

# Plan for your best health

---

## High Value Plan

Visit [www.aetna.com/formulary](http://www.aetna.com/formulary) for the most up-to-date information. For a summary of your coverage or benefits plan log in to your secure member site. Or call the toll-free number on your member ID card.

The formulary is updated the first week of each month. The formulary is subject to change. Previous versions are no longer in effect.

**Health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company of New York, Aetna Health Assurance Pennsylvania Inc., Aetna Health Insurance company and/or Aetna Life Insurance Company (Aetna). In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. In Utah and Wyoming by Aetna Health of Utah Inc. and Aetna Life Insurance Company. In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products. Pharmacy benefits are administered by an affiliated pharmacy benefit manager, CVS Caremark. Aetna is part of the CVS Health family of companies.**

# 2026 Pharmacy Drug Guide

## High Value Plan

### Table of Contents

INFORMATIONAL SECTION.....	4
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION.....	21
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS.....	26
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER.....	32
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS.....	37
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS.....	46
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES.....	60
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS.....	83
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS.....	87
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS.....	88
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM.....	92
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS.....	97
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS.....	99
OTHER.....	102
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS.....	102
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS.....	106

# Definitions

**Allowed amount** is the maximum amount on which the health insurance issuer bases its payment for a covered health care service. This may be called “eligible expense”, “payment allowance”, or “negotiated rate”. If your health care provider charges more than the allowed amount and is not part of the provider network, you may have to pay the difference.

**Brand name drug** means a drug that is marketed under a proprietary, trademark-protected name. A brand name drug is listed in this formulary in all CAPITAL letters.

**Coinsurance** means a percentage of the cost of a covered health care service, which you are responsible to pay. The cost of the covered health care service is generally deemed to be the allowed amount, which may differ from the retail price that you would pay for the same service without using insurance. Typically, a coinsurance does not apply until after you have met the deductible, unless the health insurance issuer has waived or lowered the deductible for the health care service in question.

**Copayment** means a fixed dollar amount that you pay for a covered health care benefit after you have paid the deductible, if a deductible applies to the health care benefit, unless the health insurance issuer has waived or lowered the deductible for the health care service in question.

**Covered individual** is an individual enrolled in, subscribed to, or insured under a health product, whether directly or as a dependent or beneficiary.

**Deductible** means the amount you pay for covered health care benefits before your health insurer begins to pay for all or part of the cost of the health care benefits under the terms of coverage. If your health product has a deductible, it may have either one deductible or separate deductibles for medical benefits and drug benefits. For some health care services, such as preventive services, your health insurance company might waive or lower the deductible to pay for costs of the health care service from the first dollar of coverage, but this tends not to happen for most other covered services.

**Drug Tier** means a group of prescription drugs that correspond to a specified cost sharing tier in your health insurance policy. The drug tier in which a prescription drug is placed determines your portion of the cost for the drug.

**Enrollee** is a person enrolled in a health plan who is entitled to receive services from the plan.

**Exception request** means a request for coverage of i) a nonformulary drug, ii) a drug being removed from the formulary, iii) a quantity of a drug above a quantity limit, or iv) a drug that is subject to a step therapy requirement. If you, your designee, or your attending or prescribing provider submits an exception request for coverage of a drug, the health insurance issuer must cover the drug when the drug is determined to be medically necessary to treat your condition.

**Exigent circumstances** means when you are suffering from a medical condition that may seriously jeopardize your life, health, or ability to regain maximum function, or when you are undergoing a current course of treatment using a non-formulary drug.

**Formulary** or **prescription drug list** means the complete list of drugs preferred for use and eligible for coverage under a health product, and includes all drugs covered under the outpatient or pharmacy drug benefit of the health product. Formulary is also known as a drug list or prescription drug list.

**Generic drug** means a drug that is the same as its brand name drug equivalent in dosage, strength, effect, how it is taken, quality, safety, and intended use. A generic drug is listed in this formulary in italicized lowercase letters.

**Medically Necessary** means health care benefits needed to diagnose, treat, or prevent a medical condition or its symptoms and that meet accepted standards of medicine. Health insurance usually does not cover health care benefits that are not medically necessary.

