

2026
Premium Standard Formulary

Effective July 1, 2026

For the most current list of covered medications or if you have questions:

Call the number on your member ID card.

Visit your plan's website on your member ID card or log on to the Optum Rx app to:

- Find a participating retail pharmacy by zip code.
- Look up possible lower-cost medication alternatives.
- Compare medication pricing and options.

Optum Rx®

HEALTH CHOICES

Understanding your formulary

What is a formulary?

A formulary is a list of prescribed medications or other pharmacy care products, services or supplies chosen for their safety, cost, and effectiveness. Medications are listed by categories or classes and are placed into cost levels known as tiers. It includes both brand and generic prescription medications.

To create the list, Optum Rx® is guided by the Pharmacy and Therapeutics Committee. This group of doctors and pharmacists reviews which medications will be covered, how well the drugs work, and overall value. They also make sure there are safe and covered options.

How do I use my formulary?

You and your doctor can use the formulary to help you choose the most cost-effective prescription medications. This guide tells you if a medication is generic or brand, and if special rules apply. If your medication is not listed here, please visit your plan's website or call the number on your member ID card.

What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, set by your employer or plan sponsor.

When does the formulary change?

- Medications may move to a lower tier at any time.
- Medications may move to a higher tier when a generic equal becomes available.
- Medications may move to a higher tier or be excluded from coverage on January 1 or July 1 of each year.

If a medication changes tiers, you may have to pay a different amount for that medication.

Why are some medications excluded from coverage?

A medication may be excluded from coverage under your pharmacy benefit when it works the same as or is similar to another prescription or over-the-counter (OTC) medication.

What if I don't agree with a decision about an excluded medication?

You, your authorized representative, or your doctor can ask for a coverage request by calling the number on your member ID card.



About this formulary

Where differences exist between this list and your benefit plan, the benefit plan documents rule. This is not a complete list of your covered medications. Please review your benefit plan documents for full details. Not all formulary alternatives listed in this document may be appropriate for your specific condition. Please talk to your doctor.



Medication tips

What is the difference between brand-name and generic medications?

Generic medications contain the same active ingredients (offer the same effect) as brand-name medications, but they often cost less. In some situations, brand-name medications could be lower in cost.

What if my doctor writes a brand-name prescription?

If your doctor gives you a prescription for a brand-name medication, ask if a lower-cost option could be right for you.

What if I am taking a specialty medication?

Specialty medications are used to treat complex conditions and are generally higher in cost. Please note, not all specialty medications are listed in the formulary. Our specialty pharmacy can provide most of your specialty medications along with helpful programs and services. Call **1-833-728-0538** and ask how you can have your prescriptions delivered right to your home or doctor's office.

Over-the-counter medications (OTC)

Talk to your doctor about OTC options. Even though OTC medications may not be covered by your pharmacy benefit, they may cost less than a prescription medication.

Reading your formulary

The formulary gives you choices so you and your doctor can decide your best course of treatment. In this formulary, brand-name medications are shown in UPPERCASE (for example, CLOBEX). Generic medications are shown in lowercase (for example, clobetasol).

Tier information

Using lower tier or preferred medications can help you lower your out-of-pocket cost. Your plan may have multiple or no tiers. Please note: If you have a high-deductible plan, the tier cost levels will apply once you meet your deductible.

Drug tier	Includes		Helpful tips
Tier 1	$	**Lower-cost** generics and some brand name	Use tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	$$	**Mid-range cost** preferred brand name	Use tier 2 drugs instead of tier 3 to help reduce your out-of-pocket costs.
Tier 3	$$$	**Higher-cost** brand name and some generics	Many tier 3 drugs have lower-cost options in tier 1 or 2. Ask your doctor if they could work for you.
Specialty	$$$$	**Brand specialty**	Generic specialty are covered at tier 1 cost share.
Tier E	⊗	**Excluded**	May not be covered or need prior authorization. Lower-cost options are available and covered.

Drug list information

In this drug list, some medications are noted with letters next to them to help you see which ones may have coverage requirements or limits. Your benefit plan decides how these medications may be covered.

M	Authorized generic or cobranded product
PA	**Prior authorization** – Your doctor is required to give more information to determine coverage.
QL	**Quantity limit** – Medication may be limited to a certain quantity.
SP	**Specialty medication** – Medication is designated as specialty.
ST	**Step therapy** – Must try lower-cost medication(s) before a higher-cost medication can be covered.
3P	Tier 3 preferred
++	**Benefit design options** – Coverage is determined by your prescription medication benefit plan.
HCR$0	Due to Healthcare Reform, this drug may be available at a $0 member share.

Medical Associates Health Plan

Table of Contents

Analgesics - Drugs For Pain - Drugs For Pain And Fever 8
Analgesics - Drugs For Pain And Inflammation - Drugs For Pain And Fever 10
Analgesics - Drugs For Pain And Inflammation - Drugs For The Skin 11
Anesthetics - Drugs For Pain And Fever 11
Anesthetics - Drugs For The Heart 12
Anesthetics - Drugs For The Nose 12
Anesthetics - Drugs For The Skin 12
Anti-Addiction / Substance Abuse Treatment Agents - Drugs For Overdose Or Poisoning 12
Anti-Addiction / Substance Abuse Treatment Agents - Drugs For Pain And Fever 12
Anti-Addiction / Substance Abuse Treatment Agents - Drugs For The Nervous System 12
Antibacterials - Antiseptics And Disinfectants 13
Antibacterials - Drugs For Infections 13
Antibacterials - Drugs For The Skin 17
Antibacterials - Drugs For The Urinary System 17
Antibacterials - Drugs For Women 17
Anticoagulants - Drugs For The Blood 17
Anticonvulsants - Drugs For Seizures - Drugs For The Nervous System 18
Antidementia Agents - Drugs For Alzheimer's Disease And Dementia - Drugs For The Nervous System 19
Antidepressants - Drugs For The Nervous System 20
Antiemetics - Drugs For Nausea And Vomiting - Drugs For The Lungs 21
Antiemetics - Drugs For Nausea And Vomiting - Drugs For The Nervous System 21
Antiemetics - Drugs For Nausea And Vomiting - Drugs For The Stomach 21
Antifungals - Drugs For Infections 22
Antifungals - Drugs For The Mouth And Throat 22
Antifungals - Drugs For The Skin 22
Antifungals - Drugs For Women 23
Antigout Agents - Drugs For Pain And Fever 23
Antimigraine Agents - Drugs For The Nervous System 23
Antimyasthenic Agents - Drugs For Nerves And Muscles 23
Antimyasthenic Agents - Vitamins And Minerals 24
Antimycobacterials - Drugs For Infections 24
Antineoplastics - Drugs For Cancer - Drugs For Cancer 24
Antineoplastics - Drugs For Cancer - Drugs For Nutrition 30
Antineoplastics - Drugs For Cancer - Drugs For The Skin 31
Antineoplastics - Drugs For Cancer - Vitamins And Minerals 31
Antiparasitics - Drugs For Infections 31
Antiparasitics - Drugs For The Skin 31
Antiparkinson Agents - Drugs For The Nervous System 31
Antiplatelets - Drugs For The Blood 32
Antipsychotics - Drugs For Mood Disorders - Drugs For The Nervous System 32
Antivirals - Drugs For Infections 33
Antivirals - Drugs For The Skin 35
Anxiolytics - Drugs For Anxiety - Drugs For The Nervous System 35
Bipolar Agents - Drugs For Mood Disorders - Drugs For The Nervous System 35
Blood Products And Modifiers - Drugs For Blood Disorders - Drugs For Nutrition 35
Blood Products And Modifiers - Drugs For Blood Disorders - Drugs For The Blood 36
Cardiovascular Agents - Drugs For Heart And Circulation Conditions - Drugs For The Blood 37
Cardiovascular Agents - Drugs For Heart And Circulation Conditions - Drugs For The Heart 37
Cardiovascular Agents - Drugs For Heart And Circulation Conditions - Hormones 42
Cardiovascular Agents - Drugs For Heart And Circulation Conditions - Rectal Preparations 42
Cardiovascular Agents - Drugs For Heart And Circulation Conditions - Vitamins And Minerals 42

Central Nervous System Agents - Drugs For Attention Deficit Disorder - Drugs For The Nervous System 43
Central Nervous System Agents - Drugs For Multiple Sclerosis - Drugs For The Nervous System 43
Central Nervous System Agents - Drugs For Nerves And Muscles 44
Central Nervous System Agents - Miscellaneous - Drugs For Nerves And Muscles 44
Central Nervous System Agents - Miscellaneous - Drugs For The Nervous System 45
Dental And Oral Agents - Drugs For Mouth And Throat Conditions - Drugs For Cancer 45
Dental And Oral Agents - Drugs For Mouth And Throat Conditions - Drugs For The Mouth And Throat 45
Dental And Oral Agents - Drugs For Mouth And Throat Conditions - Medical Supplies And Durable Medical Equipment 45
Dermatological Agents - Drugs For Skin Conditions - Drugs For The Skin 45
Diabetes - Antidiabetic Agents - Hormones 49
Diabetes - Glucose Monitoring 51
Diabetes - Glucose Monitoring - Medical Supplies And Durable Medical Equipment 49
Diabetes - Glycemic Agents - Hormones 51
Diabetes - Insulins - Hormones 52
Diabetes - Insulins - Medical Supplies And Durable Medical Equipment 52
Electrolytes / Minerals / Metals / Vitamins - Drugs For Nutrition 53
Electrolytes / Minerals / Metals / Vitamins - Drugs For Overdose Or Poisoning 57
Electrolytes / Minerals / Metals / Vitamins - Drugs For The Stomach 57
Electrolytes / Minerals / Metals / Vitamins - Drugs For The Urinary System 57
Electrolytes / Minerals / Metals / Vitamins - Hormones 57
Electrolytes / Minerals / Metals / Vitamins - Vitamins And Minerals 57
Gastrointestinal Agents - Drugs For Acid Reflux And Ulcer - Drugs For The Stomach 58
Gastrointestinal Agents - Drugs For Bowel, Intestine And Stomach Conditions - Drugs For The Stomach 58
Gastrointestinal Agents - Drugs For Bowel, Intestine And Stomach Conditions - Hormones 60
Genetic Or Enzyme Disorder - Drugs For Replacement, Modification, Treatment - Drugs For Nerves And Muscles 60
Genetic Or Enzyme Disorder - Drugs For Replacement, Modification, Treatment - Drugs For Nutrition 60
Genetic Or Enzyme Disorder - Drugs For Replacement, Modification, Treatment - Drugs For The Blood 60
Genetic Or Enzyme Disorder - Drugs For Replacement, Modification, Treatment - Drugs For The Stomach 60
Genetic Or Enzyme Disorder - Drugs For Replacement, Modification, Treatment - Drugs For The Urinary System 60
Genetic Or Enzyme Disorder - Drugs For Replacement, Modification, Treatment - Hormones 60
Genitourinary Agents - Drugs For Bladder, Genital And Kidney Conditions - Drugs For The Heart 61
Genitourinary Agents - Drugs For Bladder, Genital And Kidney Conditions - Drugs For The Stomach 61
Genitourinary Agents - Drugs For Bladder, Genital And Kidney Conditions - Drugs For The Urinary System 61
Genitourinary Agents - Drugs For Bladder, Genital And Kidney Conditions - Drugs For Women 62
Genitourinary Agents - Drugs For Bladder, Genital And Kidney Conditions - Hormones 62
Genitourinary Agents - Drugs For Bladder, Genital And Kidney Conditions - Vitamins And Minerals 62
Genitourinary Agents - Drugs For Prostate Conditions - Drugs For The Heart 62
Genitourinary Agents - Drugs For Prostate Conditions - Drugs For The Urinary System 62
Hormonal Agents - Adrenal - Hormones 62
Hormonal Agents - Men's Health - Hormones 64
Hormonal Agents - Pituitary - Drugs For Cancer 64
Hormonal Agents - Pituitary - Hormones 64
Hormonal Agents - Prostaglandins - Hormones 66
Hormonal Agents - Selective Estrogen Receptor Modifying Agents - Hormones 66
Hormonal Agents - Sex Hormones And Birth Control - Drugs For Cancer 66
Hormonal Agents - Sex Hormones And Birth Control - Drugs For Women 66
Hormonal Agents - Sex Hormones And Birth Control - Hormones 69
Hormonal Agents - Thyroid - Hormones 70

Immunological Agents - Drugs For Immune System Stimulation Or Suppression - Biological Agents 70
Immunological Agents - Drugs For Immune System Stimulation Or Suppression - Drugs For Cancer 71
Immunological Agents - Drugs For Immune System Stimulation Or Suppression - Drugs For Pain And Fever 71
Immunological Agents - Drugs For Immune System Stimulation Or Suppression - Drugs For The Blood 71
Immunological Agents - Drugs For Immune System Stimulation Or Suppression - Drugs For The Skin 72
Immunological Agents - Drugs For Immune System Stimulation Or Suppression - Drugs For The Stomach 72
Immunological Agents - Drugs For Immune System Stimulation Or Suppression - Vitamins And Minerals 72
Immunological Agents - Drugs For Vaccination - Biological Agents 73
Inflammatory Bowel Disease Agents - Drugs For The Stomach 74
Inflammatory Bowel Disease Agents - Hormones 74
Inflammatory Bowel Disease Agents - Rectal Preparations 74
Metabolic Bone Disease Agents - Drugs For Osteoporosis - Hormones 75
Metabolic Bone Disease Agents - Hormones 75
Metabolic Bone Disease Agents - Other - Hormones 75
Miscellaneous Therapeutic Agents 83
Miscellaneous Therapeutic Agents - Antiseptics And Disinfectants 75
Miscellaneous Therapeutic Agents - Biological Agents 75
Miscellaneous Therapeutic Agents - Drugs For Cancer 76
Miscellaneous Therapeutic Agents - Drugs For Muscles, Ligaments, Tendons, And Bones 76
Miscellaneous Therapeutic Agents - Drugs For Nerves And Muscles 76
Miscellaneous Therapeutic Agents - Drugs For Nutrition 76
Miscellaneous Therapeutic Agents - Drugs For Overdose Or Poisoning 76
Miscellaneous Therapeutic Agents - Drugs For The Blood 77
Miscellaneous Therapeutic Agents - Drugs For The Nervous System 77
Miscellaneous Therapeutic Agents - Drugs For The Stomach 77
Miscellaneous Therapeutic Agents - Drugs For The Urinary System 77
Miscellaneous Therapeutic Agents - Drugs For Women 77
Miscellaneous Therapeutic Agents - Hormones 77
Miscellaneous Therapeutic Agents - Medical Supplies And Durable Medical Equipment 78
Miscellaneous Therapeutic Agents - Vitamins And Minerals 83
Ophthalmic Agents - Drugs For Eye Allergy, Infection And Inflammation - Drugs For The Eye 83
Ophthalmic Agents - Drugs For Glaucoma - Drugs For The Eye 84
Ophthalmic Agents - Drugs For Glaucoma - Drugs For The Heart 85
Ophthalmic Agents - Drugs For Miscellaneous Eye Conditions - Drugs For The Eye 85
Otic Agents - Drugs For Ear Conditions - Drugs For The Ear 85
Respiratory Tract / Pulmonary Agents - Drugs For Allergies, Cough, Cold - Drugs For The Lungs 86
Respiratory Tract / Pulmonary Agents - Drugs For Allergies, Cough, Cold - Drugs For The Nose 86
Respiratory Tract / Pulmonary Agents - Drugs For Asthma And Other Lung Conditions - Drugs For The Heart 87
Respiratory Tract / Pulmonary Agents - Drugs For Asthma And Other Lung Conditions - Drugs For The Lungs 87
Respiratory Tract / Pulmonary Agents - Drugs For Cystic Fibrosis - Drugs For Infections 88
Respiratory Tract / Pulmonary Agents - Drugs For Cystic Fibrosis - Drugs For The Lungs 88
Respiratory Tract / Pulmonary Agents - Drugs For Pulmonary Hypertension - Drugs For The Heart 88
Skeletal Muscle Relaxants - Drugs For Muscle Pain And Spasm - Drugs For Muscles, Ligaments, Tendons, And Bones 89
Sleep Disorder Agents - Drugs For The Nervous System 89

Drug	Tier	Coverage Requirements and Limits
Analgesics - Drugs For Pain - Drugs For Pain And Fever		
acetaminophen intravenous solution	1	
acetaminophen-codeine	1	QL
apap-caff-dihydrocodeine	1	QL
ascomp-codeine	1	
bac (butalbital-acetamin-caff)	1	
BELBUCA	2	PA; QL
buprenorphine	1	PA; QL
buprenorphine hcl injection	1	
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	
butalbital-apap-caffeine oral capsule 50-300-40 mg	1	
butalbital-apap-caffeine oral tablet	1	
butalbital-asa-caff-codeine	1	
butalbital-aspirin-caffeine	1	
butorphanol tartrate injection	1	
butorphanol tartrate nasal	1	QL
codeine sulfate	1	QL
DEMEROL	3	
DILAUDID INJECTION	3	
diskets	1	
DURAMORPH	3	
endocet	1	QL

Drug	Tier	Coverage Requirements and Limits
fentanyl	1	PA; QL
fentanyl citrate injection solution prefilled syringe 100 mcg/2ml	1	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION 1.25-0.9 MG/250ML-%	3	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MCG/2ML-%, 10-0.9 MCG/ML-%, 5-0.9 MCG/ML-%, 550-0.9 MCG/55ML-%	3	
hydrocodone bitartrate er	1	PA; QL
hydrocodone-acetaminophen	1	QL
hydrocodone-ibuprofen	1	QL
hydromorphone hcl er	1	PA; QL
hydromorphone hcl injection solution 0.25 mg/0.5ml, 2 mg/ml, 4 mg/ml	1	
hydromorphone hcl oral	1	QL
hydromorphone hcl pf	1	
hydromorphone hcl solution 0.2 mg/ml injection	1	
HYDROMORPHONE HCL SOLUTION 0.2 MG/ML INJECTION	3	
HYDROMORPHONE HCL SOLUTION 1 MG/ML INJECTION	3	
hydromorphone hcl solution 1 mg/ml injection	1	

UPPERCASE BOLD = Brand name drugs; *lowercase italics* = Generic drugs
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Drug	Tier	Coverage Requirements and Limits
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION 20-0.9 MG/100ML-%, 25-0.9 MG/50ML-%, 30-0.9 MG/30ML-%, 50-0.9 MG/50ML-%, 6-0.9 MG/30ML-%	3	
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.5-0.9 MG/0.5ML-%, 1-0.9 MG/5ML-%, 1-0.9 MG/ML-%, 10-0.9 MG/50ML-%, 2-0.9 MG/ML-%, 50-0.9 MG/50ML-%, 55-0.9 MG/55ML-%, 6-0.9 MG/30ML-%	3	
HYSINGLA ER	2	PA; QL
INFUMORPH 200	3	
INFUMORPH 500	3	
JOURNAVX	3	QL
meperidine hcl injection	1	
meperidine hcl oral	1	QL
methadone hcl injection	1	
methadone hcl intensol	1	
methadone hcl oral concentrate	1	
methadone hcl oral solution	1	PA
methadone hcl oral tablet	1	PA
methadone hcl oral tablet soluble	1	
METHADOSE ORAL CONCENTRATE 10 MG/ML	3	
methadose oral tablet soluble	1	
METHADOSE SUGAR-FREE	3	
mitigo	1	
morphine sulfate (concentrate) oral solution 100 mg/5ml	1	QL
morphine sulfate (pf)	1	
morphine sulfate er	1	PA; QL
morphine sulfate er beads	1	PA; QL
MORPHINE SULFATE INJECTION SOLUTION 1 MG/ML	3	
morphine sulfate injection solution 2 mg/ml, 4 mg/ml	1	
MORPHINE SULFATE INTRAVENOUS SOLUTION 0.5 MG/ML, 1 MG/ML	3	
morphine sulfate intravenous solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 50 mg/ml, 8 mg/ml	1	
morphine sulfate oral	1	QL
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION 500-0.9 MG/100ML-%	3	
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 150-0.9 MG/30ML-%, 2-0.9 MG/ML-%, 4-0.9 MG/ML-%, 55-0.9 MG/55ML-%	3	
nalbuphine hcl injection	1	
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral concentrate	1	QL

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Drug	Tier	Coverage Requirements and Limits
oxycodone hcl oral solution	1	QL
oxycodone hcl oral tablet	1	QL
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML	3	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCONTIN	2	PA; QL
oxymorphone hcl	1	QL
oxymorphone hcl er	1	PA; QL
pentazocine-naloxone hcl	1	QL
remifentanil hcl	1	
tapentadol hcl	1	QL
TENCON	3	
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1	PA; QL
tramadol hcl er	1	PA; QL
tramadol hcl oral tablet 100 mg, 50 mg	1	QL
tramadol-acetaminophen	1	QL
TREZIX	3	QL
ULTIVA	3	
XTAMPZA ER	2	PA; QL
Analgesics - Drugs For Pain And Inflammation - Drugs For Pain And Fever		
CALDOLOR	3	
celecoxib oral	1	QL

Drug	Tier	Coverage Requirements and Limits
COMBOGESIC INTRAVENOUS	3	
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er	1	
diclofenac sodium oral	1	
diflunisal oral	1	
etodolac	1	
etodolac er	1	
flurbiprofen oral	1	
ibuprofen lysine	1	
ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	1	
indomethacin oral capsule	1	
indomethacin sodium	1	
ketoprofen oral capsule 50 mg	1	
ketorolac tromethamine +rfid	1	
ketorolac tromethamine injection	1	
ketorolac tromethamine intramuscular solution 60 mg/2ml	1	
ketorolac tromethamine oral	1	QL
LODINE	3	
meloxicam oral tablet	1	
nabumetone oral	1	
naproxen oral tablet	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
NEOPROFEN	3	
oxaprozin oral tablet	1	
piroxicam oral	1	

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Drug	Tier	Coverage Requirements and Limits
sulindac oral	1	
ZYNRELEF	3	
Analgesics - Drugs For Pain And Inflammation - Drugs For The Skin		
diclofenac sodium external solution 1.5 %	1	PA
Anesthetics - Drugs For Pain And Fever		
ARTICADENT DENTAL	3	
bupivacaine fisiopharma	1	
bupivacaine hcl (pf)	1	
bupivacaine hcl solution 0.25 % injection	1	
BUPIVACAINE HCL SOLUTION 0.25 % INJECTION	3	
bupivacaine hcl solution 0.5 % injection	1	
BUPIVACAINE HCL SOLUTION 0.5 % INJECTION	3	
bupivacaine-epinephrine	1	
bupivacaine-epinephrine (pf)	1	
chloroprocaine hcl (pf)	1	
EXPAREL	3	
lidocaine hcl (pf)	1	
lidocaine hcl injection solution 0.5 %, 2 %	1	
LIDOCAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 10 MG/ML	3	
lidocaine hcl solution 1 % injection	1	

Drug	Tier	Coverage Requirements and Limits
LIDOCAINE HCL SOLUTION 1 % INJECTION	3	
lidocaine hcl solution prefilled syringe 100 mg/5ml injection	1	
LIDOCAINE HCL SOLUTION PREFILLED SYRINGE 100 MG/5ML INJECTION	3	
lidocaine-epinephrine (pf)	1	
lidocaine-epinephrine injection solution 0.5 %-1:200000, 1 %-1:100000, 2 %-1:100000	1	
LIDOCAINE-SODIUM BICARBONATE	3	
MARCAINE	3	
MARCAINE PRESERVATIVE FREE	3	
MARCAINE/EPINEPHRINE	3	
MARCAINE/EPINEPHRINE PF	3	
NAROPIN INJECTION SOLUTION 10 MG/ML, 5 MG/ML, 7.5 MG/ML	3	
NESACAINE	3	
NESACAINE-MPF	3	
ORABLOC	3	
POLOCAINE	3	
POLOCAINE-MPF	3	
ropivacaine hcl injection	1	
ROPIVACAINE HCL-NACL INJECTION SOLUTION 0.2-0.9 %	3	
SENSORCAINE	3	
SENSORCAINE/EPINEPHRINE	3	

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Drug	Tier	Coverage Requirements and Limits
SENSORCAINE-MPF	3	
SENSORCAINE-MPF/EPINEPHRINE	3	
XYLOCAINE	3	
XYLOCAINE MPF +RFID	3	
XYLOCAINE/EPINEPHRINE	3	
XYLOCAINE-MPF	3	
XYLOCAINE-MPF +RFID	3	
XYLOCAINE-MPF/EPINEPHRINE	3	
Anesthetics - Drugs For The Heart		
lidocaine hcl (cardiac) pf	1	
lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-%	1	
Anesthetics - Drugs For The Nose		
COCAINE HCL NASAL	3	
Anesthetics - Drugs For The Skin		
ethyl chloride	1	
glydo	1	
lidocaine external ointment 5 %	1	
lidocaine external patch 5 %	1	
lidocaine hcl external solution	1	
lidocaine hcl urethral/mucosal	1	
lidocaine-prilocaine external cream	1	
VENIPUNCTURE PX1 PHLEBOTOMY	3	

Drug	Tier	Coverage Requirements and Limits
Anti-Addiction / Substance Abuse Treatment Agents - Drugs For Overdose Or Poisoning		
ft naloxone hcl	1	
KLOXXADO	2	
NALMEFENE HCL	3	
naloxone hcl injection	1	
naloxone hcl nasal	1	
naltrexone hcl oral	1	
NARCAN	2	
OPVEE	2	
REXTOVY	2	
VIVITROL	Specialty	
Anti-Addiction / Substance Abuse Treatment Agents - Drugs For Pain And Fever		
BRIXADI	Specialty	
BRIXADI (WEEKLY)	Specialty	
buprenorphine hcl sublingual	1	
buprenorphine hcl-naloxone hcl	1	
SUBLOCADE	Specialty	
ZUBSOLV	2	
Anti-Addiction / Substance Abuse Treatment Agents - Drugs For The Nervous System		
acamprosate calcium	1	
bupropion hcl er (smoking det)	1	QL; HCR$0
disulfiram oral	1	
lofexidine hcl	1	QL
NICOTROL NS	3	QL; HCR$0

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Drug	Tier	Coverage Requirements and Limits
varenicline tartrate	1	QL; HCR$0
varenicline tartrate (starter)	1	QL; HCR$0
varenicline tartrate(continue)	1	QL; HCR$0
Antibacterials - Antiseptics And Disinfectants		
benzalkonium chloride external solution	1	
hydrogen peroxide	1	
LUGOLS STRONG IODINE	3	
Antibacterials - Drugs For Infections		
amikacin sulfate injection	1	
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
amoxicillin-potassium clavulanate er	1	
ampicillin	1	
ampicillin sodium	1	
ampicillin-sulbactam sodium	1	
ARIKAYCE	Specialty	PA
AUGMENTIN	3	
AUGMENTIN ES-600	3	
AVIDOXY	3	ST
AVYCAZ	3	
AZACTAM INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM	3	
azithromycin intravenous	1	
azithromycin oral	1	
aztreonam	1	
BACTRIM	3	
BACTRIM DS	3	
BICILLIN C-R	3	
BICILLIN C-R 900/300	3	
BICILLIN L-A	3	
BLUJEPA	3	ST; QL
cefaclor	1	
cefaclor er	1	
cefadroxil	1	
CEFAZOLIN IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 2-0.9 GM/100ML-%	3	
cefazolin sodium injection	1	
CEFAZOLIN SODIUM INTRAVENOUS SOLUTION PREFILLED SYRINGE 1 GM/10ML, 2 GM/20ML	3	
cefazolin sodium intravenous solution reconstituted	1	
cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%, 3-4 gm/150ml-%	1	
cefazolin sodium-dextrose intravenous solution reconstituted	1	
cefdinir	1	
cefepime hcl injection	1	
cefepime hcl intravenous solution	1	
cefepime hcl intravenous solution reconstituted 2 gm	1	
cefepime-dextrose	1	
cefixime oral capsule	1	

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
cefixime oral suspension reconstituted	1	
CEFOTAN	3	
CEFOTAXIME SODIUM	3	
cefotetan disodium	1	
cefoxitin sodium	1	
CEFOXITIN SODIUM-DEXTROSE	3	
cefpodoxime proxetil	1	
cefprozil	1	
ceftaroline fosamil	1	
ceftazidime injection	1	
ceftazidime intravenous	1	
ceftriaxone sodium in dextrose	1	
ceftriaxone sodium injection	1	
ceftriaxone sodium intravenous	1	
ceftriaxone sodium-dextrose	1	
cefuroxime axetil	1	
cefuroxime sodium	1	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral suspension reconstituted	1	
cephalexin oral tablet	1	
chloramphenicol sod succinate	1	
CIPRO ORAL SUSPENSION RECONSTITUTED	3	
ciprofloxacin hcl oral	1	
ciprofloxacin in d5w	1	
clarithromycin er	1	
clarithromycin oral	1	

Drug	Tier	Coverage Requirements and Limits
CLEOCIN ORAL	3	
CLEOCIN PHOSPHATE	3	
clindamycin hcl oral	1	
clindamycin palmitate hcl	1	
clindamycin phosphate in d5w	1	
CLINDAMYCIN PHOSPHATE IN NACL	3	
clindamycin phosphate injection	1	
colistimethate sodium (cba)	1	
COLY-MYCIN M	3	
dalbavancin hcl	1	
DALVANCE	3	
daptomycin	1	
DAPTOMYCIN-SODIUM CHLORIDE	3	
demeclocycline hcl	1	
dicloxacillin sodium	1	
DIFICID ORAL SUSPENSION RECONSTITUTED	3	
doxy 100	1	
doxycycline hyclate intravenous	1	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral suspension reconstituted	1	
doxycycline monohydrate oral tablet	1	

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
E.E.S. 400	3	
E.E.S. GRANULES	3	
EMBLAVEO	3	
ertapenem sodium	1	
ERYPED 400	3	
ERYTHROCIN LACTOBIONATE	3	
erythromycin base oral	1	
erythromycin ethylsuccinate oral suspension reconstituted	1	
erythromycin oral	1	
FETROJA	3	
fidaxomicin	1	
FIRVANQ	3	
fosfomycin tromethamine	1	
gentamicin in saline	1	
gentamicin sulfate injection	1	
HIPREX	3	
HUMATIN	2	
imipenem-cilastatin	1	
KIMYRSA	3	
LENTOCILIN	3	
levofloxacin in d5w	1	
levofloxacin intravenous	1	
levofloxacin oral	1	
LINCOCIN	3	
lincomycin hcl injection	1	
linezolid in sodium chloride	1	
linezolid intravenous	1	
linezolid oral	1	QL
MACRODANTIN	3	
meropenem	1	

Drug	Tier	Coverage Requirements and Limits
MEROPENEM-SODIUM CHLORIDE	3	
methenamine hippurate	1	
METHENAMINE MANDELATE ORAL SOLUTION	3	
metronidazole intravenous	1	
metronidazole oral tablet 250 mg, 500 mg	1	
MINOCIN	3	
minocycline hcl oral capsule	1	
MONDOXYNE NL	3	ST
moxifloxacin hcl in nacl	1	
MOXIFLOXACIN HCL INTRAVENOUS	3	
moxifloxacin hcl oral	1	
nafcillin sodium	1	
NAFCILLIN SODIUM IN DEXTROSE	3	
neomycin sulfate oral	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
NUZYRA INTRAVENOUS	3	
NUZYRA ORAL	3	QL
ofloxacin oral	1	
ORBACTIV	3	
oxacillin sodium	1	
OXACILLIN SODIUM IN DEXTROSE	3	
PENICILLIN G POT IN DEXTROSE	3	
penicillin g potassium	1	
penicillin g sodium	1	
penicillin v potassium	1	

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
PFIZERPEN	3	
piperacillin sod-tazobactam so	1	
PIPERACILLIN-TAZOBACTAM-NACL	3	
polymyxin b sulfate injection	1	
PRIMAXIN IV	3	
RECARBRIO	3	
SEYSARA	3	ST
SIVEXTRO INTRAVENOUS	3	QL
SOLOSEC	3	ST
streptomycin sulfate intramuscular	1	
sulfadiazine oral	1	
sulfamethoxazole-trimethoprim	1	
sulfatrim pediatric	1	
tazicef injection	1	
TAZICEF INTRAVENOUS SOLUTION	3	
tazicef intravenous solution reconstituted	1	
TEFLARO	3	
tetracycline hcl oral capsule	1	
tigecycline	1	
tinidazole oral	1	
tobramycin sulfate injection	1	
trimethoprim oral	1	
TYGACIL	3	
TYZAVAN	3	
UNASYN	3	
VABOMERE	3	

Drug	Tier	Coverage Requirements and Limits
VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 1.5-5 GM/250ML-%	3	
vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 1.5-5 gm/300ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%	1	
vancomycin hcl in dextrose solution 1.25-5 gm/250ml-% intravenous	1	
VANCOMYCIN HCL IN DEXTROSE SOLUTION 1.25-5 GM/250ML-% INTRAVENOUS	3	
VANCOMYCIN HCL IN NACL INTRAVENOUS SOLUTION 1.75-0.9 GM/250ML-%	3	
vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%	1	
VANCOMYCIN HCL IN NACL SOLUTION 750-0.9 MG/150ML-% INTRAVENOUS	3	
vancomycin hcl in nacl solution 750-0.9 mg/150ml-% intravenous	1	
vancomycin hcl intravenous	1	
vancomycin hcl oral	1	
VIBATIV	3	
XERAVA	3	
XIFAXAN ORAL TABLET 550 MG	3	PA
ZEMDRI	3	

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
ZERBAXA	3	
ZEVTERA	3	
ZITHROMAX	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
ZOSYN	3	
ZYVOX INTRAVENOUS	3	
ZYVOX ORAL	3	QL
Antibacterials - Drugs For The Skin		
gentamicin sulfate external	1	
mupirocin external	1	
silver sulfadiazine external	1	
ssd	1	
XEPI	3	
Antibacterials - Drugs For The Urinary System		
neomycin-polymyxin b gu	1	
Antibacterials - Drugs For Women		
clindamycin phosphate vaginal	1	
CLINDESSE	3	
metronidazole vaginal	1	
VANDAZOLE	3	ST
XACIATO	3	
Anticoagulants - Drugs For The Blood		
ACD FORMULA A	3	
ACD-A NOCLOT-50	3	
ANTICOAGULANT SODIUM CITRATE	3	
ARIXTRA	3	

Drug	Tier	Coverage Requirements and Limits
bivalirudin trifluoroacetate intravenous solution reconstituted	1	
dabigatran etexilate mesylate	1	QL
DEFENCATH	3	
ELIQUIS	2	QL
ELIQUIS (1.5 MG PACK)	2	QL
ELIQUIS (2 MG PACK)	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium	1	
fondaparinux sodium	1	
FRAGMIN	3	
heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 12500-0.45 ut/250ml-%, 2000-0.9 unit/l-%, 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-%	1	
HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION 2500-0.9 UT/500ML-%, 30000-0.9 UNIT/L-%, 500-0.9 UT/500ML-%, 5000-0.9 UNIT/L-%, 5000-0.9 UT/500ML-%	3	
heparin sod (porcine) in d5w	1	
heparin sodium (porcine)	1	
heparin sodium (porcine) +rfid	1	
heparin sodium (porcine) pf	1	
LOVENOX INJECTION SOLUTION	3	

