irrigant)</i> SOLN .9%	1	
<i>water for irrigation, sterile irrigation soln</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
ACTISEP SOL	2	
ACTISEP SPR	2	
<i>allevacaine</i> SOLN 20%	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	
<i>baby anbesol</i> GEL 7.5%	2	
<i>baby oral pain</i> GEL 7.5%	2	
<i>baby teething</i> GEL 7.5%	2	
<i>baby teething pain medici</i> GEL 7.5%	2	
<i>benz-o-sthetic</i> GEL 20%; LIQD 20%; SOLN 20%	2	
BENZ-O-STHETIC SWAB 20%	2	
<i>benzodent</i> CREA 20%	2	
BLISTEX OIN MEDICATE	2	
CANKERMELTS LASTING PAIN DISK 15mg	2	

Drug Name	Drug Tier	Requirements/Limits
CAPHOSOL SOL	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 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	
<i>cepacol sore throat</i> LOZG 5.4mg	2	
<i>cepacol sore throat extra</i>	2	
<i>cepacol sore throat/post</i> 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</i>	2	
<i>chloraseptic gargle</i> LIQD 1.4%	2	
CHLORASEPTIC LOZ CHERRY	2	
CHLORASEPTIC LOZ HONY LEM	2	

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Drug Name	Drug Tier	Requirements/Limits
CHLORASEPTIC LOZ MAX	2	
CHLORASEPTIC LOZ MENTHOL	2	
CHLORASEPTIC MIS	2	
CHLORASEPTIC MIS KIDS	2	
<i>chloraseptic sore throat/</i>	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, 6.5mg, 7mg, 8mg, 10mg	2	
<i>cough drops</i> LOZG 5.4mg, 5.8mg, 7.5mg, 7.6mg, 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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>cvx oral anesthetic maxim</i> GEL 20%	2	
<i>cvx oral pain reliever</i> PSTE 20%	2	
<i>cvx oral pain reliever ma</i> CREA 20%; PSTE 20%	2	
<i>cvx sore throat</i>	2	
CVS SORE THROAT	2	
<i>cvx sore throat maximum s</i>	2	
CVS SORE THROAT RELIEF PO LPOP 20mg	2	
<i>cvx throat relief pops ch</i> LPOP 10mg	2	
<i>cvx toothache relief</i>	2	
DADS MENTHOL THROAT DROP LOZG 3.5mg	2	
<i>dent-o-kain/20</i> LIQD 20%	2	
<i>dentiva</i>	2	
DENTS TOOTHACHE GUM GUM 20%	2	
DENTURE BRSH MIS /PICK	2	
<i>*denture care products - cream***</i>	2	
<i>diabetic tussin cough dro</i> 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	
<i>eql cough drops</i> LOZG 5.8mg, 7.5mg, 7.6mg	2	

Drug Name	Drug Tier	Requirements/Limits
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%	2	
<i>hurricane</i> GEL 20%; SOLN 20%	2	
<i>hurricane one</i> 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	
<i>larynex</i>	2	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	1	

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Drug Name	Drug Tier	Requirements/Limits
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	
<i>ludens dual relief</i>	2	
LUDENS THROAT DROPS LOZG 1mg, 1.6mg, 1.7mg, 2.5mg, 2.8mg	2	
<i>ludens throat drops</i> LOZG 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	
ORAMAGIC PLUS SUSR 10%	2	

This document includes a list of drugs covered on our formulary as of July 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
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	
<i>ricola natural herb</i> LOZG 4.8mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>salese</i>	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	
<i>sore throat lollipops</i> 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	
<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	
OTIC		
<i>antiseptic cleanser</i> SOLN 10%	2	
<i>auraphene-b</i> SOLN 6.5%	2	
<i>auro-dri</i> LIQD 95%	2	

Drug Name	Drug Tier	Requirements/Limits
HCA EAR WAX SOL 6.5% OT	2	
<i>swim ear</i> LIQD 95%	2	

Index

*	
<i>*artificial saliva - solution***</i>	314
<i>*bacitracin-polymyxin b oint***</i>	281
<i>*b-complex vitamin cap**</i>	221
<i>*b-complex vitamin elixir**</i>	221
<i>*b-complex vitamin sublingual liquid**</i> ..	221
<i>*b-complex w/ c & e + zn tab***</i>	221
<i>*b-complex w/ c cap**</i>	221
<i>*b-complex w/ c tab er**</i>	221
<i>*b-complex w/ c tab**</i>	221
<i>*b-complex w/ folic acid tab**</i>	221
<i>*b-complex w/ minerals ta</i>	222
<i>*bioflavonoid products cap**</i>	222
<i>*bioflavonoid products chew tab**</i>	222
<i>*bioflavonoid products tab er**</i>	222
<i>*bioflavonoid products tab**</i>	222
<i>*bone meal w/ vitamin d tab***</i>	192
<i>*calamine lotion***</i>	297
<i>*calamine phenolated lotion***</i>	297
<i>*calcium carbonate-vit d</i>	195
<i>*calcium carb-vit d w/ minerals chew tab</i> <i>1200 mg-1000 unit**</i>	195
<i>*calcium carb-vit d w/ minerals chew tab</i> <i>600 mg-400 unit***</i>	195
<i>*camphor-eucalyptus-menthol - oint***</i> ..	256
<i>*charcoal activated powder*</i>	127
<i>*cobalamin combination sl tab***</i>	224
<i>*cobalamin combination tab***</i>	224
<i>*cod liver oil cap***</i>	224
<i>*cod liver oil***</i>	224
<i>*denture care products - cream***</i>	319
<i>*dermatological products misc - aerosol**</i>	299
<i>*emollient - cream**</i>	301
<i>*flaxseed (linseed) cap 1200 mg***</i>	211
<i>*flaxseed (linseed) oral oil***</i>	211
<i>*flaxseed (linseed) oral powder***</i>	211
<i>*glucosamine-chondroitin-</i>	212
<i>*iodine tincture strong**</i>	304
<i>*iodine tincture**</i>	304
<i>*iron combination elixir*</i>	163
<i>*iron w/ vitamin liq**</i>	229
<i>*lactobacillus acidophilus-pectin cap**</i> ..	139
<i>*lactobacillus chew tab**</i>	139
<i>*lancets misc.***</i>	129
<i>*lancets***</i>	129
<i>*liniments & rubs - cream**</i>	305
<i>*liniments & rubs - ointment**</i>	305
<i>*mouthwashes - liquid**</i>	321
<i>*multiple minerals tab**</i>	203
<i>*multiple urine test strips***</i>	130
<i>*multiple vitamin cap**</i>	230
<i>*multiple vitamin tab**</i>	230
<i>*multiple vitamins w/ calcium tab**</i>	230
<i>*multiple vitamins w/ min</i>	230
<i>*multiple vitamins w/ minerals tab**</i>	230
<i>*nutritional supplement liquid**</i>	214
<i>*oral electrolyte for soln***</i>	185
<i>*oral electrolyte solution***</i>	185
<i>*oral vehicles***</i>	182
<i>*pediatric multiple vitam</i>	232
<i>*pediatric multiple vitamin w/ minerals & c</i> <i>chew tab 60 mg**</i>	232
<i>*pediatric multiple vitamins w/ iron chew</i> <i>tab 12 mg**</i>	232
<i>*pediatric multiple vitamins w/ iron chew</i> <i>tab**</i>	232
<i>*scar treatment products - cream**</i>	309
<i>*skin protectants misc -</i>	310
<i>*soap & cleansers - bar***</i>	310
<i>*sodium bicarbonate powder**</i>	136
<i>*throat lozenges - lozenges**</i>	324
<i>*vitamin mixture tab**</i>	237
<i>*vitamins a & d cap***</i>	237
<i>*vitamins a & d tab***</i>	237
<i>*vitamins w/ lipotropics cap**</i>	237
<i>*wound dressings - pads***</i>	311
1	
<i>12 hour cold</i>	263
<i>1ST CHOICE MIS LANCETS</i>	128
2	
<i>20/20 artificial tears</i>	243
<i>24hr allergy relief</i>	250
<i>2ND SKIN PAD MST BURN</i>	310
3	
<i>3M AIR WARM MIS MASK</i>	263
<i>3M DURABLE CRE MOISTURI</i>	305
4	
<i>4-N-1</i>	306

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

4-way fast acting	272
4X PROBIOTIC TAB	139
5	
50+ ADULT EYE HEALTH.....	218
6	
600+d3 plus minerals	200
666 cold	257
666 cold preparation.....	257
A	
A + D PERSON LOT	289
A + D PERSON MIS CARE WIP.....	156
A THRU Z ADVANTAGE	217
A THRU Z SELECT	217
a.r.m.	253
A/BETA CAROT TAB 25000UNT	217
a/f pain relief	13
a+d first aid	289
a-10000	217
A1C NOW KIT	126
a-200	312
a-200 maximum strength.....	312
abacavir sulfate	33
abacavir sulfate-lamivudine tab 600-300 mg.....	35
abatinox	137
abatron af	161
ABATRON LIQ	161
ABC COMPLETE TAB WOMEN.....	217
abc-z -tr.....	217
abdek	217
ABDEK CAP.....	217
abdek pediatric	217
abigale.....	122
abigale lo.....	123
ABILIFY ASIMTUFII	90
ABILIFY MAINTENA.....	90
abiraterone acetate	48
abirtega.....	48
abreva	289
ABRYSVO.....	173
absorbine jr	282
absorbine jr back patch	290
ACACIA POW	176
acacia powder.....	176
acamprosate calcium.....	110
acarbose	114
ACCU-CHECK TES COMFORT	126

ACCU-CHEK KIT FASTCLIX	126
accutane.....	279
acebutolol hcl	77
acephen.....	13
ACEROLA C-500	218
acetadryl.....	110, 253
aceta-gesic.....	253
ACETAMIN POW	176
acetaminophen.....	13
acetaminophen junior stre	13
acetaminophen w/ codeine soln 120-12 mg/5ml	23
acetaminophen w/ codeine tab 300-15 mg	23
acetaminophen w/ codeine tab 300-30 mg	23
acetaminophen w/ codeine tab 300-60 mg	23
acetazolamide.....	79
acetic acid	156
ACETIC ACID	176
acetic acid (otic)	246
acetylcysteine	273
acid controller.....	142
acid gone	133
ACID GONE SUS	133
acid reducer.....	155
acid relief.....	133
ACIDOPHILUS	137
ACIDOPHILUS CAP.....	137
ACIDOPHILUS/ TAB CIT PECT	137
acitretin	285
acne 10.....	279
acne foaming wash	279
ACNE MEDICATION.....	279
acne medication 5	279
ACNE MEDICATION 5.....	279
acne-aid	290
ACNEFREE KIT SEVERE	279
ACNO CLEANSE LIQ.....	290
acta-tabs pe	253
ACTHIB INJ	173
ACTICOAT 3 MIS 16	290
ACTICOAT 3 MIS 4.....	290
ACTICOAT 3 MIS 8.....	290
ACTICOAT 7 MIS 1.....	290
ACTICOAT 7 MIS 2.....	290
ACTICOAT 7 MIS 4.....	290
ACTICOAT 7 MIS 6.....	290
ACTICOAT MIS 4.....	290

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

ACTICOAT MIS 5	290
ACTICOAT SUR PAD 4	290
ACTICOAT SUR PAD 4X13.75	291
ACTICOAT SUR PAD 4X4-3/4	291
<i>acticon</i>	253
ACTICON SOL 1-30	253
<i>actidogesic</i>	253
<i>actidose/sorbitol</i>	127
ACTIDOSE-AQUA	127
<i>actifed cold/sinus</i>	253
<i>actiflovit ear health</i>	218
<i>actimaris wound gel</i>	291
ACTIMMUNE	172
<i>actinel</i>	253
<i>actinel pediatric</i>	253
ACTISEP SOL	314
ACTISEP SPR	314
<i>actitrom</i>	218
ACTIVE 55 LIQ PLUS	218
ACTIVESSENT PAK	218
<i>acyclovir</i>	38
<i>acyclovir sodium</i>	38
ADACEL INJ	173
ADALIMUMAB-BWWD	166
<i>addaprin</i>	20
<i>added strength pain relie</i>	13
<i>adefovir dipivoxil</i>	38
ADEKS PEDIAT DRO	218
ADEMPAS	82
ADJ LANCING MIS DEVICE	127
ADLT ONE DLY CHW GUMMIES	218
ADMELOG	118
ADMELOG SOLOSTAR	118
<i>adprin b</i>	13
ADRENAL TAB CALM	218
<i>adsorbonac</i>	242
<i>adult aspirin regimen</i>	13
ADULT DISPOS MIS MOUTHPIE	253
ADULT OMEGA CHW PLUS DHA	206
ADVAIR HFA AER 115/21	278
ADVAIR HFA AER 230/21	278
ADVAIR HFA AER 45/21	278
ADVANCED CA/ TAB D/MAGNES	218
<i>advanced eye relief dry e</i>	242
<i>advanced healing ointment</i>	291
ADVERA LIQ CHOCOLAT	206
<i>advil cold & sinus</i>	253
<i>advil junior strength</i>	21
ADVIL PM TAB 200-38MG	110
<i>af-aspirin childrens</i>	13

<i>af-dibromm</i>	253
<i>af-dibromm dm</i>	253
<i>af-ibup sinus</i>	253
<i>af-miconazole 7</i>	157
<i>af-pseudoephedrine hcl</i>	253
<i>afrin saline nasal mist</i>	273
AFRIN SPR 0.05%	253
AFTATE ATHLE POW FOOT 1%	282
<i>aftate athlete's foot</i>	282
<i>af-tussin dm</i>	253
AGREE SHA EX CLEAN	291
AHIST	248
AIMOVIG	106
AIRBORNE LOZ	218
AIRSUPRA AER 90-80MCG	278
AIRZONE PEAK MIS FLOW MTR	253
AKEEGA TAB 100/500	48
AKEEGA TAB 50/500MG	48
<i>ak-rinse</i>	242
AKWA TEARS OIN OP	242
<i>ala seb</i>	291
<i>ala-cort</i>	286
ALAHIST CF TAB 10-2-20	254
ALAHIST DM LIQ 7.5-2-15	254
ALA-HIST IR	248
ALA-HIST PE TAB 2-10MG	254
<i>alamag-plus</i>	133
<i>alavert</i>	248
<i>alavert allergy/sinus</i>	254
ALAVERT SYP	248
<i>alaway</i>	240
<i>alba-3</i>	281
ALBA-LYBE NR LIQ	206
<i>albendazole</i>	25
<i>albuterol sulfate</i>	252
<i>alclometasone dipropionate</i>	286
ALCOHOL SOL /WG 70%	291
ALCOHOL SOL DENATURE	177
ALCOHOL SWABS: EMBECTA- BD/MHC/RUGBY	118
<i>alcohol, rubbing</i>	291
ALCON SALINE SOL SEN EYES	243
<i>aldroxicon i</i>	133
ALDURAZYME	127
ALECENSA	53
<i>alendronate sodium</i>	121
<i>aler-cap</i>	249
ALEVAZOL	282
<i>aleve</i>	21
ALEVE	21

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

ALEVE COLD & TAB SINUS.....	254
<i>alfuzosin hcl</i>	155
<i>aliskiren fumarate</i>	81
ALIVE MULTI CHW CHILDRNS.....	218
ALKA SELTZER TAB HEARTBRN.....	133
<i>alka-seltzer anti-gas</i>	151
ALKA-SELTZER CHW 750-80MG.....	133
<i>alka-seltzer plus night c</i>	254
ALKA-SELTZER TAB 325MG.....	14
ALKA-SELTZER TAB 500MG.....	14
ALKA-SELTZER TAB GOLD.....	133
ALKA-SELTZER TAB PLS COLD.....	254
<i>alkets</i>	133
<i>all day allergy childrens</i>	249
<i>all day allergy d-12</i>	254
<i>all day pain relief</i>	21
<i>all day pain relief sinus</i>	254
ALLANTOIN POW.....	177
ALLBEE-T TAB.....	218
ALLCLENZ LIQ.....	291
<i>aller-chlor</i>	249
<i>aller-ease</i>	249
<i>aller-ease childrens</i>	249
<i>allerest</i>	254
<i>allergy</i>	249
<i>allergy childrens</i>	249
<i>allergy cream</i>	285
<i>allergy multi-symptom</i>	254
<i>allergy multi-symptom nig</i>	254
<i>allergy rapid melts child</i>	249
<i>allergy relief maximum st</i>	285
ALLERGY/SINU TAB HEADACHE.....	254
<i>allevacaine</i>	314
ALLEVYN AG MIS 6-3/4.....	291
ALLEVYN AG PAD 2.....	291
ALLEVYN AG PAD 3.....	291
ALLEVYN AG PAD 4.....	291
ALLEVYN AG PAD 5.....	291
ALLEVYN AG PAD 6.....	291
ALLEVYN AG PAD 7.....	291
ALLEVYN AG PAD 8.....	292
ALLFEN.....	254
<i>allfen dm</i>	254
<i>all-nite multi-symptom co</i>	254
<i>allopurinol</i>	13
<i>almond oil (sweet)</i>	177
ALOE VESTA 2-N-1 ANTIFUNG.....	282
<i>aloe vesta 2-n-1 body was</i>	292
ALOE VESTA 2-N-1 SKIN CON.....	292
ALOE VESTA LIQ WHIRLBTH.....	255

<i>alophen</i>	143
<i>alose tron hcl</i>	151
ALP HIGH3 CAP 600MG.....	206
<i>alpha betic</i>	206
ALPHA LIPOIC ACID.....	206
ALPHA-LIPOIC ACID.....	206
<i>alpha-lipoic acid (thioctic acid)</i>	206
<i>alphasoft</i>	292
<i>alph-e-mixed</i>	218
<i>alph-e-mixed 1000</i>	218
<i>alprazolam</i>	83
<i>altalube</i>	243
<i>altarussin</i>	255
<i>altarussin dm</i>	255
<i>altazine moisture relief</i>	240
<i>altorex</i>	161
<i>alum (ammonium) powder</i>	177
ALUM AMMONIU POW.....	177
ALUMINUM CHLORIDE.....	292
ALUMINUM HYDROXIDE.....	134
<i>aluminum hydroxide gel</i>	134
<i>aluminum hydroxide gel su</i>	134
ALUNBRIG.....	53
ALUNBRIG PAK.....	53
ALVAIZ.....	165
ALVESCO.....	277
ALYFTREK TAB 10-50-125.....	273
ALYFTREK TAB 4-20-50.....	273
ALYGLO.....	171
<i>alyq</i>	82
<i>amantadine hcl</i>	88
<i>ambi 10peh/400gfn</i>	255
<i>ambi 10peh/400gfn/20dm</i>	255
<i>ambi 12.5cpd/1dcpm/30pse</i>	255
<i>ambi 40pse/400gfn</i>	255
AMBI 60PSE/ TAB 400GFN.....	255
<i>ambitussin ac</i>	255
<i>ambizine</i>	139
<i>ambrisentan</i>	82
<i>ameda triple zero lanolin</i>	292
<i>americerin</i>	292
<i>amerigel barrier</i>	292
<i>ameriphor</i>	292
<i>amikacin sulfate</i>	25
<i>amiloride & hydrochlorothiazide tab 5-50</i> <i>mg</i>	79
<i>amiloride hcl</i>	79
AMINO-MIN-D CAP.....	218
<i>aminosyn ii soln 15%</i>	190
AMINOSYN INJ 10%.....	190

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

AMINOSYN-PF INJ 10%	190
amiodarone hcl	74
amitriptyline hcl.....	85
amlactin	292
amlodipine besylate	78
amlodipine besylate-benazepril hcl cap 10-20 mg	67
amlodipine besylate-benazepril hcl cap 10-40 mg	67
amlodipine besylate-benazepril hcl cap 2.5-10 mg	66
amlodipine besylate-benazepril hcl cap 5-10 mg	67
amlodipine besylate-benazepril hcl cap 5-20 mg	67
amlodipine besylate-benazepril hcl cap 5-40 mg	67
amlodipine besylate-olmesartan medoxomil tab 10-20 mg.....	70
amlodipine besylate-olmesartan medoxomil tab 10-40 mg.....	70
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	70
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	70
amlodipine besylate-valsartan tab 10-160 mg.....	70
amlodipine besylate-valsartan tab 10-320 mg.....	70
amlodipine besylate-valsartan tab 5-160 mg.....	70
amlodipine besylate-valsartan tab 5-320 mg.....	70
AMMENS MEDIC POW	292
AMMONIUM GRA CHLORIDE	177
amnesteam.....	279
amoxapine	85
amoxicillin	43
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	43
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	43
amoxicillin & k clavulanate for susp 400-57 mg/5ml.....	43
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	43
amoxicillin & k clavulanate tab 250-125 mg	43
amoxicillin & k clavulanate tab 500-125 mg	43

amoxicillin & k clavulanate tab 875-125 mg	44
amphetamine-dextroamphetamine cap er 24hr 10 mg	103
amphetamine-dextroamphetamine cap er 24hr 15 mg	104
amphetamine-dextroamphetamine cap er 24hr 20 mg	104
amphetamine-dextroamphetamine cap er 24hr 25 mg	104
amphetamine-dextroamphetamine cap er 24hr 30 mg	104
amphetamine-dextroamphetamine cap er 24hr 5 mg.....	103
amphetamine-dextroamphetamine tab 10 mg	104
amphetamine-dextroamphetamine tab 12.5 mg	104
amphetamine-dextroamphetamine tab 15 mg	104
amphetamine-dextroamphetamine tab 20 mg	104
amphetamine-dextroamphetamine tab 30 mg	104
amphetamine-dextroamphetamine tab 5 mg	104
amphetamine-dextroamphetamine tab 7.5 mg	104
amphotericin b	30
amphotericin b liposome	30
ampicillin.....	44
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	44
ampicillin & sulbactam sodium for inj 3 (2-1) gm.....	44
ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm.....	44
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	44
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	44
ampicillin sodium.....	44
amplify relief mm	292
anacin	14
ANACIN TAB 400-30MG	14
ANACIN TAB MAX STR.....	14
anagrelide hcl.....	165
analgesia.....	292
ANALPRAM-HC LOT 2.5%.....	292
anastrozole	49
ANBESOL	314