**Non-formulary drug** means a prescription drug that is not listed on this formulary, but may become eligible for coverage under an “exception request.”

**Oral Anti-Cancer drugs** are prescribed, orally administered medications used to kill or slow the growth of cancerous cells. They are no more restrictive than those applied to intravenously injected or administered cancer medications covered by the health product. There are no separate cost-sharing requirements or treatment limitations for prescribed, orally-administered cancer medications.

**Out-of-pocket costs** means your expenses for health care benefits that aren't reimbursed by your health insurance. Out-of-pocket costs include deductibles, copayments, and coinsurance for covered health care benefits, plus all costs for health care benefits that are not covered.

**Prescribing provider** means a health care provider authorized to write a prescription to treat your health condition.

**Prescription** means an oral, written, or electronic order from a prescribing provider for you that contains the name of the drug, the quantity of the drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by you, the health condition or purpose for which the drug is being prescribed.

**Prescription drug** means a drug that is prescribed by your prescribing provider and requires a prescription under applicable law.

**Prior Authorization** means a health product's requirement that you or your prescribing provider obtain the health insurance issuer's authorization for a drug before the health product will cover the drug. The health insurance issuer must grant a prior authorization when it is medically necessary for you to obtain the drug.

**Step therapy** means a specific sequence in which prescription drugs for a particular medical condition must be tried. If a drug is subject to step therapy in this formulary, you may have to try one or more other drugs before your health insurance policy will cover that drug for your medical condition. If your prescribing provider submits a request for an exception to the step therapy requirement, your health insurer must grant the request when it is medically necessary for you to take the drug.

**Subscriber** means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.

# How to use this guide

Your guide includes a list of drugs covered on your pharmacy plan. The amount you pay depends on the drug your doctor prescribes. It's either a flat fee or a percentage of the prescription's price after you meet your deductible, if applicable. Preferred generic drugs cost less. Preferred brand drugs will have a higher cost.

## Your plan includes

- Brand and generic drugs that are hand-picked for their quality and effectiveness
- A specialty pharmacy that fills specialty prescriptions (ones that are injected, infused or taken by mouth) — and provides services that include personal support, helpful resources and training, and free secure home delivery
- A home delivery pharmacy that delivers maintenance drugs to your home or wherever you choose (for drugs that are taken regularly to treat conditions like diabetes or asthma)

## What you can expect to pay

With your pharmacy plan, the amount you pay depends on the drug your doctor prescribes. It's either a flat fee or a percentage of the drug's/medicine's price. If a pharmacy's retail price for a prescription drug is less than your total cost share amount, you will not be required to pay more than the retail drug price.

Each drug is grouped as a generic, a brand or a specialty drug. The preferred drugs within these groups will generally save you money compared to a non-preferred drug. Generic drugs are less expensive than brands.

Specialty prescription drugs typically include higher-cost drugs that may require special handling, storage, or administration. Specialty prescription drugs may also require monitoring from healthcare providers.

You're covered for all types of medicine — some more expensive, and some less.

- **Preferred generic:** the lowest cost
- **Preferred brand:** a slightly higher cost
- **Preferred brand specialty:** cost for specialty drugs

Your pharmacy plan may not have all the coverage levels listed above so check your plan documents to see how much you will pay. Drug coverage may vary by plan. Check your plan documents for coverage information.

## For your exact coverage and cost, and to learn more about your plan

Visit the website that's on your member ID card. Then log in to your account, where you can:

- Find out the coverage and estimate of cost for specific drugs
- View your deductibles and plan limits
- Order medications
- Check your pharmacy order status
- Get a member ID card
- View your claims, Explanation of Benefits and more

## Have more questions about your pharmacy benefits?

We're here to help. There are several ways you can learn more about your benefits:

- Check your Plan Design and Benefits Summary in your enrollment kit.
- Call the toll-free number on your member ID card.
- Review our pharmacy frequently asked questions (FAQs) and answers. Just visit the website that's on your member ID card to search for the "Pharmacy FAQ."
- Visit your secure member website and sign in to your account to view your plan information.

