



**Blue Cross of Idaho's
Premium Six-Tier Prescription Drug
Formulary**

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

Things to know about Blue Cross of Idaho's Premium Six-Tier Prescription Drug Formulary

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

Please Note:

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

The Multi-Tier Formulary

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

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

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

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

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

Reading the Formulary

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

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

Mandatory Generic Substitution

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

- Reference Specialty Drugs, designated by an SP in the Notes column, will apply a Tier 5 and 6 cost share prior to the cost difference calculation.
- All other Reference brand name drugs will apply a Tier 4 cost share prior to the cost difference calculation

Newly Approved Prescription Drugs

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

Abbreviation Dictionary

PA – Prior authorization

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

PREV – Preventive Drugs for HSA Plans

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

QL – Quantity Limits

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

SP – Specialty Drug Program

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

ST – Step Therapy

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

AL – Age Limitation

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

TF – Trial Fill

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

Drug	Reference	Tier	Notes
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant			
*Adhd Agent - Selective Alpha Adrenergic Agonists***			
clonidine hcl er oral tablet extended release 12 hour		2	
guanfacine hcl er oral tablet extended release 24 hour	Intuniv	2	
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR		4	
*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor***			
atomoxetine hcl oral capsule		2	
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR		4	ST; QL
*Amphetamine Mixtures***			
ADDERALL ORAL TABLET		4	
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR		4	
amphetamine-dextroamphet er oral capsule extended release 24 hour	Adderall XR	2	
amphetamine-dextroamphetamine oral tablet	Adderall	2	
amphet-dextroamphet 3-bead er oral capsule extended release 24 hour	Mydayis	2	QL
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR		4	QL
*Amphetamines***			
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE		4	
amphetamine er oral tablet extended release dispersible	Adzenys XR-ODT	2	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG		4	
dextroamphetamine sulfate er oral capsule extended release 24 hour	Dexedrine	2	
dextroamphetamine sulfate oral solution	ProCentra	2	
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	Zenzedi	2	
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE		4	QL
DYANAVEL XR ORAL TABLET EXTENDED RELEASE		4	QL
lisdexamfetamine dimesylate oral capsule	Vyvanse	2	
lisdexamfetamine dimesylate oral tablet chewable	Vyvanse	2	
methamphetamine hcl oral tablet		2	
PROCENTRA ORAL SOLUTION		2	
VYVANSE ORAL CAPSULE		4	
VYVANSE ORAL TABLET CHEWABLE		4	
ZENZEDI ORAL TABLET 10 MG, 5 MG		2	
*Anorexiant Combinations***			
phentermine-topiramate er oral capsule extended release 24 hour	Qsymia	2	
*Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)***			
SUNOSI ORAL TABLET		4	PA; QL
*Histamine H3-Receptor Antagonist/Inverse Agonists***			
WAKIX ORAL TABLET		6	PA; SP; QL
*Stimulants - Misc.***			
armodafinil oral tablet	Nuvigil	2	QL
CONCERTA ORAL TABLET EXTENDED RELEASE		4	
DAYTRANA TRANSDERMAL PATCH		4	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
dexmethylphenidate hcl er oral capsule extended release 24 hour	Focalin XR	2	
dexmethylphenidate hcl oral tablet	Focalin	2	
FOCALIN ORAL TABLET		4	
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR		4	
METADATE CD ORAL CAPSULE EXTENDED RELEASE		4	
METHYLIN ORAL SOLUTION		4	
methylphenidate hcl er (cd) oral capsule extended release	Metadate CD	2	
methylphenidate hcl er (la) oral capsule extended release 24 hour	Ritalin LA	2	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	Concerta	2	
methylphenidate hcl er oral tablet extended release		2	
methylphenidate hcl er oral tablet extended release 24 hour		2	
methylphenidate hcl oral solution	Methylin	2	
methylphenidate hcl oral tablet	Ritalin	2	
methylphenidate hcl oral tablet chewable		2	
methylphenidate transdermal patch	Daytrana	2	
modafinil oral tablet 100 mg	Provigil	2	QL
modafinil oral tablet 200 mg	Provigil	2	TF; QL
NUVIGIL ORAL TABLET		4	QL
PROVIGIL ORAL TABLET		4	QL
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE		4	QL
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER		4	QL
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG		4	
RITALIN ORAL TABLET		4	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
Allergenic Extracts/Biologicals Misc			
*Allergenic Extracts***			
PALFORZIA (1 MG DAILY DOSE) ORAL		6	
PALFORZIA (12 MG DAILY DOSE) ORAL		6	
PALFORZIA (120 MG DAILY DOSE) ORAL		6	
PALFORZIA (160 MG DAILY DOSE) ORAL		6	
PALFORZIA (20 MG DAILY DOSE) ORAL		6	
PALFORZIA (200 MG DAILY DOSE) ORAL		6	
PALFORZIA (240 MG DAILY DOSE) ORAL		6	
PALFORZIA (3 MG DAILY DOSE) ORAL		6	
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET		6	
PALFORZIA (300 MG TITRATION) ORAL PACKET		6	
PALFORZIA (40 MG DAILY DOSE) ORAL		6	
PALFORZIA (6 MG DAILY DOSE) ORAL		6	
PALFORZIA (80 MG DAILY DOSE) ORAL		6	
PALFORZIA INITIAL DOSE 1-3YRS ORAL		6	
PALFORZIA INITIAL ESCALATION ORAL		6	
Amebicides			
*Amebicides***			
SOLOSEC ORAL PACKET		4	QL

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
Aminoglycosides			
*Aminoglycosides***			
amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml		2	
ARIKAYCE INHALATION SUSPENSION		6	
gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%		2	
gentamicin sulfate injection solution		2	
HUMATIN ORAL CAPSULE		4	
neomycin sulfate oral tablet		2	
streptomycin sulfate intramuscular solution reconstituted		2	
TOBI PODHALER INHALATION CAPSULE		5	SP; QL
tobramycin inhalation nebulization solution 300 mg/5ml	Kitabis Pak (w/ nebulizer)	5	SP
tobramycin sulfate injection solution		2	
tobramycin sulfate injection solution reconstituted		2	
Analgesics - Anti-Inflammatory			
*Antirheumatic - Janus Kinase (Jak) Inhibitors***			
RINVOQ LQ ORAL SOLUTION		5	PA; SP; QL
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR		5	PA; SP; QL
XELJANZ ORAL SOLUTION		5	PA; SP; QL
XELJANZ ORAL TABLET		5	PA; SP; QL
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR		5	PA; SP; QL
*Anti-Tnf-Alpha - Monoclonal Antibodies***			
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML		5	PA; ST; SP; QL

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML		5	PA; ST; SP; QL
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML		5	PA; SP; QL
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML		5	PA; ST; SP; QL
HUMIRA-PSORIASIS/UEIT STARTER SUBCUTANEOUS AUTO- INJECTOR KIT		5	PA; ST; SP; QL
*Cyclooxygenase 2 (Cox-2) Inhibitors***			
CELEBREX ORAL CAPSULE		4	QL
celecoxib oral capsule	CeleBREX	2	QL
*Gold Compounds***			
RIDAURA ORAL CAPSULE		3	
*Interleukin-1 Blockers***			
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED		6	PA; SP
*Interleukin-1Beta Blockers***			
ILARIS SUBCUTANEOUS SOLUTION		6	PA; SP; QL
*Nonsteroidal Anti-Inflammatory Agent Combinations***			
ARTHROTEC ORAL TABLET DELAYED RELEASE		4	
diclofenac-misoprostol oral tablet delayed release	Arthrotec	2	
*Nonsteroidal Anti-Inflammatory Agents (Nsaids)***			
diclofenac potassium oral tablet 50 mg		2	
diclofenac sodium er oral tablet extended release 24 hour		2	
diclofenac sodium oral tablet delayed release		2	
ec-naproxen oral tablet delayed release 500 mg		1	
etodolac er oral tablet extended release 24 hour		2	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
etodolac oral capsule		2	
etodolac oral tablet	Lodine	2	
flurbiprofen oral tablet	Lurbiro	2	
IBU ORAL TABLET		1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	IBU	1	
indomethacin er oral capsule extended release		2	
indomethacin oral capsule 25 mg, 50 mg		2	
ketoprofen er oral capsule extended release 24 hour		2	
ketorolac tromethamine oral tablet		2	QL
LODINE ORAL TABLET		4	
meclofenamate sodium oral capsule		2	
mefenamic acid oral capsule		2	
meloxicam oral tablet		2	
nabumetone oral tablet		2	
naproxen oral tablet		1	
naproxen oral tablet delayed release		1	
naproxen sodium oral tablet 275 mg, 550 mg		1	
oxaprozin oral tablet		2	
piroxicam oral capsule		2	
sulindac oral tablet		2	
*Phosphodiesterase 4 (Pde4) Inhibitors***			
OTEZLA ORAL TABLET		5	PA; SP; QL
OTEZLA ORAL TABLET THERAPY PACK		5	PA; SP; QL
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR		5	PA; SP; QL
OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK		5	PA; SP; QL
*Pyrimidine Synthesis Inhibitors***			
ARAVA ORAL TABLET		4	QL
leflunomide oral tablet	Arava	2	QL

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
*Soluble Tumor Necrosis Factor Receptor Agents***			
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE		5	PA; SP; QL
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML		5	PA; SP; QL
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		5	PA; SP; QL
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR		5	PA; SP
Analgesics - Nonnarcotic			
*Analgesics - Selective Nav1.8 Sodium Channel Inhibitors***			
JOURNAVX ORAL TABLET		4	PA; QL
*Salicylate Combinations***			
tri-buffered aspirin oral tablet 325 mg	Bufferin	ACA	
*Salicylates***			
aspirin 81 oral tablet chewable	Bayer Low Dose	ACA	
aspirin 81 oral tablet delayed release	Bayer Aspirin EC Low Dose	ACA	
aspirin adult low dose oral tablet delayed release	Bayer Aspirin EC Low Dose	ACA	
aspirin adult low strength oral tablet delayed release	Bayer Aspirin EC Low Dose	ACA	
aspirin childrens oral tablet chewable	Bayer Low Dose	ACA	
aspirin ec adult low dose oral tablet delayed release	Bayer Aspirin EC Low Dose	ACA	
aspirin ec low dose oral tablet delayed release	Bayer Aspirin EC Low Dose	ACA	
aspirin ec low strength oral tablet delayed release	Bayer Aspirin EC Low Dose	ACA	
aspirin low dose oral tablet chewable	Bayer Low Dose	ACA	
aspirin low dose oral tablet delayed release	Bayer Aspirin EC Low Dose	ACA	
aspirin oral tablet 325 mg	Bayer Advanced Aspirin Reg St	ACA	
aspirin oral tablet chewable	Bayer Low Dose	ACA	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
aspirin oral tablet delayed release 325 mg	Bayer Aspirin	ACA	
aspirin oral tablet delayed release 81 mg	Bayer Aspirin EC Low Dose	ACA	
aspirin regimen oral tablet delayed release	Bayer Aspirin EC Low Dose	ACA	
BAYER ADVANCED ASPIRIN REG ST ORAL TABLET		ACA	
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE		ACA	
BAYER ASPIRIN ORAL TABLET		ACA	
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE		ACA	
BAYER LOW DOSE ORAL TABLET CHEWABLE		ACA	
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE		ACA	
childrens aspirin oral tablet chewable	Bayer Low Dose	ACA	
cvs aspirin adult low dose oral tablet chewable	Bayer Low Dose	ACA	
cvs aspirin adult low strength oral tablet delayed release	Bayer Aspirin EC Low Dose	ACA	
cvs aspirin ec oral tablet delayed release 81 mg	Bayer Aspirin EC Low Dose	ACA	
cvs aspirin low dose oral tablet delayed release	Bayer Aspirin EC Low Dose	ACA	
cvs aspirin low strength oral tablet delayed release	Bayer Aspirin EC Low Dose	ACA	
cvs aspirin oral tablet 325 mg	Bayer Advanced Aspirin Reg St	ACA	
cvs genuine aspirin oral tablet	Bayer Advanced Aspirin Reg St	ACA	
diflunisal oral tablet		1	
ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE		ACA	
eq aspirin adult low dose oral tablet delayed release	Bayer Aspirin EC Low Dose	ACA	
eq aspirin low dose oral tablet chewable	Bayer Low Dose	ACA	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
eq aspirin oral tablet	Bayer Advanced Aspirin Reg St	ACA	
eql aspirin ec oral tablet delayed release 325 mg	Bayer Aspirin	ACA	
eql aspirin low dose oral tablet chewable	Bayer Low Dose	ACA	
eql aspirin low dose oral tablet delayed release	Bayer Aspirin EC Low Dose	ACA	
genuine aspirin oral tablet	Bayer Advanced Aspirin Reg St	ACA	
gnp adult aspirin low strength oral tablet chewable	Bayer Low Dose	ACA	
gnp aspirin low dose oral tablet delayed release	Bayer Aspirin EC Low Dose	ACA	
gnp aspirin oral tablet 325 mg	Bayer Advanced Aspirin Reg St	ACA	
gnp aspirin oral tablet delayed release	Bayer Aspirin	ACA	
goodsense aspirin low dose oral tablet delayed release	Bayer Aspirin EC Low Dose	ACA	
goodsense aspirin oral tablet	Bayer Advanced Aspirin Reg St	ACA	
goodsense aspirin oral tablet chewable	Bayer Low Dose	ACA	
h-e-b aspirin oral tablet delayed release	Bayer Aspirin EC Low Dose	ACA	
kls aspirin low dose oral tablet delayed release	Bayer Aspirin EC Low Dose	ACA	
kp aspirin oral tablet delayed release	Bayer Aspirin EC Low Dose	ACA	
MEDI-FIRST ASPIRIN ORAL TABLET		ACA	
MEDIQUE ASPIRIN ORAL TABLET		ACA	
meijer aspirin ec oral tablet delayed release	Bayer Aspirin	ACA	
mm aspirin oral tablet delayed release	Bayer Aspirin EC Low Dose	ACA	
qc aspirin low dose oral tablet chewable	Bayer Low Dose	ACA	
qc aspirin low dose oral tablet delayed release	Bayer Aspirin EC Low Dose	ACA	
qc aspirin oral tablet	Bayer Advanced Aspirin Reg St	ACA	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
qc aspirin oral tablet delayed release	Bayer Aspirin	ACA	
qc childrens aspirin oral tablet chewable	Bayer Low Dose	ACA	
qc enteric aspirin oral tablet delayed release	Bayer Aspirin	ACA	
sb aspirin ec oral tablet delayed release	Bayer Aspirin	ACA	
sb aspirin oral tablet	Bayer Advanced Aspirin Reg St	ACA	
sb childrens aspirin oral tablet chewable	Bayer Low Dose	ACA	
sb low dose asa ec oral tablet delayed release	Bayer Aspirin EC Low Dose	ACA	
sm aspirin ec oral tablet delayed release	Bayer Aspirin	ACA	
ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE		ACA	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE		ACA	
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE		ACA	
Analgesics - Opioid			
*Codeine Combinations***			
acetaminophen-codeine oral solution		2	PA; ST; AL; QL
acetaminophen-codeine oral tablet		2	PA; ST; AL; QL
*Hydrocodone Combinations***			
hydrocodone-acetaminophen oral solution 10-300 mg/15ml		2	
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml		2	PA; ST; AL; QL
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg		2	PA; ST; AL; QL
hydrocodone-acetaminophen oral tablet 2.5-325 mg		2	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg		2	PA; ST; AL; QL
*Opioid Agonists***			
codeine sulfate oral tablet 15 mg, 60 mg		4	PA; ST; AL; QL

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
codeine sulfate oral tablet 30 mg		2	PA; ST; AL; QL
DILAUDID INJECTION SOLUTION 0.2 MG/ML		4	PA; QL
DILAUDID ORAL LIQUID		4	PA; ST; AL; QL
DILAUDID ORAL TABLET		4	PA; ST; AL; QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr		2	PA; ST; QL
hydromorphone hcl er oral tablet extended release 24 hour		2	PA; ST; QL
hydromorphone hcl injection solution 4 mg/ml		2	PA; QL
hydromorphone hcl oral liquid	Dilaudid	2	PA; ST; AL; QL
hydromorphone hcl oral tablet	Dilaudid	2	PA; ST; AL; QL
levorphanol tartrate oral tablet		2	PA; ST; QL
meperidine hcl oral solution		2	PA; ST; AL; QL
meperidine hcl oral tablet 50 mg		2	PA; ST; AL; QL
METHADONE HCL INTENSOL ORAL CONCENTRATE		1	PA; ST; QL
methadone hcl oral concentrate	Methadone HCl Intensol	1	PA; ST; QL
methadone hcl oral solution		1	PA; ST; QL
methadone hcl oral tablet		1	PA; ST; QL
methadone hcl oral tablet soluble	Methadose	1	PA; ST; QL
METHADOSE ORAL CONCENTRATE 10 MG/ML		4	PA; ST; QL
METHADOSE ORAL TABLET SOLUBLE		1	PA; ST; QL
METHADOSE SUGAR-FREE ORAL CONCENTRATE		4	PA; ST; QL
morphine sulfate (concentrate) oral solution 10 mg/0.5ml, 100 mg/5ml		2	PA; ST; AL
morphine sulfate (concentrate) oral solution 20 mg/ml		2	PA; ST; AL; QL
morphine sulfate er beads oral capsule extended release 24 hour		2	PA; ST; QL
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg		2	PA; ST; QL

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
morphine sulfate er oral tablet extended release	MS Contin	2	PA; ST; QL
morphine sulfate oral solution 10 mg/5ml		2	PA; ST; AL; QL
morphine sulfate oral solution 20 mg/5ml		2	
morphine sulfate oral tablet		2	PA; ST; AL; QL
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG, 60 MG		4	PA; ST; QL
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR		3	PA; QL
NUCYNTA ORAL TABLET		3	PA; ST; AL; QL
oxycodone hcl oral capsule		2	PA; ST; AL; QL
oxycodone hcl oral concentrate 100 mg/5ml		2	PA; ST; AL; QL
oxycodone hcl oral solution		2	PA; ST; AL; QL
oxycodone hcl oral tablet	Roxicodone	2	PA; ST; AL; QL
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT		3	PA; QL
oxymorphone hcl er oral tablet extended release 12 hour		2	PA; ST; QL
oxymorphone hcl oral tablet		2	PA; ST; AL; QL
ROXICODONE ORAL TABLET 15 MG, 30 MG		4	PA; ST; AL; QL
tramadol hcl er oral tablet extended release 24 hour		2	PA; ST; QL
tramadol hcl oral tablet 50 mg		2	PA; ST; AL; QL
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT		3	PA; QL
*Opioid Combinations***			
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG		2	PA; ST; AL; QL
oxycodone-acetaminophen oral solution 5-325 mg/5ml		2	PA; ST; AL; QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Endocet	2	PA; ST; AL; QL

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG		4	PA; ST; AL; QL
*Opioid Partial Agonists***			
BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		4	PA; QL
BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		4	PA; QL
buprenorphine hcl sublingual tablet sublingual		1	PA; QL
buprenorphine hcl-naloxone hcl sublingual film	Suboxone	1	PA; QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual		1	PA; QL
buprenorphine transdermal patch weekly	Butrans	1	PA; QL
butorphanol tartrate nasal solution		2	PA; QL
BUTRANS TRANSDERMAL PATCH WEEKLY		4	PA; QL
pentazocine-naloxone hcl oral tablet		2	PA; ST; AL; QL
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		4	PA; QL
SUBOXONE SUBLINGUAL FILM		4	PA; QL
*Tramadol Combinations***			
tramadol-acetaminophen oral tablet		2	PA; ST; AL; QL
Androgens-Anabolic			
*Androgens***			
danazol oral capsule		2	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION		2	
methitest oral tablet		2	
methyltestosterone oral capsule		2	
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	Depo-Testosterone	2	
testosterone enanthate intramuscular solution		2	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%)	AndroGel Pump	2	
testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%)		2	
testosterone transdermal gel 12.5 mg/act (1%)	Vogelxo Pump	2	
testosterone transdermal gel 50 mg/5gm (1%)	Testim	2	
testosterone transdermal solution		2	
Anorectal And Related Products			
*Intrarectal Steroids***			
CORTENEMA RECTAL ENEMA		4	
CORTIFOAM EXTERNAL FOAM		3	
hydrocortisone rectal enema	Cortenema	2	
*Nitrate Vasodilating Agents***			
nitroglycerin rectal ointment	Rectiv	2	
RECTIV RECTAL OINTMENT		4	
*Rectal Anesthetic/Steroids***			
hydrocortisone ace-pramoxine external cream 1-1 %	Analpram HC	2	
PROCTOFOAM HC EXTERNAL FOAM		4	
*Rectal Steroids***			
ANUSOL-HC EXTERNAL CREAM		4	
hydrocortisone (perianal) external cream	Procto-Med HC	2	
PROCTOCORT EXTERNAL CREAM		2	
PROCTO-MED HC EXTERNAL CREAM		2	
PROCTOSOL HC EXTERNAL CREAM		2	
PROCTOZONE-HC EXTERNAL CREAM		2	
Anthelmintics			
*Anthelmintics***			
albendazole oral tablet		2	QL
benznidazole oral tablet		4	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
BILTRICIDE ORAL TABLET		4	QL
EMVERM ORAL TABLET CHEWABLE		4	QL
ivermectin oral tablet 3 mg	Stromectol	2	
praziquantel oral tablet	Biltricide	2	QL
Antianginal Agents			
*Antianginals-Other***			
ranolazine er oral tablet extended release 12 hour 1000 mg		2	TF
ranolazine er oral tablet extended release 12 hour 500 mg		2	
*Nitrates***			
ISORDIL TITRADOSE ORAL TABLET		4	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg		1	
isosorbide dinitrate oral tablet 5 mg	Isordil Titrados	1	
isosorbide mononitrate er oral tablet extended release 24 hour		1	
isosorbide mononitrate oral tablet		1	
NITRO-BID TRANSDERMAL OINTMENT		4	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR		4	
nitroglycerin sublingual tablet sublingual	Nitrostat	2	
nitroglycerin transdermal patch 24 hour	Nitro-Dur	2	
nitroglycerin translingual solution	Nitrolingual	2	
NITROLINGUAL TRANSLINGUAL SOLUTION		2	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL		4	
Antianxiety Agents			
*Antianxiety Agents - Misc.***			
bupirone hcl oral tablet		2	
hydroxyzine hcl oral syrup		1	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
hydroxyzine hcl oral tablet		1	
hydroxyzine pamoate oral capsule		1	
meprobamate oral tablet		2	
*Benzodiazepines***			
ALPRAZOLAM INTENSOL ORAL CONCENTRATE		3	
alprazolam oral tablet	Xanax	2	
alprazolam oral tablet dispersible		2	
ATIVAN ORAL TABLET		4	
chlordiazepoxide hcl oral capsule		2	
clorazepate dipotassium oral tablet		2	
DIAZEPAM INTENSOL ORAL CONCENTRATE		2	
diazepam oral concentrate	diazePAM Intensol	2	
diazepam oral solution 5 mg/5ml		2	
diazepam oral tablet	Valium	2	
LORAZEPAM INTENSOL ORAL CONCENTRATE		2	
lorazepam oral concentrate 2 mg/ml	LORazepam Intensol	2	
lorazepam oral tablet	Ativan	2	
oxazepam oral capsule		2	
VALIUM ORAL TABLET		4	
XANAX ORAL TABLET		4	
Antiarrhythmics			
*Antiarrhythmics Type I-A***			
disopyramide phosphate oral capsule	Norpace	2	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR		4	
NORPACE ORAL CAPSULE		4	
quinidine gluconate er oral tablet extended release		1	
quinidine sulfate oral tablet		1	
*Antiarrhythmics Type I-B***			
mexiletine hcl oral capsule		2	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
*Antiarrhythmics Type I-C***			
flecainide acetate oral tablet		2	
propafenone hcl er oral capsule extended release 12 hour		2	
propafenone hcl oral tablet		2	
*Antiarrhythmics Type Iii***			
amiodarone hcl oral tablet	Pacerone	2	
dofetilide oral capsule	Tikosyn	5	
MULTAQ ORAL TABLET		4	
PACERONE ORAL TABLET 200 MG		2	
TIKOSYN ORAL CAPSULE		6	
Antiasthmatic And Bronchodilator Agents			
*5-Lipoxygenase Inhibitors***			
zileuton er oral tablet extended release 12 hour		2	TF
*Adrenergic Combinations***			
AIRSUPRA INHALATION AEROSOL		3	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT		3	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT		3	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH		3	
BREZTRI AEROSPHERE INHALATION AEROSOL		3	
budesonide-formoterol fumarate inhalation aerosol	Breyna	2	PREV
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION		3	PREV
fluticasone-salmeterol inhalation aerosol	Advair HFA	2	PREV

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	Wixela Inhub	2	PREV
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act		2	PREV
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml		2	PREV
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT		3	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT		3	
umeclidinium-vilanterol inhalation aerosol powder breath activated	Anoro Ellipta	2	
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT		2	PREV
*Anti-Ige Monoclonal Antibodies***			
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR		5	PA; SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		5	PA; SP
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED		5	PA; SP
*Anti-Inflammatory Agents***			
cromolyn sodium inhalation nebulization solution		2	PREV
*Beta Adrenergics***			
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	Ventolin HFA	2	
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml		2	
albuterol sulfate oral syrup 2 mg/5ml		2	
albuterol sulfate oral tablet		2	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
arformoterol tartrate inhalation nebulization solution	Brovana	2	
BROVANA INHALATION NEBULIZATION SOLUTION		4	
formoterol fumarate inhalation nebulization solution	Perforomist	2	
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml		1	PREV
levalbuterol tartrate inhalation aerosol	Xopenex HFA	2	
PERFORMIST INHALATION NEBULIZATION SOLUTION		4	
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED		4	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT		3	PREV
terbutaline sulfate oral tablet		2	PREV
VENTOLIN HFA INHALATION AEROSOL SOLUTION		4	
XOPENEX HFA INHALATION AEROSOL		4	
*Bronchodilators - Anticholinergics***			
ATROVENT HFA INHALATION AEROSOL SOLUTION		3	
ipratropium bromide inhalation solution		2	PREV
SPIRIVA HANDIHALER INHALATION CAPSULE		4	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT		3	PREV
tiotropium bromide inhalation capsule	Spiriva HandiHaler	2	
*Interleukin-5 Antagonists (Igg1 Kappa)***			
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR		5	PA; SP; QL
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		5	PA; SP; QL

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR		5	PA; SP; QL
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		5	PA; SP; QL
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED		5	PA; SP; QL
*Leukotriene Receptor Antagonists***			
ACCOLATE ORAL TABLET		4	
montelukast sodium oral packet	Singulair	1	PREV
montelukast sodium oral tablet	Singulair	1	PREV
montelukast sodium oral tablet chewable	Singulair	1	PREV
SINGULAIR ORAL PACKET		4	
SINGULAIR ORAL TABLET		4	
SINGULAIR ORAL TABLET CHEWABLE		4	
zafirlukast oral tablet	Accolate	2	PREV
*Phosphodiesterase 3 & 4 (Pde3 & Pde4) Inhibitors***			
OHTUVAYRE INHALATION SUSPENSION		6	PA; SP; QL
*Selective Phosphodiesterase 4 (Pde4) Inhibitors***			
DALIRESP ORAL TABLET		4	
roflumilast oral tablet	Daliresp	2	
*Steroid Inhalants***			
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED		3	PREV
budesonide inhalation suspension	Pulmicort	2	PREV
fluticasone furoate ellipta inhalation aerosol powder breath activated	Arnuity Ellipta	2	
fluticasone propionate hfa inhalation aerosol		4	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED		4	PREV
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED		3	PREV

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
*Thymic Stromal Lymphopoietin (Tslp) Antagonists***			
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR		5	PA; SP; QL
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		5	PA; SP; QL
*Xanthines***			
ELIXOPHYLLIN ORAL ELIXIR		2	PREV
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg		1	PREV
theophylline er oral tablet extended release 24 hour		2	PREV
theophylline oral elixir	Elixophyllin	2	PREV
theophylline oral solution		2	PREV
Anticoagulants			
*Coumarin Anticoagulants***			
JANTOVEN ORAL TABLET		1	PREV
warfarin sodium oral tablet	Jantoven	1	PREV
*Direct Factor Xa Inhibitors***			
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK		3	
ELIQUIS ORAL TABLET		3	
rivaroxaban oral suspension reconstituted	Xarelto	2	
rivaroxaban oral tablet	Xarelto	2	
XARELTO ORAL SUSPENSION RECONSTITUTED		3	
XARELTO ORAL TABLET		3	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK		3	
*Heparins And Heparinoid-Like Agents***			
heparin (porcine) in nacl intravenous solution 12500-0.45 ut/250ml-%		4	
heparin (porcine) in nacl intravenous solution 2000-0.9 unit/l-%		2	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml		2	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
heparin sodium (porcine) pf injection solution 1000 unit/ml, 5000 unit/0.5ml		2	
*Low Molecular Weight Heparins***			
enoxaparin sodium injection solution 300 mg/3ml	Lovenox	2	
enoxaparin sodium injection solution prefilled syringe	Lovenox	2	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML		4	QL
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML		4	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		4	
LOVENOX INJECTION SOLUTION		4	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE		4	
*Synthetic Heparinoid-Like Agents***			
ARIXTRA SUBCUTANEOUS SOLUTION		4	
fondaparinux sodium subcutaneous solution	Arixtra	2	
*Thrombin Inhibitors - Selective Direct & Reversible***			
dabigatran etexilate mesylate oral capsule	Pradaxa	2	
Anticonvulsants			
*Ampa Glutamate Receptor Antagonists***			
FYCOMPA ORAL SUSPENSION		4	QL
FYCOMPA ORAL TABLET		4	QL
perampanel oral tablet	Fycompa	2	
*Anticonvulsants - Benzodiazepines***			
clobazam oral suspension 2.5 mg/ml	Onfi	2	
clobazam oral tablet	Onfi	2	
clonazepam oral tablet	KlonoPIN	2	
clonazepam oral tablet dispersible		2	
diazepam rectal gel		2	
KLONOPIN ORAL TABLET		4	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
NAYZILAM NASAL SOLUTION		4	QL
ONFI ORAL SUSPENSION		4	
ONFI ORAL TABLET 10 MG, 20 MG		4	
SYMPAZAN ORAL FILM		4	QL
VALTOCO 10 MG DOSE NASAL LIQUID		4	QL
VALTOCO 5 MG DOSE NASAL LIQUID		4	QL
*Anticonvulsants - Misc.***			
APTIOM ORAL TABLET		4	QL
BANZEL ORAL SUSPENSION		4	
BANZEL ORAL TABLET		4	
BRIVIACT ORAL SOLUTION		4	QL
BRIVIACT ORAL TABLET		4	QL
carbamazepine er oral capsule extended release 12 hour	Carbatrol	2	
carbamazepine er oral tablet extended release 12 hour	TEGretol-XR	2	
carbamazepine oral suspension 100 mg/5ml	TEGretol	2	
carbamazepine oral tablet	TEGretol	2	
carbamazepine oral tablet chewable 100 mg		2	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR		4	
DIACOMIT ORAL CAPSULE		6	PA; QL
DIACOMIT ORAL PACKET		6	PA; QL
EPIDIOLEX ORAL SOLUTION		6	PA; SP
eslicarbazepine acetate oral tablet	Aptiom	2	
FINTEPLA ORAL SOLUTION		6	PA; QL
gabapentin oral capsule	Neurontin	2	
gabapentin oral solution	Neurontin	2	
gabapentin oral tablet 600 mg, 800 mg	Neurontin	2	
KEPPRA ORAL SOLUTION		4	
KEPPRA ORAL TABLET		4	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR		4	
lacosamide oral solution 10 mg/ml	Vimpat	2	
lacosamide oral tablet	Vimpat	2	
LAMICTAL ODT ORAL KIT		4	
LAMICTAL ODT ORAL TABLET DISPERSIBLE		4	
LAMICTAL ORAL TABLET		4	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG		4	
LAMICTAL STARTER ORAL KIT		4	
LAMICTAL XR ORAL KIT		3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR		4	
lamotrigine er oral tablet extended release 24 hour	LaMICtal XR	2	
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	LaMICtal ODT	2	
lamotrigine oral tablet	Subvenite	2	
lamotrigine oral tablet chewable	LaMICtal	2	
lamotrigine oral tablet dispersible	LaMICtal ODT	2	
lamotrigine starter kit-blue oral kit	Subvenite Starter Kit- Blue	2	
lamotrigine starter kit-green oral kit	Subvenite Starter Kit- Green	2	
lamotrigine starter kit-orange oral kit	Subvenite Starter Kit- Orange	2	
levetiracetam er oral tablet extended release 24 hour	Keppra XR	2	
levetiracetam oral solution	Keppra	2	
levetiracetam oral tablet	Keppra	2	
LYRICA ORAL CAPSULE		4	
LYRICA ORAL SOLUTION		4	
MYSOLINE ORAL TABLET		4	
NEURONTIN ORAL CAPSULE		4	
NEURONTIN ORAL SOLUTION		4	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
NEURONTIN ORAL TABLET		4	
oxcarbazepine er oral tablet extended release 24 hour	Oxtellar XR	2	
oxcarbazepine oral suspension	Trileptal	2	
oxcarbazepine oral tablet	Trileptal	2	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR		4	
pregabalin oral capsule	Lyrica	2	
pregabalin oral solution	Lyrica	2	
primidone oral tablet 250 mg, 50 mg	Mysoline	2	
ROWEEPRA ORAL TABLET 500 MG		2	
rufinamide oral suspension	Banzel	2	
rufinamide oral tablet	Banzel	2	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG		4	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 500 MG		4	
SUBVENITE ORAL TABLET		2	
SUBVENITE STARTER KIT-BLUE ORAL KIT		2	
SUBVENITE STARTER KIT-GREEN ORAL KIT		2	
SUBVENITE STARTER KIT-ORANGE ORAL KIT		2	
TEGRETOL ORAL SUSPENSION		4	
TEGRETOL ORAL TABLET		4	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR		4	
TOPAMAX ORAL TABLET		4	
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE		4	
topiramate oral capsule sprinkle 15 mg, 25 mg	Topamax Sprinkle	2	
topiramate oral tablet	Topamax	2	
TRILEPTAL ORAL SUSPENSION		4	
TRILEPTAL ORAL TABLET		4	
VIMPAT ORAL SOLUTION		4	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
VIMPAT ORAL TABLET		4	
ZONEGRAN ORAL CAPSULE		4	
zonisamide oral capsule	Zonegran	2	
ZTALMY ORAL SUSPENSION		4	PA; QL
*Carbamates***			
felbamate oral suspension		2	
felbamate oral tablet	Felbatol	2	
FELBATOL ORAL TABLET		4	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG		4	QL
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK		4	QL
XCOPRI ORAL TABLET		4	QL
XCOPRI ORAL TABLET THERAPY PACK		4	QL
*Gaba Modulators***			
SABRIL ORAL PACKET		6	ST; SP
SABRIL ORAL TABLET		6	ST; SP
tiagabine hcl oral tablet		2	
vigabatrin oral packet	Vigadrone	5	ST; SP
vigabatrin oral tablet	Sabril	5	ST; SP
VIGADRONE ORAL PACKET		5	ST
VIGAFYDE ORAL SOLUTION		6	PA; SP; QL
*Hydantoins***			
DILANTIN INFATABS ORAL TABLET CHEWABLE		4	
DILANTIN ORAL CAPSULE 100 MG		4	
DILANTIN ORAL CAPSULE 30 MG		3	
PHENYTEK ORAL CAPSULE		2	
PHENYTOIN INFATABS ORAL TABLET CHEWABLE		2	
phenytoin oral suspension 125 mg/5ml	Dilantin-125	2	
phenytoin oral tablet chewable	Phenytoin Infatabs	2	
phenytoin sodium extended oral capsule	Dilantin	2	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
*Succinimides***			
CELONTIN ORAL CAPSULE		4	
ethosuximide oral capsule	Zarontin	2	
ethosuximide oral solution	Zarontin	2	
ZARONTIN ORAL CAPSULE		4	
ZARONTIN ORAL SOLUTION		4	
*Valproic Acid***			
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR		4	
DEPAKOTE ORAL TABLET DELAYED RELEASE		4	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE		4	
divalproex sodium er oral tablet extended release 24 hour	Depakote ER	2	
divalproex sodium oral capsule delayed release sprinkle	Depakote Sprinkles	2	
divalproex sodium oral tablet delayed release	Depakote	2	
valproic acid oral capsule		2	
valproic acid oral solution 250 mg/5ml		2	
Antidepressants			
*Alpha-2 Receptor Antagonists (Tetracyclics)***			
mirtazapine oral tablet	Remeron	1	
mirtazapine oral tablet dispersible	Remeron SolTab	1	
REMERON ORAL TABLET 15 MG, 30 MG		4	
REMERON SOLTAB ORAL TABLET DISPERSIBLE		4	
*Antidepressants - Misc.***			
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR		4	
bupropion hcl er (sr) oral tablet extended release 12 hour	Wellbutrin SR	1	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	Wellbutrin XL	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg	Forfivo XL	2	
bupropion hcl oral tablet		1	
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR		4	
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR		4	
*Gaba Receptor Modulator - Neuroactive Steroid***			
ZURZUVAE ORAL CAPSULE		6	PA; QL
*Monoamine Oxidase Inhibitors (Maois)***			
EMSAM TRANSDERMAL PATCH 24 HOUR		4	
MARPLAN ORAL TABLET		4	
NARDIL ORAL TABLET		4	
PARNATE ORAL TABLET		4	
phenelzine sulfate oral tablet	Nardil	1	
tranylcypromine sulfate oral tablet	Parnate	1	
*N-Methyl-D-Aspartic Acid (Nmدا) Receptor Antagonists***			
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK		6	PA; QL
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK		6	PA; QL
*Selective Serotonin Reuptake Inhibitors (Ssris)***			
CELEXA ORAL TABLET		4	
citalopram hydrobromide oral solution		1	
citalopram hydrobromide oral tablet	CeleXA	1	PREV
escitalopram oxalate oral solution 5 mg/5ml		1	
escitalopram oxalate oral tablet	Lexapro	1	PREV
fluoxetine hcl oral capsule		1	PREV
fluoxetine hcl oral capsule delayed release		1	QL
fluoxetine hcl oral solution		1	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
fluoxetine hcl oral tablet 10 mg, 20 mg		1	
fluoxetine hcl oral tablet 60 mg		2	
fluvoxamine maleate er oral capsule extended release 24 hour		1	
fluvoxamine maleate oral tablet		1	
LEXAPRO ORAL TABLET		4	
paroxetine hcl er oral tablet extended release 24 hour	Paxil CR	1	
paroxetine hcl oral suspension		1	
paroxetine hcl oral tablet	Paxil	1	PREV
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR		4	
PAXIL ORAL TABLET		4	
sertraline hcl oral concentrate	Zoloft	1	
sertraline hcl oral tablet	Zoloft	1	PREV
ZOLOFT ORAL CONCENTRATE		4	
ZOLOFT ORAL TABLET		4	
*Serotonin Modulators***			
nefazodone hcl oral tablet		1	
trazodone hcl oral tablet		1	
TRINTELLIX ORAL TABLET		3	QL
VIIBRYD ORAL TABLET		4	
vilazodone hcl oral tablet	Viibryd	2	
*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)***			
desvenlafaxine er oral tablet extended release 24 hour		4	
desvenlafaxine succinate er oral tablet extended release 24 hour	Pristiq	1	
duloxetine hcl oral capsule delayed release particles		1	
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR		4	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR		4	
venlafaxine hcl er oral capsule extended release 24 hour	Effexor XR	1	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
venlafaxine hcl er oral tablet extended release 24 hour		1	
venlafaxine hcl oral tablet		1	PREV
*Tricyclic Agents***			
amitriptyline hcl oral tablet		1	
amoxapine oral tablet		1	
ANAFRANIL ORAL CAPSULE		4	
clomipramine hcl oral capsule	Anafranil	1	
desipramine hcl oral tablet	Norpramin	1	
doxepin hcl oral capsule		1	
doxepin hcl oral concentrate		1	
imipramine hcl oral tablet		1	
imipramine pamoate oral capsule		1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG		4	
nortriptyline hcl oral capsule	Pamelor	1	
nortriptyline hcl oral solution		1	
PAMELOR ORAL CAPSULE		4	
protriptyline hcl oral tablet		1	
trimipramine maleate oral capsule		1	
Antidiabetics			
*Alpha-Glucosidase Inhibitors***			
acarbose oral tablet		2	PREV; QL
miglitol oral tablet		2	QL
*Biguanides***			
metformin hcl er oral tablet extended release 24 hour		1	PREV; QL
metformin hcl oral solution	Riomet	2	QL
metformin hcl oral tablet 1000 mg, 500 mg		1	PREV; QL
metformin hcl oral tablet 850 mg		ACA	PREV; QL
RIOMET ORAL SOLUTION		4	QL
*Diabetic Other***			
BAQSIMI ONE PACK NASAL POWDER		3	QL

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
BAQSIMI TWO PACK NASAL POWDER		3	QL
diazoxide oral suspension	Proglycem	2	
glucagon emergency injection solution reconstituted 1 mg/ml		3	QL
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR		3	QL
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR		3	QL
GVOKE KIT SUBCUTANEOUS SOLUTION		3	QL
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML		3	QL
PROGLYCEM ORAL SUSPENSION		4	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR		4	QL
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		4	QL
*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***			
JANUVIA ORAL TABLET		3	ST; QL
*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***			
JANUMET ORAL TABLET		3	ST; QL
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR		3	ST; QL
*Dopamine Receptor Agonists - Ergot Derivatives***			
CYCLOSET ORAL TABLET		4	QL
*Human Insulin***			
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR		3	PREV; QL
FIASP INJECTION SOLUTION		3	PREV; QL
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE		3	PREV; QL

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR		3	PREV; QL
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN- INJECTOR		3	PREV; QL
LANTUS SUBCUTANEOUS SOLUTION		3	PREV; QL
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR		3	PREV; QL
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION		3	PREV; QL
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR		3	PREV; QL
NOVOLIN N SUBCUTANEOUS SUSPENSION		3	PREV; QL
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR		3	PREV
NOVOLIN R INJECTION SOLUTION		3	PREV; QL
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR		3	PREV; QL
NOVOLOG INJECTION SOLUTION		3	PREV; QL
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR		3	PREV; QL
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION		3	PREV; QL
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE		3	PREV; QL
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN- INJECTOR		3	PREV; QL
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN- INJECTOR		3	PREV; QL

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
TRESIBA SUBCUTANEOUS SOLUTION		3	PREV; QL
*Incretin Mimetic Agents (Gip & Glp-1 Receptor Agonists)***			
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR		3	PA; PREV; QL
*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***			
liraglutide subcutaneous solution pen-injector	Victoza	2	PA; PREV; QL
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML		3	PA; PREV; QL
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML		3	PA; PREV; QL
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR		3	PA; PREV; QL
RYBELSUS ORAL TABLET		3	PA; PREV; QL
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR		3	PA; PREV; QL
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR		4	PA; QL
*Insulin-Incretin Mimetic Combinations***			
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR		3	QL
*Meglitinide Analogues***			
nateglinide oral tablet		1	PREV; QL
repaglinide oral tablet		1	PREV; QL
*Progesterone Receptor Antagonists***			
KORLYM ORAL TABLET		6	PA; QL
mifepristone oral tablet 300 mg	Korlym	5	PA; QL
*Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations***			
GLYXAMBI ORAL TABLET		3	ST; QL
*Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors***			
bexagliflozin oral tablet	Brenzavvy	4	ST; QL
BRENZAVVY ORAL TABLET		4	ST; QL