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
PRADAXA ORAL PACKET	3	QL
rivaroxaban	1	QL
SAVAYSA	3	QL
SODIUM CITRATE IN VITRO	3	
SODIUM CITRATE LOCK FLUSH INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
SODIUM CITRATE-GENTAMICIN SULF INTRAVENOUS SOLUTION	3	
TRICITRASOL	3	
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs For Seizures - Drugs For The Nervous System		
brivaracetam	1	
BRIVIACT INTRAVENOUS	3	
BRIVIACT ORAL	3	ST
carbamazepine er	1	
carbamazepine oral suspension 100 mg/5ml	1	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable 100 mg	1	
CEREBYX	3	
clobazam oral suspension 2.5 mg/ml	1	PA
clobazam oral tablet	1	PA
DIACOMIT	Specialty	PA
diazepam rectal	1	QL

Drug	Tier	Coverage Requirements and Limits
DILANTIN ORAL CAPSULE 30 MG	3	
divalproex sodium er	1	
divalproex sodium oral	1	
EPIDIOLEX	Specialty	PA
eslicarbazepine acetate	1	
ethosuximide oral	1	
felbamate	1	
FINTEPLA	Specialty	PA
fosphenytoin sodium	1	
FYCOMPA	3	
gabapentin oral capsule	1	
gabapentin oral solution	1	
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA INTRAVENOUS	3	
lacosamide intravenous	1	
lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml	1	
lacosamide oral tablet	1	
LAMICTAL XR ORAL KIT	3	
lamotrigine er	1	
lamotrigine oral	1	
lamotrigine starter kit-blue	1	
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	
levetiracetam er	1	
levetiracetam in nacl	1	
levetiracetam intravenous	1	
levetiracetam oral solution	1	
levetiracetam oral tablet	1	

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
methsuximide	1	
MOTPOLY XR	3	ST
NAYZILAM	3	QL
oxcarbazepine	1	
oxcarbazepine er	1	ST
pentobarbital sodium injection	1	
perampanel	1	
phenobarbital oral	1	
phenobarbital sodium injection	1	
phenytek	1	
phenytoin infatabs	1	
phenytoin oral suspension 125 mg/5ml	1	
phenytoin oral tablet chewable	1	
phenytoin sodium extended	1	
phenytoin sodium injection	1	
primidone oral tablet 250 mg, 50 mg	1	
roweepra	1	
rufinamide oral suspension 40 mg/ml	1	PA
rufinamide oral tablet	1	PA
SEZABY	3	
subvenite oral tablet	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	
subvenite starter kit-orange	1	
SYMPAZAN	3	PA
tiagabine hcl	1	
topiramate er oral capsule er 24 hour sprinkle	1	
topiramate er oral capsule extended release 24 hour	1	ST
topiramate oral	1	
valproate sodium intravenous	1	
valproic acid oral	1	
VALTOCO 10 MG DOSE	3	QL
VALTOCO 15 MG DOSE	3	QL
VALTOCO 20 MG DOSE	3	QL
VALTOCO 5 MG DOSE	3	QL
vigabatrin	Generic Specialty	PA
VIGAFYDE	Specialty	PA
XCOPRI	3	ST
ZARONTIN	3	
zonisamide oral	1	
ZTALMY	Specialty	PA
Antidementia Agents - Drugs For Alzheimer's Disease And Dementia - Drugs For The Nervous System		
donepezil hcl	1	
galantamine hydrobromide	1	
galantamine hydrobromide er	1	
memantine hcl	1	
memantine hcl er	1	QL
memantine hcl-donepezil hcl er	1	QL
rivastigmine tartrate	1	

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
Antidepressants - Drugs For The Nervous System		
amitriptyline hcl oral	1	
amoxapine	1	
AUVELITY	3	QL
bupropion hcl er (sr)	1	QL
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	QL
bupropion hcl oral	1	
chlordiazepoxide-amitriptyline	1	
citalopram hydrobromide oral solution	1	
citalopram hydrobromide oral tablet	1	
clomipramine hcl oral	1	
desipramine hcl oral	1	
DESVENLAFAXINE ER	3	ST; QL
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
duloxetine hcl oral	1	QL
EMSAM	3	QL
escitalopram oxalate oral solution	1	
escitalopram oxalate oral tablet	1	
FETZIMA	3	ST; QL
FETZIMA TITRATION	3	ST; QL
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	1	QL

Drug	Tier	Coverage Requirements and Limits
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg, 60 mg	1	
fluvoxamine maleate	1	
fluvoxamine maleate er	1	QL
imipramine hcl oral	1	
imipramine pamoate	1	
MARPLAN	3	
mirtazapine oral	1	
nefazodone hcl	1	
NORPRAMIN	3	
nortriptyline hcl oral	1	
olanzapine-fluoxetine hcl	1	QL
paroxetine hcl	1	
paroxetine hcl er	1	
perphenazine-amitriptyline	1	
phenelzine sulfate oral	1	
protriptyline hcl	1	
RALDESY	3	PA
REMERON SOLTAB	3	
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
SPRAVATO (56 MG DOSE)	Specialty	PA
SPRAVATO (84 MG DOSE)	Specialty	PA
tranylcypromine sulfate	1	
trazodone hcl oral	1	
trimipramine maleate oral	1	
TRINTELLIX	3	ST; QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	QL

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Drug	Tier	Coverage Requirements and Limits
venlafaxine hcl er oral tablet extended release 24 hour 225 mg	1	
vilazodone hcl	1	QL
ZURZUVAE	3	PA; QL
Antiemetics - Drugs For Nausea And Vomiting - Drugs For The Lungs		
PHENERGAN	3	
promethazine hcl injection	1	
promethazine hcl oral solution 6.25 mg/5ml	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	3	
Antiemetics - Drugs For Nausea And Vomiting - Drugs For The Nervous System		
COMPRO	3	
droperidol injection	1	
perphenazine oral	1	
prochlorperazine	1	
prochlorperazine edisylate injection	1	
prochlorperazine maleate oral	1	
Antiemetics - Drugs For Nausea And Vomiting - Drugs For The Stomach		
AKYNZEO (READY-TO-USE)	3	
AKYNZEO (TO-BE-DILUTED)	3	
AKYNZEO INTRAVENOUS	3	
AKYNZEO ORAL	3	QL
ANZEMET	3	QL
APONVIE	3	
aprepitant	1	QL
BARHEMSYS	3	
BONJESTA	3	PA; QL
CINVANTI	3	
DICLEGIS	3	PA; QL
dimenhydrinate injection	1	
doxylamine-pyridoxine	1	PA; QL
dronabinol	1	PA; QL
EMEND INTRAVENOUS	3	
EMEND ORAL	3	QL
FOCINVEZ	3	
fosaprepitant dimeglumine	1	
granisetron hcl intravenous	1	
granisetron hcl oral	1	QL
meclizine hcl oral	1	
metoclopramide hcl +rfid	1	
metoclopramide hcl injection	1	
metoclopramide hcl oral	1	
ondansetron hcl +rfid	1	
ondansetron hcl injection	1	
ondansetron hcl oral solution 4 mg/5ml	1	QL
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
palonosetron hcl	1	

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
scopolamine	1	
SUSTOL	3	QL
SYNDROS	3	PA; QL
TIGAN	3	
TRANSDERM SCOP	3	
trimethobenzamide hcl oral	1	
VARUBI (180 MG DOSE)	3	QL
Antifungals - Drugs For Infections		
AMBISOME	3	
amphotericin b intravenous	1	
amphotericin b liposome	1	
ANCOBON	3	
caspofungin acetate	1	
CRESEMBA INTRAVENOUS	3	
CRESEMBA ORAL	3	PA
DIFLUCAN	3	
ERAXIS	3	
fluconazole in sodium chloride	1	
fluconazole oral	1	
flucytosine oral	1	
griseofulvin microsize oral	1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1	
itraconazole oral	1	PA
ketoconazole oral	1	
micafungin sodium	1	
MICAFUNGIN SODIUM-NACL	3	
NOXAFIL INTRAVENOUS	3	

Drug	Tier	Coverage Requirements and Limits
NOXAFIL ORAL	3	PA
nystatin oral	1	
posaconazole intravenous	1	
posaconazole oral	1	PA
SPORANOX	3	PA
terbinafine hcl oral	1	QL
VFEND	3	PA
VFEND IV	3	
voriconazole intravenous solution reconstituted	1	
voriconazole oral	1	PA
Antifungals - Drugs For The Mouth And Throat		
clotrimazole mouth/throat	1	
nystatin mouth/throat	1	
Antifungals - Drugs For The Skin		
ciclodan	1	
ciclopirox external	1	
ciclopirox olamine external	1	
clotrimazole external	1	
clotrimazole-betamethasone	1	
econazole nitrate external cream	1	
EXODERM EXTERNAL LOTION	3	
ketoconazole external cream	1	
ketoconazole external shampoo	1	
klayesta	1	
nystatin external	1	
nystatin-triamcinolone	1	

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
nystop	1	
tavaborole	1	PA
Antifungals - Drugs For Women		
GYNAZOLE-1	3	
miconazole 3 vaginal suppository	1	
terconazole	1	
Antigout Agents - Drugs For Pain And Fever		
allopurinol oral tablet 100 mg, 300 mg	1	
allopurinol sodium	1	
ALOPRIM	3	
colchicine oral	1	
colchicine-probenecid	1	
febuxostat	1	ST
probenecid	1	
Antimigraine Agents - Drugs For The Nervous System		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL
dihydroergotamine mesylate injection	1	PA; QL
dihydroergotamine mesylate nasal	1	PA; QL
eletriptan hydrobromide	1	QL
EMGALITY	2	PA; QL
ERGOMAR	3	PA; QL
ergotamine-caffeine	1	PA; QL
MIGERGOT	3	PA; QL
naratriptan hcl	1	QL
NURTEC	2	PA; QL
QULIPTA	2	PA; QL
rizatriptan benzoate	1	QL
sumatriptan nasal	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate subcutaneous	1	QL
UBRELVY	2	PA; QL
ZAVZPRET	3	PA; QL
zolmitriptan nasal solution 5 mg	1	QL
zolmitriptan oral	1	QL
Antimyasthenic Agents - Drugs For Nerves And Muscles		
BLOXIVERZ	3	
neostigmine methylsulfate intravenous solution 10 mg/10ml, 5 mg/10ml	1	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION 3 MG/3ML, 5 MG/5ML	3	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 2 MG/2ML, 5 MG/5ML	3	
neostigmine methylsulfate rfid intravenous solution	1	
pyridostigmine bromide er oral tablet extended release	1	
pyridostigmine bromide oral	1	
REGONOL	3	

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
Antimyasthenic Agents - Vitamins And Minerals		
VYVGART	Specialty	PA
VYVGART HYTRULO SUBCUTANEOUS SOLUTION	Specialty	PA
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Specialty	PA; QL
Antimycobacterials - Drugs For Infections		
cycloserine oral	1	
dapsone oral	1	
ethambutol hcl oral	1	
isoniazid injection	1	
isoniazid oral	1	
PRETOMANID	3	
PRIFTIN	3	
pyrazinamide oral	1	
rifabutin	1	
RIFADIN	3	
rifampin intravenous	1	
rifampin oral	1	
SIRTURO	3	
Antineoplastics - Drugs For Cancer - Drugs For Cancer		
abiraterone acetate oral tablet 250 mg	Generic Specialty	PA
abirtega	Generic Specialty	PA
ABRAXANE	Specialty	
ADCETRIS	Specialty	PA
adriamycin	Generic Specialty	
ALECENSA	Specialty	PA
ALUNBRIG	Specialty	PA; QL
anastrozole oral	1	HCR$0
ANKTIVA	Specialty	PA
ARRANON	Specialty	
arsenic trioxide intravenous	Generic Specialty	
ASPARLAS	Specialty	
AUGTYRO	Specialty	PA
AVASTIN	Specialty	PA
AVMAPKI FAKZYNJA CO-PACK	Specialty	PA
AXTLE	Specialty	
AYVAKIT	Specialty	PA; QL
azacitidine	Generic Specialty	
BALVERSA	Specialty	PA
BAVENCIO	Specialty	PA
BELEODAQ	Specialty	PA
bendamustine hcl intravenous solution reconstituted	Generic Specialty	PA
BENDEKA	Specialty	PA
BESPONSA	Specialty	PA
BESREMI	Specialty	PA
bexarotene	Generic Specialty	PA
bicalutamide	1	
BIZENGRI (750 MG DOSE)	Specialty	PA
bleomycin sulfate	Generic Specialty	
BLINCYTO	Specialty	PA
bortezomib	Generic Specialty	PA
BORUZU	Specialty	PA
BOSULIF	Specialty	PA
BRAFTOVI	Specialty	PA
BRUKINSA	Specialty	PA
busulfan	Generic Specialty	

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
BUSULFEX	Specialty	
CABOMETYX ORAL TABLET 20 MG	Specialty	PA; QL
CABOMETYX ORAL TABLET 40 MG, 60 MG	Specialty	PA
CALQUENCE	Specialty	PA
CAMPTOSAR	Specialty	
capecitabine	Generic Specialty	
CAPRELSA ORAL TABLET 100 MG	Specialty	PA; QL
CAPRELSA ORAL TABLET 300 MG	Specialty	PA
carboplatin	Generic Specialty	
carmustine	Generic Specialty	
CASODEX	3	
cisplatin intravenous solution	Generic Specialty	
CISPLATIN INTRAVENOUS SOLUTION RECONSTITUTED	Specialty	
cladribine	Generic Specialty	
clofarabine	Generic Specialty	
COLUMVI	Specialty	PA
COMETRIQ	Specialty	PA
COPIKTRA	Specialty	PA
COTELLIC	Specialty	PA
cyclophosphamide injection	Generic Specialty	
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/2ML, 1000 MG/10ML, 2 GM/10ML, 2 GM/4ML, 2000 MG/20ML, 500 MG/5ML, 500 MG/ML	Specialty	
cyclophosphamide intravenous solution 1 gm/5ml, 500 mg/2.5ml	Generic Specialty	
cyclophosphamide oral capsule	1	
CYCLOPHOSPHAMIDE ORAL TABLET	2	
CYRAMZA	Specialty	PA
cytarabine	Generic Specialty	
cytarabine (pf)	Generic Specialty	
dacarbazine	Generic Specialty	
dactinomycin	Generic Specialty	
DANYELZA	Specialty	PA
DANZITEN	Specialty	PA
DARZALEX	Specialty	PA
dasatinib	Generic Specialty	PA
DATROWAY	Specialty	PA
daunorubicin hcl	Generic Specialty	
DAURISMO	Specialty	PA
decitabine	Generic Specialty	
dexrazoxane hcl	Generic Specialty	
docetaxel	Generic Specialty	
DOCIVYX	Specialty	
DOXIL	Specialty	
doxorubicin hcl	Generic Specialty	
doxorubicin hcl liposomal	Generic Specialty	
ELITEK	Specialty	
ELLENCE	Specialty	
ELREXFIO	Specialty	PA

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
EMPLICITI	Specialty	PA
EMRELIS	Specialty	PA
ENHERTU	Specialty	PA
ENSACOVE	Specialty	PA
EPKINLY	Specialty	PA
ERBITUX	Specialty	PA
eribulin mesylate	Generic Specialty	PA
ERIVEDGE	Specialty	PA
ERLEADA	Specialty	PA
erlotinib hcl oral tablet 100 mg, 150 mg	Generic Specialty	PA
erlotinib hcl oral tablet 25 mg	Generic Specialty	PA; QL
ETOPOPHOS	Specialty	
etoposide intravenous	Generic Specialty	
etoposide oral	Generic Specialty	
EULEXIN	3	
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	Generic Specialty	PA; QL
everolimus oral tablet soluble	Generic Specialty	PA
EVOMELA	Specialty	
exemestane	1	HCR$0
floxuridine	Generic Specialty	
fludarabine phosphate	Generic Specialty	
fluorouracil intravenous	Generic Specialty	
FOLOTYN	Specialty	PA
FRINDOVYX	Specialty	
FRUZAQLA	Specialty	PA
fulvestrant	Generic Specialty	
FYARRO	Specialty	PA

Drug	Tier	Coverage Requirements and Limits
GAVRETO	Specialty	PA
GAZYVA	Specialty	PA
gefitinib	Generic Specialty	PA
gemcitabine hcl	Generic Specialty	
GILOTRIF	Specialty	PA; QL
GLEOSTINE	Specialty	
GOMEKLI	Specialty	PA
GRAFAPEX	Specialty	
HALAVEN	Specialty	PA
HERCEPTIN	Specialty	PA
HERCEPTIN HYLECTA	Specialty	PA
HERNEXEOS	Specialty	PA
HYCAMTIN	Specialty	
hydroxyurea oral	1	
HYRNUO	Specialty	PA
IBRANCE	Specialty	PA
IBTROZI	Specialty	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG	Specialty	PA; QL
ICLUSIG ORAL TABLET 30 MG, 45 MG	Specialty	PA
IDAMYCIN PFS	Specialty	
idarubicin hcl	Generic Specialty	
IDHIFA	Specialty	PA; QL
IFEX	Specialty	
ifosfamide	Generic Specialty	
imatinib mesylate oral	Generic Specialty	PA
IMBRUVICA ORAL CAPSULE	Specialty	PA; QL
IMBRUVICA ORAL SUSPENSION	Specialty	PA
IMBRUVICA ORAL TABLET 420 MG	Specialty	PA; QL
IMDELLTRA	Specialty	PA

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
IMFINZI	Specialty	PA
IMJUDO	Specialty	PA
IMKELDI	Specialty	PA
INLURIYO	Specialty	PA
INLYTA	Specialty	PA
INREBIC	Specialty	PA
irinotecan hcl	Generic Specialty	
ISTODAX	Specialty	PA
ITOVEBI ORAL TABLET 3 MG	Specialty	PA; QL
ITOVEBI ORAL TABLET 9 MG	Specialty	PA
IXEMPRA KIT	Specialty	
JAKAFI ORAL TABLET 10 MG, 5 MG	Specialty	PA; QL
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG	Specialty	PA
JAKAFI XR	3	
JAYPIRCA ORAL TABLET 100 MG	Specialty	PA
JAYPIRCA ORAL TABLET 50 MG	Specialty	PA; QL
JEMPERLI	Specialty	PA
JEVTANA	Specialty	PA
KADCYLA	Specialty	PA
KANJINTI	Specialty	PA
KEYTRUDA	Specialty	PA
KEYTRUDA QLEX	Specialty	PA
KHAPZORY	Specialty	
KIMMTRAK	Specialty	PA
KISQALI (200 MG DOSE)	Specialty	PA
KISQALI (400 MG DOSE)	Specialty	PA
KISQALI (600 MG DOSE)	Specialty	PA
KOMZIFTI	Specialty	PA
KOSELUGO	Specialty	PA
KRAZATI	Specialty	PA
KYPROLIS	Specialty	PA
lapatinib ditosylate	Generic Specialty	PA
LAZCLUZE ORAL TABLET 240 MG	Specialty	PA
LAZCLUZE ORAL TABLET 80 MG	Specialty	PA; QL
lederle leucovorin	1	
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	Specialty	PA
letrozole oral	1	
leucovorin calcium injection	1	
leucovorin calcium oral	1	
LEUKERAN	Specialty	
levoleucovorin calcium	Generic Specialty	
levoleucovorin calcium pf	Generic Specialty	
LIBTAYO	Specialty	PA
lomustine	Generic Specialty	
LONSURF	Specialty	PA
LOQTORZI	Specialty	PA
LORBRENA	Specialty	PA
LUMAKRAS	Specialty	PA
LUNSUMIO	Specialty	PA
LYNOZYFIC	Specialty	PA
LYNPARZA	Specialty	PA
LYSODREN	2	
LYTGOBI (12 MG DAILY DOSE)	Specialty	PA

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
LYTGOBI (16 MG DAILY DOSE)	Specialty	PA
LYTGOBI (20 MG DAILY DOSE)	Specialty	PA
MARGENZA	Specialty	PA
MATULANE	Specialty	
MEKINIST	Specialty	PA
MEKTOVI	Specialty	PA
melphalan hcl	Generic Specialty	
mercaptopurine oral suspension	Generic Specialty	
mercaptopurine oral tablet	1	
mesna	Generic Specialty	
MESNEX	Specialty	
mitomycin intravenous	Generic Specialty	
mitoxantrone hcl	Generic Specialty	PA
MODEYSO	Specialty	PA
MONJUVI	Specialty	PA
MUTAMYCIN	Specialty	
MVASI	Specialty	PA
MYLERAN	2	
MYLOTARG	Specialty	PA
nelarabine	Generic Specialty	
NERLYNX	Specialty	PA; QL
nilotinib hcl	Generic Specialty	PA
nilutamide	Generic Specialty	
NINLARO	Specialty	PA
NIPENT	Specialty	
NUBEQA	Specialty	PA
ODOMZO	Specialty	PA
OGSIVEO	Specialty	PA

Drug	Tier	Coverage Requirements and Limits
OJEMDA	Specialty	PA
ONCASPAR	Specialty	
ONIVYDE	Specialty	
ONUREG	Specialty	PA
OPDIVO	Specialty	PA
OPDIVO QVANTIG	Specialty	PA
OPDUALAG	Specialty	PA
ORGOVYX	Specialty	PA
ORSERDU	Specialty	PA
oxaliplatin	Generic Specialty	
paclitaxel	Generic Specialty	
paclitaxel protein-bound part	Generic Specialty	
PADCEV	Specialty	PA
pazopanib hcl	Generic Specialty	PA; QL
PEMETREXED	Specialty	
PEMETREXED DISODIUM INTRAVENOUS SOLUTION	Specialty	
pemetrexed disodium intravenous solution reconstituted	Generic Specialty	
PEMFEXY	Specialty	
PEMRYDI RTU	Specialty	
PERJETA	Specialty	PA
PHESGO	Specialty	PA
PHOTOFRIN	Specialty	
PIQRAY	Specialty	PA
POLIVY	Specialty	PA
pomalidomide oral capsule 1 mg, 2 mg	Generic Specialty	PA; QL
pomalidomide oral capsule 3 mg, 4 mg	Generic Specialty	PA
POMALYST ORAL CAPSULE 1 MG, 2 MG	Specialty	PA; QL

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
POMALYST ORAL CAPSULE 3 MG, 4 MG	Specialty	PA
PORTRAZZA	Specialty	PA
POTELIGEO	Specialty	PA
pralatrexate	Generic Specialty	PA
PROLEUKIN	Specialty	
QINLOCK	Specialty	PA
RETEVMO ORAL TABLET 120 MG, 160 MG	Specialty	PA
RETEVMO ORAL TABLET 40 MG, 80 MG	Specialty	PA; QL
REVUFORJ	Specialty	PA
RITUXAN	Specialty	PA
RITUXAN HYCELA	Specialty	PA
romidepsin	Generic Specialty	PA
ROMVIMZA	Specialty	PA
ROZLYTREK	Specialty	PA
RUXIENCE	Specialty	PA
RYBREVANT	Specialty	PA
RYDAPT	Specialty	PA
RYTELO	Specialty	PA
SARCLISA	Specialty	PA
SCEMBLIX ORAL TABLET 100 MG	Specialty	PA
SCEMBLIX ORAL TABLET 20 MG, 40 MG	Specialty	PA; QL
SOLTAMOX	3	HCR$0
sorafenib tosylate	Generic Specialty	PA
STIVARGA	Specialty	PA
sunitinib malate	Generic Specialty	PA
TABLOID	Specialty	
TABRECTA	Specialty	PA
TAFINLAR	Specialty	PA

Drug	Tier	Coverage Requirements and Limits
TAGRISSO ORAL TABLET 40 MG	Specialty	PA; QL
TAGRISSO ORAL TABLET 80 MG	Specialty	PA
TALVEY	Specialty	PA
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	HCR$0
TECENTRIQ	Specialty	PA
TECENTRIQ HYBREZA	Specialty	PA
TECVAYLI	Specialty	PA
TEMODAR	Specialty	
temozolomide	Generic Specialty	PA
TEPMETKO	Specialty	PA
TEVIMBRA	Specialty	PA
thiotepa injection	Generic Specialty	
TIBSOVO	Specialty	PA
TICE BCG	Specialty	
TIVDAK	Specialty	PA
topotecan hcl	Generic Specialty	
toremifene citrate	1	
torpenz	Generic Specialty	PA; QL
TRAZIMERA	Specialty	PA
tretinoin oral	Generic Specialty	
TRISENOX	Specialty	
TRODELVY	Specialty	PA
TRUQAP	Specialty	PA
TUKYSA	Specialty	PA
TURALIO	Specialty	PA
UNITUXIN	Specialty	PA
UVADEX	3	

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
valrubicin	Generic Specialty	
VALSTAR	Specialty	
VANFLYTA	Specialty	PA
VECTIBIX	Specialty	
VELCADE	Specialty	PA
VENCLEXTA	Specialty	PA
VENCLEXTA STARTING PACK	Specialty	PA
VERZENIO	Specialty	PA
VIDAZA	Specialty	
vinblastine sulfate	Generic Specialty	
vincristine sulfate	Generic Specialty	
vinorelbine tartrate	Generic Specialty	
VITRAKVI	Specialty	PA
VIZIMPRO ORAL TABLET 15 MG	Specialty	PA; QL
VIZIMPRO ORAL TABLET 30 MG, 45 MG	Specialty	PA
VONJO	Specialty	PA
VORANIGO ORAL TABLET 10 MG	Specialty	PA; QL
VORANIGO ORAL TABLET 40 MG	Specialty	PA
VORAXAZE	3	
VYLOY	Specialty	PA
VYXEOS	Specialty	PA
WELIREG	Specialty	PA
XOFIGO	2	
XOSPATA	Specialty	PA
XPOVIO (100 MG ONCE WEEKLY)	Specialty	PA
XPOVIO (40 MG ONCE WEEKLY)	Specialty	PA
XPOVIO (40 MG TWICE WEEKLY)	Specialty	PA
XPOVIO (60 MG ONCE WEEKLY)	Specialty	PA
XPOVIO (60 MG TWICE WEEKLY)	Specialty	PA
XPOVIO (80 MG ONCE WEEKLY)	Specialty	PA
XPOVIO (80 MG TWICE WEEKLY)	Specialty	PA
XTANDI	Specialty	PA
YERVOY	Specialty	PA
YONDELIS	Specialty	
yulithira	Generic Specialty	PA; QL
ZALTRAP	Specialty	PA
ZEJULA ORAL TABLET 100 MG	Specialty	PA; QL
ZEJULA ORAL TABLET 200 MG, 300 MG	Specialty	PA
ZELBORAF	Specialty	PA
ZEPZELCA	Specialty	PA
ZEVALIN Y-90	Specialty	
ZIIHERA	Specialty	PA
ZIRABEV	Specialty	PA
ZOLINZA	Specialty	PA
ZUSDURI	Specialty	PA
ZYDELIG	Specialty	PA
ZYKADIA	Specialty	PA
ZYNLONTA	Specialty	PA
ZYNYZ	Specialty	PA
Antineoplastics - Drugs For Cancer - Drugs For Nutrition		
DROXIA	3	
XROMI	3	PA

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
Antineoplastics - Drugs For Cancer - Drugs For The Skin		
bexarotene	Generic Specialty	PA
PANRETIN	3	
VALCHLOR	Specialty	PA
Antineoplastics - Drugs For Cancer - Vitamins And Minerals		
lenalidomide	Generic Specialty	PA
REVLIMID	Specialty	PA
SYLVANT	Specialty	PA
THALOMID	Specialty	PA
VIJOICE	Specialty	PA; QL
Antiparasitics - Drugs For Infections		
albendazole oral	1	PA; QL
ARAKODA	3	
ARTESUNATE	3	
atovaquone	1	
atovaquone-proguanil hcl	1	
BENZNIDAZOLE	3	
BILTRICIDE	2	QL
chloroquine phosphate oral	1	
COARTEM	3	
EGATEN	3	
EMVERM	2	QL
hydroxychloroquine sulfate oral	1	
IMPAVIDO	3	
ivermectin oral tablet 3 mg	1	QL
KRINTAFEL	3	
LAMPIT	3	
MALARONE	3	
mefloquine hcl	1	
MEPRON	3	
NEBUPENT	3	
nitazoxanide oral	1	
PENTAM	3	
pentamidine isethionate	1	
praziquantel oral	1	QL
primaquine phosphate	1	
pyrimethamine oral	Generic Specialty	PA
quinine sulfate	1	PA
STROMECTOL	3	QL
Antiparasitics - Drugs For The Skin		
malathion	1	
OVIDE	3	
permethrin external	1	
spinosad	1	
sulfurated lime	1	
Antiparkinson Agents - Drugs For The Nervous System		
amantadine hcl oral	1	
apomorphine hcl subcutaneous	Generic Specialty	PA; QL
benztropine mesylate	1	
bromocriptine mesylate oral	1	
carbidopa oral	1	
carbidopa-levodopa	1	
carbidopa-levodopa er oral tablet extended release	1	
carbidopa-levodopa-entacapone	1	
CREXONT	3	ST
DUOPA	3	PA

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
entacapone	1	
INBRIJA	Specialty	PA
NEUPRO	3	
NOURIANZ	3	PA
ONAPGO	Specialty	PA; QL
ONGENTYS	3	ST
PARLODEL	3	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	1	
ropinirole hcl	1	
ropinirole hcl er	1	
selegiline hcl oral	1	
TASMAR	3	
tolcapone	1	
trihexyphenidyl hcl	1	
Antiplatelets - Drugs For The Blood		
AGGRASTAT	3	
aspirin-dipyridamole er	1	
CABLIVI	Specialty	PA; QL
cilostazol	1	
clopidogrel bisulfate oral	1	
dipyridamole oral	1	
eptifibatide	1	
KENGREAL	3	
prasugrel hcl	1	
ticagrelor	1	
tirofiban hcl in nacl	1	
ZONTIVITY	3	
Antipsychotics - Drugs For Mood Disorders - Drugs For The Nervous System		
ABILIFY ASIMTUFII	3	
ABILIFY MAINTENA	3	

Drug	Tier	Coverage Requirements and Limits
aripiprazole	1	QL
ARISTADA	3	
ARISTADA INITIO	3	
asenapine maleate	1	QL
CAPLYTA	3	ST; QL
chlorpromazine hcl injection	1	
chlorpromazine hcl oral	1	
clozapine	1	QL
COBENFY	3	ST; QL
COBENFY STARTER PACK	3	ST; QL
ERZOFRI	3	
FANAPT	3	ST; QL
FANAPT TITRATION PACK A	3	ST; QL
FANAPT TITRATION PACK B	3	ST; QL
FANAPT TITRATION PACK C	3	ST; QL
fluphenazine decanoate injection	1	
fluphenazine hcl	1	
GEODON INTRAMUSCULAR	3	
haloperidol decanoate intramuscular	1	
haloperidol lactate injection	1	
haloperidol lactate oral concentrate 2 mg/ml	1	
haloperidol oral	1	
INVEGA HAFYERA	3	ST
INVEGA SUSTENNA	3	
INVEGA TRINZA	3	
loxapine succinate	1	
lurasidone hcl	1	QL
LYBALVI	3	ST; QL
molindone hcl	1	

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
NUPLAZID	3	PA
olanzapine intramuscular	1	
olanzapine oral	1	QL
OPIPZA	3	ST; QL
paliperidone er	1	QL
PERSERIS	3	
pimozide	1	
quetiapine fumarate	1	QL
quetiapine fumarate er	1	QL
REXULTI	3	QL
RISPERDAL CONSTA	3	ST
risperidone	1	QL
risperidone microspheres er	1	
RYKINDO	3	
thioridazine hcl oral	1	
thiothixene	1	
trifluoperazine hcl	1	
UZEDY	3	
VERSACLOZ	3	QL
VRAYLAR	3	QL
ziprasidone hcl	1	QL
ziprasidone mesylate	1	
ZYPREXA RELPREVV	3	
Antivirals - Drugs For Infections		
abacavir sulfate	1	
abacavir sulfate-lamivudine	1	
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5ml	1	
acyclovir oral tablet	1	
acyclovir sodium	1	
adefovir dipivoxil	1	
APRETUDE	2	HCR$0

Drug	Tier	Coverage Requirements and Limits
APTIVUS	2	
atazanavir sulfate	1	
BARACLUDE ORAL SOLUTION	3	QL
BIKTARVY	3	
CABENUVA	2	
cidofovir intravenous	1	
CIMDUO	2	
darunavir	1	
DELSTRIGO	2	
DESCOVY ORAL TABLET 120-15 MG	3	
DESCOVY ORAL TABLET 200-25 MG	3	PA; HCR$0
DOVATO	2	
EDURANT	3	
EDURANT PED	2	
efavirenz	1	
efavirenz-emtricitab-tenofo df	1	
efavirenz-lamivudine-tenofovir	1	
emtricitabine	1	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	
emtricitabine-tenofovir df oral tablet 200-300 mg	1	HCR$0
emtricitab-rilpivir-tenofov df	1	
EMTRIVA ORAL CAPSULE	3	
EMTRIVA ORAL SOLUTION	2	
entecavir	1	QL
EPCLUSA	Specialty	PA; QL
EPIVIR	3	
etravirine	1	

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
EVOTAZ	2	
famciclovir oral	1	
fosamprenavir calcium	1	
foscarnet sodium	1	
FOSCAVIR	3	
ganciclovir sodium	1	
GENVOYA	3	
HARVONI	Specialty	PA; QL
IDVYNSO	3	
INTELENCE ORAL TABLET 25 MG	2	
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	
KALETRA ORAL SOLUTION	3	
LAGEVRIO	3	QL
lamivudine	1	
lamivudine-zidovudine	1	
LIVTENCITY	Specialty	PA
lopinavir-ritonavir	1	
maraviroc	1	PA
MAVYRET	Specialty	PA; QL
nevirapine	1	
nevirapine er	1	
NORVIR ORAL PACKET	2	
NORVIR ORAL TABLET	3	
ODEFSEY	3	
oseltamivir phosphate oral	1	QL
PAXLOVID (150/100)	2	QL
PAXLOVID (300/100 & 150/100)	2	QL
PAXLOVID (300/100)	2	QL
PEGASYS	Specialty	PA
PIFELTRO	2	

Drug	Tier	Coverage Requirements and Limits
PREVYMIS	Specialty	
PREZCOBIX	2	
PREZISTA ORAL SUSPENSION	2	
PREZISTA ORAL TABLET 150 MG, 75 MG	2	
RAPIVAB	3	
RELENZA DISKHALER	3	QL
RETROVIR INTRAVENOUS	2	
RETROVIR ORAL	3	
REYATAZ ORAL PACKET	2	
ribavirin inhalation	1	
ribavirin oral	Generic Specialty	
rilpivirine hcl	1	
rimantadine hcl	1	
ritonavir	1	
RUKOBIA	2	
SELZENTRY ORAL SOLUTION	2	PA
SELZENTRY ORAL TABLET	3	PA
SOVALDI	Specialty	PA; QL
STRIBILD	3	
SUNLENCA	3	PA; QL
SYMFI	2	
SYMTUZA	3	
TEMBEXA	3	
tenofovir disoproxil fumarate	1	HCR$0
TIVICAY	3	
TIVICAY PD	3	
TPOXX	3	
TRIUMEQ	2	
TRIUMEQ PD	3	

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
TROGARZO	3	
valacyclovir hcl oral	1	QL
valganciclovir hcl	1	
VEKLURY	3	QL
VIRACEPT	2	
VIREAD ORAL POWDER	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VOSEVI	Specialty	PA; QL
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
ZEPATIER	Specialty	PA; QL
ZIAGEN	3	
zidovudine	1	
Antivirals - Drugs For The Skin		
acyclovir external ointment	1	QL
Anxiolytics - Drugs For Anxiety - Drugs For The Nervous System		
alprazolam er	1	QL
alprazolam intensol	1	QL
alprazolam oral tablet	1	QL
alprazolam xr	1	QL
ATIVAN INJECTION	3	
buspirone hcl oral	1	
chlordiazepoxide hcl	1	QL
clonazepam oral	1	QL
clorazepate dipotassium	1	QL
diazepam injection solution 10 mg/2ml	1	
diazepam intensol	1	
diazepam oral	1	