## Specialty Pharmacy Network

An in-network specialty pharmacy can fill your prescriptions for specialty drugs. These are the types of drugs that may be injected, infused or taken by mouth. They often need special storage and handling. And they need to be delivered quickly. A nurse or pharmacist may monitor you during your treatment, if needed. With this type of pharmacy, you can get this medicine sent right to your home.

## How to get started with a specialty pharmacy

Ordering your prescriptions through our specialty pharmacy is easy. And we typically offer a 30-day medicine supply.

- **To transfer your prescription**, just call us toll-free at [1-866-353-1892](tel:1-866-353-1892) (TTY: [711](tel:711)).
- **For a new prescription**, your doctor can send it to us in one of four ways:
  1. **Electronically:** Through e-prescribe
  2. **Fax:** [1-800-323-2445](tel:1-800-323-2445)
  3. **Phone:** [1-800-237-2767](tel:1-800-237-2767) (TTY: [711](tel:711))

If you mail in your own prescription, please send it with a completed Patient Profile Form. To find this form, just visit the website that's on your member ID card, to search for the "Patient Profile Form."

## CVS Caremark Mail Service Pharmacy™

You can have maintenance drugs sent right to your home or anywhere else you choose by CVS Caremark Mail Service Pharmacy. These are drugs that are taken regularly for chronic conditions like diabetes or asthma. Depending on your plan, you can get up to a 90-day supply of medicine for less cost. It's fast and convenient, and standard shipping is always free.

## Get started right away

You can submit your order using one of these options:

1. **Online** — Visit your secure member website and sign in to your account. There you can add or remove your prescriptions.
2. **Phone** — Call us toll-free, 24/7 at [1-888-792-3862](tel:1-888-792-3862) (TTY: [711](tel:711)). If you need the help of a telephone device for the hard of hearing, call [1-877-833-2779](tel:1-877-833-2779) (TTY: [711](tel:711)).
3. **Mail** — Get a new prescription from your doctor. Then mail it to us with a completed order form. You can find the form on your secure member website. The mailing address is on the form.

## Your doctor can submit your order using one of these options:

1. **Online** — They can submit your prescriptions using the e-prescribe services on our provider website.
2. **Fax** — They can fax your prescription to [1-877-270-3317](tel:1-877-270-3317). Make sure they include your member ID number, date of birth and mailing address on the fax cover sheet. Only a doctor may fax a prescription.

# Frequently asked questions

## How can I save on prescriptions?

Here are some tips to pay less out of pocket for your prescription drugs:

- Ask your doctor to consider prescribing drugs that are on the Pharmacy Drug Guide (formulary).
- Ask your doctor to consider prescribing generic drugs instead of brand-name drugs.
- Check to see if your plan includes our home delivery pharmacy service. Depending upon your plan, our home delivery service may save you money. For more information, visit the website on your member ID card and log in to your account.
- Remind your doctor to check your plan to make sure you get maximum coverage.

## What are generic drugs?

Generic drugs are proven to be just as safe and effective as brand-name drugs. They contain the same active ingredients in the same amounts as the brand-name drugs and work the same way. So they have the same risks and benefits as brand-name drugs. However, they typically cost less.

When appropriate, your doctor may decide to prescribe a generic drug or allow the pharmacist to substitute a generic drug.

## What is precertification/prior authorization (PA)?

Prior authorization is one way that we can help you and your doctor find safe, appropriate drugs and keep costs down. Prior authorization means that you or your doctor need to get approval from the plan before certain drugs will be covered. Generally, Prior authorization applies to drugs that:

- Are often taken in the wrong way
- Should only be used for certain conditions
- Often cost more than other drugs that are proven to be just as effective

Keep in mind that your doctor must contact us to request approval of coverage for these drugs.

The length of approval for a prior authorization may be different depending on the type of drug, the way your provider prescribed your drug, or the time of year you get your coverage.