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
FARXIGA ORAL TABLET		3	ST; QL
JARDIANCE ORAL TABLET		3	ST; QL
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***			
SYNJARDY ORAL TABLET		3	ST; QL
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR		3	ST; QL
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR		3	ST; QL
*Sulfonylurea-Biguanide Combinations***			
glipizide-metformin hcl oral tablet		1	PREV; QL
glyburide-metformin oral tablet		1	PREV; QL
*Sulfonylureas***			
glimepiride oral tablet 1 mg, 2 mg, 4 mg		1	PREV; QL
glipizide er oral tablet extended release 24 hour	Glucotrol XL	1	PREV; QL
glipizide oral tablet		1	PREV; QL
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG		4	QL
glyburide micronized oral tablet		1	PREV; QL
glyburide oral tablet		1	PREV; QL
*Sulfonylurea-Thiazolidinedione Combinations***			
DUETACT ORAL TABLET		4	QL
pioglitazone hcl-glimepiride oral tablet	Duetact	1	PREV; QL
*Thiazolidinedione-Biguanide Combinations***			
ACTOPLUS MET ORAL TABLET 15- 850 MG		4	QL
pioglitazone hcl-metformin hcl oral tablet	Actoplus Met	1	PREV; QL
*Thiazolidinediones***			
ACTOS ORAL TABLET		4	QL
pioglitazone hcl oral tablet	Actos	1	PREV; QL
Antidiarrheal/Probiotic Agents			
*Antiperistaltic Agents***			
diphenoxylate-atropine oral liquid		1	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
diphenoxylate-atropine oral tablet 2.5-0.025 mg	Lomotil	1	
LOMOTIL ORAL TABLET		4	
MOTOFEN ORAL TABLET		4	
Antidotes And Specific Antagonists			
*Antidotes - Chelating Agents***			
CHEMET ORAL CAPSULE		4	
deferasirox granules oral packet	Jadenu Sprinkle	5	PA; SP; TF
deferasirox oral packet	Jadenu Sprinkle	5	PA; SP; TF
deferasirox oral tablet	Jadenu	5	PA; SP; TF
deferasirox oral tablet soluble	Exjade	5	PA; SP; TF
deferiprone oral tablet	Ferriprox	5	PA
FERRIPROX ORAL SOLUTION		6	PA
FERRIPROX ORAL TABLET 1000 MG		6	PA
FERRIPROX TWICE-A-DAY ORAL TABLET		6	PA
pentetate calcium trisodium combination solution		4	
pentetate zinc trisodium combination solution		4	
*Antidotes And Specific Antagonists***			
VISTOGARD ORAL PACKET		5	
*Opioid Antagonists***			
KLOXXADO NASAL LIQUID		3	QL
nalmefene hcl injection solution		3	
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml		1	QL
naloxone hcl injection solution cartridge		1	QL
naloxone hcl injection solution prefilled syringe 0.4 mg/ml		2	
naloxone hcl injection solution prefilled syringe 2 mg/2ml		1	QL
naloxone hcl nasal liquid	Narcan	2	QL
naltrexone hcl oral tablet		1	
NARCAN NASAL LIQUID		4	QL

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
OPVEE NASAL SOLUTION		4	
REXTOVY NASAL LIQUID		4	QL
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED		6	QL
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE		4	QL
Antiemetics			
*5-Ht3 Receptor Antagonists***			
ANZEMET ORAL TABLET 50 MG		4	QL
granisetron hcl oral tablet		2	QL
ondansetron hcl oral solution		2	
ondansetron hcl oral tablet		2	QL
ondansetron oral tablet dispersible 4 mg, 8 mg		2	QL
SANCUSO TRANSDERMAL PATCH		4	QL
*Antiemetics - Anticholinergic***			
meclizine hcl oral tablet 25 mg	Dramamine	1	
meclizine hcl oral tablet 50 mg		1	
scopolamine transdermal patch 72 hour		1	
trimethobenzamide hcl oral capsule		2	
*Antiemetics - Miscellaneous***			
dronabinol oral capsule	Marinol	2	QL
SYNDROS ORAL SOLUTION		4	QL
*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***			
aprepitant oral capsule	Emend BiPack	2	QL
EMEND ORAL SUSPENSION RECONSTITUTED		4	QL
EMEND TRIPACK ORAL CAPSULE		4	QL
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK		4	ST; QL
Antifungals			
*Antifungal - Glucan Synthesis Inhibitors (Triterpenoids)***			
BREXAFEMME ORAL TABLET		4	PA; QL
*Antifungals***			
griseofulvin microsize oral suspension		2	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
griseofulvin microsize oral tablet		2	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg		2	
nystatin oral tablet		2	
terbinafine hcl oral tablet		2	
*Imidazoles***			
ketoconazole oral tablet		2	
*Tetrazoles***			
VIVJOA ORAL CAPSULE THERAPY PACK		3	
*Triazoles***			
CRESEMBA ORAL CAPSULE		4	ST
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 40 MG/ML		4	
DIFLUCAN ORAL TABLET 150 MG		4	
fluconazole oral suspension reconstituted	Diflucan	2	
fluconazole oral tablet	Diflucan	2	
itraconazole oral capsule	Sporanox	2	
itraconazole oral solution		2	
NOXAFIL ORAL PACKET		4	ST
NOXAFIL ORAL SUSPENSION		4	ST
posaconazole oral suspension	Noxafil	2	ST
posaconazole oral tablet delayed release		2	PA; QL
SPORANOX ORAL CAPSULE		4	
VFEND ORAL SUSPENSION RECONSTITUTED		4	
voriconazole oral suspension reconstituted	Vfend	2	
voriconazole oral tablet		2	
Antihistamines			
*Antihistamines - Alkylamines***			
RYCLORA ORAL SOLUTION		2	
*Antihistamines - Ethanolamines***			
carbinoxamine maleate oral solution		2	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
carbinoxamine maleate oral tablet 4 mg		2	
clemastine fumarate oral tablet 2.68 mg	Clemsza	2	
diphenhydramine hcl oral elixir		2	
*Antihistamines - Phenothiazines***			
promethazine hcl oral solution 6.25 mg/5ml		2	
promethazine hcl oral tablet		2	
promethazine hcl rectal suppository 12.5 mg, 25 mg	Promethegan	2	
PROMETHEGAN RECTAL SUPPOSITORY		2	
*Antihistamines - Piperidines***			
cyproheptadine hcl oral syrup		1	
cyproheptadine hcl oral tablet		1	
Antihyperlipidemics			
*Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb***			
NEXLIZET ORAL TABLET		4	ST; QL
*Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors***			
NEXLETOL ORAL TABLET		4	ST; QL
*Bile Acid Sequestrants***			
cholestyramine light oral packet	Prevalite	1	PREV
cholestyramine light oral powder	Prevalite	1	PREV
cholestyramine oral packet	Questran	1	PREV
cholestyramine oral powder	Questran	1	PREV
colesevelam hcl oral packet	Welchol	2	
colesevelam hcl oral tablet	Welchol	2	
COLESTID ORAL GRANULES		4	
COLESTID ORAL TABLET		4	
colestipol hcl oral granules	Colestid	2	PREV
colestipol hcl oral packet		2	PREV
colestipol hcl oral tablet	Colestid	2	PREV
PREVALITE ORAL PACKET		1	PREV
PREVALITE ORAL POWDER		1	PREV
QUESTRAN LIGHT ORAL POWDER		4	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
QUESTRAN ORAL PACKET		4	
QUESTRAN ORAL POWDER		4	
WELCHOL ORAL PACKET		4	
WELCHOL ORAL TABLET		4	
*Fibric Acid Derivatives***			
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg		2	PREV
fenofibrate oral capsule	Lipofen	2	PREV
fenofibrate oral tablet	Tricor	2	PREV
fenofibric acid oral capsule delayed release		2	PREV
fenofibric acid oral tablet		2	PREV
gemfibrozil oral tablet	Lopid	1	PREV
LIPOFEN ORAL CAPSULE		4	
LOPID ORAL TABLET		4	
TRICOR ORAL TABLET		4	
*Hmg Coa Reductase Inhibitors***			
atorvastatin calcium oral tablet 10 mg, 20 mg	Lipitor	ACA	PREV
atorvastatin calcium oral tablet 40 mg, 80 mg	Lipitor	1	PREV
CRESTOR ORAL TABLET		4	
fluvastatin sodium er oral tablet extended release 24 hour	Lescol XL	ACA	
fluvastatin sodium oral capsule		ACA	PREV
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR		4	
LIPITOR ORAL TABLET		4	
lovastatin oral tablet		ACA	PREV
pravastatin sodium oral tablet		ACA	PREV
rosuvastatin calcium oral tablet 10 mg, 5 mg	Crestor	ACA	PREV
rosuvastatin calcium oral tablet 20 mg, 40 mg	Crestor	1	PREV
simvastatin oral tablet 10 mg, 20 mg, 40 mg	Zocor	ACA	PREV

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
simvastatin oral tablet 5 mg		ACA	PREV
simvastatin oral tablet 80 mg		1	PREV
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG		4	
*Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb***			
ezetimibe-simvastatin oral tablet	Vytorin	2	PREV
VYTORIN ORAL TABLET		4	
*Intestinal Cholesterol Absorption Inhibitors***			
ezetimibe oral tablet	Zetia	2	PREV
ZETIA ORAL TABLET		4	
*Nicotinic Acid Derivatives***			
NIACOR ORAL TABLET		2	
*Pcsk9 Inhibitors***			
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		5	PA; QL
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR		5	PA; QL
Antihypertensives			
*Ace Inhibitor & Calcium Channel Blocker Combinations***			
amlodipine besy-benazepril hcl oral capsule	Lotrel	1	PREV
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG		4	
trandolapril-verapamil hcl er oral tablet extended release		1	PREV
*Ace Inhibitors & Thiazide/Thiazide-Like***			
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG		4	
benazepril-hydrochlorothiazide oral tablet	Lotensin HCT	1	PREV
captopril-hydrochlorothiazide oral tablet		1	PREV
enalapril-hydrochlorothiazide oral tablet	Vaseretic	1	PREV
fosinopril sodium-hctz oral tablet		1	PREV

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
lisinopril-hydrochlorothiazide oral tablet	Zestoretic	1	PREV
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG		4	
quinapril-hydrochlorothiazide oral tablet	Accuretic	1	PREV
VASERETIC ORAL TABLET		4	
ZESTORETIC ORAL TABLET		4	
*Ace Inhibitors***			
ACCUPRIL ORAL TABLET		4	
benazepril hcl oral tablet	Lotensin	1	PREV
captopril oral tablet		1	PREV
enalapril maleate oral solution	Epaned	2	PREV
enalapril maleate oral tablet	Vasotec	1	PREV
EPANED ORAL SOLUTION		4	
fosinopril sodium oral tablet		1	PREV
lisinopril oral tablet	Zestril	1	PREV
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG		4	
moexipril hcl oral tablet		1	PREV
perindopril erbumine oral tablet		1	PREV
quinapril hcl oral tablet	Accupril	1	PREV
ramipril oral capsule		1	PREV
trandolapril oral tablet		1	PREV
VASOTEC ORAL TABLET		4	
ZESTRIL ORAL TABLET		4	
*Agents For Pheochromocytoma***			
DEMSEER ORAL CAPSULE		4	SP
metyrosine oral capsule	Demser	6	SP
*Angiotensin Ii Receptor Antag & Ca Channel Blocker Comb***			
amlodipine besylate-valsartan oral tablet	Exforge	1	PREV
amlodipine-olmesartan oral tablet	Azor	1	
AZOR ORAL TABLET		4	
EXFORGE ORAL TABLET		4	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
telmisartan-amlodipine oral tablet		1	PREV
*Angiotensin II Receptor Antag & Thiazide/Thiazide-Like***			
ATACAND HCT ORAL TABLET		4	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG		4	
BENICAR HCT ORAL TABLET		4	
candesartan cilexetil-hctz oral tablet	Atacand HCT	1	PREV
DIOVAN HCT ORAL TABLET		4	
EDARBYCLOR ORAL TABLET		4	
HYZAAR ORAL TABLET		4	
irbesartan-hydrochlorothiazide oral tablet	Avalide	1	PREV
losartan potassium-hctz oral tablet	Hyzaar	1	PREV
MICARDIS HCT ORAL TABLET		4	
olmesartan medoxomil-hctz oral tablet	Benicar HCT	1	PREV
telmisartan-hctz oral tablet	Micardis HCT	1	PREV
valsartan-hydrochlorothiazide oral tablet	Diovan HCT	1	PREV
*Angiotensin II Receptor Antagonists***			
ATACAND ORAL TABLET		4	
AVAPRO ORAL TABLET 150 MG, 300 MG		4	
BENICAR ORAL TABLET		4	
candesartan cilexetil oral tablet	Atacand	1	PREV
COZAAR ORAL TABLET		4	
DIOVAN ORAL TABLET		4	
EDARBI ORAL TABLET		4	
irbesartan oral tablet	Avapro	1	PREV
losartan potassium oral tablet	Cozaar	1	PREV
MICARDIS ORAL TABLET 40 MG, 80 MG		4	
olmesartan medoxomil oral tablet	Benicar	1	PREV
telmisartan oral tablet	Micardis	1	PREV
valsartan oral tablet	Diovan	1	PREV

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
*Angiotensin II Receptor Ant-Ca Channel Blocker-Thiazides***			
amlodipine-valsartan-hctz oral tablet	Exforge HCT	1	PREV
EXFORGE HCT ORAL TABLET		4	
olmesartan-amlodipine-hctz oral tablet	Tribenzor	2	
TRIBENZOR ORAL TABLET		4	
*Antiadrenergics - Centrally Acting***			
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY		4	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY		4	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY		4	
clonidine hcl oral tablet		2	PREV
clonidine transdermal patch weekly	Catapres-TTS-1	2	PREV
guanfacine hcl oral tablet		1	PREV
methyldopa oral tablet		1	
*Antiadrenergics - Peripherally Acting***			
CARDURA ORAL TABLET		4	
doxazosin mesylate oral tablet	Cardura	1	
prazosin hcl oral capsule		1	
terazosin hcl oral capsule		1	
TEZRULY ORAL SOLUTION		4	PA; QL
*Antihypertensives - Misc.***			
VECAMYL ORAL TABLET		4	
*Beta Blocker & Diuretic Combinations***			
atenolol-chlorthalidone oral tablet	Tenoretic 100	1	PREV
bisoprolol-hydrochlorothiazide oral tablet		1	PREV
metoprolol-hydrochlorothiazide oral tablet		1	PREV
*Direct Renin Inhibitors***			
aliskiren fumarate oral tablet	Tekturna	2	
TEKTURNA ORAL TABLET		4	
*Selective Aldosterone Receptor Antagonists (Saras)***			
eplerenone oral tablet	Inspira	2	PREV

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
INSPRA ORAL TABLET		4	
*Vasodilators***			
hydralazine hcl oral tablet		1	PREV
minoxidil oral tablet		1	PREV
Anti-Infective Agents - Misc.			
*Anti-Infective Agents - Misc.***			
metronidazole oral capsule		2	
metronidazole oral tablet 250 mg, 500 mg		2	
NEBUPENT INHALATION SOLUTION RECONSTITUTED		4	
pentamidine isethionate inhalation solution reconstituted	Nebupent	2	
tinidazole oral tablet		2	
trimethoprim oral tablet		2	
XIFAXAN ORAL TABLET		3	
*Anti-Infective Misc. - Combinations***			
BACTRIM DS ORAL TABLET		4	
BACTRIM ORAL TABLET		4	
sulfamethoxazole-trimethoprim intravenous solution		2	
sulfamethoxazole-trimethoprim oral suspension	Sulfatrim Pediatric	1	
sulfamethoxazole-trimethoprim oral tablet	Bactrim	1	
SULFATRIM PEDIATRIC ORAL SUSPENSION		1	
*Antiprotozoal Agents***			
atovaquone oral suspension	Mepron	2	
LAMPIT ORAL TABLET		4	
MEPRON ORAL SUSPENSION		4	
nitazoxanide oral tablet		2	
*Carbapenem Combinations***			
imipenem-cilastatin intravenous solution reconstituted	Primaxin IV	2	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 500-500 MG		4	
RECARBRIO INTRAVENOUS SOLUTION RECONSTITUTED		4	
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED		4	
*Carbapenems***			
ertapenem sodium injection solution reconstituted		2	
meropenem intravenous solution reconstituted		2	
meropenem-sodium chloride intravenous solution reconstituted 1 gm/50ml, 500 mg/50ml		4	
*Cyclic Lipopeptides***			
daptomycin intravenous solution reconstituted 350 mg		4	
daptomycin intravenous solution reconstituted 500 mg		2	
daptomycin-sodium chloride intravenous solution		4	
*Glycopeptides***			
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED		4	
FIRVANQ ORAL SOLUTION RECONSTITUTED		4	
KIMYRSA INTRAVENOUS SOLUTION RECONSTITUTED		4	
ORBACTIV INTRAVENOUS SOLUTION RECONSTITUTED		4	
VANCOCIN ORAL CAPSULE		4	
vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%		4	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 1-0.9 gm/250ml-%, 1.25-0.9 gm/250ml-%, 1.5-0.9 gm/500ml-%, 1.75-0.9 gm/500ml-%, 2-0.9 gm/500ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%, 750-0.9 mg/250ml-%		4	
vancomycin hcl intravenous solution 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/150ml		4	
vancomycin hcl intravenous solution reconstituted 1 gm, 1.75 gm, 10 gm, 2 gm, 5 gm, 500 mg, 750 mg		4	
vancomycin hcl intravenous solution reconstituted 1.25 gm, 100 gm		2	
vancomycin hcl oral capsule	Vancocin	2	
vancomycin hcl oral solution reconstituted	Firvanq	2	
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG		4	
*Leprostatics***			
dapsone oral tablet		2	
*Lincosamides***			
CLEOCIN ORAL CAPSULE		4	
CLEOCIN ORAL SOLUTION RECONSTITUTED		4	
CLEOCIN PHOSPHATE INJECTION SOLUTION		4	
clindamycin hcl oral capsule	Cleocin	2	
clindamycin palmitate hcl oral solution reconstituted	Cleocin	2	
clindamycin phosphate in d5w intravenous solution		2	
clindamycin phosphate in nacl intravenous solution		4	
clindamycin phosphate injection solution 900 mg/6ml	Cleocin Phosphate	2	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
*Monobactams***			
AZACTAM INJECTION SOLUTION RECONSTITUTED		4	
aztreonam injection solution reconstituted	Azactam	2	
CAYSTON INHALATION SOLUTION RECONSTITUTED		6	SP
*Oxazolidinones***			
linezolid in sodium chloride intravenous solution		4	
linezolid intravenous solution 600 mg/300ml	Zyvox	2	
linezolid oral suspension reconstituted	Zyvox	2	
linezolid oral tablet	Zyvox	2	
ZYVOX INTRAVENOUS SOLUTION 600 MG/300ML		4	
ZYVOX ORAL SUSPENSION RECONSTITUTED		4	
ZYVOX ORAL TABLET		4	
*Polymyxins***			
colistimethate sodium (cba) injection solution reconstituted	Coly-Mycin M	2	
COLY-MYCIN M INJECTION SOLUTION RECONSTITUTED		4	
polymyxin b sulfate injection solution reconstituted		2	
*Urinary Anti-Infectives***			
fosfomycin tromethamine oral packet		2	
HIPREX ORAL TABLET		4	
MACROBID ORAL CAPSULE		4	
MACRODANTIN ORAL CAPSULE		4	
methenamine hippurate oral tablet	Hiprex	2	
nitrofurantoin macrocrystal oral capsule	Macrodantin	2	
nitrofurantoin monohyd macro oral capsule	Macrobid	2	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
nitrofurantoin oral suspension 25 mg/5ml		2	
Antimalarials			
*Antimalarial Combinations***			
atovaquone-proguanil hcl oral tablet	Malarone	2	
COARTEM ORAL TABLET		4	
MALARONE ORAL TABLET		4	
*Antimalarials***			
ARAKODA ORAL TABLET		4	
chloroquine phosphate oral tablet		2	
DARAPRIM ORAL TABLET		4	
hydroxychloroquine sulfate oral tablet 200 mg	Plaquenil	2	
KRINTAFEL ORAL TABLET		4	
mefloquine hcl oral tablet		2	QL
PLAQUENIL ORAL TABLET		4	
pyrimethamine oral tablet	Daraprim	2	
quinine sulfate oral capsule		2	
Antimyasthenic/Cholinergic Agents			
*Antimyasthenic/Cholinergic Agents***			
FIRDAPSE ORAL TABLET		6	PA; QL
MESTINON ORAL SOLUTION		4	
MESTINON ORAL TABLET		4	
MESTINON ORAL TABLET EXTENDED RELEASE		4	
pyridostigmine bromide er oral tablet extended release	Mestinon	2	
pyridostigmine bromide oral solution	Mestinon	2	
pyridostigmine bromide oral tablet 60 mg	Mestinon	2	
Antimycobacterial Agents			
*Antimycobacterial Agents***			
cycloserine oral capsule		2	
ethambutol hcl oral tablet		1	
isoniazid oral syrup		1	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
isoniazid oral tablet		1	
pretomanid oral tablet		4	
PRIFTIN ORAL TABLET		4	
pyrazinamide oral tablet		1	
rifabutin oral capsule		2	
rifampin oral capsule		2	
Antineoplastics And Adjunctive Therapies			
*Alkylating Agents***			
MYLERAN ORAL TABLET		3	TF
*Androgen Biosynthesis Inhibitors***			
abiraterone acetate oral tablet 250 mg	Abirtega	5	SP
abiraterone acetate oral tablet 500 mg	Zytiga	5	PA; SP; QL
ABIRTEGA ORAL TABLET		5	SP
YONSA ORAL TABLET		5	PA; SP; QL
*Antiadrenals***			
LYSODREN ORAL TABLET		3	
*Antiandrogens***			
bicalutamide oral tablet	Casodex	2	
CASODEX ORAL TABLET		4	
ERLEADA ORAL TABLET		5	PA; SP; QL
EULEXIN ORAL CAPSULE		4	
NILANDRON ORAL TABLET		4	TF
nilutamide oral tablet	Nilandron	2	TF
NUBEQA ORAL TABLET		5	PA; SP; QL
XTANDI ORAL CAPSULE		5	PA; SP; QL
XTANDI ORAL TABLET		5	PA; SP; QL
*Antiestrogens***			
FARESTON ORAL TABLET		4	
SOLTAMOX ORAL SOLUTION		ACA	
tamoxifen citrate oral tablet		ACA	PREV
toremifene citrate oral tablet	Fareston	2	
*Antimetabolites***			
capecitabine oral tablet	Xeloda	5	SP
mercaptopurine oral suspension	Purixan	2	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
mercaptopurine oral tablet		2	
methotrexate sodium (pf) injection solution 50 mg/2ml		2	
methotrexate sodium injection solution 50 mg/2ml		2	
methotrexate sodium oral tablet		2	
ONUREG ORAL TABLET		6	PA; SP; QL
PURIXAN ORAL SUSPENSION		4	
TABLOID ORAL TABLET		3	
XATMEP ORAL SOLUTION		6	
*Antineoplastic - Akt Inhibitors***			
TRUQAP ORAL TABLET 200 MG		6	PA; QL
TRUQAP ORAL TABLET THERAPY PACK		6	PA; QL
*Antineoplastic - Alk Inhibitors***			
ALECENSA ORAL CAPSULE		6	PA; SP; QL
ALUNBRIG ORAL TABLET		6	PA; QL
ALUNBRIG ORAL TABLET THERAPY PACK		6	PA; QL
LORBRENA ORAL TABLET		6	PA; SP; TF; QL
XALKORI ORAL CAPSULE		6	PA; SP; TF; QL
XALKORI ORAL CAPSULE SPRINKLE		6	PA; SP; QL
ZYKADIA ORAL TABLET		6	PA; SP; TF; QL
*Antineoplastic - Anti-Her2 Agents***			
TUKYSA ORAL TABLET		6	PA; QL
*Antineoplastic - Bcl-2 Inhibitors***			
VENCLEXTA ORAL TABLET		6	PA; QL
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK		6	PA; QL
*Antineoplastic - Bcr-Abl Kinase Inhibitors***			
BOSULIF ORAL CAPSULE		5	PA; SP; QL
BOSULIF ORAL TABLET		5	PA; SP; QL
DANZITEN ORAL TABLET		6	PA; SP; QL
dasatinib oral tablet	Phyrago	5	PA; SP; QL

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
ICLUSIG ORAL TABLET		6	PA; QL
imatinib mesylate oral tablet	Gleevec	5	PA; SP; TF; QL
imkeldi oral solution		6	PA; SP; QL
nilotinib d-tartrate oral capsule		5	PA; QL
nilotinib hcl oral capsule	Tasigna	5	PA; SP; QL
PHYRAGO ORAL TABLET		6	PA; SP; QL
SCSEMBLIX ORAL TABLET		6	PA; QL
SPRYCEL ORAL TABLET		6	PA; SP; QL
TASIGNA ORAL CAPSULE		6	PA; SP; QL
*Antineoplastic - Braf Kinase Inhibitors***			
BRAFTOVI ORAL CAPSULE 75 MG		6	PA; SP; QL
OJEMDA ORAL SUSPENSION RECONSTITUTED		6	PA; QL
OJEMDA ORAL TABLET 100 MG		6	PA; QL
TAFINLAR ORAL CAPSULE		6	PA; SP; TF; QL
TAFINLAR ORAL TABLET SOLUBLE		6	PA; SP; QL
ZELBORAF ORAL TABLET		6	PA; SP; QL
*Antineoplastic - Btk Inhibitors***			
BRUKINSA ORAL CAPSULE		6	PA; QL
BRUKINSA ORAL TABLET		6	PA; SP; QL
CALQUENCE ORAL TABLET		6	PA; QL
IMBRUVICA ORAL CAPSULE		6	PA; QL
IMBRUVICA ORAL SUSPENSION		6	PA; QL
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG		6	PA; QL
JAYPIRCA ORAL TABLET		6	PA; SP; QL
*Antineoplastic - Csf1r Kinase Inhibitors***			
ROMVIMZA ORAL CAPSULE		6	PA; SP; QL
*Antineoplastic - Egfr Inhibitors***			
erlotinib hcl oral tablet	Tarceva	5	PA; SP; QL
gefitinib oral tablet	Iressa	5	PA; SP; TF; QL
GILOTRIF ORAL TABLET		6	PA; QL
IRESSA ORAL TABLET		6	PA; SP; TF; QL
LAZCLUZE ORAL TABLET		6	PA; SP; QL

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
TAGRISSO ORAL TABLET		6	PA; SP; TF; QL
*Antineoplastic - Fgfr Kinase Inhibitors***			
BALVERSA ORAL TABLET		6	PA; SP; TF; QL
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK		6	PA; QL
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK		6	PA; QL
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK		6	PA; QL
PEMAZYRE ORAL TABLET		6	PA; QL
*Antineoplastic - Gamma Secretase Inhibitors***			
OGSIVEO ORAL TABLET		6	PA; QL
*Antineoplastic - Hedgehog Pathway Inhibitors***			
DAURISMO ORAL TABLET		6	PA; SP; TF; QL
ERIVEDGE ORAL CAPSULE		6	PA; SP; TF; QL
ODOMZO ORAL CAPSULE		6	PA; SP; TF; QL
*Antineoplastic - Hif-2-Alpha Inhibitors***			
WELIREG ORAL TABLET		6	PA; QL
*Antineoplastic - Histone Deacetylase Inhibitors***			
ZOLINZA ORAL CAPSULE		5	PA; SP; TF; QL
*Antineoplastic - Immunomodulators***			
POMALYST ORAL CAPSULE		6	PA; SP; QL
*Antineoplastic - Kras Inhibitors***			
KRAZATI ORAL TABLET		6	PA; QL
LUMAKRAS ORAL TABLET 120 MG		6	PA; SP; TF; QL
LUMAKRAS ORAL TABLET 240 MG, 320 MG		6	PA; SP; QL
*Antineoplastic - Mek Inhibitors***			
COTELLIC ORAL TABLET		6	PA; SP; QL
GOMEKLI ORAL CAPSULE		6	PA; SP; QL
GOMEKLI ORAL TABLET SOLUBLE		6	PA; SP; QL
KOSELUGO ORAL CAPSULE		6	PA; QL
KOSELUGO ORAL CAPSULE SPRINKLE		6	PA; QL

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
MEKINIST ORAL SOLUTION RECONSTITUTED		6	PA; SP; QL
MEKINIST ORAL TABLET		6	PA; SP; QL
MEKTOVI ORAL TABLET		6	PA; SP; QL
*Antineoplastic - Menin Inhibitors***			
REVUFORJ ORAL TABLET		6	PA; SP; QL
*Antineoplastic - Met Inhibitors***			
TABRECTA ORAL TABLET		6	PA; SP; QL
TEPMETKO ORAL TABLET		6	PA; QL
*Antineoplastic - Methyltransferase Inhibitors***			
TAZVERIK ORAL TABLET		6	PA; TF; QL
*Antineoplastic - Mtor Kinase Inhibitors***			
AFINITOR DISPERZ ORAL TABLET SOLUBLE		6	PA; SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	Afinitor	5	PA; SP
everolimus oral tablet soluble	Afinitor Disperz	5	PA; SP
*Antineoplastic - Multikinase Inhibitors***			
CABOMETYX ORAL TABLET		5	PA; SP; TF; QL
CAPRELSA ORAL TABLET		6	PA; QL
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG		6	PA; SP; QL
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG		6	PA; SP; QL
COMETRIQ (60 MG DAILY DOSE) ORAL KIT		6	PA; SP; QL
FOTIVDA ORAL CAPSULE		6	PA; TF; QL
lapatinib ditosylate oral tablet	Tykerb	5	PA; SP; QL
NERLYNX ORAL TABLET		6	PA; SP; TF; QL
NEXAVAR ORAL TABLET		6	PA; SP; TF; QL
pazopanib hcl oral tablet	Votrient	5	PA; SP; QL
QINLOCK ORAL TABLET		6	PA; QL
RYDAPT ORAL CAPSULE		6	PA; SP; QL
sorafenib tosylate oral tablet	NexAVAR	5	PA; SP; TF; QL
STIVARGA ORAL TABLET		6	PA; SP; QL

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
sunitinib malate oral capsule	Sutent	5	PA; SP; TF; QL
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG		6	PA; SP; TF; QL
TURALIO ORAL CAPSULE 125 MG		6	PA; QL
VANFLYTA ORAL TABLET		6	PA; QL
VOTRIENT ORAL TABLET		6	PA; SP; TF; QL
XOSPATA ORAL TABLET		6	PA; SP; QL
*Antineoplastic - Pdgfr-Alpha Inhibitors***			
AYVAKIT ORAL TABLET		6	PA; TF; QL
*Antineoplastic - Proteasome Inhibitors***			
NINLARO ORAL CAPSULE		6	PA; SP; QL
*Antineoplastic - Ret Inhibitors***			
GAVRETO ORAL CAPSULE		6	PA; QL
RETEVMO ORAL TABLET		6	PA; SP; QL
*Antineoplastic - Tropomyosin Receptor Kinase Inhibitors***			
AUGTYRO ORAL CAPSULE		6	PA; SP; QL
ROZLYTREK ORAL CAPSULE		6	PA; SP; TF; QL
ROZLYTREK ORAL PACKET		6	PA; SP
VITRAKVI ORAL CAPSULE		6	PA; SP; QL
VITRAKVI ORAL SOLUTION		6	PA; SP; QL
*Antineoplastic - Xpo1 Inhibitors***			
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG		6	PA; QL
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG		6	PA; QL
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG		6	PA; QL
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG		6	PA; QL
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK		6	PA; QL

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG		6	PA; QL
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK		6	PA; QL
*Antineoplastic Combinations***			
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK		6	PA; SP; QL
INQOVI ORAL TABLET		6	PA; SP; QL
LONSURF ORAL TABLET		6	PA; SP
*Antineoplastics Misc.***			
ACTIMMUNE SUBCUTANEOUS SOLUTION		6	SP
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		6	PA; QL
HYDREA ORAL CAPSULE		4	
hydroxyurea oral capsule	Hydrea	1	
MATULANE ORAL CAPSULE		3	
*Aromatase Inhibitors***			
anastrozole oral tablet	Arimidex	ACA	
ARIMIDEX ORAL TABLET		ACA	
AROMASIN ORAL TABLET		4	
exemestane oral tablet	Aromasin	ACA	
FEMARA ORAL TABLET		4	
letrozole oral tablet	Femara	ACA	
*Cyclin-Dependent Kinases (Cdk) Inhibitors***			
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK		5	PA; SP; QL
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK		5	PA; SP; QL
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK		5	PA; SP; QL
VERZENIO ORAL TABLET		5	PA; SP; QL
*Estrogen Receptor Antagonist***			
FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE		4	PA; SP

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
fulvestrant intramuscular solution prefilled syringe	Faslodex	2	PA; SP
*Folic Acid Antagonists Rescue Agents***			
leucovorin calcium oral tablet		2	
*Gonadotropin Releasing Hormone (Gnrh) Antagonists***			
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED		6	SP
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG		6	SP
ORGOVYX ORAL TABLET		6	PA; QL
*Imidazotetrazines***			
temozolomide oral capsule		5	PA; SP; QL
*Isocitrate Dehydrogenase 1 & 2 (Idh1 & Idh2) Inhibitors***			
VORANIGO ORAL TABLET		6	PA; SP; QL
*Isocitrate Dehydrogenase-1 (Idh1) Inhibitors***			
REZLIDHIA ORAL CAPSULE		6	PA; QL
TIBSOVO ORAL TABLET		6	PA; TF; QL
*Isocitrate Dehydrogenase-2 (Idh2) Inhibitors***			
IDHIFA ORAL TABLET		6	PA; SP; QL
*Janus Associated Kinase (Jak) Inhibitors***			
JAKAFI ORAL TABLET		6	PA; SP; TF; QL
OJJAARA ORAL TABLET		6	PA; QL
VONJO ORAL CAPSULE		6	PA; QL
*Lhrh Analogs***			
leuprolide acetate injection kit		5	SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG		5	SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG		5	SP
LUTRATE DEPOT INTRAMUSCULAR INJECTABLE		5	
*Mitotic Inhibitors***			
etoposide oral capsule		2	SP

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
*Nitrogen Mustards And Related Analogues***			
cyclophosphamide oral capsule		2	SP
cyclophosphamide oral tablet 50 mg		4	
LEUKERAN ORAL TABLET		3	
*Nitrosoureas***			
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG		4	SP
*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***			
COPIKTRA ORAL CAPSULE		6	PA; SP; QL
ITOVEBI ORAL TABLET		6	PA; SP; QL
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK		6	PA; SP; QL
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK		6	PA; SP; QL
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK		6	PA; SP; QL
ZYDELIG ORAL TABLET		6	PA; SP; QL
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors***			
LYNPARZA ORAL TABLET		5	PA; SP; TF; QL
RUBRACA ORAL TABLET		5	PA; SP; QL
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG		6	PA; SP; QL
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG		6	PA; SP; TF; QL
ZEJULA ORAL TABLET		5	PA; SP; QL
*Progestins-Antineoplastic***			
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml		1	
megestrol acetate oral tablet		1	
*Retinoids***			
tretinoin oral capsule		2	
*Selective Estrogen Receptor Degraders***			
ORSERDU ORAL TABLET		5	PA; QL
*Selective Retinoid X Receptor Agonists***			
bexarotene oral capsule	Targretin	5	PA; SP; TF; QL

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
*Topoisomerase I Inhibitors***			
HYCAMTIN ORAL CAPSULE		5	SP
*Urinary Tract Protective Agents***			
mesna oral tablet	Mesnex	2	
MESNEX ORAL TABLET		4	
*Vascular Endothelial Growth Factor (Vegf) Inhibitors***			
FRUZAQLA ORAL CAPSULE		6	PA; QL
INLYTA ORAL TABLET		5	PA; SP; TF; QL
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK		5	PA; SP; TF; QL
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK		5	PA; SP; TF; QL
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK		5	PA; SP; TF; QL
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK		5	PA; SP; TF; QL
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK		5	PA; SP; TF; QL
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK		5	PA; SP; TF; QL
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK		5	PA; SP; TF; QL
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK		5	PA; SP; TF; QL
Antiparkinson And Related Therapy Agents			
*Adenosine Receptor Antagonist***			
NOURIANZ ORAL TABLET		6	PA; SP; TF; QL
*Antiparkinson Anticholinergics***			
benztropine mesylate oral tablet		1	
trihexyphenidyl hcl oral solution		1	
trihexyphenidyl hcl oral tablet		1	
*Antiparkinson Dopaminergics***			
amantadine hcl oral capsule		1	
amantadine hcl oral solution		1	
amantadine hcl oral tablet		1	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
bromocriptine mesylate oral capsule	Parlodel	2	
bromocriptine mesylate oral tablet	Parlodel	2	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR		4	ST
INBRIJA INHALATION CAPSULE		6	PA; QL
PARLODEL ORAL CAPSULE		4	
PARLODEL ORAL TABLET		4	
*Antiparkinson Monoamine Oxidase Inhibitors***			
AZILECT ORAL TABLET		4	
rasagiline mesylate oral tablet	Azilect	2	
selegiline hcl oral capsule		2	
selegiline hcl oral tablet		2	
ZELAPAR ORAL TABLET DISPERSIBLE		4	
*Central/Peripheral Comt Inhibitors***			
TASMAR ORAL TABLET 100 MG		4	
tolcapone oral tablet	Tasmar	2	
*Decarboxylase Inhibitors***			
carbidopa oral tablet	Lodosyn	2	
LODOSYN ORAL TABLET		4	
*Levodopa Combinations***			
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg		2	
carbidopa-levodopa oral tablet	Dhivy	1	
carbidopa-levodopa oral tablet dispersible		1	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5- 150-200 mg, 50-200-200 mg		1	
DHIVY ORAL TABLET 25-100 MG		4	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG		4	
*Nonergoline Dopamine Receptor Agonists***			
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE		6	SP

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
apomorphine hcl subcutaneous solution cartridge	Apokyn	5	SP
NEUPRO TRANSDERMAL PATCH 24 HOUR		3	
pramipexole dihydrochloride er oral tablet extended release 24 hour		2	
pramipexole dihydrochloride oral tablet		2	
ropinirole hcl er oral tablet extended release 24 hour		2	
ropinirole hcl oral tablet		2	
*Peripheral Comt Inhibitors***			
entacapone oral tablet		2	
ONGENTYS ORAL CAPSULE		4	PA; TF; QL
Antipsychotics/Antimanic Agents			
*Antimanic Agents***			
lithium carbonate er oral tablet extended release	Lithobid	1	
lithium carbonate oral capsule		1	
lithium carbonate oral tablet		1	
LITHOBID ORAL TABLET EXTENDED RELEASE		3	
*Antipsychotics - Misc.***			
CAPLYTA ORAL CAPSULE		4	QL
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR		4	
GEODON ORAL CAPSULE		4	
LATUDA ORAL TABLET		4	
lurasidone hcl oral tablet	Latuda	2	
NUPLAZID ORAL CAPSULE		6	PA; SP; TF; QL
NUPLAZID ORAL TABLET 10 MG		6	PA; SP; TF; QL
VRAYLAR ORAL CAPSULE		3	QL
ziprasidone hcl oral capsule	Geodon	1	
*Benzisoxazoles***			
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE		4	ST; QL

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 6 MG, 9 MG		4	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE		4	ST; QL
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML		4	ST; QL
paliperidone er oral tablet extended release 24 hour	Invega	1	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE		4	ST; QL
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER		4	ST; QL
RISPERDAL ORAL SOLUTION		4	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG		4	
risperidone microspheres er intramuscular suspension reconstituted er	RisperDAL Consta	2	ST; QL
risperidone oral solution	RisperDAL	1	
risperidone oral tablet	RisperDAL	1	
risperidone oral tablet dispersible		1	
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER		4	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE		4	ST; QL
*Butyrophenones***			
haloperidol lactate oral concentrate 2 mg/ml		1	
haloperidol oral tablet		1	
*Dibenzodiazepines***			
clozapine oral tablet	Clozaril	1	
clozapine oral tablet dispersible		1	
CLOZARIL ORAL TABLET 100 MG, 25 MG		3	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
VERSACLOZ ORAL SUSPENSION		4	
*Dibenzo-Oxepino Pyrroles***			
asenapine maleate sublingual tablet sublingual	Saphris	2	
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL		4	
SECUADO TRANSDERMAL PATCH 24 HOUR		4	
*Dibenzothiazepines***			
quetiapine fumarate er oral tablet extended release 24 hour	SEROquel XR	1	
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	SEROquel	1	
SEROQUEL ORAL TABLET		4	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR		4	
*Dibenzoxazepines***			
loxapine succinate oral capsule		1	
*Dihydroindolones***			
molindone hcl oral tablet		1	
*Muscarinic Agent - Combinations***			
COBENFY ORAL CAPSULE		4	PA; QL
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK		4	PA; QL
*Phenothiazines***			
chlorpromazine hcl oral tablet		1	
COMPRO RECTAL SUPPOSITORY		1	
fluphenazine hcl oral concentrate		1	
fluphenazine hcl oral elixir		1	
fluphenazine hcl oral tablet		1	
perphenazine oral tablet		1	
prochlorperazine maleate oral tablet		1	
prochlorperazine rectal suppository	Compro	1	
thioridazine hcl oral tablet		1	
trifluoperazine hcl oral tablet		1	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
*Quinolinone Derivatives***			
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE		4	ST; QL
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE		4	ST; QL
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER		4	ST; QL
ABILIFY ORAL TABLET		4	
aripiprazole oral solution		1	
aripiprazole oral tablet	Abilify	1	
aripiprazole oral tablet dispersible		1	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE		4	ST; QL
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE		4	ST; QL
OPIPZA ORAL FILM		4	PA; QL
REXULTI ORAL TABLET		4	QL
*Thienbenzodiazepines***			
olanzapine oral tablet	ZyPREXA	1	
olanzapine oral tablet dispersible		1	
ZYPREXA ORAL TABLET 20 MG		4	
*Thioxanthenes***			
thiothixene oral capsule		1	
Antiseptics & Disinfectants			
*Antiseptics & Disinfectants***			
hydrogen peroxide solution 30 %		2	
*Chlorine Antiseptics***			
chlorhexidine gluconate solution 20 %		4	
*Iodine Antiseptics***			
lugols strong iodine external solution		4	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
Antivirals			
*Antiretroviral Combinations***			
abacavir sulfate-lamivudine oral tablet		2	
BIKTARVY ORAL TABLET		3	
CIMDUO ORAL TABLET		4	
COMPLERA ORAL TABLET		3	
DELSTRIGO ORAL TABLET		4	
DESCOVY ORAL TABLET		3	
DOVATO ORAL TABLET		3	
efavirenz-emtricitab-tenofo df oral tablet		2	
efavirenz-lamivudine-tenofovir oral tablet	Symfi	2	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	Truvada	2	
emtricitabine-tenofovir df oral tablet 200-300 mg	Truvada	ACA	
emtricitab-rilpivir-tenofov df oral tablet	Complera	1	
EVOTAZ ORAL TABLET		4	TF
GENVOYA ORAL TABLET		3	
JULUCA ORAL TABLET		4	
KALETRA ORAL SOLUTION		4	
KALETRA ORAL TABLET		4	
lamivudine-zidovudine oral tablet		2	
lopinavir-ritonavir oral tablet	Kaletra	2	
ODEFSEY ORAL TABLET		3	
PREZCOBIX ORAL TABLET		4	
STRIBILD ORAL TABLET		4	
SYMFI ORAL TABLET		4	
SYMTUZA ORAL TABLET		4	
TRIUMEQ ORAL TABLET		3	QL
triumeq pd oral tablet soluble		3	QL
TRUVADA ORAL TABLET		4	
*Antiretrovirals - Capsid Inhibitors***			
SUNLENCA ORAL TABLET		6	PA; SP