Drug	Tier	Coverage Requirements and Limits
diazepam solution 5 mg/ml injection	1	
DIAZEPAM SOLUTION 5 MG/ML INJECTION	3	
estazolam	1	QL
HALCION	3	QL
hydroxyzine hcl intramuscular	1	
hydroxyzine hcl oral syrup 10 mg/5ml	1	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
lorazepam injection solution	1	
lorazepam intensol	1	QL
lorazepam oral concentrate 2 mg/ml	1	QL
lorazepam oral tablet	1	QL
meprobamate	1	
oxazepam	1	QL
quazepam	1	QL
triazolam	1	QL
Bipolar Agents - Drugs For Mood Disorders - Drugs For The Nervous System		
EQUETRO	3	
lithium	1	
lithium carbonate er	1	
lithium carbonate oral	1	
Blood Products And Modifiers - Drugs For Blood Disorders - Drugs For Nutrition		
ADAKVEO	Specialty	PA
ALVAIZ	Specialty	PA
APHEXDA	Specialty	

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
ARANESP (ALBUMIN FREE)	Specialty	PA
DOPTELET	Specialty	PA
DOPTELET SPRINKLE	Specialty	PA; QL
eltrombopag olamine	Generic Specialty	PA
LEUKINE	Specialty	PA
MIRCERA	Specialty	PA
MULPLETA	Specialty	PA
NEULASTA	Specialty	PA
NEULASTA ONPRO	Specialty	PA
NIVESTYM	Specialty	PA
NPLATE	Specialty	PA
plerixafor	Generic Specialty	
PROCRIT	Specialty	PA
REBLOZYL	Specialty	PA
RETACRIT	Specialty	PA
UDENYCA	Specialty	PA
UDENYCA ONBODY	Specialty	PA
XOLREMDI	Specialty	PA; QL
ZARXIO	Specialty	PA
Blood Products And Modifiers - Drugs For Blood Disorders - Drugs For The Blood		
ADVATE	Specialty	
ADYNOVATE	Specialty	
AFSTYLA	Specialty	
ALHEMO	Specialty	
ALPHANATE	Specialty	
ALPHANINE SD	Specialty	
ALPROLIX	Specialty	
ALTUVIIIO	Specialty	
aminocaproic acid intravenous	1	
aminocaproic acid oral	1	
anagrelide hcl	1	
AQVESME	Specialty	PA; QL
BALFAXAR	3	
BENEFIX	Specialty	
BKEMV	Specialty	PA
COAGADEX	Specialty	
CORIFACT	Specialty	
CYKLOKAPRON	3	
ELOCTATE	Specialty	
EMPAVELI	Specialty	PA
ENJAYMO	Specialty	PA
EPYSQLI	Specialty	PA
ESPEROCT	Specialty	
FABHALTA	Specialty	PA; QL
FEIBA	Specialty	
FIBRYGA	Specialty	
HEMLIBRA	Specialty	
HEMOFIL M	Specialty	
hetastarch-nacl	1	
HEXTEND	3	
HUMATE-P	Specialty	
HYMPAVZI	Specialty	
IDELVION	Specialty	
IXINITY	Specialty	
JIVI	Specialty	
KCENTRA	3	
KOATE	Specialty	
KOATE-DVI	Specialty	
KOVALTRY	Specialty	
LMD IN D5W	3	
LMD IN NACL	3	
NOVOEIGHT	Specialty	
NOVOSEVEN RT	Specialty	
NUWIQ	Specialty	
OBIZUR	Specialty	
PROFILNINE	Specialty	

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
protamine sulfate intravenous	1	
PYRUKYND	Specialty	PA; QL
PYRUKYND TAPER PACK	Specialty	PA; QL
QFITLIA	Specialty	PA
REBINYN	Specialty	
RECOMBINATE	Specialty	
RECOTHROM	3	
RECOTHROM SPRAY KIT	3	
RIASTAP	Specialty	
RIXUBIS	Specialty	
TAVALISSE	Specialty	PA
THROMBIN-JMI	3	
THROMBIN-JMI EPISTAXIS	3	
THROMBOGEN	3	
tranexamic acid intravenous	1	
tranexamic acid oral	1	
tranexamic acid-nacl	1	
TRETTEN	Specialty	
ULTOMIRIS	Specialty	PA
VONVENDI	Specialty	
VOYDEYA	Specialty	PA; QL
WILATE	Specialty	
XYNTHA	Specialty	
XYNTHA SOLOFUSE	Specialty	
Cardiovascular Agents - Drugs For Heart And Circulation Conditions - Drugs For The Blood		
pentoxifylline er	1	

Drug	Tier	Coverage Requirements and Limits
Cardiovascular Agents - Drugs For Heart And Circulation Conditions - Drugs For The Heart		
acebutolol hcl oral	1	
acetazolamide sodium	1	
adenosine intravenous	1	
AKOVAZ	3	
aliskiren fumarate	1	
amiloride hcl oral	1	
amiloride-hydrochlorothiazide	1	
amiodarone hcl	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-atorvastatin	1	
amlodipine-olmesartan	1	
amlodipine-valsartan-hctz	1	
ARBLI	3	PA
atenolol oral	1	
atenolol-chlorthalidone	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	HCR$0
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
betaxolol hcl oral	1	
BIDIL	3	
BIORPHEN	3	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
bisoprolol-hydrochlorothiazide	1	
BREVIBLOC	3	
BREVIBLOC IN NACL	3	
BREVIBLOC PREMIXED	3	
BREVIBLOC PREMIXED DS	3	
bumetanide	1	
BUMEX	3	
captopril oral	1	
captopril-hydrochlorothiazide	1	
CARDENE IV	3	
cartia xt	1	
carvedilol	1	
chlorothiazide sodium	1	
chlorthalidone	1	
cholestyramine light	1	
cholestyramine oral	1	
CLEVIPREX	3	
clonidine hcl oral	1	
colesevelam hcl oral tablet	1	
colestipol hcl	1	
CORLANOR ORAL SOLUTION	3	QL
CORVERT	3	
digoxin injection	1	
digoxin oral	1	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	
diltiazem hcl er oral capsule extended release 12 hour 60 mg, 90 mg	1	
diltiazem hcl er oral capsule extended release 24 hour	1	
diltiazem hcl intravenous	1	
diltiazem hcl oral	1	
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%	3	
DILTIAZEM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.72 MG/100ML-%	3	
dilt-xr	1	
disopyramide phosphate	1	
dobutamine hcl	1	
dobutamine-dextrose	1	
dofetilide	1	
dopamine hcl intravenous	1	
dopamine-dextrose	1	
doxazosin mesylate oral	1	
EDARBI	3	ST
EDARBYCLOR	3	ST
EMERPHED INTRAVENOUS SOLUTION PREFILLED SYRINGE 25 MG/5ML	3	
enalapril maleate oral tablet	1	
enalaprilat	1	
enalapril-hydrochlorothiazide	1	
ENTRESTO ORAL CAPSULE SPRINKLE	2	QL

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
ephedrine sulf (pressors)+rfid intravenous solution prefilled syringe 25 mg/5ml	1	
ephedrine sulfate (pressors) intravenous solution 50 mg/ml	1	
ephedrine sulfate (pressors) solution prefilled syringe 25 mg/5ml intravenous	1	
EPHEDRINE SULFATE (PRESSORS) SOLUTION PREFILLED SYRINGE 25 MG/5ML INTRAVENOUS	3	
EPHEDRINE SULFATE-NACL	3	
EPINEPHRINE HCL-DEXTROSE	3	
EPINEPHRINE HCL-NACL INTRAVENOUS SOLUTION 8-0.9 MG/250ML-%	3	
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 1 MG/ML	3	
epinephrine intravenous solution prefilled syringe 1 mg/10ml	1	
epinephrine pf	1	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 2-5 MG/250ML-%	3	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
eplerenone	1	
esmolol hcl intravenous solution 100 mg/10ml	1	
ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	3	
esmolol hcl-sodium chloride	1	
ethacrynate sodium	1	
ethacrynic acid	1	
EVKEEZA	Specialty	PA
ezetimibe	1	
ezetimibe-simvastatin	1	
felodipine er	1	
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	1	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	
fenofibric acid oral capsule delayed release	1	
flecainide acetate	1	
fosinopril sodium	1	
fosinopril sodium-hctz	1	
FUROSEMIDE IN SODIUM CHLORIDE	3	
furosemide injection	1	
furosemide oral	1	
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	3	PA
hydralazine hcl injection	1	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
ibutilide fumarate	1	
icosapent ethyl	1	PA

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
IMMPHENTIV	3	
indapamide	1	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorb dinitrate-hydralazine	1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
isradipine	1	
ivabradine hcl	1	QL
JUXTAPID	Specialty	PA; QL
labetalol hcl intravenous solution	1	
LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
labetalol hcl oral	1	
LANOXIN INJECTION	3	
LANOXIN PEDIATRIC	3	
LEVOPHED	3	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LOPID	3	
LOPRESSOR ORAL SOLUTION	3	PA
LOPRESSOR ORAL TABLET	3	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN	3	
LOTENSIN HCT	3	
lovastatin oral	1	HCR$0

Drug	Tier	Coverage Requirements and Limits
mannitol intravenous	1	
methyldopa	1	
metolazone	1	
metoprolol succinate er	1	
metoprolol tartrate intravenous	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
METOPROLOL TARTRATE ORAL TABLET 12.5 MG	3	
metoprolol-hydrochlorothiazide	1	
metyrosine	1	PA; QL
mexiletine hcl oral	1	
midodrine hcl	1	
milrinone lactate	1	
milrinone lactate in dextrose	1	
minoxidil oral	1	
moexipril hcl	1	
MULTAQ	3	
nadolol oral	1	
nebivolol hcl	1	
NEXLETOL	2	PA; QL
NEXLIZET	2	PA; QL
NEXTERONE	3	
niacin er (antihyperlipidemic)	1	
nicardipine hcl in nacl intravenous solution	1	
NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
nicardipine hcl intravenous	1	
nifedipine er	1	

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
nifedipine er osmotic release	1	
nifedipine oral	1	
nimodipine oral capsule	1	
NIMODIPINE ORAL SOLUTION	3	
nitro-bid	1	
nitroglycerin	1	
nitroglycerin in d5w	1	
NITROLINGUAL	3	
nitroprusside sodium	1	
norepinephrine bitartrate intravenous	1	
NOREPINEPHRINE-DEXTROSE	3	
NOREPINEPHRINE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 16-0.9 MG/250ML-%, 4-0.9 MG/250ML-%, 8-0.9 MG/250ML-%	3	
NORLIQVA	3	PA
NORPACE	3	
NORPACE CR	2	
NYMALIZE	3	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
olmesartan-amlodipine-hctz	1	
omega-3-acid ethyl esters	1	
OSMITROL	3	
PACERONE	3	
perindopril erbumine	1	
phenoxybenzamine hcl oral	1	PA
phentolamine mesylate injection	1	
phenylephrine hcl intravenous solution 10 mg/ml	1	
PHENYLEPHRINE HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.4 MG/10ML, 0.5 MG/5ML, 0.8 MG/10ML, 1 MG/10ML	3	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION 10-0.9 MG/250ML-%, 20-0.9 MG/250ML-%, 40-0.9 MG/250ML-%, 50-0.9 MG/250ML-%, 80-0.9 MG/250ML-%	3	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.5-0.9 MG/5ML-%, 0.8-0.9 MG/10ML-%, 1-0.9 MG/10ML-%, 20-0.9 MG/50ML-%	3	
pindolol	1	
pravastatin sodium	1	HCR$0
prazosin hcl oral	1	
PRESTALIA	3	
prevalite	1	
procainamide hcl injection	1	
propafenone hcl	1	
propafenone hcl er	1	
propranolol hcl er	1	
propranolol hcl intravenous	1	
propranolol hcl oral	1	

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
quinapril hcl	1	
quinapril-hydrochlorothiazide	1	
quinidine gluconate er	1	
quinidine sulfate	1	
ramipril	1	
ranolazine er	1	
REPATHA	2	QL
REPATHA SURECLICK	2	QL
rosuvastatin calcium oral tablet 10 mg, 5 mg	1	HCR$0
rosuvastatin calcium oral tablet 20 mg, 40 mg	1	
sacubitril-valsartan	1	QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	HCR$0
simvastatin oral tablet 80 mg	1	
sodium nitroprusside intravenous solution 25 mg/ml	1	
sotalol hcl (af)	1	
sotalol hcl oral	1	
SOTYLIZE	3	
spironolactone oral tablet	1	
spironolactone-hctz	1	
TEKTURNA	2	
telmisartan	1	
telmisartan-amlodipine	1	
tiadylt er	1	
timolol maleate oral	1	
torsemide	1	
trandolapril	1	
trandolapril-verapamil hcl er	1	
triamterene-hctz	1	
TRYVIO	3	PA; QL
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	
VASCEPA	2	PA
VECAMYL	3	
verapamil hcl er	1	
verapamil hcl intravenous	1	
verapamil hcl oral	1	
VERQUVO	3	PA; QL
VYNDAMAX	Specialty	PA; QL
Cardiovascular Agents - Drugs For Heart And Circulation Conditions - Hormones		
TRYNGOLZA	Specialty	PA; QL
Cardiovascular Agents - Drugs For Heart And Circulation Conditions - Rectal Preparations		
nitroglycerin	1	
Cardiovascular Agents - Drugs For Heart And Circulation Conditions - Vitamins And Minerals		
ASCLERA	3	
ETHAMOLIN	3	
VARITHENA	3	

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
Central Nervous System Agents - Drugs For Attention Deficit Disorder - Drugs For The Nervous System		
amphetamine er	1	QL
amphetamine sulfate	1	QL
amphetamine-dextroamphetamine	1	QL
amphetamine-dextroamphetamine er	1	QL
amphet-dextroamphet 3-bead er	1	QL
APTENSIO XR	3	ST; QL
atomoxetine hcl	1	QL
AZSTARYS	2	ST; QL
clonidine hcl er	1	
CONCERTA	3	ST; QL
dexmethylphenidate hcl	1	QL
dexmethylphenidate hcl er	1	QL
dextroamphetamine sulfate	1	QL
dextroamphetamine sulfate er	1	QL
guanfacine hcl er	1	
JORNAY PM	3	ST; QL
lisdexamfetamine dimesylate	1	QL
METHYLIN	3	ST; QL
methylphenidate hcl er	1	QL
methylphenidate hcl er (cd)	1	QL
methylphenidate hcl er (la)	1	QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	QL
methylphenidate hcl er (xr)	1	QL
methylphenidate hcl er(diffus)	1	QL
methylphenidate hcl oral	1	QL
ONYDA XR	3	ST; QL
PROCENTRA	3	ST; QL
VYVANSE	3	ST; QL
Central Nervous System Agents - Drugs For Multiple Sclerosis - Drugs For The Nervous System		
AVONEX PEN	Specialty	PA; QL
AVONEX PREFILLED	Specialty	PA; QL
BAFIERTAM	Specialty	PA; QL
BETASERON	Specialty	PA; QL
BRIUMVI	Specialty	PA
cladribine (10 tabs)	Generic Specialty	PA; QL
cladribine (4 tabs)	Generic Specialty	PA; QL
cladribine (5 tabs)	Generic Specialty	PA; QL
cladribine (6 tabs)	Generic Specialty	PA; QL
cladribine (7 tabs)	Generic Specialty	PA; QL
cladribine (8 tabs)	Generic Specialty	PA; QL
cladribine (9 tabs)	Generic Specialty	PA; QL
dalfampridine er	Generic Specialty	PA; QL
dimethyl fumarate oral	Generic Specialty	PA; QL
dimethyl fumarate starter pack	Generic Specialty	PA; QL

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
fingolimod hcl	Generic Specialty	PA; QL
GILENYA ORAL CAPSULE 0.25 MG	Specialty	PA; QL
glatiramer acetate	Generic Specialty	PA; QL
glatopa	Generic Specialty	PA; QL
KESIMPTA	Specialty	PA; QL
LEMTRADA	Specialty	PA; QL
MAVENCLAD	Specialty	PA; QL
MAYZENT	Specialty	PA; QL
MAYZENT STARTER PACK	Specialty	PA; QL
OCREVUS	Specialty	PA
OCREVUS ZUNOVO	Specialty	PA; QL
teriflunomide	Generic Specialty	PA; QL
TYRUKO	Specialty	PA; QL
TYSABRI	Specialty	PA; QL
VUMERITY	Specialty	PA; QL
ZEPOSIA	Specialty	PA; QL
ZEPOSIA 7-DAY STARTER PACK	Specialty	PA; QL
ZEPOSIA STARTER KIT	Specialty	PA; QL
Central Nervous System Agents - Drugs For Nerves And Muscles		
SKYCLARYS	Specialty	PA; QL
Central Nervous System Agents - Miscellaneous - Drugs For Nerves And Muscles		
ANECTINE	3	
atracurium besylate	1	
cisatracurium besylate	1	
cisatracurium besylate (pf)	1	
edaravone	Generic Specialty	PA
QUELICIN	3	
RADICAVA ORS	Specialty	PA
RADICAVA ORS STARTER KIT	Specialty	PA
riluzole	1	
rocuronium bromide +rfid intravenous solution	1	
ROCURONIUM BROMIDE +RFID INTRAVENOUS SOLUTION PREFILLED SYRINGE 50 MG/5ML	3	
rocuronium bromide intravenous solution 100 mg/10ml, 50 mg/5ml	1	
ROCURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
succinylcholine chloride injection	1	
SUCCINYLCHOLINE CHLORIDE INTRAVENOUS	3	
TEGLUTIK	2	ST; QL
TIGLUTIK	2	ST; QL
VECURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
vecuronium bromide intravenous solution reconstituted	1	

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
Central Nervous System Agents - Miscellaneous - Drugs For The Nervous System		
ADDYI	3	PA; QL
AMVUTTRA	Specialty	PA; QL
AUSTEDO	Specialty	PA; QL
AUSTEDO XR	Specialty	PA; QL
AUSTEDO XR PATIENT TITRATION	Specialty	PA; QL
caffeine citrate	1	
CAFFEINE-SODIUM BENZOATE	3	
DOPRAM	3	
gabapentin (once-daily)	1	ST; QL
GRALISE	3	ST; QL
HORIZANT	3	PA; QL
INGREZZA	Specialty	PA; QL
milnacipran hcl	1	QL
NUEDEXTA	3	PA
ONPATTRO	Specialty	PA
pregabalin oral	1	QL
SAVELLA	3	ST; QL
SAVELLA TITRATION PACK	3	ST; QL
tetrabenazine	Generic Specialty	PA
VYLEESI	3	PA; QL
WAINUA	Specialty	PA; QL
Dental And Oral Agents - Drugs For Mouth And Throat Conditions - Drugs For Cancer		
KEPIVANCE	Specialty	

Drug	Tier	Coverage Requirements and Limits
Dental And Oral Agents - Drugs For Mouth And Throat Conditions - Drugs For The Mouth And Throat		
AQUORAL	3	
cevimeline hcl	1	
chlorhexidine gluconate mouth/throat	1	
KOURZEQ	3	
lidocaine viscous hcl	1	
ORALONE	3	
PERIDEX	3	
periogard	1	
pilocarpine hcl oral	1	
triamcinolone acetonide mouth/throat	1	
Dental And Oral Agents - Drugs For Mouth And Throat Conditions - Medical Supplies And Durable Medical Equipment		
MI PASTE	3	
MI PASTE PLUS	3	
REMESENSE	3	
Dermatological Agents - Drugs For Skin Conditions - Drugs For The Skin		
ABSORICA LD	3	PA
accutane	1	
acitretin	1	
adapalene external cream	1	
adapalene external gel	1	
adapalene-benzoyl peroxide external gel	1	

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
ADBRY	Specialty	PA; QL
AKLIEF	3	PA
ala-cort	1	
alclometasone dipropionate	1	
ALTRENO	3	PA
ALUMINUM CHLORIDE ANHYDROUS	3	
ALUMINUM CHLORIDE HEXAHYDRATE POWDER	3	
ammonium lactate external	1	
amnesteem	1	
AMZEEQ	3	
ANZUPGO	3	PA; QL
AQUACEL AG BURN	3	
ATRALIN	3	PA
ATRAPRO DERMAL SPRAY	3	
azelaic acid external	1	
B & C	3	
balsam peru-castor oil	1	
benzoyl peroxide-erythromycin	1	
betamethasone dipropionate aug	1	
betamethasone dipropionate external	1	
betamethasone valerate external	1	
BPCO	3	
brimonidine tartrate external	1	
CALAMINE	3	
calcipotriene external cream	1	
calcipotriene external ointment	1	
calcipotriene external solution	1	
calcipotriene-betameth diprop external suspension	1	QL
CALCITRENE	3	
calcitriol external	1	
CIBINQO	Specialty	PA; QL
claravis	1	
CLEOCIN-T	3	
clindacin etz	1	
clindacin-p	1	
clindamycin phos (twice-daily)	1	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clobetasol prop emollient base	1	
clobetasol propionate e	1	
clobetasol propionate external cream 0.05 %	1	
clobetasol propionate external foam	1	
clobetasol propionate external gel	1	
clobetasol propionate external liquid	1	
clobetasol propionate external lotion	1	
clobetasol propionate external ointment	1	

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
clobetasol propionate external shampoo	1	
clobetasol propionate external solution	1	
clodan	1	
coal tar external	1	
CONDYLOX	3	
DERMA-SMOOTHE/FS BODY	3	
DERMA-SMOOTHE/FS SCALP	3	
desonide external cream	1	
desonide external lotion	1	
desonide external ointment	1	
desoximetasone external cream 0.25 %	1	
desoximetasone external gel	1	
desoximetasone external liquid	1	
desoximetasone external ointment 0.25 %	1	
diclofenac sodium external gel 3 %	1	QL
DIPROLENE	3	
DRYSOL	3	
DUPIXENT	Specialty	PA; QL
EBGLYSS	Specialty	PA; QL
ENSTILAR	3	QL
EPIDUO FORTE	3	
EPIFOAM	3	
ERY	3	
erythromycin external	1	
EUCRISA	2	ST
EVARA	3	
FILSUVEZ	Specialty	PA; QL

Drug	Tier	Coverage Requirements and Limits
FINACEA EXTERNAL FOAM	3	
fluocinolone acetonide body	1	
fluocinolone acetonide external	1	
fluocinolone acetonide scalp	1	
fluocinonide emulsified base	1	
fluocinonide external	1	
fluorouracil external cream 5 %	1	
fluorouracil external solution	1	
fluticasone propionate external	1	
GORDOFILM	3	
halobetasol propionate external cream	1	
halobetasol propionate external ointment	1	
hydrocortisone butyrate external cream	1	
hydrocortisone butyrate external ointment	1	
hydrocortisone butyrate external solution	1	
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone valerate	1	
HYPOCYN ANTIPRURITIC	3	
imiquimod external cream 3.75 %	1	ST
imiquimod external cream 5 %	1	

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
imiquimod pump	1	ST
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
ivermectin external cream	1	
KERALYT EXTERNAL SHAMPOO	3	
KLARON	3	
KLISYRI (250 MG)	3	ST
KLISYRI (350 MG)	3	ST
lactic acid e	1	
LEQSELVI	Specialty	PA; QL
LEVULAN KERASTICK	3	
LITFULO	Specialty	PA; QL
L-MESITRAN SOFT WOUND	3	
LUXAMEND	3	
MEDIHONEY WOUND/BURN DRESSING EXTERNAL GEL	3	
methoxsalen rapid	1	
METROCREAM	3	
metronidazole external	1	
MICROCYN EXTERNAL LIQUID	3	
MIRVASO	2	
mometasone furoate external	1	
NEMLUVIO	Specialty	PA; QL
NEO-SYNALAR	3	
neuac	1	
ONEXTON	1	
OPZELURA	2	ST; QL
PETROLEUM GAUZE NON-WOVEN 3X9"	3	
pimecrolimus	1	ST; QL

Drug	Tier	Coverage Requirements and Limits
PODOCON-25	3	
podofilox external	1	
PYROGALLIC ACID	3	
QBREXZA	3	QL
RADIAPLEXRX	3	
REGENECARE	3	
RETIN-A MICRO PUMP	3	PA
SANTYL	3	QL
SCENESSE	Specialty	PA
selenium sulfide external lotion	1	
SOFDRA	3	QL
SOOLANTRA	3	
sulfacetamide sodium (acne)	1	
SYNALAR	3	
TACLONEX	3	QL
tacrolimus external	1	QL
tazarotene external cream	1	PA
tazarotene external gel 0.05 %	1	PA
TOLAK	3	
TOPICORT	3	
tretinoin external	1	
tretinoin microsphere external gel 0.08 %	1	
tretinoin microsphere pump external gel 0.08 %	1	
triamcinolone acetonide external cream	1	
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triderm	1	

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
urea external cream 20 %, 40 %	1	
VENELEX	3	
VTAMA	2	ST
WYNZORA	3	QL
XALIX	3	
XERAC AC	3	
YCANTH	3	PA
ZELSUVMI	3	PA
zenatane	1	
ZILXI	3	ST
ZORYVE	2	ST
Diabetes - Antidiabetic Agents - Hormones		
acarbose oral	1	
CYCLOSET	3	ST
dapagliflozin base-metformin er	1	
dapagliflozin	1	
DUETACT	3	
FARXIGA	2	
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide er	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide-metformin hcl	1	
GLUCOTROL XL	3	
glyburide	1	
glyburide-metformin	1	
GLYXAMBI	2	
JANUMET	2	
JANUMET XR	2	
JANUVIA	2	
JARDIANCE	2	
JENTADUETO	2	
JENTADUETO XR	2	

Drug	Tier	Coverage Requirements and Limits
liraglutide	1	PA; QL
metformin hcl er	1	
metformin hcl oral solution	1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
miglitol	1	
MOUNJARO	2	PA; QL
nateglinide	1	
OZEMPIC	2	PA; QL
pioglitazone hcl	1	
pioglitazone hcl-glimepiride	1	
pioglitazone hcl-metformin hcl	1	
repaglinide	1	
RIOMET	3	ST
RYBELSUS	2	PA; QL
saxagliptin hcl	1	
saxagliptin-metformin er	1	
SOLIQUA	2	
SYNJARDY	2	
SYNJARDY XR	2	
TRADJENTA	2	
TRIJARDY XR	2	
TRULICITY	2	PA; QL
XIGDUO XR	2	
XULTOPHY	3	
Diabetes - Glucose Monitoring - Medical Supplies And Durable Medical Equipment		
ACCU-CHEK FASTCLIX LANCET KIT	2	

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2	
ADVANTAGE SAFETY LANCETS 28G	2	
ADVOCATE SAFETY LANCETS 21G	2	
ADVOCATE SAFETY LANCETS 23G	2	
ADVOCATE SAFETY LANCETS 28G	2	
AUTOLET II CLINISAFE	3	
AUTOLET LANCING DEVICE	3	
AUTOLET LITE LANCING DEVICE	3	
CARESENS LANCETS 30G	2	
CARETOUCH LANCING/EJECTOR	3	
CEQUR SIMPLICITY 2U	2	
CEQUR SIMPLICITY INSERTER	2	
CHEMSTRIP BG LOG BOOK	3	
CHOSEN LANCETS 30G	2	
CHOSEN LANCING DEVICE	3	
CHOSEN SAFETY LANCETS 28G	2	
CLEVER CHOICE COMFORT EZ	2	
COMFORT TOUCH TWIST LANCET 30G	2	
CONTOUR CONTROL	2	
CONTOUR NEXT CONTROL	2	
CONTOUR PLUS CONTROL SOLUTION	3	

Drug	Tier	Coverage Requirements and Limits
DEXCOM G6 RECEIVER	2	PA
DEXCOM G6 SENSOR	2	PA
DEXCOM G6 TRANSMITTER	2	PA
DEXCOM G7 15 DAY SENSOR	2	PA
DEXCOM G7 RECEIVER	2	PA
DEXCOM G7 SENSOR	2	PA
DIATHRIVE LANCING DEVICE	3	
DROPLET GENTEEL LANCING DEVICE	3	
DROPSAFE ACTI-LANCE 23G	2	
DROPSAFE MEDLANCE LANCET 30G	2	
EASY TOUCH LANCING DEVICE	3	
EMBRACE LANCING DEVICE/EJECTOR	3	
ENLITE GLUCOSE SENSOR	3	PA
FONDCIRCLE LANCING DEVICE	3	
FONDCIRCLE SINGLE USE LANCETS	2	
GENTEEL LANCING KIT (BLUE)	3	
GOJJI LANCING DEVICE/CLEAR CAP	3	
GUARDIAN 4 GLUCOSE SENSOR	3	PA
GUARDIAN 4 TRANSMITTER	3	PA
GUARDIAN REAL-TIME CHARGER	3	
GUARDIAN REAL-TIME TEST PLUG	3	

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
GUARDIAN SENSOR 3	3	PA
IHEALTH LANCING DEVICE	3	
INSUL-TOTE ULTIMATE	3	
KT TAPE CGM PATCH	3	
LANCETS	2	
LANCETS 28G THIN	2	
LANCETS SUPER THIN	2	
MICROLET NEXT LANCETS	2	
MICROLET NEXT LANCING DEVICE	3	
MINIMED INSTINCT GLUC SENSOR	3	PA
MOBILE LANCETS 30G	2	
NOVOPEN ECHO	3	
ONETOUCH DELICA PLUS LANCING	3	
ONETOUCH DELICA SAFETY LANCING	2	
PERFECT POINT SAFETY LANCETS	2	
PURE COMFORT SAFETY LANCET 30G	2	
SENSILANCE SAFETY LANCETS 21G	2	
SENSILANCE SAFETY LANCETS 26G	2	
SENSILANCE SAFETY LANCETS 28G	2	
SIMPLERA SENSOR	3	PA
SIMPLERA SYNC SENSOR	3	PA
SIMPLERA SYSTEM	3	PA
TECHLITE LANCETS 26G	2	
ULTRA-CARE SAFETY LANCETS 30G	2	
VERIFINE SAFE LANCET MINI 21G	2	
VERIFINE SAFE LANCET MINI 23G	2	
VERIFINE SAFE LANCET MINI 28G	2	
VERIFINE SAFE LANCET MINI 30G	2	
VIVAGUARD LANCETS 30G	2	
VIVAGUARD LANCING DEVICE	3	
VIVAGUARD SAFETY LANCETS 28G	2	
Diabetes - Glucose Monitoring		
CHEMSTRIP K	3	
CHEMSTRIP UGK	3	
CONTOUR NEXT TEST	2	QL
CONTOUR PLUS TEST	2	QL
CONTOUR TEST	2	QL
DIASTIX REAGENT	2	
KETO-DIASTIX	3	
KETONE CARE	3	
KETOSTIX	3	
Diabetes - Glycemic Agents - Hormones		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
diazoxide oral	1	
glucagon emergency kit injection solution reconstituted 1 mg	1	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	2	

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
GVOKE HYPOPEN 1-PACK	2	
GVOKE HYPOPEN 2-PACK	2	
GVOKE KIT	2	
GVOKE PFS	2	
Diabetes - Insulins - Hormones		
ADMELOG	1	
ADMELOG SOLOSTAR	1	
AFREZZA	3	PA
APIDRA SOLOSTAR	1	
APIDRA VIAL	1	
BASAGLAR KWIKPEN	1	
FIASP	1	
FIASP FLEXTOUCH	1	
FIASP PENFILL	1	
FIASP PUMPCART	1	
HUMALOG	1	
HUMALOG KWIKPEN	1	
HUMALOG MIX 50/50 KWIKPEN	1	
HUMALOG MIX 75/25 KWIKPEN	1	
HUMALOG MIX 75/25 VIAL	1	
HUMALOG U-100 JUNIOR KWIKPEN	1	
HUMULIN 70/30 KWIKPEN	1	
HUMULIN 70/30 VIAL	1	
HUMULIN N KWIKPEN	1	
HUMULIN N VIAL	1	
HUMULIN R U-500 KWIKPEN	1	
HUMULIN R VIAL	1	
INSULIN LISPRO	1	

Drug	Tier	Coverage Requirements and Limits
INSULIN LISPRO (1 UNIT DIAL)	1	
INSULIN LISPRO JUNIOR KWIKPEN	1	
INSULIN LISPRO PROT & LISPRO	1	
LANTUS SOLOSTAR	1	
LANTUS U-100 VIAL	1	
LYUMJEV KWIKPEN	1	
LYUMJEV VIAL	1	
MERILOG	1	
MERILOG SOLOSTAR	1	
MYXREDLIN	3	
NOVOLIN 70/30 FLEXPEN	1	
NOVOLIN 70/30 VIAL	1	
NOVOLIN N FLEXPEN	1	
NOVOLIN N VIAL	1	
NOVOLIN R FLEXPEN	1	
NOVOLIN R VIAL	1	
NOVOLOG FLEXPEN	1	
NOVOLOG MIX 70/30 FLEXPEN	1	
NOVOLOG MIX 70/30 VIAL	1	
NOVOLOG PENFILL	1	
NOVOLOG U-100 VIAL	1	
REZVOGLAR KWIKPEN	1	
TOUJEO MAX SOLOSTAR	1	
TOUJEO SOLOSTAR	1	
Diabetes - Insulins - Medical Supplies And Durable Medical Equipment		
AQ INSULIN SYRINGE	2	

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
BD ULTRA-FINE INSULIN SYRINGES 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 31G X 6MM 0.5 ML	2	
BD VEO INSULIN SYR ULTRAFINE	2	
DROPSAFE SAFETY SYRINGE/NEEDLE	2	
EMBECTA INS SYR U/F 1/2 UNIT	2	
EMBECTA INSULIN SYR ULTRAFINE	2	
EMBECTA INSULIN SYRINGE	2	
EMBECTA INSULIN SYRINGE U-100	2	
EMBECTA INSULIN SYRINGE U-500	2	
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 29G X 5/16" 0.5 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/2" 0.3 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML	2	
ULTIGUARD SAFEPACK SYR/NEEDLE	2	
VERIFINE INSULIN SYRINGE	2	
Electrolytes / Minerals / Metals / Vitamins - Drugs For Nutrition		
ALANINE	3	
AMINO ACID	3	
AMINO ACID-CALCIUM-HEP IN D10W INTRAVENOUS SOLUTION 3 %	3	
AMINOPROTECT	3	
AMINOSYN II	3	
AMINOSYN-PF	3	
AMINOSYN-PF 7%	3	
AQUASOL A	3	

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
ARGININE HCL INJECTION	3	
CALCIFOL	3	
CALCIUM CHLORIDE DIHYDRATE POWDER	3	
CALCIUM CHLORIDE SOLUTION 10 % INTRAVENOUS	3	
calcium chloride solution 10 % intravenous	1	
CALCIUM GLUCONATE	3	
CALCIUM GLUCONATE ANHYDROUS	3	
calcium gluconate intravenous solution	1	
CALCIUM GLUCONATE MONOHYDRATE	3	
calcium gluconate-nacl intravenous solution 1-0.675 gm/50ml-%, 1-0.8 gm/100ml-%, 2-0.675 gm/100ml-%	1	
CALCIUM GLUCONATE-NACL INTRAVENOUS SOLUTION 1-0.9 GM/100ML-%, 2-0.9 GM/100ML-%	3	
CALCIUM LACTATE PENTAHYDRATE	3	
CALCIUM PHOSPHATE DIBASIC	3	
CALCIUM PHOSPHATE TRIBASIC	3	
CHOLINE BITARTRATE POWDER	3	