- Most prior authorization approvals will be valid for 6 months, the length of treatment as determined by your prescribing provider, or the renewal of your plan, whichever of these is the shortest amount of time
- For maintenance medications to treat a chronic condition or long-term condition, your prior authorization will be valid for either 12 months or the length of time determined by your prescribing provider
- Different prior authorization requirements might apply to benzodiazepines and Schedule II narcotic drugs. Please refer to the formulary or contact us with questions about these drugs.

## What is step therapy (ST)?

Some drugs require step therapy. This means that you must try one or more prerequisite drug(s) before a step therapy drug is covered.

The prerequisite drugs are equally effective, have U.S. Food and Drug Administration (FDA) approval and may cost less. They treat the same condition as the step therapy drug.

If you don't try the appropriate prerequisite drug first, you may need to pay full cost for the step-therapy drug.

## What are quantity limits (QL)?

Quantity limits help your doctor and pharmacist make sure that you use your drug correctly and safely. We use medical guidelines and FDA-approved recommendations from drug makers to set these coverage limits. The quantity limit program includes:

- **Dose efficiency edits** — Limits prescription coverage to one dose per day for drugs that have approval for once-daily dosing
- **Maximum daily dose** — If a prescription is lower than the minimum or higher than the maximum allowed dose, a message is sent to the pharmacy
- **Quantity limits over time** — Limits prescription coverage to a specific number of units over a specific amount of time

## **What if I need a drug that requires an exception to the precertification, step therapy or quantity limits requirements? Or what if I need a drug that's not covered under my plan?**

In certain cases, you or your prescriber can request a medical exception to the precertification, step therapy or quantity limits requirements or for a drug that's not covered on your plan. You can ask for your request to be expedited. Expedited coverage decisions are made within 24 hours.

We'll then contact you or your prescriber with our decision. All medically necessary outpatient prescription drugs will be covered. If a medical exception is approved, you only need to pay the copay after the deductible. This amount is based on your pharmacy plan design.

### **How can your provider request a medical exception?**

- Submit their request through our secure provider website on [www.CoverMyMeds.com](http://www.CoverMyMeds.com).
- Call the Aetna Pharmacy Precertification Unit: NonSpecialty **1-800-294-5979 (TTY: 711)** or Non-Specialty **1-866-814-5506 (TTY: 711)**.
- Fax the completed request form to: Non-Specialty **1-888-836-0730** or Specialty **1-866-249-6155**.
- Mail the completed request form to: Medical Exception to Pharmacy Prior Authorization Unit 1300 East Campbell Road Richardson, TX 75081

### **How is the formulary (drug list) developed?**

Our Pharmacy and Therapeutics Committee meets regularly to review new drugs and new information about current drugs. We review them for their safety, effectiveness and current use in therapy.

This committee includes licensed pharmacists and doctors. They are currently in practice or are Aetna employees.

Once we complete our clinical review, we also consider overall value before adding or removing a drug from the formulary. We may recommend moving a drug to a different coverage level. Or that it be placed on our Formulary Exclusions List and no longer be covered.

### **Can the formulary change during the year?**

The formulary can change throughout the year. Some reasons why it can change include:

- New drugs are approved.
- Existing drugs are removed from the market.

- Prescription drugs may become available over the counter (without a prescription). Over-the-counter drugs are not generally covered in a formulary.
- Brand-name drugs lose patent protection and generic versions become available. When this happens, the brand-name drug is likely to be covered at a higher cost. And the generic versions cost less. See the "What are generic drugs?" section above for more information.
- Change in drug or dosage form.
- Changes in tier placement of a drug that results in an increase in cost sharing.
- Any changes of utilization review restrictions, including any additions of these restrictions

### **Does Aetna provide notice of these changes?**

Yes, Aetna provides member and provider notifications 60 days in advance.

### **What is a medical benefit drug versus a drug covered under the Outpatient Prescription Drug Benefit?**

A medical benefit drug is a drug that is generally not self-administered and requires administration by health care provider. The Outpatient Prescription Drug Benefit includes FDA-approved drugs that are self-administered, commonly oral or self-injectable drugs, not otherwise excluded from coverage.