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
SUNLENCA ORAL TABLET THERAPY PACK		6	PA; QL
SUNLENCA SUBCUTANEOUS SOLUTION		6	PA; QL
*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***			
maraviroc oral tablet	Selzentry	2	
SELZENTRY ORAL SOLUTION		3	
SELZENTRY ORAL TABLET 150 MG, 300 MG		4	
*Antiretrovirals - Fusion Inhibitors***			
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED		5	
*Antiretrovirals - Gp120-Directed Attachment Inhibitor***			
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR		4	PA; TF; QL
*Antiretrovirals - Integrase Inhibitors***			
ISENTRESS HD ORAL TABLET		3	
ISENTRESS ORAL TABLET		3	
ISENTRESS ORAL TABLET CHEWABLE		3	
TIVICAY ORAL TABLET 50 MG		3	
TIVICAY PD ORAL TABLET SOLUBLE		3	
*Antiretrovirals - Protease Inhibitors***			
APTIVUS ORAL CAPSULE		3	
atazanavir sulfate oral capsule	Reyataz	2	
darunavir oral tablet	Prezista	2	
fosamprenavir calcium oral tablet		2	
NORVIR ORAL PACKET		3	
NORVIR ORAL TABLET		4	
PREZISTA ORAL SUSPENSION		3	
PREZISTA ORAL TABLET 150 MG, 75 MG		3	
PREZISTA ORAL TABLET 600 MG, 800 MG		4	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
REYATAZ ORAL CAPSULE 200 MG, 300 MG		4	
ritonavir oral tablet	Norvir	2	
VIRACEPT ORAL TABLET		3	
*Antiretrovirals - Rti-Non-Nucleoside Analogues***			
EDURANT ORAL TABLET		3	
EDURANT PED ORAL TABLET SOLUBLE		3	
efavirenz oral tablet		2	
etravirine oral tablet	Intelence	2	
INTELENCE ORAL TABLET 100 MG, 200 MG		4	
INTELENCE ORAL TABLET 25 MG		3	
nevirapine er oral tablet extended release 24 hour 400 mg		2	
nevirapine oral suspension		2	
nevirapine oral tablet		2	
PIFELTRO ORAL TABLET		4	
*Antiretrovirals - Rti-Nucleoside Analogues-Purines***			
abacavir sulfate oral solution	Ziagen	2	
abacavir sulfate oral tablet		2	
ZIAGEN ORAL SOLUTION		4	
*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***			
emtricitabine oral capsule	Emtriva	ACA	
EMTRIVA ORAL CAPSULE		4	
EMTRIVA ORAL SOLUTION		3	
EPIVIR ORAL SOLUTION		4	
EPIVIR ORAL TABLET		4	
lamivudine oral solution 10 mg/ml	Epivir	2	
lamivudine oral tablet 150 mg, 300 mg	Epivir	2	
*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***			
RETROVIR ORAL CAPSULE		4	
RETROVIR ORAL SYRUP		4	
zidovudine oral capsule	Retrovir	2	
zidovudine oral syrup	Retrovir	2	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
zidovudine oral tablet		2	
*Antiretrovirals - Rti-Nucleotide Analogues***			
tenofovir disoproxil fumarate oral tablet	Viread	ACA	
VIREAD ORAL POWDER		3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		3	
VIREAD ORAL TABLET 300 MG		4	
*Antiretrovirals Adjuvants***			
TYBOST ORAL TABLET		4	
*Antiviral Combinations***			
PAXLOVID (150/100) ORAL TABLET THERAPY PACK		3	
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK		3	
PAXLOVID (300/100) ORAL TABLET THERAPY PACK		3	
*Cmv Agents***			
LIVTENCITY ORAL TABLET		6	PA; QL
PREVYMIS ORAL PACKET		6	PA; SP; QL
PREVYMIS ORAL TABLET		6	PA; SP; QL
VALCYTE ORAL SOLUTION RECONSTITUTED		4	
VALCYTE ORAL TABLET		4	
valganciclovir hcl oral solution reconstituted	Valcyte	2	
valganciclovir hcl oral tablet	Valcyte	2	
*Hepatitis B Agents***			
adefovir dipivoxil oral tablet		5	SP
BARACLUDE ORAL SOLUTION		6	
BARACLUDE ORAL TABLET		6	TF
entecavir oral tablet	Baraclude	5	TF
lamivudine oral tablet 100 mg		5	
VEMLIDY ORAL TABLET		5	SP

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
*Hepatitis C Agent - Combinations***			
EPCLUSA ORAL PACKET		5	PA; SP; QL
EPCLUSA ORAL TABLET		5	PA; SP; QL
HARVONI ORAL PACKET		5	PA; SP; QL
HARVONI ORAL TABLET		5	PA; SP; QL
VOSEVI ORAL TABLET		5	PA; SP; QL
*Hepatitis C Agents***			
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML		5	SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		5	SP
ribavirin oral capsule		5	SP
ribavirin oral tablet 200 mg		5	SP
*Herpes Agents - Purine Analogues***			
acyclovir oral capsule		2	
acyclovir oral suspension 200 mg/5ml		2	
acyclovir oral tablet		2	
valacyclovir hcl oral tablet	Valtrex	2	
VALTREX ORAL TABLET		4	
*Herpes Agents - Thymidine Analogues***			
famciclovir oral tablet		2	
*Influenza Agents***			
rimantadine hcl oral tablet		2	
*Misc. Antivirals***			
LAGEVRIO ORAL CAPSULE		4	
*Neuraminidase Inhibitors***			
oseltamivir phosphate oral capsule	Tamiflu	2	QL
oseltamivir phosphate oral suspension reconstituted	Tamiflu	2	QL
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT		4	QL
TAMIFLU ORAL CAPSULE		4	QL
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML		4	QL

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
*Pa Endonuclease Inhibitors***			
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG		4	QL
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG		4	QL
Beta Blockers			
*Alpha-Beta Blockers***			
carvedilol oral tablet	Coreg	1	PREV
carvedilol phosphate er oral capsule extended release 24 hour	Coreg CR	2	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR		4	
COREG ORAL TABLET		4	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg		1	PREV
*Beta Blockers Cardio-Selective***			
acebutolol hcl oral capsule		1	PREV
atenolol oral tablet	Tenormin	1	PREV
betaxolol hcl oral tablet		1	PREV
bisoprolol fumarate oral tablet 10 mg, 5 mg		1	PREV
BYSTOLIC ORAL TABLET		4	
LOPRESSOR ORAL SOLUTION		4	
LOPRESSOR ORAL TABLET		4	
metoprolol succinate er oral tablet extended release 24 hour	Toprol XL	1	PREV
metoprolol tartrate oral tablet 100 mg, 50 mg	Lopressor	1	PREV
metoprolol tartrate oral tablet 25 mg		1	PREV
nebivolol hcl oral tablet	Bystolic	2	
TENORMIN ORAL TABLET 25 MG		4	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR		4	
*Beta Blockers Non-Selective***			
BETAPACE AF ORAL TABLET		4	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG		4	
HEMANGEOL ORAL SOLUTION		4	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR		4	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR		4	TF
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR		4	TF
nadolol oral tablet 20 mg, 40 mg, 80 mg		2	PREV
pindolol oral tablet		1	PREV
propranolol hcl er oral capsule extended release 24 hour	Inderal LA	1	PREV
propranolol hcl oral solution		1	PREV
propranolol hcl oral tablet		1	PREV
sotalol hcl (af) oral tablet	Betapace AF	1	PREV
sotalol hcl oral tablet	Betapace	1	PREV
timolol maleate oral tablet		1	PREV
Calcium Channel Blockers			
*Calcium Channel Blockers***			
amlodipine besylate oral tablet	Norvasc	1	PREV
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR		4	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR		4	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG		4	
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR		1	PREV
diltiazem hcl er beads oral capsule extended release 24 hour	Tiadyt ER	1	PREV
diltiazem hcl er coated beads oral capsule extended release 24 hour	Cardizem CD	1	PREV
diltiazem hcl er oral capsule extended release 12 hour		1	PREV
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg		1	PREV

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
diltiazem hcl er oral tablet extended release 24 hour	Cardizem LA	1	PREV
diltiazem hcl oral tablet	Cardizem	1	PREV
dilt-xr oral capsule extended release 24 hour		1	PREV
felodipine er oral tablet extended release 24 hour		1	PREV
isradipine oral capsule		1	PREV
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR		1	PREV
nicardipine hcl oral capsule		1	PREV
nifedipine er oral tablet extended release 24 hour		1	PREV
nifedipine er osmotic release oral tablet extended release 24 hour	Procardia XL	1	PREV
nifedipine oral capsule		1	PREV
nimodipine oral capsule		1	
nisoldipine er oral tablet extended release 24 hour	Sular	2	
NORVASC ORAL TABLET		4	
NYMALIZE ORAL SOLUTION 6 MG/ML		4	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR		4	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG		4	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR		1	PREV
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR		4	
verapamil hcl er oral capsule extended release 24 hour		1	PREV
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg		1	PREV
verapamil hcl oral tablet		1	PREV

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
Cardiotonics			
*Cardiac Glycosides***			
digoxin oral solution		2	
digoxin oral tablet	Lanoxin	2	
LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG		4	
Cardiovascular Agents - Misc.			
*Calcium Channel Blocker & Hmg Coa Reductase Inhibit Comb***			
amlodipine-atorvastatin oral tablet	Caduet	1	PREV
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG		4	
*Cardiac Myosin Inhibitors***			
CAMZYOS ORAL CAPSULE		6	PA; SP; QL
*Cardiovascular Sglt2 Inhibitors**			
INPEFA ORAL TABLET		4	ST; QL
*Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb***			
ENTRESTO ORAL CAPSULE SPRINKLE		4	
ENTRESTO ORAL TABLET		4	
sacubitril-valsartan oral tablet	Entresto	2	
*Nitrate & Vasodilator Combinations***			
BIDIL ORAL TABLET		4	
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	BiDil	2	
*Prostaglandin Vasodilators***			
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK		6	PA; SP; QL
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK		6	PA; SP; QL
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK		6	PA; SP; QL

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
ORENITRAM ORAL TABLET EXTENDED RELEASE		6	PA; SP
*Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)***			
ADEMPAS ORAL TABLET		5	PA; SP; QL
*Pulmonary Hypertension - Activin Signaling Inhibitor***			
WINREVAIR SUBCUTANEOUS KIT		6	PA; SP; QL
*Pulmonary Hypertension - Endothelin Receptor Antagonists***			
ambrisentan oral tablet	Letairis	5	PA; SP; QL
bosentan oral tablet	Tracleer	5	PA; SP; QL
OPSUMIT ORAL TABLET		5	PA; SP; QL
TRACLEER ORAL TABLET SOLUBLE		6	PA; SP; QL
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***			
ALYQ ORAL TABLET		5	PA; SP; QL
sildenafil citrate oral suspension reconstituted		5	PA; SP; QL
sildenafil citrate oral tablet 20 mg	Revatio	5	PA; SP; QL
tadalafil (pah) oral tablet	Alyq	5	PA; SP; QL
*Pulmonary Hypertension - Prostacyclin Receptor Agonist***			
UPTRAVI ORAL TABLET		6	PA; SP; QL
UPTRAVI TITRATION ORAL TABLET THERAPY PACK		6	PA; SP; QL
*Transthyretin Stabilizers***			
ATTRUBY ORAL TABLET THERAPY PACK		6	PA; SP; QL
VYNDAMAX ORAL CAPSULE		6	PA; SP; QL
VYND AQEL ORAL CAPSULE		6	PA; SP; QL
*Vasoactive Soluble Guanylate Cyclase Stimulator (Sgc)***			
VERQUVO ORAL TABLET		4	PA; QL
Cephalosporins			
*Cephalosporin Combinations***			
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED		4	
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED		4	

Premium 6-Tier Formulary

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

Drug	Reference	Tier	Notes
*Cephalosporins - 1St Generation***			
cefadroxil oral capsule		2	
cefadroxil oral suspension reconstituted		2	
cefadroxil oral tablet		2	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 500 mg		2	
cefazolin sodium injection solution reconstituted 100 gm, 300 gm		4	
cefazolin sodium intravenous solution reconstituted 1 gm		2	
cefazolin sodium intravenous solution reconstituted 2 gm, 3 gm		4	
cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%		4	
cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm-%(50ml)		4	
cephalexin oral capsule		1	
cephalexin oral suspension reconstituted		1	
cephalexin oral tablet		1	
*Cephalosporins - 2Nd Generation***			
cefaclor er oral tablet extended release 12 hour		4	
cefaclor oral capsule		2	
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	Cefotan	2	
cefoxitin sodium intravenous solution reconstituted		2	
cefoxitin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-2.2 gm-%(50ml)		4	
cefprozil oral suspension reconstituted		2	
cefprozil oral tablet		2	
cefuroxime axetil oral tablet		2	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
cefuroxime sodium injection solution reconstituted 750 mg		2	
cefuroxime sodium intravenous solution reconstituted 1.5 gm		2	
*Cephalosporins - 3Rd Generation***			
cefdinir oral capsule		2	
cefdinir oral suspension reconstituted		2	
cefixime oral capsule		2	
cefixime oral suspension reconstituted		2	
cefpodoxime proxetil oral suspension reconstituted		2	
cefpodoxime proxetil oral tablet		2	
ceftazidime injection solution reconstituted 1 gm	Tazicef	2	
ceftazidime injection solution reconstituted 6 gm		2	
ceftazidime intravenous solution reconstituted	Tazicef	2	
ceftriaxone sodium in dextrose intravenous solution		2	
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg		2	
ceftriaxone sodium injection solution reconstituted 100 gm		4	
ceftriaxone sodium intravenous solution reconstituted		2	
ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)		4	
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM		2	
TAZICEF INTRAVENOUS SOLUTION		4	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED		2	
*Cephalosporins - 4Th Generation***			
cefepime hcl injection solution reconstituted 1 gm		2	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
cefepime hcl intravenous solution		4	
cefepime hcl intravenous solution reconstituted 100 gm		4	
cefepime hcl intravenous solution reconstituted 2 gm		2	
cefepime-dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)		4	
*Cephalosporins - 5Th Generation***			
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED		4	
*Cephalosporins - Siderophores***			
FETROJA INTRAVENOUS SOLUTION RECONSTITUTED		4	
Contraceptives			
*Biphasic Contraceptives - Oral***			
AZURETTE ORAL TABLET		ACA	PREV
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	Azurette	ACA	PREV
KARIVA ORAL TABLET		ACA	PREV
LO LOESTRIN FE ORAL TABLET		3	
PIMTREA ORAL TABLET		ACA	PREV
SIMLIYA ORAL TABLET		ACA	PREV
viorele oral tablet	Azurette	ACA	PREV
VOLNEA ORAL TABLET		ACA	PREV
*Combination Contraceptives - Oral***			
AFIRMELLE ORAL TABLET		ACA	PREV
ALTAVERA ORAL TABLET		ACA	PREV
alyacen 1/35 oral tablet	Dasetta 1/35 (28)	ACA	PREV
APRI ORAL TABLET		ACA	PREV
AUBRA EQ ORAL TABLET		ACA	PREV
AUROVELA 1.5/30 ORAL TABLET		ACA	PREV
AUROVELA 1/20 ORAL TABLET		ACA	PREV
AUROVELA 24 FE ORAL TABLET		ACA	PREV
AUROVELA FE 1.5/30 ORAL TABLET		ACA	PREV

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
AUROVELA FE 1/20 ORAL TABLET		ACA	PREV
AVERI ORAL TABLET		4	
AVIANE ORAL TABLET		ACA	PREV
AYUNA ORAL TABLET		ACA	PREV
BALCOLTRA ORAL TABLET		4	
BALZIVA ORAL TABLET		ACA	PREV
BEYAZ ORAL TABLET		4	
BLISOVI 24 FE ORAL TABLET		ACA	PREV
BLISOVI FE 1.5/30 ORAL TABLET		ACA	PREV
BLISOVI FE 1/20 ORAL TABLET		ACA	PREV
briellyn oral tablet	Balziva	ACA	PREV
CHARLOTTE 24 FE ORAL TABLET CHEWABLE		ACA	PREV
CHATEAL EQ ORAL TABLET		ACA	PREV
CRYSELLE-28 ORAL TABLET		ACA	PREV
CYRED EQ ORAL TABLET		ACA	PREV
DASETTA 1/35 (28) ORAL TABLET		ACA	PREV
DELYLA ORAL TABLET		ACA	PREV
drospiren-eth estrad-levomefol oral tablet	Beyaz	ACA	PREV
drospirenone-ethinyl estradiol oral tablet	Yasmin 28	ACA	PREV
ELINEST ORAL TABLET		ACA	PREV
ENSKYCE ORAL TABLET 0.15-30 MG-MCG		ACA	PREV
ESTARYLLA ORAL TABLET		ACA	PREV
ethynodiol diac-eth estradiol oral tablet	Kelnor 1/35	ACA	PREV
FALMINA ORAL TABLET		ACA	PREV
FEMLYV ORAL TABLET DISPERSIBLE		4	
FINZALA ORAL TABLET CHEWABLE		ACA	PREV
GALBRIELA ORAL TABLET CHEWABLE		2	
GEMMILY ORAL CAPSULE		ACA	PREV
HAILEY 1.5/30 ORAL TABLET		ACA	PREV
HAILEY 24 FE ORAL TABLET		ACA	PREV

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

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

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
LUIZZA 1/20 ORAL TABLET		ACA	
LUTERA ORAL TABLET		ACA	PREV
marlissa oral tablet	Altavera	ACA	PREV
MERZEE ORAL CAPSULE		ACA	PREV
MICROGESTIN 1.5/30 ORAL TABLET		ACA	PREV
MICROGESTIN 1/20 ORAL TABLET		ACA	PREV
MICROGESTIN FE 1.5/30 ORAL TABLET		ACA	PREV
MICROGESTIN FE 1/20 ORAL TABLET		ACA	PREV
MILI ORAL TABLET		ACA	PREV
MONO-LINYAH ORAL TABLET		ACA	PREV
NECON 0.5/35 (28) ORAL TABLET		ACA	PREV
NIKKI ORAL TABLET		ACA	PREV
norethin ace-eth estrad-fe oral capsule	Taytulla	ACA	PREV
norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg	Aurovela Fe 1.5/30	ACA	PREV
norethin ace-eth estrad-fe oral tablet chewable	Charlotte 24 Fe	ACA	PREV
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg	Aurovela 1/20	ACA	PREV
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	Estarylla	ACA	PREV
NORTREL 0.5/35 (28) ORAL TABLET		ACA	PREV
NORTREL 1/35 (21) ORAL TABLET		ACA	PREV
NORTREL 1/35 (28) ORAL TABLET		ACA	PREV
NYLIA 1/35 ORAL TABLET		ACA	PREV
PHILITH ORAL TABLET		ACA	PREV
PORTIA-28 ORAL TABLET		ACA	PREV
RECLIPSEN ORAL TABLET		ACA	PREV
SAFYRAL ORAL TABLET		4	
SPRINTEC 28 ORAL TABLET		ACA	PREV
SRONYX ORAL TABLET		ACA	PREV
SYEDA ORAL TABLET		ACA	PREV
TARINA 24 FE ORAL TABLET		ACA	PREV
TARINA FE 1/20 EQ ORAL TABLET		ACA	PREV

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
TAYSOFY ORAL CAPSULE		ACA	PREV
TAYTULLA ORAL CAPSULE		4	
TYBLUME ORAL TABLET CHEWABLE		4	
VESTURA ORAL TABLET		ACA	PREV
VIENVA ORAL TABLET		ACA	PREV
VYFEMLA ORAL TABLET		ACA	PREV
VYLIBRA ORAL TABLET		ACA	PREV
WERA ORAL TABLET		ACA	PREV
WYMZYA FE ORAL TABLET CHEWABLE		ACA	PREV
YASMIN 28 ORAL TABLET		4	
YAZ ORAL TABLET		4	
ZOVIA 1/35 (28) ORAL TABLET		ACA	PREV
ZUMANDIMINE ORAL TABLET		ACA	PREV
*Combination Contraceptives - Transdermal***			
TWIRLA TRANSDERMAL PATCH WEEKLY		4	
XULANE TRANSDERMAL PATCH WEEKLY		ACA	PREV
ZAFEMY TRANSDERMAL PATCH WEEKLY		ACA	PREV
*Combination Contraceptives - Vaginal***			
ANNOVERA VAGINAL RING		4	PREV; QL
ELURYNG VAGINAL RING		ACA	PREV
ENILLORING VAGINAL RING		ACA	PREV
etonogestrel-ethinyl estradiol vaginal ring	NuvaRing	ACA	PREV
HALOETTE VAGINAL RING		ACA	PREV
NUVARING VAGINAL RING		4	
*Continuous Contraceptives - Oral***			
AMETHYST ORAL TABLET		ACA	PREV
DOLISHALE ORAL TABLET		ACA	PREV
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	Amethyst	ACA	PREV

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
*Emergency Contraceptives***			
AFTERA ORAL TABLET		ACA	PREV
AFTERPILL ORAL TABLET		ACA	PREV
ECONTRA ONE-STEP ORAL TABLET		ACA	PREV
ELLA ORAL TABLET		ACA	PREV
HER STYLE ORAL TABLET		ACA	PREV
levonorgestrel oral tablet 1.5 mg	Aftera	ACA	PREV
MY CHOICE ORAL TABLET		ACA	PREV
MY WAY ORAL TABLET		ACA	PREV
NEW DAY ORAL TABLET		ACA	PREV
OPCICON ONE-STEP ORAL TABLET		ACA	PREV
OPTION 2 ORAL TABLET		ACA	PREV
REACT ORAL TABLET		ACA	PREV
TAKE ACTION ORAL TABLET		ACA	PREV
*Extended-Cycle Contraceptives - Oral***			
ASHLYNA ORAL TABLET		ACA	PREV
CAMRESE LO ORAL TABLET		ACA	PREV
CAMRESE ORAL TABLET		ACA	PREV
DAYSEE ORAL TABLET		ACA	PREV
ICLEVIA ORAL TABLET		ACA	PREV
INTROVALE ORAL TABLET		ACA	PREV
JAIMIESS ORAL TABLET		ACA	PREV
JOLESSA ORAL TABLET		ACA	PREV
levonorgest-eth estrad 91-day oral tablet	Ashlyna	ACA	PREV
LOJAIMIESS ORAL TABLET		ACA	PREV
RIVELSA ORAL TABLET		ACA	PREV
SETLAKIN ORAL TABLET		ACA	PREV
SIMPESSE ORAL TABLET		ACA	PREV
*Four Phase Contraceptives - Oral***			
NATAZIA ORAL TABLET		4	
*Progestin Contraceptives - Injectable***			
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML		4	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE		4	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE		ACA	
medroxyprogesterone acetate intramuscular suspension	Depo-Provera	ACA	PREV
medroxyprogesterone acetate intramuscular suspension prefilled syringe	Depo-Provera	ACA	PREV
*Progestin Contraceptives - Oral***			
CAMILA ORAL TABLET		ACA	PREV
DEBLITANE ORAL TABLET		ACA	PREV
ERRIN ORAL TABLET		ACA	PREV
HEATHER ORAL TABLET		ACA	PREV
INCASSIA ORAL TABLET		ACA	PREV
JENCYCLA ORAL TABLET		ACA	PREV
LYLEQ ORAL TABLET		ACA	PREV
LYZA ORAL TABLET		ACA	PREV
NORA-BE ORAL TABLET		ACA	PREV
norethindrone oral tablet	Camila	ACA	PREV
NORLYROC ORAL TABLET		ACA	PREV
SHAROBEL ORAL TABLET		ACA	PREV
SLYND ORAL TABLET		4	
*Triphasic Contraceptives - Oral***			
alyacen 7/7/7 oral tablet	Dasetta 7/7/7	ACA	PREV
ARANELLE ORAL TABLET		ACA	PREV
DASETTA 7/7/7 ORAL TABLET		ACA	PREV
ENPRESSE-28 ORAL TABLET		ACA	PREV
LEENA ORAL TABLET		ACA	PREV
LEVONEST ORAL TABLET		ACA	PREV
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	Enpresse-28	ACA	PREV
norgestim-eth estrad triphasic oral tablet	Tri-Estarylla	ACA	PREV
NORTREL 7/7/7 ORAL TABLET		ACA	PREV

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
NYLIA 7/7/7 ORAL TABLET		ACA	PREV
TILIA FE ORAL TABLET		ACA	PREV
TRI-ESTARYLLA ORAL TABLET		ACA	PREV
TRI-LEGEST FE ORAL TABLET		ACA	PREV
TRI-LINYAH ORAL TABLET		ACA	PREV
TRI-LO-ESTARYLLA ORAL TABLET		ACA	PREV
TRI-LO-MARZIA ORAL TABLET		ACA	PREV
TRI-LO-MILI ORAL TABLET		ACA	PREV
TRI-LO-SPRINTEC ORAL TABLET		ACA	PREV
TRI-MILI ORAL TABLET		ACA	PREV
TRI-SPRINTEC ORAL TABLET		ACA	PREV
TRIVORA (28) ORAL TABLET		ACA	PREV
TRI-VYLIBRA LO ORAL TABLET		ACA	PREV
TRI-VYLIBRA ORAL TABLET		ACA	PREV
VELIVET ORAL TABLET		ACA	PREV
Corticosteroids			
*Glucocorticosteroids***			
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE		4	PA; TF
budesonide er oral tablet extended release 24 hour	Uceris	2	
budesonide oral capsule delayed release particles		2	
CORTEF ORAL TABLET		4	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE		4	
dexamethasone oral elixir		2	
dexamethasone oral solution		2	
dexamethasone oral tablet		2	
EOHILIA ORAL SUSPENSION		4	QL
hydrocortisone oral tablet	Cortef	2	
hydrocortisone sod suc (pf) injection solution reconstituted	Solu-CORTEF	2	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG		4	
MEDROL ORAL TABLET 2 MG		4	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
MEDROL ORAL TABLET THERAPY PACK		4	
methylprednisolone oral tablet	Medrol	2	
methylprednisolone oral tablet therapy pack	Medrol	2	
methylprednisolone sodium succ injection solution reconstituted 40 mg		2	
ORAPRED ODT ORAL TABLET DISPERSIBLE		4	
PEDIAPRED ORAL SOLUTION		4	
prednisolone oral solution		1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml		2	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml		1	
prednisolone sodium phosphate oral solution 5 mg/5ml	Pediapred	1	
prednisolone sodium phosphate oral tablet dispersible	Orapred ODT	2	
PREDNISONE INTENSOL ORAL CONCENTRATE		4	
prednisone oral solution		1	
prednisone oral tablet		1	
prednisone oral tablet therapy pack		1	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG		4	
SOLU-MEDROL (PF) INJECTION SOLUTION RECONSTITUTED 40 MG		4	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR		4	
*Mineralocorticoids***			
fludrocortisone acetate oral tablet		1	
Cough/Cold/Allergy			
*Antitussive - Nonnarcotic***			
benzonatate oral capsule 100 mg, 200 mg		1	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
*Antitussive - Opioid***			
HYCODAN ORAL SOLUTION		4	
HYCODAN ORAL TABLET		4	
hydrocodone bit-homatrop mbr oral solution	Hycodan	2	
hydrocodone bit-homatrop mbr oral tablet	Hycodan	2	
hydromet oral solution	Hycodan	2	
*Antitussive-Expectorant***			
g tussin ac oral solution		2	
guaifenesin-codeine oral solution		2	
maxi-tuss ac oral solution		2	
*Misc. Respiratory Inhalants***			
HYPERSAL INHALATION NEBULIZATION SOLUTION 7 %		4	
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %		1	
PULMOSAL INHALATION NEBULIZATION SOLUTION		1	
sodium chloride inhalation nebulization solution 0.9 %, 10 %		1	
sodium chloride inhalation nebulization solution 3 %	Nebusal	1	
sodium chloride inhalation nebulization solution 7 %	PulmoSal	1	
*Mucolytics***			
acetylcysteine inhalation solution		2	
*Non-Narc Antitussive-Antihistamine***			
promethazine-dm oral syrup 6.25-15 mg/5ml		2	
*Non-Narc Antitussive-Decongestant-Antihistamine***			
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml		1	
*Opioid Antitussive-Antihistamine***			
hydrocod poli-chlorphe poli er oral suspension extended release		2	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
promethazine-codeine oral solution		2	
promethazine-codeine oral syrup		2	
Dermatologicals			
*Acne Antibiotics***			
ACZONE EXTERNAL GEL		4	
AMZEEQ EXTERNAL FOAM		4	
CLEOCIN-T EXTERNAL LOTION		4	
CLINDACIN ETZ EXTERNAL SWAB		2	
CLINDACIN EXTERNAL FOAM		2	
CLINDACIN-P EXTERNAL SWAB		2	
CLINDAGEL EXTERNAL GEL		4	
clindamycin phos (once-daily) external gel	Clindagel	2	
clindamycin phos (twice-daily) external gel		2	
clindamycin phosphate external foam	Clindacin	2	
clindamycin phosphate external lotion	Cleocin-T	2	
clindamycin phosphate external solution		2	
clindamycin phosphate external swab	Clindacin ETZ	2	
dapsone external gel	Aczone	2	
ery external pad		2	
erythromycin external gel		2	
erythromycin external solution		2	
KLARON EXTERNAL LOTION		4	
sulfacetamide sodium (acne) external lotion	Klaron	2	
*Acne Combinations***			
ACANYA EXTERNAL GEL		4	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	Epiduo	2	
BENZAMYCIN EXTERNAL GEL		4	
benzoyl peroxide-erythromycin external gel	Benzamycin	2	
clindamycin phos-benzoyl perox external gel 1.2-2.5 %	Acanya	2	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
clindamycin phos-benzoyl perox external gel 1.2-5 %	Neuac	2	
clindamycin phos-benzoyl perox external gel 1-5 %		2	
clindamycin-tretinoin external gel	Ziana	2	
EPIDUO EXTERNAL GEL		4	
NEUAC EXTERNAL GEL		2	
*Acne Products***			
ABSORICA ORAL CAPSULE		4	
ACUTANE ORAL CAPSULE		2	
adapalene external cream	Differin	2	
adapalene external gel	Differin	2	
adapalene external pad		2	
adapalene external solution		4	
AMNESTEEM ORAL CAPSULE		2	
ATRALIN EXTERNAL GEL		4	
AZELEX EXTERNAL CREAM		4	
CLARAVIS ORAL CAPSULE		2	
DIFFERIN EXTERNAL CREAM		4	
DIFFERIN EXTERNAL GEL 0.3 %		4	
DIFFERIN EXTERNAL LOTION		4	
EPSOLAY EXTERNAL CREAM		4	
isotretinoin oral capsule	Absorica	2	
RETIN-A EXTERNAL CREAM		4	
RETIN-A EXTERNAL GEL		4	
RETIN-A MICRO EXTERNAL GEL		4	
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.1 %		4	
tretinoin external cream	Retin-A	2	
tretinoin external gel	Atralin	2	
tretinoin microsphere external gel 0.04 %, 0.1 %	Retin-A Micro	2	
tretinoin microsphere pump external gel 0.04 %, 0.1 %	Retin-A Micro	2	
ZENATANE ORAL CAPSULE		2	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
*Agents For External Genital And Perianal Warts***			
VEREGEN EXTERNAL OINTMENT		4	
*Antibiotic Steroid Combinations - Topical***			
NEO-SYNALAR EXTERNAL CREAM		4	
*Antibiotics - Topical***			
gentamicin sulfate external cream		2	
gentamicin sulfate external ointment		2	
mupirocin external ointment		2	
*Antifungals - Topical Combinations***			
clotrimazole-betamethasone external cream		2	
clotrimazole-betamethasone external lotion		2	
fungimez external solution	Myco Nail	4	
miconazole-zinc oxide-petrolat external ointment	Vusion	2	
nystatin-triamcinolone external cream		2	
nystatin-triamcinolone external ointment		2	
VUSION EXTERNAL OINTMENT		4	
*Antifungals - Topical***			
CICLODAN EXTERNAL SOLUTION		2	
ciclopirox external gel		2	
ciclopirox external shampoo		2	
ciclopirox external solution	Ciclodan	2	
ciclopirox olamine external cream		2	
ciclopirox olamine external suspension		2	
naftifine hcl external cream 1 %		2	
naftifine hcl external cream 2 %		2	QL
NYAMYC EXTERNAL POWDER		1	
nystatin external cream		2	
nystatin external ointment		2	
nystatin external powder	Nyamyc	1	
NYSTOP EXTERNAL POWDER		1	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
*Anti-Inflammatory Agents - Topical***			
diclofenac epolamine external patch	Flector	2	
diclofenac sodium external solution 1.5 %		2	
FLECTOR EXTERNAL PATCH		4	
LICART EXTERNAL PATCH 24 HOUR		4	
*Antineoplastic Alkylating Agents - Topical***			
VALCHLOR EXTERNAL GEL		6	PA; QL
*Antineoplastic Antimetabolites - Topical***			
fluorouracil external cream		2	
fluorouracil external solution		2	
*Antineoplastic Or Premalignant Lesions - Topical Nsaid's***			
diclofenac sodium external gel 3 %		2	PA; QL
*Antineoplastic Retinoids - Topical***			
PANRETIN EXTERNAL GEL		4	SP
*Antipruritics - Topical***			
doxepin hcl external cream	Prudoxin	2	QL
*Antipsoriatics - Systemic***			
acitretin oral capsule		2	
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR		6	PA; SP; QL
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		6	PA; SP; QL
methoxsalen rapid oral capsule		2	SP
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR		5	PA; SP; QL
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		5	PA; SP; QL
SOTYKTU ORAL TABLET		6	PA; SP; QL
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML		6	PA; QL
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML		6	PA; SP

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML		5	PA; SP; QL
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		5	PA; SP; QL
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR		5	PA; SP; QL
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		5	PA; SP; QL
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR		5	PA; QL
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML		5	PA; SP; QL
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML		5	PA; SP; QL
*Antipsoriatics***			
calcipotriene external cream		2	QL
calcipotriene external ointment	Calcitrene	2	
calcipotriene external solution		2	
CALCITRENE EXTERNAL OINTMENT		2	
calcitriol external ointment	Vectical	2	
SORILUX EXTERNAL FOAM		4	
tazarotene external cream 0.1 %	Tazorac	2	
tazarotene external gel	Tazorac	2	
TAZORAC EXTERNAL CREAM		4	
TAZORAC EXTERNAL GEL		4	
VECTICAL EXTERNAL OINTMENT		4	
*Antiseborrheic Products***			
selenium sulfide external lotion		2	
*Antivirals - Topical***			
acyclovir external ointment	Zovirax	2	QL
DENAVIR EXTERNAL CREAM		4	
penciclovir external cream	Denavir	2	
ZOVIRAX EXTERNAL OINTMENT		4	QL

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
*Atopic Dermatitis - Janus Kinase (Jak) Inhibitors***			
OPZELURA EXTERNAL CREAM		4	PA; QL
*Atopic Dermatitis - Monoclonal Antibodies***			
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR		5	PA; SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML		5	PA; SP
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR		5	PA; SP
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		5	PA; SP
*Burn Products***			
SILVADENE EXTERNAL CREAM		4	
silver sulfadiazine external cream	SSD	1	
SSD EXTERNAL CREAM		1	
SULFAMYLON EXTERNAL CREAM		4	
*Cauterizing Agents***			
silver nitrate external solution 0.5 %		2	
*Corticosteroids - Topical***			
ala-cort external cream 1 %	Aveeno Anti-Itch Max St	2	
alclometasone dipropionate external cream		2	
alclometasone dipropionate external ointment		2	
amcinonide external ointment		2	
betamethasone dipropionate aug external cream		2	
betamethasone dipropionate aug external gel		2	
betamethasone dipropionate aug external lotion		2	
betamethasone dipropionate aug external ointment	Diprolene	2	
betamethasone dipropionate external cream		2	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
betamethasone dipropionate external lotion		2	
betamethasone dipropionate external ointment		2	
betamethasone valerate external cream		2	
betamethasone valerate external foam		2	
betamethasone valerate external lotion		2	
betamethasone valerate external ointment		2	
clobetasol propionate e external cream		2	
clobetasol propionate emulsion external foam	Tovet	2	
clobetasol propionate external cream 0.05 %		2	QL
clobetasol propionate external foam		2	
clobetasol propionate external gel		2	
clobetasol propionate external liquid	Clobex Spray	2	
clobetasol propionate external lotion	Clobex	2	
clobetasol propionate external ointment		2	QL
clobetasol propionate external shampoo	Clodan	2	
clobetasol propionate external solution		2	
CLOBEX EXTERNAL LOTION		4	
CLOBEX EXTERNAL SHAMPOO		4	
CLOBEX SPRAY EXTERNAL LIQUID		4	
clocortolone pivalate external cream	Cloderm	2	
CLODAN EXTERNAL SHAMPOO		2	
CLODERM EXTERNAL CREAM		4	
CORDRAN EXTERNAL TAPE		4	
DERMA-SMOOTH/FS BODY EXTERNAL OIL		4	
desonide external cream		2	QL
desonide external gel		2	
desonide external lotion		2	
desonide external ointment		2	
desoximetasone external cream		2	
desoximetasone external gel		2	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
desoximetasone external liquid	Topicort Spray	2	
desoximetasone external ointment	Topicort	2	
diflorasone diacetate external cream		2	PA; QL
diflorasone diacetate external ointment		2	PA; QL
DIPROLENE EXTERNAL OINTMENT		4	
fluocinolone acetonide body external oil	Derma-Smoothe/FS Body	2	
fluocinolone acetonide external cream	Synalar	2	
fluocinolone acetonide external ointment	Synalar	2	
fluocinolone acetonide external solution		2	
fluocinolone acetonide scalp external oil	Derma-Smoothe/FS Scalp	2	
fluocinonide emulsified base external cream		2	
fluocinonide external cream 0.05 %		2	
fluocinonide external cream 0.1 %	Vanos	2	QL
fluocinonide external gel		2	
fluocinonide external ointment		2	
fluocinonide external solution		2	
flurandrenolide external lotion		2	
fluticasone propionate external cream		2	
fluticasone propionate external lotion		2	
fluticasone propionate external ointment		2	
halcinonide external cream	Halog	2	
halobetasol propionate external cream		2	
halobetasol propionate external ointment		2	
HALOG EXTERNAL CREAM		4	
hydrocortisone butyrate external cream		2	
hydrocortisone butyrate external ointment		2	
hydrocortisone butyrate external solution		2	
hydrocortisone external cream 1 %	Aveeno Anti-Itch Max St	2	
hydrocortisone external cream 2.5 %		2	
hydrocortisone external lotion 2.5 %		2	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
hydrocortisone external ointment 1 %	Aquaphor Itch Relief Children	2	
hydrocortisone external ointment 2.5 %		2	
hydrocortisone max st external cream	Aveeno Anti-Itch Max St	2	
hydrocortisone valerate external cream		2	
hydrocortisone valerate external ointment		2	
MICORT HC EXTERNAL CREAM		2	
mometasone furoate external cream		2	
mometasone furoate external ointment		2	
mometasone furoate external solution		1	
SYNALAR EXTERNAL CREAM		4	
SYNALAR EXTERNAL OINTMENT		4	
TEXACORT EXTERNAL SOLUTION		2	
TOPICORT EXTERNAL OINTMENT		4	
TOPICORT SPRAY EXTERNAL LIQUID		4	
TOVET EXTERNAL FOAM		2	
triamcinolone acetonide external aerosol solution		2	
triamcinolone acetonide external cream	Triderm	2	
triamcinolone acetonide external lotion		2	
triamcinolone acetonide external ointment		2	
triamcinolone in absorbase external ointment		2	
TRIDERM EXTERNAL CREAM 0.5 %		2	
VANOS EXTERNAL CREAM		4	QL
*Enzymes - Topical***			
SANTYL EXTERNAL OINTMENT		4	PA; QL
*Imidazole-Related Antifungals - Topical***			
clotrimazole external cream	Lotrimin AF	2	
econazole nitrate external cream		2	
ERTACZO EXTERNAL CREAM		4	
EXELDERM EXTERNAL CREAM		4	
EXELDERM EXTERNAL SOLUTION		4	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
ketoconazole external cream		2	
ketoconazole external foam	Ketodan	2	
KETODAN EXTERNAL FOAM		2	
oxiconazole nitrate external cream		2	
OXISTAT EXTERNAL LOTION		4	
sulconazole nitrate external cream	Exelderm	2	
sulconazole nitrate external solution	Exelderm	2	
*Immunomodulators Imidazoquinolinamines - Topical***			
imiquimod external cream	Zyclara	2	
imiquimod pump external cream	Zyclara	2	
*Keratolytic/Antimitotic/Vesicant Agents***			
CONDYLOX EXTERNAL GEL		4	
podofilox external gel	Condylox	2	
podofilox external solution		2	
*Local Anesthetics - Topical***			
GLYDO EXTERNAL PREFILLED SYRINGE		2	QL
lidocaine external ointment 5 %		2	QL
lidocaine external patch 5 %	Lidoderm	2	
lidocaine hcl external solution		2	QL
lidocaine hcl urethral/mucosal external prefilled syringe	Glydo	2	QL
LIDODERM EXTERNAL PATCH		4	
*Macrolide Immunosuppressants - Topical***			
ELIDEL EXTERNAL CREAM		3	QL
HYFTOR EXTERNAL GEL		4	PA; QL
pimecrolimus external cream	Elidel	2	QL
tacrolimus external ointment 0.1 %		2	
*Phosphodiesterase 4 (Pde4) Inhibitors - Topical***			
EUCRISA EXTERNAL OINTMENT		4	ST; QL
ZORYVE EXTERNAL CREAM		4	
ZORYVE EXTERNAL FOAM		4	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
*Photodynamic Therapy Agents - Topical***			
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED		4	
*Prostaglandins - Topical***			
bimatoprost external solution	Latisse	2	
*Rosacea Agents***			
azelaic acid external gel	Finacea	2	
EMROSI ORAL CAPSULE EXTENDED RELEASE 24 HOUR		4	
FINACEA EXTERNAL GEL		4	
METROCREAM EXTERNAL CREAM		4	
METROGEL EXTERNAL GEL		4	
metronidazole external cream	MetroCream	2	
metronidazole external gel	Metrogel	2	
metronidazole external lotion		2	
NORITATE EXTERNAL CREAM		3	
ZILXI EXTERNAL FOAM		4	
*Scabicides & Pediculicides***			
CROTAN EXTERNAL LOTION		2	
ELIMITE EXTERNAL CREAM		4	
malathion external lotion	Ovide	2	
NATROBA EXTERNAL SUSPENSION		4	
OVIDE EXTERNAL LOTION		4	
permethrin external cream	Elimite	2	
spinosad external suspension	Natroba	2	
*Steroid-Local Anesthetic Combinations***			
EPIFOAM EXTERNAL FOAM		4	
PRAMOSONE EXTERNAL CREAM 1-1 %		4	
PRAMOSONE EXTERNAL LOTION		4	
*Topical Anesthetic Combinations***			
lidocaine-prilocaine external cream		2	QL
lidocaine-prilocaine external kit	Lido BDK	2	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
*Topical Selective Retinoid X Receptor Agonists***			
bexarotene external gel	Targretin	5	PA; SP; QL
TARGRETIN EXTERNAL GEL		6	PA; SP; QL
*Topical Steroid Combinations***			
calcipotriene-betameth diprop external ointment		2	QL
calcipotriene-betameth diprop external suspension	Taclonex	2	
TACLONEX EXTERNAL SUSPENSION		4	
*Wound Dressings***			
FILSUEVZ EXTERNAL GEL		6	PA
Diagnostic Products			
*Diagnostic Drugs***			
ARIDOL INHALATION KIT 0 & 5 & 10 & 20 & 40 MG		4	
*Diagnostic Tests***			
ACCU-CHEK AVIVA PLUS IN VITRO STRIP		3	PREV
ACCU-CHEK GUIDE TEST IN VITRO STRIP		3	PREV
ACCU-CHEK SMARTVIEW IN VITRO STRIP		3	PREV
ACCUTREND GLUCOSE IN VITRO STRIP		3	PREV
CHEMSTRIP K IN VITRO STRIP		4	
FREESTYLE INSULINX TEST IN VITRO STRIP		3	PREV
FREESTYLE LITE TEST IN VITRO STRIP		3	PREV
FREESTYLE PRECISION NEO TEST IN VITRO STRIP		3	PREV
FREESTYLE TEST IN VITRO STRIP		3	PREV
ketone test in vitro strip	Chemstrip K	4	
KETOSTIX IN VITRO STRIP		4	
ph strips in vitro diagnostic test	Chemstrip 2	4	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
RELION KETONE TEST IN VITRO STRIP		4	
*Multiple Urine Tests***			
KETO-DIASTIX IN VITRO STRIP		4	
*Radiographic Contrast Media - Iodinated***			
LIPIODOL INJECTION OIL 480 MG/ML		4	
Digestive Aids			
*Digestive Enzymes***			
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES		3	QL
SUCRAID ORAL SOLUTION		4	PA; QL
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT		3	QL
Diuretics			
*Carbonic Anhydrase Inhibitors***			
acetazolamide er oral capsule extended release 12 hour		2	
acetazolamide oral tablet		2	
dichlorphenamide oral tablet	Keveyis	5	PA; QL
KEVEYIS ORAL TABLET		6	PA; QL
methazolamide oral tablet		1	
*Diuretic Combinations***			
amiloride-hydrochlorothiazide oral tablet		1	PREV
spironolactone-hctz oral tablet		1	PREV
triamterene-hctz oral capsule 37.5-25 mg		1	PREV
triamterene-hctz oral tablet		1	PREV
*Loop Diuretics***			
bumetanide oral tablet	Bumex	1	PREV
BUMEX ORAL TABLET 0.5 MG		4	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
EDECIN ORAL TABLET		4	
ethacrynic acid oral tablet	Edecrin	2	
furosemide oral solution 10 mg/ml		1	PREV
furosemide oral solution 8 mg/ml		1	
furosemide oral tablet	Lasix	1	PREV
LASIX ORAL TABLET		4	
torsemide oral tablet	Soaanz	1	PREV
*Potassium Sparing Diuretics***			
ALDACTONE ORAL TABLET		4	
amiloride hcl oral tablet		1	PREV
spironolactone oral tablet	Aldactone	1	PREV
*Thiazides And Thiazide-Like Diuretics***			
chlorthalidone oral tablet 25 mg, 50 mg		1	PREV
DIURIL ORAL SUSPENSION		4	
hydrochlorothiazide oral capsule		1	PREV
hydrochlorothiazide oral tablet		1	PREV
indapamide oral tablet		1	PREV
metolazone oral tablet		1	PREV
THALITONE ORAL TABLET		4	
Endocrine And Metabolic Agents - Misc.			
*Bisphosphonates***			
ACTONEL ORAL TABLET 150 MG, 35 MG		4	
alendronate sodium oral solution		1	PREV; QL
alendronate sodium oral tablet 10 mg, 35 mg		1	PREV; QL
alendronate sodium oral tablet 70 mg	Fosamax	1	PREV; QL
ATELVIA ORAL TABLET DELAYED RELEASE		4	
BINOSTO ORAL TABLET EFFERVESCENT		4	
FOSAMAX ORAL TABLET 70 MG		4	QL
FOSAMAX PLUS D ORAL TABLET		4	QL
ibandronate sodium oral tablet		2	PREV; QL
risedronate sodium oral tablet 150 mg	Actonel	2	PREV