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

<i>anbesol cold sore therapy</i>	314
ANBESOL MAXIMUM STRENGTH	314
<i>anecream</i>	292
<i>anecream5</i>	292
<i>animal chewable multiple</i>	219
<i>animal chews</i>	219
ANIMAL SHAPE CHW IRON.....	219
<i>animal shapes plus extra</i>	219
ANISE FLAVOR OIL.....	177
ANORO ELLIPT AER 62.5-25.....	247
<i>antacid</i>	134
<i>antacid double strength</i>	134
<i>antacid extra strength</i>	134
<i>antacid ultra strength</i>	134
<i>anti gas</i>	151
ANTIBAC ALGI PAD SILVER	293
ANTIBIOTIC CRE	281
<i>anti-dandruff shampoo</i>	292
<i>anti-diarrheal</i>	137
<i>antifungal</i>	282
ANTIIST NAS TAB DECONGES	255
ANTI-ITCH LOT 1%	292
<i>anti-itch medication</i>	293
ANTIMINTH SUS 250/5ML	26
ANTIOXIDANT CAP	219
ANTIOXIDANT CHW VITAMINS.....	219
<i>antioxidant pack</i>	219
ANTIPHLOGIST CRE	293
<i>antiseptic</i>	293
<i>antiseptic cleanser</i>	324
<i>antiseptic skin cleanser</i>	293
ANTITUSS CG/ SYP CODEINE	255
ANUSOL-HC.....	293
APACET CHW 80MG	14
APATATE LIQ.....	219
<i>apetex</i>	219
APETIGEN TAB PLUS.....	219
APETIGEN-PLS SOL	219
<i>apetigen-plus</i>	219
<i>apetonic</i>	219
AP-HIST DM LIQ 7.5-4-15	255
APPEAREX	219
<i>aprepitant</i>	139
<i>aprepitant capsule therapy pack 80 & 125</i> <i>mg</i>	139
APTIOM	96
APTIVUS	33
<i>aqua care</i>	293
AQUA CARE	293
<i>aqua lube</i>	293

<i>aqua net conditon norm</i>	293
AQUABASE OIN	177
AQUACEL AG FOAM	293
AQUACEL AG FOAM/HEEL	293
AQUACEL AG FOAM/SACRAL.....	293
AQUA-E.....	219
AQUANAZ TAB	255
<i>aquaphilic</i>	293
AQUAPHOR 3 IN 1 DIAPER RA	293
AQUASITE PAD 4	294
AQUASOL E.....	219
AQUASOL E CAP 100IU	219
AQUASOL E CAP 400IU	220
<i>aquavit-e</i>	220
<i>aqueous vitamin e</i>	220
ARALAST NP	273
ARCALYST.....	172
ARCTIC RELF GEL 0.2-3.5%	294
<i>arctic relief roll-on pai</i>	294
AREXVY.....	173
<i>arginine</i>	206
ARGININE	206
ARGININE CAP 500 MG	206
<i>arginine oral powder</i>	207
ARGININE2000	206
ARGLAES POW	294
ARIDA GEL	294
ARIKAYCE	26
<i>aripiprazole</i>	90, 91
ARISTADA.....	91
ARISTADA INITIO.....	91
<i>armodafinil</i>	110
ARNUITY ELLIPTA.....	277
<i>arthritis pain reliever</i>	14
<i>arthritis pain relieving</i>	294
<i>arthx ds</i>	207
<i>artificial tears</i>	243
<i>ascarel</i>	26
ASCENSIA MIS AUTODISC.....	127
ASCOCID POW	220
ASCOCID-1000 TAB	220
ASCORBIC ACD POW	177
<i>ascorbic acid</i>	220
<i>ascorbic acid oral crystals</i>	220
ASCRIPITIN TAB	14
<i>asenapine maleate</i>	91
<i>aspercreme arthritis pain</i>	14
ASPERCREME/ALOE	294
<i>aspirin</i>	14
ASPIRIN	14

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

<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>	15
<i>aspirin ec low dose</i>	15
<i>aspirin enteric coated ad</i>	15
<i>aspirin low dose</i>	15
<i>aspirin powder</i>	15
<i>aspirin regimen</i>	15
<i>aspirin-caffeine tab 400-32 mg</i>	15
<i>aspirin-dipyridamole cap er 12hr 25-200</i> <i>mg</i>	166
<i>aspir-low</i>	14
ASTAGRAF XL	172
ASTHMANEFRIN REFILL	273
ASTRING-O-SO LIQ MTHWASH	314
atazanavir sulfate	33
atenolol	77
<i>atenolol & chlorthalidone tab 100-25 mg</i> ..	76
<i>atenolol & chlorthalidone tab 50-25 mg</i> ...	76
<i>athletes foot powder spra</i>	282
<i>atomoxetine hcl</i>	105
<i>atorvastatin calcium</i>	75
<i>atovaquone</i>	26
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	32
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	32
ATROPINE SULFATE	243
<i>atropine sulfate (ophthalmic)</i>	243
ATROVENT HFA	248
AUGTYRO	53
<i>auraphene-b</i>	324
<i>auro-dri</i>	324
AUSTEDO	107, 108
AUSTEDO XR	108
AUSTEDO XR TAB TITR KIT	108
AUTOLET PLAT MIS 1.8MM	127
AUVELITY TAB 45-105MG	85
AVAIL TAB	220
AVEENO ANTI- LOT ITCH	294
AVEENO BABY SOOTHING RELI	294
AVEENO SKIN OIL RELIEF	294
AVMAPKI PAK FAKZYNJA	53
<i>ayr nasal drops</i>	273
AYR NASAL DROPS	273
AYR NASAL MIST ALLERGY &	273
AYR SALINE KIT NETI RNS	273
<i>ayr saline nasal</i>	273

AYVAKIT	53
<i>azacitidine</i>	47
<i>azathioprine</i>	172
<i>azelastine hcl</i>	249
<i>azelastine hcl (ophth)</i>	240
<i>azithromycin</i>	41
AZO CRANBERRY GUMMIES URI	207
<i>azo dine</i>	156
<i>azo dine maximum strength</i>	156
<i>azo d-mannose</i>	207
<i>azolen tincture</i>	282
<i>aztreonam</i>	26
B	
<i>b complete</i>	220
B COMPLEX +C TAB TR	220
<i>b complex maxi</i>	220
B COMPLEX TAB FORM #1	220
B COMPLEX/FO TAB	220
B-1	220
<i>b-100</i>	221
B-100 COMPLX TAB	221
<i>b-100 tr</i>	221
B-12	220
B-12 DOTS	221
B-12 DUAL SPECTRUM	221
<i>b-12 quick dissolve</i>	221
<i>b-12 super strength</i>	221
<i>b-12 tr</i>	221
B-6	220
<i>baby anbesol</i>	314
BABY DARLNG POW PED ELEC	184
<i>baby ddrops</i>	222
<i>baby ease</i>	294
BABY MONKEY CRE 2-12%	294
<i>baby oral pain</i>	314
<i>baby super daily d3</i>	222
<i>baby teething</i>	314
<i>baby teething pain medici</i>	314
<i>baby vitamin</i>	222
<i>baby vitamin a & d</i>	294
<i>baby vitamin/iron</i>	222
BACIGUENT	281
<i>bacitracin (topical)</i>	281
<i>bacitracin zinc</i>	281
<i>bacitracin-polymyxin b ophth oint</i>	238
<i>bacitracin-polymyxin-neomycin-hc ophth</i> <i>oint 1%</i>	237
BACK PAINOFF TAB	15
<i>baclofen</i>	109

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

BAFIERTAM.....	108
BALANCE B-50 TAB	222
BALMEX.....	294
<i>balmex adult care</i>	294
BALMEX ADULT CARE.....	294
<i>balmex complete protectio</i>	295
<i>balsalazide disodium</i>	142
BALVERSA.....	53
<i>banophen</i>	249
BARACLUDE.....	38
BASIS FACIAL CRE MOIST.....	295
<i>bayer aspirin ec low dose</i>	15
<i>bayer chewable low dose</i>	15
<i>bayer low dose</i>	15
BAYER PLUS TAB 500MG.....	15
BAYER PM TAB 38.3-500.....	111
BAYER WOMENS TAB 81-300MG	15
BAZA CLEANSE & PROTECT	295
BC FAST PAIN POW RELIEF.....	15
BC FAST PAIN POW RLF ARTH	15
BCG VACCINE.....	173
BD GLUCOSE	125
BEELITH TAB.....	191
BELL-ANS TAB 650MG	134
BENADRYL ALLERGY	249
BENADRYL CAP 25MG	249
<i>benadryl extra strength</i>	285
BENADRYL MAXIMUM STRENGTH.....	285
BENADRYL SPR 2-0.1%	285
BENADRYL TAB 25MG	249
BENADRYL TAB ALL/COLD.....	255
<i>benazepril & hydrochlorothiazide tab 10- 12.5 mg</i>	67
<i>benazepril & hydrochlorothiazide tab 20- 12.5 mg</i>	67
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	67
<i>benazepril & hydrochlorothiazide tab 5- 6.25mg</i>	67
<i>benazepril hcl</i>	68
BENDAMUSTINE HYDROCHLORID	46
BENDEKA.....	46
<i>benefiber</i>	143
<i>benefiber on the go</i>	143
BENGAY CRE GREASLES	295
<i>bengay pain relief/massag</i>	295
BENLYSTA	172
BENYLIN SYP 15MG/5ML.....	255
BENYLIN-DME LIQ	255
BENZEDREX INH	256

<i>benzodent</i>	315
BENZOIN CMPD TIN	295
<i>benzoin compound tincture</i>	295
<i>benzoin tincture</i>	295
<i>benzonatate</i>	256
<i>benz-o-sthetic</i>	314
BENZ-O-STHETIC	314
<i>benzoyl peroxide</i>	279
<i>benzoyl peroxide cleanser</i>	280
BENZOYL PEROXIDE CLEANSER.....	280
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	280
<i>benztropine mesylate</i>	88
BENZYL ALC LIQ	177
BERINERT	165
BERRI-FREEZ PAIN RELIEVIN	295
<i>besifloxacin hcl</i>	238
BESIVANCE	238
BESREMI	51
BETA CAROTEN CAP 25000UNT	222
<i>beta carotene</i>	222
BETADINE.....	295
BETADINE PREPSTICK.....	295
BETADINE SCR SOL 7.5%.....	295
<i>betaine powder for oral solution</i>	127
<i>betamethasone dipropionate (topical)</i>	286
<i>betamethasone dipropionate augmented</i>	286
<i>betamethasone valerate</i>	286
BETASAL SHA 3%	295
<i>betasept surgical scrub</i>	295
BETASERON	108
<i>betaxolol hcl</i>	77
<i>betaxolol hcl (ophth)</i>	241
<i>bethanechol chloride</i>	156
BEVESPI AER 9-4.8MCG	247
<i>bexarotene</i>	51
<i>bexarotene (topical)</i>	295
BEXSERO	173
<i>bicalutamide</i>	49
BICARSIM	151
BICARSIM FORTE.....	152
BICILLIN L-A	44
<i>bidex</i>	256
BIFERA TAB 28MG.....	161
BIKTARVY TAB 30-120-15 MG	35
BIKTARVY TAB 50-200-25 MG	35
BILDYOS	121
BILI-LABSTIX TES STRIPS	127
BIMZELX	166
<i>bio t pres</i>	256

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

BIO-D-MULSION	222
BIO-D-MULSION FORTE	222
<i>biofed</i>	256
BIOFLAVINOID POW LEMON	177
BIOFLAVONOID POW CITRUS	177
BIO-FLAX	207
<i>biofreeze</i>	295
BIOFREEZE COOL THE PAIN	296
<i>bioginkgo 24/6</i>	207
<i>biolle gel tears</i>	243
<i>biolle tears</i>	243
<i>biotin</i>	223
BIOTIN	222
BIOTIN FORTE TAB	223
BIOTIN FORTE TAB /ZINC	223
BIOVOL SYP	223
<i>bisac-evac</i>	143
BISMUTH POW SUBNITRA	177
BISMUTH SUBC POW	177
<i>bismuth subcarbonate powder</i>	177
<i>bismuth subnitrate powder</i>	177
<i>bismuth subsalicylate</i>	137
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	77
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	77
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	77
<i>bisoprolol fumarate</i>	77
BIVIGAM	171
BL BORIC ACI POW	178
<i>bl brewers yeast</i>	223
<i>bl calcium 500/d</i>	191
<i>bl calcium 600 + d</i>	191
<i>bl calcium citrate+d</i>	191
<i>bl calcium/magnesium/zinc</i>	191
<i>bl cold & hot therapy bal</i>	296
<i>bl epsom salt</i>	143
<i>bl flax seed oil</i>	207
BL GLUCOSE	125
BL GLYCERIN LIQ	178
<i>bl headache pm</i>	111
<i>bl iron</i>	161
BL ISOPROPYL ALCOHOL	296
<i>bl isopropyl rubbing alco</i>	296
BL ISOPROPYL RUBBING ALCO	296
<i>bl laxative pills</i>	143
<i>bl magnesium</i>	192
<i>bl magnesium citrate</i>	143
<i>bl miconazole 3</i>	158

<i>bl mineral oil</i>	143
BL MINERAL OIL LIGHT	296
BL MOTION SI TAB 25MG	139
<i>bl natural fiber</i>	144
<i>bl niacin tr</i>	223
<i>bl permethrin</i>	312
BL PETROLEUM OIN JELLY	178
<i>bl prenatal vitamins</i>	223
<i>bl wart remover</i>	296
BL WITCH HAZ LIQ 86%	296
BLENDED SUSP SUS COMPOUND	178
BLINK TEARS LUBRICATING E	243
BLISTEX OIN MEDICATE	315
<i>blue gel</i>	296
BLUE STAR OIN	296
BLUJEPa	26
B-NATAL	222
BONE MEAL TAB	192
<i>bonine</i>	139
BONSITY	121
BOOSTRIX INJ	173
<i>boric acid granules</i>	296
<i>boric acid powder</i>	178
<i>bortezomib</i>	53
BORTEZOMIB	53
<i>bosentan</i>	82
BOSULIF	53, 54
BOUDREAUXS BUTT PASTE	296
BPROTECT PED DRO TRI-VITE	223
BRAFTOVI	54
BREO ELLIPTA INH 100-25	278
BREO ELLIPTA INH 200-25	278
BREO ELLIPTA INH 50-25MCG	278
<i>breyana</i>	278
BREZTRI AERO AER SPHERE	247
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	247
<i>brimonidine tartrate</i>	241
<i>brinzolamide</i>	241
<i>brivaracetam</i>	96
BRIVIACT	96
BROHIST D TAB 4-10MG	256
<i>bromfed dm</i>	256
<i>bromocriptine mesylate</i>	88
<i>bronchial mist</i>	273
<i>broncho saline</i>	256
BROTAPP DM LIQ 15-1-5/5	256
BRUKINSA	54
BUBBLE GUM SYP	178
<i>budesonide</i>	142

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

<i>budesonide (inhalation)</i>	278
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	278
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	278
<i>buffered salt</i>	184
<i>bufferin</i>	15
BUFFERIN AF TAB NITETIME	111
<i>bufferin extra strength</i>	16
BUFFERIN TAB 500MG	16
BULL FROG SPR MOSQUITO	296
<i>bumetanide</i>	80
<i>buprenorphine</i>	22
<i>buprenorphine hcl</i>	111
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	111
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	111
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	111
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	111
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	111
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	111
<i>bupropion hcl</i>	85
<i>bupropion hcl (smoking deterrent)</i>	111
BURN SPRAY AER.....	296
<i>buspirone hcl</i>	83
<i>butenafine hcl</i>	283
<i>butorphanol tartrate</i>	23
c	
CA CITRATE TAB PLUS	223
CA GLUCONATE TAB 50MG	192
CA HI-CAL/D TAB 500MG	192
CA PHOS DIHY POW DIBASIC.....	192
CA/MG TAB.....	192
CA/MG/ZN TAB	192
<i>cabergoline</i>	127
CABOMETYX	54
CAL CIT MAL/ TAB VITAMIND	192
CAL/MAG TAB CHEW	192
CAL/MAG/VITD TAB	193
CALAMINE LOT.....	296
CALAMINE LOT PHENOLAT	296
<i>calamine plus</i>	297
CALAMINE POW	297
<i>calamine powder</i>	297

CALAZIME SKN PST PROTECT	297
CALC CHEWABL CHW 600 PLUS	193
CALC CIT+D3 TAB 250-200	193
CALC/MAGNES TAB 333-167	193
CALC/VIT D3 CHW 200-200.....	193
CALC/VIT D3 CHW DISNEY	193
<i>calcarb 600</i>	193
<i>calcarb 600/vitamin d</i>	193
CALCET CHW BITES	193
CALCET PETIT TAB 200-250	193
<i>calci-chew</i>	193
CALCI-CHEW	193
<i>calcidol</i>	223
CALCI-MAX CAP	223
CALCI-MIX.....	193
<i>calcio del mar</i>	193
<i>calcipotriene</i>	285, 286
<i>calcitonin (salmon) spray</i>	121
<i>calcitrate</i>	193
CAL-CITRATE.....	223
CAL-CITRATE TAB PLUS D	192
<i>calcitrene</i>	286
<i>calcitriol</i>	133
<i>calcitriol (oral)</i>	133
<i>calcium</i>	193
CALCIUM + D3 TAB	194
<i>calcium 1000 + d</i>	194
<i>calcium 1200+d3</i>	194
<i>calcium 500/d</i>	194
<i>calcium 500+d high potenc</i>	194
<i>calcium 600 + d</i>	194
<i>calcium 600 mg w/ vitamin d tab</i>	194
<i>calcium 600 with vitamin</i>	194
<i>calcium 600-d</i>	194
<i>calcium ascorbate</i>	223
CALCIUM CARB POW.....	194
CALCIUM CARB TAB 600MG	194
<i>calcium carb-cholecalcif chew tab 500 mg-2.5mcg (100 unit)</i>	194
<i>calcium carb-cholecalciferol tab 500 mg-10 mcg (400 unit)</i>	194
<i>calcium carb-cholecalciferol tab 500 mg-3.125 mcg (125 unit)</i>	194
<i>calcium carb-cholecalciferol tab 600 mg-3.125 mcg (125 unit)</i>	195
CALCIUM CARBONATE.....	134, 195
<i>calcium carbonate (antacid)</i>	134, 195
<i>calcium carbonate powder</i>	195
<i>calcium carbonate-ergocalciferol tab 500 mg-5 mcg (200 unit)</i>	195

<i>calcium carbonate-vitamin d tab 250 mg-3.125 mcg (125 unit)</i>	195
<i>calcium carbonate-vitamin d tab 500 mg-3.125 mcg (125 unit)</i>	195
CALCIUM CIT/ TAB VIT D.....	196
CALCIUM CITR TAB + D	196
<i>calcium citrate</i>	196
CALCIUM CITRATE.....	196
<i>calcium citrate + d3</i>	196
<i>calcium citrate-vitamin d tab 1500 mg-200 unit</i>	196
<i>calcium cit-vit d tab 315 mg-6.25 mcg(250 unit) (elem ca)</i>	196
<i>calcium gluconate</i>	196
CALCIUM GLUCONATE	196
<i>calcium gluconate powder</i>	196
<i>calcium gummies</i>	196
<i>calcium hydroxide powder</i>	178
<i>calcium lactate</i>	196
CALCIUM LACTATE	196
<i>calcium liquid caps</i>	196
CALCIUM PANTOTHENATE	223
<i>calcium phos-cholecalcif chew tab 250 mg-12.5 mcg (500 unit)</i>	197
CALCIUM PLUS CAP VIT D	197
<i>calcium polycarbophil</i>	144
CALCIUM POW SACCHARA	178
CALCIUM SOFT CHW CARAMEL	197
CALCIUM TAB 600MG.....	197
CALCIUM TAB FORMULA.....	197
<i>calcium w/ magnesium tab 333-167 mg</i>	197
<i>calcium w/ magnesium tab 500-250 mg</i>	197
<i>calcium w/ vitamin d & k chew tab 500 mg-100 unit-40 mcg</i>	197
CALCIUM/C/D CHW 500MG.....	198
CALCIUM/D TAB 600/200	198
CALCIUM/D3 CAP 600-2500.....	198
CALCIUM/MAGN TAB 250-155	198
CALCIUM/VITD CAP 600-400	198
<i>calcium-carb 600 + d</i>	197
<i>calcium-magnesium-zinc tab 333-133-8.3 mg</i>	197
<i>calcium-magnesium-zinc tab 334-134-5 mg</i>	197
<i>calcium-magnesium-zinc-vit d3 tab 333 mg-133 mg-5 mg-3.3 mcg</i>	197
<i>calcium-magnesium-zinc-vit d3 tab 333 mg-133 mg-5 mg-5 mcg</i>	198
<i>calcium-vitamin d tab 600 mg-5 mcg (200 unit)</i>	198

CAL-LAC	192
CAL-MAG COMP TAB	192
CAL-MAG-ZINC TAB -D	192
CAL-MAG-ZINC TAB VIT D3	192
CALQUENCE	54
CAL-QUICK LIQ 500-400	192
CALTRATE + D TAB 300-800	198
CALTRATE +D3 TAB 600-800	198
CALTRATE 600 CHW +D PLUS	198
CALTRATE 600 CHW 600-800	198
<i>caltrate 600+d plus miner</i>	198
<i>caltrate gummy bites</i>	198
<i>calvite p&d</i>	198
CAMPHOR CRY	297
<i>camphor crystals</i>	297
<i>candesartan cilexetil</i>	73
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	70
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	70
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	70
CANKERMELTS LASTING PAIN	315
CAPHOSOL SOL.....	315
CAPLYTA.....	91
CAPMIST DM TAB	256
CAPRELSA.....	54
<i>capron dm</i>	256
CAPRON DMT TAB 30-30MG	256
<i>capsaicin</i>	297
CAPSAICIN POW	297
<i>captopril</i>	68
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	67
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	67
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	68
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	68
CAPZASIN-HP.....	297
CAPZASIN-P CRE 0.025%.....	297
<i>carb/levo orally disintegrating tab 10-100mg</i>	88
<i>carb/levo orally disintegrating tab 25-100mg</i>	88
<i>carb/levo orally disintegrating tab 25-250mg</i>	89
<i>carbamazepine</i>	96
CARBAPHEN CH SUS	256