Refer to your Summary of Benefits for differences and information about the prescription drugs covered under your Outpatient prescription drugs and medical benefit in your plan.

For a more detailed summary of your coverage or benefits plan you can log in to your secure member site on [www.aetna.com](http://www.aetna.com) or call the toll-free number on your member ID card.

### **Pharmacy and Therapeutics (P&T) committee**

The services of an independent National Pharmacy and Therapeutics Committee ("P&T Committee") are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an external advisory body of clinical professionals from across the United States. The P&T Committee's voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Voting members of the P&T Committee are not employees of CVS Caremark and must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

# Discrimination is Against the Law

Aetna complies with applicable California and Federal civil rights laws and does not discriminate on the basis of race, color, national origin, ethnic group, ancestry, religion, marital status, gender, gender identity, sexual orientation, age, disability, medical condition, genetic information, or sex (consistent with 45 CFR § 92.101(a)(2) and California 2 CCR § 14025). Aetna does not exclude people or treat them less favorably because of race, color, national origin, ethnic group, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, medical condition, genetic information, or disability.

Aetna:

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

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call [1-800-872-3862](tel:1-800-872-3862) (TTY: [711](tel:711)) or the number on the back of your ID card.

If you believe that Aetna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ethnic group, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, medical condition, genetic information, or disability, by action or inaction, you can file a grievance with:

## Civil Rights Coordinator

Attn: 1557 Coordinator

CVS Pharmacy, Inc.

1 CVS Drive, MC 2332, (HMO customers: P.O. Box 14032 Lexington, KY 40512-4032)

Woonsocket, RI 02895

Phone: [1-800-648-7817](tel:1-800-648-7817), TTY: [711](tel:711)

Email: [CRCoordinator@aetna.com](mailto:CRCoordinator@aetna.com)

You can file a grievance in person, by mail, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

Please visit <https://www.aetna.com/individuals-families/member-rights-resources/complaints-grievances-appeals.html#california> for information about how to file a complaint or grievance with the California Department of Insurance or California Department of Managed Health Care (for HMO enrollees).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, or by mail or phone at:

**U.S. Department of Health and Human Services**

200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
[1-800-368-1019](tel:1-800-368-1019), [800-537-7697](tel:800-537-7697) (TDD)

Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>.

This notice is available at Aetna's website: <https://www.aetna.com/>.

*"Aetna" is the brand name used for products and services provided by one or more of the Aetna group of companies offering and administering health and dental plans and other products such as life, disability, and long-term care insurance. In California, this includes Aetna's wholly-owned subsidiaries Aetna Life Insurance Company, Aetna Health of California Inc., Aetna Better Health of California Inc., Aetna Dental of California Inc., and Health and Human Resource Center Inc., and its other affiliates licensed in California. Aetna's ultimate parent is CVS Health Corporation ("CVS Health").*

# Language accessibility statement

Interpreter services are available for free.

TTY: [711](tel:711)

To access language services at no cost to you, call **1-800-385-4104**.

Para acceder a los servicios de idiomas sin costo, llame al **1-800-385-4104**. (Spanish)

如欲使用免費語言服務，請致電 **1-800-385-4104**. (Chinese)

Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số **1-800-385-4104**. (Vietnamese)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tumawag sa **1-800-385-4104**. (Tagalog)

무료 언어 서비스를 이용하려면 **1-800-385-4104** 번으로 전화해 주십시오. (Korean)

Անվճար լեզվաբան ծառայություններին օգտվելու համար զանգահարեք **1-800-385-4104** հեռախոսահամարով: (Armenian)

(Persian-Farsi) برای دسترسی به خدمات زبان به طور رایگان، با شماره **1-800-385-4104** تماس بگیرید.

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону **1-800-385-4104**. (Russian)

言語サービスを無料でご利用いただくには、**1-800-385-4104** までお電話ください。(Japanese)

(Arabic) للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم **1-800-385-4104**.

ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, **1-800-385-4104** 'ਤੇ ਫ਼ੋਨ ਕਰੋ। (Punjabi)

ដើម្បីទទួលបានសេវាផ្នែកភាសាដោយមិនគិតថ្លៃពីអ្នកសូមទូរសព្ទលេខ **1-800-385-4104** ។ (Mon-Khmer, Cambodian)

Xav tau kev pab txhais lus tsis muaj nqi them rau koj, hu **1-800-385-4104**. (Hmong)

आपके लिए बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, **1-800-385-4104** पर कॉल करें। (Hindi)

หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทร **1-800-385-4104**. (Thai)

## Notice of Language Assistance

### HMO and DMO-based plans:

IMPORTANT: Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For free help, please call right away at [1-877-287-0117](tel:1-877-287-0117). Planes basados en DMO y HMO –

IMPORTANTE: ¿Puede leer esta carta? En caso de no poder leerla, le brindamos nuestra ayuda. También puede obtener esta carta escrita en su idioma. Para obtener ayuda gratuita, por favor llame de inmediato al [1-877-287-0117](tel:1-877-287-0117).

### Traditional Plans:

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or [1-877-287-0117](tel:1-877-287-0117). For more help call the CA Dept. of Insurance at [1-800-927-4357](tel:1-800-927-4357)  
English

Servicios de idiomas sin costo. Puede obtener un intérprete. Le pueden leer documentos y que le envíen algunos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al [1-877-287-0117](tel:1-877-287-0117). Para obtener más ayuda, llame al Departamento de Seguros de CA al [1-800-927-4357](tel:1-800-927-4357). Spanish

## Non-discrimination notice

Aetna® complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation or gender identity. We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, sex, sexual orientation or gender identity. We:

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

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call us at [1-888-982-3862](tel:1-888-982-3862) (TTY: [711](tel:711)).

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation or gender identity you can file a grievance with:

**Civil Rights Coordinator**

[P.O. Box 14462, Lexington, KY 40512

(CA HMO customers: PO Box 24030 Fresno, CA 93779)]

[[1-800-648-7817](tel:1-800-648-7817), TTY: [711](tel:711)]

Fax: [859-425-3379 (CA HMO customers: 860-262-7705)]

Email: [[CRCoordinator@aetna.com](mailto:CRCoordinator@aetna.com)]

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with:

- The U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at [\[https://ocrportal.hhs.gov/ocr/portal/lobby.jsf\]](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone at: U.S. Department of Health and Human Services [200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201] [\[1-800-368-1019, 800-537-7697 \(TDD\)\]](tel:18003681019) Complaint forms are available at [\[http://www.hhs.gov/ocr/office/file/index.html\]](http://www.hhs.gov/ocr/office/file/index.html)
- The Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint portal available at [\[https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status\]](https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status), or by phone at [800-562-6900, 360-586-0241](tel:8005626900) (TDD). Complaint forms are available at [\[https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx\]](https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx)

*Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna).*

TTY:711

To access language services at no cost to you, call .
Para acceder a los servicios de idiomas sin costo, llame al . (Spanish)
如欲使用免費語言服務，請致電 . (Chinese)
Afin d'accéder aux services langagiers sans frais, composez le . (French)
Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tumawag sa . (Tagalog)
T'áá ni nizaad k'ehjí bee níká a'doowoł doo bááh ílínígóó koji' hólne' . (Navajo)
Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie an. (German)
Për shërbime përkthimi falas për ju, telefononi . (Albanian)
የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፡ በ ይደውሉ። (Amharic)