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
risedronate sodium oral tablet 30 mg, 5 mg		2	
risedronate sodium oral tablet 35 mg	Actonel	2	
risedronate sodium oral tablet delayed release	Atelvia	2	
*Calcimimetic Agents***			
cinacalcet hcl oral tablet	Sensipar	5	
SENSIPAR ORAL TABLET		6	
*Calcitonins***			
calcitonin (salmon) nasal solution		2	
*Carnitine Replenisher - Agents***			
levocarnitine oral solution	Carnitor	1	
levocarnitine oral tablet	Carnitor	1	
levocarnitine sf oral solution	Carnitor	1	
*Ckd Agent-Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor***			
XPHOZAH ORAL TABLET		6	PA; QL
Corticotropin-Releasing Factor (Crf) Receptor Type 1 Antag			
CRENESSITY ORAL CAPSULE 100 MG, 50 MG		6	PA; SP; QL
CRENESSITY ORAL CAPSULE 25 MG		6	PA
CRENESSITY ORAL SOLUTION		6	PA; SP; QL
*Cortisol Synthesis Inhibitors***			
ISTURISA ORAL TABLET 1 MG, 5 MG		6	PA; QL
*Dopamine Receptor Agonists***			
cabergoline oral tablet		2	
*Fabry Disease - Agents***			
GALAFOLD ORAL CAPSULE		6	PA; QL
*Gnrh/Lhrh Antagonists***			
ORILISSA ORAL TABLET		4	PA; QL
*Growth Hormone Receptor Antagonists***			
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED		6	PA; SP; QL

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
*Growth Hormone Releasing Hormones (Ghrh)***			
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED		6	PA; QL
EGRIFTA WR SUBCUTANEOUS KIT		6	PA; QL
*Growth Hormones***			
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE		5	PA; SP; QL
GENOTROPIN SUBCUTANEOUS CARTRIDGE		5	PA; SP; QL
HUMATROPE INJECTION CARTRIDGE		5	PA; SP; QL
SKYTROFA SUBCUTANEOUS CARTRIDGE 0.7 MG, 1.4 MG, 1.8 MG, 2.1 MG, 2.5 MG		5	PA; QL
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG		5	PA; SP; QL
SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR		6	PA; SP; QL
*Hereditary Orotic Aciduria Treatment - Agents**			
XURIDEN ORAL PACKET		6	PA; QL
*Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents***			
nitisinone oral capsule 10 mg, 2 mg, 5 mg	Orfadin	5	PA; SP
nitisinone oral capsule 20 mg	Orfadin	5	PA
NITYR ORAL TABLET		6	PA
ORFADIN ORAL SUSPENSION		6	PA
*Homocystinuria Treatment - Agents***			
betaine oral powder	Cystadane	5	
CYSTADANE ORAL POWDER		6	
*Hyperammonemia Treatment - Agents***			
CARBAGLU ORAL TABLET SOLUBLE		6	
carglumic acid oral tablet soluble	Carbaglu	5	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
*Hyperparathyroid Treatment - Vitamin D Analogs***			
calcitriol oral capsule	Rocaltrol	2	
calcitriol oral solution	Rocaltrol	2	
doxercalciferol oral capsule		2	
paricalcitol oral capsule	Zemplar	2	
ROCALTROL ORAL CAPSULE		4	
ROCALTROL ORAL SOLUTION		4	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG		4	
*Hypoparathyroid Treatment - Parathyroid Hormone Analogs***			
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR		6	PA; SP; QL
*Hypophosphatasia (Hpp) Agents***			
STRENSIQ SUBCUTANEOUS SOLUTION		6	PA
*Lhrh/Gnrh Agonist Analog Pituitary Suppressants***			
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT		5	SP
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT		5	SP
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT		5	SP
SYNAREL NASAL SOLUTION		3	SP
*Lipoprotein Lipase Deficiency (Lpld) Deficiency - Agents***			
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR		6	PA; SP; QL
*Melanocortin 4 (Mc4) Receptor Agonists***			
IMCIVREE SUBCUTANEOUS SOLUTION		4	
*Natriuretic Peptides***			
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED		6	PA; SP; QL
*Neurokinin 3 (Nk3) Receptor Antagonists***			
VEOZAH ORAL TABLET		4	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
*Non-Steroidal Mineralocorticoid Receptor Antagonists***			
KERENDIA ORAL TABLET 10 MG, 20 MG		4	QL
*Ovulation Stimulants-Gonadotropins***			
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT		6	SP
*Parathyroid Hormone And Derivatives***			
BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR		5	
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML		5	SP; QL
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml	Bonsity	5	ST; SP; QL
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR		5	ST; SP; QL
*Phenylketonuria Treatment - Agents***			
JAVYGTOR ORAL PACKET		5	PA
JAVYGTOR ORAL TABLET		5	PA
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML		6	PA; SP
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML		6	PA; SP; QL
sapropterin dihydrochloride oral packet	Javygtor	5	PA; SP
sapropterin dihydrochloride oral tablet	Javygtor	5	PA; SP
*Sclerostin Inhibitors***			
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		6	PA; SP; QL
*Selective Estrogen Receptor Modulators (Serms)***			
EVISTA ORAL TABLET		4	
OSPHENA ORAL TABLET		4	PA; QL
raloxifene hcl oral tablet	Evista	ACA	PREV

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
*Selective Vasopressin V2-Receptor Antagonists***			
JYNARQUE ORAL TABLET		6	PA; QL
JYNARQUE ORAL TABLET THERAPY PACK		6	PA; QL
tolvaptan oral tablet 15 mg, 30 mg	Jynarque	5	PA; SP; QL
tolvaptan oral tablet therapy pack	Jynarque	5	PA; QL
*Somatostatic Agents***			
lanreotide acetate subcutaneous solution	Somatuline Depot	6	PA; SP; QL
MYCAPSSA ORAL CAPSULE DELAYED RELEASE		6	PA; QL
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	SandoSTATIN	5	SP
octreotide acetate injection solution 1000 mcg/ml, 200 mcg/ml		5	SP
octreotide acetate intramuscular kit	SandoSTATIN LAR Depot	5	SP
octreotide acetate subcutaneous solution prefilled syringe		5	SP
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 500 MCG/ML		6	SP
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT		6	PA; SP; QL
SIGNIFOR SUBCUTANEOUS SOLUTION		6	PA; QL
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION		6	PA; SP; QL
*Urea Cycle Disorder - Agents***			
PHEBURANE ORAL PELLET		6	PA; SP; QL
sodium phenylbutyrate oral powder 3 gm/tsp	Buphenyl	5	PA; SP; QL
sodium phenylbutyrate oral tablet	Buphenyl	5	PA; SP; QL
*Vasopressin***			
DDAVP ORAL TABLET		4	
desmopressin ace spray refrig nasal solution		2	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
desmopressin acetate nasal solution		5	
desmopressin acetate oral tablet	DDAVP	2	
desmopressin acetate spray nasal solution		2	
Estrogens			
*Estrogen & Progestin***			
ACTIVELLA ORAL TABLET 1-0.5 MG		4	
ANGELIQ ORAL TABLET		4	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY		3	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY		3	
estradiol-norethindrone acet oral tablet	Abigale Lo	2	
FYAVOLV ORAL TABLET		2	
JINTELI ORAL TABLET		2	
MIMVEY ORAL TABLET		2	
norethindrone-eth estradiol oral tablet	Fyavolv	2	
PREMPHASE ORAL TABLET		3	
PREMPRO ORAL TABLET		3	
*Estrogen-Progestin-Gnrh Antagonist***			
MYFEMBREE ORAL TABLET		4	PA; QL
ORIAHNN ORAL CAPSULE THERAPY PACK		4	PA; QL
*Estrogens***			
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR		4	
CLIMARA TRANSDERMAL PATCH WEEKLY		4	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML		3	
DELESTROGEN INTRAMUSCULAR OIL 20 MG/ML		4	
DEPO-ESTRADIOL INTRAMUSCULAR OIL		4	
DIVIGEL TRANSDERMAL GEL		4	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
DOTTI TRANSDERMAL PATCH TWICE WEEKLY		2	
ELESTRIN TRANSDERMAL GEL		3	
estradiol oral tablet		2	
estradiol transdermal gel	Divigel	2	
estradiol transdermal patch twice weekly	Dotti	2	
estradiol transdermal patch weekly	Climara	2	
estradiol valerate intramuscular oil	Delestrogen	2	
ESTROGEL TRANSDERMAL GEL		3	
EVAMIST TRANSDERMAL SOLUTION		4	
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY		2	
MENOSTAR TRANSDERMAL PATCH WEEKLY		4	
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY		4	
PREMARIN ORAL TABLET		3	
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY		4	
Fluoroquinolones			
*Fluoroquinolones***			
BAXDELA ORAL TABLET		4	
CIPRO ORAL SUSPENSION RECONSTITUTED		4	
CIPRO ORAL TABLET 250 MG, 500 MG		4	
ciprofloxacin hcl oral tablet 250 mg, 500 mg	Cipro	2	
ciprofloxacin hcl oral tablet 750 mg		2	
ciprofloxacin in d5w intravenous solution		2	
levofloxacin in d5w intravenous solution		2	
levofloxacin intravenous solution		2	
levofloxacin oral solution		2	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
levofloxacin oral tablet		2	
moxifloxacin hcl in nacl intravenous solution		2	
moxifloxacin hcl intravenous solution		4	
moxifloxacin hcl oral tablet		2	
ofloxacin oral tablet 300 mg, 400 mg		2	
Gastrointestinal Agents - Misc.			
*Bile Acid Synthesis Disorder Agents***			
CHOLBAM ORAL CAPSULE		6	PA; QL
CTEXLI ORAL TABLET		6	PA; SP; QL
*Cic Agents - Guanylate Cyclase-C (Gc-C) Agonists***			
TRULANCE ORAL TABLET		4	PA; QL
*Farnesoid X Receptor (Fxr) Agonists***			
OALIVA ORAL TABLET		6	PA; SP; TF; QL
*Gallstone Solubilizing Agents***			
CHENODAL ORAL TABLET		2	
URSO FORTE ORAL TABLET		4	
ursodiol oral capsule 300 mg		2	
ursodiol oral tablet	Urso Forte	2	
*Gastrointestinal Antiallergy Agents***			
cromolyn sodium oral concentrate	Gastrocrom	2	
GASTROCROM ORAL CONCENTRATE		4	
*Gastrointestinal Chloride Channel Activators***			
AMITIZA ORAL CAPSULE 24 MCG		4	
lubiprostone oral capsule	Amitiza	2	
*Gastrointestinal Stimulants***			
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml		1	
metoclopramide hcl oral tablet	Reglan	1	
REGLAN ORAL TABLET		4	
*Hepatotropics - Thyroid Hormone Receptor-Beta Agonists***			
REZDIFFRA ORAL TABLET		6	PA; SP; QL

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists***			
LINZESS ORAL CAPSULE		3	
*Ibs Agent - Mu-Opioid Receptor Agonists***			
VIBERZI ORAL TABLET		4	ST
*Ibs Agent - Selective 5-Ht3 Receptor Antagonists***			
alosetron hcl oral tablet	Lotronex	2	TF
LOTRONEX ORAL TABLET		4	TF
*Ileal Bile Acid Transporter (Ibat) Inhibitors***			
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE		6	PA; QL
BYLVAY ORAL CAPSULE		6	PA; QL
LIVMARLI ORAL SOLUTION		6	PA; QL
LIVMARLI ORAL TABLET		6	PA; SP; QL
*Inflammatory Bowel Agents***			
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR		4	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE		4	
AZULFIDINE ORAL TABLET		4	
balsalazide disodium oral capsule	Colazal	2	
CANASA RECTAL SUPPOSITORY		4	
COLAZAL ORAL CAPSULE		4	
DELZICOL ORAL CAPSULE DELAYED RELEASE		3	TF
DIPENTUM ORAL CAPSULE		4	TF
LIALDA ORAL TABLET DELAYED RELEASE		4	TF
mesalamine er oral capsule extended release 24 hour	Apriso	2	
mesalamine oral capsule delayed release	Delzicol	2	TF
mesalamine oral tablet delayed release 1.2 gm	Lialda	1	TF
mesalamine oral tablet delayed release 800 mg		1	
mesalamine rectal enema		2	
mesalamine rectal suppository	Canasa	2	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
mesalamine-cleanser rectal kit	Rowasa	2	
PENTASA ORAL CAPSULE EXTENDED RELEASE		3	TF
ROWASA RECTAL KIT		4	
SFROWASA RECTAL ENEMA		4	
sulfasalazine oral tablet	Azulfidine	1	
sulfasalazine oral tablet delayed release	Azulfidine EN-tabs	2	
*Integrin Receptor Antagonists***			
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR		6	PA; ST; SP; QL
*Interleukin Antagonists***			
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE		5	PA; SP; QL
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML		5	PA; SP; QL
*Intestinal Acidifiers***			
enulose oral solution		2	
generlac oral solution		2	
*Live Fecal Microbiota (Human)**			
VOWST ORAL CAPSULE		6	QL
*Peripheral Opioid Receptor Antagonists***			
MOVANTIK ORAL TABLET		4	
RELISTOR ORAL TABLET		4	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML		4	
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		4	
SYMPROIC ORAL TABLET		4	QL
*Peroxisome Proliferator-Activated Receptor Agonists***			
IQIRVO ORAL TABLET		6	PA; SP; QL
LIVDELZI ORAL CAPSULE		6	PA; SP; QL
*Phosphate Binder Agents***			
AURYXIA ORAL TABLET		4	TF

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
calcium acetate (phos binder) oral capsule		1	
calcium acetate oral tablet 667 mg	Calphron	2	
ferric citrate oral tablet	Auryxia	2	
FOSRENOL ORAL PACKET		3	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG		4	
lanthanum carbonate oral tablet chewable	Fosrenol	2	
REVELA ORAL PACKET		3	
REVELA ORAL TABLET		3	TF
sevelamer carbonate oral packet	Renvela	2	
sevelamer carbonate oral tablet	Renvela	1	TF
sevelamer hcl oral tablet		2	TF
VELPHORO ORAL TABLET CHEWABLE		4	TF; QL
*Sphingosine 1-Phosphate (S1p) Receptor Modulators (Gi)***			
VELSIPITY ORAL TABLET		6	PA; SP; QL
*Tryptophan Hydroxylase Inhibitors***			
XERMELO ORAL TABLET		6	PA; QL
Genitourinary Agents - Miscellaneous			
*5-Alpha Reductase Inhibitors***			
AVODART ORAL CAPSULE		4	
dutasteride oral capsule	Avodart	1	
finasteride oral tablet 5 mg	Proscar	2	
PROSCAR ORAL TABLET		4	
*Alpha 1-Adrenoceptor Antagonists***			
alfuzosin hcl er oral tablet extended release 24 hour	Uroxatral	2	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR		4	
RAPAFLO ORAL CAPSULE		4	
silodosin oral capsule	Rapaflo	2	
tamsulosin hcl oral capsule		2	

Premium 6-Tier Formulary

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

Drug	Reference	Tier	Notes
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR		4	
*Citrates***			
potassium citrate er oral tablet extended release	Urocit-K 10	1	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE		4	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE		4	
*Cystinosis Agents***			
CYSTAGON ORAL CAPSULE		6	SP
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG		6	PA; QL
PROCYSBI ORAL CAPSULE DELAYED RELEASE 75 MG		6	PA
PROCYSBI ORAL PACKET		6	PA
*Interstitial Cystitis Agents***			
ELMIRON ORAL CAPSULE		4	TF
*Phosphates***			
K-PHOS NO 2 ORAL TABLET		4	
*Prostatic Hypertrophy Agent Combinations***			
dutasteride-tamsulosin hcl oral capsule	Jalyn	2	
*Small Interfering Ribonucleic Acid Agents (Sirna)***			
OXLUMO SUBCUTANEOUS SOLUTION		6	PA
RIVFLOZA SUBCUTANEOUS SOLUTION		6	PA; SP; QL
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		6	PA; SP; QL
*Urinary Analgesics***			
phenazopyridine hcl oral tablet 100 mg, 200 mg	Pyridium	1	
*Urinary Stone Agents***			
LITHOSTAT ORAL TABLET		4	
THIOLA EC ORAL TABLET DELAYED RELEASE		4	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
THIOLA ORAL TABLET		4	
tiopronin oral tablet	Thiola	2	
tiopronin oral tablet delayed release	Thiola EC	2	
Gout Agents			
*Gout Agent Combinations***			
colchicine-probenecid oral tablet		2	
*Gout Agents***			
allopurinol oral tablet 100 mg, 300 mg		1	
colchicine oral capsule	Mitigare	2	
colchicine oral tablet		2	
febuxostat oral tablet	Uloric	2	
MITIGARE ORAL CAPSULE		4	
ULORIC ORAL TABLET		4	
*Uricosurics***			
probenecid oral tablet		2	
Hematological Agents - Misc.			
*Bradykinin B2 Receptor Antagonists***			
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		6	PA; SP; QL
icatibant acetate subcutaneous solution prefilled syringe	Sajazir	5	PA; SP; QL
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		5	PA; QL
*C1 Esterase Inhibitors***			
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED		6	PA; SP; QL
*Complement C3 Inhibitors***			
EMPAVELI SUBCUTANEOUS SOLUTION		6	PA; QL
*Complement C5 Inhibitors***			
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		6	PA; QL
*Complement Factor B Inhibitors***			
FABHALTA ORAL CAPSULE		6	PA; QL

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
*Complement Factor D Inhibitors***			
VOYDEYA ORAL TABLET		6	PA; QL
VOYDEYA ORAL TABLET THERAPY PACK		6	PA; QL
*Direct-Acting P2y12 Inhibitors***			
BRILINTA ORAL TABLET		3	
ticagrelor oral tablet	Brilinta	2	
*Hematorheologic Agents***			
pentoxifylline er oral tablet extended release		1	PREV
*Phosphodiesterase Iii Inhibitors***			
cilostazol oral tablet		1	PREV
*Plasma Kallikrein Inhibitors - Monoclonal Antibodies***			
TAKHZYRO SUBCUTANEOUS SOLUTION		6	PA; SP; QL
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		6	PA; SP; QL
*Plasma Kallikrein Inhibitors***			
ORLADEYO ORAL CAPSULE		6	PA; QL
*Platelet Aggregation Inhibitor Combinations***			
aspirin-dipyridamole er oral capsule extended release 12 hour		1	
*Platelet Aggregation Inhibitors***			
dipyridamole oral tablet		1	
*Protease-Activated Receptor-1 (Par-1) Antagonists***			
ZONTIVITY ORAL TABLET		4	QL
*Pyruvate Kinase Activators***			
PYRUKYND ORAL TABLET		6	PA; QL
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK		6	PA; QL
*Quinazoline Agents***			
AGRYLIN ORAL CAPSULE		4	
anagrelide hcl oral capsule	Agrylin	2	PREV

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
*Spleen Tyrosine Kinase (Syk) Inhibitors***			
TAVALISSE ORAL TABLET		6	PA; QL
*Thienopyridine Derivatives***			
clopidogrel bisulfate oral tablet	Plavix	1	PREV
EFFIENT ORAL TABLET		4	
PLAVIX ORAL TABLET 75 MG		4	
prasugrel hcl oral tablet	Effient	2	
Hematopoietic Agents			
*Agents For Gaucher Disease***			
CERDELGA ORAL CAPSULE		6	PA; SP; QL
miglustat oral capsule	Yargesa	5	SP
*Cobalamins***			
cyanocobalamin injection solution 1000 mcg/ml		2	
cyanocobalamin nasal solution	Nascobal	2	
NASCOBAL NASAL SOLUTION		4	
*Cxcr4 Receptor Antagonist***			
MOZOBIL SUBCUTANEOUS SOLUTION		6	PA; SP
plerixafor subcutaneous solution	Mozobil	6	PA; SP
XOLREMDI ORAL CAPSULE		6	PA; QL
*Cytotoxic Agents***			
DROXIA ORAL CAPSULE		4	
SIKLOS ORAL TABLET		4	PA; SP
XROMI ORAL SOLUTION		6	PA; SP
*Erythropoiesis-Stimulating Agents (Esas)***			
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML		6	PA; SP; QL
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE		6	PA; SP; QL

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML		5	PA; SP; QL
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE		6	
PROCRIT INJECTION SOLUTION		5	PA; SP; QL
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML		6	PA; SP; QL
*Folic Acid/Folate Combinations***			
FOLTABS 800 ORAL TABLET		ACA	
*Folic Acid/Folates***			
cvs folic acid oral tablet 800 mcg		ACA	
FA-8 ORAL CAPSULE		ACA	
folate oral tablet		ACA	
folic acid oral capsule 0.8 mg	FA-8	ACA	
folic acid oral tablet 400 mcg, 800 mcg		ACA	
gnp folic acid oral tablet		ACA	
kp folic acid oral tablet 800 mcg		ACA	
qc folic acid oral tablet		ACA	
yl folic acid oral tablet		ACA	
*Granulocyte Colony-Stimulating Factors (G-Csf)***			
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		5	SP
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		5	SP
NIVESTYM INJECTION SOLUTION		5	SP
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE		5	SP
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		5	SP
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		5	SP

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR		5	SP
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		5	SP
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE		5	SP
*Hypoxia-Inducible Factor Prolyl Hydroxylase Inhibitors***			
VAFSEO ORAL TABLET		6	PA; QL
*Thrombopoietin (Tpo) Receptor Agonists***			
ALVAIZ ORAL TABLET		6	PA; SP; QL
DOPTLET ORAL TABLET 20 MG		6	PA; SP; QL
DOPTLET SPRINKLE ORAL CAPSULE SPRINKLE		6	PA; SP; QL
eltrombopag olamine oral packet 12.5 mg	Promacta	5	PA; SP; QL
eltrombopag olamine oral packet 25 mg	Promacta	6	PA; SP; QL
eltrombopag olamine oral tablet	Promacta	5	PA; SP; QL
MULPLETA ORAL TABLET		6	PA; SP; QL
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED		6	PA; SP
PROMACTA ORAL PACKET		6	PA; SP; QL
PROMACTA ORAL TABLET		6	PA; SP; QL
Hemostatics			
*Hemostatic Combinations - Topical***			
ARTISS EXTERNAL SOLUTION		4	
TISSEEL EXTERNAL KIT		4	
TISSEEL EXTERNAL SOLUTION		4	
*Hemostatics - Systemic***			
aminocaproic acid oral tablet		2	
Hypnotics/Sedatives/Sleep Disorder Agents			
*Barbiturate Hypnotics***			
phenobarbital oral elixir		1	
phenobarbital oral tablet		1	
*Benzodiazepine Hypnotics***			
estazolam oral tablet		2	QL

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
flurazepam hcl oral capsule		2	QL
HALCION ORAL TABLET		4	QL
midazolam hcl oral syrup		2	
quazepam oral tablet		2	QL
RESTORIL ORAL CAPSULE		4	QL
temazepam oral capsule	Restoril	2	QL
triazolam oral tablet	Halcion	2	QL
*Non-Benzodiazepine - Gaba-Receptor Modulators***			
AMBIEN CR ORAL TABLET EXTENDED RELEASE		4	QL
AMBIEN ORAL TABLET		4	QL
eszopiclone oral tablet	Lunesta	2	QL
LUNESTA ORAL TABLET		4	QL
zaleplon oral capsule		2	QL
zolpidem tartrate er oral tablet extended release	Ambien CR	2	QL
zolpidem tartrate oral tablet	Ambien	2	QL
Laxatives			
*Bowel Evacuant Combinations***			
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML		4	
GAVILYTE-C ORAL SOLUTION RECONSTITUTED		ACA	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED		ACA	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM		4	
MOVIPREP ORAL SOLUTION RECONSTITUTED		4	
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	Suprep Bowel Prep Kit	ACA	
peg 3350-kcl-na bicarb-nacl oral solution reconstituted	GaviLyte-N with Flavor Pack	ACA	
peg-3350/electrolytes oral solution reconstituted	Golytely	ACA	
peg-3350/electrolytes/ascorbat oral solution reconstituted	MoviPrep	ACA	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted	MoviPrep	ACA	
PEG-PREP ORAL KIT		4	
PLENVU ORAL SOLUTION RECONSTITUTED		4	
SUFLAVE ORAL SOLUTION RECONSTITUTED		4	
SUPREP BOWEL PREP KIT ORAL SOLUTION		4	
*Laxatives - Miscellaneous***			
CLEARLAX ORAL POWDER		ACA	
constulose oral solution		1	
CVS PURELAX ORAL PACKET		ACA	
CVS PURELAX ORAL POWDER		ACA	
EQ CLEARLAX ORAL POWDER		ACA	
EQL CLEARLAX ORAL POWDER		ACA	
gavilax oral packet 8.5 gm		ACA	
gavilax oral powder	ClearLax	ACA	
GLYCOLAX ORAL POWDER		ACA	
GNP CLEARLAX ORAL PACKET		ACA	
GNP CLEARLAX ORAL POWDER		ACA	
GOODSENSE CLEARLAX ORAL POWDER		ACA	
HEALTHYLAX ORAL PACKET		ACA	
KLS LAXACLEAR ORAL POWDER		ACA	
KRISTALOSE ORAL PACKET		2	
lactulose oral packet	Kristalose	2	
lactulose oral solution 10 gm/15ml		1	
MM CLEARLAX ORAL POWDER		ACA	
peg 3350 oral packet	CVS Purelax	ACA	
peg 3350 oral powder	ClearLax	ACA	
polyethylene glycol 3350 oral packet 17 gm	CVS Purelax	ACA	
polyethylene glycol 3350 oral powder	ClearLax	ACA	
qc natura-lax oral powder	ClearLax	ACA	
sb polyethylene glycol 3350 oral powder	ClearLax	ACA	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
SMOOTH LAX ORAL PACKET		ACA	
SMOOTH LAX ORAL POWDER		ACA	
*Saline Laxatives***			
citrate of magnesia oral solution	Citroma	ACA	
CITROMA ORAL SOLUTION		ACA	
cvs magnesium citrate oral solution	Citroma	ACA	
cvs milk of magnesia oral suspension 1200 mg/15ml	Dulcolax	ACA	
DULCOLAX MILK OF MAGNESIA ORAL SUSPENSION		ACA	
DULCOLAX ORAL SUSPENSION		ACA	
eq magnesium citrate oral solution	Citroma	ACA	
gnp milk of magnesia oral suspension	Dulcolax	ACA	
goodsense magnesium citrate oral solution	Citroma	ACA	
goodsense milk of magnesia oral suspension	Dulcolax	ACA	
magnesium citrate oral solution 1.745 gm/30ml	Citroma	ACA	
milk of magnesia oral suspension	Dulcolax	ACA	
ONELAX MAGNESIUM CITRATE ORAL SOLUTION		ACA	
PHILLIPS MILK OF MAGNESIA ORAL SUSPENSION 400 MG/5ML		ACA	
qc magnesium citrate oral solution	Citroma	ACA	
qc milk of magnesia oral suspension	Dulcolax	ACA	
sb magnesium citrate oral solution	Citroma	ACA	
sb milk of magnesia oral suspension	Dulcolax	ACA	
*Stimulant Laxatives***			
bisacodyl ec oral tablet delayed release	Ex-Lax Ultra	ACA	
cvs c-lax laxative oral tablet delayed release	Ex-Lax Ultra	ACA	
cvs gentle laxative oral tablet delayed release	Ex-Lax Ultra	ACA	
cvs gentle laxative womens oral tablet delayed release	Ex-Lax Ultra	ACA	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
eq gentle laxative oral tablet delayed release	Ex-Lax Ultra	ACA	
eql gentle laxative oral tablet delayed release	Ex-Lax Ultra	ACA	
eql laxative oral tablet delayed release	Ex-Lax Ultra	ACA	
EX-LAX ULTRA ORAL TABLET DELAYED RELEASE		ACA	
gentle laxative oral tablet delayed release	Ex-Lax Ultra	ACA	
gnp gentle laxative oral tablet delayed release	Ex-Lax Ultra	ACA	
gnp womens gentle laxative oral tablet delayed release	Ex-Lax Ultra	ACA	
goodsense bisacodyl laxative oral tablet delayed release	Ex-Lax Ultra	ACA	
kp bisacodyl oral tablet delayed release	Ex-Lax Ultra	ACA	
qc gentle laxative oral tablet delayed release	Ex-Lax Ultra	ACA	
qc gentle laxative womens oral tablet delayed release	Ex-Lax Ultra	ACA	
qc laxative oral tablet delayed release	Ex-Lax Ultra	ACA	
sb bisacodyl laxative ec oral tablet delayed release	Ex-Lax Ultra	ACA	
sb gentle lax-women oral tablet delayed release	Ex-Lax Ultra	ACA	
womans laxative oral tablet delayed release	Ex-Lax Ultra	ACA	
womens laxative oral tablet delayed release	Ex-Lax Ultra	ACA	
Macrolides			
*Azithromycin***			
azithromycin intravenous solution reconstituted 500 mg	Zithromax	2	
azithromycin oral suspension reconstituted	Zithromax	2	
azithromycin oral tablet 250 mg, 500 mg	Zithromax	2	
azithromycin oral tablet 600 mg		2	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
ZITHROMAX INTRAVENOUS SOLUTION RECONSTITUTED		4	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED		4	
ZITHROMAX ORAL TABLET 250 MG, 500 MG		4	
ZITHROMAX TRI-PAK ORAL TABLET		4	
ZITHROMAX Z-PAK ORAL TABLET		4	
*Clarithromycin***			
clarithromycin er oral tablet extended release 24 hour		2	
clarithromycin oral suspension reconstituted		2	
clarithromycin oral tablet		2	
*Erythromycins***			
E.E.S. 400 ORAL TABLET		2	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED		4	
ERY-TAB ORAL TABLET DELAYED RELEASE		2	
erythromycin base oral capsule delayed release particles		2	
erythromycin base oral tablet		2	
erythromycin base oral tablet delayed release	Ery-Tab	2	
erythromycin ethylsuccinate oral suspension reconstituted	E.E.S. Granules	2	
erythromycin ethylsuccinate oral tablet	E.E.S. 400	2	
erythromycin lactobionate intravenous solution reconstituted	Erythrocin Lactobionate	2	
erythromycin oral tablet delayed release	Ery-Tab	2	
*Fidaxomicin***			
DIFICID ORAL SUSPENSION RECONSTITUTED		4	QL
DIFICID ORAL TABLET		4	QL

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
fidaxomicin oral tablet	Dificid	2	
Medical Devices And Supplies			
*Cervical Caps***			
FEMCAP VAGINAL DEVICE		ACA	
*Condoms - Female***			
FC2 FEMALE CONDOM		ACA	
*Condoms - Male***			
aimsco lubricated	Fantasy Lubricated	ACA	
condoms		ACA	
DUREX REALFEEL DEVICE		ACA	
FANTASY LUBRICATED		ACA	
FANTASY LUBRICATED/SPERMICIDE		ACA	
KAMELEON LUBRICATED		ACA	
kimono	Fantasy Lubricated	ACA	
KIMONO COLORS DEVICE		ACA	
KIMONO MAXX-LARGE FLARE		ACA	
kimono micro thin	Trustex Non-Lubricated	ACA	
kimono micro thin plus	Fantasy Lubricated	ACA	
kimono plus	Fantasy Lubricated	ACA	
kimono ps	Fantasy Lubricated	ACA	
kimono ps plus	Fantasy Lubricated	ACA	
kimono sensation	Fantasy Lubricated	ACA	
kimono sensation plus	Fantasy Lubricated	ACA	
KIMONO SPECIAL DEVICE		ACA	
maxx	Fantasy Lubricated	ACA	
maxx plus	Fantasy Lubricated	ACA	
REALITY LATEX CONDOMS		ACA	
REALITY LATEX/ULTRA TEXTURED DEVICE		ACA	
REALITY LATEX/ULTRA THIN DEVICE		ACA	
TRUSTEX COLOR CONDOMS + LUBE		ACA	
TRUSTEX LUB/RIBBED/STUDDERED		ACA	
TRUSTEX LUB/SPERMICIDE EX ST		ACA	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
TRUSTEX LUB/SPERMICIDE XL		ACA	
TRUSTEX LUBRICATED		ACA	
TRUSTEX LUBRICATED EX LARGE		ACA	
TRUSTEX LUBRICATED EXTRA ST		ACA	
TRUSTEX LUBRICATED/SPERMICIDE		ACA	
TRUSTEX NATURAL CONDOMS + LUBE		ACA	
TRUSTEX NON-LUBRICATED		ACA	
TRUSTEX RIA LUB/SPERMICIDE		ACA	
TRUSTEX RIA LUBRICATED		ACA	
TRUSTEX RIA NON-LUBRICATED		ACA	
TRUSTEX-NONOXYNOL-9/RIB/STUD		ACA	
*Dental Desensitizing Products***			
REMESENSE DENTAL		4	
*Dentifrices***			
MI PASTE DENTAL PASTE		4	
MI PASTE PLUS DENTAL PASTE		4	
*Diaphragms***			
CAYA VAGINAL DIAPHRAGM		ACA	PREV
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM		ACA	PREV
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM		ACA	PREV
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM		ACA	PREV
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM		ACA	PREV
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM		ACA	PREV
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM		ACA	PREV
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM		ACA	PREV
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM		ACA	PREV

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM		ACA	PREV
*Glucose Monitoring Test Supplies***			
ACCU-CHEK AVIVA IN VITRO SOLUTION		3	
ACCU-CHEK AVIVA PLUS KIT		3	
ACCU-CHEK FASTCLIX LANCET KIT		3	QL
ACCU-CHEK FASTCLIX LANCETS		4	PREV; QL
ACCU-CHEK GUIDE CONTROL IN VITRO LIQUID		3	
ACCU-CHEK GUIDE KIT		3	
ACCU-CHEK GUIDE ME KIT		3	
ACCU-CHEK SAFE-T PRO LANCETS		4	PREV; QL
ACCU-CHEK SMARTVIEW CONTROL IN VITRO LIQUID		3	
ACCU-CHEK SOFTCLIX LANCET DEV KIT		3	QL
ACCU-CHEK SOFTCLIX LANCETS		4	PREV; QL
ACCU-TREND GLUCOSE CONTROL IN VITRO SOLUTION		3	
acti-lance 28g	OneTouch Delica Safety Lancing	4	QL
acti-lance lite lancets 28g	OneTouch Delica Safety Lancing	4	QL
acti-lance special lancets 17g	OneTouch Delica Safety Lancing	4	QL
acti-lance universal 23g	OneTouch Delica Safety Lancing	4	QL
advanced mobile lancet	OneTouch Delica Safety Lancing	4	QL
ADVOCATE LANCETS		4	QL
ADVOCATE LANCETS 30G		4	QL
ADVOCATE SAFETY LANCETS		4	QL
ADVOCATE SAFETY LANCETS 26G		4	QL
AGAMATRIX ULTRA-THIN LANCETS		4	QL
aimsco twist lancets 32g	OneTouch Delica Safety Lancing	4	QL

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
AIMSCO TWIST LANCETS 33G		4	QL
AQUALANCE LANCETS 30G		4	QL
assure comfort lancets 28g	OneTouch Delica Safety Lancing	4	QL
ASSURE LANCE LANCETS		4	QL
ASSURE LANCE LANCETS 21G		4	QL
ASSURE LANCE PLUS SAFETY 25G		4	QL
ASSURE LANCE PLUS SAFETY 30G		4	QL
ASSURE LANCE SAFETY LANCET 28G		4	QL
aurora lancet super thin 30g	OneTouch Delica Safety Lancing	4	QL
aurora lancet thin 23g	OneTouch Delica Safety Lancing	4	QL
AUTOLET II CLINISAFE KIT		3	QL
AUTOLET LITE CLINISAFE KIT		3	QL
AUTOLET LITE STARTER PACK KIT		3	QL
BD MICROTAINER LANCETS		4	PREV; QL
CAREONE LANCET SUPER THIN 30G		4	QL
careone lancet thin 23g	OneTouch Delica Safety Lancing	4	QL
CARESENS LANCETS		4	QL
CARETOUCH SAFETY LANCETS		4	QL
CARETOUCH SAFETY LANCETS 26G		4	QL
CARETOUCH TWIST LANCETS 28G		4	QL
CARETOUCH TWIST LANCETS 30G		4	QL
CARETOUCH TWIST LANCETS 33G		4	QL
CARETOUCH TWIST MC LANCETS 30G		4	QL
CLEANLET LANCETS 28G		4	QL
CLEVER CHEK LANCETS		4	QL
CLEVER CHOICE COMFORT EZ		4	QL
CLEVER CHOICE LANCETS 21G		4	QL
CLEVER CHOICE LANCETS 23G		4	QL
CLEVER CHOICE LANCETS 28G		4	QL
COAGUCHEK LANCETS		4	QL

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
comfort assured lancets 28g	OneTouch Delica Safety Lancing	4	QL
comfort assured lancets 33g	OneTouch Delica Safety Lancing	4	QL
COMFORT TOUCH LANCETS 31G		4	QL
COMFORT TOUCH PLUS LANCETS 28G		4	QL
COMFORT TOUCH PLUS LANCETS 30G		4	QL
cvs lancets original	OneTouch Delica Safety Lancing	4	QL
cvs lancets thin 26g	OneTouch Delica Safety Lancing	4	QL
cvs ultra thin lancets	OneTouch Delica Safety Lancing	4	QL
DEXCOM G6 RECEIVER DEVICE		3	
DEXCOM G6 SENSOR		3	
DEXCOM G6 TRANSMITTER		3	
DEXCOM G7 15 DAY SENSOR		3	
DEXCOM G7 RECEIVER DEVICE		3	
DEXCOM G7 SENSOR		3	
DIATHRIVE LANCET ULTRA THIN 30		4	QL
DIATHRIVE LANCETS		4	QL
DROPLET LANCETS ULTRA THIN 30G		4	QL
DROPLET PERSONAL LANCETS 30G		4	QL
DRUG MART ON-THE-GO LANCET 30G		4	QL
DRUG MART UNILET LANCETS 28G		4	QL
DRUG MART UNILET LANCETS 30G		4	QL
DRUG MART UNILET LANCETS 33G		4	QL
easy comfort lancets	OneTouch Delica Safety Lancing	4	QL
easy comfort lancets twist top	OneTouch Delica Safety Lancing	4	QL
EASY TOUCH LANCETS 21G		4	QL
EASY TOUCH LANCETS 23G		4	QL