Drug	Tier	Coverage Requirements and Limits
chromic chloride intravenous	1	
CLINIMIX E/DEXTROSE (2.75/5)	3	
CLINIMIX E/DEXTROSE (4.25/10)	3	
CLINIMIX E/DEXTROSE (4.25/5)	3	
CLINIMIX E/DEXTROSE (5/15)	3	
CLINIMIX E/DEXTROSE (5/20)	3	
CLINIMIX E/DEXTROSE (8/10)	3	
CLINIMIX E/DEXTROSE (8/14)	3	
CLINIMIX/DEXTROSE (4.25/10)	3	
CLINIMIX/DEXTROSE (4.25/5)	3	
CLINIMIX/DEXTROSE (5/15)	3	
CLINIMIX/DEXTROSE (5/20)	3	
CLINIMIX/DEXTROSE (6/5)	3	
CLINIMIX/DEXTROSE (8/10)	3	
CLINIMIX/DEXTROSE (8/14)	3	
CLINISOL SF	3	
CLINOLIPID	3	
cupric chloride	1	
cyanocobalamin injection solution 1000 mcg/ml	1	
cyanocobalamin nasal	1	
dextrose intravenous solution 10 %, 20 %, 30 %, 40 %, 5 %, 70 %	1	

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
DEXTROSE SOLUTION 250 MG/ML INTRAVENOUS	3	
dextrose solution 250 mg/ml intravenous	1	
DEXTROSE SOLUTION 50 % INTRAVENOUS	3	
dextrose solution 50 % intravenous	1	
DL-ALANINE	3	
DL-LEUCINE	3	
DL-PHENYLALANINE	3	
DRISDOL	3	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	3	
effer-k oral tablet effervescent 25 meq	1	
ergocalciferol oral capsule	1	
FERRLECIT	3	
ferumoxytol	1	ST
folic acid injection	1	
folic acid oral tablet 1 mg	1	
GALZIN	3	
GLUTATHIONE INJECTION SOLUTION 200 MG/ML	3	
GLUTATHIONE INTRAVENOUS	3	
GLYCINE INJECTION	3	
GLYCOPHOS	3	
HEMATINIC/FOLIC ACID	3	
hydroxocobalamin acetate	1	
INFED	3	
INJECTAFER	3	ST
INTRALIPID	3	
iron sucrose	1	
KABIVEN	3	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
K-PHOS	3	
L-ALANINE	3	
L-CYSTINE	3	
L-GLUTAMIC ACID	3	
L-HISTIDINE	3	
L-HISTIDINE HCL MONOHYDRATE	3	
L-HISTIDINE MONOHYDROCHLORIDE POWDER	3	
LIPO	3	
LIPO-C	3	
L-LEUCINE	3	
L-PHENYLALANINE	3	
L-PROLINE	3	
L-TRYPTOPHAN	3	
L-TYROSINE	3	
L-VALINE POWDER	3	
LYSINE HCL INJECTION	3	
MAGNESIUM CARBONATE	3	
MAGNESIUM CARBONATE HEAVY	3	
magnesium chloride injection	1	
magnesium sulfate in d5w	1	
magnesium sulfate injection	1	

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
magnesium sulfate intravenous	1	
MAGNESIUM SULFATE-NACL	3	
METHYLCOBALAMIN INJECTION SOLUTION RECONSTITUTED	3	
MONOFERRIC	3	ST
MULTRYS	3	
na ferric gluc cplx in sucrose	1	
NASCOBAL	3	
NEOKE ALCAR	3	
NUTRILIPID	3	
PERIKABIVEN	3	
phosphorous	1	
phospho-trin 250 neutral	1	
PHOSPHO-TRIN K500	3	
phytonadione injection	1	
phytonadione oral	1	
PLENAMINE	3	
potassium acetate intravenous	1	
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride intravenous solution	1	
potassium chloride oral packet 20 meq	1	
potassium chloride oral solution	1	
potassium phosphates	1	
potassium phosphates(66 meq k)	1	
PREMASOL	3	
PROSOL	3	
pyridoxine hcl solution 100 mg/ml injection	1	
PYRIDOXINE HCL SOLUTION 100 MG/ML INJECTION	3	
SMOFLIPID	3	
sodium acetate intravenous	1	
SODIUM ASCORBATE POWDER	3	
sodium bicarbonate intravenous solution 4.2 %	1	
sodium bicarbonate solution 8.4 % intravenous	1	
SODIUM BICARBONATE SOLUTION 8.4 % INTRAVENOUS	3	
sodium chloride (pf)	1	
sodium chloride injection solution 2.5 meq/ml	1	
sodium chloride intravenous	1	
sodium phosphates	1	
TAURINE INJECTION	3	
TAURINE POWDER	3	
THAM	3	
THREONINE	3	
TRALEMENT	3	
TRAVASOL	3	
TRI-AMINO	3	
tromethamine intravenous	1	
TROPHAMINE	3	
TRYPTOPHAN	3	
VALINE	3	
VENOFER	3	

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	
vitamin k1 injection	1	
zinc chloride intravenous	1	
zinc sulfate intravenous	1	
ZYCUBO	Specialty	PA; QL
Electrolytes / Minerals / Metals / Vitamins - Drugs For Overdose Or Poisoning		
CHEMET	3	
deferasirox	1	PA
deferasirox granules	1	PA
FERRIPROX ORAL SOLUTION	3	PA
Electrolytes / Minerals / Metals / Vitamins - Drugs For The Stomach		
DEXPANTHENOL INJECTION	3	
Electrolytes / Minerals / Metals / Vitamins - Drugs For The Urinary System		
ARGYLE STERILE SALINE	3	
CURITY STERILE SALINE	3	
potassium citrate er	1	
sod citrate-citric acid oral solution 500-334 mg/5ml	1	
sodium chloride irrigation	1	
sodium citrate-citric acid	1	

Drug	Tier	Coverage Requirements and Limits
Electrolytes / Minerals / Metals / Vitamins - Hormones		
carglumic acid	Generic Specialty	PA
CARNITOR INTRAVENOUS	3	
JYNARQUE	Generic Specialty	PA; QL
LEVOCARNITINE INJECTION	3	
levocarnitine intravenous	1	
levocarnitine oral solution	1	
levocarnitine oral tablet	1	
levocarnitine sf	1	
tolvaptan (hyponatremia)	Generic Specialty	PA; QL
Electrolytes / Minerals / Metals / Vitamins - Vitamins And Minerals		
argyle sterile water	1	
EDETATE DISODIUM INTRAVENOUS	3	
KIONEX	3	
lactated ringers irrigation	1	
LOKELMA	3	
PHYSIOLYTE	3	
PRISMASOL B22GK 4/0	3	
PRISMASOL BGK 0/2.5	3	
PRISMASOL BGK 2/0	3	
PRISMASOL BGK 2/3.5	3	
PRISMASOL BGK 4/2.5	3	

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
PRISMASOL BK 0/0/1.2	3	
ringers irrigation	1	
sodium polystyrene sulfonate	1	
SPS (SODIUM POLYSTYRENE SULF)	3	
sterile water for irrigation	1	
trientine hcl	Generic Specialty	PA
VELTASSA	3	
water for irrigation, sterile	1	
Gastrointestinal Agents - Drugs For Acid Reflux And Ulcer - Drugs For The Stomach		
cimetidine hcl	1	
cimetidine oral	1	
CYTOTEC	3	
esomeprazole magnesium	1	QL
esomeprazole sodium	1	
famotidine (pf)	1	
famotidine intravenous	1	
famotidine oral suspension reconstituted	1	
famotidine oral tablet 20 mg, 40 mg	1	
famotidine premixed	1	
FIRST-LANSOPRAZOLE	3	ST
lansoprazole oral capsule delayed release	1	QL
misoprostol oral	1	
NEXIUM ORAL PACKET	3	QL
nizatidine	1	
omeprazole oral capsule delayed release	1	QL
pantoprazole sodium intravenous	1	
pantoprazole sodium oral tablet delayed release	1	QL
PANTOPRAZOLE SODIUM-NACL	3	
PROTONIX INTRAVENOUS	3	
rabeprazole sodium oral tablet delayed release	1	QL
sucralfate oral tablet	1	
Gastrointestinal Agents - Drugs For Bowel, Intestine And Stomach Conditions - Drugs For The Stomach		
alosetron hcl	1	PA
alvimopan	1	
atropine sulfate injection	1	
ATROPINE SULFATE INTRAMUSCULAR	3	
atropine sulfate intravenous solution	1	
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 1 MG/2.5ML, 1.2 MG/3ML	3	
bis subcit-metronid-tetracyc	1	
bismuth/metronidaz/tetracyclin	1	
CLENPIQ	3	
constulose	1	
cromolyn sodium oral	1	

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
CTEXLI	Specialty	PA
dicyclomine hcl intramuscular	1	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral solution 10 mg/5ml	1	
dicyclomine hcl oral tablet 20 mg	1	
diphenoxylate-atropine	1	
enulose	1	
GATTEX	Specialty	PA
gavilyte-c	1	HCR$0
gavilyte-g	1	HCR$0
gavilyte-n with flavor pack	1	HCR$0
generlac	1	
glycopyrrolate +rfid injection solution	1	
glycopyrrolate injection solution	1	
GLYCOPYRROLATE INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML	3	
glycopyrrolate oral solution 1 mg/5ml	1	PA
glycopyrrolate oral tablet 1 mg, 2 mg	1	QL
glycopyrrolate pf +rfid injection solution prefilled syringe 0.2 mg/ml, 0.4 mg/2ml	1	
GLYCOPYRROLATE PF +RFID INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML	3	
glycopyrrolate pf injection solution prefilled syringe 0.2 mg/ml, 0.4 mg/2ml	1	
GLYCOPYRROLATE PF INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML	3	
GLYRX-PF	3	
GUTVANTAGE	3	
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral elixir	1	
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate oral tablet dispersible	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
IQIRVO	Specialty	PA; QL
lactulose encephalopathy	1	
lactulose oral solution	1	
LINZESS	2	ST; QL
LIVDELZI	Specialty	PA; QL
loperamide hcl oral capsule	1	
lubiprostone	1	QL
methscopolamine bromide oral	1	
MYTESI	3	QL
na sulfate-k sulfate-mg sulf	1	HCR$0
OSCIMIN	3	
peg 3350-kcl-na bicarb-nacl	1	HCR$0
peg-3350/electrolytes	1	HCR$0
peg-3350/electrolytes/ascorbat	1	
peg-kcl-nacl-nasulf-na asc-c	1	

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
PEG-PREP	3	
prucalopride succinate	1	ST; QL
PYLERA	2	
REBYOTA	Specialty	PA
RESTORA RX	3	
REZDIFFRA	3	PA; QL
SUFLAVE	3	
SUPREP BOWEL PREP KIT	3	
SUTAB	3	
SYMPROIC	2	ST; QL
TALICIA	2	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	PA; QL
XERMELO	Specialty	PA; QL
Gastrointestinal Agents - Drugs For Bowel, Intestine And Stomach Conditions - Hormones		
SEROSTIM	Specialty	PA
Genetic Or Enzyme Disorder - Drugs For Replacement, Modification, Treatment - Drugs For Nerves And Muscles		
EVRYSDI	Specialty	PA; QL
Genetic Or Enzyme Disorder - Drugs For Replacement, Modification, Treatment - Drugs For Nutrition		
CERDELGA	Specialty	PA
CEREZYME	Specialty	PA

Drug	Tier	Coverage Requirements and Limits
ELELYSO	Specialty	PA
miglustat	Generic Specialty	PA
VPRIV	Specialty	PA
yargesa	Generic Specialty	PA
Genetic Or Enzyme Disorder - Drugs For Replacement, Modification, Treatment - Drugs For The Blood		
ADZYNMA	Specialty	PA
Genetic Or Enzyme Disorder - Drugs For Replacement, Modification, Treatment - Drugs For The Stomach		
CHOLBAM	Specialty	PA
CREON	2	
L-GLUTAMIC ACID HCL	3	
SUCRAID	Specialty	PA
ZENPEP	2	
Genetic Or Enzyme Disorder - Drugs For Replacement, Modification, Treatment - Drugs For The Urinary System		
CYSTAGON	Specialty	
Genetic Or Enzyme Disorder - Drugs For Replacement, Modification, Treatment - Hormones		
ALDURAZYME	Specialty	PA

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
betaine	Generic Specialty	
CRYSVITA	Specialty	PA
CYSTADANE	Specialty	
ELAPRASE	Specialty	PA
FABRAZYME	Specialty	PA
FORZINITY	Specialty	PA; QL
GALAFOLD	Specialty	PA; QL
KANUMA	Specialty	PA
LUMIZYME	Specialty	PA
MEPSEVII	Specialty	PA
MYALEPT	Specialty	PA
NAGLAZYME	Specialty	PA
NEXVIAZYME	Specialty	PA
nitisinone	Generic Specialty	PA
NITYR	Specialty	PA
NULIBRY	Specialty	PA
OPFOLDA	Specialty	PA; QL
ORFADIN	Specialty	PA
PHEBURANE	Specialty	PA
POMBILITI	Specialty	PA
REVCOVI	Specialty	PA
sapropterin dihydrochloride	Generic Specialty	PA
sod benz-sod phenylacet	1	
sodium phenylbutyrate oral	Generic Specialty	PA
STRENSIQ	Specialty	PA
VIMIZIM	Specialty	PA
VOXZOGO	Specialty	PA; QL
XURIDEN	Specialty	PA; QL
zelvysia	Generic Specialty	PA

Drug	Tier	Coverage Requirements and Limits
Genitourinary Agents - Drugs For Bladder, Genital And Kidney Conditions - Drugs For The Heart		
avanafil	1	PA; QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	PA; QL
tadalafil oral	1	PA; QL
Genitourinary Agents - Drugs For Bladder, Genital And Kidney Conditions - Drugs For The Stomach		
calcium acetate (phos binder)	1	
calcium acetate oral tablet 667 mg	1	
FOSRENOL ORAL PACKET	3	ST
sevelamer carbonate	1	
sevelamer hcl	1	
Genitourinary Agents - Drugs For Bladder, Genital And Kidney Conditions - Drugs For The Urinary System		
acetic acid irrigation	1	
bethanechol chloride oral	1	
darifenacin hydrobromide er	1	
FILSPARI	Specialty	PA; QL
flavoxate hcl	1	
glycine irrigation	1	
glycine urologic	1	
LITHOSTAT	3	
mirabegron er	1	

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
OXLUMO	Specialty	PA
oxybutynin chloride er	1	
oxybutynin chloride oral solution	1	
oxybutynin chloride oral tablet 5 mg	1	
OXYTROL	3	ST; QL
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
RENACIDIN	3	
RIMSO-50	3	
RIVFLOZA	Specialty	PA; QL
solifenacin succinate	1	
THIOLA	Specialty	
THIOLA EC	Specialty	
tiopronin	Generic Specialty	
tolterodine tartrate	1	
tolterodine tartrate er	1	
trospium chloride	1	
trospium chloride er	1	
VANRAFIA	Specialty	PA; QL
VOYXACT	Specialty	PA; QL
Genitourinary Agents - Drugs For Bladder, Genital And Kidney Conditions - Drugs For Women		
INTRAROSA	3	ST
Genitourinary Agents - Drugs For Bladder, Genital And Kidney Conditions - Hormones		
CERVIDIL	3	
PREPIDIL	3	
Genitourinary Agents - Drugs For Bladder, Genital And Kidney Conditions - Vitamins And Minerals		
DEPEN TITRATABS	Specialty	PA
penicillamine oral tablet	Generic Specialty	PA
Genitourinary Agents - Drugs For Prostate Conditions - Drugs For The Heart		
terazosin hcl	1	
Genitourinary Agents - Drugs For Prostate Conditions - Drugs For The Urinary System		
alfuzosin hcl er	1	
dutasteride oral	1	
dutasteride-tamsulosin hcl	1	
finasteride oral tablet 5 mg	1	
silodosin	1	
tamsulosin hcl	1	
Hormonal Agents - Adrenal - Hormones		
AGAMREE	Specialty	PA
betamethasone sod phos & acet injection suspension 6 (3-3) mg/ml	1	
BETAMETHASONE SODIUM PHOSPHATE INJECTION	3	
BLT-25	3	

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
CELESTONE SOLUSPAN	3	
DEPO-MEDROL	3	
dexameth sod phos (pf) +rfid	1	
DEXAMETHASONE (LA)	3	
dexamethasone intensol	1	
dexamethasone oral	1	
dexamethasone sod phos (pf)	1	
dexamethasone sod phos +rfid	1	
dexamethasone sod phosphate pf	1	
dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml	1	
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 10 MG/ML INJECTION	3	
dexamethasone sodium phosphate solution 10 mg/ml injection	1	
DEXONTO 0.4%	3	
fludrocortisone acetate oral	1	
HEXATRIONE	3	
hydrocortisone oral	1	
hydrocortisone sod suc (pf)	1	
KENALOG-80	3	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	

Drug	Tier	Coverage Requirements and Limits
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	1	
METHYLPREDNISOLONE ACETATE INJECTION SUSPENSION 50 MG/ML	3	
methylprednisolone oral	1	
methylprednisolone sodium succ	1	
METHYLPREDNISOLONE-BUPIVACAINE	3	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 5 mg/5ml	1	
prednisolone sodium phosphate oral tablet dispersible	1	
prednisone oral solution	1	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
SOLU-CORTEF	3	
SOLU-MEDROL	3	
SOLU-MEDROL (PF)	3	
triamcinolone acetonide injection suspension 10 mg/ml, 40 mg/ml	1	
TRIAMCINOLONE DIACETATE INJECTION SUSPENSION 80 MG/ML	3	
TRIAMCINOLONE-BUPIVACAINE	3	

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
Hormonal Agents - Men's Health - Hormones		
danazol oral	1	
METHITEST	3	PA; QL
METHYLTESTOSTERONE	3	
testosterone cypionate intramuscular	1	PA; QL
testosterone enanthate intramuscular	1	PA; QL
testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	1	PA; QL
testosterone transdermal solution	1	PA; QL
Hormonal Agents - Pituitary - Drugs For Cancer		
ELIGARD	Specialty	PA; QL
FIRMAGON	Specialty	PA; QL
FIRMAGON (240 MG DOSE)	Specialty	PA; QL
leuprolide acetate injection	Generic Specialty	PA
LEUPROLIDE ACETATE-BUPIVACAINE	3	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	Specialty	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	Specialty	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	Specialty	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	Specialty	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	Specialty	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	Specialty	PA
TRELSTAR MIXJECT	Specialty	PA; QL
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	Specialty	QL
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	Specialty	QL
Hormonal Agents - Pituitary - Hormones		
ACTHAR	Specialty	PA
ACTHAR GEL	Specialty	PA
cabergoline	1	
carboprost tromethamine intramuscular solution	1	
cetrorelix acetate	Generic Specialty	PA
CHORIONIC GONADOTROPIN INTRAMUSCULAR	Specialty	PA
clomid	1	
clomiphene citrate oral	1	
CORTROPHIN	Specialty	PA
CORTROPHIN GEL	Specialty	PA
CRENESSITY	Specialty	PA; QL

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
desmopressin ace spray refrig	1	
desmopressin acetate injection	1	
desmopressin acetate oral	1	
desmopressin acetate pf	1	
desmopressin acetate spray	1	
EGRIFTA SV	Specialty	PA; QL
EGRIFTA WR	Specialty	PA; QL
FENSOLVI (6 MONTH)	Specialty	PA; QL
FOLLISTIM AQ	Specialty	PA
FYREMADEL	Specialty	PA
ganirelix acetate	Generic Specialty	PA
HEMABATE	3	
INCRELEX	Specialty	PA
lanreotide acetate	Generic Specialty	PA
LUPRON DEPOT-PED (1-MONTH)	Specialty	PA; QL
LUPRON DEPOT-PED (3-MONTH)	Specialty	PA; QL
LUPRON DEPOT-PED (6-MONTH)	Specialty	PA; QL
MENOPUR	Specialty	PA
milophene	1	
NGENLA	Specialty	PA
NORDITROPIN FLEXPRO	Specialty	PA
NOVAREL	Specialty	PA
NUTROPIN AQ NUSPIN 10	Specialty	PA
octreotide acetate injection	Generic Specialty	PA
octreotide acetate subcutaneous	Generic Specialty	PA
OMNITROPE	Specialty	PA
ORILISSA	2	PA; QL
OVIDREL	Specialty	PA
oxytocin +rfid	1	
oxytocin solution 10 unit/ml injection	1	
OXYTOCIN SOLUTION 10 UNIT/ML INJECTION	3	
OXYTOCIN-LACTATED RINGERS INTRAVENOUS SOLUTION 15 UNIT/250ML, 20 UNIT/L, 30 UNIT/500ML	3	
OXYTOCIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION 15-0.9 UT/250ML-%, 30-0.9 UT/500ML-%	3	
PITOCIN	3	
PREGNYL	Specialty	PA
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 60 MG	Specialty	PA; QL
SKYTROFA	Specialty	PA
SOGROYA	Specialty	PA
SOMATULINE DEPOT	Specialty	PA
SOMAVERT	Specialty	PA
SUPPRELIN LA	Specialty	PA; QL
SYNAREL	2	
TEPEZZA	Specialty	PA
TRIPTODUR	Specialty	PA; QL
vasopressin	1	
vasopressin +rfid	1	
VASOPRESSIN-SODIUM CHLORIDE INTRAVENOUS	3	

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
VASOSTRICT INTRAVENOUS SOLUTION 20 UNIT/ML	3	
Hormonal Agents - Prostaglandins - Hormones		
MIFEPREX	3	
mifepristone oral tablet 200 mg	1	
mifepristone oral tablet 300 mg	Generic Specialty	PA; QL
Hormonal Agents - Selective Estrogen Receptor Modifying Agents - Hormones		
OSPHENA	3	
raloxifene hcl	1	HCR$0
Hormonal Agents - Sex Hormones And Birth Control - Drugs For Cancer		
megestrol acetate oral	1	
Hormonal Agents - Sex Hormones And Birth Control - Drugs For Women		
afirmelle	1	HCR$0
altavera	1	HCR$0
alyacen 1/35	1	HCR$0
alyacen 7/7/7	1	HCR$0
amethyst	1	HCR$0
ANNOVERA	3	QL; HCR$0
apri	1	HCR$0
aranelle	1	HCR$0
ashlyna	1	QL; HCR$0
aubra eq	1	HCR$0
aurovela 1.5/30	1	HCR$0
aurovela 1/20	1	HCR$0
aurovela 24 fe	1	HCR$0
aurovela fe 1.5/30	1	HCR$0
aurovela fe 1/20	1	HCR$0
AVERI	3	HCR$0
aviane	1	HCR$0
ayuna	1	HCR$0
azurette	1	HCR$0
BALCOLTRA	3	HCR$0
balziva	1	HCR$0
BEYAZ	E	HCR$0
blisovi 24 fe	1	HCR$0
blisovi fe 1.5/30	1	HCR$0
blisovi fe 1/20	1	HCR$0
briellyn	1	HCR$0
camila	1	HCR$0
camrese	1	QL; HCR$0
camrese lo	1	QL; HCR$0
charlotte 24 fe	1	HCR$0
chateal eq	1	HCR$0
CRINONE	3	QL
cryselle	1	HCR$0
cyred eq	1	HCR$0
dasetta 1/35 (28)	1	HCR$0
dasetta 7/7/7	1	HCR$0
daysee	1	QL; HCR$0
deblitane	1	HCR$0
delyla	1	HCR$0
DEPO-PROVERA	3	QL; HCR$0
DEPO-SUBQ PROVERA 104	3	QL; HCR$0
dolishale	1	HCR$0
drospiren-eth estrad-levomefol	1	HCR$0
drospirenone-ethinyl estradiol	1	HCR$0
elinest	1	HCR$0
ELLA	3	HCR$0

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
eluryng	1	HCR$0
emzahh	1	HCR$0
ENDOMETRIN	2	
enilloring	1	HCR$0
enskyce	1	HCR$0
errin	1	HCR$0
estarylla	1	HCR$0
estradiol vaginal	1	
ESTRING	3	QL
etonogestrel-ethinyl estradiol	1	HCR$0
falmina	1	HCR$0
feirza 1.5/30	1	HCR$0
feirza 1/20	1	HCR$0
FEMLYV	3	ST; HCR$0
FEMRING	3	ST; QL
finzala	1	HCR$0
galbriela	1	HCR$0
gemmily	1	HCR$0
hailey 1.5/30	1	HCR$0
hailey 24 fe	1	HCR$0
hailey fe 1.5/30	1	HCR$0
hailey fe 1/20	1	HCR$0
heather	1	HCR$0
iclevia	1	QL; HCR$0
IMVEXXY MAINTENANCE PACK	2	
IMVEXXY STARTER PACK	2	
incassia	1	HCR$0
introvale	1	QL; HCR$0
isibloom	1	HCR$0
jaimiess	1	QL; HCR$0
jasmiel	1	HCR$0
jencycla	1	HCR$0
jolessa	1	QL; HCR$0
joyeaux	1	HCR$0

Drug	Tier	Coverage Requirements and Limits
juleber	1	HCR$0
junel 1.5/30	1	HCR$0
junel 1/20	1	HCR$0
junel fe 1.5/30	1	HCR$0
junel fe 1/20	1	HCR$0
junel fe 24	1	HCR$0
kaitlib fe	1	HCR$0
kalliga	1	HCR$0
kariva	1	HCR$0
kelnor 1/35	1	HCR$0
kurvelo	1	HCR$0
KYLEENA	3	HCR$0
larin 1.5/30	1	HCR$0
larin 1/20	1	HCR$0
larin 24 fe	1	HCR$0
larin fe 1.5/30	1	HCR$0
larin fe 1/20	1	HCR$0
lessina	1	HCR$0
levonest	1	HCR$0
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 mg	1	QL; HCR$0
levonorgest-eth estradiol-iron	1	HCR$0
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 90-20 mcg	1	HCR$0
levonorg-eth estrad triphasic	1	HCR$0
LILETTA (52 MG)	3	HCR$0
LO LOESTRIN FE	E	HCR$0
LOESTRIN 1.5/30 (21)	E	HCR$0
LOESTRIN 1/20 (21)	E	HCR$0
LOESTRIN FE 1.5/30	E	HCR$0
LOESTRIN FE 1/20	E	HCR$0
lojaimiess	1	QL; HCR$0
loryna	1	HCR$0

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
low-ogestrel	1	HCR$0
lo-zumandimine	1	HCR$0
luizza 1.5/30	1	HCR$0
luizza 1/20	1	HCR$0
lyleq	1	HCR$0
lyza	1	HCR$0
marlissa	1	HCR$0
medroxyprogesterone acetate intramuscular	1	QL; HCR$0
meleya	1	HCR$0
mibelas 24 fe	1	HCR$0
microgestin 1.5/30	1	HCR$0
microgestin 1/20	1	HCR$0
microgestin fe 1.5/30	1	HCR$0
microgestin fe 1/20	1	HCR$0
mili	1	HCR$0
minzoya	1	HCR$0
MIRENA (52 MG)	3	HCR$0
MIUDELLA INTRAUTERINE COPPER	3	HCR$0
mono-linyah	1	HCR$0
NATAZIA	2	HCR$0
necon 0.5/35 (28)	1	HCR$0
NEXPLANON	3	HCR$0
NEXTSTELLIS	E	HCR$0
nikki	1	HCR$0
nora-be	1	HCR$0
norelgestromin-eth estradiol	1	HCR$0
norethin ace-eth estrad-fe	1	HCR$0
norethindrone acet-ethinyl est	1	HCR$0
norethindrone oral	1	HCR$0
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	HCR$0
norgestimate-ethinyl estradiol triphasic	1	HCR$0
norlyroc	1	HCR$0
nortrel 0.5/35 (28)	1	HCR$0
nortrel 1/35 (21)	1	HCR$0
nortrel 1/35 (28)	1	HCR$0
nortrel 7/7/7	1	HCR$0
NUVARING	E	HCR$0
nylia 1/35	1	HCR$0
nylia 7/7/7	1	HCR$0
orquidea	1	HCR$0
PARAGARD INTRAUTERINE COPPER	3	HCR$0
philith	1	HCR$0
pimtrea	1	HCR$0
portia-28	1	HCR$0
PREMARIN VAGINAL	2	
progesterone vaginal	1	
reclipsen	1	HCR$0
rivelsa	1	QL; HCR$0
rosyrah	1	QL; HCR$0
SAFYRAL	E	HCR$0
setlakin	1	QL; HCR$0
sharobel	1	HCR$0
simliya	1	HCR$0
simpesse	1	QL; HCR$0
SKYLA	3	HCR$0
SLYND	E	HCR$0
sprintec 28	1	HCR$0
syeda	1	HCR$0
tarina 24 fe	1	HCR$0
tarina fe 1/20 eq	1	HCR$0
taysofy	1	HCR$0
TAYTULLA	3	HCR$0
tilia fe	1	HCR$0
tri-estarylla	1	HCR$0

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
tri-legest fe	1	HCR$0
tri-linyah	1	HCR$0
tri-lo-estarylla	1	HCR$0
tri-lo-marzia	1	HCR$0
tri-lo-mili	1	HCR$0
tri-lo-sprintec	1	HCR$0
tri-mili	1	HCR$0
tri-sprintec	1	HCR$0
tri-vylibra	1	HCR$0
tri-vylibra lo	1	HCR$0
turqoz	1	HCR$0
TWIRLA	E	HCR$0
TYBLUME	3	HCR$0
tydemy	1	HCR$0
valtya 1/35	1	HCR$0
valtya 1/50	1	HCR$0
velivet	1	HCR$0
vestura	1	HCR$0
vienva	1	HCR$0
viorele	1	HCR$0
volnea	1	HCR$0
vyfemla	1	HCR$0
vylibra	1	HCR$0
wera	1	HCR$0
wymzya fe	1	HCR$0
xarah fe	1	HCR$0
xelria fe	1	HCR$0
xulane	1	HCR$0
YASMIN 28	E	HCR$0
YAZ	E	HCR$0
yuvafem	1	
zafemy	1	HCR$0
zovia 1/35 (28)	1	HCR$0
zumandimine	1	HCR$0

Drug	Tier	Coverage Requirements and Limits
Hormonal Agents - Sex Hormones And Birth Control - Hormones		
abigale	1	
abigale lo	1	
ALORA	3	
ANGELIQ	3	
BIJUVA	3	
CLIMARA	3	
CLIMARA PRO	2	
COMBIPATCH	3	
DEPO-ESTRADIOL	3	
DIVIGEL	3	
dotti	1	
DUAVEE	2	
ELESTRIN	3	
estradiol oral	1	
estradiol transdermal	1	
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	1	
estrogens conjugated	1	
EVAMIST	3	
fyavolv	1	
gallifrey	1	
jinteli	1	
lyllana	1	
medroxyprogesterone acetate oral	1	
megestrol acetate oral	1	
MENOSTAR	3	ST
mimvey	1	
MINIVELLE	3	
MYFEMBREE	2	PA; QL
norethindrone acetate oral	1	

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
norethindrone-eth estradiol	1	
ORIAHNN	2	PA; QL
PREMARIN INJECTION	3	
PREMPHASE	2	
PREMPRO	2	
progesterone intramuscular	1	
progesterone oral	1	
PROVERA	3	
Hormonal Agents - Thyroid - Hormones		
levo-t	1	
levothyroxine sodium intravenous	1	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liomny	1	
liothyronine sodium intravenous	1	
liothyronine sodium oral	1	
methimazole oral	1	
propylthiouracil oral	1	
SODIUM IODIDE I-131	3	
unithroid	1	
Immunological Agents - Drugs For Immune System Stimulation Or Suppression - Biological Agents		
ANASCORP	3	
ANAVIP	3	
ANTIVENIN LATRODECTUS MACTANS	3	
ANTIVENIN MICRURUS FULVIUS	3	
BEYFORTUS	2	QL; HCR$0
BIVIGAM	Specialty	PA
CNJ-016	3	
CROFAB	3	
CUTAQUIG	Specialty	PA
CUVITRU	Specialty	PA
ENFLONSIA	2	QL; HCR$0
FLEBOGAMMA DIF	Specialty	PA
GAMASTAN	Specialty	PA
GAMMAGARD	Specialty	PA
GAMMAGARD S/D LESS IGA	Specialty	PA
GAMMAKED	Specialty	PA
GAMMAPLEX	Specialty	PA
GAMUNEX-C	Specialty	PA
HEPAGAM B	3	
HIZENTRA	Specialty	PA
HYPERHEP B	3	
HYPERRHO	2	
HYPERRHO MINI-DOSE	2	
HYQVIA	Specialty	PA
NABI-HB	3	
OCTAGAM	Specialty	PA
PANZYGA	Specialty	PA
PEMGARDA	3	QL
PRIVIGEN	Specialty	PA
RHOGAM ULTRA-FILTERED PLUS	2	
RHOPHYLAC	2	
VARIZIG	3	PA
WINRHO SDF	2	
XEMBIFY	Specialty	PA
ZINPLAVA	3	PA

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
Immunological Agents - Drugs For Immune System Stimulation Or Suppression - Drugs For Cancer		
ACTIMMUNE	Specialty	PA
JYLAMVO	3	PA
methotrexate sodium	1	
methotrexate sodium (pf)	1	
temsirolimus	Generic Specialty	
TORISEL	Specialty	
TREXALL	3	
XATMEP	3	PA
Immunological Agents - Drugs For Immune System Stimulation Or Suppression - Drugs For Pain And Fever		
ACTEMRA ACTPEN	Specialty	PA; QL
ACTEMRA INTRAVENOUS	Specialty	PA
ACTEMRA SUBCUTANEOUS	Specialty	PA; QL
ADALIMUMAB-ADBM (2 PEN)	Specialty	PA; QL
ADALIMUMAB-ADBM (2 SYRINGE)	Specialty	PA; QL
ARCALYST	Specialty	PA
AURANOFIN	Specialty	
AVTOZMA INTRAVENOUS	Specialty	PA
AVTOZMA SUBCUTANEOUS	Specialty	PA; QL
ENBREL	Specialty	PA; QL
ENBREL MINI	Specialty	PA; QL
ENBREL SURECLICK	Specialty	PA; QL
ILARIS	Specialty	PA; QL
KEVZARA	Specialty	PA; QL
KINERET	Specialty	PA
leflunomide oral	1	
OLUMIANT	Specialty	PA; QL
ORENCIA CLICKJECT	Specialty	PA; QL
ORENCIA INTRAVENOUS	Specialty	PA
ORENCIA SUBCUTANEOUS	Specialty	PA; QL
OTEZLA	Specialty	PA; QL
OTEZLA XR	Specialty	PA; QL
OTEZLA/OTEZLA XR INITIATION PK	Specialty	PA; QL
RASUVO	2	PA; QL
RIDAURA	Specialty	
RINVOQ	Specialty	PA; QL
RINVOQ LQ	Specialty	PA; QL
SIMPONI	Specialty	PA; QL
SIMPONI ARIA	Specialty	PA
XELJANZ	Specialty	PA; QL
XELJANZ XR	Specialty	PA; QL
Immunological Agents - Drugs For Immune System Stimulation Or Suppression - Drugs For The Blood		
ANDEMBRY	Specialty	PA; QL
BERINERT	Specialty	PA; QL
DAWNZERA	Specialty	PA; QL
HAEGARDA	Specialty	PA; QL
icatibant acetate	Generic Specialty	PA; QL
KALBITOR	Specialty	PA; QL
ORLADEYO	Specialty	PA; QL
RUCONEST	Specialty	PA; QL
TAKHZYRO	Specialty	PA; QL