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

<i>carbidopa & levodopa tab 10-100 mg</i>	89
<i>carbidopa & levodopa tab 25-100 mg</i>	89
<i>carbidopa & levodopa tab 25-250 mg</i>	89
<i>carbidopa & levodopa tab er 25-100 mg</i> ..	89
<i>carbidopa & levodopa tab er 50-200 mg</i> ..	89
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	89
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	89
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	89
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	89
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	89
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	90
CARBOMER POW 1342	178
<i>carb-o-philic/20</i>	297
<i>carboplatin</i>	46
CARDIOTEK TAB.....	223
<i>carglumic acid</i>	127
<i>carisoprodol</i>	109
CARMOL 10.....	297
CARMOL 20.....	297
<i>carteolol hcl (ophth)</i>	241
<i>cartia xt</i>	78
<i>carvedilol</i>	77
<i>caspofungin acetate</i>	31
<i>castellani paint</i>	283
<i>castor oil</i>	178
CASTOR OIL.....	144, 178
<i>castor oil stimulant laxa</i>	144
CATEMINE TAB.....	223
CAYSTON.....	26
C-BUFF POW	223
<i>cefaclor</i>	40
<i>cefadroxil</i>	40
CEFAZOLIN	40
CEFAZOLIN INJ 1GM/50ML	40
<i>cefazolin sodium</i>	40
CEFAZOLIN SOLN 2GM/100ML-4%.....	40
CEFAZOLIN/DEX SOL 1GM/50ML-4%	40
CEFAZOLIN/DEX SOL 2GM/50ML-3%	40
CEFAZOLIN/DEX SOL 3GM/150ML-4%.....	40
CEFAZOLIN/DEX SOL 3GM/50ML-2%	40
<i>cefdinir</i>	40
<i>cefepime hcl</i>	40
<i>cefixime</i>	40
<i>cefotetan disodium</i>	40

<i>cefoxitin sodium</i>	40
<i>cefpodoxime proxetil</i>	41
<i>cefprozil</i>	41
<i>ceftaroline fosamil</i>	41
<i>ceftazidime</i>	41
<i>ceftriaxone sodium</i>	41
<i>cefuroxime axetil</i>	41
<i>cefuroxime sodium</i>	41
<i>celecoxib</i>	21
CELLOTHYL TAB 500MG.....	144
<i>centrum kids complete</i>	224
CENTRUM SPEC PAK PRENATAL.....	224
CEO-TWO SUP	144
CEPACOL.....	315
CEPACOL DUAL SPR RELIEF	315
CEPACOL FIZZLERS	315
CEPACOL LOZ 15-2.3MG	315
CEPACOL LOZ 15-20MG.....	315
CEPACOL LOZ INSTAMAX.....	315
CEPACOL MAX LOZ NUMBING	315
CEPACOL REGULAR STRENGTH	315
CEPACOL SORE LOZ 10-2.1MG.....	315
CEPACOL SORE LOZ 15-3.6MG.....	315
CEPACOL SORE LOZ THRT MAX.....	315
CEPACOL SORE SPR 0.1-33%	316
<i>cepacol sore throat</i>	316
<i>cepacol sore throat extra</i>	316
<i>cepacol sore throat/post</i>	316
<i>cephalexin</i>	41
CEQUR SIMPL KIT PATCH 2U (3-DAY)	118
CEQUR SIMPL KIT PATCH 2U (4-DAY)	118
CEQUR SIMPL MIS INSERTER.....	118
CERALYTE 50 LIQ.....	184
<i>cerasport</i>	185
<i>cerave baby</i>	297
CERDELGA.....	127
CEREZYME.....	127
<i>cetirizine hcl</i>	249
CETYL ALCOHO GRA.....	178
<i>cevimeline hcl</i>	316
<i>charcoal activated</i>	127
CHARCOAL ACTIVATED	127
CHARCOAL POW.....	128
<i>charcocaps</i>	128
CHELATED CALCIUM	199
CHELATED MG TAB 100MG.....	199
CHELATED MUL TAB MINERAL.....	199
CHEMET.....	122
CHEMSTRIP TES UGK.....	128
CHEMSTRIP-UG TES.....	128

CHERACOL SORE THROAT.....	316	<i>cilostazol</i>	165
CHERRY CON	178	CILOXAN	238
<i>cherry cough drops</i>	316	CIMDUO TAB 300-300	35
<i>cherry syrup</i>	178	<i>cimetidine tab 200 mg</i>	142
<i>chest congestion & pain r</i>	256	<i>cinacalcet hcl</i>	128
<i>chest congestion relief d</i>	256	<i>ciprofloxacin 200 mg/100ml in d5w</i>	42
CHEW Q	207	<i>ciprofloxacin 400 mg/200ml in d5w</i>	42
CHEW Q CHW 100MG.....	207	<i>ciprofloxacin hcl</i>	42
CHEW Q CHW 600MG.....	207	<i>ciprofloxacin hcl (ophth)</i>	238
<i>childrens acetaminophen</i>	16	<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	247
CHILDRENS ADVIL.....	21	<i>cisplatin</i>	46
CHILDRENS CHW COMPLETE.....	224	<i>citalopram hydrobromide</i>	85
<i>childrens ibuprofen</i>	21	CITRACAL CAL CHW GUMMIES	199
CHILDRENS MOTRIN JUNIOR S	21	<i>citracal calcium+d slow r</i>	199
<i>childrens plus multi-symp</i>	256	CITRACAL TAB MAXIMUM.....	199
<i>childrens pseuphedrin</i>	257	CITRACAL TAB VIT D	199
CHILDRENS SUS PLUS CLD.....	257	CITRACAL+D3 CHW 250-500	199
<i>childs allergy cold/cough</i>	257	CITRIC ACID GRA.....	179
CHLD NON-ASA TAB 80MG	16	<i>citric acid granules</i>	179
CHLO HIST SOL	257	<i>citric acid powder</i>	179
CHLO TUSS LIQ	257	CITRUCEL POW ORANGE	144
<i>chloraseptic</i>	316	CL PRENATAL TAB 28-0.8MG	224
<i>chloraseptic gargle</i>	316	<i>claravis</i>	280
CHLORASEPTIC LOZ CHERRY.....	316	<i>clarithromycin</i>	41
CHLORASEPTIC LOZ HONY LEM.....	316	CLARITIN	250
CHLORASEPTIC LOZ MAX	316	CLEAN START TAB VAPORIZE	257
CHLORASEPTIC LOZ MENTHOL	316	CLEAR COUGH LIQ PM.....	257
CHLORASEPTIC MIS.....	316	<i>clearlax</i>	144
CHLORASEPTIC MIS KIDS	316	<i>clindamycin hcl</i>	26
<i>chloraseptic sore throat/</i>	317	<i>clindamycin palmitate hydrochloride</i>	26
<i>chloraseptic warming sore</i>	317	<i>clindamycin phosphate</i>	26
CHLORASEPTIC WARMING SORE.....	317	<i>clindamycin phosphate (topical)</i>	280
CHLORELLA CAP	224	<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	26
<i>chlorhexidine gluconate (mouth-throat)</i>	317	<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	26
CHLOROFORM SOL.....	178	<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	26
<i>chloroform soln</i>	178	<i>clindamycin phosphate vaginal</i>	158
<i>chloroquine phosphate</i>	32	<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	280
<i>chlorpromazine hcl</i>	91	CLINDMYC/NAC INJ 300/50ML.....	26
<i>chlorthalidone</i>	80	CLINDMYC/NAC INJ 600/50ML.....	27
CHLOR-TRIMETON	249	CLINDMYC/NAC INJ 900/50ML.....	27
CHLOR-TRIMETON REPETABS	249	CLINIMIX INJ 4.25/D10	190
<i>chocolated laxative</i>	144	CLINIMIX INJ 4.25/D5W	190
<i>cholecalciferol</i>	224	CLINIMIX INJ 5%/D15W.....	190
<i>cholestyramine</i>	75	CLINIMIX INJ 5%/D20W.....	190
<i>cholestyramine light</i>	75	CLINIMIX INJ 6/5	190
CHROMIUM PIC TAB 500MCG	224		
<i>ciclopirox</i>	283		
<i>ciclopirox olamine</i>	283		
<i>cidaflex</i>	207		
<i>cidatrine</i>	207		

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

CLINIMIX INJ 8/10	190
CLINIMIX INJ 8/14	190
<i>clinisol sf 15%</i>	190
CLINI-TEK MIS	128
CLINOLIPID EMU 20%	190
<i>clobazam</i>	96
<i>clobetasol propionate</i>	287
<i>clobetasol propionate e</i>	287
<i>clodan</i>	287
CLOFERA LIQ	257
<i>clomipramine hcl</i>	85
<i>clonazepam</i>	96, 97
<i>clonidine</i>	81
<i>clonidine hcl</i>	81
<i>clopidogrel bisulfate</i>	166
<i>clorazepate dipotassium</i>	97
CLORPACTIN WCS-90	297
<i>clotrimazole</i>	317
<i>clotrimazole (topical)</i>	283
CLOTRIMAZOLE CRE 2%	158
<i>clotrimazole vaginal</i>	158
<i>clotrimazole w/ betamethasone cream 1-</i> <i>0.05%</i>	283
<i>clove oil</i>	179
CLOVE OIL	179
CLOVERINE OIN SALVE	283
<i>clozapine</i>	91
CNTC CLD/FLU TAB DAY/NGHT	257
CO Q10	207
CO Q-10	207
COARTEM TAB 20-120MG	32
COATS ALOE CREME	298
COATS ALOE GELLY	298
COATS ALOE MOISTURIZING L	298
COBENFY CAP 100-20MG	92
COBENFY CAP 125-30MG	92
COBENFY CAP 50-20MG	91
COBENFY STRT CAP PACK	92
<i>cocoa butter</i>	179
COCOA BUTTER LOT	179
<i>coconut oil</i>	179
COD LIVER OIL	224
<i>codar gf</i>	257
CODITUSSIN LIQ AC	257
CODITUSSIN LIQ DAC	257
COENZYME Q10	207
COENZYME Q-10	208
<i>coenzyme q10 (ubidecarenone)</i>	208
CO-ENZYME WAF Q10/E	207
COLACE	144

<i>colace 2-in-1</i>	144
<i>colace adult</i>	144
COLACE CAP 100MG	144
COLACE LIQ 150/15ML	144
<i>colace pediatric</i>	144
COLACE SYP 60/15ML	144
<i>colchicine</i>	13
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	13
<i>cold & flu relief nightti</i>	257
<i>cold head congestion day/</i>	257
<i>cold head congestion dayt</i>	257
<i>cold relief plus</i>	258
<i>coleman 100 max insect re</i>	298
<i>coleman botanicals insect</i>	298
<i>coleman insect repellent/</i>	298
<i>coleman skinsmart insect</i>	298
<i>colesevelam hcl</i>	75
<i>colestipol hcl</i>	75
<i>colistimethate sodium</i>	27
<i>collodion flexible</i>	179
COLLODION LIQ FLEXIBLE	179
COLLYRIUM SOL OP	243
COMBIGAN SOL 0.2/0.5%	241
COMBIVENT AER 20-100	247
COMETRIQ (60MG DOSE)	54
COMETRIQ KIT 100MG	54
COMETRIQ KIT 140MG	54
COMFEEL FILM MIS	298
COMMIT	112
<i>complete lice treatment k</i>	312
<i>complex b-100</i>	224
<i>compound w</i>	298
<i>compound w maximum streng</i>	298
<i>compoz</i>	112
<i>compro</i>	139
<i>comtrex cold & cough day/</i>	258
COMTrex COLD TAB & COUGH	258
<i>comtrex severe cold & sin</i>	258
CONCEPTIONXR MIS MOTILITY	224
CONFORMANT 2 MIS 4	298
<i>constant-clens</i>	298
<i>constulose</i>	145
<i>contac cold+flu maximum s</i>	258
<i>contac-d</i>	258
CONTROL DENT CRE ADHESIVE	317
COPAXONE	109
COPIKTRA	54
COPPER SULF CRY	190
COQ-10 TR	208
COQ10/VIT E CAP 100-10	208

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

COQ10/VIT E CAP 200-200.....	208
CORAL CALCIU CAP.....	199
CORAL CALCIU CAP 1000MG.....	199
CORAL CAP CALCIUM	199
<i>corfen-dm</i>	258
CORICIDN HBP TAB 2-325MG.....	258
CORICIDN HBP TAB CGH&COLD	258
CORLANOR.....	81
<i>corn fix</i>	298
COROMEGA EMU OMEGA 3	208
COROMEGA MIS	208
CORTIZONE-10 CRE 1%	287
<i>cortizone-10 eczema</i>	287
CORTIZONE-10 OIN 1%.....	287
CORTIZONE-10 SOL SCALP 1%	287
COTELLIC	54
COTTONSEED OIL.....	179
<i>cottontails diaper rash c</i>	298
<i>cough & chest congestion</i>	258
<i>cough & cold</i>	258
<i>cough cold & sore throat</i>	258
<i>cough drops</i>	317
COUGH DROPS.....	317
<i>cough drops menthol</i>	317
<i>cough drops sugar free</i>	317
<i>cough suppressant long-ac</i>	258
<i>coughtab</i>	258
COZIMA.....	298
CRAMP TAB.....	16
CRANBEREX.....	208
CRANBERRY.....	208
CRANBERRY (VACCINIUM MACR.....	208
<i>cranberry (vaccinium macrocarpon)</i>	208
<i>cranberry concentrate</i>	208
CRANBERRY EXTRACT.....	208
CRANBERRY FRUIT	209
CRANBERRY HIGHLY CONCENTR	209
CRANBERRY JUICE EXTRACT.....	209
CRANBERRY SOFT CHEWS	209
<i>cranberry ultra strength</i>	209
CRANBERRY WOMENS HEALTH	209
CRANBERRY WOMENS HEALTH F.....	209
CREON CAP 12000UNT	152
CREON CAP 24000UNT	152
CREON CAP 3000UNIT	152
CREON CAP 36000UNT	152
CREON CAP 6000UNIT	152
CRESEMBA.....	31
<i>critic-aid clear af</i>	283
<i>cromolyn sodium</i>	274

<i>cromolyn sodium (mastocytosis)</i>	152
<i>cromolyn sodium (nasal)</i>	274
<i>cromolyn sodium (ophth)</i>	240
CROTON OIL.....	179
CRUEX CRE 1%	283
<i>crush vitamin c drops</i>	224
CRYSTAL LAKE LIQ WATER.....	179
CULTURELLE	137
CULTURELLE CHW KIDS	137
<i>culturelle digestive heal</i>	137
<i>culturelle kids</i>	137
<i>cutter all family mosquit</i>	299
<i>cvs acidophilus probiotic</i>	137
<i>cvs acne cleansing bar</i>	280
<i>cvs advanced 3-in-1 exfol</i>	280
<i>cvs af spray powder</i>	283
CVS ALCOHOL.....	299
<i>cvs allergy relief d</i>	258
<i>cvs antacid multi-symptom</i>	134
<i>cvs anti-diarrheal</i>	137
<i>cvs anti-itch</i>	299
<i>cvs anti-itch sensitive s</i>	299
<i>cvs aspirin adult low str</i>	16
<i>cvs aspirin ec</i>	16
<i>cvs aspirin low dose</i>	16
<i>cvs aspirin low strength</i>	16
<i>cvs b-12</i>	225
CVS B12	224
<i>cvs baby teething oral pa</i>	317
<i>cvs bismuth</i>	138
<i>cvs charcoal</i>	128
<i>cvs cherry menthol drops</i>	317
CVS CHEST CONGESTION CHIL.....	258
<i>cvs chest congestion plus</i>	259
<i>cvs chest rub medicated</i>	259
<i>cvs childrens vitamin d f</i>	225
<i>cvs cold & cough children</i>	259
<i>cvs cold & cough nighttim</i>	259
<i>cvs cold & flu bp</i>	259
<i>cvs cold & sinus multi-sy</i>	259
<i>cvs cough drops sugar fre</i>	317
CVS CRANBERR CAP 4200MG.....	209
<i>cvs d3</i>	225
CVS DAIRY RELIEF EXTRA ST	141
<i>cvs diclofenac sodium</i>	16
<i>cvs digestive probiotic</i>	138
<i>cvs disposable douche med</i>	156
<i>cvs e oil</i>	225
<i>cvs enema disposable</i>	145
CVS EPSOM GRA SALT	145

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

<i>cvs fiber</i>	145
<i>cvs fiber laxative</i>	145
<i>cvs flu & severe cold nig</i>	259
<i>cvs gas relief drops extr</i>	152
<i>cvs gas relief extra stre</i>	152
<i>cvs gentle lubricant eye</i>	243
<i>cvs glucose</i>	125
CVS GLUCOSE CHW FRUIT	125
<i>cvs glucose liquid shot</i>	209
<i>cvs honey lemon drops</i>	317
<i>cvs hydrogen peroxide</i>	299
<i>cvs iron</i>	161
<i>cvs lactase</i>	141
<i>cvs laxative dietary supp</i>	145
<i>cvs l-lysine</i>	209
<i>cvs lubricant eye drops</i>	243
<i>cvs lubricant gel drops</i>	243
<i>cvs lutein</i>	209
<i>cvs magnesium citrate</i>	199
<i>cvs menthol drops</i>	318
<i>cvs miconazole 3</i>	158
<i>cvs mineral oil</i>	145
<i>cvs mini enema kids</i>	145
<i>cvs muscle rub</i>	299
CVS NASAL MIST	274
<i>cvs nat fiber laxative</i>	145
<i>cvs natural daily fiber</i>	145
<i>cvs natural fiber supplm</i>	145
<i>cvs natural fish oil</i>	209
<i>cvs niacin</i>	225
<i>cvs niacin flush free</i>	225
<i>cvs nicotine</i>	112
<i>cvs nicotine polacrilex</i>	112
<i>cvs nighttime cough</i>	259
<i>cvs olopatadine hydrochlo</i>	240
<i>cvs oral anesthetic maxim</i>	318
<i>cvs oral pain reliever</i>	318
<i>cvs oral pain reliever ma</i>	318
<i>cvs permethrin</i>	312
CVS PRENATAL TAB 27-0.8MG	225
<i>cvs quality sleep</i>	209
<i>cvs selenium</i>	199
<i>cvs selenium natural</i>	199
<i>cvs senna</i>	145
<i>cvs sore throat</i>	318
CVS SORE THROAT	318
<i>cvs sore throat maximum s</i>	318
CVS SORE THROAT RELIEF PO	318
<i>cvs stuffy nose & cold ch</i>	259
<i>cvs throat relief pops ch</i>	318

<i>cvs toothache relief</i>	318
<i>cvs wart remover gel pen</i>	299
<i>cvs zinc</i>	199
<i>cyanocobalamin</i>	225
<i>cyclobenzaprine hcl</i>	109
<i>cyclophosphamide</i>	46
CYCLOPHOSPHAMIDE	47
CYCLOPHOSPHAMIDE MONOHYDR	47
<i>cycloserine</i>	37
<i>cyclosporine</i>	172
<i>cyclosporine modified (for microemulsion)</i>	172
<i>cyproheptadine hcl</i>	250
CYSTADROPS	243
CYSTAGON	128
CYSTARAN	243
<i>cytarabine</i>	47
<i>cyto arg</i>	209
CYTO B2	225
CYTO-Q	210
<i>cyto-q max</i>	210

D

<i>d 1000</i>	225
<i>d 2000</i>	226
<i>d 400</i>	225
D10W/NACL INJ 0.2%	186
D10W/NACL INJ 0.45%	186
D2.5W/NACL INJ 0.45%	185
D3 DOTS	225
<i>d3 maximum strength</i>	225
<i>d3 vitamin</i>	225
<i>d3-50</i>	225
D5W/NACL INJ 0.2%	185
D5W/NACL INJ 0.45%	186
<i>dabigatran etexilate mesylate</i>	159
DADS MENTHOL THROAT DROP	318
<i>daily fiber</i>	145
DAILY MULTI TAB VIT/IRON	226
<i>dairy digestive ultra</i>	141
DAKRINA SOL 2.7-2%	244
<i>dalfampridine</i>	109
<i>danazol</i>	113
<i>dantrolene sodium</i>	110
DANZITEN	54
<i>dapagliflozin</i>	114
<i>dapagliflozin free base-metformin hcl tab</i> <i>er 24hr 10-1000 mg</i>	114
<i>dapagliflozin free base-metformin hcl tab</i> <i>er 24hr 10-500 mg</i>	114

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

<i>dapagliflozin free base-metformin hcl tab</i> <i>er 24hr 5-1000 mg</i>	114
<i>dapagliflozin free base-metformin hcl tab</i> <i>er 24hr 5-500 mg</i>	114
<i>dapsone</i>	27
DAPTACEL INJ	173
<i>daptomycin</i>	27
DAPTOMYCIN	27
<i>darunavir</i>	33
<i>dasatinib</i>	55
DAURISMO	55
DAY TIME CAP COLD/FLU	259
<i>daytime multi-symptom col</i>	259
DAYVIGO	105
D-BIOTIN CAP 10MG	226
<i>ddrops</i>	226
DECARA	226
DECONEX DMX TAB.....	259
<i>deconex ir</i>	259
<i>deferasirox</i>	122
DEKAS CAP ESSENTIA	226
DEKAS LIQ ESSENTIA	226
DEKAS PLUS LIQ	226
DELBASE OIN COMPOUND	179
DELSTRIGO TAB	35
DELSYM.....	259
DENG VAXIA SUS	174
<i>dentiva</i>	318
<i>dent-o-kain/20</i>	318
DENTS TOOTHACHE GUM	318
DENTURE BRSH MIS /PICK	318
<i>depo-testosterone</i>	113
DERMAGRAN OIN	299
<i>dermamed</i>	299
DERMAZINC SPRAY	299
DESCOVY TAB 120-15MG	35
DESCOVY TAB 200/25MG	35
DESENEX MAX.....	283
<i>desipramine hcl</i>	86
<i>desitin</i>	299
DESITIN	299
DESITIN CREAMY	299
DESITIN MAXIMUM STRENGTH	299
<i>desitin rapid relief</i>	299
<i>desmopressin acetate</i>	128
<i>desmopressin acetate spray</i>	128
<i>desmopressin acetate spray refrigerated</i>	128
<i>despec</i>	259
<i>desvenlafaxine succinate</i>	86
DEWEES CARMINATIVE	134