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
EASY TOUCH LANCETS 26G		4	QL
EASY TOUCH LANCETS 28G		4	QL
EASY TOUCH LANCETS 28G/TWIST		4	QL
EASY TOUCH LANCETS 30G		4	QL
EASY TOUCH LANCETS 30G/TWIST		4	QL
EASY TOUCH LANCETS 32G		4	QL
EASY TOUCH LANCETS 32G/TWIST		4	QL
EASY TOUCH LANCETS 33G/TWIST		4	QL
EASY TOUCH SAFETY LANCETS 21G		4	QL
EASY TOUCH SAFETY LANCETS 23G		4	QL
EASY TOUCH SAFETY LANCETS 26G		4	QL
EASY TOUCH SAFETY LANCETS 28G		4	QL
EMBRACE LANCETS ULTRA THIN 30G		4	QL
EMBRACE PRESSURE ACTIVATED 21G		4	QL
EMBRACE PRESSURE ACTIVATED 28G		4	QL
EZ-LETS LANCETS 21G		4	QL
EZ-LETS LANCETS 26G		4	QL
EZ-LETS LANCETS 28G		4	QL
EZ-LETS LANCETS 30G		4	QL
FIFTY50 SAFETY SEAL LANCETS		4	QL
FIFTY50 UNILET LANCETS 33G		4	QL
FINGERSTIX LANCETS		4	QL
FORA LANCETS		4	QL
FREESTYLE CONTROL SOLUTION IN VITRO LIQUID		3	
FREESTYLE FREEDOM LITE KIT		3	
FREESTYLE LANCETS		4	QL
FREESTYLE LIBRE 14 DAY READER DEVICE		3	
FREESTYLE LIBRE 14 DAY SENSOR		3	QL
FREESTYLE LIBRE 2 PLUS SENSOR		3	
FREESTYLE LIBRE 2 READER DEVICE		3	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
FREESTYLE LIBRE 2 SENSOR		3	
FREESTYLE LIBRE 3 PLUS SENSOR		3	
FREESTYLE LIBRE 3 READER DEVICE		3	
FREESTYLE LIBRE 3 SENSOR		3	
FREESTYLE LIBRE READER DEVICE		3	
FREESTYLE LITE DEVICE		3	
FREESTYLE LITE KIT		3	
FREESTYLE PRECISION NEO SYSTEM KIT		3	
FREESTYLE UNISTICK II LANCETS		4	QL
GENTEEL BUTTERFLY TOUCH LANCET		4	QL
GENTEEL CONTACT TIPS (BLUE)		3	QL
GENTEEL CONTACT TIPS (CLEAR)		3	QL
GENTEEL CONTACT TIPS (GREEN)		3	QL
GENTEEL CONTACT TIPS (ORANGE)		3	QL
GENTEEL CONTACT TIPS (RAINBOW)		3	QL
GENTEEL CONTACT TIPS (VIOLET)		3	QL
GENTEEL CONTACT TIPS (YELLOW)		3	QL
GENTEEL LANCING KIT (BLUE) KIT		3	QL
GENTEEL NOZZLES		3	QL
global inject ease lancets 28g	OneTouch Delica Safety Lancing	4	QL
global inject ease lancets 30g	OneTouch Delica Safety Lancing	4	QL
GLUCOCOM LANCETS 28G		4	QL
GLUCOCOM LANCETS 30G		4	QL
GLUCOCOM LANCETS 33G		4	QL
gnp sterile lancets 28g	OneTouch Delica Safety Lancing	4	QL
gnp sterile lancets 30g	OneTouch Delica Safety Lancing	4	QL
gnp sterile lancets 33g	OneTouch Delica Safety Lancing	4	QL
GOJJI STERILE LANCETS		4	QL

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
HAEMOLANCE		4	QL
HAEMOLANCE LOW FLOW LANCETS		4	QL
HAEMOLANCE PLUS		4	QL
HAEMOLANCE PLUS HIGH FLOW		4	QL
HAEMOLANCE PLUS LOW FLOW		4	QL
HAEMOLANCE PLUS MAX FLOW		4	QL
HAEMOLANCE PLUS PEDIATRIC FLOW		4	QL
h-e-b incontrol lancets 28g	OneTouch Delica Safety Lancing	4	QL
h-e-b incontrol lancets 30g	OneTouch Delica Safety Lancing	4	QL
h-e-b incontrol lancets 33g	OneTouch Delica Safety Lancing	4	QL
HYPOLANCE AST LANCING KIT		3	QL
HY-VEE LANCETS		4	QL
hy-vee thin lancets	OneTouch Delica Safety Lancing	4	QL
IN TOUCH STERILE LANCETS 30G		4	QL
kinney lancets	OneTouch Delica Safety Lancing	4	QL
kinney thin lancets	OneTouch Delica Safety Lancing	4	QL
KROGER HEALTHPRO LANCET 26G		4	QL
kroger lancets	OneTouch Delica Safety Lancing	4	QL
kroger lancets super thin	OneTouch Delica Safety Lancing	4	QL
kroger lancets thin	OneTouch Delica Safety Lancing	4	QL
lancets	OneTouch Delica Safety Lancing	4	QL
lancets 28g thin	OneTouch Delica Safety Lancing	4	QL
lancets 30g	OneTouch Delica Safety Lancing	4	QL

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
lancets 33g	OneTouch Delica Safety Lancing	4	QL
lancets micro thin 33g	OneTouch Delica Safety Lancing	4	QL
lancets super thin 28g	OneTouch Delica Safety Lancing	4	QL
lancets thin	OneTouch Delica Safety Lancing	4	QL
LANCETS ULTRA THIN		4	QL
lancets ultra thin 30g	OneTouch Delica Safety Lancing	4	QL
LIBERTY MEDICAL LANCETS		4	QL
lite touch lancets	OneTouch Delica Safety Lancing	4	QL
LITETOUCH LANCETS		4	QL
live better lancet super thin	OneTouch Delica Safety Lancing	4	QL
medichoice safety lancet	OneTouch Delica Safety Lancing	4	QL
medichoice safety lancet extra	OneTouch Delica Safety Lancing	4	QL
medichoice safety lancet norm	OneTouch Delica Safety Lancing	4	QL
MEDLANCE PLUS EXTRA 21G		4	QL
MEDLANCE PLUS LITE 25G		4	QL
MEDLANCE PLUS SPECIAL 0.8MM		4	QL
MEDLANCE PLUS SUPERLITE 30G		4	QL
MEDLANCE PLUS UNIVERSAL 21G		4	QL
MEIJER LANCETS		4	QL
MEIJER LANCETS UNIVERSAL 21G		4	QL
MEIJER LANCETS UNIVERSAL 30G		4	QL
MEIJER LANCETS UNIVERSAL 33G		4	QL
MICROLET LANCETS		4	QL
MM TWIST LANCETS		4	QL
MONOLET LANCETS		4	QL
MONOLET OPD LANCETS		4	QL
MONOLETTOR SAFETY LANCETS		4	QL

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
MULTI-LANCET DEVICE 2 KIT		3	QL
MYGLUCOHEALTH LANCETS 30G		4	QL
NOVA SAFETY LANCETS 23G		4	QL
NOVA SAFETY LANCETS 28G		4	QL
NOVA SUREFLEX LANCETS		4	QL
ONETOUCH DELICA PLUS LANCET30G		4	PREV; QL
ONETOUCH DELICA PLUS LANCET33G		4	PREV; QL
ONETOUCH DELICA PLUS LANCING		3	QL
ONETOUCH DELICA SAFETY LANCING		3	QL
ONETOUCH ULTRASOFT 2 LANCETS		4	PREV; QL
PERFECT LANCETS 28G		4	QL
PERFECT LANCETS 30G		4	QL
PHARMACIST CHOICE LANCETS		4	QL
pip lancets 28g	OneTouch Delica Safety Lancing	4	QL
pip lancets 30g	OneTouch Delica Safety Lancing	4	QL
pro comfort lancets 30g	OneTouch Delica Safety Lancing	4	QL
pro comfort lancets 31g	OneTouch Delica Safety Lancing	4	QL
pro comfort safety lancets 30g	OneTouch Delica Safety Lancing	4	QL
PRODIGY LANCETS 28G		4	QL
PRODIGY SAFETY LANCETS 26G		4	QL
PRODIGY TWIST TOP LANCETS 28G		4	QL
pure comfort lancets 30g	OneTouch Delica Safety Lancing	4	QL
px lancets microthin 33g	OneTouch Delica Safety Lancing	4	QL
px lancets ultra thin 28g	OneTouch Delica Safety Lancing	4	QL
qc lancets super thin 30g	OneTouch Delica Safety Lancing	4	QL

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
qc lancets ultra thin	OneTouch Delica Safety Lancing	4	QL
qc unilet lancets 28g	OneTouch Delica Safety Lancing	4	QL
qc unilet lancets micro thin	OneTouch Delica Safety Lancing	4	QL
READYLANCCE SAFETY LANCETS		4	QL
reality lancets	OneTouch Delica Safety Lancing	4	QL
reality trigger lancets	OneTouch Delica Safety Lancing	4	QL
RELION LANCET DEVICES 30G		3	
RELION LANCETS		3	
RELION LANCETS MICRO-THIN 33G		4	QL
RELION LANCETS THIN 26G		4	QL
RELION LANCETS ULTRA-THIN 30G		4	QL
RELION ULTRA THIN LANCETS 30G		4	QL
RIGHTEST ALTERNATE SITE ADAPT		3	QL
RIGHTEST GL300 LANCETS		4	QL
safety lancet 30g/pressure act	OneTouch Delica Safety Lancing	4	QL
SAFETY LANCETS		4	QL
SAFETY LANCETS 21G		4	QL
SAFETY LANCETS 23G		4	QL
safety lancets 28g	OneTouch Delica Safety Lancing	4	QL
saps health plus lancets	OneTouch Delica Safety Lancing	4	QL
saps health twist top lancets	OneTouch Delica Safety Lancing	4	QL
saps twist top lancets	OneTouch Delica Safety Lancing	4	QL
sapscore twist top lancets	OneTouch Delica Safety Lancing	4	QL
sb lancets thin	OneTouch Delica Safety Lancing	4	QL
sb lancets ultra thin	OneTouch Delica Safety Lancing	4	QL

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
select-lite device/lancets kit	Accu-Chek FastClix Lancet	3	QL
SINGLE-LET		4	QL
SMARTTEST LANCETS 28G		4	QL
SOLUS V2 LANCETS 28G		4	QL
SOLUS V2 TWIST LANCETS 30G		4	QL
STERILANCE TL		4	QL
super thin lancets	OneTouch Delica Safety Lancing	4	QL
sure comfort lancets 18g	OneTouch Delica Safety Lancing	4	QL
sure comfort lancets 21g	OneTouch Delica Safety Lancing	4	QL
sure comfort lancets 23g	OneTouch Delica Safety Lancing	4	QL
sure comfort lancets 28g	OneTouch Delica Safety Lancing	4	QL
sure comfort lancets 30g	OneTouch Delica Safety Lancing	4	QL
SURELITE LANCETS		4	QL
TECHLITE AST LANCETS		4	QL
TECHLITE LANCETS		4	QL
todays health thin lancets 28g	OneTouch Delica Safety Lancing	4	QL
todays health thin lancets 30g	OneTouch Delica Safety Lancing	4	QL
TRAVEL LANCETS ADVANCED 28G		4	QL
true comfort safety lancets	OneTouch Delica Safety Lancing	4	QL
true comfort twist top lancets	OneTouch Delica Safety Lancing	4	QL
TRUEPLUS LANCETS 26G		4	QL
TRUEPLUS LANCETS 28G		4	QL
TRUEPLUS LANCETS 30G		4	QL
TRUEPLUS LANCETS 33G		4	QL
TRUEPLUS SAFETY LANCETS 28G		4	QL

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
twist top lancets 30g	OneTouch Delica Safety Lancing	4	QL
ULTILET CLASSIC LANCETS		4	QL
ULTILET LANCETS		4	QL
ULTILET SAFETY LANCETS		4	QL
ULTILET SAFETY LANCETS 23G		4	QL
ultra thin lancets 31g	OneTouch Delica Safety Lancing	4	QL
ultra-care lancets 30g	OneTouch Delica Safety Lancing	4	QL
ULTRA-THIN II AUTO LANCET		4	QL
ULTRA-THIN II LANCETS		4	QL
UNILET COMFORTOUCH LANCET		4	QL
UNILET EXCELITE		4	QL
UNILET EXCELITE II		4	QL
UNILET G.P. LANCET		4	QL
UNILET G.P. SUPERLITE LANCET		4	QL
UNILET GP 28 ULTRA THIN		4	QL
UNILET LANCET		4	QL
UNILET MICRO-THIN 33G		4	QL
UNILET SUPERLITE LANCET		4	QL
UNILET SUPER-THIN 30G		4	QL
UNILET ULTRA-THIN 28G		4	QL
UNISTIK 1		3	QL
UNISTIK 2		3	QL
UNISTIK 2 COMFORT		3	QL
UNISTIK 2 EXTRA		3	QL
UNISTIK 2 NEONATAL		3	QL
UNISTIK 2 NORMAL		3	QL
UNISTIK 2 SUPER		3	QL
UNISTIK 3		3	QL
UNISTIK 3 COMFORT		3	QL
UNISTIK 3 EXTRA		3	QL
UNISTIK 3 GENTLE		4	QL
UNISTIK 3 NEONATAL		3	QL

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
UNISTIK 3 NORMAL		3	QL
UNISTIK CZT COMFORT		3	QL
UNISTIK CZT NORMAL		3	QL
UNISTIK NORMAL		3	QL
UNISTIK PRO SAFETY LANCET		4	QL
UNISTIK SAFETY LANCETS 28G		4	QL
UNISTIK SAFETY LANCETS 30G		4	QL
UNISTIK TOUCH SAFETY LANC 21G		4	QL
UNISTIK TOUCH SAFETY LANC 23G		4	QL
UNISTIK TOUCH SAFETY LANC 28G		4	QL
UNISTIK TOUCH SAFETY LANC 30G		4	QL
VERIFINE SAFE LANCET MINI 21G		4	QL
VERIFINE SAFE LANCET MINI 23G		4	QL
VERIFINE SAFE LANCET MINI 28G		4	QL
VERIFINE SAFE LANCET MINI 30G		4	QL
VERIFINE UNIVERSAL LANCETS 28G		4	QL
VERIFINE UNIVERSAL LANCETS 30G		4	QL
VERIFINE UNIVERSAL LANCETS 33G		4	QL
VIVAGUARD LANCETS		4	QL
zevrx twist top lancets 30g	OneTouch Delica Safety Lancing	4	QL
*Insulin Administration Supplies***			
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT		4	QL
OMNIPOD 5 DEXG7G6 PODS GEN 5		4	QL
OMNIPOD 5 LIBRE2 PLUS G6 PODS		4	QL
OMNIPOD DASH PODS (GEN 4)		4	QL
TWIST REFILL KIT KIT		4	
TWIST REFILL KIT/INFUSION SET KIT		4	
TWIST STARTER KIT KIT		4	
*Spacer/Aerosol-Holding Chambers & Supplies***			
AEROCHAMBER PLUS FLO-VU		2	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
BREATHERITE VALVED MDI CHAMBER DEVICE		2	
Migraine Products			
*Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)***			
QULIPTA ORAL TABLET		3	QL
UBRELVY ORAL TABLET		3	QL
ZAVZPRET NASAL SOLUTION		4	
*Cgrp Receptor Antagonists - Monocolonal Antibodies***			
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR		4	QL
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR		4	QL
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		4	QL
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		4	QL
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR		4	QL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		4	QL
*Ergot Combinations***			
ergotamine-caffeine oral tablet		2	
MIGERGOT RECTAL SUPPOSITORY		2	
*Migraine Products***			
dihydroergotamine mesylate nasal solution		2	QL
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL		4	
*Selective Serotonin Agonists 5-Ht(1)***			
almotriptan malate oral tablet		2	QL
eletriptan hydrobromide oral tablet	Relpax	2	QL
FROVA ORAL TABLET		4	QL
frovatriptan succinate oral tablet	Frova	2	QL
IMITREX ORAL TABLET		4	QL

Premium 6-Tier Formulary

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

Drug	Reference	Tier	Notes
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE		4	QL
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO- INJECTOR		4	QL
MAXALT ORAL TABLET 10 MG		4	QL
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG		4	QL
naratriptan hcl oral tablet		2	QL
RELPAK ORAL TABLET		4	QL
rizatriptan benzoate oral tablet	Maxalt	2	QL
rizatriptan benzoate oral tablet dispersible	Maxalt-MLT	2	QL
sumatriptan nasal solution		2	QL
sumatriptan succinate oral tablet	Imitrex	2	QL
sumatriptan succinate refill subcutaneous solution cartridge	Imitrex STATdose Refill	2	QL
sumatriptan succinate subcutaneous solution 6 mg/0.5ml		2	QL
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	Imitrex STATdose System	2	QL
zolmitriptan nasal solution 5 mg	Zomig	2	QL
zolmitriptan oral tablet	Zomig	2	QL
zolmitriptan oral tablet dispersible		2	QL
ZOMIG NASAL SOLUTION		4	QL
ZOMIG ORAL TABLET 5 MG		2	QL
*Selective Serotonin Agonists 5-Ht(1F)***			
REYVOW ORAL TABLET		4	QL
Minerals & Electrolytes			
*Fluoride***			
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	SoluVita	ACA	
sodium fluoride oral tablet		ACA	
sodium fluoride oral tablet chewable		ACA	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
*Phosphate***			
K-PHOS ORAL TABLET		3	
K-PHOS-NEUTRAL ORAL TABLET		4	
PHOSPHA 250 NEUTRAL ORAL TABLET		2	
phosphorous oral tablet	Phospha 250 Neutral	2	
PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET		2	
PHOSPHO-TRIN K500 ORAL TABLET		2	
*Potassium***			
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE		1	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE		1	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE		1	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE		1	
KLOR-CON ORAL PACKET 20 MEQ		1	
KLOR-CON ORAL TABLET EXTENDED RELEASE		1	
potassium chloride crys er oral tablet extended release	Klor-Con M10	1	
potassium chloride er oral capsule extended release		1	
potassium chloride er oral tablet extended release 10 meq	Klor-Con 10	1	
potassium chloride er oral tablet extended release 20 meq		1	
potassium chloride er oral tablet extended release 8 meq	Klor-Con	1	
potassium chloride oral packet	Klor-Con	1	
potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)		1	
*Zinc***			
GALZIN ORAL CAPSULE		4	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
Miscellaneous Therapeutic Classes			
*Activated Phosphoinositide 3-Kinase Delta Syndrome Agent***			
JOENJA ORAL TABLET		6	PA; QL
*Antileptics***			
THALOMID ORAL CAPSULE 100 MG, 50 MG		6	PA; SP; QL
*B-Lymphocyte Stimulator (Blys)-Specific Inhibitors***			
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR		6	PA; SP; QL
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		6	PA; SP; QL
*Chelating Agents***			
CUVROR ORAL TABLET		4	
DEPEN TITRATABS ORAL TABLET		4	SP
penicillamine oral tablet	Depen Titratabs	2	SP
trientine hcl oral capsule 250 mg	Syprine	2	SP
*Cyclosporine Analogs***			
cyclosporine modified oral capsule	Gengraf	2	
cyclosporine modified oral solution	Gengraf	2	
cyclosporine oral capsule	SandIMMUNE	2	
GENGRAF ORAL CAPSULE 100 MG, 25 MG		2	
GENGRAF ORAL SOLUTION		2	
NEORAL ORAL CAPSULE		3	
NEORAL ORAL SOLUTION		3	
SANDIMMUNE ORAL CAPSULE		4	
*Farnesyltransferase Inhibitors***			
ZOKINVY ORAL CAPSULE		6	PA; TF; QL
*Immunomodulators - Combinations***			
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		6	PA; SP; QL
*Immunomodulators For Myelodysplastic Syndromes***			
lenalidomide oral capsule	Revlimid	5	PA; SP; QL
REVLIMID ORAL CAPSULE		6	PA; SP; QL

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
*Inosine Monophosphate Dehydrogenase Inhibitors***			
CELLCEPT ORAL CAPSULE		3	
CELLCEPT ORAL SUSPENSION RECONSTITUTED		4	
CELLCEPT ORAL TABLET		3	
mycophenolate mofetil oral capsule	CellCept	2	
mycophenolate mofetil oral suspension reconstituted	CellCept	2	
mycophenolate mofetil oral tablet	CellCept	2	
mycophenolate sodium oral tablet delayed release	Myfortic	2	
MYFORTIC ORAL TABLET DELAYED RELEASE		3	
*Macrolide Immunosuppressants***			
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR		4	
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR		4	TF
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	Zortress	2	
PROGRAF ORAL CAPSULE		4	
sirolimus oral solution		2	
sirolimus oral tablet		2	
tacrolimus oral capsule	Prograf	2	
ZORTRESS ORAL TABLET		4	
*Monoclonal Antibodies***			
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		6	PA; SP; QL
*Patient Assessment Services - No Drug Dispensed***			
eua patient assessment		4	
*Pik3ca-Related Overgrowth Spectrum Agents - Pi3k Inhib***			
VIJOICE ORAL PACKET		6	PA; SP; QL
VIJOICE ORAL TABLET THERAPY PACK		6	PA; SP; QL

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
*Potassium Removing Agents***			
KIONEX COMBINATION SUSPENSION		1	
LOKELMA ORAL PACKET		4	
sodium polystyrene sulfonate oral powder		1	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION		1	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM		4	ST; QL
*Purine Analogs***			
AZASAN ORAL TABLET		1	
azathioprine oral tablet	Azasan	1	
IMURAN ORAL TABLET		3	
*Rock Inhibitors***			
REZUROCK ORAL TABLET		6	PA; QL
Mouth/Throat/Dental Agents			
*Anesthetics Topical Oral***			
lidocaine hcl mouth/throat solution		2	
lidocaine viscous hcl mouth/throat solution		2	
*Anti-Infectives - Throat***			
clotrimazole mouth/throat troche		2	
nystatin mouth/throat suspension		2	
ORAVIG BUCCAL TABLET		4	
*Antiseptics - Mouth/Throat***			
chlorhexidine gluconate mouth/throat solution	Periogard	1	
PERIDEX MOUTH/THROAT SOLUTION		4	
PERIOGARD MOUTH/THROAT SOLUTION		1	
*Dental Products - Combinations***			
FLUORIDEX SENSITIVITY RELIEF DENTAL GEL		4	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL		4	
PREVIDENT 5000 SENSITIVE DENTAL GEL		4	
sodium fluoride 5000 enamel dental gel	Fluoridex Sensitivity Relief	4	
sodium fluoride 5000 sensitive dental gel	Fluoridex Sensitivity Relief	4	
*Fluoride Dental Products***			
CLINPRO 5000 DENTAL PASTE		2	
DENTA 5000 PLUS DENTAL CREAM		2	
DENTAGEL DENTAL GEL		2	
FLUORIDEX DAILY RENEWAL MOUTH/THROAT CONCENTRATE		1	
FLUORIDEX DENTAL PASTE		2	
FLUORIDEX ENHANCED WHITENING DENTAL PASTE		2	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE		4	
PREVIDENT 5000 DRY MOUTH DENTAL GEL		4	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE		4	
PREVIDENT 5000 PLUS DENTAL CREAM		4	
PREVIDENT DENTAL GEL		4	
PREVIDENT MOUTH/THROAT SOLUTION		4	
sf 5000 plus dental cream	Denta 5000 Plus	2	
sf dental gel	DentaGel	2	
sodium fluoride 5000 plus dental cream	Denta 5000 Plus	2	
sodium fluoride 5000 ppm dental cream	Denta 5000 Plus	2	
sodium fluoride 5000 ppm dental paste	Clinpro 5000	2	
sodium fluoride dental cream	Denta 5000 Plus	2	
sodium fluoride dental gel 1.1 %	DentaGel	2	
*Saliva Stimulants***			
cevimeline hcl oral capsule	Evoxac	2	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
EVOXAC ORAL CAPSULE		4	
pilocarpine hcl oral tablet	Salagen	2	
SALAGEN ORAL TABLET		4	
*Steroids - Mouth/Throat/Dental***			
ORALONE MOUTH/THROAT PASTE		2	
triamcinolone acetonide mouth/throat paste	Oralene	2	
Multivitamins			
*B-Complex Vitamins***			
b-complex plus b-12 oral tablet		ACA	
b-complex/b-12 oral tablet		ACA	
vitamin b complex oral tablet		ACA	
vitamin-b complex oral tablet		ACA	
*B-Complex W/ C & Calcium***			
gnp b-complex plus vitamin c oral tablet		ACA	
qc b-complex/vitamin c oral tablet		ACA	
*B-Complex W/ C & Folic Acid***			
b complex-c-folic acid oral tablet		ACA	
b-complex balanced oral tablet		ACA	
b-complex/vitamin c oral tablet		ACA	
b-complex-c (w/folic acid) oral tablet		ACA	
b-plex oral tablet		ACA	
DIALYVITE 800 ORAL TABLET		ACA	
eql super b complex/vitamin c oral tablet		ACA	
full spectrum b/vitamin c oral tablet	Dialyvite 800	ACA	
hylavite oral tablet		ACA	
kp b complex-c oral tablet		ACA	
nephro vitamins oral tablet	Dialyvite 800	ACA	
NEPHRO-VITE ORAL TABLET		ACA	
renal vitamin oral tablet	Dialyvite 800	ACA	
rena-vite oral tablet	Dialyvite 800	ACA	
stress formula (folic acid) oral tablet		ACA	
super b complex/fa/vit c oral tablet		ACA	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
super b-complex/vit c/fa oral tablet		ACA	
*B-Complex W/ C***			
ALLBEE/C ORAL TABLET		ACA	
b complex-c oral tablet	Allbee/C	ACA	
b-complex-c oral tablet	Allbee/C	ACA	
better b complex oral tablet	Allbee/C	ACA	
cvs b complex plus c oral tablet	Allbee/C	ACA	
cvs super b complex/c oral tablet	Allbee/C	ACA	
super b complex/vitamin c oral tablet	Allbee/C	ACA	
super b-complex + vitamin c oral tablet	Allbee/C	ACA	
*B-Complex W/ C-Biotin-E & Folic Acid***			
b complex-c-biotin-e-fa oral tablet		ACA	
*B-Complex W/ Folic Acid***			
b complex formula 1 (w/ fa) oral tablet	Big 100	ACA	
b-complex (folic acid) oral tablet	Big 100	ACA	
b-complex/electrolytes oral tablet	Big 100	ACA	
BIG 100 ORAL TABLET		ACA	
kobee oral tablet	Big 100	ACA	
*B-Complex W/Biotin & Folic Acid***			
b complex 100 tr oral tablet extended release	Endur-B	ACA	
b-100 b-complex oral tablet	Big 100 (Biotin)	ACA	
b-100 complex cr oral tablet extended release	Endur-B	ACA	
b-100 tr oral tablet extended release	Endur-B	ACA	
b-50 complex oral tablet	Big 100 (Biotin)	ACA	
balance b-50 oral tablet	Big 100 (Biotin)	ACA	
balanced b complex oral tablet	Big 100 (Biotin)	ACA	
balanced b-100 oral tablet	Big 100 (Biotin)	ACA	
balanced b-100 oral tablet extended release	Endur-B	ACA	
balanced b-50/fa oral tablet	Big 100 (Biotin)	ACA	
b-compleet-100 oral tablet	Big 100 (Biotin)	ACA	
b-compleet-50 oral tablet	Big 100 (Biotin)	ACA	
b-complex oral tablet	Big 100 (Biotin)	ACA	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

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

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
TAB-A-VITE/IRON/BETA CAROTENE ORAL TABLET		ACA	
*Multiple Vitamins W/ Minerals & Calcium-Folic Acid***			
FOLGARD OS ORAL TABLET		4	
*Multivitamins***			
anti-oxidant oral tablet	EstroFactors	ACA	
daily multiple vitamins oral tablet	EstroFactors	ACA	
daily value multivitamin oral tablet	EstroFactors	ACA	
daily vitamins oral tablet	EstroFactors	ACA	
daily vite oral tablet	EstroFactors	ACA	
daily vites oral tablet	EstroFactors	ACA	
daily-vite multivitamin oral tablet	EstroFactors	ACA	
daily-vite oral tablet	EstroFactors	ACA	
ESTROFACTORS ORAL TABLET		ACA	
gnp essential one daily oral tablet	EstroFactors	ACA	
healthy hair/skin/nails oral tablet	EstroFactors	ACA	
multi vitamin oral tablet	EstroFactors	ACA	
multi vitamin w/d-3 oral tablet	EstroFactors	ACA	
multiple vitamin-folic acid oral tablet	EstroFactors	ACA	
multiple vitamins essential oral tablet	EstroFactors	ACA	
multiple vitamins oral tablet	EstroFactors	ACA	
multivitamin adult oral tablet	EstroFactors	ACA	
multivitamin iron-free oral tablet	EstroFactors	ACA	
multivitamin oral tablet	EstroFactors	ACA	
multi-vitamin oral tablet	EstroFactors	ACA	
NEOMULTIVITE ORAL TABLET		ACA	
omnicap oral tablet	EstroFactors	ACA	
once daily oral tablet	EstroFactors	ACA	
ONE DAILY ESSENTIAL ORAL TABLET		ACA	
one daily multivitamin adult oral tablet	EstroFactors	ACA	
one daily oral tablet	EstroFactors	ACA	
one-daily multi vitamins oral tablet	EstroFactors	ACA	
one-daily multi-vitamin oral tablet	EstroFactors	ACA	
qc essentials oral tablet	EstroFactors	ACA	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
quintabs oral tablet	EstroFactors	ACA	
stress formula oral tablet	EstroFactors	ACA	
STRESSTABS ENERGY ORAL TABLET		ACA	
TAB-A-VITE ORAL TABLET		ACA	
TAB-A-VITE/BETA CAROTENE ORAL TABLET		ACA	
THERA ORAL TABLET		ACA	
thera-tabs oral tablet	EstroFactors	ACA	
THEREMS ORAL TABLET		ACA	
vit e-vit c-beta carotene oral tablet	EstroFactors	ACA	
vitalee oral tablet	EstroFactors	ACA	
*Ped Multi Vitamins W/Fl & Fe***			
multi-vitamin/fluoride/iron oral solution		1	
POLY-VI-FLOR/IRON ORAL SUSPENSION		4	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE		4	
QUFLORA FE PEDIATRIC ORAL LIQUID		4	
*Ped Mv W/ Fluoride***			
FLORIVA PLUS ORAL SOLUTION		4	
multi-vitamin/fluoride oral solution	Floriva Plus	ACA	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	Multi-Vit-Flor	ACA	
MULTI-VIT-FLOR ORAL TABLET CHEWABLE		4	
POLY-VI-FLOR ORAL SUSPENSION		4	
POLY-VI-FLOR ORAL TABLET CHEWABLE		4	
QUFLORA PEDIATRIC ORAL SOLUTION		4	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE		4	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML		4	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
*Ped Vitamins Acd & Fa W/ Fluoride***			
tri-vi-floro oral suspension		4	
*Ped Vitamins Acd W/ Fluoride***			
tri-vite/fluoride oral solution	SoluVita ACD with Fluoride	ACA	
*Prenatal Mv & Min W/Fe-Fa***			
ATABEX EC ORAL TABLET DELAYED RELEASE		4	
ATABEX OB ORAL TABLET		4	
classic prenatal oral tablet		ACA	
c-nate dha oral capsule	Viva DHA	4	
completenate oral tablet chewable		4	
CO-NATAL FA ORAL TABLET		4	
CONCEPT DHA ORAL CAPSULE		4	
CONCEPT OB ORAL CAPSULE		4	
cvs prenatal oral tablet 27-0.8 mg	NeoNatal Vitamin	ACA	
ELITE-OB ORAL TABLET		2	
eq1 prenatal formula oral tablet		ACA	
FOLIVANE-OB ORAL CAPSULE 85-1 MG		4	
gnp prenatal oral tablet		ACA	
INATAL GT ORAL TABLET		2	
kp prenatal multivitamins oral tablet		ACA	
kpn prenatal oral tablet		ACA	
masonatal oral tablet		ACA	
multi prenatal oral tablet	NeoNatal Vitamin	ACA	
NEEVO DHA ORAL CAPSULE 27-1.13 MG		4	
neonatal prenatal oral tablet	NeoNatal Vitamin	ACA	
NEONATAL VITAMIN ORAL TABLET		ACA	
NESTABS DHA ORAL		4	
NESTABS ORAL TABLET		4	
OB COMPLETE ONE ORAL CAPSULE		4	
OB COMPLETE ORAL TABLET		4	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
OB COMPLETE PETITE ORAL CAPSULE		4	
OB COMPLETE PREMIER ORAL TABLET		4	
OB COMPLETE/DHA ORAL CAPSULE		4	
one vite womens oral tablet	NeoNatal Vitamin	ACA	
pnv-omega oral capsule		4	
prena1 pearl oral capsule extended release		4	
prenatal (w/iron & fa) oral tablet		ACA	
prenatal 19 oral tablet 29-1 mg		4	
prenatal 19 oral tablet chewable		2	
prenatal 19 oral tablet chewable 29-1 mg		4	
prenatal complete oral tablet		ACA	
prenatal forte oral tablet		ACA	
prenatal one daily oral tablet	NeoNatal Vitamin	ACA	
prenatal oral tablet 27-0.8 mg	NeoNatal Vitamin	ACA	
prenatal oral tablet 28-0.8 mg		ACA	
prenatal vitamin and mineral oral tablet		ACA	
prenatal vitamins oral tablet 28-0.8 mg		ACA	
prenatal/iron oral tablet		ACA	
PRENATAL-U ORAL CAPSULE		4	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG		4	
PROVIDA OB ORAL CAPSULE		4	
qc prenatal oral tablet		ACA	
relnate dha oral capsule	Viva DHA	4	
SELECT-OB ORAL TABLET CHEWABLE		4	
se-natal 19 oral tablet		4	
se-natal 19 oral tablet chewable		4	
TARON-C DHA ORAL CAPSULE 35-1 MG		4	
thrivite rx oral tablet	Prenatabs Rx	4	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
trinatal rx 1 oral tablet		4	
TRINATE ORAL TABLET		2	
VINATE DHA RF ORAL CAPSULE		4	
VITAFOL GUMMIES ORAL TABLET CHEWABLE		4	
VITAFOL-OB ORAL TABLET		4	
VIVA DHA ORAL CAPSULE		4	
*Prenatal Mv & Min W/Fe-Fa-Ca-Omega 3 Fish Oil***			
complete natal dha oral 29-1-200 & 200 mg		4	
wesnatal dha complete oral		4	
*Prenatal Mv & Min W/Fe-Fa-Dha***			
CITRANATAL 90 DHA ORAL 90-1 & 300 MG		4	
CITRANATAL ASSURE ORAL 35-1 & 300 MG		4	
ENFAMIL EXPECTA ORAL		ACA	
NESTABS ONE ORAL CAPSULE		4	
pnv-dha+docusate oral capsule		4	
PRENATAL MULTIVITAMIN + DHA ORAL		ACA	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG		4	
PRENATE ENHANCE ORAL CAPSULE		4	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG		4	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG		4	
PRENATE RESTORE ORAL CAPSULE		4	
SELECT-OB+DHA ORAL		4	
VITAFOL ULTRA ORAL CAPSULE		4	
VITAFOL-OB+DHA ORAL		4	
VITAFOL-ONE ORAL CAPSULE		4	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
*Prenatal Mv & Minerals W/Fa Without Iron***			
PRENATE ORAL TABLET CHEWABLE		4	
*Prenatal Vitamins***			
PREMESISRX ORAL TABLET		4	
PRENATE AM ORAL TABLET		4	
*Vitamins W/ Lipotropics***			
ACTIFLOVIT EAR HEALTH ORAL TABLET		ACA	
b complex (lipotropics) oral tablet	Actiflovit Ear Health	ACA	
b complex formula 1 (lipotrop) oral tablet	Actiflovit Ear Health	ACA	
balance b-100 oral tablet	Actiflovit Ear Health	ACA	
balanced b-50 complex oral tablet	Actiflovit Ear Health	ACA	
complex b-100-inositol oral tablet extended release		ACA	
CVS BALANCED B50 ORAL TABLET		ACA	
cvs inner ear plus oral tablet	Actiflovit Ear Health	ACA	
ear health formula oral tablet	Actiflovit Ear Health	ACA	
ear health plus oral tablet	Actiflovit Ear Health	ACA	
LIPO FLAVONOID PLUS ORAL TABLET		ACA	
LIPOTRIAD ORAL TABLET		ACA	
mega multiple/chelated mineral oral tablet	Actiflovit Ear Health	ACA	
nat-rul b-50 oral tablet	Actiflovit Ear Health	ACA	
risanoid plus oral tablet	Actiflovit Ear Health	ACA	
ultra b-100 complex oral tablet	Actiflovit Ear Health	ACA	
Musculoskeletal Therapy Agents			
*Central Muscle Relaxants***			
baclofen oral tablet 10 mg, 20 mg		2	
carisoprodol oral tablet	Soma	2	
chlorzoxazone oral tablet 375 mg, 750 mg		2	
chlorzoxazone oral tablet 500 mg		1	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

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

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
Neuromuscular Agents			
*Als Agents - Miscellaneous***			
RADICAVA ORS ORAL SUSPENSION		6	PA; SP; QL
RADICAVA ORS STARTER KIT ORAL SUSPENSION		6	PA; SP; QL
*Benzothiazoles***			
riluzole oral tablet		2	SP
*Friedrich's Ataxia Agents - Nrf2 Pathway Activators***			
SKYCLARYS ORAL CAPSULE		6	PA; QL
*Rett Syndrome Agents - Glycine-Proline-Glutamate Analogs***			
DAYBUE ORAL SOLUTION		6	PA; QL
*Spinal Muscular Atrophy-Smn2 Splicing Modifiers***			
EVRYSDI ORAL SOLUTION RECONSTITUTED		6	PA; QL
EVRYSDI ORAL TABLET		6	PA; QL
Ophthalmic Agents			
*Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb***			
SIMBRINZA OPHTHALMIC SUSPENSION		3	
*Beta-Blockers - Ophthalmic Combinations***			
brimonidine tartrate-timolol ophthalmic solution	Combigan	2	
COMBIGAN OPHTHALMIC SOLUTION		4	
COSOPT OPHTHALMIC SOLUTION		4	
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 %		4	
dorzolamide hcl-timolol mal ophthalmic solution	Cosopt	2	
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	Cosopt PF	2	
*Beta-Blockers - Ophthalmic***			
betaxolol hcl ophthalmic solution		2	
BETIMOL OPHTHALMIC SOLUTION 0.5 %		4	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
BETOPTIC-S OPHTHALMIC SUSPENSION		4	
carteolol hcl ophthalmic solution		2	
ISTALOL OPHTHALMIC SOLUTION		4	
levobunolol hcl ophthalmic solution 0.5 %		2	
timolol hemihydrate ophthalmic solution	Betimol	2	
timolol maleate (once-daily) ophthalmic solution	Istalol	2	
TIMOLOL MALEATE OCUDOSE OPHTHALMIC SOLUTION		2	
timolol maleate ophthalmic gel forming solution		2	
timolol maleate ophthalmic solution		2	
timolol maleate pf ophthalmic solution	Timolol Maleate Ocudose	2	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION		4	
*Cholinergic Agonists***			
TYRVAYA NASAL SOLUTION		4	
*Cycloplegic Mydriatic Combinations***			
CYCLOMYDRIL OPHTHALMIC SOLUTION		4	
*Cycloplegic Mydriatics***			
atropine sulfate ophthalmic solution 1 %		4	
CYCLOGYL OPHTHALMIC SOLUTION		4	
cyclopentolate hcl ophthalmic solution 1 %	Cyclogyl	2	
MYDRIACYL OPHTHALMIC SOLUTION		4	
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	Altafrin	2	
tropicamide ophthalmic solution	Mydriacyl	1	
*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***			
XIIDRA OPHTHALMIC SOLUTION		3	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