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
VEOPOZ	Specialty	PA
Immunological Agents - Drugs For Immune System Stimulation Or Suppression - Drugs For The Skin		
BIMZELX	Specialty	PA; QL
ILUMYA	Specialty	PA; QL
SILIQ	Specialty	PA; QL
SKYRIZI PEN	Specialty	PA; QL
SKYRIZI SUBCUTANEOUS	Specialty	PA; QL
SOTYKTU	Specialty	PA; QL
SPEVIGO	Specialty	PA; QL
STARJEMZA SUBCUTANEOUS	Specialty	PA; QL
TALTZ	Specialty	PA; QL
TREMFYA ONE-PRESS	Specialty	PA; QL
TREMFYA PEN	Specialty	PA; QL
TREMFYA SUBCUTANEOUS	Specialty	PA; QL
WEZLANA SUBCUTANEOUS	Specialty	PA; QL
YESINTEK SUBCUTANEOUS	Specialty	PA; QL
Immunological Agents - Drugs For Immune System Stimulation Or Suppression - Drugs For The Stomach		
AVSOLA	Specialty	PA
CIMZIA	Specialty	PA; QL
CIMZIA (1 SYRINGE)	Specialty	PA; QL
CIMZIA (2 SYRINGE)	Specialty	PA; QL
CIMZIA-STARTER	Specialty	PA; QL
ENTYVIO	Specialty	PA
ENTYVIO PEN	Specialty	PA; QL
INFLECTRA	Specialty	PA
OMVOH	Specialty	PA; QL
OMVOH (300 MG DOSE)	Specialty	PA; QL
SKYRIZI INTRAVENOUS	Specialty	PA
SKYRIZI SUBCUTANEOUS	Specialty	PA; QL
STARJEMZA INTRAVENOUS	Specialty	PA
TREMFYA INTRAVENOUS	Specialty	PA
TREMFYA PEN	Specialty	PA; QL
TREMFYA SUBCUTANEOUS	Specialty	PA; QL
TREMFYA-CD/UC INDUCTION	Specialty	PA; QL
VELSIPITY	Specialty	PA; QL
WEZLANA INTRAVENOUS	Specialty	PA
YESINTEK INTRAVENOUS	Specialty	PA
Immunological Agents - Drugs For Immune System Stimulation Or Suppression - Vitamins And Minerals		
ASTAGRAF XL	3	
AZASAN	3	
azathioprine oral	1	
azathioprine sodium	1	
BENLYSTA	Specialty	PA
CELLCEPT	3	
CELLCEPT INTRAVENOUS	3	
cyclosporine modified	1	
cyclosporine oral	1	
ENSPRYNG	Specialty	PA

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
ENVARSUS XR	3	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	
GAMIFANT	Specialty	PA
gengraf	1	
IMURAN	3	
mycophenolate mofetil hcl	1	
mycophenolate mofetil intravenous	1	
mycophenolate mofetil oral	1	
mycophenolate sodium	1	
mycophenolic acid	1	
MYFORTIC	3	
MYHIBBIN	3	
NEORAL	3	
NULOJIX	3	
PROGRAF	3	
RHAPSIDO	Specialty	PA; QL
SANDIMMUNE INTRAVENOUS	2	
SANDIMMUNE ORAL	3	
SAPHNELO INTRAVENOUS	Specialty	PA
SIMULECT	3	
sirolimus oral	1	
tacrolimus er	1	
tacrolimus intravenous	1	
tacrolimus oral	1	
THYMOGLOBULIN	3	
UPLIZNA	Specialty	PA
ZORTRESS	3	
Immunological Agents - Drugs For Vaccination - Biological Agents		
ABRYSVO	3	QL; HCR$0

Drug	Tier	Coverage Requirements and Limits
ACAM2000	3	
ACTHIB	3	HCR$0
ADACEL	3	HCR$0
AFLURIA	3	HCR$0
AFLURIA PRESERVATIVE FREE	3	HCR$0
AREXVY	3	QL; HCR$0
AUDENZ	3	
BCG VACCINE	3	
BEXSERO	3	HCR$0
BOOSTRIX	3	HCR$0
CAPVAXIVE	3	HCR$0
COMIRNATY	3	HCR$0
COMIRNATY 5-11 YEARS	3	HCR$0
DAPTACEL	3	HCR$0
DENGVAXIA	3	HCR$0
ENGERIX-B	3	HCR$0
ERVEBO	3	
FLUAD	3	HCR$0
FLUARIX	3	HCR$0
FLUBLOK	3	HCR$0
FLUCELVAX	3	HCR$0
FLULAVAL	3	HCR$0
FLUMIST	3	HCR$0
FLUZONE HIGH-DOSE	3	HCR$0
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	HCR$0
GARDASIL 9	3	HCR$0
HAVRIX	3	HCR$0
HEPLISAV-B	3	HCR$0
HIBERIX	3	HCR$0
IMOVAX RABIES	3	
INFANRIX	3	HCR$0
IPOL	3	HCR$0
IXIARO	3	

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
JYNNEOS	3	HCR$0
KINRIX	3	HCR$0
MENQUADFI	3	HCR$0
MENVEO	3	HCR$0
M-M-R II	3	HCR$0
MNEXSPIKE	3	HCR$0
MRESVIA	3	QL; HCR$0
NUVAXOVID COVID-19 VACCINE	3	HCR$0
PEDIARIX	3	HCR$0
PEDVAX HIB	3	HCR$0
PENBRAYA	3	HCR$0
PENMENVY	3	HCR$0
PENTACEL	3	HCR$0
PNEUMOVAX 23	3	HCR$0
PREVNAR 20	3	HCR$0
PRIORIX	3	HCR$0
PROQUAD	3	HCR$0
QUADRACEL	3	HCR$0
RABAVERT	3	
RECOMBIVAX HB	3	HCR$0
ROTARIX	3	HCR$0
ROTATEQ	3	HCR$0
SHINGRIX	3	HCR$0
SPIKEVAX	3	HCR$0
SPIKEVAX 6M-11Y	3	HCR$0
TENIVAC	3	HCR$0
TICOVAC	3	
TRUMENBA	3	HCR$0
TWINRIX	3	HCR$0
TYPHIM VI	3	
VAQTA	3	HCR$0
VARIVAX	3	HCR$0
VAXCHORA	3	
VAXELIS	3	HCR$0
VAXELIS INTRAMUSCULAR SUSPENSION	3	HCR$0
VAXNEUVANCE	3	HCR$0
VIMKUNYA	3	
VIVOTIF	3	
YF-VAX	3	
Inflammatory Bowel Disease Agents - Drugs For The Stomach		
APRISO	1	
AZULFIDINE EN-TABS	3	
balsalazide disodium	1	
mesalamine er oral capsule extended release	1	
mesalamine oral capsule delayed release	1	
mesalamine oral tablet delayed release 1.2 gm	1	
mesalamine rectal	1	
sulfasalazine oral	1	
Inflammatory Bowel Disease Agents - Hormones		
budesonide oral	1	
EOHILIA	3	PA; QL
Inflammatory Bowel Disease Agents - Rectal Preparations		
budesonide rectal	1	
CORTENEMA	3	
CORTIFOAM	3	
hydrocortisone (perianal)	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone rectal	1	

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
PROCTOFOAM HC	2	
procto-med hc	1	
UCERIS RECTAL	3	
Metabolic Bone Disease Agents - Drugs For Osteoporosis - Hormones		
alendronate sodium oral solution	1	
alendronate sodium oral tablet 10 mg	1	
alendronate sodium oral tablet 35 mg, 70 mg	1	QL
ATELVIA	3	QL
BONSITY	Specialty	PA
calcitonin (salmon) injection	1	
calcitonin (salmon) nasal	1	QL
EVENITY	Specialty	PA; QL
ibandronate sodium	1	QL
MIACALCIN	3	
pamidronate disodium	Generic Specialty	
risedronate sodium oral tablet 150 mg, 35 mg	1	QL
risedronate sodium oral tablet 30 mg, 5 mg	1	
risedronate sodium oral tablet delayed release	1	QL
STOBOCLO	Specialty	PA; QL
teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous	Generic Specialty	PA
TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	Specialty	PA
TYMLOS	Specialty	PA
zoledronic acid	Generic Specialty	
Metabolic Bone Disease Agents - Hormones		
OSENVELT	Specialty	PA
Metabolic Bone Disease Agents - Other - Hormones		
calcitriol intravenous	1	
calcitriol oral	1	
cinacalcet hcl	1	PA
doxercalciferol intravenous	1	
paricalcitol	1	
PARSABIV	Specialty	
RAYALDEE	3	
ROCALTROL	3	
ZEMPLAR	3	
Miscellaneous Therapeutic Agents - Antiseptics And Disinfectants		
CETYLCIDE-G	3	
CHLORHEXIDINE GLUCONATE SOLUTION 20 %	3	
formaldehyde	1	
glutaraldehyde external	1	
Miscellaneous Therapeutic Agents - Biological Agents		
AMERICAN BEECH POLLEN	3	
DOG EPITHELIUM SUBCUTANEOUS SOLUTION 1:10	3	
GRASTEK	3	PA; QL
ODACTRA	3	PA; QL

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
ORALAIR	3	PA; QL
ORALAIR ADULT STARTER PACK	3	PA; QL
ORALAIR CHILDRENS STARTER PACK	3	PA; QL
RAGWITEK	3	PA; QL
Miscellaneous Therapeutic Agents - Drugs For Cancer		
IWILFIN	Specialty	PA
PEDMARK	3	PA
Miscellaneous Therapeutic Agents - Drugs For Muscles, Ligaments, Tendons, And Bones		
DUROLANE	2	PA; QL
EUFLEXXA	2	PA; QL
GELSYN-3	2	PA; QL
SOHONOS	Specialty	PA; QL
Miscellaneous Therapeutic Agents - Drugs For Nerves And Muscles		
BOTOX	3	PA
DAXXIFY	3	PA
DYSPORT	2	PA
MYOBLOC	2	PA
XEOMIN	2	PA
Miscellaneous Therapeutic Agents - Drugs For Nutrition		
ASPARTAME (FOR COMPOUNDING)	3	
ASPARTAME (NUTRASWEET)	3	
CYTOTINE ORAL POWDER	3	
ENDARI	3	PA
l-glutamine oral packet	1	PA
SACCHARIN	3	
sodium saccharin powder	1	
Miscellaneous Therapeutic Agents - Drugs For Overdose Or Poisoning		
ACETADOTE	3	
acetylcysteine intravenous	1	
ANTICHOLIUM	3	
BRIDION INTRAVENOUS SOLUTION 200 MG/2ML	3	
CHARCOAL ACTIVATED	3	
CYANOKIT	3	
deferoxamine mesylate	1	
DESFERAL	3	
DIGIFAB	3	
EDETATE CALCIUM DISODIUM INJECTION	3	
flumazenil intravenous	1	
fomepizole	1	
methylene blue (antidote)	1	
methylene blue intravenous solution	1	
NITHIODOTE	3	
PENTETATE CALCIUM TRISODIUM	3	
PENTETATE ZINC TRISODIUM	3	
PREVDUO	3	
PROTOPAM CHLORIDE	3	
PROVAYBLUE	3	

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
PYRIDOSTIGMINE BROMIDE ER ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
RADIOGARDASE	3	
sodium nitrite intravenous	1	
sodium thiosulfate intravenous	1	
VISTOGARD	3	
Miscellaneous Therapeutic Agents - Drugs For The Blood		
ARTISS	3	
ASTRINGYN	3	
GOHIBIC	3	
TISSEEL	3	
ZILBRYSQ	Specialty	PA
Miscellaneous Therapeutic Agents - Drugs For The Nervous System		
AQNEURSA	Specialty	PA; QL
dexmedetomidine hcl	1	
dexmedetomidine hcl in nacl intravenous solution 200 mcg/50ml, 400 mcg/100ml, 80 mcg/20ml	1	
DEXMEDETOMIDINE HCL IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
DEXMEDETOMIDINE HCL-DEXTROSE	3	
IGALMI	3	PA
MIPLYFFA	Specialty	PA; QL
PRECEDEX INTRAVENOUS SOLUTION 200 MCG/2ML, 200 MCG/50ML, 400 MCG/100ML	3	
Miscellaneous Therapeutic Agents - Drugs For The Stomach		
BYLVAY	Specialty	PA
BYLVAY (PELLETS)	Specialty	PA
Miscellaneous Therapeutic Agents - Drugs For The Urinary System		
SORBITOL IRRIGATION	3	
sorbitol-mannitol	1	
Miscellaneous Therapeutic Agents - Drugs For Women		
PHEXX	E	HCR$0
Miscellaneous Therapeutic Agents - Hormones		
KERENDIA	3	PA; QL
LYNKUET	3	PA; QL
METHERGINE	3	QL
methylergonovine maleate injection	1	
methylergonovine maleate oral	1	QL
VEOZAH	3	PA; QL
VYKAT XR	Specialty	PA; QL
YORVIPATH	Specialty	PA; QL

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
Miscellaneous Therapeutic Agents - Medical Supplies And Durable Medical Equipment		
ACCU-CHEK ULTRAFLEX INF SET	3	
AEROCHAMBER HOLDING CHAMBER	2	
AEROCHAMBER MINI CHAMBER	2	
AEROCHAMBER MV	2	
AEROCHAMBER PLS FLOVU MTHPIECE	2	
AEROCHAMBER PLUS FLO-VU INTERM	2	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2	
AEROCHAMBER PLUS FLOW VU	2	
AEROCHAMBER2GO ANTI-STATIC	2	
ALCOHOL PREP PADS PAD , 70 %	3	
ALCOHOL PREP PADS SHEET 70 %	3	
AMD FOAM DRESSING	3	
AMD FOAM DRESSING TOPSHEET	3	
AQINJECT PEN NEEDLE	2	
ASSURE ID DUO PRO PEN NEEDLES	2	
ASSURE ID PRO PEN NEEDLES	2	
AUM ALCOHOL PREP PADS	3	
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM	2	
AUM MINI INSULIN PEN NEEDLE	2	
AUM PEN NEEDLE 32G X 5 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	2	
AUM READYGARD DUO PEN NEEDLE	2	
AUM SAFETY PEN NEEDLE	2	
BD AUTOSHIELD DUO PEN NEEDLES 30G X 5 MM	2	
BD PEN NEEDLE MICRO ULTRAFINE	2	
BD PEN NEEDLE MINI ULTRAFINE	2	
BD PEN NEEDLE NANO ULTRAFINE	2	
BD PEN NEEDLE ORIG ULTRAFINE	2	
BD PEN NEEDLE SHORT ULTRAFINE	2	
BD ULTRA-FINE PEN NEEDLES 32G X 4 MM	2	
BREATHE COMFORT CHAMBER/ADULT	2	
BREATHE COMFORT CHAMBER/CHILD	2	
BREATHE EASE LARGE	2	
BREATHE EASE MEDIUM	2	
BREATHE EASE SMALL	2	

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
BREATHERITE VALVED MDI CHAMBER	2	
CAYA	3	HCR$0
CLEVER CHOICE HOLDING CHAMBER	2	
COMFORT EZ PRO PEN NEEDLES	2	
COMPACT SPACE CHAMBER	2	
COMPACT SPACE CHAMBER/LG MASK	2	
COMPACT SPACE CHAMBER/MED MASK	2	
COMPACT SPACE CHAMBER/SM MASK	2	
CURITY AMD ANTIMICROBIAL SPNGE PAD 4"X4"	3	
CURITY AMD ANTIMICROBIAL STRIP	3	
CURITY IODOFORM PACKING STRIP	3	
DIASCREEN 10	3	
DIASCREEN 1B	3	
DIASCREEN 1G	3	
DIASCREEN 1K	3	
DIASCREEN 2GK	3	
DIASCREEN 2GP	3	
DIASCREEN 3	3	
DIASCREEN 4NL	3	
DIASCREEN 4OBL	3	
DIASCREEN 4PH	3	
DIASCREEN 5	3	
DIASCREEN 6	3	
DIASCREEN 7	3	
DIASCREEN 8	3	
DIASCREEN 9	3	
DIASCREEN LIQUID URINE CONTROL	3	
DROPLET MICRON	2	
DROPSAFE ALCOHOL PREP	3	
DROPSAFE AUTOPROTECT DUO	2	
EASIVENT	2	
EMBECTA AUTOSHIELD DUO	2	
EMBECTA PEN NEEDLE NANO	2	
EMBECTA PEN NEEDLE NANO 2 GEN	2	
EMBECTA PEN NEEDLE ULTRAFINE	2	
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	
EXCILON AMD DRAIN SPONGES	3	
EXTENDED INFUSION SET 23"/6MM	3	
EXTENDED INFUSION SET 23"/9MM	3	
EXTENDED INFUSION SET 32"/6MM	3	
EXTENDED INFUSION SET 32"/9MM	3	
EXTENDED INFUSION SET 43"/6MM	3	
EXTENDED INFUSION SET 43"/9MM	3	
EXTENDED RESERVOIR 3ML	3	
FEMCAP	3	HCR$0
FLEXICHAMBER	2	
FLEXICHAMBER ADULT MASK/SMALL	2	

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
FLEXICHAMBER CHILD MASK/LARGE	2	
FLEXICHAMBER CHILD MASK/SMALL	2	
FORA D40G GLUCOSE/PRESSURE	3	
GOODSENSE ALCOHOL SWABS	3	
ILET CONTACT DETACH 23" 6MM	3	
ILET INFUSION-FLEX 23" 6MM	3	
ILET INFUSION-INSET 23" 6MM	3	
ILET INFUSION-INSET 32" 6MM	3	
ILET INSULIN PUMP	3	
ILET STARTER - CONTACT DETACH	3	
ILET STARTER KIT - INSET 23"	3	
ILET STARTER KIT - INSET 32"	3	
INCONTROL ULTICARE PEN NEEDLES	2	
INSPIREASE RESERVOIR BAGS	2	
INSULIN PEN NEEDLES 29G X 10MM , 29G X 12.7MM , 29G X 12MM , 29G X 4MM , 29G X 5MM , 29G X 8MM , 30G X 5 MM , 30G X 6 MM , 30G X 8 MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	2	
INSUPEN32G EXTR3ME	2	
J-TIP KIT W/VIAL ADAPTERS	3	
KERLIX AMD ANTIMICROBIAL	3	
KERLIX AMD SUPER SPONGES	3	
MICROCHAMBER DEVICE	2	
MINIMED 780G INSULIN PUMP	3	
MINIMED APP MANAGER	3	
MINIMED MIO ADVANCE INFUSE SET	3	
MINIMED PUMP RESERVOIR 3ML	3	
MINIMED QUICK SET INF SET 18"	3	
MINIMED QUICK SET INF SET 23"	3	
MINIMED QUICK SET INF SET 32"	3	
MINIMED QUICK SET INF SET 43"	3	
MINIMED SILHOUETTE INF SET 32"	3	
MINIMED SILHOUETTE INF SET 43"	3	
MODD1 PATIENT WELCOME KIT	3	
MODD1 SUPPLY KIT	3	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
OMNIPOD 5 DEXG7G6 INTRO GEN 5	2	

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
OMNIPOD 5 DEXG7G6 PODS GEN 5	2	
OMNIPOD 5 LIBRE2 G6 INTRO GEN5	2	
OMNIPOD 5 LIBRE2 PLUS G6 PODS	2	
OMNIPOD DASH INTRO (GEN 4)	2	
OMNIPOD DASH PDM (GEN 4)	2	
OMNIPOD DASH PODS (GEN 4)	2	
OMNIPOD POD PALS	3	
OPTICHAMBER DIAMOND	2	
OPTICHAMBER DIAMOND-LG MASK	2	
OPTICHAMBER DIAMOND-MD MASK	2	
OPTICHAMBER DIAMOND-SM MASK	2	
PANDA MASK LARGE	2	
PANDA MASK MEDIUM	2	
PANDA MASK SMALL	2	
PARI VORTEX ADULT MASK	2	
PARI VORTEX PEDIATRIC MASK	2	
PEDIATRIC PANDA MASK	2	
PEN NEEDLE/5-BEVEL TIP	2	
PENTIPS GENERIC PEN NEEDLES 32G X 6 MM	2	
PIP PEN NEEDLES 32G X 4MM	2	
POCKET SPACER	2	
PRO COMFORT SPACER ADULT	2	
PRO COMFORT SPACER CHILD	2	
PRO COMFORT SPACER INFANT	2	
PROCARE SPACER/ADULT MASK	2	
PROCARE SPACER/CHILD MASK	2	
PURE COMFORT SAFETY PEN NEEDLE	2	
PURE COMFORT SPACER CHAMBER	2	
QUICK TOUCH INSULIN PEN NEEDLE	2	
RAPPORT RLS	3	
RAPPORT VTD	3	
RAYA SURE PEN NEEDLE	2	
SAFETY PEN NEEDLES	2	
SILHOUETTE 23" INFUSION SET	3	
SILHOUETTE 43" INFUSION SET	3	
SILHOUETTE INFUSION SET 18"	3	
SURE T INFUSION SET 18"/6MM	3	
SURE T INFUSION SET 23"/10MM	3	
SURE T INFUSION SET 23"/6MM	3	
SURE T INFUSION SET 23"/8MM	3	
SURE T INFUSION SET 32"/10MM	3	
SURE T INFUSION SET 32"/6MM	3	
SURE T INFUSION SET 32"/8MM	3	

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
T:SLIM X2 INSULIN PUMP DEVICE	3	
T:SLIM X2 STARTER 7.10	3	
TANDEM MOBI AUTOSOFT 30 KIT	3	
TANDEM MOBI AUTOSOFT XC KIT	3	
TANDEM MOBI AUTOSOFT30 14PK23"	3	
TANDEM MOBI AUTOSOFTXC 14PK23"	3	
TANDEM MOBI AUTOSOFTXC 14PK5"	3	
TANDEM MOBI SYSTEM STARTER	3	
TANDEM MOBI TRUSTEEL SUPP KIT	3	
TANDEM T:SLIM ASFT 30 PK10 23"	3	
TANDEM T:SLIM ASFT 30 PK14 23"	3	
TANDEM T:SLIM ASFT XC PK10 23"	3	
TANDEM T:SLIM ASFT XC PK14 23"	3	
TANDEM T:SLIM TRUSTL PK10 23"	3	
TECHLITE PLUS PEN NEEDLES	2	
TELFA AMD ISLAND DRESSING	3	
TELFA AMD NON-ADHERENT	3	
TRUE COMFORT SAFETY PEN NEEDLE	2	
TWIIST REFILL KIT	2	
TWIIST REFILL KIT/INFUSION SET	2	
TWIIST STARTER KIT	2	

Drug	Tier	Coverage Requirements and Limits
UNIFINE OTC PEN NEEDLES	2	
UNIFINE PROTECT PEN NEEDLE	2	
VERIFINE INSULIN PEN NEEDLE	2	
VERIFINE PLUS PEN NEEDLE	2	
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
VORTEX VALVE CHAMBER-PEDI MASK	2	
VORTEX VALVED HOLDING CHAMBER	2	
WIDE-SEAL DIAPHRAGM 60	3	HCR$0
WIDE-SEAL DIAPHRAGM 65	3	HCR$0
WIDE-SEAL DIAPHRAGM 70	3	HCR$0
WIDE-SEAL DIAPHRAGM 75	3	HCR$0
WIDE-SEAL DIAPHRAGM 80	3	HCR$0
WIDE-SEAL DIAPHRAGM 85	3	HCR$0
WIDE-SEAL DIAPHRAGM 90	3	HCR$0
WIDE-SEAL DIAPHRAGM 95	3	HCR$0
YONI FIT BLADDER SUPPORT KIT 1	3	
YONI FIT BLADDER SUPPORT KIT 2	3	
YONI FIT BLADDER SUPPORT KIT 3	3	
YONI FIT BLADDER SUPPORT KIT 4	3	

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
YONI FIT BLADDER SUPPORT KIT 5	3	
Miscellaneous Therapeutic Agents - Vitamins And Minerals		
ALPHA-LIPOIC ACID INJECTION	3	
AMPHADASE	3	
BROMELAIN	3	
EUA PATIENT ASSESSMENT	3	
HYLENEX	3	
KORSUVA	Specialty	PA
NEOKE RA LIPOIC	3	
NEXAVIR	3	
RYSTIGGO	Specialty	PA; QL
XIAFLEX	Specialty	PA
ZOKINVY	Specialty	PA; QL
Miscellaneous Therapeutic Agents		
BACTERIOSTATIC WATER(BENZ ALC)	3	
diluent for treprostinil	1	
GALEN IQ 900	3	
saline bacteriostatic	1	
SALINE-PHENOL	3	
sodium chloride bacteriostatic	1	
STERILE DILUENT FOR REMODULIN	3	
sterile water for injection	1	
UDSX MEDICATED SYSTEM	3	
UDSXMP MEDICATED SYSTEM	3	
VERSAPENN (AG) ANHYDROUS	3	
VERSAPENN (AL) ANHYD LIPID	3	

Drug	Tier	Coverage Requirements and Limits
Ophthalmic Agents - Drugs For Eye Allergy, Infection And Inflammation - Drugs For The Eye		
ACULAR LS	2	
AZASITE	3	
azelastine hcl ophthalmic	1	
BESIVANCE	3	
BETADINE OPHTHALMIC PREP	3	
bromfenac sodium (once-daily)	1	QL
bromfenac sodium ophthalmic solution 0.07 %	1	ST; QL
ciprofloxacin hcl ophthalmic	1	
cromolyn sodium ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
difluprednate	1	
epinastine hcl	1	
erythromycin ophthalmic	1	
EYSUVIS	3	PA; QL
FLAREX	3	
fluorometholone	1	
flurbiprofen sodium	1	
FML FORTE	3	
FML LIQUIFILM	3	
gatifloxacin ophthalmic	1	
gentamicin sulfate ophthalmic	1	
INVELTYS	3	

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
ketorolac tromethamine ophthalmic	1	
levofloxacin ophthalmic	1	
LOTEMAX SM	3	
loteprednol etabonate ophthalmic gel	1	QL
MAXIDEX	3	
MAXITROL OPHTHALMIC OINTMENT	3	
MITOSOL	3	
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic	1	
NATACYN	2	
neomycin-polymyxin-dexameth	1	
neomycin-polymyxin-hc ophthalmic	1	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.2 %	1	
POVIDONE-IODINE OPHTHALMIC	3	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
prednisolone sodium phosphate ophthalmic	1	
sulfacetamide sodium ophthalmic	1	
TOBRADEX	3	
TOBRADEX ST	3	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
TOBREX	3	
trifluridine	1	

Drug	Tier	Coverage Requirements and Limits
UPNEEQ	3	PA
ZIRGAN	3	
Ophthalmic Agents - Drugs For Glaucoma - Drugs For The Eye		
apraclonidine hcl	1	
betaxolol hcl ophthalmic	1	
BETIMOL	3	
bimatoprost ophthalmic	1	QL
brimonidine tartrate ophthalmic	1	
brimonidine tartrate-timolol	1	
brinzolamide	1	
carteolol hcl	1	
dorzolamide hcl ophthalmic	1	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
IOPIDINE	3	
latanoprost ophthalmic	1	
levobunolol hcl	1	
LUMIGAN	2	QL
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
SIMBRINZA	2	
tafluprost (pf)	1	QL
timolol hemihydrate	1	
timolol maleate (once-daily)	1	
timolol maleate ophthalmic solution	1	
travoprost (bak free)	1	QL
XELPROS	3	ST; QL

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Drug	Tier	Coverage Requirements and Limits
Ophthalmic Agents - Drugs For Glaucoma - Drugs For The Heart		
acetazolamide er	1	
acetazolamide oral	1	
dichlorphenamide	Generic Specialty	PA; QL
KEVEYIS	Specialty	PA; QL
methazolamide oral	1	
Ophthalmic Agents - Drugs For Miscellaneous Eye Conditions - Drugs For The Eye		
AKTEN	3	
ALCAINE	3	
ALTACAINE	3	
ATROPINE SULFATE OPHTHALMIC SOLUTION 0.025 %, 0.05 %	3	
atropine sulfate ophthalmic solution 1 %	1	
bacitracin-polymyxin b	1	
bacitra-neomycin-polymyxin-hc	1	
BEVACIZUMAB	Specialty	
CEQUA	3	PA; QL
CIMERLI	Specialty	PA
CYCLOGYL	3	
CYCLOMYDRIL	3	
cyclopentolate hcl ophthalmic	1	
CYSTADROPS	Specialty	QL
CYSTARAN	Specialty	QL
EYLEA	Specialty	PA
EYLEA HD	Specialty	PA
HOMATROPAIRE	3	
IZERVAY	Specialty	PA
loteprednol-tobramycin	1	
MIEBO	2	PA; QL
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-gramicidin	1	
OXERVATE	Specialty	PA; QL
phenylephrine hcl ophthalmic	1	
polymyxin b-trimethoprim	1	
proparacaine hcl ophthalmic	1	
RESTASIS	1	PA; QL
RESTASIS MULTIDOSE	2	PA; QL
sulfacetamide-prednisolone	1	
SUSVIMO (IMPLANT 1ST FILL)	Specialty	PA
SUSVIMO (IMPLANT REFILL)	Specialty	PA
SYFOVRE	Specialty	PA
tetracaine hcl ophthalmic	1	
TRYPTYR	2	PA; QL
TYRVAYA	3	PA; QL
VABYSMO	Specialty	PA
VISUDYNE	Specialty	
XIIDRA	2	PA; QL
ZYLET	3	
Otic Agents - Drugs For Ear Conditions - Drugs For The Ear		
acetic acid otic	1	
CETRAXAL	3	ST
ciprofloxacin hcl otic	1	

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
ciprofloxacin-dexamethasone	1	
CORTISPORIN-TC	3	
DERMOTIC	3	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
PRAMOTIC	3	
Respiratory Tract / Pulmonary Agents - Drugs For Allergies, Cough, Cold - Drugs For The Lungs		
benzonatate oral capsule 100 mg, 200 mg	1	
carbinoxamine maleate oral solution	1	
carbinoxamine maleate oral tablet 4 mg	1	
cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml	1	
CINQAIR	Specialty	PA
clemastine fumarate oral tablet	1	
CUROSURF	3	
cyproheptadine hcl oral syrup 2 mg/5ml	1	
cyproheptadine hcl oral tablet	1	
diphenhydramine hcl injection	1	
diphenhydramine hcl oral elixir	1	
hydrocod poli-chlorphe poli er	1	PA; QL
hydrocodone bit-homatrop mbr	1	PA; QL
HYPERSAL	3	
INFASURF	3	
levocetirizine dihydrochloride oral tablet	1	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	3	
promethazine-codeine	1	PA; QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
PULMOSAL	3	
RYCLORA	3	
sodium chloride inhalation	1	
SURVANTA	3	
Respiratory Tract / Pulmonary Agents - Drugs For Allergies, Cough, Cold - Drugs For The Nose		
azelastine hcl nasal	1	QL
azelastine-fluticasone	1	QL
flunisolide nasal	1	QL
fluticasone propionate nasal	1	
ipratropium bromide nasal	1	
mometasone furoate nasal	1	QL
OMNARIS	3	QL
QNASL	3	QL
QNASL CHILDRENS	3	QL
RYALTRIS	3	QL

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
Respiratory Tract / Pulmonary Agents - Drugs For Asthma And Other Lung Conditions - Drugs For The Heart		
AUVI-Q	3	
epinephrine injection solution auto-injector	1	
EPIPEN 2-PAK	3	ST
NEFFY	3	
Respiratory Tract / Pulmonary Agents - Drugs For Asthma And Other Lung Conditions - Drugs For The Lungs		
acetylcysteine inhalation	1	
ADVAIR HFA	1	QL
AIRSUPRA	2	QL
albuterol sulfate hfa	1	QL
albuterol sulfate inhalation	1	QL
albuterol sulfate oral	1	
aminophylline	1	
ANORO ELLIPTA	2	QL
ARALAST NP	Specialty	PA
arformoterol tartrate	1	QL
ARNUITY ELLIPTA	2	QL
ATROVENT HFA	3	QL
BREO ELLIPTA	1	QL
BREZTRI AEROSPHERE	2	QL
budesonide inhalation	1	QL
COMBIVENT RESPIMAT	2	QL
cromolyn sodium inhalation	1	
elixophyllin	1	
FASENRA	Specialty	PA; QL
FASENRA PEN	Specialty	PA; QL
fluticasone propionate hfa inhalation aerosol 44 mcg/act	1	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	ST; QL
formoterol fumarate inhalation	1	QL
GLASSIA	Specialty	PA
ipratropium bromide hfa	1	QL
ipratropium bromide inhalation	1	QL
ipratropium-albuterol	1	QL
isoproterenol hcl injection	1	
levalbuterol hcl inhalation	1	QL
montelukast sodium oral	1	
nintedanib esylate	Generic Specialty	PA; QL
NUCALA	Specialty	PA; QL
OFEV	Specialty	PA; QL
PERFOROMIST	3	QL
pirfenidone oral capsule	Generic Specialty	PA; QL
pirfenidone oral tablet 267 mg, 801 mg	Generic Specialty	PA; QL
pirfenidone oral tablet 534 mg	Generic Specialty	
PROLASTIN-C	Specialty	PA
QVAR REDIHALER	2	QL
roflumilast	1	PA
SEREVENT DISKUS	2	QL
SPIRIVA RESPIMAT	2	QL

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Drug	Tier	Coverage Requirements and Limits
STERITALC	3	
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	1	QL
terbutaline sulfate injection	1	
terbutaline sulfate oral	1	
TEZSPIRE	Specialty	PA; QL
THEO-24	3	
theophylline er	1	
theophylline oral	1	
tiotropium bromide	1	QL
TRELEGY ELLIPTA	2	QL
wixela inhub	1	ST; QL
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Specialty	PA; QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Specialty	PA; QL
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	Specialty	PA
YUPELRI	3	QL
zafirlukast	1	
ZEMAIRA	Specialty	PA
Respiratory Tract / Pulmonary Agents - Drugs For Cystic Fibrosis - Drugs For Infections		
TOBI PODHALER	Specialty	QL
tobramycin inhalation	Generic Specialty	QL

Drug	Tier	Coverage Requirements and Limits
Respiratory Tract / Pulmonary Agents - Drugs For Cystic Fibrosis - Drugs For The Lungs		
ALYFTREK	Specialty	PA; QL
KALYDECO ORAL PACKET	Specialty	PA; QL
KALYDECO ORAL TABLET	Specialty	PA
ORKAMBI	Specialty	PA; QL
PULMOZYME	Specialty	PA
SYMDEKO	Specialty	PA; QL
TRIKAFTA	Specialty	PA; QL
Respiratory Tract / Pulmonary Agents - Drugs For Pulmonary Hypertension - Drugs For The Heart		
ADEMPAS	Specialty	PA; QL
alyq	Generic Specialty	PA; QL
ambrisentan	Generic Specialty	PA; QL
bosentan	Generic Specialty	PA; QL
epoprostenol sodium	Generic Specialty	PA
FLOLAN	Specialty	PA
OPSUMIT	Specialty	PA; QL
ORENITRAM	Specialty	PA
ORENITRAM MONTH 1	Specialty	PA; QL
ORENITRAM MONTH 2	Specialty	PA; QL
ORENITRAM MONTH 3	Specialty	PA; QL
sildenafil citrate intravenous	Generic Specialty	PA