DEX4.....	125
DEX4 FAST ACTING GLUCOSE	125
<i>dexamethasone</i>	124
DEXAMETHASONE INTENSOL	124
<i>dexamethasone sodium phosphate</i>	124
<i>dexamethasone sodium phosphate (ophth)</i>	239
<i>dexbrompheniramine-phenylephrine tab 2-</i> <i>10 mg</i>	259
<i>dexmethylphenidate hcl</i>	105
<i>dextromethorphan hbr</i>	260
<i>dextromethorphan-guaifene</i>	260
<i>dextromethorphan-guaifenesin syrup 10-</i> <i>100 mg/5ml</i>	260
<i>dextrose</i>	191
<i>dextrose (diabetic use)</i>	125
DEXTROSE 10%	191
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	186
<i>dextrose 5% in lactated ringers</i>	186
<i>dextrose 5% w/ sodium chloride 0.225%</i>	186
<i>dextrose 5% w/ sodium chloride 0.3%</i>	186
<i>dextrose 5% w/ sodium chloride 0.45%</i>	186
<i>dextrose 5% w/ sodium chloride 0.9%</i>	186
DEXTROSE 70%	191
DEXTROSE GRA ANHYDROU	210
<i>dhs tar</i>	300
DHS ZINC SHA 2%	300
DIABETIC TUS LIQ DM	260
DIABETIC TUS LIQ EX	260
DIABETIC TUS LIQ MAX STR	260
<i>diabetic tussin cough dro</i>	319
DIABETISWEET POW	210
DIACOMIT.....	97
<i>dialyvite 800</i>	226
DIALYVITE WAF PLUS D.....	226
DIALYVITE/ TAB ZINC	226
<i>diaper rash</i>	300
DIASENSE MAGNESIUM	200
<i>diazepam</i>	97
<i>diazepam (anticonvulsant)</i>	97
<i>diazepam inj</i>	97
<i>diazepam intensol</i>	97
<i>diazoxide</i>	126
<i>dibucaine (rectal)</i>	300
<i>dickinsons witch hazel</i>	300
<i>diclofenac potassium</i>	21
<i>diclofenac sodium</i>	21
<i>diclofenac sodium (ophth)</i>	240

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

<i>diclofenac sodium (topical)</i>	16, 300
<i>dicloxacillin sodium</i>	44
<i>dicyclomine hcl</i>	141
<i>dietary fiber laxative</i>	145
DIFICID	41
<i>diflunisal</i>	21
<i>difluprednate</i>	240
<i>digoxin</i>	81
<i>dihydroergotamine mesylate</i>	106
DILANTIN	98
<i>diltiazem hcl</i>	78
<i>diltiazem hcl coated beads</i>	79
<i>diltiazem hcl extended release beads</i>	79
<i>dilt-xr</i>	78
<i>dimenhydrinate</i>	140
DIMETAPP CLD ELX /ALLERGY	260
DIMETAPP ELX 1-15/5ML.....	260
DIMETAPP LIQ CHILD	260
DINO-LIFE CHW IRON-ZIN	226
<i>diocto</i>	145
<i>diphenhydramine hcl</i>	250
<i>diphenhydramine hcl (sleep)</i>	112
<i>diphenhydramine hcl (topical)</i>	285
DIPHENHYDRAMINE HYDROCHLO	250
<i>diphenhydramine-zinc acetate cream 2-0.1%</i>	285
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	152
<i>dipyridamole</i>	166
<i>disopyramide phosphate</i>	74
<i>disulfiram</i>	112
<i>divalproex sodium</i>	98
DL-MENTHOL CRY	179
DL-METHIONIN POW	210
<i>d-mannose</i>	210
DOANS EXTRA STRENGH	16
<i>docetaxel</i>	52
DOCETAXEL	52
DOCIVYX	52
<i>docosanol</i>	300
<i>doculase</i>	145
<i>docusate calcium</i>	145
<i>docusate sodium</i>	146
<i>docusol mini</i>	146
<i>dofetilide</i>	74
DOLOGEN TAB.....	260
<i>donepezil hydrochloride</i>	84
DOPTELET	165
DOPTELET SPRINKLE	165
DORCOL LIQ DECONGES	260

<i>dorzolamide hcl</i>	242
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	242
<i>dotti</i>	123
DOVATO TAB 50-300MG.....	35
<i>doxazosin mesylate</i>	69
<i>doxepin hcl</i>	86
<i>doxepin hcl (sleep)</i>	105
<i>doxorubicin hcl</i>	51
<i>doxorubicin hcl liposomal</i>	51
<i>doxy 100</i>	45
<i>doxycycline (monohydrate)</i>	46
<i>doxycycline hyclate</i>	46
<i>doxylamine succinate (sleep)</i>	112
<i>doxylamine-phenylephrine tab 7.5-10 mg</i>	260
<i>dr scholls odor-x all-day</i>	300
DR SMITHS ADULT BARRIER	300
DR SMITHS ADULT BARRIER S	300
DRAIN POUCH MIS CLAMP.....	274
DRISDOL.....	226
DRIZALMA SPRINKLE.....	86
<i>dronabinol</i>	140
DROXIA	165
<i>droxidopa</i>	81
DRS CHOICE KIT CLOSURE.....	300
<i>dry e-synthetic</i>	226
DUAL RELIEF LIQ.....	319
DULCOLAX.....	146
<i>dulcolax milk of magnesia</i>	146
DULERA AER 100-5MCG	278
DULERA AER 200-5MCG	279
DULERA AER 50-5MCG	278
<i>duloxetine hcl</i>	86
DUPIXENT.....	166, 167
DURAFIBER AG PAD 3/4X18	300
DURAFIBER AG PAD 8X11.75	300
DURAFLU TAB	260
DURAVENT DM TAB	260
<i>dutasteride</i>	156
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	156
<i>d-vi-sol</i>	226
D-VITAMIN E POW SUCCINAT	179
DYNAGINATE MIS 12	300
DYNAGINATE PAD 4	300
DY-O-DERM VITILIGO STAIN.....	300
E	
<i>e.e.s. 400</i>	42

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

E600.....	226
<i>eck a & d</i>	301
ECK HI-CAL TAB 500MG.....	200
ECK IODINE TIN 2%.....	301
<i>eck soluble fiber</i>	146
econazole nitrate.....	283
<i>ecotrin low strength</i>	16
ECOTRIN LOW TAB 81MG EC	16
ECOTRIN MAXIMUM STRENGTH.....	16
ECOTRIN REGULAR STRENGTH	17
<i>ed a-hist dm</i>	260
ED A-HIST LIQ 4-10/5ML.....	261
<i>ed bron gp</i>	261
ED CHLORPED	250
ED CHLORPED DRO D	261
EDURANT.....	33
EDURANT PED	33
<i>efavirenz</i>	33
<i>efavirenz-emtricitabine-tenofovir df tab</i> 600-200-300 mg	35
<i>efavirenz-lamivudine-tenofovir df tab 400-</i> 300-300 mg.....	35
<i>efavirenz-lamivudine-tenofovir df tab 600-</i> 300-300 mg.....	36
EFFERDENT PAK PWR CLN.....	319
EFFERDENT TAB PLUS.....	319
EHA LOTION 4%.....	301
ELA-MAX.....	301
ELA-MAX 5	301
ELIGARD	49
ELIQUIS	159
ELIQUIS (1.5MG PACK) 3 X	159
ELIQUIS (2MG PACK) 4 X	159
ELIQUIS STARTER PACK	159
ELTA SEAL MOISTURE BARRIE	301
EMETROL SOL.....	152
EMGALITY.....	107
EMSAM	86
<i>emtricitabine</i>	33
<i>emtricitabine- rilpivirine-tenofovir df tab</i> 200-25-300 mg.....	36
<i>emtricitabine-tenofovir disoproxil fumarate</i> tab 100-150 mg.....	36
<i>emtricitabine-tenofovir disoproxil fumarate</i> tab 133-200 mg.....	36
<i>emtricitabine-tenofovir disoproxil fumarate</i> tab 167-250 mg.....	36
<i>emtricitabine-tenofovir disoproxil fumarate</i> tab 200-300 mg.....	36
EMTRIVA.....	33

<i>emulsified omega-3</i>	210
EMVERM	27
<i>enalapril maleate</i>	68
<i>enalapril maleate & hydrochlorothiazide tab</i> 10-25 mg	68
<i>enalapril maleate & hydrochlorothiazide tab</i> 5-12.5 mg.....	68
ENBREL.....	167
ENBREL MINI.....	167
ENBREL SURECLICK	167
END LICE M/S LIQ.....	313
<i>endocet tab 10-325mg</i>	24
<i>endocet tab 2.5-325mg</i>	23
<i>endocet tab 5-325mg</i>	24
<i>endocet tab 7.5-325mg</i>	24
<i>endur-acin</i>	227
ENDURACIN TAB 500MG SR.....	227
<i>endur-amide</i>	227
ENDUR-AMIDE	227
ENEGEL GEL	301
<i>enemeez kids</i>	146
<i>enemeez plus</i>	146
ENFAMIL MIS EXPECTA	227
ENGERIX-B.....	174
<i>enoxaparin sodium</i>	160
ENSACOVE	55
ENSTILAR AER.....	286
<i>entacapone</i>	90
<i>entecavir</i>	38
ENTRESTO CAP 15-16MG	71
ENTRESTO CAP 6-6MG	71
<i>enulose</i>	146
<i>e-oil</i>	226, 301
EPCLUSA PAK 150-37.5	38
EPCLUSA PAK 200-50MG.....	38
EPCLUSA TAB 200-50MG.....	38
EPCLUSA TAB 400-100.....	38
EPIDIOLEX.....	98
<i>epinephrine</i>	81
<i>epinephrine (anaphylaxis)</i>	274
EPINEPHRINE AER MIST	274
<i>eplerenone</i>	69
EPSOM SALT GRA.....	146
EPSOM SALT POW	146
<i>eq antacid & anti-gas max</i>	134
<i>eq arthritis pain</i>	17
<i>eq arthritis pain relieve</i>	17
<i>eq artificial tears</i>	244
<i>eq aspirin adult low dose</i>	17
<i>eq calcium 500+d</i>	200

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

<i>eq calcium 600+d+minerals</i>	200
<i>eq cold & cough dm child</i>	261
<i>eq cough drops sugar free</i>	319
<i>eq daily fiber</i>	146
<i>eq hygienic cleansing wip</i>	301
<i>eq ibuprofen</i>	21
<i>eq lubricant eye drops hi</i>	244
<i>eq sleep-aid nighttime</i>	112
<i>eq tussin dm cough/chest</i>	261
EQL AIR PROTECTOR.....	227
<i>eq1 aloe after sun</i>	301
<i>eq1 antibiotic + pain rel</i>	281
<i>eq1 antifungal</i>	283
<i>eq1 anti-itch maximum str</i>	287
<i>eq1 aspirin low dose</i>	17
<i>eq1 b complex</i>	227
EQL CALCIUM CAP VIT D.....	200
<i>eq1 calcium gummies</i>	200
<i>eq1 calcium soft chews</i>	200
<i>eq1 carbonyl iron</i>	161
<i>eq1 cough drops</i>	319
<i>eq1 flu & severe cold mul</i>	261
<i>eq1 gummies childrens</i>	227
<i>eq1 ibuprofen pm</i>	112
<i>eq1 lutein</i>	210
<i>eq1 naproxen sodium</i>	21
<i>eq1 niacin flush free</i>	227
EQL OMEGA 3 CAP 1400MG.....	210
<i>eq1 omega 3 fish oil</i>	210
<i>eq1 sleep aid nighttime</i>	112
<i>eq1 tussin dm cough/chest</i>	261
EQUALACTIN.....	146
<i>ergocalciferol</i>	227
<i>ergotamine w/ caffeine tab 1-100 mg</i>	107
ERIVEDGE.....	55
ERLEADA.....	49
<i>erlotinib hcl</i>	55
<i>ertapenem sodium</i>	27
<i>ery</i>	280
ERYTHROCIN LACTOBIONATE.....	42
<i>erythromycin (acne aid)</i>	280
<i>erythromycin (ophth)</i>	238
<i>erythromycin base</i>	42
<i>erythromycin ethylsuccinate</i>	42
<i>erythromycin lactobionate</i>	42
ERZOFRI.....	92
<i>escitalopram oxalate</i>	86
<i>eslicarbazepine acetate</i>	98
<i>esomeprazole magnesium</i>	155
<i>estradiol</i>	123

<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	123
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	123
<i>estradiol vaginal</i>	123
<i>estradiol valerate</i>	123
ESTROFACTORS TAB.....	227
ESTROVEN TAB ENERGY.....	210
<i>eszopiclone</i>	106
<i>ethambutol hcl</i>	37
<i>ethosuximide</i>	98
ETHY ALCOHOL SOL 70%.....	301
<i>etodolac</i>	21
<i>etoposide</i>	52
<i>etravirine</i>	33
EUCRISA.....	301
EULEXIN.....	49
<i>evac</i>	146
<i>everolimus</i>	55
<i>everolimus (immunosuppressant)</i>	172
EVOTAZ TAB 300-150.....	36
EXCEDRIN SIN TAB HEADACHE.....	261
EXCEDRIN TAB.....	17
<i>exemestane</i>	49
EX-LAX.....	146
EX-LAX MILK SUS OF MAGNE.....	146
<i>extra strength bayer arth</i>	17
EXXUA.....	86
EXXUA TITRATION PACK.....	86
<i>eye allergy itch relief</i>	240
<i>eye allergy itch/redness</i>	241
EYE STREAM SOL OP.....	244
EYSUVIS.....	244
<i>ezetimibe</i>	75
<i>ezetimibe-simvastatin tab 10-10 mg</i>	76
<i>ezetimibe-simvastatin tab 10-20 mg</i>	76
<i>ezetimibe-simvastatin tab 10-40 mg</i>	76
<i>ezetimibe-simvastatin tab 10-80 mg</i>	76
EZFE 200.....	161
EZFE FORTE CAP.....	227
EZO CUSHIONS MIS LOW REG.....	319

F

<i>fa-8</i>	227
FABRAZYME.....	128
<i>famciclovir</i>	38
<i>famotidine</i>	142
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	142
FANAPT.....	92

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

FANAPT PAK PACK A	92	FIASP FLEXTOUCH	118
FANAPT PAK PACK B	92	FIASP PENFILL	118
FANAPT PAK PACK C	92	FIASP PUMPCART	118
FARXIGA	114	FIBER LAX POW 95%	146
FASENRA	274	<i>fiber therapy</i>	147
FASENRA PEN	274	FIBERCON TAB 625MG	147
<i>fast acting dairy aid</i>	141	<i>fidaxomicin</i>	42
FATIGUE REL TAB COMPLEX	210	<i>finasteride</i>	156
FATTYBLEND MIS	179	<i>finingolmod hcl</i>	109
FD&C BLUE #2 POW	180	FINTEPLA	98
FD&C RED 40 POW	180	FIRMAGON	49
FDC BLUE 1 POW AL LAKE	180	FIRST-MOUTHW SUS BLM	319
FDC RED #40 POW AL LAKE	180	<i>fish oil adult gummies</i>	210
FDC YELLOW 5 POW AL LAKE	180	FISH OIL CAP 1360MG	211
<i>fe c</i>	161	FISH OIL CAP 150MG	210
<i>fe c tab plus</i>	161	FISH OIL CAP 180MG	210
FE SULFATE POW	161	FISH OIL CAP 183.33MG	211
<i>fe tabs</i>	161	FISH OIL CAP 435MG	211
<i>felbamate</i>	98	FISH OIL CAP 900MG	211
<i>felodipine</i>	79	FISH OIL CHW 875MG	211
<i>fenofibrate</i>	75	<i>fish oil maximum strength</i>	211
<i>fenofibrate micronized</i>	75	<i>fish oil pearls</i>	211
<i>fentanyl</i>	23	<i>flac</i>	247
<i>feosol</i>	161	FLAVOR CONC LIQ GRAPE	180
FEOSOL	161	FLAX SEED CAP 1300MG	211
FERGON	162	FLAXSEED OIL	211
FERGON TAB 320MG	162	FLAXSEED OIL CAP 1400MG	211
<i>fer-in-sol</i>	162	FLEBOGAMMA DIF	171
<i>fer-iron</i>	162	<i>flecainide acetate</i>	74
FERRETTS	162	FLEET LIQUID GLYCERIN SUP	147
FERRETTS IPS	162	FLEET MINI ENEMA	147
FERRIC POW SUBSULFA	180	<i>fleet pediatric</i>	147
FERRIMIN 150	162	<i>fleet saline enema extra</i>	147
<i>ferrocite</i>	162	FLINTSTONES CHW COMPLETE	227
FERRO-SEQUEL TAB 65-25MG	162	FLINTSTONES CHW TODDLER	227
<i>ferrous fumarate</i>	162	FLONASE SENSIMIST	277
FERROUS FUMARATE	162	<i>flora assist</i>	138
<i>ferrous gluconate</i>	162	<i>florajen acidophilus</i>	138
<i>ferrous sulfate</i>	162	FLORASTOR	138
FERROUS SULFATE	162	FLOWTUSS SOL 2.5-200	261
<i>ferrous sulfate dried</i>	162	FLU & SORE POW THROAT	261
<i>ferrous sulfate elixir 22</i>	163	<i>fluconazole</i>	31
FERROUS SULFATE ELIXIR 22	163	<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	31
<i>ferrous sulfate iron</i>	163	<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	31
<i>fesoterodine fumarate</i>	157	<i>flucytosine</i>	31
FETZIMA	86	<i>fludrocortisone acetate</i>	124
FETZIMA CAP TITRATIO	86	<i>flunisolide (nasal)</i>	277
FEVERALL JUNIOR STRENGTH	17	<i>fluocinolone acetonide</i>	287
FEVERALL SUP 80MG	17		
FIASP	118		

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

<i>fluocinolone acetonide (otic)</i>	247
<i>fluocinonide</i>	287, 288
<i>fluocinonide emulsified base</i>	288
<i>fluorometholone (ophth)</i>	240
<i>fluorouracil</i>	47
<i>fluorouracil (topical)</i>	301
<i>fluoxetine hcl</i>	86
<i>fluphenazine decanoate</i>	92
<i>fluphenazine hcl</i>	92
<i>flurbiprofen</i>	21
<i>flurbiprofen sodium</i>	240
<i>fluticasone propionate</i>	288
<i>fluticasone propionate (nasal)</i>	277
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	279
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	279
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	279
<i>fluvoxamine maleate</i>	84
FOLGARD TAB	227
FOLIC + B12 TAB	228
<i>folic acid</i>	228
FOLIC ACID	228
FOLIC ACID TAB 400MCG	228
FOLITAB 500 TAB	163
FOLTABS 800 TAB	228
FOLTANX RF CAP	211
<i>fondaparinux sodium</i>	160
FORAXA EMU	301
<i>formaldehyde</i>	301
FORMALDEHYDE	302
<i>formulation r</i>	302
<i>fosamprenavir calcium</i>	33
<i>fosfomycin tromethamine</i>	27
<i>fosinopril sodium</i>	69
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	68
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	68
FOTIVDA	55
FP ANTI-ITCH CRE MEDICATE	302
FP DAIRY-REL TAB 3000UNIT	141
<i>fp fiber laxative</i>	147
FP FOMICON SUS	134
<i>fp glucosamine</i>	211
<i>fq breathable adult brief</i>	156
FREEZE IT GEL 0.2-3.5%	302
FRINDOVYX	47
<i>fruit c 200</i>	228

FRUIT FROSTERS	319
FRUZAQLA	55
<i>ft arthritis pain</i>	17
<i>ft fiber supplement</i>	147
FULLERS POW EARTH	180
FULPHILA	161
<i>fulvestrant</i>	49
FUNGOID TINCTURE	284
<i>furosemide</i>	80
<i>furosemide inj</i>	80
FUSION CAP	163
<i>fv iodine tincture</i>	302
FV MINERAL OIL HEAVY	147
FV VITAMIN E TAB 200IU	228
<i>fyavolv tab 0.5mg-2.5mcg</i>	123
<i>fyavolv tab 1mg-5mcg</i>	123
FYCOMPA	98

G

<i>gabapentin</i>	98, 99
<i>galantamine hydrobromide</i>	84
<i>gallifrey</i>	131
GAMASTAN INJ	171
GAMMAGARD LIQUID	171
GAMMAGARD LIQUID ERC	171
GAMMAGARD S/D IGA LESS TH	171
GAMMAKED	171
GAMMAPLEX	171
GAMUNEX-C	171
<i>ganciclovir sodium</i>	38
GARDASIL 9	174
GAS RELIEF CAP 125MG	152
GAS-X	152
<i>gas-x extra strength</i>	152
GAS-X EXTRA STRENGTH	152
<i>gas-x prevention</i>	141
<i>gatifloxacin (ophth)</i>	238
GATTEX	153
GAUZE PADS 2	118
GAVILAX	147
<i>gavilyte-c</i>	147
<i>gavilyte-g</i>	147
<i>gavilyte-n/flavor pack</i>	147
GAVISCON CHW	134
GAVISCON CHW EX-STR	135
GAVISCON SUS	135
GAVRETO	56
G-BUCAL-C SOL 0.15-0.1	319
<i>gefitinib</i>	56
GELUSIL CHW	135