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

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
*Ophthalmic Antifungal***			
NATACYN OPHTHALMIC SUSPENSION		4	
*Ophthalmic Anti-Infective Combinations***			
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	Polycin	2	
neomycin-bacitracin zn-polymyx ophthalmic ointment	Neo-Polycin	2	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025		2	
NEO-POLYCIN OPHTHALMIC OINTMENT		2	
POLYCIN OPHTHALMIC OINTMENT		2	
polymyxin b-trimethoprim ophthalmic solution		1	
*Ophthalmic Antiseptics***			
BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION		4	
*Ophthalmic Antivirals***			
trifluridine ophthalmic solution		2	
ZIRGAN OPHTHALMIC GEL		4	
*Ophthalmic Carbonic Anhydrase Inhibitors***			
AZOPT OPHTHALMIC SUSPENSION		4	
brinzolamide ophthalmic suspension	Azopt	2	
dorzolamide hcl ophthalmic solution		2	
*Ophthalmic Ectoparasiticide**			
XDEMVY OPHTHALMIC SOLUTION		3	
*Ophthalmic Immunomodulators***			
cyclosporine ophthalmic emulsion	Restasis	2	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %		3	
RESTASIS OPHTHALMIC EMULSION		3	
*Ophthalmic Local Anesthetics***			
ALCAINE OPHTHALMIC SOLUTION		4	
proparacaine hcl ophthalmic solution	Alcaine	2	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
tetracaine hcl ophthalmic solution	Altacaine	2	
*Ophthalmic Nerve Growth Factors***			
OXERVATE OPHTHALMIC SOLUTION		6	PA; QL
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***			
ACULAR LS OPHTHALMIC SOLUTION		4	
ACULAR OPHTHALMIC SOLUTION		4	
bromfenac sodium (once-daily) ophthalmic solution		2	
bromfenac sodium ophthalmic solution 0.07 %	Prolensa	2	
bromfenac sodium ophthalmic solution 0.075 %	BromSite	2	
BROMSITE OPHTHALMIC SOLUTION		4	
diclofenac sodium ophthalmic solution		2	
flurbiprofen sodium ophthalmic solution		2	
ILEVRO OPHTHALMIC SUSPENSION		4	
ketorolac tromethamine ophthalmic solution	Acular	2	
NEVANAC OPHTHALMIC SUSPENSION		4	
PROLENSA OPHTHALMIC SOLUTION		4	
*Ophthalmic Selective Alpha Adrenergic Agonists***			
ALPHAGAN P OPHTHALMIC SOLUTION		4	
apraclonidine hcl ophthalmic solution		2	
brimonidine tartrate ophthalmic solution	Alphagan P	2	
IOPIDINE OPHTHALMIC SOLUTION 1 %		4	
*Ophthalmic Steroid Combinations***			
bacitra-neomycin-polymyxin-hc ophthalmic ointment	Neo-Polycin HC	2	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
MAXITROL OPHTHALMIC OINTMENT		4	
MAXITROL OPHTHALMIC SUSPENSION 0.1 %		4	
neomycin-polymyxin-dexameth opthalmic ointment	Maxitrol	2	
neomycin-polymyxin-dexameth opthalmic suspension 3.5-10000-0.1	Maxitrol	2	
neomycin-polymyxin-hc opthalmic suspension 3.5-10000-1		2	
NEO-POLYCIN HC OPHTHALMIC OINTMENT		2	
sulfacetamide-prednisolone opthalmic solution		2	
TOBRADEX OPHTHALMIC OINTMENT		3	
TOBRADEX ST OPHTHALMIC SUSPENSION		4	
tobramycin-dexamethasone opthalmic suspension		2	
ZYLET OPHTHALMIC SUSPENSION		4	
*Ophthalmic Steroids***			
ALREX OPHTHALMIC SUSPENSION		4	
dexamethasone sodium phosphate opthalmic solution		2	
difluprednate opthalmic emulsion	Durezol	2	
DUREZOL OPHTHALMIC EMULSION		4	
FLAREX OPHTHALMIC SUSPENSION		4	
fluorometholone opthalmic suspension	FML Liquifilm	2	
FML FORTE OPHTHALMIC SUSPENSION		4	
INVELTYS OPHTHALMIC SUSPENSION		4	
LOTEMAX OPHTHALMIC GEL		3	
LOTEMAX OPHTHALMIC OINTMENT		3	
LOTEMAX OPHTHALMIC SUSPENSION		4	
LOTEMAX SM OPHTHALMIC GEL		3	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
loteprednol etabonate ophthalmic gel	Lotemax	2	
loteprednol etabonate ophthalmic suspension 0.5 %	Lotemax	2	
MAXIDEX OPHTHALMIC SUSPENSION		3	
PRED MILD OPHTHALMIC SUSPENSION		3	
prednisolone acetate ophthalmic suspension	Pred Forte	1	
prednisolone sodium phosphate ophthalmic solution		4	
*Ophthalmic Sulfonamides***			
sulfacetamide sodium ophthalmic ointment		2	
sulfacetamide sodium ophthalmic solution		2	
*Ophthalmics - Blepharoptosis Agents**			
UPNEEQ OPHTHALMIC SOLUTION		4	PA; QL
*Ophthalmics - Cystinosis Agents**			
CYSTARAN OPHTHALMIC SOLUTION		6	
*Ophthalmics Misc. - Other***			
MIEBO OPHTHALMIC SOLUTION		3	
*Prostaglandins - Ophthalmic***			
bimatoprost ophthalmic solution		2	
IYUZEH OPHTHALMIC SOLUTION		4	
latanoprost ophthalmic solution	Xalatan	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %		4	
tafluprost (pf) ophthalmic solution	Zioptan	2	
TRAVATAN Z OPHTHALMIC SOLUTION		4	
travoprost (bak free) ophthalmic solution	Travatan Z	2	
XALATAN OPHTHALMIC SOLUTION		4	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %		4	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
Otic Agents			
*Otic Agents - Miscellaneous***			
acetic acid otic solution		1	
*Otic Analgesic Combinations***			
PRAMOTIC OTIC LIQUID		4	
*Otic Anti-Infectives***			
CETRAXAL OTIC SOLUTION		4	
ciprofloxacin hcl otic solution	Cetraxal	2	
ofloxacin otic solution		2	
*Otic Steroid-Anti-Infective Combinations***			
CIPRO HC OTIC SUSPENSION		4	
ciprofloxacin-dexamethasone otic suspension		2	
CORTISPORIN-TC OTIC SUSPENSION		4	
neomycin-polymyxin-hc otic solution		2	
neomycin-polymyxin-hc otic suspension		2	
*Otic Steroids***			
DERMOTIC OTIC OIL		4	
fluocinolone acetonide otic oil	DermOtic	2	
hydrocortisone-acetic acid otic solution		2	
Oxytocics			
*Oxytocics***			
METHERGINE ORAL TABLET		2	QL
methylergonovine maleate oral tablet	Methergine	2	QL
Passive Immunizing And Treatment Agents			
*Antiviral Monoclonal Antibodies***			
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE		ACA	
SYNAGIS INTRAMUSCULAR SOLUTION		5	PA; SP
*Immune Serums***			
CUTAQUIG SUBCUTANEOUS SOLUTION		6	PA; SP

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
CUVITRU SUBCUTANEOUS SOLUTION		6	PA; SP
GAMMAGARD INJECTION SOLUTION		6	PA; SP
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML		6	PA; SP
GAMUNEX-C INJECTION SOLUTION		6	PA; SP
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML		6	PA; SP
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		6	PA; SP
XEMBIFY SUBCUTANEOUS SOLUTION		6	PA; SP
Penicillins			
*Aminopenicillins***			
amoxicillin oral capsule		1	
amoxicillin oral suspension reconstituted		1	
amoxicillin oral tablet		1	
amoxicillin oral tablet chewable 125 mg, 250 mg		1	
ampicillin oral capsule 500 mg		2	
ampicillin sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg		2	
ampicillin sodium intravenous solution reconstituted		2	
*Natural Penicillins***			
penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml		4	
penicillin g potassium injection solution reconstituted	Pfizerpen	2	
penicillin g sodium injection solution reconstituted		2	
penicillin v potassium oral solution reconstituted		1	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
penicillin v potassium oral tablet		1	
PFIZERPEN INJECTION SOLUTION RECONSTITUTED		2	
*Penicillin Combinations***			
amoxicillin-pot clavulanate er oral tablet extended release 12 hour		2	
amoxicillin-pot clavulanate oral suspension reconstituted	Augmentin ES-600	2	
amoxicillin-pot clavulanate oral tablet		2	
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	Unasyn	2	
ampicillin-sulbactam sodium intravenous solution reconstituted	Unasyn	2	
AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED		4	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML		4	
piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3-0.375 gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm		2	
UNASYN INJECTION SOLUTION RECONSTITUTED 1.5 (1-0.5) GM, 3 (2-1) GM		4	
UNASYN INTRAVENOUS SOLUTION RECONSTITUTED 15 (10-5) GM		4	
ZOSYN INTRAVENOUS SOLUTION		4	
*Penicillinase-Resistant Penicillins***			
dicloxacillin sodium oral capsule		1	
nafcillin sodium in dextrose intravenous solution 2 gm/100ml		4	
nafcillin sodium injection solution reconstituted 1 gm, 2 gm		2	
nafcillin sodium intravenous solution reconstituted 10 gm		2	
oxacillin sodium in dextrose intravenous solution 2 gm/50ml		4	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
oxacillin sodium injection solution reconstituted 1 gm, 2 gm		2	
oxacillin sodium intravenous solution reconstituted		2	
Progestins			
*Progestins***			
medroxyprogesterone acetate oral tablet	Provera	1	
megestrol acetate oral suspension 625 mg/5ml		2	
norethindrone acetate oral tablet	Gallifrey	1	
progesterone oral capsule	Prometrium	2	
PROMETRIUM ORAL CAPSULE		4	
PROVERA ORAL TABLET		4	
Psychotherapeutic And Neurological Agents - Misc.			
*Alcohol Deterrents***			
acamprosate calcium oral tablet delayed release		1	
disulfiram oral tablet		2	
*Anti-Cataleptic Agents***			
LUMRYZ ORAL PACKET		6	PA; SP; QL
LUMRYZ STARTER PACK ORAL THERAPY PACK		6	PA; SP; QL
sodium oxybate oral solution	Xyrem	6	PA; QL
XYREM ORAL SOLUTION		6	PA; QL
*Antisense Oligonucleotide (Aso) Inhibitor Agents***			
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR		6	PA; QL
*Benzodiazepines & Tricyclic Agents***			
chlordiazepoxide-amitriptyline oral tablet		2	
*Cholinomimetics - Ache Inhibitors***			
ARICEPT ORAL TABLET		4	
donepezil hcl oral tablet	Aricept	2	
donepezil hcl oral tablet dispersible		2	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
EXELON TRANSDERMAL PATCH 24 HOUR		4	
galantamine hydrobromide er oral capsule extended release 24 hour		2	
galantamine hydrobromide oral solution		2	
galantamine hydrobromide oral tablet		2	
rivastigmine tartrate oral capsule		2	
rivastigmine transdermal patch 24 hour	Exelon	2	
ZUNVEYL ORAL TABLET DELAYED RELEASE		4	PA; QL
*Fibromyalgia Agent - Snris***			
SAVELLA ORAL TABLET		4	
SAVELLA TITRATION PACK ORAL		4	
*Movement Disorder Drug Therapy***			
AUSTEDO ORAL TABLET		6	PA; SP; QL
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR		6	PA; SP; QL
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG		6	PA; SP; QL
INGREZZA ORAL CAPSULE		6	PA; SP; QL
INGREZZA ORAL CAPSULE SPRINKLE		6	PA; SP; QL
INGREZZA ORAL CAPSULE THERAPY PACK		6	PA; SP; QL
tetrabenazine oral tablet	Xenazine	5	PA; SP; QL
*Ms Agents - Pyrimidine Synthesis Inhibitors***			
teriflunomide oral tablet	Aubagio	5	SP; QL
*Multiple Sclerosis Agents - Antimetabolites***			
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK		6	SP; QL
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK		6	SP; QL
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK		6	SP; QL

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK		6	SP; QL
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK		6	SP; QL
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK		6	SP; QL
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK		6	SP; QL
*Multiple Sclerosis Agents - Interferons***			
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT		5	SP; QL
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT		5	SP; QL
BETASERON SUBCUTANEOUS KIT		5	SP; QL
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR		5	SP; QL
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR		5	SP; QL
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		5	SP; QL
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		5	SP; QL
*Multiple Sclerosis Agents - Monoclonal Antibodies***			
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR		5	SP; QL
*Multiple Sclerosis Agents - Nrf2 Pathway Activators***			
dimethyl fumarate oral capsule delayed release	Tecfidera	5	SP; QL
dimethyl fumarate starter pack oral capsule delayed release therapy pack	Tecfidera	5	SP; QL
*Multiple Sclerosis Agents - Potassium Channel Blockers***			
dalfampridine er oral tablet extended release 12 hour	Ampyra	5	SP

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
*Multiple Sclerosis Agents***			
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		5	SP; QL
glatiramer acetate subcutaneous solution prefilled syringe	Copaxone	5	SP; QL
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		5	SP; QL
*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***			
memantine hcl er oral capsule extended release 24 hour		2	
memantine hcl oral solution 2 mg/ml		2	
memantine hcl oral tablet	Namenda Titration Pak	2	
NAMENDA TITRATION PAK ORAL TABLET		4	
*Phenothiazines & Tricyclic Agents***			
perphenazine-amitriptyline oral tablet		2	
*Postherpetic Neuralgia (Phn)/Neuropathic Pain Agents***			
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR		4	
pregabalin er oral tablet extended release 24 hour	Lyrica CR	2	
*Premenstrual Dysphoric Disorder (Pmdd) Agents - Ssris***			
fluoxetine hcl (pmdd) oral tablet		2	
*Pseudobulbar Affect Agent Combinations***			
NUEDEXTA ORAL CAPSULE		4	
*Psychotherapeutic And Neurological Agents - Misc.***			
pimozide oral tablet		2	
*Smoking Deterrents***			
bupropion hcl er (smoking det) oral tablet extended release 12 hour		ACA	
cvs nicotine mouth/throat gum	KLS Quit2	ACA	
cvs nicotine mouth/throat lozenge	KLS Quit2	ACA	
cvs nicotine polacrilex mouth/throat gum	KLS Quit2	ACA	
cvs nicotine polacrilex mouth/throat lozenge	KLS Quit2	ACA	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
cv5 nicotine transdermal patch 24 hour	Habitrol	ACA	
eq nicotine mouth/throat lozenge	KLS Quit4	ACA	
eq nicotine polacrilex mouth/throat gum	KLS Quit2	ACA	
eq nicotine polacrilex mouth/throat lozenge	KLS Quit2	ACA	
eq nicotine step 3 transdermal patch 24 hour	Nicoderm CQ	ACA	
eq nicotine transdermal patch 24 hour 14 mg/24hr	Nicoderm CQ	ACA	
eq nicotine transdermal patch 24 hour 21 mg/24hr	Habitrol	ACA	
gnp nicotine mini mouth/throat lozenge	KLS Quit2	ACA	
gnp nicotine mouth/throat gum 4 mg	KLS Quit4	ACA	
gnp nicotine polacrilex mouth/throat gum	KLS Quit2	ACA	
gnp nicotine polacrilex mouth/throat lozenge	KLS Quit2	ACA	
gnp nicotine transdermal patch 24 hour	Habitrol	ACA	
goodsense nicotine mouth/throat gum	KLS Quit2	ACA	
goodsense nicotine mouth/throat lozenge	KLS Quit2	ACA	
HABITROL TRANSDERMAL PATCH 24 HOUR		ACA	
KLS QUIT2 MOUTH/THROAT GUM		ACA	
KLS QUIT2 MOUTH/THROAT LOZENGE		ACA	
KLS QUIT4 MOUTH/THROAT GUM		ACA	
KLS QUIT4 MOUTH/THROAT LOZENGE		ACA	
NICODERM CQ TRANSDERMAL PATCH 24 HOUR		ACA	
NICORETTE MINI MOUTH/THROAT LOZENGE		ACA	
NICORETTE MOUTH/THROAT GUM		ACA	
NICORETTE MOUTH/THROAT LOZENGE		ACA	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
NICORETTE STARTER KIT MOUTH/THROAT GUM		ACA	
nicotine mini mouth/throat lozenge	KLS Quit2	ACA	
nicotine polacrilex mini mouth/throat lozenge	KLS Quit2	ACA	
nicotine polacrilex mouth/throat gum	KLS Quit2	ACA	
nicotine polacrilex mouth/throat lozenge	KLS Quit2	ACA	
nicotine step 1 transdermal patch 24 hour	Habitrol	ACA	
nicotine step 2 transdermal patch 24 hour	Nicoderm CQ	ACA	
nicotine step 3 transdermal patch 24 hour	Nicoderm CQ	ACA	
nicotine transdermal kit		ACA	
nicotine transdermal patch 24 hour	Habitrol	ACA	
NICOTROL NS NASAL SOLUTION		ACA	
qc nicotine transdermal system transdermal patch 24 hour	Habitrol	ACA	
sm nicotine mouth/throat gum	KLS Quit4	ACA	
sm nicotine mouth/throat lozenge	KLS Quit2	ACA	
sm nicotine polacrilex mouth/throat gum 4 mg	KLS Quit4	ACA	
sm nicotine polacrilex mouth/throat lozenge 4 mg	KLS Quit4	ACA	
THRIVE MOUTH/THROAT GUM 2 MG		ACA	
varenicline tartrate oral tablet 0.5 mg, 1 mg	Chantix	ACA	
*Sphingosine 1-Phosphate (S1p) Receptor Modulators***			
fingolimod hcl oral capsule	Gilenya	5	SP; QL
GILENYA ORAL CAPSULE 0.25 MG		6	SP; QL
MAYZENT ORAL TABLET		6	SP; QL
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK		6	SP; QL
TASCENSO ODT ORAL TABLET DISPERSIBLE		5	PA; AL; QL

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK		5	PA; SP; QL
ZEPOSIA ORAL CAPSULE		5	PA; SP; QL
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21)		5	PA; SP; QL
*Thienbenzodiazepines & Opioid Antagonists***			
LYBALVI ORAL TABLET		4	QL
*Thienbenzodiazepines & Ssrís***			
olanzapine-fluoxetine hcl oral capsule	Symbyax	2	
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG		4	
Respiratory Agents - Misc.			
*Cftr Potentiators***			
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 50 MG, 75 MG		6	PA; SP; QL
KALYDECO ORAL PACKET 5.8 MG		6	PA; SP
KALYDECO ORAL TABLET		6	PA; SP; QL
*Cystic Fibrosis Agent - Combinations***			
ALYFTREK ORAL TABLET		6	PA; SP; QL
ORKAMBI ORAL PACKET		6	PA; SP; QL
ORKAMBI ORAL TABLET		6	PA; SP; QL
SYMDEKO ORAL TABLET THERAPY PACK		6	PA; SP; QL
TRIKAFTA ORAL TABLET THERAPY PACK		6	PA; SP; QL
TRIKAFTA ORAL THERAPY PACK		6	PA; SP; QL
*Hydrolytic Enzymes***			
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML		5	SP
*Pleural Sclerosing Agents***			
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER		4	
STERILE TALC POWDER INTRAPLEURAL SUSPENSION RECONSTITUTED		4	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
*Pulmonary Fibrosis Agents - Kinase Inhibitors***			
OFEV ORAL CAPSULE		6	PA; SP; QL
*Pulmonary Fibrosis Agents***			
pirfenidone oral capsule		5	PA; SP; QL
pirfenidone oral tablet 267 mg, 801 mg	Esbriet	5	PA; SP; QL
pirfenidone oral tablet 534 mg		5	PA; QL
*Respiratory Agents - Misc.***			
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5ML, 240 MG/3ML		4	
Sulfonamides			
*Sulfonamides***			
sulfadiazine oral tablet		2	
Tetracyclines			
*Tetracyclines***			
demeclocycline hcl oral tablet		2	
doxycycline hyclate oral capsule		2	
doxycycline hyclate oral tablet 100 mg, 20 mg		2	
doxycycline monohydrate oral capsule 100 mg	Mondoxyne NL	2	
doxycycline monohydrate oral capsule 50 mg		2	
doxycycline monohydrate oral suspension reconstituted		2	
doxycycline monohydrate oral tablet		2	
minocycline hcl oral capsule		2	
minocycline hcl oral tablet		2	
MONDOXYNE NL ORAL CAPSULE 100 MG		2	
tetracycline hcl oral capsule		2	
Thyroid Agents			
*Antithyroid Agents - Radiopharmaceuticals***			
sodium iodide i-131 oral solution		4	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
*Antithyroid Agents***			
methimazole oral tablet		1	
propylthiouracil oral tablet		1	
*Thyroid Hormones***			
ARMOUR THYROID ORAL TABLET		3	
CYTOMEL ORAL TABLET		4	
LEVO-T ORAL TABLET		1	PREV
levothyroxine sodium oral capsule	Tirosint	2	
levothyroxine sodium oral tablet	Levo-T	1	PREV
LEVOXYL ORAL TABLET		1	PREV
liothyronine sodium oral tablet	Cytomel	1	
niva thyroid oral tablet	Armour Thyroid	3	
NP THYROID ORAL TABLET		3	
SYNTHROID ORAL TABLET		3	
TIROSINT ORAL CAPSULE		4	
TIROSINT-SOL ORAL SOLUTION		4	
UNITHROID ORAL TABLET		1	PREV
Toxoids			
*Toxoid Combinations***			
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5		ACA	
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE		ACA	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE		ACA	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5		ACA	
INFANRIX INTRAMUSCULAR SUSPENSION		ACA	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE		ACA	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE		ACA	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED		ACA	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
QUADRACEL INTRAMUSCULAR SUSPENSION		ACA	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE		ACA	
Ulcer Drugs/Antispasmodics/Anticholinergics			
*Anticholinergic Combinations***			
chlordiazepoxide-clidinium oral capsule	Librax	2	
LIBRAX ORAL CAPSULE		4	
*Antispasmodics***			
dicyclomine hcl oral capsule		1	
dicyclomine hcl oral solution 10 mg/5ml		1	
dicyclomine hcl oral tablet 20 mg		1	
*Belladonna Alkaloids***			
hyoscyamine sulfate er oral tablet extended release 12 hour	Levbid	1	
hyoscyamine sulfate oral elixir		1	
hyoscyamine sulfate oral solution		1	
hyoscyamine sulfate oral tablet	Levsin	1	
hyoscyamine sulfate oral tablet dispersible	NuLev	1	
hyoscyamine sulfate sublingual tablet sublingual	Levsin/SL	1	
hyosyne oral elixir		1	
hyosyne oral solution		1	
NULEV ORAL TABLET DISPERSIBLE		1	
oscimin oral tablet	Levsin	1	
oscimin sublingual tablet sublingual	Levsin/SL	1	
*H-2 Antagonists***			
cimetidine hcl oral solution 300 mg/5ml		2	
cimetidine oral tablet 300 mg, 400 mg, 800 mg		2	
famotidine oral suspension reconstituted		2	
famotidine oral tablet 40 mg	Pepcid	2	
nizatidine oral capsule		2	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
*Misc. Anti-Ulcer***			
CARAFATE ORAL TABLET		4	
sucralfate oral suspension		2	
sucralfate oral tablet	Carafate	1	
*Ppi - Potassium-Competitive Acid Blockers (P-Cab)***			
VOQUEZNA ORAL TABLET		3	
*Proton Pump Inhibitors***			
FIRST-LANSOPRAZOLE ORAL SUSPENSION		3	
lansoprazole oral capsule delayed release	Prevacid	2	
omeprazole oral capsule delayed release		2	
pantoprazole sodium oral packet	Protonix	2	
pantoprazole sodium oral tablet delayed release	Protonix	2	
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG		4	
*Quaternary Anticholinergics***			
CUVPOSA ORAL SOLUTION		4	
glycopyrrolate oral solution	Cuvposa	2	
glycopyrrolate oral tablet 1 mg, 2 mg		2	
methscopolamine bromide oral tablet		2	
*Ulcer Anti-Infective W/ Bismuth Combinations***			
bismuth/metronidaz/tetracyclin oral capsule	Pylera	2	
PYLERA ORAL CAPSULE		4	
*Ulcer Anti-Infective W/ Proton Pump Inhibitors***			
amoxicill-clarithro-lansopraz oral therapy pack		2	
OMECLAMOX-PAK ORAL		4	
*Ulcer Drugs - Prostaglandins***			
CYTOTEC ORAL TABLET		4	
misoprostol oral tablet	Cytotec	1	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
Urinary Antispasmodics			
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***			
darifenacin hydrobromide er oral tablet extended release 24 hour		2	
DETROL ORAL TABLET 2 MG		4	
fesoterodine fumarate er oral tablet extended release 24 hour	Toviaz	2	
oxybutynin chloride er oral tablet extended release 24 hour		2	
oxybutynin chloride oral tablet 5 mg		2	
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY		4	
solifenacin succinate oral tablet	VESIcare	2	
tolterodine tartrate er oral capsule extended release 24 hour		2	
tolterodine tartrate oral tablet	Detrol	2	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR		4	
trospium chloride er oral capsule extended release 24 hour		2	
trospium chloride oral tablet		2	
VESICARE ORAL TABLET		4	
*Urinary Antispasmodics - Beta-3 Adrenergic Agonists***			
mirabegron er oral tablet extended release 24 hour	Myrbetriq	2	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER		3	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR		4	
*Urinary Antispasmodics - Cholinergic Agonists***			
bethanechol chloride oral tablet		1	
*Urinary Antispasmodics - Direct Muscle Relaxants***			
flavoxate hcl oral tablet		1	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
Vaccines			
*Bacterial Vaccines***			
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED		ACA	
bcg vaccine injection solution reconstituted		ACA	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE		ACA	
HIBERIX INJECTION SOLUTION RECONSTITUTED		ACA	
MENQUADFI INTRAMUSCULAR SOLUTION		ACA	
MENVEO INTRAMUSCULAR SOLUTION		ACA	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED		ACA	
PEDVAX HIB INTRAMUSCULAR SUSPENSION		ACA	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED		ACA	
penmenvy intramuscular suspension reconstituted		ACA	
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE		4	
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE		ACA	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE		ACA	
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE		ACA	
*Viral Vaccine Combinations***			
M-M-R II INJECTION SOLUTION RECONSTITUTED		ACA	
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED		ACA	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED		ACA	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE		ACA	
*Viral Vaccines***			
ABRYVO INTRAMUSCULAR SOLUTION RECONSTITUTED		ACA	
ACAM2000 INJECTION SOLUTION RECONSTITUTED		ACA	
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED		ACA	
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE		ACA	
ENGRIX-B INJECTION SUSPENSION 20 MCG/ML		ACA	
ENGRIX-B INJECTION SUSPENSION PREFILLED SYRINGE		ACA	
GARDASIL 9 INTRAMUSCULAR SUSPENSION		ACA	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE		ACA	
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720 EL U/0.5ML		ACA	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE		ACA	
JYNNEOS SUBCUTANEOUS SUSPENSION		ACA	
MNEXSPIKE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE		ACA	
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML		ACA	
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE		ACA	
ROTARIX ORAL SUSPENSION		ACA	
ROTATEQ ORAL SOLUTION		ACA	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML		ACA	AL

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE		ACA	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML		ACA	
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE		ACA	
VARIVAX INJECTION SUSPENSION RECONSTITUTED		4	
Vaginal And Related Products			
*Imidazole-Related Antifungals***			
GYNAZOLE-1 VAGINAL CREAM		4	
terconazole vaginal cream		2	
terconazole vaginal suppository		2	
*Miscellaneous Vaginal Products***			
INTRAROSA VAGINAL INSERT		4	
*Spermicides***			
ENCARE VAGINAL SUPPOSITORY		ACA	
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL		ACA	
TODAY SPONGE VAGINAL		ACA	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM		ACA	
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL		ACA	
*Vaginal Anti-Infectives***			
CLEOCIN VAGINAL CREAM		4	
CLEOCIN VAGINAL SUPPOSITORY		4	
clindamycin phosphate vaginal cream	Cleocin	2	
CLINDESSE VAGINAL CREAM		4	
metronidazole vaginal gel	Vandazole	2	
VANDAZOLE VAGINAL GEL		4	
XACIATO VAGINAL GEL		6	PA; QL
*Vaginal Contraceptive Ph Modulator - Combinations***			
PHEXXI VAGINAL GEL		4	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Drug	Reference	Tier	Notes
*Vaginal Estrogens***			
estradiol vaginal tablet	Yuvaferm	2	
FEMRING VAGINAL RING		4	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT		4	
IMVEXXY STARTER PACK VAGINAL INSERT		4	
PREMARIN VAGINAL CREAM		3	
VAGIFEM VAGINAL TABLET 10 MCG		4	
YUVAFEM VAGINAL TABLET		2	
Vasopressors			
*Anaphylaxis Therapy Agents***			
epinephrine injection solution auto-injector	Auvi-Q	2	QL
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR		4	QL
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR		4	QL
*Vasopressors***			
midodrine hcl oral tablet		2	
Vitamins			
*Vitamin D***			
DRISDOL ORAL CAPSULE		4	
ergocalciferol oral capsule	Drisdol	1	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	Drisdol	1	
*Vitamin K***			
phytonadione injection solution 1 mg/0.5ml		2	
phytonadione oral tablet		2	
vitamin k1 injection solution 1 mg/0.5ml		2	

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Premium 6-Tier Formulary

AL=Age Limitation PA=Prior Authorization

PREV=Preventive Drugs for HSA Plans SP= Specialty Medication

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

Effective as of 1/1/2026

Index

abacavir sulfate	67	acti-lance 28g	125	ALDACTONE	100
abacavir sulfate-lamivudine	65	acti-lance lite lancets 28g	125	ALECENSA	51
ABILIFY	64	acti-lance special lancets 17g	125	alendronate sodium	100
ABILIFY ASIMTUFII	64	acti-lance universal 23g	125	alfuzosin hcl er	111
ABILIFY MAINTENA	64	ACTIMMUNE	56	aliskiren fumarate	44
abiraterone acetate	50	ACTIVELLA	106	ALKINDI SPRINKLE	84
ABIRTEGA	50	ACTONEL	100	ALLBEE/C	145
ABRYSVO	177	ACTOPLUS MET	35	allopurinol	113
ABSORICA	88	ACTOS	35	almotriptan malate	137
ACAM2000	177	ACULAR	158	ALOCRI	156
acamprosate calcium	164	ACULAR LS	158	ALORA	106
ACANYA	87	acyclovir	69, 91	alosetron hcl	109
acarbose	31	ACZONE	87	ALPHAGAN P	158
ACCOLATE	21	ADACEL	172	alprazolam	17
ACCU-CHEK AVIVA	125	adapalene	88	ALPRAZOLAM INTENSOL	17
ACCU-CHEK AVIVA PLUS	98, 125	adapalene-benzoyl peroxide	87	ALREX	159
ACCU-CHEK FASTCLIX LANCET	125	ADDERALL	1	ALTAVERA	77
ACCU-CHEK FASTCLIX LANCETS	125	ADDERALL XR	1	ALUNBRIG	51
ACCU-CHEK GUIDE	125	adefovir dipivoxil	68	ALVAIZ	117
ACCU-CHEK GUIDE CONTROL	125	ADEMPAS	74	alyacen 1/35	77
ACCU-CHEK GUIDE ME	125	advanced mobile lancet	125	alyacen 7/7/7	83
ACCU-CHEK GUIDE TEST	98	ADVOCATE LANCETS	125	ALYFTREK	170
ACCU-CHEK SAFE-T PRO LANCETS	125	ADVOCATE LANCETS 30G	125	ALYQ	74
ACCU-CHEK SMARTVIEW	98	ADVOCATE SAFETY LANCETS	125	amantadine hcl	59
ACCU-CHEK SMARTVIEW CONTROL	125	ADVOCATE SAFETY LANCETS 26G	125	AMBIEN	118
ACCU-CHEK SOFTCLIX LANCET DEV	125	ADZENYS XR-ODT	1	AMBIEN CR	118
ACCU-CHEK SOFTCLIX LANCETS	125	AEROCHAMBER PLUS FLO- VU	136	ambrisentan	74
ACCUPRIL	42	AFINITOR DISPERZ	54	amcinonide	92
ACCURETIC	41	AFIRMELLE	77	AMETHYST	81
ACUTANE	88	AFTERA	82	amikacin sulfate	5
ACUTREND GLUCOSE	98	AFTERPILL	82	amiloride hcl	100
ACUTREND GLUCOSE CONTROL	125	AGAMATRIX ULTRA-THIN LANCETS	125	amiloride-hydrochlorothiazide	99
acebutolol hcl	70	AGRYLIN	114	aminocaproic acid	117
acetaminophen-codeine	11	AIMOVIG	137	amiodarone hcl	18
acetazolamide	99	aimsco lubricated	123	AMITIZA	108
acetazolamide er	99	aimsco twist lancets 32g	125	amitriptyline hcl	31
acetic acid	161	AIMSCO TWIST LANCETS 33G	126	amlodipine besy-benazepril hcl	41
acetylcysteine	86	AIRSUPRA	18	amlodipine besylate	71
acitretin	90	AJOVY	137	amlodipine besylate-valsartan	42
ACTHIB	176	ala-cort	92	amlodipine-atorvastatin	73
ACTIFLOVIT EAR HEALTH	152	albendazole	15	amlodipine-olmesartan	42
		albuterol sulfate	19	amlodipine-valsartan-hctz	44
		albuterol sulfate hfa	19	AMNESTEEM	88
		ALCAINE	157	amoxapine	31
		alclometasone dipropionate	92	amoxicill-clarithro-lansopraz	174
				amoxicillin	162
				amoxicillin-pot clavulanate	163
				amoxicillin-pot clavulanate er	163
				amphetamine er	1

amphetamine-dextroamphet		asenapine maleate	63	AURYXIA	110
er	1	ASHLYNA	82	AUSTEDO	165
amphetamine-		aspirin	8, 9	AUSTEDO XR	165
dextroamphetamine	1	aspirin 81	8	AUSTEDO XR PATIENT	
amphet-dextroamphet 3-bead		aspirin adult low dose	8	TITRATION	165
er	1	aspirin adult low strength	8	AUTOLET II CLINISAFE	126
ampicillin	162	aspirin childrens	8	AUTOLET LITE CLINISAFE	126
ampicillin sodium	162	aspirin ec adult low dose	8	AUTOLET LITE STARTER	
ampicillin-sulbactam sodium	163	aspirin ec low dose	8	PACK	126
AMZEEQ	87	aspirin ec low strength	8	AVALIDE	43
ANAFRANIL	31	aspirin low dose	8	AVAPRO	43
anagrelide hcl	114	aspirin regimen	9	AVERI	78
anastrozole	56	aspirin-dipyridamole er	114	AVIANE	78
ANGELIQ	106	assure comfort lancets 28g	126	AVMAPKI FAKZYNJA CO-	
ANNOVERA	81	ASSURE LANCE LANCETS	126	PACK	56
ANORO ELLIPTA	18	ASSURE LANCE LANCETS		AVODART	111
anti-oxidant	147	21G	126	AVONEX PEN	166
ANUSOL-HC	15	ASSURE LANCE PLUS		AVONEX PREFILLED	166
ANZEMET	37	SAFETY 25G	126	AVYCAZ	74
APLENZIN	28	ASSURE LANCE PLUS		AYUNA	78
APOKYN	60	SAFETY 30G	126	AYVAKIT	55
apomorphine hcl	61	ASSURE LANCE SAFETY		AZACTAM	48
apraclonidine hcl	158	LANCET 28G	126	AZASAN	142
aprepitant	37	ASTAGRAF XL	141	AZASITE	156
APRI	77	ATABEX EC	149	azathioprine	142
APRISO	109	ATABEX OB	149	azelaic acid	97
APTIOM	24	ATACAND	43	azelastine hcl	153, 156
APTIVUS	66	ATACAND HCT	43	AZELEX	88
AQUALANCE LANCETS 30G		atazanavir sulfate	66	AZILECT	60
.....	126	ATELVIA	100	azithromycin	121
ARAKODA	49	atenolol	70	AZOPT	157
ARANELLE	83	atenolol-chlorthalidone	44	AZOR	42
ARANESP (ALBUMIN FREE)		ATIVAN	17	aztreonam	48
.....	115	atomoxetine hcl	1	AZULFIDINE	109
ARAVA	7	atorvastatin calcium	40	AZULFIDINE EN-TABS	109
ARCALYST	6	atovaquone	45	AZURETTE	77
AREXVY	177	atovaquone-proguanil hcl	49	b complex (lipotropics)	152
arformoterol tartrate	20	ATRALIN	88	b complex 100 tr	145
ARICEPT	164	atropine sulfate	155	b complex formula 1 (lipotrop)	
ARIDOL	98	ATROVENT HFA	20	.....	152
ARIKAYCE	5	ATTRUBY	74	b complex formula 1 (w/ fa) ...	145
ARIMIDEX	56	AUBRA EQ	77	b complex-c	145
aripiprazole	64	AUGMENTIN	163	b complex-c-biotin-e-fa	145
ARISTADA	64	AUGMENTIN ES-600	163	b complex-c-folic acid	144
ARISTADA INITIO	64	AUGTYRO	55	b-100 b-complex	145
ARIXTRA	23	aurora lancet super thin 30g ..	126	b-100 complex cr	145
armodafinil	2	aurora lancet thin 23g	126	b-100 tr	145
ARMOUR THYROID	172	AUROVELA 1.5/30	77	b-50 complex	145
ARNUITY ELLIPTA	21	AUROVELA 1/20	77	bacitracin-polymyxin b	157
AROMASIN	56	AUROVELA 24 FE	77	bacitra-neomycin-polymyxin-	
ARTHROTEC	6	AUROVELA FE 1.5/30	77	hc	158
ARTISS	117	AUROVELA FE 1/20	78	baclofen	152

BACTRIM.....	45	BESREMI.....	56	brIELlyn	78
BACTRIM DS.....	45	BETADINE OPHTHALMIC		BRILINTA.....	114
balance b-100	152	PREP.....	157	brimonidine tartrate	158
balance b-50	145	betaine	102	brimonidine tartrate-timolol	154
balanced b complex	145	betamethasone dipropionate		brinzolamide	157
balanced b-100	145	.....	92, 93	BRIVIACT.....	24
balanced b-50 complex	152	betamethasone dipropionate		BRIXADI.....	14
balanced b-50/fa	145	aug	92	BRIXADI (WEEKLY).....	14
BALCOLTRA.....	78	betamethasone valerate	93	bromfenac sodium	158
balsalazide disodium	109	BETAPACE.....	71	bromfenac sodium (once-	
BALVERSA.....	53	BETAPACE AF.....	70	daily)	158
BALZIVA.....	78	BETASERON.....	166	bromocriptine mesylate	60
BANZEL.....	24	betaxolol hcl	70, 154	BROMSITE.....	158
BAQSIMI ONE PACK.....	31	bethanechol chloride	175	BROVANA.....	20
BAQSIMI TWO PACK.....	32	BETIMOL.....	154	BRUKINSA.....	52
BARACLUDE.....	68	BETOPTIC-S.....	155	budesonide	21, 84
BAXDELA.....	107	better b complex	145	budesonide er	84
BAYER ADVANCED		bexagliflozin	34	budesonide-formoterol	
ASPIRIN REG ST.....	9	bexarotene	58, 98	fumarate	18
BAYER ASPIRIN.....	9	BEXSERO.....	176	bumetanide	99
BAYER ASPIRIN EC LOW		BEYAZ.....	78	BUMEX.....	99
DOSE.....	9	BEYFORTUS.....	161	buprenorphine	14
BAYER LOW DOSE.....	9	bicalutamide	50	buprenorphine hcl	14
bcg vaccine	176	BIDIL.....	73	buprenorphine hcl-naloxone	
b-compleet-100	145	BIG 100.....	145	hcl	14
b-compleet-50	145	BIG 100 (BIOTIN).....	146	bupropion hcl	29
b-complex	145	BIKTARVY.....	65	bupropion hcl er (smoking	
b-complex (folic acid)	145	BILTRICIDE.....	16	det)	167
b-complex balanced	144	bimatoprost	97, 160	bupropion hcl er (sr)	28
b-complex plus b-12	144	BIMZELX.....	90	bupropion hcl er (xl)	29
b-complex/b-12	144	BINOSTO.....	100	buspirone hcl	16
b-complex/electrolytes	145	bisacodyl ec	120	butorphanol tartrate	14
b-complex/vitamin c	144	bismuth/metronidaz/tetracycli		BUTRANS.....	14
b-complex-c	145	n	174	BYLVAY.....	109
b-complex-c (w/folic acid)	144	bisoprolol fumarate	70	BYLVAY (PELLETS).....	109
BD MICROTAINER		bisoprolol-		BYSTOLIC.....	70
LANCETS.....	126	hydrochlorothiazide	44	cabergoline	101
benazepril hcl	42	BLISOVI 24 FE.....	78	CABOMETYX.....	54
benazepril-		BLISOVI FE 1.5/30.....	78	CADUET.....	73
hydrochlorothiazide	41	BLISOVI FE 1/20.....	78	calcipotriene	91
BENICAR.....	43	BONSITY.....	104	calcipotriene-betameth diprop	98
BENICAR HCT.....	43	BOOSTRIX.....	172	calcitonin (salmon)	101
BENLYSTA.....	140	bosentan	74	CALCITRENE.....	91
BENZAMYCIN.....	87	BOSULIF.....	51	calcitriol	91, 103
benznidazole	15	b-plex	144	calcium acetate	111
benzonatate	85	BRAFTOVI.....	52	calcium acetate (phos binder)	111
benzoyl peroxide-		BREATHERITE VALVED		CALQUENCE.....	52
erythromycin	87	MDI CHAMBER.....	137	CAMILA.....	83
benztropine mesylate	59	BRENZAVVY.....	34	CAMRESE.....	82
bepotastine besilate	156	BREO ELLIPTA.....	18	CAMRESE LO.....	82
BEPREVE.....	156	BREXAFEMME.....	37	CAMZYOS.....	73
BESIVANCE.....	156	BREZTRI AEROSPHERE.....	18	CANASA.....	109

candesartan cilexetil	43	cefaclor er	75	cimetidine	173
candesartan cilexetil-hctz	43	cefadroxil	75	cimetidine hcl	173
capecitabine	50	cefazolin sodium	75	cinacalcet hcl	101
CAPLYTA.....	61	cefazolin sodium-dextrose	75	CIPRO.....	107
CAPRELSA.....	54	cefdinir	76	CIPRO HC.....	161
captopril	42	cefepime hcl	76, 77	ciprofloxacin hcl	107, 156, 161
captopril-hydrochlorothiazide	41	cefepime-dextrose	77	ciprofloxacin in d5w	107
CARAFATE.....	174	cefixime	76	ciprofloxacin-dexamethasone	161
CARBAGLU.....	102	cefotetan disodium	75	citalopram hydrobromide	29
carbamazepine	24	cefoxitin sodium	75	CITRANATAL 90 DHA.....	151
carbamazepine er	24	cefoxitin sodium-dextrose	75	CITRANATAL ASSURE.....	151
CARBATROL.....	24	cefpodoxime proxetil	76	citrate of magnesia	120
carbidopa	60	cefprozil	75	CITROMA.....	120
carbidopa-levodopa	60	ceftazidime	76	CLARAVIS.....	88
carbidopa-levodopa er	60	ceftriaxone sodium	76	clarithromycin	122
carbidopa-levodopa-		ceftriaxone sodium in dextrose	76	clarithromycin er	122
entacapone	60	ceftriaxone sodium-dextrose	76	classic prenatal	149
carbinoxamine maleate	38, 39	cefuroxime axetil	75	CLEANLET LANCETS 28G...126	
CARDIZEM.....	71	cefuroxime sodium	76	CLEARLAX.....	119
CARDIZEM CD.....	71	CELEBREX.....	6	clemastine fumarate	39
CARDIZEM LA.....	71	celecoxib	6	CLENPIQ.....	118
CARDURA.....	44	CELEXA.....	29	CLEOCIN.....	47, 178
CARDURA XL.....	111	CELLCEPT.....	141	CLEOCIN PHOSPHATE.....	47
CAREONE LANCET SUPER		CELONTIN.....	28	CLEOCIN-T.....	87
THIN 30G.....	126	cephalexin	75	CLEVER CHEK LANCETS....126	
careone lancet thin 23g	126	CERDELGA.....	115	CLEVER CHOICE COMFORT	
CARESENS LANCETS.....	126	CETRAXAL.....	161	EZ.....	126
CARETOUCH SAFETY		cevimeline hcl	143	CLEVER CHOICE LANCETS	
LANCETS.....	126	CHARLOTTE 24 FE.....	78	21G.....	126
CARETOUCH SAFETY		CHATEAL EQ.....	78	CLEVER CHOICE LANCETS	
LANCETS 26G.....	126	CHEMET.....	36	23G.....	126
CARETOUCH TWIST		CHEMSTRIP K.....	98	CLEVER CHOICE LANCETS	
LANCETS 28G.....	126	CHENODAL.....	108	28G.....	126
CARETOUCH TWIST		childrens aspirin	9	CLIMARA.....	106
LANCETS 30G.....	126	chlordiazepoxide hcl	17	CLIMARA PRO.....	106
CARETOUCH TWIST		chlordiazepoxide-amitriptyline		CLINDACIN.....	87
LANCETS 33G.....	126	.....	164	CLINDACIN ETZ.....	87
CARETOUCH TWIST MC		chlordiazepoxide-clidinium ...	173	CLINDACIN-P.....	87
LANCETS 30G.....	126	chlorhexidine gluconate ... 64,	142	CLINDAGEL.....	87
carglumic acid	102	chloroquine phosphate	49	clindamycin hcl	47
carisoprodol	152	chlorpromazine hcl	63	clindamycin palmitate hcl	47
carteolol hcl	155	chlorthalidone	100	clindamycin phos (once-daily) .	87
CARTIA XT.....	71	chlorzoxazone	152	clindamycin phos (twice-daily)	87
carvedilol	70	CHOLBAM.....	108	clindamycin phos-benzoyl	
carvedilol phosphate er	70	cholestyramine	39	perox	87, 88
CASODEX.....	50	cholestyramine light	39	clindamycin phosphate	
CATAPRES-TTS-1.....	44	CICLODAN.....	89	.....	47, 87, 178
CATAPRES-TTS-2.....	44	ciclopirox	89	clindamycin phosphate in d5w	47
CATAPRES-TTS-3.....	44	ciclopirox olamine	89	clindamycin phosphate in nacl	47
CAYA.....	124	cilostazol	114	clindamycin-tretinoin	88
CAYSTON.....	48	CILOXAN.....	156	CLINDESSE.....	178
cefaclor	75	CIMDUO.....	65	CLINPRO 5000.....	143