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Last Updated 07/01/2026

Drug	Tier	Coverage Requirements and Limits
sildenafil citrate oral suspension reconstituted	Generic Specialty	PA; QL
sildenafil citrate oral tablet 20 mg	Generic Specialty	PA; QL
tadalafil (pah)	Generic Specialty	PA; QL
treprostinil	Generic Specialty	PA
TYVASO	Specialty	PA; QL
TYVASO DPI INSTITUTIONAL KIT	Specialty	PA; QL
TYVASO DPI MAINTENANCE KIT	Specialty	PA; QL
TYVASO DPI TITRATION KIT	Specialty	PA; QL
TYVASO REFILL KIT	Specialty	PA; QL
TYVASO STARTER KIT	Specialty	PA; QL
UPTRAVI INTRAVENOUS	Specialty	PA
UPTRAVI ORAL	Specialty	PA; QL
UPTRAVI TITRATION	Specialty	PA; QL
VELETRI	Specialty	PA
WINREVAIR	Specialty	PA; QL
YUTREPIA	Specialty	PA; QL
Skeletal Muscle Relaxants - Drugs For Muscle Pain And Spasm - Drugs For Muscles, Ligaments, Tendons, And Bones		
baclofen oral tablet	1	
carisoprodol oral	1	
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
DANTRIUM INTRAVENOUS	3	
dantrolene sodium intravenous	1	
dantrolene sodium oral	1	
methocarbamol injection	1	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate er	1	QL
orphenadrine citrate injection	1	
revonto	1	
ROBAXIN	3	
RYANODEX	3	
tizanidine hcl oral capsule 6 mg	1	
tizanidine hcl oral tablet	1	
Sleep Disorder Agents - Drugs For The Nervous System		
armodafinil	1	PA; QL
BELSOMRA	3	QL
doxepin hcl oral tablet	1	QL
eszopiclone	1	QL
flurazepam hcl	1	PA; QL
modafinil oral	1	PA; QL
ramelteon	1	QL
sodium oxybate	Generic Specialty	PA; QL
SUNOSI	2	PA; QL
tasimelteon	Generic Specialty	PA; QL
temazepam	1	QL
WAKIX	Specialty	PA; QL
XYWAV	Specialty	PA; QL
zaleplon	1	QL
zolpidem tartrate er	1	QL
zolpidem tartrate oral tablet	1	QL

UPPERCASE BOLD = Brand name drugs; *lowercase italics* = Generic drugs
Last Updated 07/01/2026

Index

abacavir sulfate 33
abacavir sulfate-lamivudine 33
abigale 69
abigale lo 69
ABILIFY ASIMTUFII 32
ABILIFY MAINTENA 32
abiraterone acetate 24
abirtega 24
ABRAXANE 24
ABRYSVO 73
ABSORICA LD 45
ACAM2000 73
acamprosate calcium 12
acarbose 49
ACCU-CHEK FASTCLIX LANCET KIT 49
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT 50
ACCU-CHEK ULTRAFLEX INF SET 78
accutane 45
ACD FORMULA A 17
ACD-A NOCLOT-50 17
acebutolol hcl 37
ACETADOTE 76
acetaminophen 8
acetaminophen-codeine 8
acetazolamide 85
acetazolamide er 85
acetazolamide sodium 37
acetic acid 61, 85
acetylcysteine 76, 87
acitretin 45
ACTEMRA 71
ACTEMRA ACTPEN 71
ACTHAR 64
ACTHAR GEL 64
ACTHIB 73
ACTIMMUNE 71
ACULAR LS 83
acyclovir 33, 35
acyclovir sodium 33
ADACEL 73
ADAKVEO 35
ADALIMUMAB-ADBM (2 PEN) 71
ADALIMUMAB-ADBM (2 SYRINGE) 71
adapalene 45
adapalene-benzoyl peroxide 45
ADBRY 46
ADCETRIS 24
ADDYI 45
adefovir dipivoxil 33
ADEMPAS 88
adenosine 37
ADMELOG 52
ADMELOG SOLOSTAR 52
adriamycin 24
ADVAIR HFA 87
ADVANTAGE SAFETY LANCETS 28G 50
ADVATE 36
ADVOCATE SAFETY LANCETS 21G 50
ADVOCATE SAFETY LANCETS 23G 50
ADVOCATE SAFETY LANCETS 28G 50
ADYNOVATE 36
ADZYNMA 60
AEROCHAMBER HOLDING CHAMBER 78
AEROCHAMBER MINI CHAMBER 78
AEROCHAMBER MV 78
AEROCHAMBER PLS FLOVU MTHPIECE 78
AEROCHAMBER PLUS FLO-VU INTERM 78
AEROCHAMBER PLUS FLO-VU LARGE 78
AEROCHAMBER PLUS FLO-VU MEDIUM 78
AEROCHAMBER PLUS FLO-VU SMALL 78
AEROCHAMBER PLUS FLOW VU 78
AEROCHAMBER2GO ANTI-STATIC 78
afirmelle 66
AFLURIA 73
AFLURIA PRESERVATIVE FREE 73
AFREZZA 52
AFSTYLA 36
AGAMREE 62
AGGRASTAT 32
AIMOVIG 23
AIRSUPRA 87
AKLIEF 46
AKOVAZ 37
AKTEN 85
AKYNZEO 21
AKYNZEO (READY-TO-USE) 21
AKYNZEO (TO-BE-DILUTED) 21
ala-cort 46
ALANINE 53
albendazole 31
albuterol sulfate 87
albuterol sulfate hfa 87
ALCAINE 85
alclometasone dipropionate 46
ALCOHOL PREP PADS 78
ALDURAZYME 60
ALECENSA 24
alendronate sodium 75
alfuzosin hcl er 62
ALHEMO 36
aliskiren fumarate 37
allopurinol 23
allopurinol sodium 23
ALOPRIM 23
ALORA 69
alosetron hcl 58
ALPHA-LIPOIC ACID 83
ALPHANATE 36
ALPHANINE SD 36
alprazolam 35
alprazolam er 35
alprazolam intensol 35
alprazolam xr 35
ALPROLIX 36
ALTACAINE 85
altavera 66
ALTRENO 46
ALTUVIIIO 36
ALUMINUM CHLORIDE ANHYDROUS 46
ALUMINUM CHLORIDE HEXAHYDRATE 46
ALUNBRIG 24
ALVAIZ 35
alvimopan 58
alyacen 1/35 66
alyacen 7/7/7 66
ALYFTREK 88
alyq 88
amantadine hcl 31
AMBISOME 22
ambrisentan 88
AMD FOAM DRESSING 78
AMD FOAM DRESSING TOPSHEET 78
AMERICAN BEECH POLLEN 75
amethyst 66
amikacin sulfate 13
amiloride hcl 37
amiloride-hydrochlorothiazide 37
AMINO ACID 53
AMINO ACID-CALCIUM-HEP IN D10W 53
aminocaproic acid 36

aminophylline 87
AMINOPROTECT 53
AMINOSYN II 53
AMINOSYN-PF 53
AMINOSYN-PF 7% 53
amiodarone hcl 37
amitriptyline hcl 20
amlodipine besylate 37
amlodipine besylate-benazepril hcl 37
amlodipine besylate-valsartan 37
amlodipine-atorvastatin 37
amlodipine-olmesartan 37
amlodipine-valsartan-hctz 37
ammonium lactate 46
amnesteem 46
amoxapine 20
amoxicillin 13
amoxicillin-potassium clavulanate 13
amoxicillin-potassium clavulanate er 13
AMPHADASE 83
amphetamine er 43
amphetamine sulfate 43
amphetamine-dextroamphetamine 43
amphetamine-dextroamphetamine er 43
amphet-dextroamphet 3-bead er 43
amphotericin b 22
amphotericin b liposome 22
ampicillin 13
ampicillin sodium 13
ampicillin-sulbactam sodium 13
AMVUTTRA 45
AMZEEQ 46
anagrelide hcl 36
ANASCORP 70
anastrozole 24
ANAVIP 70
ANCOBON 22
ANDEMBRY 71
ANECTINE 44
ANGELIQ 69
ANKTIVA 24
ANNOVERA 66
ANORO ELLIPTA 87
ANTICHOLIUM 76
ANTICOAGULANT SODIUM CITRATE 17
ANTIVENIN LATRODECTUS MACTANS 70
ANTIVENIN MICRURUS FULVIUS 70
ANZEMET 21
ANZUPGO 46
apap-caff-dihydrocodeine 8
APHEXDA 35
APIDRA SOLOSTAR 52
APIDRA VIAL 52
apomorphine hcl 31
APONVIE 21
apraclonidine hcl 84
aprepitant 21
APRETUDE 33
apri 66
APRISO 74
APTENSIO XR 43
APTIVUS 33
AQ INSULIN SYRINGE 52
AQINJECT PEN NEEDLE 78
AQNEURSA 77
AQUACEL AG BURN 46
AQUASOL A 53
AQUORAL 45
AQVESME 36
ARAKODA 31
ARALAST NP 87
aranelle 66
ARANESP (ALBUMIN FREE) 36
ARBLI 37
ARCALYST 71
AREXVY 73
arformoterol tartrate 87
ARGININE HCL 54
ARGYLE STERILE SALINE 57
argyle sterile water 57
ARIKAYCE 13
aripiprazole 32
ARISTADA 32
ARISTADA INITIO 32
ARIXTRA 17
armodafinil 89
ARNUITY ELLIPTA 87
ARRANON 24
arsenic trioxide 24
ARTESUNATE 31
ARTICADENT DENTAL 11
ARTISS 77
ASCLERA 42
ascomp-codeine 8
asenapine maleate 32
ashlyna 66
ASPARLAS 24
ASPARTAME (FOR COMPOUNDING) 76
ASPARTAME (NUTRASWEET) 76
aspirin-dipyridamole er 32
ASSURE ID DUO PRO PEN NEEDLES 78
ASSURE ID PRO PEN NEEDLES 78
ASTAGRAF XL 72
ASTRINGYN 77
atazanavir sulfate 33
ATELVIA 75
atenolol 37
atenolol-chlorthalidone 37
ATIVAN 35
atomoxetine hcl 43
atorvastatin calcium 37
atovaquone 31
atovaquone-proguanil hcl 31
atracurium besylate 44
ATRALIN 46
ATRAPRO DERMAL SPRAY 46
atropine sulfate 58, 85
ATROPINE SULFATE 58, 85
ATROVENT HFA 87
aubra eq 66
AUDENZ 73
AUGMENTIN 13
AUGMENTIN ES-600 13
AUGTYRO 24
AUM ALCOHOL PREP PADS 78
AUM INSULIN SAFETY PEN NEEDLE 78
AUM MINI INSULIN PEN NEEDLE 78
AUM PEN NEEDLE 78
AUM READYGARD DUO PEN NEEDLE 78
AUM SAFETY PEN NEEDLE 78
AURANOFIN 71
aurovela 1.5/30 66
aurovela 1/20 66
aurovela 24 fe 66
aurovela fe 1.5/30 66
aurovela fe 1/20 66
AUSTEDO 45
AUSTEDO XR 45
AUSTEDO XR PATIENT TITRATION 45
AUTOLET II CLINISAFE 50
AUTOLET LANCING DEVICE 50
AUTOLET LITE LANCING DEVICE 50
AUVELITY 20
AUVI-Q 87
avanafil 61

AVASTIN 24
AVERI 66
aviane 66
AVIDOXY 13
AVMAPKI FAKZYNJA CO-PACK 24
AVONEX PEN 43
AVONEX PREFILLED 43
AVSOLA 72
AVTOZMA 71
AVYCAZ 13
AXTLE 24
ayuna 66
AYVAKIT 24
azacitidine 24
AZACTAM 13
AZASAN 72
AZASITE 83
azathioprine 72
azathioprine sodium 72
azelaic acid 46
azelastine hcl 83, 86
azelastine-fluticasone 86
azithromycin 13
AZSTARYS 43
aztreonam 13
AZULFIDINE EN-TABS 74
azurette 66
B & C 46
bac (butalbital-acetamin-caff) 8
bacitracin-polymyxin b 85
bacitra-neomycin-polymyxin-hc 85
baclofen 89
BACTERIOSTATIC WATER(BENZ ALC) 83
BACTRIM 13
BACTRIM DS 13
BAFIERTAM 43
BALCOLTRA 66
BALFAXAR 36
balsalazide disodium 74
balsam peru-castor oil 46
BALVERSA 24
balziva 66
BAQSIMI ONE PACK 51
BAQSIMI TWO PACK 51
BARACLUDE 33
BARHEMSYS 21
BASAGLAR KWIKPEN 52
BAVENCIO 24
BCG VACCINE 73
BD AUTOSHIELD DUO PEN NEEDLES 78
BD PEN NEEDLE MICRO ULTRAFINE 78
BD PEN NEEDLE MINI ULTRAFINE 78
BD PEN NEEDLE NANO ULTRAFINE 78
BD PEN NEEDLE ORIG ULTRAFINE 78
BD PEN NEEDLE SHORT ULTRAFINE 78
BD ULTRA-FINE INSULIN SYRINGES 53
BD ULTRA-FINE PEN NEEDLES 78
BD VEO INSULIN SYR ULTRAFINE 53
BELBUCA 8
BELEODAQ 24
BELSOMRA 89
benazepril hcl 37
benazepril-hydrochlorothiazide 37
bendamustine hcl 24
BENDEKA 24
BENEFIX 36
BENLYSTA 72
benzalkonium chloride 13
BENZNIDAZOLE 31
benzonatate 86
benzoyl peroxide-erythromycin 46
benztropine mesylate 31
BERINERT 71
BESIVANCE 83
BESPONSA 24
BESREMI 24
BETADINE OPHTHALMIC PREP 83
betaine 61
betamethasone dipropionate 46
betamethasone dipropionate aug 46
betamethasone sod phos & acet 62
BETAMETHASONE SODIUM PHOSPHATE 62
betamethasone valerate 46
BETASERON 43
betaxolol hcl 37, 84
bethanechol chloride 61
BETIMOL 84
BEVACIZUMAB 85
bexarotene 24, 31
BEXSERO 73
BEYAZ 66
BEYFORTUS 70
bicalutamide 24
BICILLIN C-R 13
BICILLIN C-R 900/300 13
BICILLIN L-A 13
BIDIL 37
BIJUVA 69
BIKTARVY 33
BILTRICIDE 31
bimatoprost 84
BIMZELX 72
BIORPHEN 37
bis subcit-metronid-tetracyc 58
bismuth/metronidaz/tetracyclin 58
bisoprolol fumarate 37
bisoprolol-hydrochlorothiazide 38
bivalirudin trifluoroacetate 17
BIVIGAM 70
BIZENGRI (750 MG DOSE) 24
BKEMV 36
bleomycin sulfate 24
BLINCYTO 24
blisovi 24 fe 66
blisovi fe 1.5/30 66
blisovi fe 1/20 66
BLOXIVERZ 23
BLT-25 62
BLUJEPA 13
BONJESTA 21
BONSITY 75
BOOSTRIX 73
bortezomib 24
BORUZU 24
bosentan 88
BOSULIF 24
BOTOX 76
BPCO 46
BRAFTOVI 24
BREATHE COMFORT CHAMBER/ADULT 78
BREATHE COMFORT CHAMBER/CHILD 78
BREATHE EASE LARGE 78
BREATHE EASE MEDIUM 78
BREATHE EASE SMALL 78
BREATHERITE VALVED MDI CHAMBER 79
BREO ELLIPTA 87
BREVIBLOC 38
BREVIBLOC IN NACL 38
BREVIBLOC PREMIXED 38
BREVIBLOC PREMIXED DS 38
BREZTRI AEROSPHERE 87
BRIDION 76
briellyn 66
brimonidine tartrate 46, 84
brimonidine tartrate-timolol 84
brinzolamide 84
BRIUMVI 43

brivaracetam 18
BRIVIACT 18
BRIXADI 12
BRIXADI (WEEKLY) 12
BROMELAIN 83
bromfenac sodium 83
bromfenac sodium (once-daily) .. 83
bromocriptine mesylate 31
BRUKINSA 24
budesonide 74, 87
bumetanide 38
BUMEX 38
bupivacaine fisiopharma 11
bupivacaine hcl 11
BUPIVACAINE HCL 11
bupivacaine hcl (pf) 11
bupivacaine-epinephrine 11
bupivacaine-epinephrine (pf) 11
buprenorphine 8
buprenorphine hcl 8, 12
buprenorphine hcl-naloxone hcl . 12
bupropion hcl 20
bupropion hcl er (smoking det) ... 12
bupropion hcl er (sr) 20
bupropion hcl er (xl) 20
buspirone hcl 35
busulfan 24
BUSULFEX 25
butalbital-acetaminophen 8
butalbital-apap-caff-cod 8
butalbital-apap-caffeine 8
butalbital-asa-caff-codeine 8
butalbital-aspirin-caffeine 8
butorphanol tartrate 8
BYLVAY 77
BYLVAY (PELLETS) 77
CABENUVA 33
cabergoline 64
CABLIVI 32
CABOMETYX 25
caffeine citrate 45
CAFFEINE-SODIUM BENZOATE 45
CALAMINE 46
CALCIFOL 54
calcipotriene 46
calcipotriene-betameth diprop 46
calcitonin (salmon) 75
CALCITRENE 46
calcitriol 46, 75
calcium acetate 61
calcium acetate (phos binder) 61
CALCIUM CHLORIDE 54
calcium chloride 54
CALCIUM CHLORIDE DIHYDRATE 54
CALCIUM GLUCONATE 54
calcium gluconate 54
CALCIUM GLUCONATE ANHYDROUS 54
CALCIUM GLUCONATE MONOHYDRATE 54
calcium gluconate-nacl 54
CALCIUM GLUCONATE-NACL 54
CALCIUM LACTATE PENTAHYDRATE 54
CALCIUM PHOSPHATE DIBASIC 54
CALCIUM PHOSPHATE TRIBASIC 54
CALDOLOR 10
CALQUENCE 25
camila 66
CAMPTOSAR 25
camrese 66
camrese lo 66
capecitabine 25
CAPLYTA 32
CAPRELSA 25
captopril 38
captopril-hydrochlorothiazide 38
CAPVAXIVE 73
carbamazepine 18
carbamazepine er 18
carbidopa 31
carbidopa-levodopa 31
carbidopa-levodopa er 31
carbidopa-levodopa-entacapone 31
carbinoxamine maleate 86
carboplatin 25
carboprost tromethamine 64
CARDENE IV 38
CARESENS LANCETS 30G 50
CARETOUCH LANCING/EJECTOR 50
carglumic acid 57
carisoprodol 89
carmustine 25
CARNITOR 57
carteolol hcl 84
cartia xt 38
carvedilol 38
CASODEX 25
caspofungin acetate 22
CAYA 79
cefaclor 13
cefaclor er 13
cefadroxil 13
CEFAZOLIN IN SODIUM CHLORIDE 13
cefazolin sodium 13
CEFAZOLIN SODIUM 13
cefazolin sodium-dextrose 13
cefdinir 13
cefepime hcl 13
cefepime-dextrose 13
cefixime 13, 14
CEFOTAN 14
CEFOTAXIME SODIUM 14
cefotetan disodium 14
cefoxitin sodium 14
CEFOXITIN SODIUM-DEXTROSE 14
cefpodoxime proxetil 14
cefprozil 14
ceftaroline fosamil 14
ceftazidime 14
ceftriaxone sodium 14
ceftriaxone sodium in dextrose ... 14
ceftriaxone sodium-dextrose 14
cefuroxime axetil 14
cefuroxime sodium 14
celecoxib 10
CELESTONE SOLUSPAN 63
CELLCEPT 72
CELLCEPT INTRAVENOUS 72
cephalexin 14
CEQUA 85
CEQUR SIMPLICITY 2U 50
CEQUR SIMPLICITY INSERTER 50
CERDELGA 60
CEREBYX 18
CEREZYME 60
CERVIDIL 62
cetirizine hcl 86
CETRAXAL 85
cetrorelix acetate 64
CETYLCIDE-G 75
cevimeline hcl 45
CHARCOAL ACTIVATED 76
charlotte 24 fe 66
chateal eq 66
CHEMET 57
CHEMSTRIP BG LOG BOOK ... 50
CHEMSTRIP K 51
CHEMSTRIP UGK 51
chloramphenicol sod succinate .. 14
chlordiazepoxide hcl 35
chlordiazepoxide-amitriptyline 20
chlorhexidine gluconate 45

CHLORHEXIDINE GLUCONATE.....75
chloroprocaine hcl (pf).....11
chloroquine phosphate.....31
chlorothiazide sodium.....38
chlorpromazine hcl.....32
chlorthalidone.....38
chlorzoxazone.....89
CHOLBAM.....60
cholestyramine.....38
cholestyramine light.....38
CHOLINE BITARTRATE.....54
CHORIONIC GONADOTROPIN.....64
CHOSEN LANCETS 30G.....50
CHOSEN LANCING DEVICE....50
CHOSEN SAFETY LANCETS 28G.....50
chromic chloride.....54
CIBINQO.....46
ciclodan.....22
ciclopirox.....22
ciclopirox olamine.....22
cidofovir.....33
cilostazol.....32
CIMDUO.....33
CIMERLI.....85
cimetidine.....58
cimetidine hcl.....58
CIMZIA.....72
CIMZIA (1 SYRINGE).....72
CIMZIA (2 SYRINGE).....72
CIMZIA-STARTER.....72
cinacalcet hcl.....75
CINQAIR.....86
CINVANTI.....21
CIPRO.....14
ciprofloxacin hcl.....14, 83, 85
ciprofloxacin in d5w.....14
ciprofloxacin-dexamethasone.....86
cisatracurium besylate.....44
cisatracurium besylate (pf).....44
cisplatin.....25
CISPLATIN.....25
citalopram hydrobromide.....20
cladribine.....25
cladribine (10 tabs).....43
cladribine (4 tabs).....43
cladribine (5 tabs).....43
cladribine (6 tabs).....43
cladribine (7 tabs).....43
cladribine (8 tabs).....43
cladribine (9 tabs).....43
claravis.....46
clarithromycin.....14
clarithromycin er.....14
clemastine fumarate.....86
CLENPIQ.....58
CLEOCIN.....14
CLEOCIN PHOSPHATE.....14
CLEOCIN-T.....46
CLEVER CHOICE COMFORT EZ.....50
CLEVER CHOICE HOLDING CHAMBER.....79
CLEVIPREX.....38
CLIMARA.....69
CLIMARA PRO.....69
clindacin etz.....46
clindacin-p.....46
clindamycin hcl.....14
clindamycin palmitate hcl.....14
clindamycin phos (twice-daily)....46
clindamycin phos-benzoyl perox.....46
clindamycin phosphate...14, 17, 46
clindamycin phosphate in d5w...14
CLINDAMYCIN PHOSPHATE IN NACL.....14
CLINDESSE.....17
CLINIMIX E/DEXTROSE (2.75/5).....54
CLINIMIX E/DEXTROSE (4.25/10).....54
CLINIMIX E/DEXTROSE (4.25/5).....54
CLINIMIX E/DEXTROSE (5/15).54
CLINIMIX E/DEXTROSE (5/20).54
CLINIMIX E/DEXTROSE (8/10).54
CLINIMIX E/DEXTROSE (8/14).54
CLINIMIX/DEXTROSE (4.25/10).....54
CLINIMIX/DEXTROSE (4.25/5).54
CLINIMIX/DEXTROSE (5/15)....54
CLINIMIX/DEXTROSE (5/20)....54
CLINIMIX/DEXTROSE (6/5).....54
CLINIMIX/DEXTROSE (8/10)....54
CLINIMIX/DEXTROSE (8/14)....54
CLINISOL SF.....54
CLINOLIPID.....54
clobazam.....18
clobetasol prop emollient base...46
clobetasol propionate.....46, 47
clobetasol propionate e.....46
clodan.....47
clofarabine.....25
clomid.....64
clomiphene citrate.....64
clomipramine hcl.....20
clonazepam.....35
clonidine hcl.....38
clonidine hcl er.....43
clopidogrel bisulfate.....32
clorazepate dipotassium.....35
clotrimazole.....22
clotrimazole-betamethasone.....22
clozapine.....32
CNJ-016.....70
COAGADEX.....36
coal tar.....47
COARTEM.....31
COBENFY.....32
COBENFY STARTER PACK.....32
COCAINE HCL.....12
codeine sulfate.....8
colchicine.....23
colchicine-probenecid.....23
colesevelam hcl.....38
colestipol hcl.....38
colistimethate sodium (cba).....14
COLUMVI.....25
COLY-MYCIN M.....14
COMBIPATCH.....69
COMBIVENT RESPIMAT.....87
COMBOGESIC.....10
COMETRIQ.....25
COMFORT EZ PRO PEN NEEDLES.....79
COMFORT TOUCH TWIST LANCET 30G.....50
COMIRNATY.....73
COMIRNATY 5-11 YEARS.....73
COMPACT SPACE CHAMBER 79
COMPACT SPACE CHAMBER/LG MASK.....79
COMPACT SPACE CHAMBER/MED MASK.....79
COMPACT SPACE CHAMBER/SM MASK.....79
COMPRO.....21
CONCERTA.....43
CONDYLOX.....47
constulose.....58
CONTOUR CONTROL.....50
CONTOUR NEXT CONTROL....50
CONTOUR NEXT TEST.....51
CONTOUR PLUS CONTROL SOLUTION.....50
CONTOUR PLUS TEST.....51
CONTOUR TEST.....51
COPIKTRA.....25
CORIFACT.....36
CORLANOR.....38
CORTENEMA.....74
CORTIFOAM.....74

CORTISPORIN-TC 86
CORTROPHIN 64
CORTROPHIN GEL 64
CORVERT 38
COTELLIC 25
CRENESSITY 64
CREON 60
CRESEMBA 22
CREXONT 31
CRINONE 66
CROFAB 70
cromolyn sodium 58, 83, 87
cryselle 66
CRYSVITA 61
CTEXLI 59
cupric chloride 54
CURITY AMD ANTIMICROBIAL SPNGE 79
CURITY AMD ANTIMICROBIAL STRIP 79
CURITY IODOFORM PACKING STRIP 79
CURITY STERILE SALINE 57
CUROSURF 86
CUTAQUIG 70
CUVITRU 70
cyanocobalamin 54
CYANOKIT 76
cyclobenzaprine hcl 89
CYCLOGYL 85
CYCLOMYDRIL 85
cyclopentolate hcl 85
cyclophosphamide 25
CYCLOPHOSPHAMIDE 25
cycloserine 24
CYCLOSET 49
cyclosporine 72
cyclosporine modified 72
CYKLOKAPRON 36
cyproheptadine hcl 86
CYRAMZA 25
cyred eq 66
CYSTADANE 61
CYSTADROPS 85
CYSTAGON 60
CYSTARAN 85
cytarabine 25
cytarabine (pf) 25
CYTOTEC 58
CYTOTINE 76
dabigatran etexilate mesylate 17
dacarbazine 25
dactinomycin 25
dalbavancin hcl 14
dalfampridine er 43
DALVANCE 14
danazol 64
DANTRIUM 89
dantrolene sodium 89
DANYELZA 25
DANZITEN 25
dapagliflozin base-metformin er 49
dapagliflozin 49
dapsone 24
DAPTACEL 73
daptomycin 14
DAPTOMYCIN-SODIUM CHLORIDE 14
darifenacin hydrobromide er 61
darunavir 33
DARZALEX 25
dasatinib 25
dasetta 1/35 (28) 66
dasetta 7/7/7 66
DATROWAY 25
daunorubicin hcl 25
DAURISMO 25
DAWNZERA 71
DAXXIFY 76
daysee 66
deblitane 66
decitabine 25
DEFENCATH 17
deferasirox 57
deferasirox granules 57
deferoxamine mesylate 76
DELSTRIGO 33
delyla 66
demeclocycline hcl 14
DEMEROL 8
DENGVAXIA 73
DEPEN TITRATABS 62
DEPO-ESTRADIOL 69
DEPO-MEDROL 63
DEPO-PROVERA 66
DEPO-SUBQ PROVERA 104 66
DERMA-SMOOTHE/FS BODY 47
DERMA-SMOOTHE/FS SCALP 47
DERMOTIC 86
DESCOVY 33
DESFERAL 76
desipramine hcl 20
desmopressin ace spray refrig 65
desmopressin acetate 65
desmopressin acetate pf 65
desmopressin acetate spray 65
desonide 47
desoximetasone 47
DESVENLAFAXINE ER 20
desvenlafaxine succinate er 20
dexameth sod phos (pf) +rfid 63
dexamethasone 63
DEXAMETHASONE (LA) 63
dexamethasone intensol 63
dexamethasone sod phos (pf) 63
dexamethasone sod phos +rfid 63
dexamethasone sod phosphate pf 63
dexamethasone sodium phosphate 63, 83
DEXAMETHASONE SODIUM PHOSPHATE 63
DEXCOM G6 RECEIVER 50
DEXCOM G6 SENSOR 50
DEXCOM G6 TRANSMITTER 50
DEXCOM G7 15 DAY SENSOR 50
DEXCOM G7 RECEIVER 50
DEXCOM G7 SENSOR 50
dexmedetomidine hcl 77
dexmedetomidine hcl in nacl 77
DEXMEDETOMIDINE HCL IN NACL 77
DEXMEDETOMIDINE HCL-DEXTROSE 77
dexmethylphenidate hcl 43
dexmethylphenidate hcl er 43
DEXONTO 0.4% 63
DEXPANTHENOL 57
dexrazoxane hcl 25
dextroamphetamine sulfate 43
dextroamphetamine sulfate er 43
dextrose 54, 55
DEXTROSE 55
DIACOMIT 18
DIASCREEN 10 79
DIASCREEN 1B 79
DIASCREEN 1G 79
DIASCREEN 1K 79
DIASCREEN 2GK 79
DIASCREEN 2GP 79
DIASCREEN 3 79
DIASCREEN 4NL 79
DIASCREEN 4OBL 79
DIASCREEN 4PH 79
DIASCREEN 5 79
DIASCREEN 6 79
DIASCREEN 7 79
DIASCREEN 8 79
DIASCREEN 9 79
DIASCREEN LIQUID URINE CONTROL 79
DIASTIX REAGENT 51

DIATHRIVE LANCING DEVICE 50
diazepam 18, 35
DIAZEPAM 35
diazepam intensol 35
diazoxide 51
dichlorphenamide 85
DICLEGIS 21
diclofenac potassium 10
diclofenac sodium 10, 11, 47, 83
diclofenac sodium er 10
dicloxacillin sodium 14
dicyclomine hcl 59
DIFICID 14
DIFLUCAN 22
diflunisal 10
difluprednate 83
DIGIFAB 76
digoxin 38
dihydroergotamine mesylate 23
DILANTIN 18
DILAUDID 8
diltiazem hcl 38
diltiazem hcl er 38
diltiazem hcl er beads 38
diltiazem hcl er coated beads 38
DILTIAZEM HCL-DEXTROSE 38
DILTIAZEM HCL-SODIUM CHLORIDE 38
dilt-xr 38
diluent for treprostinil 83
dimenhydrinate 21
dimethyl fumarate 43
dimethyl fumarate starter pack 43
diphenhydramine hcl 86
diphenoxylate-atropine 59
DIPROLENE 47
dipyridamole 32
diskets 8
disopyramide phosphate 38
disulfiram 12
divalproex sodium 18
divalproex sodium er 18
DIVIGEL 69
DL-ALANINE 55
DL-LEUCINE 55
DL-PHENYLALANINE 55
dobutamine hcl 38
dobutamine-dextrose 38
docetaxel 25
DOCIVYX 25
dofetilide 38
DOG EPITHELIUM 75
dolishale 66
donepezil hcl 19
dopamine hcl 38
dopamine-dextrose 38
DOPRAM 45
DOPTELET 36
DOPTELET SPRINKLE 36
dorzolamide hcl 84
dorzolamide hcl-timolol mal 84
dorzolamide hcl-timolol mal pf 84
dotti 69
DOVATO 33
doxazosin mesylate 38
doxepin hcl 20, 89
doxercalciferol 75
DOXIL 25
doxorubicin hcl 25
doxorubicin hcl liposomal 25
doxy 100 14
doxycycline hyclate 14
doxycycline monohydrate 14
doxylamine-pyridoxine 21
DRISDOL 55
dronabinol 21
droperidol 21
DROPLET GENTEEL LANCING DEVICE 50
DROPLET MICRON 79
DROPSAFE ACTI-LANCE 23G 50
DROPSAFE ALCOHOL PREP 79
DROPSAFE AUTOPROTECT DUO 79
DROPSAFE MEDLANCE LANCET 30G 50
DROPSAFE SAFETY SYRINGE/NEEDLE 53
drospiren-eth estrad-levomefol 66
drospirenone-ethinyl estradiol 66
DROXIA 30
DRYSOL 47
DUAVEE 69
DUETACT 49
duloxetine hcl 20
DUOPA 31
DUPIXENT 47
DURAMORPH 8
DUROLANE 76
dutasteride 62
dutasteride-tamsulosin hcl 62
DYSPORT 76
E.E.S. 400 15
E.E.S. GRANULES 15
EASIVENT 79
EASY TOUCH LANCING DEVICE 50
EBGLYSS 47
econazole nitrate 22
edaravone 44
EDARBI 38
EDARBYCLOR 38
EDETATE CALCIUM DISODIUM 76
EDETATE DISODIUM 57
EDURANT 33
EDURANT PED 33
efavirenz 33
efavirenz-emtricitab-tenofo df 33
efavirenz-lamivudine-tenofovir 33
EFFER-K 55
effer-k 55
EGATEN 31
EGRIFTA SV 65
EGRIFTA WR 65
ELAPRASE 61
ELELYSO 60
ELESTRIN 69
eletriptan hydrobromide 23
ELIGARD 64
elinest 66
ELIQUIS 17
ELIQUIS (1.5 MG PACK) 17
ELIQUIS (2 MG PACK) 17
ELIQUIS DVT/PE STARTER PACK 17
ELITEK 25
elixophyllin 87
ELLA 66
ELLENCE 25
ELOCTATE 36
ELREXFIO 25
eltrombopag olamine 36
eluryng 67
EMBECTA AUTOSHIELD DUO 79
EMBECTA INS SYR U/F 1/2 UNIT 53
EMBECTA INSULIN SYR ULTRAFINE 53
EMBECTA INSULIN SYRINGE 53
EMBECTA INSULIN SYRINGE U-100 53
EMBECTA INSULIN SYRINGE U-500 53
EMBECTA PEN NEEDLE NANO 79
EMBECTA PEN NEEDLE NANO 2 GEN 79
EMBECTA PEN NEEDLE ULTRAFINE 79
EMBLAVEO 15
EMBRACE LANCING DEVICE/EJECTOR 50