<i>gemcitabine hcl</i>	47
<i>gemfibrozil</i>	75
GEMTESA.....	157
<i>generlac</i>	147
<i>gengraf</i>	173
GENNAMD.....	211
GENOTROPIN.....	128
GENOTROPIN MINIQICK.....	129
<i>gentamicin in saline inj 0.8 mg/ml</i>	27
<i>gentamicin in saline inj 1 mg/ml</i>	27
<i>gentamicin in saline inj 1.2 mg/ml</i>	27
<i>gentamicin in saline inj 1.6 mg/ml</i>	27
<i>gentamicin in saline inj 2 mg/ml</i>	27
<i>gentamicin sulfate</i>	27
<i>gentamicin sulfate (ophth)</i>	239
<i>gentamicin sulfate (topical)</i>	281
GENTEAL GEL.....	244
GENTEAL MILD TO MODERATE.....	244
GENTEAL SEVERE.....	244
<i>genteal tears moderate pf</i>	244
GENVOYA TAB.....	36
GERIATRIC LIQ VITAMIN.....	228
<i>geri-hydrolac</i>	302
GERITOL LIQ TONIC.....	228
<i>geri-tussin dm</i>	261
GEVRABON LIQ.....	228
GILOTRIF.....	56
GILTUSS SPR BUCALSEP.....	319
GINKGO BILOB TAB PLUS.....	212
<i>ginkgo biloba</i>	212
GINKGO BILOBA.....	212
GINKGO BILOBA EXTRACT.....	212
GINKGO PHYTOSOME.....	212
<i>glatiramer acetate</i>	109
<i>glatopa</i>	109
GLEN PE LIQ.....	261
GLENAX PEB LIQ.....	261
GLENTUSS LIQ.....	261
GLEOSTINE.....	47
<i>glimepiride</i>	114
<i>glipizide</i>	114, 115
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	115
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	115
<i>glipizide-metformin hcl tab 5-500 mg</i>	115
GLUCOS/CHOND TAB DOUBLE.....	212
<i>glucosamine chondroitin m</i>	212
GLUCOSE.....	126
GLUCOSE LIQ SHOT.....	212
GLUCOSE LIQUID.....	126
GLUCOSSIN-DM.....	261

GLUTAMINE POW RAP RLS.....	212
<i>glutamine powder</i>	212
<i>glycerin (laxative)</i>	147
<i>glycerin adult</i>	147
<i>glycerin liquid</i>	180
<i>glycerin topical liquid</i>	302
GLYCINE POW.....	156
<i>glycolic acid</i>	302
<i>glycolic acid crystals</i>	180
<i>glycopyrrolate</i>	141
<i>glydo</i>	289
GLYXAMBI TAB 10-5 MG.....	115
GLYXAMBI TAB 25-5 MG.....	115
<i>gnp 24 hour nasal allerg</i>	277
<i>gnp acid control 150 maxi</i>	142
<i>gnp acid control 75</i>	142
<i>gnp allergy & congestion</i>	261
<i>gnp allergy plus sinus he</i>	261
<i>gnp allergy sinus pe day</i>	262
<i>gnp arthritis pain</i>	17
<i>gnp arthritis pain relief</i>	302
<i>gnp aspirin</i>	17
<i>gnp aspirin low dose</i>	17
<i>gnp calcium 500 +d3</i>	200
<i>gnp calcium antacid child</i>	135
<i>gnp cough drops</i>	319
GNP DAILY MIS PRENATAL.....	228
<i>gnp diclofenac sodium</i>	17
<i>gnp fiber powder</i>	148
GNP FISH OIL CAP 840MG.....	212
GNP HERBAL.....	319
<i>gnp iron</i>	163
GNP ISOPROPYL ALCOHOL.....	302
<i>gnp niacin</i>	228
<i>gnp olopatadine hydrochlo</i>	241
<i>gnp oral pain relief</i>	319
GNP PETROLEU GEL JELLY.....	180
<i>gnp throat drops</i>	320
<i>gnp vitamin b1</i>	228
<i>gnp vitamin d super stren</i>	228
GOLD BOND POW.....	302
<i>gold bond rapid relief</i>	302
GOLD DUST POW WOUND.....	302
GOMEKLI.....	56
GONAK.....	244
<i>gonioscopic prism</i>	244
<i>goodsense all day allergy</i>	250
<i>goodsense arthritis pain</i>	17
<i>goodsense aspirin</i>	18
<i>goodsense aspirin low dos</i>	18

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

<i>goodsense capsaicin arthr</i>	302
<i>goodsense clearlax</i>	148
<i>goodsense cold & head con</i>	262
<i>goodsense cough dm</i>	262
<i>goodsense day time cold &</i>	262
<i>goodsense fiber</i>	148
<i>goodsense hemorrhoidal</i>	302
<i>goodsense hemorrhoidal oi</i>	302
<i>goodsense lubricant eye d</i>	244
<i>goodsense nighttime cold</i>	262
<i>goodsense oral pain relie</i>	320
GOODYS POW EX ST	18
GOWEY TIN TINCTURE	212
<i>granisetron hcl</i>	140
GRAPE SEED OIL	180
GREEN TEA EXTRACT	180
<i>griseofulvin microsize</i>	31
<i>griseofulvin ultramicrosize</i>	31
<i>grx dyne swab</i>	303
GRX WHITE OIN PETROLAT	180
<i>grx wound</i>	303
<i>guaicon dms</i>	262
<i>guaifenesin liquid 100 mg</i>	262
GUAIFENESIN TAB 200 MG	262
<i>guanfacine hcl</i>	81
<i>guanfacine hcl (adhd)</i>	105
GUMSOL LIQ	320
GUMSOL SPR	320
GVOKE HYPOPEN 1-PACK	126
GVOKE HYPOPEN 2-PACK	126
GVOKE KIT	126
GVOKE PFS	126
GYNE-LOTRIMIN	158

H

HADLIMA	167
HADLIMA PUSHTOUCH	167
HAEGARDA	165
<i>halobetasol propionate</i>	288
<i>haloperidol</i>	92
<i>haloperidol decanoate</i>	92
<i>haloperidol lactate</i>	92
HARD NAILS	228
HAVRIX	174
<i>hca alcohol swabs</i>	303
HCA BISACODY SUP 10MG	148
HCA EAR WAX SOL 6.5% OT	324
HCA ELEMENTA CAP MAGNESIU	200
<i>hca elemental magnesium</i>	200
HCA GLYCERIN LIQ	303

HCA HEMORRHO OIN	303
HCA IBUPROFE CAP SOFTGEL	22
HCA LAX-X TAB 25MG	148
<i>hca lice shampoo</i>	313
HCA MOT SICK TAB 50MG	140
HCA NIACIN TAB 250MG TR	228
HCA NON-ASA TAB PM	112
HCA SUPHEDRI TAB PLUS	262
HCA TEARS SOL PLUS	244
HCA TUSSIN LIQ CF	262
HCA VIT B12 TAB 500MCG	229
HCA VIT C CHW 250MG	229
HCA VIT C CHW 500MG	229
HCA ZINC GLU TAB 50MG	200
<i>h-chlor 12</i>	303
<i>heartburn treatment 24 ho</i>	155
<i>h-e-b aspirin</i>	18
<i>hematron</i>	163
HEMOCYTE	163
<i>hemorrhoid</i>	303
<i>hemorrhoidal</i>	303
<i>hemorrhoidal cooling</i>	303
<i>hemorrhoidal suppositorie</i>	303
HEMORROID SUP 3%	303
HEP SOD/NACL INJ 25000UNT	160
HEPARIN LOCK FLUSH	160, 176
<i>heparin sodium (porcine)</i>	160
<i>heparin sodium (porcine) lock flush</i>	176
HEPARIN SODIUM LOCK FLUSH	160
HEPLISAV-B	174
HERCEP HYLEC SOL 60-10000	56
HERCEPTIN	56
HERCESSI	56
HERNEXEOS	56
HERZUMA	56
HIBERIX	174
HIBICLENS LIQ 4%	303
HIBICLENS SOL 4%	303
HISTAFLEX TAB 325-25MG	18
HISTAGESIC TAB	262
HISTEX	250
<i>histex pd</i>	250
HISTEX PDX	250
HISTEX-AC SYP	262
HISTEX-DM SYP	262
HISTEX-PE SYP 2.5-10/5	262
<i>hm advanced antacid maxim</i>	135
<i>hm anti-nausea</i>	153
<i>hm aspirin ec low dose</i>	18
<i>hm calcium 600 & vitamin</i>	200

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

<i>hm eye allergy itch/redne</i>	241
<i>hm fiber</i>	148
HM FISH OIL CAP 554MG.....	212
HM IBUPROFEN SUS 100/5ML	22
<i>hm magnesium</i>	135
HM PAIN REL DRO 80/0.8ML.....	18
<i>hm potassium</i>	185
<i>hm probiotic digestive he</i>	138
<i>hm severe cold cough & fl</i>	262
<i>hm severe cold/cough/flu</i>	262
HONEY BEARS CHW	229
<i>huggies diaper rash cream</i>	303
HUMIBID CS TAB 20-400MG	263
HUMIBID MAXIMUM STRENGTH.....	263
HUMIRA.....	167
HUMIRA PEN	167
HUMIRA PEN KIT PS/UV	167
HUMIRA PEN-CD/UC/HS START	168
HUMULIN R U-500 (CONCENTR.....	119
HUMULIN R U-500 KWIKPEN.....	119
<i>hurricane</i>	320
HURRICAIN	320
<i>hurricane one</i>	320
HURRICAIN SNAP-N-GO	320
HURRIPAK STARTER KIT	320
HYCOFENIX SOL	263
<i>hydralazine hcl</i>	81
<i>hydralife</i>	185
HYDROC/GUAIF SOL 2.5-200.....	263
HYDROC/PRAM SUP 25-18MG.....	303
<i>hydrochlorothiazide</i>	80
HYDROCIL INS POW 95%.....	148
<i>hydrocodone bitart-homatropine</i> <i>methylbrom soln 5-1.5 mg/5ml</i>	263
<i>hydrocodone bitartrate</i>	23
<i>hydrocodone w/ homatropine syrup 5-1.5</i> <i>mg/5ml</i>	263
<i>hydrocodone-acetaminophen soln 7.5-325</i> <i>mg/15ml</i>	24
<i>hydrocodone-acetaminophen tab 10-325</i> <i>mg</i>	24
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	24
<i>hydrocodone-acetaminophen tab 7.5-325</i> <i>mg</i>	24
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> ...	24
HYDROCORT CRE 0.5%	288
HYDROCORT CRE 1%	288
<i>hydrocortisone</i>	124
<i>hydrocortisone (intra rectal)</i>	143

<i>hydrocortisone (rectal)</i>	303
<i>hydrocortisone (topical)</i>	288
<i>hydrocortisone acetate w/ pramoxine</i> <i>perianal cream 2.5-1%</i>	304
<i>hydrocortisone sod succinate</i>	124
<i>hydrocortisone valerate</i>	288
<i>hydrocortisone w/ acetic acid otic soln 1-</i> <i>2%</i>	247
<i>hydrocortisone-aloe vera cream 0.5%</i>	288
HYDROGEL DRE PAD 2	304
HYDROGEN PEROXIDE	304
<i>hydromet</i>	263
<i>hydromorphone hcl</i>	24
HYDROPHILIC OIN PETROLAT	180
<i>hydrophilic ointment</i>	180
<i>hydroxocobalamin acetate</i>	229
<i>hydroxychloroquine sulfate</i>	170
<i>hydroxyurea</i>	51
<i>hydroxyzine hcl</i>	250
<i>hydroxyzine pamoate</i>	250
HYRNUO	56
<i>hysept 25</i>	304
<i>hysept 50</i>	304
<i>hyvee advanced antacid ma</i>	135

I

<i>ibandronate sodium</i>	121
IBRANCE	56
IBTROZI	56
<i>ibu</i>	22
<i>ibuprofen</i>	22
ICAPS LUTEIN TAB ZEAXANTH.....	229
ICAR PEDIATRIC	163
ICAR-C TAB.....	163
<i>icatibant acetate</i>	165
ICLUSIG	57
ICY HOT PAIN RELIEVING GE	304
IDHIFA.....	57
<i>imatinib mesylate</i>	57
IMBRUVICA	57
<i>imipenem-cilastatin intravenous for soln</i> <i>250 mg</i>	28
<i>imipenem-cilastatin intravenous for soln</i> <i>500 mg</i>	28
<i>imipramine hcl</i>	87
<i>imiquimod</i>	304
IMKELDI	57
<i>immune system booster</i>	229
<i>imodium a-d</i>	138
IMODIUM A-D	138

IMODIUM A-D LIQ 1MG/5ML	138
IMODIUM ADV TAB	138
IMOVAX RABIES (H.D.C.V.)	174
IMPAVIDO	28
INBRIJA	90
INCRELEX	129
INCRUSE ELLIPTA	248
<i>indapamide</i>	80
INDOLE-3- POW CARBINOL	181
INFANRIX INJ	174
INFLIXIMAB	168
INLURIYO	49
INLYTA	57
INOSITOL POW HEXANICO	181
INQOVI TAB 35-100MG	48
INREBIC	57
INSTA-CHAR	129
INSTACLEAN LIQ	304
INSTA-GLUCOSE	126
<i>instant oral pain relief</i>	320
INSULIN PEN NEEDLES: EMBECTA-BD ...	119
INSULIN SAFETY NEEDLES: EMBECTA-BD	119
INSULIN SYRINGES: EMBECTA-BD	119
INTEGRA CAP	163
INTELENCE	33
<i>intense toothache pain re</i>	320
INTRALIPID	191
INVEGA HAFYERA	93
INVEGA SUSTENNA	93
INVEGA TRINZA	93
<i>iodine (kelp)</i>	200
IODINE CRY	181
IODINE TIN STRONG	304
IODOFLEX	304
IODOSORB	304
<i>ionil-t</i>	304
IOSAT	129
IPOL INJ INACTIVE	174
<i>ipratropium bromide</i>	248
<i>ipratropium bromide (nasal)</i>	248
<i>ipratropium bromide hfa</i>	248
<i>ipratropium-albuterol nebu soln 0.5-2.5(3)</i>	
<i>mg/3ml</i>	248
<i>irbesartan</i>	73
<i>irbesartan-hydrochlorothiazide tab 150-</i>	
<i>12.5 mg</i>	71
<i>irbesartan-hydrochlorothiazide tab 300-</i>	
<i>12.5 mg</i>	71
<i>irinotecan hcl</i>	51

IRON	163
IRON 21/7 MIS	163
IRON CHEWS PEDIATRIC	163
<i>iron slow release</i>	164
IRON UP	164
<i>iro-plex</i>	163
IRO-PLEX LIQ	163
ISENTRESS	33
ISENTRESS HD	33
ISOLYTE-P INJ /D5W	186
ISOLYTE-S INJ PH 7.4	186
<i>isoniazid</i>	37
<i>isopropyl alcohol 70%</i>	304
ISOPROPYL ALCOHOL WIPES	304
ISOPTO TEARS	244
<i>isosorbide dinitrate</i>	82
<i>isosorbide mononitrate</i>	82
<i>isotretinoin</i>	280
<i>isradipine</i>	79
ITCH RELIEF	285
ITOVEBI	57
<i>itraconazole</i>	31
<i>ivabradine hcl</i>	81
<i>ivermectin</i>	28
IWILFIN	51
IXIARO INJ	174

J

JAKAFI	57
<i>jantoven</i>	160
JANUMET TAB 50-1000	115
JANUMET TAB 50-500MG	115
JANUMET XR TAB 100-1000	115
JANUMET XR TAB 50-1000	115
JANUMET XR TAB 50-500MG	115
JANUVIA	115
JARDIANCE	115
<i>javygtor</i>	129
JAYPIRCA	58
JENTADUETO TAB 2.5-1000	116
JENTADUETO TAB 2.5-500	115
JENTADUETO TAB 2.5-850	115
JENTADUETO TAB XR 2.5-1000MG	116
JENTADUETO TAB XR 5-1000MG	116
JESSNERS SOL	305
<i>jinteli</i>	123
JR NON-ASA TAB 160MG QM	18
JULUCA TAB 50-25MG	36
JYLAMVO	170
JYNNEOS	174

K

<i>k 100</i>	229
KADCYLA	58
KALETRA SOL	36
KALYDECO	274
KANJINTI	58
<i>kank-a mouth pain</i>	320
KAOLIN POW	138
<i>kaolin powder</i>	138
KAOPECTATE STOOL SOFTENER.....	148
KAOPECTATE SUS 262/15ML	138
KAOPECTATE SUS EX ST.....	138
KAOPECTATE TAB	138
<i>karaya gum</i>	181
KARAYA GUM	181
KC ALLERGY LIQ RELIEF	251
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	186
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	187
<i>kcl 20 meq/l (0.149%) in nacl 0.9% inj</i>	187
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	187
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	186
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	187
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	187
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	187
<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>	187
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	187
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	187
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	187
KCL/D5W/NACL INJ 0.15/0.2	187
KCL/D5W/NACL INJ 0.3/0.9%	187
KERENDIA	69
<i>kerr insta-char</i>	129
KESIMPTA	109
<i>ketoconazole</i>	31
<i>ketoconazole (topical)</i>	284
<i>ketorolac tromethamine (ophth)</i>	240
KEY-E	229
KEYTRUDA	58
KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML	58
KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML	58
KINERET	168
KINRIX INJ.....	174

<i>kionex</i>	122
KISQALI 200 DOSE	58
KISQALI 400 DOSE	58
KISQALI 400 PAK FEMARA.....	58
KISQALI 600 DOSE	58
KISQALI 600 PAK FEMARA.....	58
<i>klayesta</i>	284
<i>klor-con</i>	189
<i>klor-con 10</i>	189
KLOR-CON 10	189
<i>klor-con 8</i>	189
KLOR-CON 8	189
<i>klor-con m10</i>	189
<i>klor-con m15</i>	189
<i>klor-con m20</i>	189
KLOXXADO	112
<i>kls acid controller compl</i>	153
<i>kls acid controller maxim</i>	142
<i>kls aller-flo</i>	277
<i>kls arthritis pain relief</i>	18
<i>kls aspirin low dose</i>	18
<i>kls diclofenac sodium</i>	18
KOMZIFTI	58
KONSYL	148
KONSYL DAILY FIBER	148
KONSYL POW 100%	148
KONSYL-D	148
KOSELUGO	58, 59
<i>kourzeq</i>	320
<i>kp aspirin</i>	18
<i>kp calcium 600+d3</i>	200
<i>kp cetirizine hcl</i>	251
<i>kp ferrous gluconate</i>	164
<i>kp folic acid</i>	229
<i>kp glucosamine chondroiti</i>	212
<i>kp mag-oxide magnesium</i>	201
<i>kp melatonin</i>	213
<i>kp niacin</i>	229
<i>kp vitamin e</i>	229
KPN PRENATAL TAB	229
KRAZATI.....	59

L

<i>labetalol hcl</i>	77
<i>lacosamide</i>	99
<i>lacosamide oral</i>	99
<i>lactaid fast act</i>	141
LACTATED RIN INJ.....	188
<i>lactated ringer's solution</i>	188
<i>lactic acid (ammonium lactate)</i>	305

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

LACTIC ACID SOL	181
LACTICARE LOT 5%	305
<i>lactinex</i>	138
LACTINEX CHW	139
LACTINEX TAB.....	139
LACTOSE POW.....	181
<i>lactose powder</i>	181
<i>lactulose</i>	148
<i>lactulose (encephalopathy)</i>	148
LAMISIL ADVANCED.....	284
<i>lamivudine</i>	33
<i>lamivudine (hbv)</i>	38
<i>lamivudine-zidovudine tab 150-300 mg</i> ...	36
<i>lamotrigine</i>	99
<i>lanreotide acetate</i>	129
<i>lansoprazole</i>	155
LANTUS	119
LANTUS SOLOSTAR.....	119
<i>lapatinib ditosylate</i>	59
L-ARGININE.....	213
<i>larynex</i>	320
<i>latanoprost</i>	242
<i>laxmar</i>	148
LAZCLUZE	59
L-CARNITINE	213
L-CYSTINE POW.....	213
LECITHIN GRA.....	213
<i>leflunomide</i>	170
<i>lenalidomide</i>	50, 51
LENVIMA 10 MG DAILY DOSE	59
LENVIMA 12MG DAILY DOSE.....	59
LENVIMA 20 MG DAILY DOSE	59
LENVIMA 4 MG DAILY DOSE.....	59
LENVIMA 8 MG DAILY DOSE.....	59
LENVIMA CAP 14 MG	59
LENVIMA CAP 18 MG	59
LENVIMA CAP 24 MG	60
<i>letrozole</i>	49
<i>leucovorin calcium</i>	51
LEUKERAN.....	47
<i>leuprolide acetate</i>	49
<i>levalbuterol hcl</i>	252
<i>levalbuterol tartrate</i>	252
<i>levetiracetam</i>	99
<i>levetiracetam in sodium chloride iv soln</i> <i>1000 mg/100ml</i>	99
<i>levetiracetam in sodium chloride iv soln</i> <i>1500 mg/100ml</i>	100
<i>levetiracetam in sodium chloride iv soln</i> <i>500 mg/100ml</i>	99

<i>levobunolol hcl</i>	242
<i>levocarnitine</i>	213
<i>levocarnitine (metabolic modifiers)</i>	129
<i>levocetirizine dihydrochloride</i>	251
<i>levofloxacin</i>	42
<i>levofloxacin in d5w iv soln 250 mg/50ml</i> .	42
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	42
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	43
<i>levo-t</i>	132
<i>levothyroxine sodium</i>	132
<i>levoxyl</i>	132
<i>lexinal</i>	229
<i>l-glutamine (sickle cell)</i>	165
<i>liceout</i>	313
LID SCRUB LIQ ORIGINAL	305
<i>lidocaine</i>	289
<i>lidocaine hcl</i>	289
<i>lidocaine hcl (local anesth.)</i>	18
<i>lidocaine hcl (mouth-throat)</i>	320
<i>lidocaine pain relief pat</i>	305
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	289
<i>lidocan</i>	289
LIFYORLI CAP 125MG DS	49
LIFYORLI CAP 150MG DS	49
<i>linezolid</i>	28
LINEZOLID INJ 2MG/ML.....	28
LINZESS	153
<i>liomny</i>	132
<i>liothyronine sodium</i>	132
LIP BALM OIN NATURAL	181
LIPOIC ACID	213
LIPOIL OIL.....	181
LIPOVAN BASE CRE	181
LIQ-10 SYP.....	213
LIQ-10 SYRUP DOUBLE STREN	213
LIQSORB.....	213
LIQUI C LIQ 500/5ML	229
LIQUID C LIQ	230
LIQUID CALCI CAP WITH D3.....	201
<i>liqui-e</i>	230
LIQUIFILM TEARS.....	244
<i>lisinopril</i>	69
<i>lisinopril & hydrochlorothiazide tab 10-12.5</i> <i>mg</i>	68
<i>lisinopril & hydrochlorothiazide tab 20-12.5</i> <i>mg</i>	68
<i>lisinopril & hydrochlorothiazide tab 20-25</i> <i>mg</i>	68