clobazam	23	COMIRNATY	177	cvs gentle laxative	120
clobetasol propionate	93	COMPLERA.....	65	cvs gentle laxative womens	120
clobetasol propionate e	93	complete natal dha	151	cvs genuine aspirin	9
clobetasol propionate emulsion	93	completenate	149	cvs inner ear plus	152
CLOBEX.....	93	complex b-100	146	cvs lancets original	127
CLOBEX SPRAY	93	complex b-100-inositol	152	cvs lancets thin 26g	127
clocortolone pivalate	93	complex b-50 prolonged release	146	cvs magnesium citrate	120
CLODAN.....	93	COMPRO.....	63	cvs milk of magnesia	120
CLODERM.....	93	CO-NATAL FA.....	149	cvs nicotine	167, 168
clomipramine hcl	31	CONCEPT DHA.....	149	cvs nicotine polacrilex	167
clonazepam	23	CONCEPT OB.....	149	cvs prenatal	149
clonidine	44	CONCERTA.....	2	CVS PURELAX.....	119
clonidine hcl	44	condoms	123	cvs super b complex/c	145
clonidine hcl er	1	CONDYLOX.....	96	cvs ultra thin lancets	127
clopidogrel bisulfate	115	constulose	119	cyanocobalamin	115
clorazepate dipotassium	17	COPAXONE.....	167	cyclobenzaprine hcl	153
clotrimazole	95, 142	COPIKTRA.....	58	CYCLOGYL.....	155
clotrimazole-betamethasone	89	CORDRAN.....	93	CYCLOMYDRIL.....	155
clozapine	62	COREG.....	70	cyclopentolate hcl	155
CLOZARIL.....	62	COREG CR.....	70	cyclophosphamide	58
c-nate dha	149	CORTEF.....	84	cycloserine	49
COAGUCHEK LANCETS.....	126	CORTENEMA.....	15	CYCLOSET.....	32
COARTEM.....	49	CORTIFOAM.....	15	cyclosporine	140, 157
COBENFY.....	63	CORTISPORIN-TC.....	161	cyclosporine modified	140
COBENFY STARTER PACK..	63	COSOPT.....	154	cyproheptadine hcl	39
codeine sulfate	11, 12	COSOPT PF.....	154	CYRED EQ.....	78
COLAZAL.....	109	COTELLIC.....	53	CYSTADANE.....	102
colchicine	113	COZAAR.....	43	CYSTAGON.....	112
colchicine-probenecid	113	CRENESSITY.....	101	CYSTARAN.....	160
colesevelam hcl	39	CREON.....	99	CYTOMEL.....	172
COLESTID.....	39	CRESEMBA.....	38	CYTOTEC.....	174
colestipol hcl	39	CRESTOR.....	40	dabigatran etexilate mesylate ..	23
colistimethate sodium (cba)	48	cromolyn sodium	19, 108, 156	daily multiple vitamins	147
COLY-MYCIN M.....	48	CROTAN.....	97	daily value multivitamin	147
COMBIGAN.....	154	CRYSELLE-28.....	78	daily vitamins	147
COMBIPATCH.....	106	CTEXLI.....	108	daily vite	147
COMBIVENT RESPIMAT.....	18	CUROSURF.....	171	daily vite multivitamin/iron ...	146
COMETRIQ (100 MG DAILY DOSE).....	54	CUTAQUIG.....	161	daily vites	147
COMETRIQ (140 MG DAILY DOSE).....	54	CUVITRU.....	162	daily-vite	147
COMETRIQ (60 MG DAILY DOSE).....	54	CUVPOSA.....	174	daily-vite multivitamin	147
comfort assured lancets 28g ...	127	CUVRIOR.....	140	dalfampridine er	166
comfort assured lancets 33g ...	127	cvs aspirin	9	DALIRESP.....	21
COMFORT TOUCH LANCETS 31G.....	127	cvs aspirin adult low dose	9	DALVANCE.....	46
COMFORT TOUCH PLUS LANCETS 28G.....	127	cvs aspirin adult low strength	9	danazol	14
COMFORT TOUCH PLUS LANCETS 30G.....	127	cvs aspirin ec	9	DANTRIUM.....	153
		cvs aspirin low dose	9	dantrolene sodium	153
		cvs aspirin low strength	9	DANZITEN.....	51
		cvs b complex plus c	145	dapsone	47, 87
		CVS BALANCED B50.....	152	DAPTACEL.....	172
		cvs c-lax laxative	120	daptomycin	46
		cvs folic acid	116	daptomycin-sodium chloride ...	46
				DARAPRIM.....	49

darifenacin hydrobromide er	175	DEXCOM G6 SENSOR	127	diphenoxylate-atropine	35, 36
darunavir	66	DEXCOM G6 TRANSMITTER	127	DIPROLENE	94
dasatinib	51	DEXCOM G7 15 DAY	127	dipyridamole	114
DASETTA 1/35 (28)	78	SENSOR	127	disopyramide phosphate	17
DASETTA 7/7/7	83	DEXCOM G7 RECEIVER	127	disulfiram	164
DAURISMO	53	DEXCOM G7 SENSOR	127	DIURIL	100
DAYBUE	154	DEXEDRINE	2	divalproex sodium	28
DAYSEE	82	dexmethylphenidate hcl	3	divalproex sodium er	28
DAYTRANA	2	dexmethylphenidate hcl er	3	DIVIGEL	106
DDAVP	105	dextroamphetamine sulfate	2	dofetilide	18
DEBLITANE	83	dextroamphetamine sulfate er	2	DOLISHALE	81
deferasirox	36	DHIVY	60	donepezil hcl	164
deferasirox granules	36	DIACOMIT	24	DOPTelet	117
deferiprone	36	DIALYVITE 800	144	DOPTelet SPRINKLE	117
DELESTROGEN	106	DIATHRIVE LANCET ULTRA	127	dorzolamide hcl	157
DELSTRIGO	65	THIN 30	127	dorzolamide hcl-timolol mal	154
DELYLA	78	DIATHRIVE LANCETS	127	dorzolamide hcl-timolol mal pf	154
DELZICOL	109	diazepam	17, 23	DOTTI	107
demeclocycline hcl	171	DIAZEPAM INTENSOL	17	DOVATO	65
DEMSEr	42	diazoxide	32	doxazosin mesylate	44
DENAVIR	91	dichlorphenamide	99	doxepin hcl	31, 90
DENTA 5000 PLUS	143	diclofenac epolamine	90	doxercalciferol	103
DENTAGEL	143	diclofenac potassium	6	doxycycline hyclate	171
DEPAKOTE	28	diclofenac sodium	6, 90, 158	doxycycline monohydrate	171
DEPAKOTE ER	28	diclofenac sodium er	6	DRISDOL	179
DEPAKOTE SPRINKLES	28	diclofenac-misoprostol	6	dronabinol	37
DEPEN TITRATABS	140	dicloxacin sodium	163	DROPLET LANCETS ULTRA	127
DEPO-ESTRADIOL	106	dicyclomine hcl	173	THIN 30G	127
DEPO-PROVERA	82, 83	DIFFERIN	88	DROPLET PERSONAL	127
DEPO-SUBQ PROVERA	104, 83	DIFICID	122	LANCETS 30G	127
DEPO-TESTOSTERONE	14	diflorasone diacetate	94	drospiren-eth estrad-levomefol	78
DERMA-SMOOTH/FS		DIFLUCAN	38	drospirenone-ethinyl estradiol	78
BODY	93	diflunisal	9	DROXIA	115
DERMOTIC	161	difluprednate	159	DRUG MART ON-THE-GO	
DESCOVY	65	digoxin	73	LANCET 30G	127
desipramine hcl	31	dihydroergotamine mesylate	137	DRUG MART UNILET	
desmopressin ace spray refrig	105	DILANTIN	27	LANCETS 28G	127
desmopressin acetate	106	DILANTIN INFATABS	27	DRUG MART UNILET	
desmopressin acetate spray	106	DILAUDID	12	LANCETS 30G	127
desogestrel-ethinyl estradiol	77	diltiazem hcl	72	DRUG MART UNILET	
desonide	93	diltiazem hcl er	71, 72	LANCETS 33G	127
desoximetasone	93, 94	diltiazem hcl er beads	71	DUETACT	35
desvenlafaxine er	30	diltiazem hcl er coated beads	71	DULCOLAX	120
desvenlafaxine succinate er	30	dilt-xr	72	DULCOLAX MILK OF	
DETROL	175	dimethyl fumarate	166	MAGNESIA	120
dexamethasone	84	dimethyl fumarate starter	166	duloxetine hcl	30
DEXAMETHASONE		pack	166	DUPIXENT	92
INTENSOL	84	DIOVAN	43	DUREX REALFEEL	123
dexamethasone sodium		DIOVAN HCT	43	DUREZOL	159
phosphate	159	DIPENTUM	109	dutasteride	111
DEXCOM G6 RECEIVER	127	diphenhydramine hcl	39	dutasteride-tamsulosin hcl	112

DYANA VEL XR.....	2	ELESTRIN.....	107	ENVAR SUS XR.....	141
E.E.S. 400.....	122	ele triptan hydrobromide	137	EOHILIA.....	84
ear health formula	152	ELIDEL.....	96	EPANED.....	42
ear health plus	152	ELIMITE.....	97	EPCLUSA.....	69
easy comfort lancets	127	ELINE ST.....	78	EPIDIOLEX.....	24
easy comfort lancets twist top	127	ELIQUIS.....	22	EPIDUO.....	88
EASY TOUCH LANCETS 21G.....	127	ELIQUIS DVT/PE STARTER PACK.....	22	EPIFOAM.....	97
EASY TOUCH LANCETS 23G.....	127	ELITE-OB.....	149	epinastine hcl	156
EASY TOUCH LANCETS 26G.....	128	ELIXOPHYLLIN.....	22	epinephrine	179
EASY TOUCH LANCETS 28G.....	128	ELLA.....	82	EIPEN 2-PAK.....	179
EASY TOUCH LANCETS 28G/TWIST.....	128	ELMIRON.....	112	EIPEN JR 2-PAK.....	179
EASY TOUCH LANCETS 30G.....	128	eltrombopag olamine	117	EPIVIR.....	67
EASY TOUCH LANCETS 30G/TWIST.....	128	ELURYNG.....	81	eplerenone	44
EASY TOUCH LANCETS 32G.....	128	EMBRACE LANCETS ULTRA THIN 30G.....	128	EPOGEN.....	116
EASY TOUCH LANCETS 32G/TWIST.....	128	EMBRACE PRESSURE ACTIVATED 21G.....	128	EPSOLAY.....	88
EASY TOUCH LANCETS 33G/TWIST.....	128	EMBRACE PRESSURE ACTIVATED 28G.....	128	eq aspirin	10
EASY TOUCH SAFETY LANCETS 21G.....	128	EMEND.....	37	eq aspirin adult low dose	9
EASY TOUCH SAFETY LANCETS 23G.....	128	EMEND TRIPACK.....	37	eq aspirin low dose	9
EASY TOUCH SAFETY LANCETS 26G.....	128	EMGALITY.....	137	EQ CLEARLAX.....	119
EASY TOUCH SAFETY LANCETS 28G.....	128	EMGALITY (300 MG DOSE).....	137	eq gentle laxative	121
EBGLYSS.....	92	EMPAVELI.....	113	eq magnesium citrate	120
ec-naproxen	6	EMROSI.....	97	eq nicotine	168
econazole nitrate	95	EMSAM.....	29	eq nicotine polacrilex	168
ECONTRA ONE-STEP.....	82	emtricitabine	67	eq nicotine step 3	168
ECOTRIN LOW STRENGTH.....	9	emtricitabine-tenofovir df	65	eq aspirin ec	10
EDARBI.....	43	emtricitab-rilpivir-tenofovir df	65	eq aspirin low dose	10
EDARBYCLOR.....	43	EMTRIVA.....	67	eq b complex 50	146
EDECRI N.....	100	EMVERM.....	16	eq b-100 complex	146
EDURANT.....	67	enalapril maleate	42	EQL CLEARLAX.....	119
EDURANT PED.....	67	enalapril-hydrochlorothiazide	41	eq gentle laxative	121
efavirenz	67	ENBREL.....	8	eq laxative	121
efavirenz-emtricitab-tenofovir df	65	ENBREL MINI.....	8	eq prenatal formula	149
efavirenz-lamivudine-tenofovir	65	ENBREL SURECLICK.....	8	eq super b complex/vitamin c	144
EFFEXOR XR.....	30	ENCARE.....	178	EQUETRO.....	61
EFFIENT.....	115	ENDOCET.....	13	ergocalciferol	179
EGRIFTA SV.....	102	ENDUR-B.....	146	ERGOMAR.....	137
EGRIFTA WR.....	102	ENFAMIL EXPECTA.....	151	ergotamine-caffeine	137
		ENGERIX-B.....	177	ERIVEDGE.....	53
		ENILLORING.....	81	ERLEADA.....	50
		enoxaparin sodium	23	erlotinib hcl	52
		ENPRESSE-28.....	83	ERRIN.....	83
		ENSKYCE.....	78	ERTACZO.....	95
		ENSPRYNG.....	141	ertapenem sodium	46
		entacapone	61	ery	87
		entecavir	68	ERYPED 400.....	122
		ENTRESTO.....	73	ERY-TAB.....	122
		ENTYVIO PEN.....	110	erythromycin	87, 122, 156
		enulose	110	erythromycin base	122
				erythromycin ethylsuccinate	122
				erythromycin lactobionate	122
				escitalopram oxalate	29

eslicarbazepine acetate	24	FASLODEX	56	fluocinonide	94
ESTARYLLA	78	FC2 FEMALE CONDOM	123	fluocinonide emulsified base	94
estazolam	117	febuxostat	113	FLUORIDEX	143
estradiol	107, 179	felbamate	27	FLUORIDEX DAILY	
estradiol valerate	107	FELBATOL	27	RENEWAL	143
estradiol-norethindrone acet.	106	felodipine er	72	FLUORIDEX ENHANCED	
ESTROFACTORS	147	FEMARA	56	WHITENING	143
ESTROGEL	107	FEMCAP	123	FLUORIDEX SENSITIVITY	
eszopiclone	118	FEMLYV	78	RELIEF	142
ethacrynic acid	100	FEMRING	179	fluorometholone	159
ethambutol hcl	49	fenofibrate	40	fluorouracil	90
ethosuximide	28	fenofibrate micronized	40	fluoxetine hcl	29, 30
ethynodiol diac-eth estradiol ...	78	fenofibric acid	40	fluoxetine hcl (pmdd)	167
etodolac	7	fentanyl	12	fluphenazine hcl	63
etodolac er	6	ferric citrate	111	flurandrenolide	94
etonogestrel-ethinyl estradiol ..	81	FERRIPROX	36	flurazepam hcl	118
etoposide	57	FERRIPROX TWICE-A-DAY ..	36	flurbiprofen	7
etravirine	67	fesoterodine fumarate er	175	flurbiprofen sodium	158
eua patient assessment	141	FETROJA	77	fluticasone furoate ellipta	21
EUCRISA	96	FEXMID	153	fluticasone propionate	94, 153
EULEXIN	50	FIASP	32	fluticasone propionate hfa	21
EVAMIST	107	FIASP FLEXTOUCH	32	fluticasone-salmeterol	18, 19
EVENITY	104	FIASP PENFILL	32	fluvastatin sodium	40
everolimus	54, 141	fidaxomicin	123	fluvastatin sodium er	40
EVISTA	104	FIFTY50 SAFETY SEAL		fluvoxamine maleate	30
EVOTAZ	65	LANCETS	128	fluvoxamine maleate er	30
EVOXAC	144	FIFTY50 UNILET LANCETS		FML FORTE	159
EVRYSDI	154	33G	128	FOCALIN	3
EXELDERM	95	FILSUVEZ	98	FOCALIN XR	3
EXELON	165	FINACEA	97	folate	116
exemestane	56	finasteride	111	FOLGARD OS	147
EXFORGE	42	FINGERSTIX LANCETS	128	folic acid	116
EXFORGE HCT	44	fingolimod hcl	169	FOLIVANE-OB	149
EX-LAX ULTRA	121	FINTEPLA	24	FOLTABS 800	116
ezetimibe	41	FINZALA	78	fondaparinux sodium	23
ezetimibe-simvastatin	41	FIRAZYR	113	FORA LANCETS	128
EZ-LETS LANCETS 21G	128	FIRDAPSE	49	formoterol fumarate	20
EZ-LETS LANCETS 26G	128	FIRMAGON	57	FORTEO	104
EZ-LETS LANCETS 28G	128	FIRMAGON (240 MG DOSE) ..	57	FOSAMAX	100
EZ-LETS LANCETS 30G	128	FIRST-LANSOPRAZOLE	174	FOSAMAX PLUS D	100
FA-8	116	FIRVANQ	46	fosamprenavir calcium	66
FABHALTA	113	FLAREX	159	fosfomycin tromethamine	48
FALMINA	78	flavoxate hcl	175	fosinopril sodium	42
famciclovir	69	flecainide acetate	18	fosinopril sodium-hctz	41
famotidine	173	FLECTOR	90	FOSRENOL	111
FANTASY LUBRICATED	123	FLORIVA PLUS	148	FOTIVDA	54
FANTASY		fluconazole	38	FRAGMIN	23
LUBRICATED/SPERMICIDE	123	fludrocortisone acetate	85	FREESTYLE CONTROL	
FARESTON	50	flunisolide	153	SOLUTION	128
FARXIGA	35	fluocinolone acetonide	94, 161	FREESTYLE FREEDOM LITE	
FASENRA	20	fluocinolone acetonide body ...	94	.....	128
FASENRA PEN	20	fluocinolone acetonide scalp	94	FREESTYLE INSULINX TEST	98

FREESTYLE LANCETS.....	128	gatifloxacin	156	GLUCOTROL XL.....	35
FREESTYLE LIBRE 14 DAY		gavilax	119	glyburide	35
READER.....	128	GAVILYTE-C.....	118	glyburide micronized	35
FREESTYLE LIBRE 14 DAY		GAVILYTE-G.....	118	glyburide-metformin	35
SENSOR.....	128	GAVRETO.....	55	GLYCOLAX.....	119
FREESTYLE LIBRE 2 PLUS		gefitinib	52	glycopyrrolate	174
SENSOR.....	128	gemfibrozil	40	GLYDO.....	96
FREESTYLE LIBRE 2		GEMMILY.....	78	GLYXAMBI.....	34
READER.....	128	generlac	110	gnp adult aspirin low strength	10
FREESTYLE LIBRE 2		GENGRAF.....	140	gnp aspirin	10
SENSOR.....	129	GENOTROPIN.....	102	gnp aspirin low dose	10
FREESTYLE LIBRE 3 PLUS		GENOTROPIN MINIQUICK..	102	gnp b-100 complex	146
SENSOR.....	129	gentamicin in saline	5	gnp b-50 complex	146
FREESTYLE LIBRE 3		gentamicin sulfate	5, 89, 156	gnp b-complex plus vitamin c	144
READER.....	129	GENTEEL BUTTERFLY		GNP CLEARLAX.....	119
FREESTYLE LIBRE 3		TOUCH LANCET.....	129	gnp essential one daily	147
SENSOR.....	129	GENTEEL CONTACT TIPS		gnp folic acid	116
FREESTYLE LIBRE READER		(BLUE).....	129	gnp gentle laxative	121
.....	129	GENTEEL CONTACT TIPS		gnp milk of magnesia	120
FREESTYLE LITE.....	129	(CLEAR).....	129	gnp nicotine	168
FREESTYLE LITE TEST.....	98	GENTEEL CONTACT TIPS		gnp nicotine mini	168
FREESTYLE PRECISION		(GREEN).....	129	gnp nicotine polacrilex	168
NEO SYSTEM.....	129	GENTEEL CONTACT TIPS		gnp prenatal	149
FREESTYLE PRECISION		(ORANGE).....	129	gnp sterile lancets 28g	129
NEO TEST.....	98	GENTEEL CONTACT TIPS		gnp sterile lancets 30g	129
FREESTYLE TEST.....	98	(RAINBOW).....	129	gnp sterile lancets 33g	129
FREESTYLE UNISTICK II		GENTEEL CONTACT TIPS		gnp womens gentle laxative...	121
LANCETS.....	129	(VIOLET).....	129	GOCOVRI.....	60
FROVA.....	137	GENTEEL CONTACT TIPS		GOJJI STERILE LANCETS....	129
frovatriptan succinate	137	(YELLOW).....	129	GOLYTELY.....	118
FRUZAQLA.....	59	GENTEEL LANCING KIT		GOMEKLI.....	53
full spectrum b/vitamin c	144	(BLUE).....	129	goodsense aspirin	10
FULPHILA.....	116	GENTEEL NOZZLES.....	129	goodsense aspirin low dose	10
fulvestrant	57	gentle laxative	121	goodsense bisacodyl laxative ..	121
fungimez	89	genuine aspirin	10	GOODSENSE CLEARLAX....	119
furosemide	100	GENVOYA.....	65	goodsense magnesium citrate	120
FUZEON.....	66	GEODON.....	61	goodsense milk of magnesia...	120
FYAVOLV.....	106	GILENYA.....	169	goodsense nicotine	168
FYCOMPA.....	23	GILOTRIF.....	52	granisetron hcl	37
g tussin ac	86	glatiramer acetate	167	griseofulvin microsize	37, 38
gabapentin	24	GLATOPA.....	167	griseofulvin ultramicrosize	38
GALAFOLD.....	101	GLEOSTINE.....	58	guaifenesin-codeine	86
galantamine hydrobromide...	165	glimepiride	35	guanfacine hcl	44
galantamine hydrobromide er		glipizide	35	guanfacine hcl er	1
.....	165	glipizide er	35	GVOKE HYPOPEN 1-PACK....	32
GALBRIELA.....	78	glipizide-metformin hcl	35	GVOKE HYPOPEN 2-PACK....	32
GALZIN.....	139	global inject ease lancets 28g	129	GVOKE KIT.....	32
GAMMAGARD.....	162	global inject ease lancets 30g	129	GVOKE PFS.....	32
GAMMAKED.....	162	glucagon emergency	32	GYNAZOLE-1.....	178
GAMUNEX-C.....	162	GLUCOCOM LANCETS 28G	129	HABITROL.....	168
GARDASIL 9.....	177	GLUCOCOM LANCETS 30G	129	HAEGARDA.....	113
GASTROCROM.....	108	GLUCOCOM LANCETS 33G	129	HAEMOLANCE.....	130

HAEMOLANCE LOW FLOW		hydralazine hcl	45	IMITREX.....	137
LANCETS.....	130	HYDREA.....	56	IMITREX STATDOSE REFILL	
HAEMOLANCE PLUS.....	130	hydrochlorothiazide	100	.....	138
HAEMOLANCE PLUS HIGH		hydrocod poli-chlorphe poli er	86	IMITREX STATDOSE	
FLOW.....	130	hydrocodone bit-homatrop		SYSTEM.....	138
HAEMOLANCE PLUS LOW		mbr	86	imkeldi	52
FLOW.....	130	hydrocodone-acetaminophen..	11	IMURAN.....	142
HAEMOLANCE PLUS MAX		hydrocodone-ibuprofen	11	IMVEXXY MAINTENANCE	
FLOW.....	130	hydrocortisone	15, 84, 94, 95	PACK.....	179
HAEMOLANCE PLUS		hydrocortisone (perianal)	15	IMVEXXY STARTER PACK.....	179
PEDIATRIC FLOW.....	130	hydrocortisone ace-pramoxine	15	IN TOUCH STERILE	
HAILEY 1.5/30.....	78	hydrocortisone butyrate	94	LANCETS 30G.....	130
HAILEY 24 FE.....	78	hydrocortisone max st	95	INATAL GT.....	149
HAILEY FE 1.5/30.....	79	hydrocortisone sod suc (pf)	84	INBRIJA.....	60
HAILEY FE 1/20.....	79	hydrocortisone valerate	95	INCASSIA.....	83
halcinonide	94	hydrocortisone-acetic acid	161	indapamide	100
HALCION.....	118	hydrogen peroxide	64	INDERAL LA.....	71
halobetasol propionate	94	hydromet	86	INDERAL XL.....	71
HALOETTE.....	81	hydromorphone hcl	12	indomethacin	7
HALOG.....	94	hydromorphone hcl er	12	indomethacin er	7
haloperidol	62	hydroxychloroquine sulfate	49	INFANRIX.....	172
haloperidol lactate	62	hydroxyurea	56	INGREZZA.....	165
HARVONI.....	69	hydroxyzine hcl	16, 17	INLYTA.....	59
HAVRIX.....	177	hydroxyzine pamoate	17	INNOPRAN XL.....	71
healthy hair/skin/nails	147	HYFTOR.....	96	INPEFA.....	73
HEALTHYLAX.....	119	hylavite	144	INQOVI.....	56
HEATHER.....	83	hyoscyamine sulfate	173	INSPIRA.....	45
h-e-b aspirin	10	hyoscyamine sulfate er	173	INTELENCE.....	67
h-e-b incontrol lancets 28g	130	hyosyne	173	INTRAROSA.....	178
h-e-b incontrol lancets 30g	130	HYPERSAL.....	86	INTROVALE.....	82
h-e-b incontrol lancets 33g	130	HYPOLANCE AST LANCING		INTUNIV.....	1
HEMANGEOL.....	71	.....	130	INVEGA.....	62
heparin (porcine) in nacl	22	HY-VEE LANCETS.....	130	INVEGA HAFYERA.....	61
heparin sodium (porcine)	22	hy-vee thin lancets	130	INVEGA SUSTENNA.....	62
heparin sodium (porcine) pf	23	HYZAAR.....	43	INVEGA TRINZA.....	62
HEPLISAV-B.....	177	ibandronate sodium	100	INVELTYS.....	159
HER STYLE.....	82	IBU.....	7	IOPIDINE.....	158
HIBERIX.....	176	ibuprofen	7	ipratropium bromide	20, 153
HIPREX.....	48	icatibant acetate	113	ipratropium-albuterol	19
HIZENTRA.....	162	ICLEVIA.....	82	IQIRVO.....	110
HUMATIN.....	5	ICLUSIG.....	52	irbesartan	43
HUMATROPE.....	102	IDHIFA.....	57	irbesartan-	
HUMIRA (2 PEN).....	5	ILARIS.....	6	hydrochlorothiazide	43
HUMIRA (2 SYRINGE).....	6	ILEVRO.....	158	IRESSA.....	52
HUMIRA-CD/UC/HS		imatinib mesylate	52	ISENTRESS.....	66
STARTER.....	6	IMBRUVICA.....	52	ISENTRESS HD.....	66
HUMIRA-PSORIASIS/UEVIT		IMCIVREE.....	103	ISIBLOOM.....	79
STARTER.....	6	imipenem-cilastatin	45	isoniazid	49, 50
HUMULIN R U-500		imipramine hcl	31	ISORDIL TITRADOSE.....	16
KWIKPEN.....	33	imipramine pamoate	31	isosorb dinitrate-hydralazine..	73
HYCAMTIN.....	59	imiquimod	96	isosorbide dinitrate	16
HYCODAN.....	86	imiquimod pump	96	isosorbide mononitrate	16

isosorbide mononitrate er	16	KEVEYIS.....	99	kroger lancets thin	130
isotretinoin	88	kimono	123	KURVELO.....	79
isradipine	72	KIMONO COLORS.....	123	labetalol hcl	70
ISTALOL.....	155	KIMONO MAXX-LARGE		lacosamide	25
ISTURISA.....	101	FLARE.....	123	lactulose	119
ITOVEBI.....	58	kimono micro thin	123	LAGEVRIO.....	69
itraconazole	38	kimono micro thin plus	123	LAMICTAL.....	25
ivermectin	16	kimono plus	123	LAMICTAL ODT.....	25
IYUZEH.....	160	kimono ps	123	LAMICTAL STARTER.....	25
JAIMIESS.....	82	kimono ps plus	123	LAMICTAL XR.....	25
JAKAFI.....	57	kimono sensation	123	lamivudine	67, 68
JANTOVEN.....	22	kimono sensation plus	123	lamivudine-zidovudine	65
JANUMET.....	32	KIMONO SPECIAL.....	123	lamotrigine	25
JANUMET XR.....	32	KIMYRSA.....	46	lamotrigine er	25
JANUVIA.....	32	kinney lancets	130	lamotrigine starter kit-blue	25
JARDIANCE.....	35	kinney thin lancets	130	lamotrigine starter kit-green ...	25
JASMIEL.....	79	KINRIX.....	172	lamotrigine starter kit-orange .	25
JAVYGTOR.....	104	KIONEX.....	142	LAMPIT.....	45
JAYPIRCA.....	52	KISQALI (200 MG DOSE).....	56	lancets	130
JENCYCLA.....	83	KISQALI (400 MG DOSE).....	56	lancets 28g thin	130
JINTELI.....	106	KISQALI (600 MG DOSE).....	56	lancets 30g	130
JOENJA.....	140	KLARON.....	87	lancets 33g	131
JOLESSA.....	82	KLONOPIN.....	23	lancets micro thin 33g	131
JOURNAVX.....	8	KLOR-CON.....	139	lancets super thin 28g	131
JOYEAUX.....	79	KLOR-CON 10.....	139	lancets thin	131
JULEBER.....	79	KLOR-CON M10.....	139	LANCETS ULTRA THIN.....	131
JULUCA.....	65	KLOR-CON M15.....	139	lancets ultra thin 30g	131
JUNEL 1.5/30.....	79	KLOR-CON M20.....	139	LANOXIN.....	73
JUNEL 1/20.....	79	KLOXXADO.....	36	lanreotide acetate	105
JUNEL FE 1.5/30.....	79	kls aspirin low dose	10	lansoprazole	174
JUNEL FE 1/20.....	79	KLS LAXACLEAR.....	119	lanthanum carbonate	111
JUNEL FE 24.....	79	KLS QUIT2.....	168	LANTUS.....	33
JYNARQUE.....	105	KLS QUIT4.....	168	LANTUS SOLOSTAR.....	33
JYNNEOS.....	177	kobee	145	lapatinib ditosylate	54
KAITLIB FE.....	79	KORLYM.....	34	LARIN 1.5/30.....	79
KALETRA.....	65	KOSELUGO.....	53	LARIN 1/20.....	79
KALLIGA.....	79	kp aspirin	10	LARIN 24 FE.....	79
KALYDECO.....	170	kp b complex-c	144	LARIN FE 1.5/30.....	79
KAMELEON LUBRICATED.....	123	kp bisacodyl	121	LARIN FE 1/20.....	79
KARIVA.....	77	kp folic acid	116	LASIX.....	100
KELNOR 1/35.....	79	kp prenatal multivitamins	149	latanoprost	160
KEPPRA.....	24	K-PHOS.....	139	LATUDA.....	61
KEPPRA XR.....	25	K-PHOS NO 2.....	112	LAZCLUZE.....	52
KERENDIA.....	104	K-PHOS-NEUTRAL.....	139	LEENA.....	83
KESIMPTA.....	166	kpn prenatal	149	leflunomide	7
ketoconazole	38, 96	KRAZATI.....	53	lenalidomide	140
KETODAN.....	96	KRINTAFEL.....	49	LENVIMA (10 MG DAILY	
KETO-DIASTIX.....	99	KRISTALOSE.....	119	DOSE).....	59
ketone test	98	KROGER HEALTHPRO		LENVIMA (12 MG DAILY	
ketoprofen er	7	LANCET 26G.....	130	DOSE).....	59
ketorolac tromethamine	7, 158	kroger lancets	130	LENVIMA (14 MG DAILY	
KETOSTIX.....	98	kroger lancets super thin	130	DOSE).....	59

LENVIMA (18 MG DAILY DOSE).....	59	liothyronine sodium	172	lubiprostone	108
LENVIMA (20 MG DAILY DOSE).....	59	LIPIODOL.....	99	lugols strong iodine	64
LENVIMA (24 MG DAILY DOSE).....	59	LIPITOR.....	40	LUIZZA 1.5/30.....	79
LENVIMA (4 MG DAILY DOSE).....	59	LIPO FLAVONOID PLUS.....	152	LUIZZA 1/20.....	80
LENVIMA (8 MG DAILY DOSE).....	59	LIPOFEN.....	40	LUMAKRAS.....	53
LESCOL XL.....	40	LIPOTRIAD.....	152	LUMIGAN.....	160
LESSINA.....	79	liraglutide	34	LUMRYZ.....	164
letrozole	56	lisdexamfetamine dimesylate	2	LUMRYZ STARTER PACK...164	
leucovorin calcium	57	lisinopril	42	LUNESTA.....	118
LEUKERAN.....	58	lisinopril-hydrochlorothiazide	42	LUPRON DEPOT (1-MONTH).....	57
leuprolide acetate	57	lite touch lancets	131	LUPRON DEPOT (3-MONTH).....	57
levabuterol hcl	20	LITETOUCH LANCETS.....	131	LUPRON DEPOT-PED (1-MONTH).....	103
levabuterol tartrate	20	lithium carbonate	61	LUPRON DEPOT-PED (3-MONTH).....	103
levetiracetam	25	lithium carbonate er	61	LUPRON DEPOT-PED (6-MONTH).....	103
levetiracetam er	25	LITHOBID.....	61	lurasidone hcl	61
levobunolol hcl	155	LITHOSTAT.....	112	LUTERA.....	80
levocarnitine	101	LIVDELZI.....	110	LUTRATE DEPOT.....	57
levocarnitine sf	101	live better lancet super thin ...131		LYBALVI.....	170
levofloxacin.....107, 108, 156		LIVMARLI.....	109	LYLEQ.....	83
levofloxacin in d5w	107	LIVTENCITY.....	68	LYLLANA.....	107
LEVONEST.....	83	LO LOESTRIN FE.....	77	LYNPARZA.....	58
levonorgest-eth estrad 91-day ..82		LODINE.....	7	LYRICA.....	25
levonorgestrel	82	LODOSYN.....	60	LYRICA CR.....	167
levonorgestrel-ethinyl estrad	79, 81	LOESTRIN 1.5/30 (21).....	79	LYSODREN.....	50
levonorg-eth estrad triphasic ...83		LOESTRIN 1/20 (21).....	79	LYTGOBI (12 MG DAILY DOSE).....	53
LEVORA 0.15/30 (28).....	79	LOESTRIN FE 1.5/30.....	79	LYTGOBI (16 MG DAILY DOSE).....	53
levorphanol tartrate	12	LOESTRIN FE 1/20.....	79	LYTGOBI (20 MG DAILY DOSE).....	53
LEVO-T.....	172	LOJAIMIESS.....	82	LYZA.....	83
levothyroxine sodium	172	LOKELMA.....	142	MACROBID.....	48
LEVOXYL.....	172	LOMOTIL.....	36	MACRODANTIN.....	48
LEVULAN KERASTICK.....	97	LONSURF.....	56	magnesium citrate	120
LEXAPRO.....	30	LOPID.....	40	MALARONE.....	49
LIALDA.....	109	lopinavir-ritonavir	65	malathion	97
LIBERTY MEDICAL		LOPRESSOR.....	70	maraviroc	66
LANCETS.....	131	lorazepam	17	marlissa	80
LIBRAX.....	173	LORAZEPAM INTENSOL.....	17	MARPLAN.....	29
LICART.....	90	LORBRENA.....	51	masonatal	149
lidocaine	96	LORYNA.....	79	MATULANE.....	56
lidocaine hcl.....96, 142		losartan potassium	43	MATZIM LA.....	72
lidocaine hcl urethral/mucosal 96		losartan potassium-hctz	43	MAVENCLAD (10 TABS).....	165
lidocaine viscous hcl	142	LOTEMAX.....	159	MAVENCLAD (4 TABS).....	165
lidocaine-prilocaine	97	LOTEMAX SM.....	159	MAVENCLAD (5 TABS).....	165
LIDODERM.....	96	LOTENSIN.....	42	MAVENCLAD (6 TABS).....	166
linezolid	48	LOTENSIN HCT.....	42	MAVENCLAD (7 TABS).....	166
linezolid in sodium chloride....48		loteprednol etabonate	160	MAVENCLAD (8 TABS).....	166
LINZESS.....	109	LOTREL.....	41	MAVENCLAD (9 TABS).....	166
		LOTRONEX.....	109		
		lovastatin	40		
		LOVENOX.....	23		
		LOW-OGESTREL.....	79		
		loxapine succinate	63		
		LO-ZUMANDIMINE.....	79		

MAXALT.....	138	meprobamate	17	METROGEL.....	97
MAXALT-MLT.....	138	MEPRON.....	45	metronidazole	45, 97, 178
MAXIDEX.....	160	mercaptapurine	50, 51	metyrosine	42
MAXITROL.....	159	meropenem	46	mexiletine hcl	17
maxi-tuss ac	86	meropenem-sodium chloride ...	46	MI PASTE.....	124
maxx	123	MERZEE.....	80	MI PASTE PLUS.....	124
maxx plus	123	mesalamine	109	MICARDIS.....	43
MAYZENT.....	169	mesalamine er	109	MICARDIS HCT.....	43
MAYZENT STARTER PACK	169	mesalamine-cleanser	110	miconazole-zinc oxide-petrolat	89
meclizine hcl	37	mesna	59	MICORT HC.....	95
meclofenamate sodium	7	MESNEX.....	59	MICROGESTIN 1.5/30.....	80
medichoice safety lancet	131	MESTINON.....	49	MICROGESTIN 1/20.....	80
medichoice safety lancet extra	131	METADATE CD.....	3	MICROGESTIN FE 1.5/30.....	80
.....	131	metaxalone	153	MICROGESTIN FE 1/20.....	80
medichoice safety lancet norm	131	metformin hcl	31	MICROLET LANCETS.....	131
.....	131	metformin hcl er	31	midazolam hcl	118
MEDI-FIRST ASPIRIN.....	10	methadone hcl	12	midodrine hcl	179
MEDIQUE ASPIRIN.....	10	METHADONE HCL		MIEBO.....	160
MEDLANCE PLUS EXTRA		INTENSOL.....	12	mifepristone	34
21G.....	131	METHADOSE.....	12	MIGERGOT.....	137
MEDLANCE PLUS LITE 25G	131	METHADOSE SUGAR-FREE..	12	miglitol	31
MEDLANCE PLUS SPECIAL		methamphetamine hcl	2	miglustat	115
0.8MM.....	131	methazolamide	99	MILI.....	80
MEDLANCE PLUS		methenamine hippurate	48	milk of magnesia	120
SUPERLITE 30G.....	131	METHERGINE.....	161	MIMVEY.....	106
MEDLANCE PLUS		methimazole	172	mini multi vitamins/iron	146
UNIVERSAL 21G.....	131	methitest	14	MINIVELLE.....	107
MEDROL.....	84, 85	methocarbamol	153	minocycline hcl	171
medroxyprogesterone acetate		methotrexate sodium	51	minoxidil	45
.....	83, 164	methotrexate sodium (pf)	51	MIOCHOL-E.....	156
mefenamic acid	7	methoxsalen rapid	90	MIOSTAT.....	156
mefloquine hcl	49	methscopolamine bromide	174	mirabegron er	175
mega multiple/chelated		methyldopa	44	MIRCERA.....	116
mineral	152	methylergonovine maleate	161	mirtazapine	28
megestrol acetate	58, 164	METHYLIN.....	3	misoprostol	174
meijer aspirin ec	10	methylphenidate	3	MITIGARE.....	113
MEIJER LANCETS.....	131	methylphenidate hcl	3	mm aspirin	10
MEIJER LANCETS		methylphenidate hcl er	3	MM CLEARLAX.....	119
UNIVERSAL 21G.....	131	methylphenidate hcl er (cd)	3	MM TWIST LANCETS.....	131
MEIJER LANCETS		methylphenidate hcl er (la)	3	M-M-R II.....	176
UNIVERSAL 30G.....	131	methylphenidate hcl er (osm) ...	3	MNEXSPIKE.....	177
MEIJER LANCETS		methylprednisolone	85	modafinil	3
UNIVERSAL 33G.....	131	methylprednisolone sodium		moexipril hcl	42
MEKINIST.....	54	succ	85	molindone hcl	63
MEKTOVI.....	54	methyltestosterone	14	mometasone furoate	95, 153
meloxicam	7	metoclopramide hcl	108	MONDOXYNE NL.....	171
memantine hcl	167	metolazone	100	MONOLET LANCETS.....	131
memantine hcl er	167	metoprolol succinate er	70	MONOLET OPD LANCETS...131	
MENOSTAR.....	107	metoprolol tartrate	70	MONOLETTOR SAFETY	
MENQUADFI.....	176	metoprolol-		LANCETS.....	131
MENVEO.....	176	hydrochlorothiazide	44	MONO-LINYAH.....	80
meperidine hcl	12	METROCREAM.....	97	montelukast sodium	21

morphine sulfate	13	naftifine hcl	89	nevirapine	67
morphine sulfate (concentrate)	12	nalmeferine hcl	36	nevirapine er	67
morphine sulfate er	12, 13	naloxone hcl	36	NEW DAY	82
morphine sulfate er beads	12	naltrexone hcl	36	NEXAVAR	54
MOTOFEN	36	NAMENDA TITRATION PAK		NEXLETOL	39
MOUNJARO	34	.....	167	NEXLIZET	39
MOVANTIK	110	naproxen	7	NIACOR	41
MOVIPREP	118	naproxen sodium	7	nicardipine hcl	72
moxifloxacin hcl	108, 156	naratriptan hcl	138	NICODERM CQ	168
moxifloxacin hcl (2x day)	156	NARCAN	36	NICORETTE	168
moxifloxacin hcl in nacl	108	NARDIL	29	NICORETTE MINI	168
MOZOBIL	115	NASCOBAL	115	NICORETTE STARTER KIT	169
MS CONTIN	13	NATACYN	157	nicotine	169
MULPLETA	117	NATAZIA	82	nicotine mini	169
MULTAQ	18	nateglinide	34	nicotine polacrilex	169
multi prenatal	149	NATROBA	97	nicotine polacrilex mini	169
multi vitamin	147	nat-rul b-50	152	nicotine step 1	169
multi vitamin w/d-3	147	nat-rul daily-vite+iron	146	nicotine step 2	169
MULTI-LANCET DEVICE 2	132	NAYZILAM	24	nicotine step 3	169
multiple vitamin-folic acid	147	nebivolol hcl	70	NICOTROL NS	169
multiple vitamins	147	NEBUPENT	45	nifedipine	72
multiple vitamins essential	147	NEBUSAL	86	nifedipine er	72
multiple vitamins/iron	146	NECON 0.5/35 (28)	80	nifedipine er osmotic release	72
multivitamin	147	NEEVO DHA	149	NIKKI	80
multi-vitamin	147	nefazodone hcl	30	NILANDRON	50
multivitamin adult	147	NEOMULTIVITE	147	nilotinib d-tartrate	52
multivitamin iron-free	147	neomycin sulfate	5	nilotinib hcl	52
multivitamin plus iron adult	146	neomycin-bacitracin zn-		nilutamide	50
multivitamin/fluoride	148	polymyx	157	nimodipine	72
multi-vitamin/fluoride	148	neomycin-polymyxin-		NINLARO	55
multi-vitamin/fluoride/iron	148	dexameth	159	nisoldipine er	72
multi-vitamin/iron	146	neomycin-polymyxin-		nitazoxanide	45
MULTI-VIT-FLOR	148	gramicidin	157	nitisinone	102
mupirocin	89	neomycin-polymyxin-hc	159, 161	NITRO-BID	16
MY CHOICE	82	neonatal prenatal	149	NITRO-DUR	16
MY WAY	82	NEONATAL VITAMIN	149	nitrofurantoin	49
MYCAPSSA	105	NEO-POLYCIN	157	nitrofurantoin macrocrystal	48
mycophenolate mofetil	141	NEO-POLYCIN HC	159	nitrofurantoin monohyd	
mycophenolate sodium	141	NEORAL	140	macro	48
MYDAYIS	1	NEO-SYNALAR	89	nitroglycerin	15, 16
MYDRIACYL	155	nephro vitamins	144	NITROLINGUAL	16
MYFEMBREE	106	NEPHRO-VITE	144	NITROSTAT	16
MYFORTIC	141	NERLYNX	54	NITYR	102
MYGLUCOHEALTH		NESTABS	149	niva thyroid	172
LANCETS 30G	132	NESTABS DHA	149	NIVESTYM	116
MYLERAN	50	NESTABS ONE	151	nizatidine	173
MYRBETRIQ	175	NEUAC	88	NORA-BE	83
MYSOLINE	25	NEULASTA	116	norethin ace-eth estrad-fe	80
na sulfate-k sulfate-mg sulf	118	NEUPRO	61	norethindrone	83
nabumetone	7	NEURONTIN	25, 26	norethindrone acetate	164
nadolol	71	NEVANAC	158	norethindrone acet-ethinyl est	80
nafticillin sodium	163			norethindrone-eth estradiol	106