EMBRACE PEN NEEDLES 79
EMEND 21
EMERPHED 38
EMGALITY 23
EMPAVELI 36
EMPLICITI 26
EMRELIS 26
EMSAM 20
emtricitabine 33
emtricitabine-tenofovir df 33
emtricitab-rilpivir-tenofov df 33
EMTRIVA 33
EMVERM 31
emzahh 67
enalapril maleate 38
enalaprilat 38
enalapril-hydrochlorothiazide 38
ENBREL 71
ENBREL MINI 71
ENBREL SURECLICK 71
ENDARI 76
endocet 8
ENDOMETRIN 67
ENFLONSIA 70
ENGERIX-B 73
ENHERTU 26
enilloring 67
ENJAYMO 36
ENLITE GLUCOSE SENSOR 50
enoxaparin sodium 17
ENSACOVE 26
enskyce 67
ENSPRYNG 72
ENSTILAR 47
entacapone 32
entecavir 33
ENTRESTO 38
ENTYVIO 72
ENTYVIO PEN 72
enulose 59
ENVARSUS XR 73
EOHILIA 74
EPCLUSA 33
ephedrine sulf (pressors)+rfid 39
ephedrine sulfate (pressors) 39
EPHEDRINE SULFATE (PRESSORS) 39
EPHEDRINE SULFATE-NACL 39
EPIDIOLEX 18
EPIDUO FORTE 47
EPIFOAM 47
epinastine hcl 83
EPINEPHRINE 39
epinephrine 39, 87
EPINEPHRINE HCL-DEXTROSE 39
EPINEPHRINE HCL-NACL 39
epinephrine pf 39
EPINEPHRINE-DEXTROSE 39
EPINEPHRINE-NACL 39
EPIPEN 2-PAK 87
EPIVIR 33
EPKINLY 26
eplerenone 39
epoprostenol sodium 88
eptifibatide 32
EPYSQLI 36
EQUETRO 35
ERAXIS 22
ERBITUX 26
ergocalciferol 55
ERGOMAR 23
ergotamine-caffeine 23
eribulin mesylate 26
ERIVEDGE 26
ERLEADA 26
erlotinib hcl 26
errin 67
ertapenem sodium 15
ERVEBO 73
ERY 47
ERYPED 400 15
ERYTHROCIN LACTOBIONATE 15
erythromycin 15, 47, 83
erythromycin base 15
erythromycin ethylsuccinate 15
ERZOFRI 32
escitalopram oxalate 20
eslicarbazepine acetate 18
esmolol hcl 39
ESMOLOL HCL 39
esmolol hcl-sodium chloride 39
esomeprazole magnesium 58
esomeprazole sodium 58
ESPEROCT 36
estarylla 67
estazolam 35
estradiol 67, 69
estradiol valerate 69
estradiol-norethindrone acet 69
ESTRING 67
estrogens conjugated 69
eszopiclone 89
ethacrynate sodium 39
ethacrynic acid 39
ethambutol hcl 24
ETHAMOLIN 42
ethosuximide 18
ethyl chloride 12
etodolac 10
etodolac er 10
etonogestrel-ethinyl estradiol 67
ETOPOPHOS 26
etoposide 26
etravirine 33
EUA PATIENT ASSESSMENT 83
EUCRISA 47
EUFLEXXA 76
EULEXIN 26
EVAMIST 69
EVARA 47
EVENITY 75
everolimus 26, 73
EVKEEZA 39
EVOMELA 26
EVOTAZ 34
EVRYSDI 60
EXCILON AMD DRAIN SPONGES 79
exemestane 26
EXODERM 22
EXPAREL 11
EXTENDED INFUSION SET 23"/6MM 79
EXTENDED INFUSION SET 23"/9MM 79
EXTENDED INFUSION SET 32"/6MM 79
EXTENDED INFUSION SET 32"/9MM 79
EXTENDED INFUSION SET 43"/6MM 79
EXTENDED INFUSION SET 43"/9MM 79
EXTENDED RESERVOIR 3ML 79
EYLEA 85
EYLEA HD 85
EYSUVIS 83
ezetimibe 39
ezetimibe-simvastatin 39
FABHALTA 36
FABRAZYME 61
falmina 67
famciclovir 34
famotidine 58
famotidine (pf) 58
famotidine premixed 58
FANAPT 32
FANAPT TITRATION PACK A 32
FANAPT TITRATION PACK B 32
FANAPT TITRATION PACK C 32
FARXIGA 49
FASENRA 87

FASENRA PEN 87
febuxostat 23
FEIBA 36
feirza 1.5/30 67
feirza 1/20 67
felbamate 18
felodipine er 39
FEMCAP 79
FEMLYV 67
FEMRING 67
fenofibrate 39
fenofibrate micronized 39
fenofibric acid 39
FENSOLVI (6 MONTH) 65
fentanyl 8
fentanyl citrate 8
FENTANYL CITRATE-NACL 8
FERRIPROX 57
FERRLECIT 55
ferumoxytol 55
FETROJA 15
FETZIMA 20
FETZIMA TITRATION 20
FIASP 52
FIASP FLEXTOUCH 52
FIASP PENFILL 52
FIASP PUMPCART 52
FIBRYGA 36
fidaxomicin 15
FILSPARI 61
FILSUVEZ 47
FINACEA 47
finasteride 62
fingolimod hcl 44
FINTEPLA 18
finzala 67
FIRMAGON 64
FIRMAGON (240 MG DOSE) 64
FIRST-LANSOPRAZOLE 58
FIRVANQ 15
FLAREX 83
flavoxate hcl 61
FLEBOGAMMA DIF 70
flecainide acetate 39
FLEXICHAMBER 79
FLEXICHAMBER ADULT MASK/SMALL 79
FLEXICHAMBER CHILD MASK/LARGE 80
FLEXICHAMBER CHILD MASK/SMALL 80
FLOLAN 88
floxuridine 26
FLUAD 73
FLUARIX 73
FLUBLOK 73
FLUCELVAX 73
fluconazole 22
fluconazole in sodium chloride 22
flucytosine 22
fludarabine phosphate 26
fludrocortisone acetate 63
FLULAVAL 73
flumazenil 76
FLUMIST 73
flunisolide 86
fluocinolone acetonide 47, 86
fluocinolone acetonide body 47
fluocinolone acetonide scalp 47
fluocinonide 47
fluocinonide emulsified base 47
fluorometholone 83
fluorouracil 26, 47
fluoxetine hcl 20
fluphenazine decanoate 32
fluphenazine hcl 32
flurazepam hcl 89
flurbiprofen 10
flurbiprofen sodium 83
fluticasone propionate 47, 86
fluticasone propionate hfa 87
fluticasone-salmeterol 87
fluvoxamine maleate 20
fluvoxamine maleate er 20
FLUZONE 73
FLUZONE HIGH-DOSE 73
FML FORTE 83
FML LIQUIFILM 83
FOCINVEZ 21
folic acid 55
FOLLISTIM AQ 65
FOLOTYN 26
fomepizole 76
fondaparinux sodium 17
FONDCIRCLE LANCING DEVICE 50
FONDCIRCLE SINGLE USE LANCETS 50
FORA D40G GLUCOSE/PRESSURE 80
formaldehyde 75
formoterol fumarate 87
FORZINITY 61
fosamprenavir calcium 34
fosaprepitant dimeglumine 21
foscarnet sodium 34
FOSCAVIR 34
fosfomycin tromethamine 15
fosinopril sodium 39
fosinopril sodium-hctz 39
fosphenytoin sodium 18
FOSRENOL 61
FRAGMIN 17
FRINDOVYX 26
FRUZAQLA 26
ft naloxone hcl 12
fulvestrant 26
furosemide 39
FUROSEMIDE IN SODIUM CHLORIDE 39
FYARRO 26
fyavolv 69
FYCOMPA 18
FYREMADEL 65
gabapentin 18
gabapentin (once-daily) 45
GALAFOLD 61
galantamine hydrobromide 19
galantamine hydrobromide er 19
galbriela 67
GALEN IQ 900 83
gallifrey 69
GALZIN 55
GAMASTAN 70
GAMIFANT 73
GAMMAGARD 70
GAMMAGARD S/D LESS IGA 70
GAMMAKED 70
GAMMAPLEX 70
GAMUNEX-C 70
ganciclovir sodium 34
ganirelix acetate 65
GARDASIL 9 73
gatifloxacin 83
GATTEX 59
gavilyte-c 59
gavilyte-g 59
gavilyte-n with flavor pack 59
GAVRETO 26
GAZYVA 26
gefitinib 26
GELSYN-3 76
gemcitabine hcl 26
gemfibrozil 39
gemmily 67
generlac 59
gengraf 73
gentamicin in saline 15
gentamicin sulfate 15, 17, 83
GENTEEL LANCING KIT (BLUE) 50
GENVOYA 34
GEODON 32
GILENYA 44
GILOTRIF 26

GLASSIA 87
glatiramer acetate 44
glatopa 44
GLEOSTINE 26
glimepiride 49
glipizide 49
glipizide er 49
glipizide-metformin hcl 49
glucagon emergency kit 51
GLUCAGON EMERGENCY KIT 51
GLUCOTROL XL 49
glutaraldehyde 75
GLUTATHIONE 55
glyburide 49
glyburide-metformin 49
GLYCINE 55
glycine 61
glycine urologic 61
GLYCOPHOS 55
glycopyrrolate 59
GLYCOPYRROLATE 59
glycopyrrolate +rfid 59
glycopyrrolate pf 59
GLYCOPYRROLATE PF 59
glycopyrrolate pf +rfid 59
GLYCOPYRROLATE PF +RFID 59
glydo 12
GLYRX-PF 59
GLYXAMBI 49
GOHIBIC 77
GOJJI LANCING DEVICE/CLEAR CAP 50
GOMEKLI 26
GOODSENSE ALCOHOL SWABS 80
GORDOFILM 47
GRAFAPEX 26
GRALISE 45
granisetron hcl 21
GRASTEK 75
griseofulvin microsize 22
griseofulvin ultramicrosize 22
guanfacine hcl 39
guanfacine hcl er 43
GUARDIAN 4 GLUCOSE SENSOR 50
GUARDIAN 4 TRANSMITTER 50
GUARDIAN REAL-TIME CHARGER 50
GUARDIAN REAL-TIME TEST PLUG 50
GUARDIAN SENSOR 3 51
GUTVANTAGE 59
GVOKE HYPOPEN 1-PACK 52
GVOKE HYPOPEN 2-PACK 52
GVOKE KIT 52
GVOKE PFS 52
GYNAZOLE-1 23
HAEGARDA 71
hailey 1.5/30 67
hailey 24 fe 67
hailey fe 1.5/30 67
hailey fe 1/20 67
HALAVEN 26
HALCION 35
halobetasol propionate 47
haloperidol 32
haloperidol decanoate 32
haloperidol lactate 32
HARVONI 34
HAVRIX 73
heather 67
HEMABATE 65
HEMANGEOL 39
HEMATINIC/FOLIC ACID 55
HEMLIBRA 36
HEMOFIL M 36
HEPAGAM B 70
heparin (porcine) in nacl 17
HEPARIN (PORCINE) IN NACL 17
heparin sod (porcine) in d5w 17
heparin sodium (porcine) 17
heparin sodium (porcine) +rfid 17
heparin sodium (porcine) pf 17
HEPLISAV-B 73
HERCEPTIN 26
HERCEPTIN HYLECTA 26
HERNEXEOS 26
hetastarch-nacl 36
HEXATRIONE 63
HEXTEND 36
HIBERIX 73
HIPREX 15
HIZENTRA 70
HOMATROPAIRE 85
HORIZANT 45
HUMALOG 52
HUMALOG KWIKPEN 52
HUMALOG MIX 50/50 KWIKPEN 52
HUMALOG MIX 75/25 KWIKPEN 52
HUMALOG MIX 75/25 VIAL 52
HUMALOG U-100 JUNIOR KWIKPEN 52
HUMATE-P 36
HUMATIN 15
HUMULIN 70/30 KWIKPEN 52
HUMULIN 70/30 VIAL 52
HUMULIN N KWIKPEN 52
HUMULIN N VIAL 52
HUMULIN R U-500 KWIKPEN 52
HUMULIN R VIAL 52
HYCAMTIN 26
hydralazine hcl 39
hydrochlorothiazide 39
hydrocod poli-chlorphe poli er 86
hydrocodone bitartrate er 8
hydrocodone bit-homatrop mbr 86
hydrocodone-acetaminophen 8
hydrocodone-ibuprofen 8
hydrocortisone 47, 63, 74
hydrocortisone (perianal) 74
hydrocortisone ace-pramoxine 74
hydrocortisone butyrate 47
hydrocortisone sod suc (pf) 63
hydrocortisone valerate 47
hydrocortisone-acetic acid 86
hydrogen peroxide 13
hydromorphone hcl 8
HYDROMORPHONE HCL 8
hydromorphone hcl er 8
hydromorphone hcl pf 8
HYDROMORPHONE HCL-NACL 9
hydroxocobalamin acetate 55
hydroxychloroquine sulfate 31
hydroxyurea 26
hydroxyzine hcl 35
hydroxyzine pamoate 35
HYLENEX 83
HYMPAVZI 36
hyoscyamine sulfate 59
hyoscyamine sulfate er 59
hyoscyamine sulfate sl 59
HYPERHEP B 70
HYPERRHO 70
HYPERRHO MINI-DOSE 70
HYPERSAL 86
HYPOCYN ANTIPRURITIC 47
HYQVIA 70
HYRNUO 26
HYSINGLA ER 9
ibandronate sodium 75
IBRANCE 26
IBTROZI 26
ibuprofen 10
ibuprofen lysine 10
ibutilide fumarate 39
icatibant acetate 71
iclevia 67
ICLUSIG 26

icosapent ethyl 39
IDAMYCIN PFS 26
idarubicin hcl 26
IDELVION 36
IDHIFA 26
IDVYNSO 34
IFEX 26
ifosfamide 26
IGALMI 77
IHEALTH LANCING DEVICE 51
ILARIS 71
ILET CONTACT DETACH 23" 6MM 80
ILET INFUSION-FLEX 23" 6MM 80
ILET INFUSION-INSET 23" 6MM 80
ILET INFUSION-INSET 32" 6MM 80
ILET INSULIN PUMP 80
ILET STARTER - CONTACT DETACH 80
ILET STARTER KIT - INSET 23" 80
ILET STARTER KIT - INSET 32" 80
ILUMYA 72
imatinib mesylate 26
IMBRUVICA 26
IMDELLTRA 26
IMFINZI 27
imipenem-cilastatin 15
imipramine hcl 20
imipramine pamoate 20
imiquimod 47
imiquimod pump 48
IMJUDO 27
IMKELDI 27
IMMPHENTIV 40
IMOVAX RABIES 73
IMPAVIDO 31
IMURAN 73
IMVEXXY MAINTENANCE PACK 67
IMVEXXY STARTER PACK 67
INBRIJA 32
incassia 67
INCONTROL ULTICARE PEN NEEDLES 80
INCRELEX 65
indapamide 40
indomethacin 10
indomethacin er 10
indomethacin sodium 10
INFANRIX 73
INFASURF 86
INFED 55
INFLECTRA 72
INFUMORPH 200 9
INFUMORPH 500 9
INGREZZA 45
INJECTAFER 55
INLURIYO 27
INLYTA 27
INREBIC 27
INSPIREASE RESERVOIR BAGS 80
INSULIN LISPRO 52
INSULIN LISPRO (1 UNIT DIAL) 52
INSULIN LISPRO JUNIOR KWIKPEN 52
INSULIN LISPRO PROT & LISPRO 52
INSULIN PEN NEEDLES 80
INSULIN SYRINGES 53
INSUL-TOTE ULTIMATE 51
INSUPEN32G EXTR3ME 80
INTELENCE 34
INTRALIPID 55
INTRAROSA 62
introvale 67
INVEGA HAFYERA 32
INVEGA SUSTENNA 32
INVEGA TRINZA 32
INVELTYS 83
IOPIDINE 84
IPOL 73
ipratropium bromide 86, 87
ipratropium bromide hfa 87
ipratropium-albuterol 87
IQIRVO 59
irbesartan 40
irbesartan-hydrochlorothiazide 40
irinotecan hcl 27
iron sucrose 55
ISENTRESS 34
ISENTRESS HD 34
isibloom 67
isoniazid 24
isoproterenol hcl 87
isosorb dinitrate-hydralazine 40
isosorbide dinitrate 40
isosorbide mononitrate 40
isosorbide mononitrate er 40
isotretinoin 48
isradipine 40
ISTODAX 27
ITOVEBI 27
itraconazole 22
ivabradine hcl 40
ivermectin 31, 48
IWILFIN 76
IXEMPRA KIT 27
IXIARO 73
IXINITY 36
IZERVAY 85
jaimiess 67
JAKAFI 27
JAKAFI XR 27
JANUMET 49
JANUMET XR 49
JANUVIA 49
JARDIANCE 49
jasmiel 67
JAYPIRCA 27
JEMPERLI 27
jencycla 67
JENTADUETO 49
JENTADUETO XR 49
JEVTANA 27
jinteli 69
JIVI 36
jolessa 67
JORNAY PM 43
JOURNAVX 9
joyeaux 67
J-TIP KIT W/VIAL ADAPTERS 80
juleber 67
JULUCA 34
junel 1.5/30 67
junel 1/20 67
junel fe 1.5/30 67
junel fe 1/20 67
junel fe 24 67
JUXTAPID 40
JYLAMVO 71
JYNARQUE 57
JYNNEOS 74
KABIVEN 55
KADCYLA 27
kaitlib fe 67
KALBITOR 71
KALETRA 34
kalliga 67
KALYDECO 88
KANJINTI 27
KANUMA 61
kariva 67
KCENTRA 36
kelnor 1/35 67
KENALOG-80 63
KENGREAL 32
KEPIVANCE 45
KEPPRA 18

KERALYT 48
KERENDIA 77
KERLIX AMD ANTIMICROBIAL 80
KERLIX AMD SUPER SPONGES 80
KESIMPTA 44
ketoconazole 22
KETO-DIASTIX 51
KETONE CARE 51
ketoprofen 10
ketorolac tromethamine 10, 84
ketorolac tromethamine +rfid 10
KETOSTIX 51
KEVEYIS 85
KEVZARA 71
KEYTRUDA 27
KEYTRUDA QLEX 27
KHAPZORY 27
KIMMTRAK 27
KIMYRSA 15
KINERET 71
KINRIX 74
KIONEX 57
KISQALI (200 MG DOSE) 27
KISQALI (400 MG DOSE) 27
KISQALI (600 MG DOSE) 27
KLARON 48
klayesta 22
KLISYRI (250 MG) 48
KLISYRI (350 MG) 48
klor-con 55
klor-con 10 55
klor-con m10 55
klor-con m15 55
klor-con m20 55
KLOXXADO 12
KOATE 36
KOATE-DVI 36
KOMZIFTI 27
KORSUVA 83
KOSELUGO 27
KOURZEQ 45
KOVALTRY 36
K-PHOS 55
KRAZATI 27
KRINTAFEL 31
KT TAPE CGM PATCH 51
kurvelo 67
KYLEENA 67
KYPROLIS 27
labetalol hcl 40
LABETALOL HCL 40
lacosamide 18
lactated ringers 57
lactic acid e 48
lactulose 59
lactulose encephalopathy 59
LAGEVRIO 34
L-ALANINE 55
LAMICTAL XR 18
lamivudine 34
lamivudine-zidovudine 34
lamotrigine 18
lamotrigine er 18
lamotrigine starter kit-blue 18
lamotrigine starter kit-green 18
lamotrigine starter kit-orange 18
LAMPIT 31
LANCETS 51
LANCETS 28G THIN 51
LANCETS SUPER THIN 51
LANOXIN 40
LANOXIN PEDIATRIC 40
lanreotide acetate 65
lansoprazole 58
LANTUS SOLOSTAR 52
LANTUS U-100 VIAL 52
lapatinib ditosylate 27
larin 1.5/30 67
larin 1/20 67
larin 24 fe 67
larin fe 1.5/30 67
larin fe 1/20 67
latanoprost 84
LAZCLUZE 27
L-CYSTINE 55
lederle leucovorin 27
leflunomide 71
LEMTRADA 44
lenalidomide 31
LENTOCILIN 15
LENVIMA 27
LEQSELVI 48
lessina 67
letrozole 27
leucovorin calcium 27
LEUKERAN 27
LEUKINE 36
leuprolide acetate 64
LEUPROLIDE ACETATE-BUPIVACAINE 64
levalbuterol hcl 87
levetiracetam 18
levetiracetam er 18
levetiracetam in nacl 18
levobunolol hcl 84
LEVOCARNITINE 57
levocarnitine 57
levocarnitine sf 57
levocetirizine dihydrochloride 86
levofloxacin 15, 84
levofloxacin in d5w 15
levoleucovorin calcium 27
levoleucovorin calcium pf 27
levonest 67
levonorgest-eth estrad 91-day 67
levonorgest-eth estradiol-iron 67
levonorgestrel-ethinyl estrad 67
levonorg-eth estrad triphasic 67
LEVOPHED 40
levo-t 70
levothyroxine sodium 70
levoxyl 70
LEVULAN KERASTICK 48
L-GLUTAMIC ACID 55
L-GLUTAMIC ACID HCL 60
l-glutamine 76
L-HISTIDINE 55
L-HISTIDINE HCL MONOHYDRATE 55
L-HISTIDINE MONOHYDROCHLORIDE 55
LIBTAYO 27
lidocaine 12
lidocaine hcl 11, 12
LIDOCAINE HCL 11
lidocaine hcl (cardiac) pf 12
lidocaine hcl (pf) 11
lidocaine hcl urethral/mucosal 12
lidocaine in d5w 12
lidocaine viscous hcl 45
lidocaine-epinephrine 11
lidocaine-epinephrine (pf) 11
lidocaine-prilocaine 12
LIDOCAINE-SODIUM BICARBONATE 11
LILETTA (52 MG) 67
LINCOCIN 15
lincomycin hcl 15
linezolid 15
linezolid in sodium chloride 15
LINZESS 59
liomny 70
liothyronine sodium 70
LIPO 55
LIPO-C 55
liraglutide 49
lisdexamfetamine dimesylate 43
lisinopril 40
lisinopril-hydrochlorothiazide 40
LITFULO 48
lithium 35
lithium carbonate 35
lithium carbonate er 35

LITHOSTAT 61
LIVDELZI 59
LIVTENCITY 34
L-LEUCINE 55
LMD IN D5W 36
LMD IN NACL 36
L-MESITRAN SOFT WOUND 48
LO LOESTRIN FE 67
LODINE 10
LOESTRIN 1.5/30 (21) 67
LOESTRIN 1/20 (21) 67
LOESTRIN FE 1.5/30 67
LOESTRIN FE 1/20 67
lofexidine hcl 12
lojaimiess 67
LOKELMA 57
lomustine 27
LONSURF 27
loperamide hcl 59
LOPID 40
lopinavir-ritonavir 34
LOPRESSOR 40
LOQTORZI 27
lorazepam 35
lorazepam intensol 35
LORBRENA 27
loryna 67
losartan potassium 40
losartan potassium-hctz 40
LOTEMAX SM 84
LOTENSIN 40
LOTENSIN HCT 40
loteprednol etabonate 84
loteprednol-tobramycin 85
lovastatin 40
LOVENOX 17
low-ogestrel 68
loxapine succinate 32
lo-zumandimine 68
L-PHENYLALANINE 55
L-PROLINE 55
L-TRYPTOPHAN 55
L-TYROSINE 55
lubiprostone 59
LUGOLS STRONG IODINE 13
luizza 1.5/30 68
luizza 1/20 68
LUMAKRAS 27
LUMIGAN 84
LUMIZYME 61
LUNSUMIO 27
LUPRON DEPOT (1-MONTH) ... 64
LUPRON DEPOT (3-MONTH) ... 64
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG .. 64
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG .. 64
LUPRON DEPOT-PED (1-MONTH) 65
LUPRON DEPOT-PED (3-MONTH) 65
LUPRON DEPOT-PED (6-MONTH) 65
lurasidone hcl 32
LUXAMEND 48
L-VALINE 55
LYBALVI 32
lyleq 68
lyllana 69
LYNKUET 77
LYNOZYFIC 27
LYNPARZA 27
LYSINE HCL 55
LYSODREN 27
LYTGOBI (12 MG DAILY DOSE) 27
LYTGOBI (16 MG DAILY DOSE) 28
LYTGOBI (20 MG DAILY DOSE) 28
LYUMJEV KWIKPEN 52
LYUMJEV VIAL 52
lyza 68
MACRODANTIN 15
MAGNESIUM CARBONATE 55
MAGNESIUM CARBONATE HEAVY 55
magnesium chloride 55
magnesium sulfate 55, 56
magnesium sulfate in d5w 55
MAGNESIUM SULFATE-NACL 56
MALARONE 31
malathion 31
mannitol 40
maraviroc 34
MARCAINE 11
MARCAINE PRESERVATIVE FREE 11
MARCAINE/EPINEPHRINE 11
MARCAINE/EPINEPHRINE PF . 11
MARGENZA 28
marlissa 68
MARPLAN 20
MATULANE 28
MAVENCLAD 44
MAVYRET 34
MAXIDEX 84
MAXITROL 84
MAYZENT 44
MAYZENT STARTER PACK 44
meclizine hcl 21
MEDIHONEY WOUND/BURN DRESSING 48
MEDROL 63
medroxyprogesterone acetate 68, 69
mefloquine hcl 31
megestrol acetate 66, 69
MEKINIST 28
MEKTOVI 28
meleya 68
meloxicam 10
melphalan hcl 28
memantine hcl 19
memantine hcl er 19
memantine hcl-donepezil hcl er .. 19
MENOPUR 65
MENOSTAR 69
MENQUADFI 74
MENVEO 74
meperidine hcl 9
meprobamate 35
MEPRON 31
MEPSEVII 61
mercaptopurine 28
MERILOG 52
MERILOG SOLOSTAR 52
meropenem 15
MEROPENEM-SODIUM CHLORIDE 15
mesalamine 74
mesalamine er 74
mesna 28
MESNEX 28
metformin hcl 49
metformin hcl er 49
methadone hcl 9
methadone hcl intensol 9
METHADOSE 9
methadose 9
METHADOSE SUGAR-FREE 9
methazolamide 85
methenamine hippurate 15
METHENAMINE MANDELATE . 15
METHERGINE 77
methimazole 70
METHITEST 64
methocarbamol 89
methotrexate sodium 71
methotrexate sodium (pf) 71
methoxsalen rapid 48
methscopolamine bromide 59
methsuximide 19
METHYLCOBALAMIN 56

methyldopa 40
methylene blue 76
methylene blue (antidote) 76
methylergonovine maleate 77
METHYLIN 43
methylphenidate hcl 43
methylphenidate hcl er 43
methylphenidate hcl er (cd) 43
methylphenidate hcl er (la) 43
methylphenidate hcl er (osm) 43
methylphenidate hcl er (xr) 43
methylphenidate hcl er(diffus) 43
methylprednisolone 63
methylprednisolone acetate 63
METHYLPREDNISOLONE ACETATE 63
methylprednisolone sodium succ 63
METHYLPREDNISOLONE-BUPIVACAINE 63
METHYLTESTOSTERONE 64
metoclopramide hcl 21
metoclopramide hcl +rfid 21
metolazone 40
metoprolol succinate er 40
metoprolol tartrate 40
METOPROLOL TARTRATE 40
metoprolol-hydrochlorothiazide 40
METROCREAM 48
metronidazole 15, 17, 48
metyrosine 40
mexiletine hcl 40
MI PASTE 45
MI PASTE PLUS 45
MIACALCIN 75
mibelas 24 fe 68
micafungin sodium 22
MICAFUNGIN SODIUM-NACL 22
miconazole 3 23
MICROCHAMBER 80
MICROCYN 48
microgestin 1.5/30 68
microgestin 1/20 68
microgestin fe 1.5/30 68
microgestin fe 1/20 68
MICROLET NEXT LANCETS 51
MICROLET NEXT LANCING DEVICE 51
midodrine hcl 40
MIEBO 85
MIFEPREX 66
mifepristone 66
MIGERGOT 23
miglitol 49
miglustat 60
mili 68
milnacipran hcl 45
milophene 65
milrinone lactate 40
milrinone lactate in dextrose 40
mimvey 69
MINIMED 780G INSULIN PUMP 80
MINIMED APP MANAGER 80
MINIMED INSTINCT GLUC SENSOR 51
MINIMED MIO ADVANCE INFUSE SET 80
MINIMED PUMP RESERVOIR 3ML 80
MINIMED QUICK SET INF SET 18" 80
MINIMED QUICK SET INF SET 23" 80
MINIMED QUICK SET INF SET 32" 80
MINIMED QUICK SET INF SET 43" 80
MINIMED SILHOUETTE INF SET 32" 80
MINIMED SILHOUETTE INF SET 43" 80
MINIVELLE 69
MINOCIN 15
minocycline hcl 15
minoxidil 40
minzoya 68
MIPLYFFA 77
mirabegron er 61
MIRCERA 36
MIRENA (52 MG) 68
mirtazapine 20
MIRVASO 48
misoprostol 58
mitigo 9
mitomycin 28
MITOSOL 84
mitoxantrone hcl 28
MIUDELLA INTRAUTERINE COPPER 68
M-M-R II 74
MNEXSPIKE 74
MOBILE LANCETS 30G 51
modafinil 89
MODD1 PATIENT WELCOME KIT 80
MODD1 SUPPLY KIT 80
MODEYSO 28
moexipril hcl 40
molindone hcl 32
mometasone furoate 48, 86
MONDOXYNE NL 15
MONJUVI 28
MONOFERRIC 56
mono-linyah 68
montelukast sodium 87
MORPHINE SULFATE 9
morphine sulfate 9
morphine sulfate (concentrate) 9
morphine sulfate (pf) 9
morphine sulfate er 9
morphine sulfate er beads 9
MORPHINE SULFATE-NACL 9
MOTPOLY XR 19
MOUNJARO 49
MOXIFLOXACIN HCL 15
moxifloxacin hcl 15, 84
moxifloxacin hcl (2x day) 84
moxifloxacin hcl in nacl 15
MRESVIA 74
MULPLETA 36
MULTAQ 40
MULTRYS 56
mupirocin 17
MUTAMYCIN 28
MVASI 28
MYALEPT 61
mycophenolate mofetil 73
mycophenolate mofetil hcl 73
mycophenolate sodium 73
mycophenolic acid 73
MYFEMBREE 69
MYFORTIC 73
MYHIBBIN 73
MYLERAN 28
MYLOTARG 28
MYOBLOC 76
MYRBETRIQ 62
MYTESI 59
MYXREDLIN 52
na ferric gluc cplx in sucrose 56
na sulfate-k sulfate-mg sulf 59
NABI-HB 70
nabumetone 10
nadolol 40
nafcillin sodium 15
NAFCILLIN SODIUM IN DEXTROSE 15
NAGLAZYME 61
nalbuphine hcl 9
NALMEFENE HCL 12
naloxone hcl 12
naltrexone hcl 12
naproxen 10
naproxen sodium 10

naratriptan hcl 23
NARCAN 12
NAROPIN 11
NASCOBAL 56
NATACYN 84
NATAZIA 68
nateglinide 49
NAYZILAM 19
nebivolol hcl 40
NEBUPENT 31
NEBUSAL 86
necon 0.5/35 (28) 68
nefazodone hcl 20
NEFFY 87
nelarabine 28
NEMLUVIO 48
NEOKE ALCAR 56
NEOKE RA LIPOIC 83
neomycin sulfate 15
neomycin-bacitracin zn-polymyx 85
neomycin-polymyxin b gu 17
neomycin-polymyxin-dexameth .. 84
neomycin-polymyxin-gramicidin . 85
neomycin-polymyxin-hc 84, 86
NEOPROFEN 10
NEORAL 73
neostigmine methylsulfate 23
NEOSTIGMINE METHYLSULFATE 23
neostigmine methylsulfate rfid 23
NEO-SYNALAR 48
NERLYNX 28
NESACAINE 11
NESACAINE-MPF 11
neuac 48
NEULASTA 36
NEULASTA ONPRO 36
NEUPRO 32
nevirapine 34
nevirapine er 34
NEXAVIR 83
NEXIUM 58
NEXLETOL 40
NEXLIZET 40
NEXPLANON 68
NEXTERONE 40
NEXTSTELLIS 68
NEXVIAZYME 61
NGENLA 65
niacin er (antihyperlipidemic) 40
nicardipine hcl 40
nicardipine hcl in nacl 40
NICARDIPINE HCL IN NACL 40
NICOTROL NS 12
nifedipine 41
nifedipine er 40
nifedipine er osmotic release 41
nikki 68
nilotinib hcl 28
nilutamide 28
nimodipine 41
NIMODIPINE 41
NINLARO 28
nintedanib esylate 87
NIPENT 28
nitazoxanide 31
NITHIODOTE 76
nitisinone 61
nitro-bid 41
nitrofurantoin macrocrystal 15
nitrofurantoin monohydrate macrocrystals 15
nitroglycerin 41, 42
nitroglycerin in d5w 41
NITROLINGUAL 41
nitroprusside sodium 41
NITYR 61
NIVESTYM 36
nizatidine 58
nora-be 68
NORDITROPIN FLEXPRO 65
norelgestromin-eth estradiol 68
norepinephrine bitartrate 41
NOREPINEPHRINE-DEXTROSE 41
NOREPINEPHRINE-SODIUM CHLORIDE 41
norethin ace-eth estrad-fe 68
norethindrone 68
norethindrone acetate 69
norethindrone acet-ethinyl est 68
norethindrone-eth estradiol 70
norgestimate-eth estradiol 68
norgestimate-ethinyl estradiol triphasic 68
NORLIQVA 41
norlyroc 68
NORPACE 41
NORPACE CR 41
NORPRAMIN 20
nortrel 0.5/35 (28) 68
nortrel 1/35 (21) 68
nortrel 1/35 (28) 68
nortrel 7/7/7 68
nortriptyline hcl 20
NORVIR 34
NOURIANZ 32
NOVAREL 65
NOVOEIGHT 36
NOVOFINE PEN NEEDLE 80
NOVOFINE PLUS PEN NEEDLE 80
NOVOLIN 70/30 FLEXPEN 52
NOVOLIN 70/30 VIAL 52
NOVOLIN N FLEXPEN 52
NOVOLIN N VIAL 52
NOVOLIN R FLEXPEN 52
NOVOLIN R VIAL 52
NOVOLOG FLEXPEN 52
NOVOLOG MIX 70/30 FLEXPEN 52
NOVOLOG MIX 70/30 VIAL 52
NOVOLOG PENFILL 52
NOVOLOG U-100 VIAL 52
NOVOPEN ECHO 51
NOVOSEVEN RT 36
NOXAFIL 22
NPLATE 36
NUBEQA 28
NUCALA 87
NUEDEXTA 45
NULIBRY 61
NULOJIX 73
NUPLAZID 33
NURTEC 23
NUTRILIPID 56
NUTROPIN AQ NUSPIN 10 65
NUVARING 68
NUVAXOVID COVID-19 VACCINE 74
NUWIQ 36
NUZYRA 15
nylia 1/35 68
nylia 7/7/7 68
NYMALIZE 41
nystatin 22
nystatin-triamcinolone 22
nystop 23
OBIZUR 36
OCREVUS 44
OCREVUS ZUNOVO 44
OCTAGAM 70
octreotide acetate 65
ODACTRA 75
ODEFSEY 34
ODOMZO 28
OFEV 87
ofloxacin 15, 84, 86
OGSIVEO 28
OJEMDA 28
olanzapine 33
olanzapine-fluoxetine hcl 20
olmesartan medoxomil 41
olmesartan medoxomil-hctz 41