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

L-ISOLEUCINE POW	213
<i>lithium</i>	108
<i>lithium carbonate</i>	108
LITTLE COLDS COLD RELIEF	320
LITTLE COLDS SOOTHING THR	321
LITTLE TEETH GEL 7.5%	321
LITTLE TUMMY DRO 20/0.3ML	153
LIVTENCITY	38
L-LYSINE	213
L-LYSINE HYDROCHLORIDE	213
<i>Imx 4</i>	305
LOCALNESIUM TAB	201
LOCALNESIUM TAB -C	201
LODRANE D CAP 4-60MG	263
LOHIST-DM SYP 5-2-10MG	263
<i>lohist-peb</i>	263
LOKELMA	122
LOLLIBASE POW	181
<i>lollicaine</i>	321
<i>lomustine</i>	47
<i>longs acid relief extra s</i>	135
LONSURF TAB 15-6.14	48
LONSURF TAB 20-8.19	48
<i>loperamide hcl</i>	153
LOPERAMIDE HYDROCHLORIDE	139
<i>lopinavir-ritonavir tab 100-25 mg</i>	36
<i>lopinavir-ritonavir tab 200-50 mg</i>	37
<i>loratadine</i>	251
<i>lorazepam</i>	84
<i>lorazepam intensol</i>	84
LORBRENA	60
LORTUSS DM LIQ	263
LORTUSS EX LIQ	263
LORTUSS LQ LIQ	263
<i>losartan potassium</i>	73
<i>losartan potassium & hydrochlorothiazide</i> <i>tab 100-12.5 mg</i>	71
<i>losartan potassium & hydrochlorothiazide</i> <i>tab 100-25 mg</i>	71
<i>losartan potassium & hydrochlorothiazide</i> <i>tab 50-12.5 mg</i>	71
LOTEMAX	240
<i>loteprednol etabonate-tobramycin ophth</i> <i>susp 0.5-0.3%</i>	237
<i>lovastatin</i>	75
<i>loxapine succinate</i>	93
LOZIBASE MIS	181
L-TRYPTOPHAN TAB 500MG	213
L-TYROSINE POW	213
<i>lubiprostone</i>	153

<i>lubricant eye drops</i>	244
<i>lubricant eye drops/dual-</i>	245
LUBRICNT GEL DRO 0.25-0.3	245
<i>ludens dual relief</i>	321
<i>ludens throat drops</i>	321
LUDENS THROAT DROPS	321
LUMAKRAS	60
LUMIGAN	242
LUMIZYME	129
LUPRON DEPOT (1-MONTH)	49
LUPRON DEPOT (3-MONTH)	49
LUPRON DEPOT-PED (1-MONTH)	129
LUPRON DEPOT-PED (3-MONTH)	129
LUPRON DEPOT-PED (6-MONTH)	129
<i>lurasidone hcl</i>	93
<i>lutein</i>	214
LUTEIN	214
LUXAMEND CRE	305
L-VALINE POW	213
LYBALVI TAB 10-10MG	93
LYBALVI TAB 15-10MG	93
LYBALVI TAB 20-10MG	93
LYBALVI TAB 5-10MG	93
<i>lyllana</i>	123
LYNPARZA	60
<i>lysine hcl</i>	214
LYSODREN	50
LYTGOBI (12 MG DAILY DOSE)	60
LYTGOBI (16 MG DAILY DOSE)	60
LYTGOBI (20 MG DAILY DOSE)	60

M

MAALOX MAX CHW 1000-60	135
MAALOX QUICK DISSOLVE MAX	135
MAG CARBONAT POW	201
MAG GLYCINATE	201
<i>mag-200</i>	201
<i>mag64</i>	201
MAG-AL LIQ	135
<i>magaldrate</i>	135
<i>magaldrate w/ simethicone susp 1080-30</i> <i>mg/5ml</i>	135
<i>magbee</i>	201
<i>mag-caps</i>	135
<i>magdelay</i>	201
MAGDELAY	201
MAG-G	201
MAGINEX	201
MAGNEBIND TAB 200	201
MAGNEBIND TAB 300	201

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

<i>magnesium</i>	202	<i>megestrol acetate</i>	50, 132
MAGNESIUM.....	135, 202	<i>megestrol acetate (appetite)</i>	132
<i>magnesium chloride</i>	202	MEKINIST	60
MAGNESIUM CITRATE	202	MEKTOVI.....	60
<i>magnesium citrate (mg supplement)</i>	202	<i>melatonin</i>	214
MAGNESIUM ELEMENTAL.....	202	MELATONIN	214
MAGNESIUM GLUCONATE.....	202	MELATONIN TAB 1-10MG	214
<i>magnesium glycinate</i>	202	MELATONIN TAB 3-10MG	214
<i>magnesium lactate</i>	202	<i>melatonin tr</i>	214
<i>magnesium oxide</i>	136	<i>melatonin-pyridoxine tab 3-10 mg</i>	214
MAGNESIUM OXIDE	136, 202	<i>melatonin-pyridoxine tab 5-10 mg</i>	214
<i>magnesium oxide (mg supplement)</i>	202	<i>meloxicam</i>	22
<i>magnesium salicylate</i>	18	<i>memantine hcl</i>	84
<i>magnesium sulfate</i>	188	<i>memantine hcl tab 28 x 5 mg & 21 x 10</i> <i>mg titration pack</i>	84
MAGNESIUM SULFATE.....	188, 202	<i>memantine hcl-donepezil hcl cap er 24hr</i> <i>14-10 mg</i>	84
<i>magnesium sulfate granules</i>	149	<i>memantine hcl-donepezil hcl cap er 24hr</i> <i>21-10 mg</i>	85
<i>magnesium sulfate in dextrose 5% iv soln</i> <i>1 gm/100ml</i>	188	<i>memantine hcl-donepezil hcl cap er 24hr</i> <i>28-10 mg</i>	85
<i>magnesium tab 200 mg</i>	202	M-END DMX LIQ.....	264
<i>magnesium tab 400 mg</i>	202	M-END PE LIQ.....	264
MAGONATE LIQ 1000/5ML	203	<i>m-end wc</i>	264
MAG-OX 400 TAB 400MG.....	135	MENQUADFI.....	174
MAG-SR PLUS TAB CALCIUM	201	<i>menthol cough drops</i>	321
<i>mag-tab sr</i>	201	<i>menthol crystals</i>	181
<i>malathion</i>	313	MENTICAM CRE	305
MANNITOL POW.....	181	MENVEO INJ	174
<i>maox</i>	136	MENVEO SOL.....	174
MAPAP SINUS TAB PE	264	MEPHYTON	230
<i>maraviroc</i>	34	<i>mercaptopurine</i>	48
MAR-COF BP LIQ 30-2-7.5	264	<i>meropenem</i>	28
MAR-COF CG LIQ 225-7.5	264	<i>mesalamine</i>	143
MARPLAN	87	<i>mesalamine w/ cleanser</i>	143
<i>mar-zinc</i>	203	<i>mesna</i>	52
MATULANE	52	<i>metamucil</i>	149
MAVYRET PAK 50-20MG	38	<i>metamucil 3-in-1 daily fi</i>	149
MAVYRET TAB 100-40MG	38	<i>metamucil 4-in-1 fiber</i>	149
MAXIPHEN DM TAB.....	264	METAMUCIL MULTIHEALTH FIB.....	149
M-CLEAR WC LIQ 100-6.33.....	264	METAMUCIL POW 28% CIT.....	149
MCM PAD	305	METAMUCIL POW 48.57%	149
<i>meclizine hcl</i>	140	METAMUCIL POW 58.6 CIT.....	149
<i>mederma spf 30</i>	305	METAMUCIL POW 58.6%	149
MEDICATED OIN RUB.....	264	METAMUCIL POW 63%	149
<i>medicated pain relieving</i>	305	METAMUCIL POW ORANGE	149
MEDIHONEY PST WOUND	305	METAMUCIL WAF	149
<i>medikoff drops</i>	321	METANX CAP	214
<i>medi-lyte</i>	185	<i>metformin hcl</i>	116
MEDI-TABS TAB 500MG	18	<i>methadone hcl</i>	23
<i>medi-tussin dm</i>	264		
<i>medroxyprogesterone acetate</i>	131		
<i>mefloquine hcl</i>	32		

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

<i>methadone hydrochloride i</i>	23
<i>methazolamide</i>	80
<i>methenamine hippurate</i>	28
<i>methimazole</i>	132
METHISCOL CAP	230
<i>methocarbamol</i>	110
<i>methotrexate sodium</i>	48, 170
<i>methsuximide</i>	100
METHYLCELLULOSE	181
<i>methylcellulose powder</i>	181
<i>methylcobalamin</i>	230
METHYLFOL/ME CAP CBL/P5P	214
<i>methylphenidate hcl</i>	105
<i>methylprednisolone</i>	124
<i>methylprednisolone acetate</i>	124
<i>methylprednisolone sod succ</i>	125
<i>metoclopramide hcl</i>	140
<i>metolazone</i>	80
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	77
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	77
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	77
<i>metoprolol succinate</i>	78
<i>metoprolol tartrate</i>	78
<i>metronidazole</i>	28
<i>metronidazole (topical)</i>	305, 306
<i>metronidazole vaginal</i>	158
<i>metyrosine</i>	81
<i>m-hist pd</i>	251
MI-ACID CHW	136
<i>micafungin sodium</i>	31
MICATIN	284
MICATIN CRE 2%.....	284
MICATIN POW 2%	284
<i>miconazole 3 combination</i>	158
MICONAZOLE KIT 200MG/2%.....	158
<i>miconazole nitrate vaginal</i>	158
<i>miconazole nitrate vaginal supp 1200 mg & 2% cream kit</i>	158
MICROSPACER MIS	264
<i>midodrine hcl</i>	81
MIEBO.....	245
<i>mifepristone (hyperglycemia)</i>	130
MIL-A-MULSIO EMU	230
<i>milk of magnesia concentr</i>	149
<i>mimvey</i>	123
MINERAL OIL	149
<i>mineral oil (bulk)</i>	149

MINERAL OIL ENE	150
MINERAL OIL LIGHT	150
<i>mineral oil light (bulk)</i>	150
<i>miniprin low dose</i>	19
<i>minocycline hcl</i>	46
<i>minoxidil</i>	82
<i>miralax</i>	150
MIRALAX	150
<i>mirtazapine</i>	87
<i>misoprostol</i>	153
<i>mm aspirin</i>	19
M-M-R II INJ.....	174
M-NATAL PLUS TAB	189
<i>modafinil</i>	110
MODEYSO	52
<i>moexipril hcl</i>	69
MOISTURE BARRIER.....	306
<i>moisturel therapeutic</i>	306
<i>moisturizing lotion</i>	306
<i>moisturizing lubricant ey</i>	245
<i>molindone hcl</i>	93
<i>mometasone furoate</i>	288
<i>monistat 1-day</i>	158
MONISTAT 3	158
MONISTAT 3 KIT COMBINAT.....	158
MONISTAT 7	158
MONISTAT CARE INSTANT ITC	159
MONJUVI.....	61
MONOCAL TAB 3-250.....	203
<i>montelukast sodium</i>	273
MORE-DOPHILUS ACIDOPHILUS	139
<i>morphine sulfate</i>	23, 24, 25
<i>motrin arthritis pain</i>	19
MOTRIN MIGRA TAB 200MG	22
MOUNJARO.....	116
MOVANTIK.....	153
<i>moxifloxacin hcl</i>	43
<i>moxifloxacin hcl (ophth)</i>	239
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	43
<i>mp triple antibiotic plus</i>	281
MRESVIA.....	174
MTERYTI TAB	230
MTERYTI TAB FOLIC 5	230
MUCINEX	264
MUCINEX CAP DAY/NGHT	264
MUCINEX CAP FAST-MAX	264
MUCINEX CGH GRA 5-100MG.....	264
<i>mucinex childrens multi-s</i>	264
MUCINEX CHLD LIQ MULTISYM	264

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

MUCINEX COLD LIQ /KIDS.....	265
MUCINEX COLD LIQ SINUS.....	265
MUCINEX D TAB 60-600MG.....	265
MUCINEX D/N PAK FAST/MAX.....	265
MUCINEX FAST MIS DAY/NGHT.....	265
MUCINEX FAST TAB 5-10-200.....	265
<i>mucinex fast-max day time</i>	265
MUCINEX INST LIQ SORETHRO.....	321
MUCINEX LIQ INSTASOO.....	321
<i>mucinex sinus-max day/nig</i>	265
<i>mucus congestion & cough</i>	265
<i>mucus relief dm</i>	265
<i>mucus relief dm maximum s</i>	265
MULTAQ.....	74
<i>multi-delyn</i>	230
MULTI-DELYN LIQ /IRON.....	230
<i>multiple electrolytes ph 5.5</i>	188
<i>multi-symptom cold daytim</i>	265
<i>mupirocin</i>	281
<i>muro 128</i>	245
MURO 128.....	245
MUSCLE RUB CRE ULT STR.....	306
MUSCLE RUB OIN.....	306
MVW COMPLETE DRO PEDIATRI.....	230
MYCITRACIN OIN.....	282
<i>mycophenolate mofetil</i>	173
<i>mycophenolate sodium</i>	173
MYLANTA CHW 400MG.....	136
MYLANTA SUS.....	136
MYLANTA SUS SUPREME.....	136
MYRBETRIQ.....	157

N

<i>nabumetone</i>	22
<i>nac</i>	214
NAC.....	214
<i>nadolol</i>	78
<i>naftillin sodium</i>	44
NAGLAZYME.....	130
<i>naloxone hcl</i>	112
<i>naltrexone hcl</i>	113
NAMZARIC CAP 7-10MG.....	85
NANOVN POW 1-3 YRS.....	230
<i>naphcon-a</i>	241
<i>naproxen</i>	22
<i>naproxen sodium</i>	22
<i>naratriptan hcl</i>	107
NASACORT ALR SPR 55MCG/AC.....	277
NASADROPS SALINE ON THE G.....	274
NASAL DECONGESTANT.....	265
NASCOBAL.....	231
NASOGEL GEL.....	274
NASOPEN PE LIQ.....	265
NATACYN.....	239
<i>nateglinide</i>	116
<i>natrapel</i>	306
<i>natrapel 12-hour tick & i</i>	306
<i>nat-rul antioxidants c+e</i>	231
<i>natural herb cough drops</i>	321
<i>natural vegetable fiber</i>	150
NAYZILAM.....	100
<i>nebivolol hcl</i>	78
<i>nefazodone hcl</i>	87
<i>neomycin sulfate</i>	28
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	239
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	239
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	237
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	238
<i>neomycin-polymyxin-hc ophth susp</i>	238
<i>neomycin-polymyxin-hc otic soln 1%</i>	247
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	247
NEOQ10.....	214
NEO-SYNEPHRINE.....	265
NEPHRONEX LIQ 0.9/5ML.....	231
NEPHRO-VITE TAB RX.....	231
NERLYNX.....	61
<i>nestrex</i>	231
<i>neuac</i>	281
<i>neuracin</i>	306
<i>nevirapine</i>	34
NEW SKIN LIQUID BANDAGE.....	306
<i>nexabiotic</i>	153
NEXAFED SINS TAB + PAIN.....	266
NEXLETOL.....	76
NEXLIZET TAB 180/10MG.....	76
<i>niacin</i>	231
<i>niacin (antihyperlipidemic)</i>	76
NIACIN FLUSH-FREE EXTRA S.....	231
<i>niacin tab cr 500 mg</i>	231
NIACIN TR.....	231
<i>niacinamide</i>	231
NIACINOL.....	231
<i>nicardipine hcl</i>	79
NICE PURE POW BAK SODA.....	181
NICOBID CAP 125MG CR.....	231

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

NICOBID CAP 250MG CR	231
NICOBID CAP 500MG CR	231
<i>nicotine polacrilex</i>	19
NICOTINE SYS KIT TRANSDER	113
NICOTROL NS	113
<i>nifedipine</i>	79
NIGHT TIME CAP COLD/FLU	266
<i>nighttime cold & flu</i>	266
<i>nighttime sinus & congest</i>	266
<i>nilotinib hcl</i>	61
<i>nilutamide</i>	50
<i>nimodipine</i>	79
NINJACOF LIQ	266
NINJACOF-A LIQ	266
NINJACOF-XG LIQ 200-8/5	266
NINLARO	61
<i>nintedanib esylate</i>	274
<i>nitazoxanide</i>	28
<i>nitisinone</i>	130
<i>nitro-bid</i>	82
<i>nitrofurantoin macrocrystal</i>	28
<i>nitrofurantoin monohyd macro</i>	29
<i>nitroglycerin</i>	82
<i>nitroglycerin (intra-anal)</i>	306
NIVANEX DMX TAB	266
NIX COMPLETE KIT LICE 1%	313
NIX CREME LIQ RINSE 1%	313
<i>nizatidine</i>	142
<i>noble formula</i>	306
<i>non-asa severe allergy</i>	266
<i>norethindrone acetate</i>	132
<i>norethindrone acetate-ethinyl estradiol tab</i> <i>0.5 mg-2.5 mcg</i>	123
<i>norethindrone acetate-ethinyl estradiol tab</i> <i>1 mg-5 mcg</i>	124
<i>nortriptyline hcl</i>	87
NORVIR	34
NOVAFERRUM 50	164
NOVAFERRUM LIQ 125	164
NOVAFERRUM PEDIATRIC DROP	164
NOVOLIN INJ 70/30	119
NOVOLIN INJ 70/30 FP	119
NOVOLIN N	119
NOVOLIN N FLEXPEN	119
NOVOLIN R	119
NOVOLIN R FLEXPEN	119
NOVOLOG	119
NOVOLOG FLEXPEN	120
NOVOLOG FLEXPEN RELION	120
NOVOLOG MIX INJ 70/30	120

NOVOLOG MIX INJ FLEXPEN	120
NOVOLOG PENFILL	120
NOVOLOG RELION	120
NOZIN NASAL SANITIZER	275
NP-27	284
NP-27 SOL 1%	284
NUBEQA	50
NUEDEXTA CAP 20-10MG	108
NULOJIX	173
NU-MAG TAB 71.5-119	203
NUPERCAINAL	306
NUPLAZID	93
NURTEC	107
NUTRILIPID	191
NUZYRA	46
<i>nyamyc</i>	284
<i>nycoff</i>	321
NYQUIL SINEX CAP NT RELF	266
<i>nystatin</i>	31
<i>nystatin (mouth-throat)</i>	321
<i>nystatin (topical)</i>	284
<i>nystop</i>	284

o

OBREDON SOL 2.5-200	266
<i>ocean nasal spray</i>	275
OCTAGAM	171
<i>octreotide acetate</i>	130
<i>ocusoft baby eyelid & eye</i>	306
<i>ocusoft lid scrub origina</i>	306
ODEFSEY TAB	37
ODOMZO	61
<i>odorless coated fish oil/</i>	214
OFEV	275
<i>ofloxacin (ophth)</i>	239
<i>ofloxacin (otic)</i>	247
OGIVRI	61
OGSIVEO	61
OJEMDA	61
OJJAARA	61
<i>olanzapine</i>	93, 94
<i>olmesartan medoxomil</i>	73, 74
<i>olmesartan medoxomil-hydrochlorothiazide</i> <i>tab 20-12.5 mg</i>	71
<i>olmesartan medoxomil-hydrochlorothiazide</i> <i>tab 40-12.5 mg</i>	71
<i>olmesartan medoxomil-hydrochlorothiazide</i> <i>tab 40-25 mg</i>	71
<i>olmesartan-amlodipine-hydrochlorothiazide</i> <i>tab 20-5-12.5 mg</i>	71

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

<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	72
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	72
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	72
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	72
<i>olopatadine hcl</i>	241
OMEGA POWER CAP 1050MG	215
OMEGA-3 CAP 350MG	215
OMEGA-3 CAP FISH OIL	215
<i>omega-3 fatty acids</i>	215
OMEGA-3 IQ CHW 240MG	215
<i>omega-3-acid ethyl esters cap 1 gm</i>	76
OMEGAPURE CAP 780 EC	215
<i>omeprazole</i>	155
OMNIPOD 5 DX KIT INT G7G6	120
OMNIPOD 5 DX MIS POD G7G6	120
OMNIPOD DASH KIT INTRO	120
OMNIPOD DASH MIS PODS	120
OMNIPOD5 LIB KIT INTRO	120
OMNIPOD5 LIB MIS PODS	120
<i>ondansetron</i>	140
<i>ondansetron hcl</i>	140
ONE A DAY CAP PRENATAL	231
ONTRUZANT	61
ONUREG	48
OPCON-A SOL OP	241
OPERAND CHLORHEXIDINE GLU	307
OPIPZA	94
OPSUMIT	82
<i>optics mini drops</i>	245
OPTIMAL D3 M	232
ORA-FILM	321
ORA-HESIVE PST BASE	182
ORAJEL 2X LIQ TOOTHACH	321
ORAJEL 3X GEL TTH/GUM	322
<i>oral analgesic maximum st</i>	322
<i>oral anesthetic maximum s</i>	322
ORAMAGIC PLUS	322
ORASEP SPR	322
<i>orastat maximum strength</i>	322
ORAZINC	203
ORGOVYX	50
<i>original ointment</i>	284
ORKAMBI GRA 100-125	275
ORKAMBI GRA 150-188	275
ORKAMBI GRA 75-94MG	275
ORKAMBI TAB 100-125	275