NORGESIC.....	153	nystatin-triamcinolone	89	ONETOUCH DELICA PLUS	
norgestimate-eth estradiol	80	NYSTOP.....	89	LANCET30G.....	132
norgestim-eth estrad triphasic	83	NYVEPRIA.....	116	ONETOUCH DELICA PLUS	
NORITATE.....	97	OB COMPLETE.....	149	LANCET33G.....	132
NORLYROC.....	83	OB COMPLETE ONE.....	149	ONETOUCH DELICA PLUS	
NORPACE.....	17	OB COMPLETE PETITE.....	150	LANCING.....	132
NORPACE CR.....	17	OB COMPLETE PREMIER....	150	ONETOUCH DELICA	
NORPRAMIN.....	31	OB COMPLETE/DHA.....	150	SAFETY LANCING.....	132
NORTREL 0.5/35 (28).....	80	OALIVA.....	108	ONETOUCH ULTRASOFT 2	
NORTREL 1/35 (21).....	80	octreotide acetate	105	LANCETS.....	132
NORTREL 1/35 (28).....	80	OCUFLOX.....	156	ONFI.....	24
NORTREL 7/7/7.....	83	ODEFSEY.....	65	ONGENTYS.....	61
nortriptyline hcl	31	ODOMZO.....	53	ONUREG.....	51
NORVASC.....	72	OFEV.....	171	OPCICON ONE-STEP.....	82
NORVIR.....	66	ofloxacin	108, 156, 161	OPIPZA.....	64
NOURIANZ.....	59	OGSIVEO.....	53	OPSUMIT.....	74
NOVA SAFETY LANCETS		OHTUVAYRE.....	21	OPTION 2.....	82
23G.....	132	OJEMDA.....	52	OPTIONS GYNOL II	
NOVA SAFETY LANCETS		OJJAARA.....	57	CONTRACEPTIVE.....	178
28G.....	132	olanzapine	64	OPVEE.....	37
NOVA SUREFLEX LANCETS		olanzapine-fluoxetine hcl	170	OPZELURA.....	92
.....	132	olmesartan medoxomil	43	ORALONE.....	144
NOVAREL.....	104	olmesartan medoxomil-hctz	43	ORAPRED ODT.....	85
NOVOLIN 70/30.....	33	olmesartan-amlodipine-hctz	44	ORAVIG.....	142
NOVOLIN 70/30 FLEXPEN.....	33	olopatadine hcl	153	ORBACTIV.....	46
NOVOLIN N.....	33	OMECLAMOX-PAK.....	174	ORENITRAM.....	74
NOVOLIN N FLEXPEN.....	33	omeprazole	174	ORENITRAM MONTH 1.....	73
NOVOLIN R.....	33	omnicap	147	ORENITRAM MONTH 2.....	73
NOVOLIN R FLEXPEN.....	33	OMNIFLEX DIAPHRAGM....	124	ORENITRAM MONTH 3.....	73
NOVOLOG.....	33	OMNIPOD 5 DEXG7G6		ORFADIN.....	102
NOVOLOG FLEXPEN.....	33	INTRO GEN 5.....	136	ORGOVYX.....	57
NOVOLOG MIX 70/30.....	33	OMNIPOD 5 DEXG7G6 PODS		ORIAHNN.....	106
NOVOLOG MIX 70/30		GEN 5.....	136	ORILISSA.....	101
FLEXPEN.....	33	OMNIPOD 5 LIBRE2 PLUS G6		ORKAMBI.....	170
NOVOLOG PENFILL.....	33	PODS.....	136	ORLADEYO.....	114
NOXAFIL.....	38	OMNIPOD DASH PODS (GEN		orphenadrine citrate er	153
NP THYROID.....	172	4).....	136	orphenadrine-aspirin-caffeine	
NPLATE.....	117	once daily	147	.....	153
NUBEQA.....	50	ondansetron	37	ORPHENGESIC FORTE.....	153
NUCALA.....	21	ondansetron hcl	37	ORSERDU.....	58
NUCYNTA.....	13	one daily	147	oscimin	173
NUCYNTA ER.....	13	ONE DAILY ESSENTIAL.....	147	oseltamivir phosphate	69
NUEDEXTA.....	167	one daily multivitamin adult	147	OSPHENA.....	104
NULEV.....	173	one daily multivitamin/iron	146	OTEZLA.....	7
NUPLAZID.....	61	one vite womens	150	OTEZLA XR.....	7
NUVARING.....	81	one-daily multi vitamins	147	OTEZLA/OTEZLA XR	
NUVIGIL.....	3	one-daily multi-vitamin	147	INITIATION PK.....	7
NYAMYC.....	89	one-daily multi-vitamin/iron	146	OVIDE.....	97
NYLIA 1/35.....	80	one-daily/iron	146	oxacillin sodium	164
NYLIA 7/7/7.....	84	ONELAX MAGNESIUM		oxacillin sodium in dextrose ..	163
NYMALIZE.....	72	CITRATE.....	120	oxaprozin	7
nystatin	38, 89, 142			oxazepam	17

oxcarbazepine	26	PAMELOR	31	perphenazine-amitriptyline ...	167
oxcarbazepine er	26	PANRETIN	90	PERSERIS	62
OXERVATE	158	pantoprazole sodium	174	PFIZERPEN	163
oxiconazole nitrate	96	paricalcitol	103	ph strips	98
OXISTAT	96	PARLODEL	60	PHARMACIST CHOICE	
OXLUMO	112	PARNATE	29	LANCETS	132
OXTELLAR XR	26	paroxetine hcl	30	PHEBURANE	105
oxybutynin chloride	175	paroxetine hcl er	30	phenazopyridine hcl	112
oxybutynin chloride er	175	PAXIL	30	phenelzine sulfate	29
oxycodone hcl	13	PAXIL CR	30	phenobarbital	117
oxycodone-acetaminophen	13	PAXLOVID (150/100)	68	phentermine-topiramate er	2
OXYCONTIN	13	PAXLOVID (300/100 &		phenylephrine hcl	155
oxymorphone hcl	13	150/100)	68	PHENYTEK	27
oxymorphone hcl er	13	PAXLOVID (300/100)	68	phenytoin	27
OXYTROL	175	pazopanib hcl	54	PHENYTOIN INFATABS	27
OZEMPIC (0.25 OR 0.5		PEDIAPRED	85	phenytoin sodium extended	27
MG/DOSE)	34	PEDIARIX	172	PHEXXI	178
OZEMPIC (1 MG/DOSE)	34	PEDVAX HIB	176	PHILITH	80
OZEMPIC (2 MG/DOSE)	34	peg 3350	119	PHILLIPS MILK OF	
PACERONE	18	peg 3350-kcl-na bicarb-nacl ..	118	MAGNESIA	120
PALFORZIA (1 MG DAILY		peg-3350/electrolytes	118	PHOSPHA 250 NEUTRAL	139
DOSE)	4	peg-3350/electrolytes/ascorbat		PHOSPHOLINE IODIDE	156
PALFORZIA (12 MG DAILY		.....	118	phosphorous	139
DOSE)	4	PEGASYS	69	PHOSPHO-TRIN 250	
PALFORZIA (120 MG DAILY		peg-kcl-nacl-nasulf-na asc-c ..	119	NEUTRAL	139
DOSE)	4	PEG-PREP	119	PHOSPHO-TRIN K500	139
PALFORZIA (160 MG DAILY		PEMAZYRE	53	PHYRAGO	52
DOSE)	4	PENBRAYA	176	phytonadione	179
PALFORZIA (20 MG DAILY		penciclovir	91	PIFELTRO	67
DOSE)	4	penicillamine	140	pilocarpine hcl	144, 156
PALFORZIA (200 MG DAILY		penicillin g pot in dextrose	162	pimecrolimus	96
DOSE)	4	penicillin g potassium	162	pimozide	167
PALFORZIA (240 MG DAILY		penicillin g sodium	162	PIMTREA	77
DOSE)	4	penicillin v potassium	162, 163	pindolol	71
PALFORZIA (3 MG DAILY		penmenvy	176	pioglitazone hcl	35
DOSE)	4	PENTACEL	172	pioglitazone hcl-glimepiride	35
PALFORZIA (300 MG		pentamidine isethionate	45	pioglitazone hcl-metformin hcl	35
MAINTENANCE)	4	PENTASA	110	pip lancets 28g	132
PALFORZIA (300 MG		pentazocine-naloxone hcl	14	pip lancets 30g	132
TITRATION)	4	pentetate calcium trisodium	36	piperacillin sod-tazobactam so	
PALFORZIA (40 MG DAILY		pentetate zinc trisodium	36	.....	163
DOSE)	4	pentoxifylline er	114	PIQRAY (200 MG DAILY	
PALFORZIA (6 MG DAILY		perampanel	23	DOSE)	58
DOSE)	4	PERCOCET	14	PIQRAY (250 MG DAILY	
PALFORZIA (80 MG DAILY		PERFECT LANCETS 28G	132	DOSE)	58
DOSE)	4	PERFECT LANCETS 30G	132	PIQRAY (300 MG DAILY	
PALFORZIA INITIAL DOSE		PERFOROMIST	20	DOSE)	58
1-3YRS	4	PERIDEX	142	pirfenidone	171
PALFORZIA INITIAL		perindopril erbumine	42	piroxicam	7
ESCALATION	4	PERIOGARD	142	PLAQUENIL	49
paliperidone er	62	permethrin	97	PLAVIX	115
PALYNZIQ	104	perphenazine	63	PLENVU	119

plerixafor	115	PRENATAL-U	150	PRODIGY SAFETY LANCETS	
PNEUMOVAX 23	176	PRENATE	152	26G	132
pnv-dha+docusate	151	PRENATE AM	152	PRODIGY TWIST TOP	
pnv-omega	150	PRENATE DHA	151	LANCETS 28G	132
podofilox	96	PRENATE ELITE	150	progesterone	164
POLYCIN	157	PRENATE ENHANCE	151	PROGLYCEM	32
polyethylene glycol 3350	119	PRENATE ESSENTIAL	151	PROGRAF	141
polymyxin b sulfate	48	PRENATE MINI	151	PROLENSA	158
polymyxin b-trimethoprim	157	PRENATE RESTORE	151	PROMACTA	117
POLY-VI-FLOR	148	pretomanid	50	promethazine hcl	39
POLY-VI-FLOR/IRON	148	PREVACID	174	promethazine-codeine	87
POMALYST	53	PREVALITE	39	promethazine-dm	86
PORTIA-28	80	PREVIDENT	143	PROMETHEGAN	39
posaconazole	38	PREVIDENT 5000 BOOSTER		PROMETRIUM	164
potassium chloride	139	PLUS	143	propafenone hcl	18
potassium chloride crys er	139	PREVIDENT 5000 DRY		propafenone hcl er	18
potassium chloride er	139	MOUTH	143	proparacaine hcl	157
potassium citrate er	112	PREVIDENT 5000 ENAMEL		propranolol hcl	71
pramipexole dihydrochloride ..	61	PROTECT	143	propranolol hcl er	71
pramipexole dihydrochloride		PREVIDENT 5000 ORTHO		propylthiouracil	172
er	61	DEFENSE	143	PROQUAD	176
PRAMOSONE	97	PREVIDENT 5000 PLUS	143	PROSCAR	111
PRAMOTIC	161	PREVIDENT 5000 SENSITIVE		protriptyline hcl	31
prasugrel hcl	115	.....	143	PROVERA	164
pravastatin sodium	40	PREVNAR 20	176	PROVIDA OB	150
praziquantel	16	PREVYMIS	68	PROVIGIL	3
prazosin hcl	44	PREZCOBIX	65	pseudoeph-bromphen-dm	86
PRED MILD	160	PREZISTA	66	PULMICORT FLEXHALER	21
prednisolone	85	PRIFTIN	50	PULMOSAL	86
prednisolone acetate	160	PRIMAXIN IV	46	PULMOZYME	170
prednisolone sodium		primidone	26	pure comfort lancets 30g	132
phosphate	85, 160	PRIORIX	176	PURIXAN	51
prednisone	85	PRISTIQ	30	px lancets microthin 33g	132
PREDNISONONE INTENSOL	85	pro comfort lancets 30g	132	px lancets ultra thin 28g	132
pregabalin	26	pro comfort lancets 31g	132	PYLERA	174
pregabalin er	167	pro comfort safety lancets 30g		pyrazinamide	50
PREMARIN	107, 179	.....	132	pyridostigmine bromide	49
PREMESISRX	152	PROAIR RESPICLICK	20	pyridostigmine bromide er	49
PREMPHASE	106	probenecid	113	pyrimethamine	49
PREMPRO	106	PROCARDIA XL	72	PYRUKYND	114
prena1 pearl	150	PROCENTRA	2	PYRUKYND TAPER PACK ..	114
prenatal	150	prochlorperazine	63	qc aspirin	10, 11
prenatal (w/iron & fa)	150	prochlorperazine maleate	63	qc aspirin low dose	10
prenatal 19	150	PROCRIT	116	qc b50 prolonged release	146
prenatal complete	150	PROCTOCORT	15	qc b-complex/vitamin c	144
prenatal forte	150	PROCTOFOAM HC	15	qc childrens aspirin	11
PRENATAL MULTIVITAMIN		PROCTO-MED HC	15	qc daily multivitamins/iron	146
+ DHA	151	PROCTOSOL HC	15	qc enteric aspirin	11
prenatal one daily	150	PROCTOZONE-HC	15	qc essentials	147
prenatal vitamin and mineral	150	PROCYSBI	112	qc folic acid	116
prenatal vitamins	150	PRODIGY LANCETS 28G	132	qc gentle laxative	121
prenatal/iron	150			qc gentle laxative womens	121

qc lancets super thin 30g	132	REBIF REBIDOSE	166	ribavirin	69
qc lancets ultra thin	133	REBIF REBIDOSE		RIDAURA.....	6
qc laxative	121	TITRATION PACK.....	166	rifabutin	50
qc magnesium citrate	120	REBIF TITRATION PACK.....	166	rifampin	50
qc milk of magnesia	120	RECARBRIO.....	46	RIGHTEST ALTERNATE	
qc natura-lax	119	RECLIPSEN.....	80	SITE ADAPT.....	133
qc nicotine transdermal		RECOMBIVAX HB.....	177	RIGHTEST GL300 LANCETS	133
system	169	RECTIV.....	15	riluzole	154
qc prenatal	150	REGLAN.....	108	rimantadine hcl	69
qc unilet lancets 28g	133	RELENZA DISKHALER.....	69	RINVOQ.....	5
qc unilet lancets micro thin	133	RELION KETONE TEST.....	99	RINVOQ LQ.....	5
QELBREE.....	1	RELION LANCET DEVICES		RIOMET.....	31
QINLOCK.....	54	30G.....	133	risanoid plus	152
QUADRACEL.....	173	RELION LANCETS.....	133	risedronate sodium	100, 101
quazepam	118	RELION LANCETS MICRO-		RISPERDAL.....	62
QUESTRAN.....	40	THIN 33G.....	133	RISPERDAL CONSTA.....	62
QUESTRAN LIGHT.....	39	RELION LANCETS THIN 26G		risperidone	62
quetiapine fumarate	63	.....	133	risperidone microspheres er ...	62
quetiapine fumarate er	63	RELION LANCETS ULTRA-		RITALIN.....	3
QUFLORA FE PEDIATRIC....	148	THIN 30G.....	133	RITALIN LA.....	3
QUFLORA PEDIATRIC.....	148	RELION ULTRA THIN		ritonavir	67
QUILLICHEW ER.....	3	LANCETS 30G.....	133	rivaroxaban	22
QUILLIVANT XR.....	3	RELISTOR.....	110	rivastigmine	165
quin b strong b-25	146	relnate dha	150	rivastigmine tartrate	165
quinapril hcl	42	RELPAK.....	138	RIVELSA.....	82
quinapril-hydrochlorothiazide	42	REMERON.....	28	RIVFLOZA.....	112
quinidine gluconate er	17	REMERON SOLTAB.....	28	rizatRIPTAN benzoate	138
quinidine sulfate	17	REMESENSE.....	124	ROCALTROL.....	103
quinine sulfate	49	renal vitamin	144	roflumilast	21
quintabs	148	rena-vite	144	ROMVIMZA.....	52
QULIPTA.....	137	RENVELA.....	111	ropinirole hcl	61
QVAR REDHALER.....	21	repaglinide	34	ropinirole hcl er	61
RADICAVA ORS.....	154	REPATHA.....	41	rosuvastatin calcium	40
RADICAVA ORS STARTER		REPATHA SURECLICK.....	41	ROTARIX.....	177
KIT.....	154	RESTASIS.....	157	ROTATEQ.....	177
raloxifene hcl	104	RESTASIS MULTIDOSE.....	157	ROWASA.....	110
ramipril	42	RESTORIL.....	118	ROWEEPRA.....	26
ranolazine er	16	RETACRIT.....	116	ROXICODONE.....	13
RAPAFLO.....	111	RETEVMO.....	55	ROZLYTREK.....	55
rasagiline mesylate	60	RETIN-A.....	88	RUBRACA.....	58
REACT.....	82	RETIN-A MICRO.....	88	rufinamide	26
READYLANCE SAFETY		RETIN-A MICRO PUMP.....	88	RUKOBIA.....	66
LANCETS.....	133	RETROVIR.....	67	RYBELSUS.....	34
reality lancets	133	REVLIMID.....	140	RYCLORA.....	38
REALITY LATEX CONDOMS		REVUFORJ.....	54	RYDAPT.....	54
.....	123	REXTOVY.....	37	RYKINDO.....	62
REALITY LATEX/ULTRA		REXULTI.....	64	SABRIL.....	27
TEXTURED.....	123	REYATAZ.....	67	sacubitril-valsartan	73
REALITY LATEX/ULTRA		REYVOW.....	138	safety lancet 30g/pressure act	133
THIN.....	123	REZDIFFRA.....	108	SAFETY LANCETS.....	133
reality trigger lancets	133	REZLIDHIA.....	57	SAFETY LANCETS 21G.....	133
REBIF.....	166	REZUROCK.....	142	SAFETY LANCETS 23G.....	133

safety lancets 28g	133	SHAROBEL	83	sotalol hcl	71
SAFYRAL	80	SHINGRIX	177	sotalol hcl (af)	71
SAJAZIR	113	SIGNIFOR	105	SOTYKTU	90
SALAGEN	144	SIKLOS	115	SPEVIGO	90
SANCUSO	37	sildenafil citrate	74	SPIKEVAX	178
SANDIMMUNE	140	silodosin	111	spinosad	97
SANDOSTATIN	105	SILVADENE	92	SPIRIVA HANDIHALER	20
SANDOSTATIN LAR DEPOT	105	silver nitrate	92	SPIRIVA RESPIMAT	20
SANTYL	95	silver sulfadiazine	92	spironolactone	100
SAPHRIS	63	SIMBRINZA	154	spironolactone-hctz	99
sapropterin dihydrochloride ..	104	SIMLIYA	77	SPORANOX	38
saps health plus lancets	133	SIMPESSE	82	SPRAVATO (56 MG DOSE)....	29
saps health twist top lancets ..	133	simvastatin	40, 41	SPRAVATO (84 MG DOSE)....	29
saps twist top lancets	133	SINEMET	60	SPRINTEC 28	80
sapscore twist top lancets	133	SINGLE-LET	134	SPRITAM	26
SAVELLA	165	SINGULAIR	21	SPRYCEL	52
SAVELLA TITRATION PACK	165	sirolimus	141	SPS (SODIUM	
sb aspirin	11	SKYCLARYS	154	POLYSTYRENE SULF).....	142
sb aspirin ec	11	SKYRIZI	90, 110	SRONYX	80
sb bisacodyl laxative ec	121	SKYRIZI PEN	90	SSD	92
sb childrens aspirin	11	SKYTROFA	102	ST JOSEPH ASPIRIN	11
sb gentle lax-women	121	SLYND	83	ST JOSEPH LOW DOSE	11
sb lancets thin	133	sm aspirin ec	11	STELARA	91
sb lancets ultra thin	133	sm nicotine	169	STERILANCE TL	134
sb low dose asa ec	11	sm nicotine polacrilex	169	STERILE TALC POWDER	170
sb magnesium citrate	120	SMARTEST LANCETS 28G ..	134	STIOLTO RESPIMAT	19
sb milk of magnesia	120	SMOOTH LAX	120	STIVARGA	54
sb polyethylene glycol 3350	119	sodium chloride	86	STRENSIQ	103
SCSEMBLIX	52	sodium fluoride	138, 143	streptomycin sulfate	5
SCLEROSOL		sodium fluoride 5000 enamel ..	143	stress b complex/iron	146
INTRAPLEURAL	170	sodium fluoride 5000 plus	143	stress formula	148
scopolamine	37	sodium fluoride 5000 ppm	143	stress formula (folic acid)	144
SECUADO	63	sodium fluoride 5000 sensitive ..	143	stress formula/iron	146
select-lite device/lancets	134	sodium iodide i-131	171	STRESSTABS ENERGY	148
SELECT-OB	150	sodium oxybate	164	STRIBILD	65
SELECT-OB+DHA	151	sodium phenylbutyrate	105	SUBLOCADE	14
selegiline hcl	60	sodium polystyrene sulfonate ..	142	SUBOXONE	14
selenium sulfide	91	SOGROYA	102	SUBVENITE	26
SELZENTRY	66	solifenacin succinate	175	SUBVENITE STARTER KIT-	
se-natal 19	150	SOLOSEC	4	BLUE	26
SENSIPAR	101	SOLTAMOX	50	SUBVENITE STARTER KIT-	
SEREVENT DISKUS	20	SOLU-CORTEF	85	GREEN	26
SEROQUEL	63	SOLU-MEDROL (PF)	85	SUBVENITE STARTER KIT-	
SEROQUEL XR	63	SOLUS V2 LANCETS 28G	134	ORANGE	26
sertraline hcl	30	SOLUS V2 TWIST LANCETS		SUCRAID	99
SETLAKIN	82	30G	134	sucralfate	174
sevelamer carbonate	111	SOMA	153	SUFLAVE	119
sevelamer hcl	111	SOMATULINE DEPOT	105	SULAR	72
sf	143	SOMAVERT	101	sulconazole nitrate	96
sf 5000 plus	143	sorafenib tosylate	54	sulfacetamide sodium	160
SFROWASA	110	SORILUX	91	sulfacetamide sodium (acne)	87
				sulfacetamide-prednisolone ...	159

sulfadiazine	171	tacrolimus	96, 141	TEXACORT.....	95
sulfamethoxazole-		tadalafil (pah)	74	TEZRULY.....	44
trimethoprim	45	TAFINLAR.....	52	TEZSPIRE.....	22
SULFAMYLON.....	92	tafluprost (pf)	160	THALITONE.....	100
sulfasalazine	110	TAGRISSO.....	53	THALOMID.....	140
SULFATRIM PEDIATRIC.....	45	TAKE ACTION.....	82	theophylline	22
sulindac	7	TAKHZYRO.....	114	theophylline er	22
sumatriptan	138	TALTZ.....	91	THERA.....	148
sumatriptan succinate	138	TALZENNA.....	58	thera-tabs	148
sumatriptan succinate refill ...	138	TAMIFLU.....	69	THEREMS.....	148
sunitinib malate	55	tamoxifen citrate	50	THIOLA.....	113
SUNLENCA.....	65, 66	tamsulosin hcl	111	THIOLA EC.....	112
SUNOSI.....	2	TARGRETIN.....	98	thioridazine hcl	63
super b complex/fa/vit c	144	TARINA 24 FE.....	80	thiothixene	64
super b complex/vitamin c	145	TARINA FE 1/20 EQ.....	80	THRIVE.....	169
super b-complex	146	TARON-C DHA.....	150	thrivite rx	150
super b-complex + vitamin c ..	145	TASCENSO ODT.....	169	TIADYLT ER.....	72
super b-complex/vit c/fa	145	TASIGNA.....	52	tiagabine hcl	27
SUPER DEC B-100.....	146	TASMAR.....	60	TIAZAC.....	72
SUPER QUINTS B-50.....	146	TAVALISSE.....	115	TIBSOVO.....	57
super thin lancets	134	TAYSOFY.....	81	ticagrelor	114
SUPREP BOWEL PREP KIT..	119	TAYTULLA.....	81	TIKOSYN.....	18
sure comfort lancets 18g	134	tazarotene	91	TILIA FE.....	84
sure comfort lancets 21g	134	TAZICEF.....	76	timolol hemihydrate	155
sure comfort lancets 23g	134	TAZORAC.....	91	timolol maleate	71, 155
sure comfort lancets 28g	134	TAZVERIK.....	54	timolol maleate (once-daily) ...	155
sure comfort lancets 30g	134	TECHLITE AST LANCETS...	134	TIMOLOL MALEATE	
SURELITE LANCETS.....	134	TECHLITE LANCETS.....	134	OCUDOSE.....	155
SUTENT.....	55	TEFLARO.....	77	timolol maleate pf	155
SYEDA.....	80	TEGRETOL.....	26	TIMOPTIC OCUDOSE.....	155
SYMBYAX.....	170	TEGRETOL-XR.....	26	tinidazole	45
SYMDEKO.....	170	TEKTURNA.....	44	tiopronin	113
SYMFI.....	65	telmisartan	43	tiotropium bromide	20
SYMPAZAN.....	24	telmisartan-amlodipine	43	TIROSINT.....	172
SYMPROIC.....	110	telmisartan-hctz	43	TIROSINT-SOL.....	172
SYMTUZA.....	65	temazepam	118	TISSEEL.....	117
SYNAGIS.....	161	temozolomide	57	TIVICAY.....	66
SYNALAR.....	95	tenofovir disoproxil fumarate ..	68	TIVICAY PD.....	66
SYNAREL.....	103	TENORMIN.....	70	tizanidine hcl	153
SYNDROS.....	37	TEPMETKO.....	54	TOBI PODHALER.....	5
SYNJARDY.....	35	terazosin hcl	44	TOBRADEX.....	159
SYNJARDY XR.....	35	terbinafine hcl	38	TOBRADEX ST.....	159
SYNTHROID.....	172	terbutaline sulfate	20	tobramycin	5, 156
TAB-A-VITE.....	148	terconazole	178	tobramycin sulfate	5
TAB-A-VITE/BETA		teriflunomide	165	tobramycin-dexamethasone ...	159
CAROTENE.....	148	teriparatide	104	TOBREX.....	156
TAB-A-VITE/IRON.....	146	testosterone	15	TODAY SPONGE.....	178
TAB-A-VITE/IRON/BETA		testosterone cypionate	14	today's health thin lancets 28g	134
CAROTENE.....	147	testosterone enanthate	14	today's health thin lancets 30g	134
TABLOID.....	51	tetrabenazine	165	tolcapone	60
TABRECTA.....	54	tetracaine hcl	158	tolterodine tartrate	175
TACLONEX.....	98	tetracycline hcl	171	tolterodine tartrate er	175

tolvaptan	105	TRI-LO-MILI.....	84	TRUSTEX RIA	
TOPAMAX.....	26	TRI-LO-SPRINTEC.....	84	LUB/SPERMICIDE.....	124
TOPAMAX SPRINKLE.....	26	trimethobenzamide hcl	37	TRUSTEX RIA LUBRICATED	
TOPICORT.....	95	trimethoprim	45	.....	124
TOPICORT SPRAY.....	95	TRI-MILI.....	84	TRUSTEX RIA NON-	
topiramate	26	trimipramine maleate	31	LUBRICATED.....	124
TOPROL XL.....	70	trinatal rx 1	151	TRUSTEX-NONOXYNOL-	
toremifene citrate	50	TRINATE.....	151	9/RIB/STUD.....	124
torsemide	100	TRINTELLIX.....	30	TRUVADA.....	65
TOUJEO MAX SOLOSTAR.....	33	TRI-SPRINTEC.....	84	TRYNGOLZA.....	103
TOVET.....	95	TRIUMEQ.....	65	TUKYSA.....	51
TOVIAZ.....	175	triumeq pd	65	TURALIO.....	55
TRACLEER.....	74	TRI-VI-FLOR.....	148	TWIIST REFILL KIT.....	136
tramadol hcl	13	tri-vi-floro	149	TWIIST REFILL	
tramadol hcl er	13	tri-vite/fluoride	149	KIT/INFUSION SET.....	136
tramadol-acetaminophen	14	TRIVORA (28).....	84	TWIIST STARTER KIT.....	136
trandolapril	42	TRI-VYLIBRA.....	84	TWINRIX.....	177
trandolapril-verapamil hcl er ..	41	TRI-VYLIBRA LO.....	84	TWIRLA.....	81
tranylcypromine sulfate	29	tropicamide	155	twist top lancets 30g	135
TRAVATAN Z.....	160	tropium chloride	175	TYBLUME.....	81
TRAVEL LANCETS		tropium chloride er	175	TYBOST.....	68
ADVANCED 28G.....	134	true comfort safety lancets	134	TYMLOS.....	104
travoprost (bak free)	160	true comfort twist top lancets	134	TYRVAYA.....	155
trazodone hcl	30	TRUEPLUS LANCETS 26G...	134	UBRELVY.....	137
TRELEGY ELLIPTA.....	19	TRUEPLUS LANCETS 28G...	134	UCERIS.....	85
TREMFYA.....	91, 110	TRUEPLUS LANCETS 30G...	134	UDENYCA.....	117
TREMFYA ONE-PRESS.....	91	TRUEPLUS LANCETS 33G...	134	UDENYCA ONBODY.....	116
TREMFYA PEN.....	91	TRUEPLUS SAFETY		ULORIC.....	113
TRESIBA.....	34	LANCETS 28G.....	134	ULTILET CLASSIC LANCETS	
TRESIBA FLEXTOUCH.....	33	TRULANCE.....	108	.....	135
tretinoin	58, 88	TRULICITY.....	34	ULTILET LANCETS.....	135
tretinoin microsphere	88	TRUMENBA.....	176	ULTILET SAFETY LANCETS	
tretinoin microsphere pump	88	TRUQAP.....	51	.....	135
triamcinolone acetonide ...	95, 144	TRUSTEX COLOR		ULTILET SAFETY LANCETS	
triamcinolone in absorbase	95	CONDOMS + LUBE.....	123	23G.....	135
triamterene-hctz	99	TRUSTEX		ultra b-100 complex	152
triazolam	118	LUB/RIBBED/STUDDED.....	123	ultra thin lancets 31g	135
TRIBENZOR.....	44	TRUSTEX LUB/SPERMICIDE		ultra-care lancets 30g	135
tri-buffered aspirin	8	EX ST.....	123	ULTRA-THIN II AUTO	
TRICOR.....	40	TRUSTEX LUB/SPERMICIDE		LANCET.....	135
TRIDERM.....	95	XL.....	124	ULTRA-THIN II LANCETS...	135
trientine hcl	140	TRUSTEX LUBRICATED.....	124	umeclidinium-vilanterol	19
TRI-ESTARYLLA.....	84	TRUSTEX LUBRICATED EX		UNASYN.....	163
trifluoperazine hcl	63	LARGE.....	124	UNILET COMFORTOUCH	
trifluridine	157	TRUSTEX LUBRICATED		LANCET.....	135
trihexyphenidyl hcl	59	EXTRA ST.....	124	UNILET EXCELITE.....	135
TRIKAFTA.....	170	TRUSTEX		UNILET EXCELITE II.....	135
TRI-LEGEST FE.....	84	LUBRICATED/SPERMICIDE	124	UNILET G.P. LANCET.....	135
TRILEPTAL.....	26	TRUSTEX NATURAL		UNILET G.P. SUPERLITE	
TRI-LINYAH.....	84	CONDOMS + LUBE.....	124	LANCET.....	135
TRI-LO-ESTARYLLA.....	84	TRUSTEX NON-		UNILET GP 28 ULTRA THIN	135
TRI-LO-MARZIA.....	84	LUBRICATED.....	124	UNILET LANCET.....	135

UNILET MICRO-THIN 33G ...	135	VALIUM	17	VERIFINE UNIVERSAL	
UNILET SUPERLITE		valproic acid	28	LANCETS 33G	136
LANCET	135	valsartan	43	VERQUVO	74
UNILET SUPER-THIN 30G ...	135	valsartan-hydrochlorothiazide	43	VERSACLOZ	63
UNILET ULTRA-THIN 28G ...	135	VALTOCO 10 MG DOSE	24	VERZENIO	56
UNISTIK 1	135	VALTOCO 5 MG DOSE	24	VESICARE	175
UNISTIK 2	135	VALTRESX	69	VESTURA	81
UNISTIK 2 COMFORT	135	VANCOCIN	46	VFEND	38
UNISTIK 2 EXTRA	135	vancomycin hcl	47	VIBATIV	47
UNISTIK 2 NEONATAL	135	vancomycin hcl in dextrose	46	VIBERZI	109
UNISTIK 2 NORMAL	135	vancomycin hcl in nacl	47	VICTOZA	34
UNISTIK 2 SUPER	135	VANDAZOLE	178	VIENVA	81
UNISTIK 3	135	VANFLYTA	55	vigabatrin	27
UNISTIK 3 COMFORT	135	VANOS	95	VIGADRONE	27
UNISTIK 3 EXTRA	135	VAQTA	178	VIGAFYDE	27
UNISTIK 3 GENTLE	135	varenicline tartrate	169	VIGAMOX	156
UNISTIK 3 NEONATAL	135	VARIVAX	178	VIIBRYD	30
UNISTIK 3 NORMAL	136	VARUBI (180 MG DOSE)	37	VIJOICE	141
UNISTIK CZT COMFORT	136	VASERETIC	42	vilazodone hcl	30
UNISTIK CZT NORMAL	136	VASOTEC	42	VIMPAT	26, 27
UNISTIK NORMAL	136	VAXNEUVANCE	176	VINATE DHA RF	151
UNISTIK PRO SAFETY		VCF VAGINAL		viorele	77
LANCET	136	CONTRACEPTIVE	178	VIRACEPT	67
UNISTIK SAFETY LANCETS		VECAMEYL	44	VIREAD	68
28G	136	VECTICAL	91	VISTOGARD	36
UNISTIK SAFETY LANCETS		VELIVET	84	vit e-vit c-beta carotene	148
30G	136	VELPHORO	111	VITAFOL GUMMIES	151
UNISTIK TOUCH SAFETY		VELSIPITY	111	VITAFOL ULTRA	151
LANC 21G	136	VELTASSA	142	VITAFOL-OB	151
UNISTIK TOUCH SAFETY		VEMLIDY	68	VITAFOL-OB+DHA	151
LANC 23G	136	VENCLEXTA	51	VITAFOL-ONE	151
UNISTIK TOUCH SAFETY		VENCLEXTA STARTING		vitalee	148
LANC 28G	136	PACK	51	vitamin b complex	144
UNISTIK TOUCH SAFETY		venlafaxine hcl	31	vitamin d (ergocalciferol)	179
LANC 30G	136	venlafaxine hcl er	30, 31	vitamin k1	179
UNITHROID	172	VENTOLIN HFA	20	vitamin-b complex	144
UPNEEQ	160	VEOZAH	103	VITRAKVI	55
UPTRAVI	74	verapamil hcl	72	VIVA DHA	151
UPTRAVI TITRATION	74	verapamil hcl er	72	VIVAGUARD LANCETS	136
UROCIT-K 10	112	VEREGEN	89	VIVELLE-DOT	107
UROCIT-K 15	112	VERIFINE SAFE LANCET		VIVITROL	37
UROXATRAL	112	MINI 21G	136	VIVJOA	38
URSO FORTE	108	VERIFINE SAFE LANCET		VOLNEA	77
ursodiol	108	MINI 23G	136	VONJO	57
UZEDY	62	VERIFINE SAFE LANCET		VOQUEZNA	174
VABOMERE	46	MINI 28G	136	VORANIGO	57
VAFSEO	117	VERIFINE SAFE LANCET		voriconazole	38
VAGIFEM	179	MINI 30G	136	VOSEVI	69
valacyclovir hcl	69	VERIFINE UNIVERSAL		VOTRIENT	55
VALCHLOR	90	LANCETS 28G	136	VOWST	110
VALCYTE	68	VERIFINE UNIVERSAL		VOXZOGO	103
valganciclovir hcl	68	LANCETS 30G	136	VOYDEYA	114

VRAYLAR.....	61	XELJANZ.....	5	ZELBORAF.....	52
VUSION.....	89	XELJANZ XR.....	5	ZEMPLAR.....	103
VYFEMLA.....	81	XEMBIFY.....	162	ZENATANE.....	88
VYLIBRA.....	81	XERMELO.....	111	ZENPEP.....	99
VYNDAMAX.....	74	XIFAXAN.....	45	ZENZEDI.....	2
VYNDAQEL.....	74	XIGDUO XR.....	35	ZEPOSIA.....	170
VYTORIN.....	41	XIIDRA.....	155	ZEPOSIA 7-DAY STARTER PACK.....	170
VYVANSE.....	2	XOFLUZA (40 MG DOSE).....	70	ZEPOSIA STARTER KIT.....	170
VYVGART HYTRULO.....	140	XOFLUZA (80 MG DOSE).....	70	ZERBAXA.....	74
WAINUA.....	164	XOLAIR.....	19	ZESTORETIC.....	42
WAKIX.....	2	XOLREMDI.....	115	ZESTRIL.....	42
warfarin sodium	22	XOPENEX HFA.....	20	ZETIA.....	41
WELCHOL.....	40	XOSPATA.....	55	zevrx twist top lancets 30g	136
WELIREG.....	53	XPHOZAH.....	101	ZIAGEN.....	67
WELLBUTRIN SR.....	29	XPOVIO (100 MG ONCE WEEKLY).....	55	zidovudine	67, 68
WELLBUTRIN XL.....	29	XPOVIO (40 MG ONCE WEEKLY).....	55	ZILBRYSQ.....	113
WERA.....	81	XPOVIO (40 MG TWICE WEEKLY).....	55	zileuton er	18
wesnatal dha complete	151	XPOVIO (60 MG ONCE WEEKLY).....	55	ZILXI.....	97
WIDE-SEAL DIAPHRAGM 60	124	XPOVIO (60 MG TWICE WEEKLY).....	55	ZIMHI.....	37
WIDE-SEAL DIAPHRAGM 65	124	XPOVIO (80 MG ONCE WEEKLY).....	56	ZIOPTAN.....	160
WIDE-SEAL DIAPHRAGM 70	124	XROMI.....	115	ziprasidone hcl	61
WIDE-SEAL DIAPHRAGM 75	124	XTAMPZA ER.....	13	ZIRGAN.....	157
WIDE-SEAL DIAPHRAGM 80	124	XTANDI.....	50	ZITHROMAX.....	122
WIDE-SEAL DIAPHRAGM 85	124	XULANE.....	81	ZITHROMAX TRI-PAK.....	122
WIDE-SEAL DIAPHRAGM 90	124	XULTOPHY.....	34	ZITHROMAX Z-PAK.....	122
WIDE-SEAL DIAPHRAGM 95	125	XURIDEN.....	102	ZOCOR.....	41
WINREVAIR.....	74	XYREM.....	164	ZOKINVY.....	140
WIXELA INHUB.....	19	YASMIN 28.....	81	ZOLINZA.....	53
womans laxative	121	YAZ.....	81	zolmitriptan	138
womens laxative	121	yl balanced b-100	146	ZOLOFT.....	30
WYMZYA FE.....	81	yl folic acid	116	zolpidem tartrate	118
XACIATO.....	178	YONSA.....	50	zolpidem tartrate er	118
XALATAN.....	160	YORVIPATH.....	103	ZOMIG.....	138
XALKORI.....	51	YUVAFEM.....	179	ZONEGRAN.....	27
XANAX.....	17	ZAFEMY.....	81	zonisamide	27
XARELTO.....	22	zafirlukast	21	ZONTIVITY.....	114
XARELTO STARTER PACK...	22	zaleplon	118	ZORTRESS.....	141
XATMEP.....	51	ZANAFLEX.....	153	ZORYVE.....	96
XCOPRI.....	27	ZARONTIN.....	28	ZOSYN.....	163
XCOPRI (250 MG DAILY DOSE).....	27	ZARXIO.....	117	ZOVIA 1/35 (28).....	81
XCOPRI (350 MG DAILY DOSE).....	27	ZAVZPRET.....	137	ZOVIRAX.....	91
XDEMVI.....	157	ZEGALOGUE.....	32	ZTALMY.....	27
		ZEJULA.....	58	ZUMANDIMINE.....	81
		ZELAPAR.....	60	ZUNVEYL.....	165
				ZURZUVAE.....	29
				ZYDELIG.....	58
				ZYKADIA.....	51
				ZYLET.....	159
				ZYPREXA.....	64
				ZYVOX.....	48

DISCRIMINATION IS AGAINST THE LAW

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

Blue Cross of Idaho:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Nepali: ध्यान दनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको नमिति भाषा सहायता सेवाहरू नैःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-627-1188 (टटिवोड: 711) ।

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

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

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

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

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

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