olmesartan-amlodipine-hctz 41
olopatadine hcl 84
OLUMIANT 71
omega-3-acid ethyl esters 41
omeprazole 58
OMNARIS 86
OMNIPOD 5 DEXG7G6 INTRO GEN 5 80
OMNIPOD 5 DEXG7G6 PODS GEN 5 81
OMNIPOD 5 LIBRE2 G6 INTRO GEN5 81
OMNIPOD 5 LIBRE2 PLUS G6 PODS 81
OMNIPOD DASH INTRO (GEN 4) 81
OMNIPOD DASH PDM (GEN 4) 81
OMNIPOD DASH PODS (GEN 4) 81
OMNIPOD POD PALS 81
OMNITROPE 65
OMVOH 72
OMVOH (300 MG DOSE) 72
ONAPGO 32
ONCASPAR 28
ondansetron hcl 21
ondansetron hcl +rfid 21
ondansetron odt 21
ONETOUCH DELICA PLUS LANCING 51
ONETOUCH DELICA SAFETY LANCING 51
ONEXTON 48
ONGENTYS 32
ONIVYDE 28
ONPATTRO 45
ONUREG 28
ONYDA XR 43
OPDIVO 28
OPDIVO QVANTIG 28
OPDUALAG 28
OPFOLDA 61
OPIPZA 33
OPSUMIT 88
OPTICHAMBER DIAMOND 81
OPTICHAMBER DIAMOND-LG MASK 81
OPTICHAMBER DIAMOND-MD MASK 81
OPTICHAMBER DIAMOND-SM MASK 81
OPVEE 12
OPZELURA 48
ORABLOC 11
ORALAIR 76
ORALAIR ADULT STARTER PACK 76
ORALAIR CHILDRENS STARTER PACK 76
ORALONE 45
ORBACTIV 15
ORENCIA 71
ORENCIA CLICKJECT 71
ORENITRAM 88
ORENITRAM MONTH 1 88
ORENITRAM MONTH 2 88
ORENITRAM MONTH 3 88
ORFADIN 61
ORGOVYX 28
ORIAHNN 70
ORILISSA 65
ORKAMBI 88
ORLADEYO 71
orphenadrine citrate 89
orphenadrine citrate er 89
orquidea 68
ORSERDU 28
OSCIMIN 59
oseltamivir phosphate 34
OSENVELT 75
OSMITROL 41
OSPHENA 66
OTEZLA 71
OTEZLA XR 71
OTEZLA/OTEZLA XR INITIATION PK 71
OVIDE 31
OVIDREL 65
oxacillin sodium 15
OXACILLIN SODIUM IN DEXTROSE 15
oxaliplatin 28
oxaprozin 10
oxazepam 35
oxcarbazepine 19
oxcarbazepine er 19
OXERVATE 85
OXLUMO 62
oxybutynin chloride 62
oxybutynin chloride er 62
oxycodone hcl 9, 10
OXYCODONE-ACETAMINOPHEN 10
oxycodone-acetaminophen 10
OXYCONTIN 10
oxymorphone hcl 10
oxymorphone hcl er 10
oxytocin 65
OXYTOCIN 65
oxytocin +rfid 65
OXYTOCIN-LACTATED RINGERS 65
OXYTOCIN-SODIUM CHLORIDE 65
OXYTROL 62
OZEMPIC 49
PACERONE 41
paclitaxel 28
paclitaxel protein-bound part 28
PADCEV 28
paliperidone er 33
palonosetron hcl 21
pamidronate disodium 75
PANDA MASK LARGE 81
PANDA MASK MEDIUM 81
PANDA MASK SMALL 81
PANRETIN 31
pantoprazole sodium 58
PANTOPRAZOLE SODIUM-NACL 58
PANZYGA 70
PARAGARD INTRAUTERINE COPPER 68
PARI VORTEX ADULT MASK 81
PARI VORTEX PEDIATRIC MASK 81
paricalcitol 75
PARLODEL 32
paroxetine hcl 20
paroxetine hcl er 20
PARSABIV 75
PAXLOVID (150/100) 34
PAXLOVID (300/100 & 150/100) 34
PAXLOVID (300/100) 34
pazopanib hcl 28
PEDIARIX 74
PEDIATRIC PANDA MASK 81
PEDMARK 76
PEDVAX HIB 74
peg 3350-kcl-na bicarb-nacl 59
peg-3350/electrolytes 59
peg-3350/electrolytes/ascorbat 59
PEGASYS 34
peg-kcl-nacl-nasulf-na asc-c 59
PEG-PREP 60
PEMETREXED 28
PEMETREXED DISODIUM 28
pemetrexed disodium 28
PEMFEXY 28
PEMGARDA 70
PEMRYDI RTU 28
PEN NEEDLE/5-BEVEL TIP 81
PENBRAYA 74

penicillamine 62
PENICILLIN G POT IN DEXTROSE 15
penicillin g potassium 15
penicillin g sodium 15
penicillin v potassium 15
PENMENVY 74
PENTACEL 74
PENTAM 31
pentamidine isethionate 31
pentazocine-naloxone hcl 10
PENTETATE CALCIUM TRISODIUM 76
PENTETATE ZINC TRISODIUM 76
PENTIPS GENERIC PEN NEEDLES 81
pentobarbital sodium 19
pentoxifylline er 37
perampanel 19
PERFECT POINT SAFETY LANCETS 51
PERFOROMIST 87
PERIDEX 45
PERIKABIVEN 56
perindopril erbumine 41
periogard 45
PERJETA 28
permethrin 31
perphenazine 21
perphenazine-amitriptyline 20
PERSERIS 33
PETROLEUM GAUZE NON-WOVEN 3X9" 48
PFIZERPEN 16
PHEBURANE 61
phenazopyridine hcl 62
phenelzine sulfate 20
PHENERGAN 21
phenobarbital 19
phenobarbital sodium 19
phenoxybenzamine hcl 41
phentolamine mesylate 41
phenylephrine hcl 41, 85
PHENYLEPHRINE HCL 41
PHENYLEPHRINE HCL-NACL 41
phenytek 19
phenytoin 19
phenytoin infatabs 19
phenytoin sodium 19
phenytoin sodium extended 19
PHESGO 28
PHEXX 77
philith 68
phosphorous 56
phospho-trin 250 neutral 56
PHOSPHO-TRIN K500 56
PHOTOFRIN 28
PHYSIOLYTE 57
phytonadione 56
PIFELTRO 34
pilocarpine hcl 45, 84
pimecrolimus 48
pimozide 33
pimtrea 68
pindolol 41
pioglitazone hcl 49
pioglitazone hcl-glimepiride 49
pioglitazone hcl-metformin hcl 49
PIP PEN NEEDLES 32G X 4MM 81
piperacillin sod-tazobactam so 16
PIPERACILLIN-TAZOBACTAM-NACL 16
PIQRAY 28
pirfenidone 87
piroxicam 10
PITOCIN 65
PLENAMINE 56
plerixafor 36
PNEUMOVAX 23 74
POCKET SPACER 81
PODOCON-25 48
podofilox 48
POLIVY 28
POLOCAINE 11
POLOCAINE-MPF 11
polymyxin b sulfate 16
polymyxin b-trimethoprim 85
pomalidomide 28
POMALYST 28, 29
POMBILITI 61
portia-28 68
PORTRAZZA 29
posaconazole 22
potassium acetate 56
potassium chloride 56
potassium chloride crys er 56
potassium chloride er 56
potassium citrate er 57
potassium phosphates 56
potassium phosphates(66 meq k) 56
POTELIGEO 29
POVIDONE-IODINE 84
PRADAXA 18
pralatrexate 29
pramipexole dihydrochloride 32
PRAMOTIC 86
prasugrel hcl 32
pravastatin sodium 41
praziquantel 31
prazosin hcl 41
PRECEDEX 77
PRED MILD 84
prednisolone 63
prednisolone acetate 84
prednisolone sodium phosphate 63, 84
prednisone 63
pregabalin 45
PREGNYL 65
PREMARIN 68, 70
PREMASOL 56
PREMPHASE 70
PREMPRO 70
PREPIDIL 62
PRESTALIA 41
PRETOMANID 24
prevalite 41
PREVDUO 76
PREVNAR 20 74
PREVYMIS 34
PREZCOBIX 34
PREZISTA 34
PRIFTIN 24
primaquine phosphate 31
PRIMAXIN IV 16
primidone 19
PRIORIX 74
PRISMASOL B22GK 4/0 57
PRISMASOL BGK 0/2.5 57
PRISMASOL BGK 2/0 57
PRISMASOL BGK 2/3.5 57
PRISMASOL BGK 4/2.5 57
PRISMASOL BK 0/0/1.2 58
PRIVIGEN 70
PRO COMFORT SPACER ADULT 81
PRO COMFORT SPACER CHILD 81
PRO COMFORT SPACER INFANT 81
probenecid 23
procainamide hcl 41
PROCARE SPACER/ADULT MASK 81
PROCARE SPACER/CHILD MASK 81
PROCENTRA 43
prochlorperazine 21
prochlorperazine edisylate 21
prochlorperazine maleate 21
PROCRIT 36
PROCTOFOAM HC 75

procto-med hc 75
PROFILNINE 36
progesterone 68, 70
PROGRAF 73
PROLASTIN-C 87
PROLEUKIN 29
promethazine hcl 21
promethazine-codeine 86
promethazine-dm 86
PROMETHEGAN 21
propafenone hcl 41
propafenone hcl er 41
proparacaine hcl 85
propranolol hcl 41
propranolol hcl er 41
propylthiouracil 70
PROQUAD 74
PROSOL 56
protamine sulfate 37
PROTONIX 58
PROTOPAM CHLORIDE 76
protriptyline hcl 20
PROVAYBLUE 76
PROVERA 70
prucalopride succinate 60
pseudoephedrine-bromphen-dm 86
PULMOSAL 86
PULMOZYME 88
PURE COMFORT SAFETY LANCET 30G 51
PURE COMFORT SAFETY PEN NEEDLE 81
PURE COMFORT SPACER CHAMBER 81
PYLERA 60
pyrazinamide 24
pyridostigmine bromide 23
pyridostigmine bromide er 23
PYRIDOSTIGMINE BROMIDE ER 77
pyridoxine hcl 56
PYRIDOXINE HCL 56
pyrimethamine 31
PYROGALLIC ACID 48
PYRUKYND 37
PYRUKYND TAPER PACK 37
QBREXZA 48
QFITLIA 37
QINLOCK 29
QNASL 86
QNASL CHILDRENS 86
QUADRACEL 74
quazepam 35
QUELICIN 44
quetiapine fumarate 33
quetiapine fumarate er 33
QUICK TOUCH INSULIN PEN NEEDLE 81
quinapril hcl 42
quinapril-hydrochlorothiazide 42
quinidine gluconate er 42
quinidine sulfate 42
quinine sulfate 31
QULIPTA 23
QVAR REDIHALER 87
RABAVERT 74
rabeprazole sodium 58
RADIAPLEXRX 48
RADICAVA ORS 44
RADICAVA ORS STARTER KIT 44
RADIOGARDASE 77
RAGWITEK 76
RALDESY 20
raloxifene hcl 66
ramelteon 89
ramipril 42
ranolazine er 42
RAPIVAB 34
RAPPORT RLS 81
RAPPORT VTD 81
rasagiline mesylate 32
RASUVO 71
RAYA SURE PEN NEEDLE 81
RAYALDEE 75
REBINYN 37
REBLOZYL 36
REBYOTA 60
RECARBRIO 16
reclipsen 68
RECOMBINATE 37
RECOMBIVAX HB 74
RECOTHROM 37
RECOTHROM SPRAY KIT 37
REGENECARE 48
REGONOL 23
RELENZA DISKHALER 34
REMERON SOLTAB 20
REMESENSE 45
remifentanil hcl 10
RENACIDIN 62
repaglinide 49
REPATHA 42
REPATHA SURECLICK 42
RESTASIS 85
RESTASIS MULTIDOSE 85
RESTORA RX 60
RETACRIT 36
RETEVMO 29
RETIN-A MICRO PUMP 48
RETROVIR 34
REVCOVI 61
REVLIMID 31
revonto 89
REVUFORJ 29
REXTOVY 12
REXULTI 33
REYATAZ 34
REZDIFFRA 60
REZVOGLAR KWIKPEN 52
RHAPSIDO 73
RHOGAM ULTRA-FILTERED PLUS 70
RHOPHYLAC 70
RHOPRESSA 84
RIASTAP 37
ribavirin 34
RIDAURA 71
rifabutin 24
RIFADIN 24
rifampin 24
rilpivirine hcl 34
riluzole 44
rimantadine hcl 34
RIMSO-50 62
ringers irrigation 58
RINVOQ 71
RINVOQ LQ 71
RIOMET 49
risedronate sodium 75
RISPERDAL CONSTA 33
risperidone 33
risperidone microspheres er 33
ritonavir 34
RITUXAN 29
RITUXAN HYCELA 29
rivaroxaban 18
rivastigmine tartrate 19
rivelsa 68
RIVFLOZA 62
RIXUBIS 37
rizatriptan benzoate 23
ROBAXIN 89
ROCALTROL 75
ROCKLATAN 84
rocuronium bromide 44
ROCURONIUM BROMIDE 44
rocuronium bromide +rfid 44
ROCURONIUM BROMIDE +RFID 44
roflumilast 87
romidepsin 29
ROMVIMZA 29
ropinirole hcl 32

ropinirole hcl er 32
ropivacaine hcl 11
ROPIVACAINE HCL-NACL 11
rosuvastatin calcium 42
rosyrah 68
ROTARIX 74
ROTATEQ 74
roweepra 19
ROZLYTREK 29
RUCONEST 71
rufinamide 19
RUKOBIA 34
RUXIENCE 29
RYALTRIS 86
RYANODEX 89
RYBELSUS 49
RYBREVANT 29
RYCLORA 86
RYDAPT 29
RYKINDO 33
RYSTIGGO 83
RYTELO 29
SACCHARIN 76
sacubitril-valsartan 42
SAFETY PEN NEEDLES 81
SAFYRAL 68
saline bacteriostatic 83
SALINE-PHENOL 83
SANDIMMUNE 73
SANTYL 48
SAPHNELO 73
sapropterin dihydrochloride 61
SARCLISA 29
SAVAYSA 18
SAVELLA 45
SAVELLA TITRATION PACK ... 45
saxagliptin hcl 49
saxagliptin-metformin er 49
SCEMBLIX 29
SCENESSE 48
scopolamine 22
selegiline hcl 32
selenium sulfide 48
SELZENTRY 34
SENSILANCE SAFETY LANCETS 21G 51
SENSILANCE SAFETY LANCETS 26G 51
SENSILANCE SAFETY LANCETS 28G 51
SENSORCAINE 11
SENSORCAINE/EPINEPHRINE 11
SENSORCAINE-MPF 12
SENSORCAINE-MPF/EPINEPHRINE 12
SEREVENT DISKUS 87
SEROSTIM 60
sertraline hcl 20
setlakin 68
sevelamer carbonate 61
sevelamer hcl 61
SEYSARA 16
SEZABY 19
sharobel 68
SHINGRIX 74
SIGNIFOR LAR 65
sildenafil citrate 61, 88, 89
SILHOUETTE 23" INFUSION SET 81
SILHOUETTE 43" INFUSION SET 81
SILHOUETTE INFUSION SET 18" 81
SILIQ 72
silodosin 62
silver sulfadiazine 17
SIMBRINZA 84
simliya 68
simpesse 68
SIMPLERA SENSOR 51
SIMPLERA SYNC SENSOR 51
SIMPLERA SYSTEM 51
SIMPONI 71
SIMPONI ARIA 71
SIMULECT 73
simvastatin 42
sirolimus 73
SIRTURO 24
SIVEXTRO 16
SKYCLARYS 44
SKYLA 68
SKYRIZI 72
SKYRIZI PEN 72
SKYTROFA 65
SLYND 68
SMOFLIPID 56
sod benz-sod phenylacet 61
sod citrate-citric acid 57
sodium acetate 56
SODIUM ASCORBATE 56
sodium bicarbonate 56
SODIUM BICARBONATE 56
sodium chloride 56, 57, 86
sodium chloride (pf) 56
sodium chloride bacteriostatic 83
SODIUM CITRATE 18
SODIUM CITRATE LOCK FLUSH 18
sodium citrate-citric acid 57
SODIUM CITRATE-GENTAMICIN SULF 18
SODIUM IODIDE I-131 70
sodium nitrite 77
sodium nitroprusside 42
sodium oxybate 89
sodium phenylbutyrate 61
sodium phosphates 56
sodium polystyrene sulfonate 58
sodium saccharin 76
sodium thiosulfate 77
SOFDRA 48
SOGROYA 65
SOHONOS 76
solifenacin succinate 62
SOLIQUA 49
SOLOSEC 16
SOLTAMOX 29
SOLU-CORTEF 63
SOLU-MEDROL 63
SOLU-MEDROL (PF) 63
SOMATULINE DEPOT 65
SOMAVERT 65
SOOLANTRA 48
sorafenib tosylate 29
SORBITOL 77
sorbitol-mannitol 77
sotalol hcl 42
sotalol hcl (af) 42
SOTYKTU 72
SOTYLIZE 42
SOVALDI 34
SPEVIGO 72
SPIKEVAX 74
SPIKEVAX 6M-11Y 74
spinosad 31
SPIRIVA RESPIMAT 87
spironolactone 42
spironolactone-hctz 42
SPORANOX 22
SPRAVATO (56 MG DOSE) 20
SPRAVATO (84 MG DOSE) 20
sprintec 28 68
SPS (SODIUM POLYSTYRENE SULF) 58
ssd 17
STARJEMZA 72
STERILE DILUENT FOR REMODULIN 83
sterile water for injection 83
sterile water for irrigation 58
STERITALC 88
STIOLTO RESPIMAT 88
STIVARGA 29

STOBOCLO 75
STRENSIQ 61
streptomycin sulfate 16
STRIBILD 34
STRIVERDI RESPIMAT 88
STROMECTOL 31
SUBLOCADE 12
subvenite 19
subvenite starter kit-blue 19
subvenite starter kit-green 19
subvenite starter kit-orange 19
succinylcholine chloride 44
SUCCINYLCHOLINE CHLORIDE 44
SUCRAID 60
sucralfate 58
SUFLAVE 60
sulfacetamide sodium 84
sulfacetamide sodium (acne) 48
sulfacetamide-prednisolone 85
sulfadiazine 16
sulfamethoxazole-trimethoprim 16
sulfasalazine 74
sulfatrim pediatric 16
sulfurated lime 31
sulindac 11
sumatriptan 23
sumatriptan succinate 23
sunitinib malate 29
SUNLENCA 34
SUNOSI 89
SUPPRELIN LA 65
SUPREP BOWEL PREP KIT 60
SURE T INFUSION SET 18"/6MM 81
SURE T INFUSION SET 23"/10MM 81
SURE T INFUSION SET 23"/6MM 81
SURE T INFUSION SET 23"/8MM 81
SURE T INFUSION SET 32"/10MM 81
SURE T INFUSION SET 32"/6MM 81
SURE T INFUSION SET 32"/8MM 81
SURVANTA 86
SUSTOL 22
SUSVIMO (IMPLANT 1ST FILL) 85
SUSVIMO (IMPLANT REFILL) 85
SUTAB 60
syeda 68
SYFOVRE 85
SYLVANT 31
SYMBICORT 88
SYMDEKO 88
SYMFI 34
SYMPAZAN 19
SYMPROIC 60
SYMTUZA 34
SYNALAR 48
SYNAREL 65
SYNDROS 22
SYNJARDY 49
SYNJARDY XR 49
T/SLIM X2 INSULIN PUMP 82
T/SLIM X2 STARTER 7.10 82
TABLOID 29
TABRECTA 29
TACLONEX 48
tacrolimus 48, 73
tacrolimus er 73
tadalafil 61
tadalafil (pah) 89
TAFINLAR 29
tafluprost (pf) 84
TAGRISSO 29
TAKHZYRO 71
TALICIA 60
TALTZ 72
TALVEY 29
tamoxifen citrate 29
tamsulosin hcl 62
TANDEM MOBI AUTOSOFT 30 KIT 82
TANDEM MOBI AUTOSOFT XC KIT 82
TANDEM MOBI AUTOSOFT30 14PK23" 82
TANDEM MOBI AUTOSOFTXC 14PK23" 82
TANDEM MOBI AUTOSOFTXC 14PK5" 82
TANDEM MOBI SYSTEM STARTER 82
TANDEM MOBI TRUSTEEL SUPP KIT 82
TANDEM T/SLIM ASFT 30 PK10 23" 82
TANDEM T/SLIM ASFT 30 PK14 23" 82
TANDEM T/SLIM ASFT XC PK10 23" 82
TANDEM T/SLIM ASFT XC PK14 23" 82
TANDEM T/SLIM TRUSTL PK10 23" 82
tapentadol hcl 10
tarina 24 fe 68
tarina fe 1/20 eq 68
tasimelteon 89
TASMAR 32
TAURINE 56
tavaborole 23
TAVALISSE 37
taysofy 68
TAYTULLA 68
tazarotene 48
tazicef 16
TAZICEF 16
TECENTRIQ 29
TECENTRIQ HYBREZA 29
TECHLITE LANCETS 26G 51
TECHLITE PLUS PEN NEEDLES 82
TECVAYLI 29
TEFLARO 16
TEGLUTIK 44
TEKTURNA 42
TELFA AMD ISLAND DRESSING 82
TELFA AMD NON-ADHERENT 82
telmisartan 42
telmisartan-amlodipine 42
temazepam 89
TEMBEXA 34
TEMODAR 29
temozolomide 29
temsirolimus 71
TENCON 10
TENIVAC 74
tenofovir disoproxil fumarate 34
TEPEZZA 65
TEPMETKO 29
terazosin hcl 62
terbinafine hcl 22
terbutaline sulfate 88
terconazole 23
teriflunomide 44
teriparatide 75
TERIPARATIDE 75
testosterone 64
testosterone cypionate 64
testosterone enanthate 64
tetrabenazine 45
tetracaine hcl 85
tetracycline hcl 16
TEVIMBRA 29
TEZSPIRE 88
THALOMID 31
THAM 56
THEO-24 88
theophylline 88

theophylline er 88
THIOLA 62
THIOLA EC 62
thioridazine hcl 33
thiotepa 29
thiothixene 33
THREONINE 56
THROMBIN-JMI 37
THROMBIN-JMI EPISTAXIS 37
THROMBOGEN 37
THYMOGLOBULIN 73
tiadylt er 42
tiagabine hcl 19
TIBSOVO 29
ticagrelor 32
TICE BCG 29
TICOVAC 74
TIGAN 22
tigecycline 16
TIGLUTIK 44
tilia fe 68
timolol hemihydrate 84
timolol maleate 42, 84
timolol maleate (once-daily) 84
tinidazole 16
tiopronin 62
tiotropium bromide 88
tirofiban hcl in nacl 32
TISSEEL 77
TIVDAK 29
TIVICAY 34
TIVICAY PD 34
tizanidine hcl 89
TOBI PODHALER 88
TOBRADEX 84
TOBRADEX ST 84
tobramycin 84, 88
tobramycin sulfate 16
tobramycin-dexamethasone 84
TOBREX 84
TOLAK 48
tolcapone 32
tolterodine tartrate 62
tolterodine tartrate er 62
tolvaptan (hyponatremia) 57
TOPICORT 48
topiramate 19
topiramate er 19
topotecan hcl 29
toremifene citrate 29
TORISEL 71
torpenz 29
torsemide 42
TOUJEO MAX SOLOSTAR 52
TOUJEO SOLOSTAR 52
TPOXX 34
TRADJENTA 49
TRALEMENT 56
tramadol hcl 10
tramadol hcl (er biphasic) 10
tramadol hcl er 10
tramadol-acetaminophen 10
trandolapril 42
trandolapril-verapamil hcl er 42
tranexamic acid 37
tranexamic acid-nacl 37
TRANSDERM SCOP 22
tranylcypromine sulfate 20
TRAVASOL 56
travoprost (bak free) 84
TRAZIMERA 29
trazodone hcl 20
TRELEGY ELLIPTA 88
TRELSTAR MIXJECT 64
TREMFYA 72
TREMFYA ONE-PRESS 72
TREMFYA PEN 72
TREMFYA-CD/UC INDUCTION 72
treprostinil 89
tretinoin 29, 48
tretinoin microsphere 48
tretinoin microsphere pump 48
TRETTEN 37
TREXALL 71
TREZIX 10
triamcinolone acetonide . 45, 48, 63
TRIAMCINOLONE DIACETATE 63
TRIAMCINOLONE-BUPIVACAINE 63
TRI-AMINO 56
triamterene-hctz 42
triazolam 35
TRICITRASOL 18
triderm 48
trientine hcl 58
tri-estarylla 68
trifluoperazine hcl 33
trifluridine 84
trihexyphenidyl hcl 32
TRIJARDY XR 49
TRIKAFTA 88
tri-legest fe 69
tri-linyah 69
tri-lo-estarylla 69
tri-lo-marzia 69
tri-lo-mili 69
tri-lo-sprintec 69
trimethobenzamide hcl 22
trimethoprim 16
tri-mili 69
trimipramine maleate 20
TRINTELLIX 20
TRIPTODUR 65
TRISENOX 29
tri-sprintec 69
TRIUMEQ 34
TRIUMEQ PD 34
tri-vylibra 69
tri-vylibra lo 69
TRODELVY 29
TROGARZO 35
tromethamine 56
TROPHAMINE 56
trospium chloride 62
trospium chloride er 62
TRUE COMFORT SAFETY PEN NEEDLE 82
TRULICITY 49
TRUMENBA 74
TRUQAP 29
TRYNGOLZA 42
TRYPTOPHAN 56
TRYPTYR 85
TRYVIO 42
TUKYSA 29
TURALIO 29
turqoz 69
TWIIST REFILL KIT 82
TWIIST REFILL KIT/INFUSION SET 82
TWIIST STARTER KIT 82
TWINRIX 74
TWIRLA 69
TYBLUME 69
tydemy 69
TYGACIL 16
TYMLOS 75
TYPHIM VI 74
TYRUKO 44
TYRVAYA 85
TYSABRI 44
TYVASO 89
TYVASO DPI INSTITUTIONAL KIT 89
TYVASO DPI MAINTENANCE KIT 89
TYVASO DPI TITRATION KIT 89
TYVASO REFILL KIT 89
TYVASO STARTER KIT 89
TYZAVAN 16
UBRELVY 23
UCERIS 75
UDENYCA 36
UDENYCA ONBODY 36

UDSX MEDICATED SYSTEM ... 83
UDSXMP MEDICATED SYSTEM ... 83
ULTIGUARD SAFEPACK SYR/NEEDLE ... 53
ULTIVA ... 10
ULTOMIRIS ... 37
ULTRA-CARE SAFETY LANCETS 30G ... 51
UNASYN ... 16
UNIFINE OTC PEN NEEDLES ... 82
UNIFINE PROTECT PEN NEEDLE ... 82
unithroid ... 70
UNITUXIN ... 29
UPLIZNA ... 73
UPNEEQ ... 84
UPTRAVI ... 89
UPTRAVI TITRATION ... 89
urea ... 49
ursodiol ... 60
UVADEX ... 29
UZEDY ... 33
VABOMERE ... 16
VABYSMO ... 85
valacyclovir hcl ... 35
VALCHLOR ... 31
valganciclovir hcl ... 35
VALINE ... 56
valproate sodium ... 19
valproic acid ... 19
valrubicin ... 30
valsartan ... 42
valsartan-hydrochlorothiazide ... 42
VALSTAR ... 30
VALTOCO 10 MG DOSE ... 19
VALTOCO 15 MG DOSE ... 19
VALTOCO 20 MG DOSE ... 19
VALTOCO 5 MG DOSE ... 19
valtya 1/35 ... 69
valtya 1/50 ... 69
vancomycin hcl ... 16
VANCOMYCIN HCL IN DEXTROSE ... 16
vancomycin hcl in dextrose ... 16
VANCOMYCIN HCL IN NACL ... 16
vancomycin hcl in nacl ... 16
VANDAZOLE ... 17
VANFLYTA ... 30
VANRAFIA ... 62
VAQTA ... 74
varenicline tartrate ... 13
varenicline tartrate (starter) ... 13
varenicline tartrate(continue) ... 13
VARITHENA ... 42
VARIVAX ... 74
VARIZIG ... 70
VARUBI (180 MG DOSE) ... 22
VASCEPA ... 42
vasopressin ... 65
vasopressin +rfid ... 65
VASOPRESSIN-SODIUM CHLORIDE ... 65
VASOSTRICT ... 66
VAXCHORA ... 74
VAXELIS ... 74
VAXNEUVANCE ... 74
VECAMYL ... 42
VECTIBIX ... 30
VECURONIUM BROMIDE ... 44
vecuronium bromide ... 44
VEKLURY ... 35
VELCADE ... 30
VELETRI ... 89
velivet ... 69
VELSIPITY ... 72
VELTASSA ... 58
VENCLEXTA ... 30
VENCLEXTA STARTING PACK ... 30
VENELEX ... 49
VENIPUNCTURE PX1 PHLEBOTOMY ... 12
venlafaxine hcl ... 20
venlafaxine hcl er ... 20, 21
VENOFER ... 56
VEOPOZ ... 72
VEOZAH ... 77
verapamil hcl ... 42
verapamil hcl er ... 42
VERIFINE INSULIN PEN NEEDLE ... 82
VERIFINE INSULIN SYRINGE ... 53
VERIFINE PLUS PEN NEEDLE ... 82
VERIFINE SAFE LANCET MINI 21G ... 51
VERIFINE SAFE LANCET MINI 23G ... 51
VERIFINE SAFE LANCET MINI 28G ... 51
VERIFINE SAFE LANCET MINI 30G ... 51
VERQUVO ... 42
VERSACLOZ ... 33
VERSAPENN (AG) ANHYDROUS ... 83
VERSAPENN (AL) ANHYD LIPID ... 83
VERZENIO ... 30
vestura ... 69
VFEND ... 22
VFEND IV ... 22
V-GO 20 ... 82
V-GO 30 ... 82
V-GO 40 ... 82
VIBATIV ... 16
VIBERZI ... 60
VIDAZA ... 30
vienva ... 69
vigabatrin ... 19
VIGAFYDE ... 19
VIJOICE ... 31
vilazodone hcl ... 21
VIMIZIM ... 61
VIMKUNYA ... 74
vinblastine sulfate ... 30
vincristine sulfate ... 30
vinorelbine tartrate ... 30
viorele ... 69
VIRACEPT ... 35
VIREAD ... 35
VISTOGARD ... 77
VISUDYNE ... 85
vitamin d (ergocalciferol) ... 57
vitamin k1 ... 57
VITRAKVI ... 30
VIVAGUARD LANCETS 30G ... 51
VIVAGUARD LANCING DEVICE ... 51
VIVAGUARD SAFETY LANCETS 28G ... 51
VIVITROL ... 12
VIVOTIF ... 74
VIZIMPRO ... 30
volnea ... 69
VONJO ... 30
VONVENDI ... 37
VORANIGO ... 30
VORAXAZE ... 30
voriconazole ... 22
VORTEX VALVE CHAMBER-PEDI MASK ... 82
VORTEX VALVED HOLDING CHAMBER ... 82
VOSEVI ... 35
VOXZOGO ... 61
VOYDEYA ... 37
VOYXACT ... 62
VPRIV ... 60
VRAYLAR ... 33
VTAMA ... 49
VUMERITY ... 44
vyfemla ... 69
VYKAT XR ... 77

VYLEESI 45
vylibra 69
VYLOY 30
VYNDAMAX 42
VYVANSE 43
VYVGART 24
VYVGART HYTRULO 24
VYXEOS 30
WAINUA 45
WAKIX 89
warfarin sodium 18
water for irrigation, sterile 58
WELIREG 30
wera 69
WEZLANA 72
WIDE-SEAL DIAPHRAGM 60 82
WIDE-SEAL DIAPHRAGM 65 82
WIDE-SEAL DIAPHRAGM 70 82
WIDE-SEAL DIAPHRAGM 75 82
WIDE-SEAL DIAPHRAGM 80 82
WIDE-SEAL DIAPHRAGM 85 82
WIDE-SEAL DIAPHRAGM 90 82
WIDE-SEAL DIAPHRAGM 95 82
WILATE 37
WINREVAIR 89
WINRHO SDF 70
wixela inhub 88
wymzya fe 69
WYNZORA 49
XACIATO 17
XALIX 49
xarah fe 69
XARELTO 18
XARELTO STARTER PACK 18
XATMEP 71
XCOPRI 19
XELJANZ 71
XELJANZ XR 71
XELPROS 84
xelria fe 69
XEMBIFY 70
XEOMIN 76
XEPI 17
XERAC AC 49
XERAVA 16
XERMELO 60
XIAFLEX 83
XIFAXAN 16
XIGDUO XR 49
XIIDRA 85
XOFIGO 30
XOFLUZA (40 MG DOSE) 35
XOFLUZA (80 MG DOSE) 35
XOLAIR 88
XOLREMDI 36
XOSPATA 30
XPOVIO (100 MG ONCE WEEKLY) 30
XPOVIO (40 MG ONCE WEEKLY) 30
XPOVIO (40 MG TWICE WEEKLY) 30
XPOVIO (60 MG ONCE WEEKLY) 30
XPOVIO (60 MG TWICE WEEKLY) 30
XPOVIO (80 MG ONCE WEEKLY) 30
XPOVIO (80 MG TWICE WEEKLY) 30
XROMI 30
XTAMPZA ER 10
XTANDI 30
xulane 69
XULTOPHY 49
XURIDEN 61
XYLOCAINE 12
XYLOCAINE MPF +RFID 12
XYLOCAINE/EPINEPHRINE 12
XYLOCAINE-MPF 12
XYLOCAINE-MPF +RFID 12
XYLOCAINE-MPF/EPINEPHRINE 12
XYNTHA 37
XYNTHA SOLOFUSE 37
XYWAV 89
yargesa 60
YASMIN 28 69
YAZ 69
YCANTH 49
YERVOY 30
YESINTEK 72
YF-VAX 74
YONDELIS 30
YONI FIT BLADDER SUPPORT KIT 1 82
YONI FIT BLADDER SUPPORT KIT 2 82
YONI FIT BLADDER SUPPORT KIT 3 82
YONI FIT BLADDER SUPPORT KIT 4 82
YONI FIT BLADDER SUPPORT KIT 5 83
YORVIPATH 77
yulithira 30
YUPELRI 88
YUTREPIA 89
yuvafem 69
zafemy 69
zafirlukast 88
zaleplon 89
ZALTRAP 30
ZARONTIN 19
ZARXIO 36
ZAVZPRET 23
ZEJULA 30
ZELBORAF 30
ZELSUVMI 49
zelvysia 61
ZEMAIRA 88
ZEMDRI 16
ZEMPLAR 75
zenatane 49
ZENPEP 60
ZEPATIER 35
ZEPOSIA 44
ZEPOSIA 7-DAY STARTER PACK 44
ZEPOSIA STARTER KIT 44
ZEPZELCA 30
ZERBAXA 17
ZEVALIN Y-90 30
ZEVTERA 17
ZIAGEN 35
zidovudine 35
ZIIHERA 30
ZILBRYSQ 77
ZILXI 49
zinc chloride 57
zinc sulfate 57
ZINPLAVA 70
ziprasidone hcl 33
ziprasidone mesylate 33
ZIRABEV 30
ZIRGAN 84
ZITHROMAX 17
ZITHROMAX TRI-PAK 17
ZITHROMAX Z-PAK 17
ZOKINVY 83
ZOLADEX 64
zoledronic acid 75
ZOLINZA 30
zolmitriptan 23
zolpidem tartrate 89
zolpidem tartrate er 89
zonisamide 19
ZONTIVITY 32
ZORTRESS 73
ZORYVE 49
ZOSYN 17
zovia 1/35 (28) 69
ZTALMY 19
ZUBSOLV 12
zumandimine 69

ZURZUVAE.....21
ZUSDURI..... 30
ZYCUBO..... 57
ZYDELIG.....30
ZYKADIA..... 30
ZYLET.....85
ZYNLONTA.....30
ZYNRELEF..... 11
ZYNYZ..... 30
ZYPREXA RELPREVV.....33
ZYVOX..... 17

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