ORKAMBI TAB 200-125	275
ORSERDU	50
<i>os-cal</i>	203
OS-CAL	203
OS-CAL TAB 500 + D	203
OS-CAL ULTRA TAB	203
<i>osco natural fiber laxati</i>	150
<i>osco potassium gluconate</i>	185
<i>oseltamivir phosphate</i>	39
OSPOMYV	121
OSTEO-PORETI TAB	203
<i>oxacillin sodium</i>	44
OXALIC ACID CRY	182
<i>oxalic acid crystals</i>	182
<i>oxaliplatin</i>	47
<i>oxcarbazepine</i>	100
OXIPOR VHC LOT	307
<i>oxybutynin chloride</i>	157
<i>oxycodone hcl</i>	25
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	25
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	25
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	25
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	25
<i>oxymetazoline hcl</i>	266
OYST SHELL/D TAB 250-125	203
<i>oyster shell</i>	203
OYSTER SHELL CALCIUM	203
OZEMPIC	116
OZEMPIC (0.25 OR 0.5MG/DOSE)	116
OZEMPIC (1MG/DOSE)	116
OZEMPIC (2MG/DOSE)	116

P

P D NATAL/FA TAB	232
<i>pacerone</i>	74
<i>paclitaxel</i>	52
<i>paclitaxel inj 100mg</i>	52
PAIN RELIEF TAB	19
PAIN RELIVNG SPR 4-10-30%	307
<i>painaid</i>	19
<i>paliperidone</i>	94
PALMITATE-A	232
<i>pamidronate disodium</i>	121
PAMIDRONATE DISODIUM	121
PANDA MASK MIS SMALL	275
PANRETIN	307

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

<i>pantoprazole sodium</i>	155
PANZYGA	172
<i>paricalcitol</i>	133
<i>paroxetine hcl</i>	87
PARVA-CAL TAB 250-100	203
PARVA-CAL TAB 500MG	203
<i>pataday</i>	241
<i>pataday extra strength</i>	241
PAXLOVID PAK	39
PAXLOVID TAB 150-100	39
PAXLOVID TAB 300-100	39
<i>pazopanib hcl</i>	61
PCCA MBK MIS FAT ACID	182
PEDIACARE INFANT	266
PEDIACARE LIQ CGH/COLD	266
PEDIA-LAX	150
PEDIARIX INJ 0.5ML	174
<i>pediatric enema</i>	150
PEDIATRIC MIS MASK	266
PEDIAVENT	251
PEDVAX HIB	175
PEG 1000 LIQ	182
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	150
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	150
PEGASYS	39
PEMAZYRE	61
<i>pemetrexed disodium</i>	48
PENBRAYA INJ	175
<i>penicillamine</i>	122
<i>penicillin g potassium</i>	45
<i>penicillin g sodium</i>	45
<i>penicillin v potassium</i>	45
PENMENVY INJ	175
PENTACEL INJ	175
<i>pentamidine isethionate inh</i>	29
<i>pentamidine isethionate inj</i>	29
<i>pentoxifylline</i>	165
PEPCID AC	142
PEPCID CHW COMPLETE	153
<i>pepto-bismol to-go</i>	139
<i>perampanel</i>	100
PERCOGESIC TAB 12.5-325	266
PERFECT IRON	164
<i>perindopril erbumine</i>	69
<i>periogard</i>	322
PERMA-GRIP POW	322
<i>permethrin</i>	313
PERMETHRIN LOT 1%	313

<i>perox-a-mint</i>	322
<i>perphenazine</i>	94
PERUVIAN LIQ BALSAM	182
PETROLATUM OIN	307
<i>petrolatum ointment</i>	182
<i>petrolatum, hydrophilic ointment</i>	182
<i>pfizerpen</i>	45
PHANATUSS SYP	267
PHARMABASE BARRIER	307
PHAZYME	153
<i>phazyme maximum strength</i>	153
PHAZYME MS CAP 166MG	153
<i>phenazopyridine hcl</i>	156
<i>phenelzine sulfate</i>	87
<i>phenobarbital</i>	100
<i>phenobarbital sodium</i>	100
PHENOL LIQ	307
<i>phenol liquid</i>	307
<i>phenylephrine in hard fat</i>	307
<i>phenylephrine w/ dm-gg liqd 10-18-200 mg/15ml</i>	267
<i>phenylephrine w/ dm-gg syrup 5-10-100 mg/5ml</i>	267
<i>phenylephrine w/ dm-gg tab 10-17.5-385 mg</i>	267
<i>phenytek</i>	100
<i>phenytoin</i>	100
<i>phenytoin sodium</i>	100
<i>phenytoin sodium extended</i>	101
PHESGO SOL	61
<i>phillips</i>	150
<i>phos-nak powder concentra</i>	204
PHOSPHATIDYL POW 20%	182
<i>phytonadione</i>	232
PIFELTRO	34
<i>pilocarpine hcl</i>	242
<i>pilocarpine hcl (oral)</i>	322
<i>pimecrolimus</i>	307
<i>pimozide</i>	94
<i>pindolol</i>	78
<i>pioglitazone hcl</i>	117
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	117
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	117
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	45
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	45

<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	45
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	45
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	45
PIQRAY 200MG DAILY DOSE	62
PIQRAY 250MG TAB DOSE	62
PIQRAY 300MG DAILY DOSE	62
<i>pirfenidone</i>	275
<i>piroxicam</i>	22
<i>plenamine</i>	191
PLENVU SOL.....	150
PLURONIC	182
<i>podofilox</i>	307
POLAR FROST	307
POLIGRIP MIS COMFORT	322
POLIGRIP SUP CRE STRNG FR	322
POLY HIST TAB 7.5-10MG	267
<i>poly-c</i>	232
POLY-HIST DM LIQ 5-25-10	267
POLY-HIST PD LIQ.....	267
<i>polymyxin b sulfate</i>	29
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	239
POLYSORBATE SOL 20	182
POLYSPORIN OIN	282
POLY-TUSSIN LIQ 10-4-10.....	267
POLY-VENT DM TAB	267
POLY-VENT IR TAB 60-380MG	267
POLY-VI-SOL SOL 50MG/ML	232
POLY-VI-SOL SOL IRON	232
<i>pomalidomide</i>	51
POMALYST.....	51
<i>posaconazole</i>	31
POSTURE-D TAB 600MG.....	204
POSTURE-D TAB CALC/MAG	204
POT CHL 20MEQ/L IN NAACL 0.45% INJ... ..	188
POT CHL 20MEQ/L IN NAACL 0.9% INJ	188
POT CHL 40MEQ/L IN NAACL 0.9% INJ	188
POT GLUCONAT TAB 500MG.....	185
POT NITRATE GRA	182
POT SORBATE CRY	182
<i>potassium</i>	185
<i>potassium & sodium phosphates powder pack 280-160-250 mg</i>	204
<i>potassium chloride</i>	188, 189
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	188

<i>potassium chloride microencapsulated crystals er</i>	189
<i>potassium citrate (alkalinizer)</i>	156
<i>potassium gluconate</i>	185
POTASSIUM GLUCONATE	185
POTASSIUM GLUCONATE ER.....	185
POTASSIUM HYDROXIDE.....	182
POTASSIUM IODIDE	130
POTASSIUM TAB CHELATED.....	185
<i>povidone-iodine</i>	307
POVIDONE-IODINE PREP PAD	307
<i>powders</i>	307
<i>pramipexole dihydrochloride</i>	90
<i>pramoxine hcl (rectal)</i>	307
<i>pramoxine-hc cream 1-2.5%</i>	288
<i>prasterone (dhea)</i>	215
PRASTERONE (DHEA) CAP 25.....	215
<i>prasugrel hcl</i>	166
<i>pravastatin sodium</i>	75
<i>praziquantel</i>	29
<i>prazosin hcl</i>	69
PREDATOR.....	308
<i>prednisolone</i>	125
<i>prednisolone acetate (ophth)</i>	240
PREDNISOLONE SODIUM PHOSP	240
<i>prednisolone sodium phosphate</i>	125
<i>prednisone</i>	125
PREDNISON INTENSOL.....	125
<i>pregabalin</i>	101
PREMASOL SOL 10%	191
PRENAT MULTI CAP +DHA	232
PRENATAL CAP FORMULA.....	232
PRENATAL DHA PAK MULTI	232
PRENATAL FRM TAB A-FREE.....	233
PRENATAL GUM CHW 0.4-32.5	233
PRENATAL TAB	233
PRENATAL TAB 27-1MG	189
PRENATAL TAB PLUS.....	189
PREPARATIO H CRE TOTABLE.....	308
PREPARATIO H GEL	308
<i>preparation h</i>	308
PREPARATION H.....	308
PREVAGEN.....	215
<i>prevalite</i>	76
PREVYMIS	39
PREZCOBIX TAB 675/150	37
PREZCOBIX TAB 800-150	37
PREZISTA	34
PRIFTIN	37
PRILOSEC OTC	155

<i>primaquine phosphate</i>	32
PRIMAQUINE PHOSPHATE	32
<i>primidone</i>	101
PRIORIX INJ	175
PRIVIGEN	172
PRO NUTRIENT CAP OMEGA3.....	215
<i>probenecid</i>	13
<i>prochlorperazine</i>	140
<i>prochlorperazine edisylate</i>	140
<i>prochlorperazine maleate</i>	141
PROCORT CRE	308
PROCRIT	161
<i>proctocort</i>	308
PROCTOCORT	308
PROCTOFOAM AER NS 1%	308
<i>procto-med hc</i>	308
<i>proctosol hc</i>	308
<i>proctozone-hc</i>	308
PROFE.....	164
PROFERRIN ES TAB 12 MG.....	164
<i>progesterone</i>	132
PROGRAF	173
PROLASTIN-C	275
PROLIA	121
<i>promethazine hcl</i>	141
<i>promethazine vc/codeine</i>	267
<i>promethazine w/ codeine syrup 6.25-10</i> <i>mg/5ml</i>	267
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	267
<i>promethazine-phenylephrine-codeine syrup</i> <i>6.25-5-10 mg/5ml</i>	268
PRONTO SHA 0.33-4%	313
<i>propafenone hcl</i>	74
<i>proparacaine hcl</i>	245
<i>propranolol hcl</i>	78
PROPYLENE GL SOL.....	183
<i>propylene glycol</i>	183
<i>propylthiouracil</i>	132
PROQUAD INJ	175
PRO-RED AC SYP 5-1-9/5.....	267
PROSOL INJ 20%	191
<i>prosource no carb</i>	215
PROTO-CHOL CAP 1000MG	215
<i>protriptyline hcl</i>	87
<i>pseudoeph-chlorphen w/ hydrocodone soln</i> <i>60-4-5 mg/5ml</i>	268
<i>pseudoephed-bromphen-dm syrup 30-2-10</i> <i>mg/5ml</i>	268
<i>pseudoephedrine hcl</i>	268

<i>psoriasin</i>	308
PSORIASIS MEDICATED SKIN.....	308
<i>psyllium</i>	150
PULMOZYME	275
PURE L-CITRULLINE	215
<i>px enteric aspirin</i>	19
<i>px fish oil</i>	215
PX ULTRA STR OIN RUB.....	308
<i>pyrazinamide</i>	37
<i>pyrethrins-piperonyl butoxide liq 0.3-3%</i>	313
<i>pyridostigmine bromide</i>	108
<i>pyridoxine hcl</i>	233
PYRILAMIN/PE TAB 25-10MG.....	268
<i>pyrimethamine</i>	29
<i>pyrithione zinc</i>	308
PYZCHIVA	168

Q

<i>qc 3 day vaginal cream</i>	159
<i>qc anti-diarrheal advance</i>	139
<i>qc aspirin low dose</i>	19
<i>qc b-complex + vitamin c</i>	233
<i>qc cough drops</i>	322
<i>qc diclofenac sodium</i>	19
<i>qc medifin pe</i>	268
<i>qc relief patch</i>	308
<i>qc sore throat</i>	322
Q-GEL.....	215
QINLOCK.....	62
<i>q-tussin dm</i>	268
QUADRACEL INJ 0.5ML	175
<i>quetiapine fumarate</i>	94
<i>quinapril hcl</i>	69
<i>quinidine sulfate</i>	74
<i>quinine sulfate</i>	32
QULIPTA.....	107
<i>qunol coq10/ubiquinol/meg</i>	216
<i>q-up</i>	215

R

<i>ra allergy</i>	251
<i>ra antacid pain relief</i>	19
<i>ra antibiotic/pain relief</i>	282
<i>ra antifungal foot care</i>	284
<i>ra aspirin ec</i>	19
<i>ra aspirin ec adult low s</i>	19
<i>ra body powder medicated</i>	309
RA CA/BORON TAB	204
<i>ra calcium 600</i>	204

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

<i>ra cleaning/disinfecting</i>	245
<i>ra cough drops</i>	322
<i>ra day/night maximum stre</i>	268
<i>ra ginkgo biloba</i>	216
RA HIGH POTENCY IRON	164
<i>ra l-arginine</i>	216
<i>ra laxative extra strengt</i>	150
<i>ra medicated first aid sp</i>	309
<i>ra mouth pain anesthetic</i>	322
RA OYS SHL/D TAB 500MG	204
<i>ra potassium/magnesium as</i>	204
<i>ra severe cold/night time</i>	268
<i>ra slow release iron</i>	164
RA TRUEPLUS GLUCOSE.....	126
<i>ra tussin cough dm sugar</i>	268
RA VITAMIN B-1	233
RA VITAMIN B-12.....	233
<i>ra vitamin e</i>	233
<i>ra vitamin e natural</i>	233
RABAVERT INJ.....	175
<i>rabeprazole sodium</i>	155
RALDESY.....	87
<i>raloxifene hcl</i>	130
<i>ramelteon</i>	106
<i>ramipril</i>	69
<i>ranolazine</i>	82
<i>rasagiline mesylate</i>	90
<i>raspberry syrup</i>	183
RECOMBIVAX HB.....	175
RED YEAST POW RICE	183
REESES PINWORM MEDICINE.....	29
REFENESEN TAB CHST CNG	268
REFRESH DRO OP	245
REFRESH GEL OPTIVE	245
REFRESH LIQUIGEL.....	245
REFRESH OPTI DRO 0.5-0.9%.....	245
<i>refresh plus</i>	245
REFRESH PLUS.....	245
REFRESH SOL OPTIVE.....	245
<i>reguloid</i>	150
<i>relcof c</i>	268
RELENZA DISKHALER.....	39
<i>relgaabi</i>	101
RELION ALL- MIS IN-ONE.....	130
RELISTOR.....	153
REMEDY CLEANSING BODY LOT	309
<i>remedy phytoplex antifung</i>	285
REMEDY PST CALAZIME	309
REMEDY SKIN REPAIR.....	309
REMICADE.....	168

RENAL CAPS	233
RENFLEXIS	168
<i>repaglinide</i>	117
REPATHA.....	76
REPATHA SURECLICK	76
<i>repel sportsmen max</i>	309
REPLACE TAB SR	185
REPLESTA	233
REPLESTA CHILDRENS	233
<i>requa activated charcoal</i>	130
RESCON TAB 2-60MG	268
RESCON-DM SYP	268
RESPIRE-30 CAP	269
RESTASIS	246
RESTASIS MULTIDOSE.....	246
<i>restore</i>	139
RESTORE SILV PAD 4	309
RETAIN HPMC.....	246
RETAIN MGD EMU 0.5-0.5%	246
RETEVMO	62
REVCovi	130
REVUFORJ.....	62
REXULTI	95
REYATAZ	34
REZDIFFRA.....	130
REZLIDHIA	62
REZUROCK	173
RHINARIS	275
RHOPRESSA.....	242
<i>ribavirin (hepatitis c)</i>	39
<i>riboflavin</i>	233
RIBOFLAVIN.....	233
RICOLA CHERRY HERB SUGAR.....	323
RICOLA CHERRY HONEY HERB.....	323
<i>ricola honey lemon w/echi</i>	323
RICOLA HONEY-HERB	323
RICOLA LEMON MINT	323
RICOLA LEMON MINT HERB SU	323
RICOLA LOZ.....	323
<i>ricola mountain herb suga</i>	323
<i>ricola natural herb</i>	323
RID.....	313
RID COMPLETE KIT LICE	313
RID ESS LICE KIT 0.33-4%.....	313
RID LIQ	313
<i>rifabutin</i>	37
<i>rifampin</i>	37
<i>rilpivirine hcl</i>	34
<i>riluzole</i>	108
RI-MAG	136

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

RI-MAG PLUS SUS	136
<i>rimantadine hydrochloride</i>	39
RINVOQ.....	168
RINVOQ LQ.....	168
RISACAL-D TAB	204
<i>risamine</i>	309
<i>risedronate sodium</i>	121
<i>risperidone</i>	95
<i>risperidone microspheres</i>	95
<i>ritonavir</i>	34
<i>rivaroxaban</i>	160
<i>rivastigmine</i>	85
<i>rivastigmine tartrate</i>	85
<i>rizatriptan benzoate</i>	107
<i>robafen dm clear</i>	269
<i>robafen dm cough clear</i>	269
ROBITUSSIN COUGHGELS.....	269
ROBITUSSIN LIQ CGH/CLD.....	269
ROBITUSSIN SYP 100/5ML	269
ROCKLATAN DRO	242
<i>roflumilast</i>	276
ROLAIDS CHW	136
ROLAIDS CHW EX ST	136
ROLAIDS MULT CHW SYMPTOM	136
ROMVIMZA.....	62
<i>ropinirole hydrochloride</i>	90
<i>rosuvastatin calcium</i>	75
ROTARIX SUS	175
ROTATEQ SOL	175
<i>roweepra</i>	101
ROZLYTREK	62
RUBRACA.....	63
<i>rufinamide</i>	101
RUKOBIA	34
RYBELSUS	117
RYDAPT	63
RYDEX LIQ	269
<i>rymed</i>	269
s	
S2.....	276
<i>sacubitril-valsartan tab 24-26 mg</i>	72
<i>sacubitril-valsartan tab 49-51 mg</i>	72
<i>sacubitril-valsartan tab 97-103 mg</i>	72
<i>sajazir</i>	165
<i>salese</i>	323
SALMON CAP 200MG	216
SALONPAS GEL DEEP REL	309
SANTYL	313
<i>sapropterin dihydrochloride</i>	130

SARNA CALM LOT 1-0.5%	309
SARNA LOT	309
SAW PALMETTO	216
<i>saw palmetto (serenoa repens)</i>	216
SAW PALMETTO BERRIES	216
SAW PALMETTO CAP 450MG.....	216
<i>sb anti-gas</i>	154
<i>sb aspirin</i>	19
<i>sb aspirin adult low stre</i>	19
<i>sb childrens ibuprofen</i>	22
<i>sb cough control</i>	269
<i>sb cough control cf</i>	269
<i>sb cough relief</i>	269
<i>sb lactase</i>	142
<i>sb low dose asa ec</i>	19
SCSEMBLIX.....	63
<i>scholls for her cracked s</i>	309
SCOOBY-DOO CHW	233
<i>scopolamine</i>	141
SCYTERA.....	309
SE PLUS PROTEIN	204
SEA BOND BRI GEL CLEANSER.....	323
SEA BOND WAF	323
SEBULEX SHA	309
SECUADO.....	95
SECURA EXTRA PROTECTIVE.....	309
<i>selegiline hcl</i>	90
<i>selenium</i>	204
SELENIUM.....	204
<i>selenium sulfide</i>	285
SELENIUM TAB 50MCG.....	204
SELSUN BLUE.....	310
SELZENTRY	34
<i>senexon</i>	151
<i>senna</i>	151
SENNA LEAVES MIS.....	151
SENOKOT	151
SENOKOT S TAB 8.6-50MG	151
SENOKOT XTRA.....	151
SEREVENT DISKUS	252
<i>sertraline hcl</i>	87
SESAME ST CHW VITAMINS.....	233
SHINGRIX.....	175
SIGNIFOR	130
SIKLOS	166
<i>sildenafil citrate (pulmonary hypertension)</i>	83
<i>siltussin-dm</i>	269
<i>silver sulfadiazine</i>	282
SIMBRINZA SUS 1-0.2%	242

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

<i>simethicone</i>	154	<i>sodium chloride</i>	188, 205
<i>simethicone susp 40 mg/0.</i>	154	SODIUM CHLORIDE	205
<i>simple - syrup</i>	183	<i>sodium chloride (gu irrigant)</i>	313
<i>simvastatin</i>	75	<i>sodium chloride (inhalant)</i>	269
SINUS RELIEF TAB DAY/NGHT	269	<i>sodium chloride hypertonic</i>	246
SINUS WASH CRY SALT	276	SODIUM CITRA GRA.....	183
<i>sirolimus</i>	173	<i>sodium fluoride chew; tab; 1.1 (0.5 f)</i>	
SIRTURO.....	37	mg/ml soln	190
<i>skin protectant moisture</i>	310	<i>sodium hypochlorite</i>	310
SKYRIZI	168	<i>sodium oxybate</i>	110
SKYRIZI PEN	169	<i>sodium phenylbutyrate</i>	131
SLO-NIACIN	234	<i>sodium polystyrene sulfonate</i>	122
<i>slow fe</i>	164	<i>sodium polystyrene sulfonate powder</i>	122
SLOW FE.....	164	<i>sodium saccharin powder</i>	216
<i>slow magnesium chloride/</i>	204	<i>solifenacin succinate</i>	157
SLOW MAGNESIUM CHLORIDE/	204	SOLQUA INJ 100/33	120
<i>sm 3-day vaginal</i>	159	SOLTAMOX	50
<i>sm 8 hour pain relief</i>	19	SOLU-CORTEF.....	125
<i>sm allergy relief</i>	251	SOMATULINE DEPOT	131
<i>sm anti-dandruff coal tar</i>	310	SOMAVERT	131
<i>sm arthritis pain</i>	20	SOOTH-IT PAD.....	310
<i>sm aspirin adult low stre</i>	20	<i>sorafenib tosylate</i>	63
<i>sm aspirin ec low strengt</i>	20	<i>sorbitol</i>	183
<i>sm aspirin low dose</i>	20	SORBITOL.....	151
SM B-COMPLEX TAB /VIT C	234	<i>sore throat</i>	324
<i>sm biotin</i>	234	<i>sore throat lollipops</i>	324
<i>sm calcium plus/vitamin d</i>	205	<i>sore throat lozenges</i>	324
SM CORAL CALCIUM	205	<i>sotalol hcl</i>	74
<i>sm cough drops</i>	323	<i>sotalol hcl (afib/afl)</i>	74
<i>sm fiber</i>	151	SOTYKTU.....	169
<i>sm flax seed oil</i>	216	SPECTROCIN OIN PLUS	282
<i>sm fruit coolers</i>	323	SPIRIVA RESPIMAT	248
<i>sm ginkgo biloba</i>	216	<i>spironolactone</i>	69
SM LAXATIVE TAB REGULAR	151	<i>spironolactone & hydrochlorothiazide tab</i>	
<i>sm natural herb cough dro</i>	323	25-25 mg	80
SM SLOW RELEASE IRON	164	SPRITAM	101
<i>sm tussin dm</i>	269	<i>sps</i>	122
<i>sm tussin dm cough/chest</i>	269	<i>sps rectal</i>	122
SM VITAMIN D3 MAXIMUM STR	234	<i>ssd</i>	282
SOD BENZOATE POW	183	<i>st joseph aspirin</i>	20
SOD CHLORIDE GRA.....	205	<i>st joseph low dose aspiri</i>	20
SOD METABISU GRA.....	183	STAHIST AD LIQ	269
SOD PERBORAT CRY	183	STAHIST AD TAB 25-60MG.....	270
SOD PROPION POW	183	STELARA	169
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-</i>		STERILE LUBRICANT DROPS.....	246
<i>3.13-1.6 gm/177ml</i>	151	STEVIA EXTRACT	183
SOD SULFITE POW	183	STIMULEN LOT	310
<i>sodium benzoate powder</i>	183	STIVARGA.....	63
<i>sodium bicarbonate (antacid)</i>	136	STOPAIN	310
SODIUM BORAT POW	183	<i>streptomycin sulfate</i>	29

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

STRESS B CMP TAB /C TR	234
STRESSCAPS CAP	234
STRIBILD TAB	37
STUART ONE CAP	234
<i>subvenite</i>	102
SUBVENITE	102
<i>sucalfate</i>	154
SUCRETS SORE THROAT	324
SUDAFED PE MAXIMUM STRENG	270
SUDAFED PE PAK COLD	270
<i>sudafed sinus congestion</i>	270
SUDAFED TAB 60MG	270
<i>sulfacetamide sodium (acne)</i>	281
<i>sulfacetamide sodium (ophth)</i>	239
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	238
<i>sulfadiazine</i>	29
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	29
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	29
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	29
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	30
SULFAMYLON	282
<i>sulfasalazine</i>	143
SULFUR POW	183
SULFUR POW PRECIPIT	183
<i>sulindac</i>	22
<i>sumatriptan</i>	107
<i>sumatriptan succinate</i>	107
SUMMERS EVE SOL 0.3%	157
<i>sunitinib malate</i>	63
SUNLENCA	34
SUPER DAILY D3	234
SUPER TWIN CAP EPA/DHA	216
SUPERIORSOURCE K1	234
SUSPENDOL-S LIQ	184
<i>sv b12</i>	234
<i>sv b12 extra strength fas</i>	234
<i>sv b12 fast dissolve</i>	234
<i>sv d-mannose</i>	216
SWEEN CRE	310
<i>swim ear</i>	325
SYMDEKO TAB 100-150	276
SYMDEKO TAB 50-75MG	276
SYMPAZAN	102
SYMTUZA TAB	37
SYNAREL	131

SYNTHROID	133
<i>syntane balance restorati</i>	246
SYSTANE FREE GEL	246
SYSTANE PF SOL	246
T	
TABLOID	48
TABRECTA	63
<i>tacrolimus</i>	173
<i>tacrolimus (topical)</i>	310
<i>tadalafil</i>	156
<i>tadalafil (pulmonary hypertension)</i>	83
TAFINLAR	63
TAGRISSO	63
TALC POW	184
<i>talc powder</i>	184
TALZENNA	63
<i>tamoxifen citrate</i>	50
<i>tamsulosin hcl</i>	156
TANDEM CAP	164
TANNIC ACID POW	310
<i>tannic acid powder</i>	310
<i>tasimelteon</i>	106
TAVIST ALLERGY	251
TAVNEOS	166
<i>tazarotene</i>	286
<i>tazicef</i>	41
TEARS NATURA OIN PM	246
TECENTRIQ	63
TECENTRIQ INJ HYBREZA	64
TEFLARO	41
TEGADERM AG MIS ALGINATE	310
TEGADERM AG PAD ALG 4X5	310
TEGADERM AG PAD ALG 6X6	311
TEGADERM AG PAD ALGINATE	311
<i>telmisartan</i>	74
<i>telmisartan-amlodipine tab 40-10 mg</i>	72
<i>telmisartan-amlodipine tab 40-5 mg</i>	72
<i>telmisartan-amlodipine tab 80-10 mg</i>	72
<i>telmisartan-amlodipine tab 80-5 mg</i>	72
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	72
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	73
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	73
<i>temazepam</i>	106
TEMPRA 3 CHW 160MG	20
TENIVAC INJ 5-2LF	175
<i>tenofovir disoproxil fumarate</i>	34

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

TEPMETKO	64
<i>terazosin hcl</i>	69
<i>terbinafine hcl</i>	32
<i>terbutaline sulfate</i>	252
<i>terconazole vaginal</i>	159
<i>teriparatide</i>	121
TERIPARATIDE	122
TESSALON PERLES	270
<i>testosterone</i>	113
<i>testosterone cypionate</i>	113
<i>testosterone enanthate</i>	113
<i>testosterone pump</i>	114
<i>tetrabenazine</i>	108
<i>tetracycline hcl</i>	46
<i>tg 10peh/380gfn/15dm</i>	270
<i>tgt acetaminophen melts c</i>	20
<i>tgt antacid extra strengt</i>	136
<i>tgt anti-itch/aloe maximu</i>	289
<i>tgt cough drops</i>	324
<i>tgt cough formula dm max</i>	270
<i>tgt eye allergy relief</i>	241
<i>tgt hemorrhoidal supposit</i>	311
<i>th b complex/iron/vitamin</i>	234
<i>th cold & allergy</i>	270
THALOMID	51
<i>theophylline</i>	276
THER B COMPL TAB W/C.....	234
THERA MULTI LIQ	234
THERACRAN HP.....	216
THERACRAN HP FOR KIDS	217
THERA-D 4000	235
THERAFLU PAK SEV COLD	270
THERAFLU SEV POW COLD/CGH.....	270
THERANATAL CAP ONE	235
THERANATAL MIS COMPLETE.....	235
THERANATAL PAK OVAVITE	235
THERAPLEX T	311
THERASEAL	311
<i>theratears</i>	246
THERATEARS	246
<i>thiamine hcl</i>	235
<i>thioridazine hcl</i>	95
<i>thiothixene</i>	95
<i>throat discs</i>	324
THYMOL CRY	184
THYROSAFE	131
<i>tiadylt er</i>	79
<i>tiagabine hcl</i>	102
TIBSOVO	64
<i>ticagrelor</i>	166

TICOVAC	175
<i>tigecycline</i>	46
TIGER BALM CRE MUSCLE	311
<i>timolol maleate</i>	78
<i>timolol maleate (ophth)</i>	242
TINACTIN.....	285
<i>tinidazole</i>	30
TIOCONAZOLE OIN -1	159
TIVICAY	34
TIVICAY PD	34
<i>tizanidine hcl</i>	110
TOBI PODHALER	30
TOBRADEX OIN 0.3-0.1%.....	238
<i>tobramycin</i>	30
<i>tobramycin (ophth)</i>	239
<i>tobramycin sulfate</i>	30
<i>tobramycin-dexamethasone ophth susp</i> 0.3-0.1%.....	238
<i>tolnaftate</i>	285
<i>tolterodine tartrate</i>	157
<i>tolvaptan</i>	131
<i>tolvaptan tab therapy pack 30 & 15 mg</i> ..	131
<i>tolvaptan tab therapy pack 45 & 15 mg</i> ..	131
<i>tolvaptan tab therapy pack 60 & 30 mg</i> ..	131
<i>tolvaptan tab therapy pack 90 & 30 mg</i> ..	131
TOPICAINE	311
<i>topiramate</i>	102
<i>toremifene citrate</i>	50
<i>torpenz</i>	64
<i>torsemide</i>	80
TOUJEO MAX SOLOSTAR	120
TOUJEO SOLOSTAR	120
TPN ELECTROL INJ.....	189
TR MAG COMPL CAP 400MG.....	205
TRADJENTA.....	117
<i>tramadol hcl</i>	25
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	25
<i>trandolapril</i>	69
<i>tranexamic acid</i>	166
<i>tranylcypromine sulfate</i>	87
TRAVASOL INJ 10%	191
TRAZIMERA.....	64
<i>trazodone hcl</i>	87
TRELEGY AER ELLIPTA 100-62.5-25 MCG	248
TRELEGY AER ELLIPTA 200-62.5-25 MCG	248
TREMFYA.....	169
TREMFYA INDUCTION PACK FO	169

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

TREMFYA PEN	169
<i>treprostinil</i>	83
<i>tretinoin</i>	281
<i>tretinoin (chemotherapy)</i>	52
<i>triamcinolone acetonide (mouth)</i>	324
<i>triamcinolone acetonide (topical)</i>	289
TRIAMINIC NT LIQ COLD/CGH.....	270
TRIAMINIC SOL COLD/CGH	270
TRIAMINIC SYP CLD/ALRG	270
TRIAMINIC SYP COLD/CGH.....	270
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg.....	80
<i>triamterene & hydrochlorothiazide tab</i> 37.5-25 mg.....	80
<i>triamterene & hydrochlorothiazide tab 75-</i> 50 mg	80
<i>tridacaine ii</i>	289
<i>triderm</i>	289
<i>trientine hcl</i>	122
<i>trifluoperazine hcl</i>	95
<i>trifluridine</i>	239
<i>trihexyphenidyl hcl</i>	90
TRIJARDY XR TAB ER 24HR 10-5-1000MG	117
TRIJARDY XR TAB ER 24HR 12.5-2.5- 1000MG.....	117
TRIJARDY XR TAB ER 24HR 25-5-1000MG	117
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	117
TRIKAFTA PAK 59.5MG	276
TRIKAFTA PAK 75MG	276
TRIKAFTA TAB 100-50-75MG & 150MG ..	276
TRIKAFTA TAB 50-25-37.5MG & 75MG ...	276
<i>trimethoprim</i>	30
<i>trimipramine maleate</i>	87, 88
TRINTELLIX	88
TRIPLE PASTE.....	311
<i>triprolidine & pseudoephedrine tab 2.5-60</i> <i>mg</i>	271
TRIPROLIDINE HYDROCHLORID	251
TRIUMEQ PD TAB	37
TRIUMEQ TAB.....	37
TRI-VI-SOL SOL A/C/D	235
TRI-VITE PEDIATRIC.....	235
TROCHIBASE S MIS	184
TROGARZO	34
TROPHAMINE INJ 10%	191
<i>tropium chloride</i>	157
<i>true vitamin e</i>	235

TRUEPLUS GEL GLUCOSE.....	217
TRUEPLUS GLUCOSE	217
TRULICITY	117
TRUMENBA	175
TRUQAP	64
TRUXIMA.....	64
<i>trymine cg</i>	271
<i>tryptophan</i>	217
TUKYSA	64
<i>tums</i>	136
TUMS CALCIUM FOR LIFE BON	137
<i>tums gas relief chewy bit</i>	137
TURALIO.....	64
<i>turpentine liq</i>	184
TUSNEL C SYP.....	271
TUSNEL PED DRO 7.5-50	271
TUSNEL TAB	271
TUSNEL-DM DRO PEDIATRC	271
<i>tussin dm</i>	271
<i>twice-daily clindamycin phosphate (topical)</i>	281
TWINRIX INJ	175
TYBOST	35
TYENNE.....	169
TYL ALLERGY TAB SINUS	271
TYLENOL ALLE TAB MULTI-SY	271
TYLENOL CAP 500MG.....	20
TYLENOL CAPLETS	20
TYLENOL CHILDRENS	20
<i>tylenol childrens cold/fl</i>	271
<i>tylenol cold & head sever</i>	271
TYLENOL COLD LIQ MAX	271
TYLENOL COLD LIQ MULTI-S	271
TYLENOL COLD LIQ MULTI-SY.....	271
TYLENOL COLD TAB HEAD CON.....	271
TYLENOL COLD TAB RELIEF	271
TYLENOL ER TAB 650MG	20
TYLENOL EXTRA STRENGTH.....	20
TYLENOL SINU PAK CNG/PAIN	272
TYPHIM VI	175

U

UBRELVY	107
ULTRA COQ10	217
<i>ultra throat lozenges</i>	324
UNIBASE CRE.....	184
UNISOM.....	113
<i>unisom sleepgels</i>	113
<i>unithroid</i>	133
UPCAL D POW	205

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

<i>upspring baby vitamin d</i>	235
UPTRAVI	83
UPTRAVI PACK TAB 200/800	83
UREA BEA	184
URO MAG	137
URO-TRIN TAB 95MG	157
<i>ursodiol</i>	154
USTEKINUMAB	170

V

<i>vacuant mini-enema</i>	151	<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	113
<i>vacuant plus mini-enema</i>	151	VARIVAX	176
<i>valacyclovir hcl</i>	39	VASCEPA	76
VALCHLOR	311	VAXCHORA SUS	176
<i>valganciclovir hcl</i>	39	<i>vazotab</i>	272
<i>valine powder</i>	217	VEEGUM MIS LUMP	184
<i>valproate sodium</i>	102	VELSIPITY	170
<i>valproic acid</i>	102	VENCLEXTA	64
<i>valsartan</i>	74	VENCLEXTA TAB START PK	64
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	73	<i>venlafaxine hcl</i>	88
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	73	VENTOLIN HFA	252
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	73	VENTOLIN HFA (INSTITUTIONAL PACK)	252
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	73	<i>verapamil hcl</i>	79
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	73	VERQUVO	82
VALTOCO 10 MG DOSE	102	VERSACLOZ	95
VALTOCO 15 MG DOSE	102	VERZENIO	64
VALTOCO 20 MG DOSE	102	VIActiv CHW CARAMEL	205
VALTOCO 5 MG DOSE	102	<i>vicks dayquil severe cold</i>	272
VANACLEAR PD	251	<i>vicks nyquil cough</i>	272
VANACOF AC LIQ 12.5-25	272	VICKS NYQUIL LIQ COLD/FLU	272
<i>vanacof dm</i>	272	VICKS OIN VAPORUB	272
VANACOF LIQ	272	VICKS VAPODROPS	324
VANACOF-8 LIQ 25-50/15	272	VICKS VITAMIN C DROPS	235
VANA HIST PD	251	<i>vigabatrin</i>	102
VANAMINE PD	251	<i>vigadrone</i>	102, 103
VANATAB AC TAB 12.5-25	272	VIGAFYDE	103
VANATAB DM TAB 5-9-198	272	<i>vilazodone hcl</i>	88
<i>vancomycin hcl</i>	30	VIMKUNYA	176
VANCOMYCIN INJ 1 GM	30	<i>vincristine sulfate</i>	52
VANCOMYCIN INJ 500MG	30	<i>vinorelbine tartrate</i>	52
VANCOMYCIN INJ 750MG	30	VIRACEPT	35
VANFLYTA	64	VIREAD	35
VAQTA	176	VISINE	241
<i>varenicline tartrate</i>	113	VISINE PURE DRO TEARS	246
		<i>visine tired eye relief</i>	246
		VIT C+ZINC TAB 15-60MG	235
		VITA-C CRY	235
		VITACRAVES CHW +OMEGA-3	235
		VITALINE COQ10	217
		VITAMAX CHW	235
		<i>vitamin a</i>	235
		VITAMIN A CAP 8000UNIT	236
		VITAMIN A&D OIN	311
		VITAMIN B 12	236
		VITAMIN B12	236
		VITAMIN B-12	236
		VITAMIN B-12 SUB 1000MCG	236
		VITAMIN C	236
		VITAMIN C SOL	236

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

VITAMIN D	236
VITAMIN D2	236
VITAMIN D3	236
VITAMIN D3 IMMUNE HEALTH	236
<i>vitamin d3 ultra potency</i>	236
<i>vitamin e</i>	236
VITAMIN E	236
<i>vitamin e/d-alpha natural</i>	237
<i>vitamin e-100</i>	237
VITAMIN K	237
VITAMIN K2	237
VITRAKVI	65
<i>vitron-c</i>	164
VIVIMUSTA	47
VIVITROL	113
VIVOTIF CAP EC	176
VIZIMPRO	65
<i>voltaren arthritis pain</i>	20
VONJO	65
VOQUEZNA PAK DUAL PAK	154
VOQUEZNA PAK TRIP PK	154
VORANIGO	65
<i>voriconazole</i>	32
VOSEVI TAB	39
VOWST CAP	154
VRAYLAR	95
VYZULTA	242

W

WAL-FLU COLD POW SORE THR	272
<i>walgreens glucose</i>	126
<i>wal-tussin cough & chest</i>	272
<i>warfarin sodium</i>	160
WART OFF SOL 17%	311
<i>water for injection</i>	176
<i>water for irrigation, sterile irrigation soln</i>	314
<i>water for iv injection</i>	176
<i>wee care</i>	165
WELIREG	52
WESTAB PLUS TAB 27-1MG	190
<i>white petrolatum gel</i>	184
<i>white petrolatum ointment</i>	184
<i>white petrolatum topical gel</i>	311
WINREVAIR	83
WINREVAIR INJ 45MG	83
WINREVAIR INJ 60MG	83
WITEPSOL MIS	184
<i>wixela inhub</i>	279
WOUN'DRES GEL	311

WYOST	122
-------------	-----

X

XALKORI	65
XARELTO	160
XARELTO STAR TAB 15/20MG	160
XATMEP	170
XCOPRI	103
XCOPRI PAK 100-150	103
XCOPRI PAK 12.5-25	103
XCOPRI PAK 150-200MG (MAINTENANCE)	103
XCOPRI PAK 150-200MG (TITRATION)	103
XCOPRI PAK 50-100MG	103
XDEMVY	239
XELJANZ	170
XELJANZ XR	170
XERMELO	154
XHANCE	277
XIFAXAN	154
XIGDUO XR TAB 10-1000	118
XIGDUO XR TAB 10-500MG	118
XIGDUO XR TAB 2.5-1000	117
XIGDUO XR TAB 5-1000MG	118
XIGDUO XR TAB 5-500MG	118
XIIDRA	246
XOFLUZA	39
XOLAIR	276, 277
XOSPATA	65
XPOVIO PAK (100 MG ONCE WEEKLY)	66
XPOVIO PAK (40 MG ONCE WEEKLY)	65
XPOVIO PAK (40 MG TWICE WEEKLY)	65
XPOVIO PAK (60 MG ONCE WEEKLY)	65
XPOVIO PAK (60 MG TWICE WEEKLY)	66
XPOVIO PAK (80 MG ONCE WEEKLY)	66
XPOVIO PAK (80 MG TWICE WEEKLY)	66
XTANDI	50
XTRENBO	122
XULTOPHY INJ 100/3.6	121

Y

YESINTEK	170
YF-VAX INJ	176
YONSA	50
YUTREPIA	83
<i>yuvaferm</i>	124

Z

<i>zafirlukast</i>	273
<i>zaleplon</i>	106

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

ZANTAC TAB 75MG	142	ZINC 15.....	205
ZARXIO	161	ZINC CHLORID GRA	184
<i>z-bum</i>	311	<i>zinc gluconate</i>	205
ZEGALOGUE	126	ZINC OXIDE.....	312
ZEJULA.....	66	<i>zinc oxide (topical)</i>	312
ZELBORAF	66	ZINC OXIDE POW	184
<i>zelvysia</i>	131	<i>zinc sulfate</i>	205
ZEMAIRA.....	277	ZINC SULFATE	205
<i>zenatane</i>	281	ZINC SULFATE POW	205
ZENIFIBER AG PAD 12	312	ZINC SULFATE POW GRANULAR.....	205
ZENIFIBER AG PAD 2	311	ZINC SULFATE POW MONOHD	206
ZENIFIBER AG PAD 4	312	<i>zinc sulfate powder</i>	206
ZENIFIBER AG PAD 6	312	<i>ziprasidone hcl</i>	96
ZENIFIBER AG PAD 8	312	<i>ziprasidone mesylate</i>	96
ZENIFOAM AG PAD 4	312	ZIRABEV.....	66
ZENPEP CAP 10000UNT	154	ZIRGAN	239
ZENPEP CAP 15000UNT	154	<i>zoledronic acid</i>	122
ZENPEP CAP 20000UNT	154	ZOLINZA	66
ZENPEP CAP 25000UNT	155	<i>zolpidem tartrate</i>	106
ZENPEP CAP 3000UNIT	154	ZONISADE	103
ZENPEP CAP 40000UNT	155	<i>zonisamide</i>	103
ZENPEP CAP 5000UNIT	154	ZOSTRIX NATURAL PAIN RELI	312
ZENPEP CAP 60000UNT	155	ZTALMY.....	103
ZERVIAE.....	241	ZURZUVAE	88
<i>zidovudine</i>	35	ZUTRIPRO LIQ 60-4-5MG.....	272
ZIKS ARTHRIT CRE RELIEF	312	ZYDELIG.....	66
ZILACTIN BABY.....	324	ZYKADIA	66
<i>zilactin-b</i>	324	ZYLET SUS 0.5-0.3%.....	238
<i>zinc</i>	205	ZYPREXA RELPREVV	96
ZINC.....	205	<i>zyrtec childrens allergy</i>	252
ZINC & C LOZ 20-120MG.....	237	<i>zzzquil</i>	113