(Arabic).	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم
Անվճար լեզվական ծառայություններից օգտվելու համար զանգահարեք	հեռախոսահամարով: (Armenian)
Kugira uronke serivisi z'indimi atakiguzi, hamagara	. (Bantu)
আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে এই নম্বরে টেলিফোন করুন:	I (Bengali)
Ngadto maakses ang mga serbisyo sa pinulongan alang libre, tawagan sa	. (Bisayan-Visayan)
သင့်အတွက် အခကြေးငွေ မရှိဘဲ ဘာသာစကားဝန်ဆောင်မှုများကို ဝင်ရောက်အသုံးပြုရန်	ကိုခေါ်ဆိုပါ။ (Burmese)
ngere aukke ghut alillis reel kapasal Falawasch au fafaingi tilifon ye	(Carolinian (Kapasal Falawasch))
Per accedir a serveis lingüístics sense cap cost per vostè, telefoni al	. (Catalan)
Para un hago' i setbision lengguãhi ni dibãtde para hãgu, ãgang	. (Chamorro)
ᏍᏏᏉᏗ ᏌᏍᏏᏉᏗ ᏌᏍᏏᏉᏗ ᏍᏏᏉᏗ ᏍᏏᏉᏗ ᏍᏏᏉᏗ ᏍᏏᏉᏗ ᏍᏏᏉᏗ	. (Cherokee)
Anumpa tohsholi I toksvli ya peh pilla ho ish I paya hinla, I paya	. (Choctaw)
Tajaajiiloota afaanii garuu bilisaa ati argaachuuf,bilbili	. (Cushite-Oromo)
Voor gratis toegang tot taaldiensten, bell	. (Dutch)
Pou jwenn sèvis lang gratis, rele	. (French Creole-Haitian)
Για να επικοινωνήσετε χωρίς χρέωση με το κέντρο υποστήριξης πελατών στη γλώσσα	σας, τηλεφωνήστε στον αριθμό . (Greek)
તમારે કોઇ જાતના ખર્ચ વિના ભાષાની સેવાઓની પહોંચ માટે, કોલ કરો	. (Gujarati)
No ka wala'au 'ana me ka lawelawe 'olelo e kahea aku i kēia helu kelepona	. Kāki 'ole 'ia kēia kōkua nei. (Hawaiian)
आपके लिए बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए,	पर कॉल करें। (Hindi)
Xav tau kev pab txhais lus tsis muaj nqi them rau koj, hu	. (Hmong)
Iji nwetaòhèrè na rụ gasị asụsụ n'efu, kpọọ	. (Ibo)
Tapno maaksesyo dagiti serbisio maipapan iti pagsasao nga awan ti bayadanyo,	tawagan ti . (Ilocano)

Untuk mengakses layanan bahasa tanpa dikenakan biaya, hubungi (Indonesian)	.
Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero (Italian)	.
言語サービスを無料でご利用いただくには、 (Japanese)	までお電話ください。
လၢကမၤန့ၢ် ကျိၢ်တၢ်မၤစၢၤတၢ်မၤ လၢတလိၣ်လၢကံၤတၢ်တၢ်လၢနီၢ်အဂီၢ်, ကိး (Karen)	.
무료 언어 서비스를 이용하려면 (Korean)	번으로 전화해 주십시오.
M̈ dyi wudu-dù kà kò dò bë dyi múuñ nì Pídyi ní, nìí, dá nòbà nià ke: (Kru-Bassa)	.
	بۆ دەسیپراگە یشتن بە خزمەتگوزاری زمان بەبێ تێچوون بۆ تۆ، پە یوهندی بکە بە ژمارە (Kurdish)
ເພື່ອເຂົ້າໃຊ້ການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າຕໍ່ກັບທ່ານ, ໃຫ້ໂທຫາເບີ (Laotian)	.
कोणत्याही शुल्काशिवाय भाषा सेवा प्राप्त करण्यासाठी, (Marathi)	वर फोन करा.
Nan etal nan jikin jiban ikijen Kajin ilo an ejelok onen nan kwe, kirlok (Marshallese)	.
Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih (Micronesian-Pohnpeian)	.
ដើម្បីទទួលបានសេវាផ្នែកភាសាដោយមិនគិតថ្លៃពីអ្នកសូមទូរសព្ទលេខ (Mon-Khmer, Cambodian)	។
निःशुल्क भाषा सेवा प्राप्त गर्न (Nepali)	मा टेलिफोन गर्नुहोस् ।
Të kɔɔr yin wëër de thokic ke cïn wëu kɔr keek tənɔŋ yin. Ke cɔl kɔc ye kɔc kuɔny ne nɔmba (Nilotic-Dinka)	.
For tilgang til kostnadsfri språktjenester, ring (Norwegian)	.
Um Schprooch Services zu griege mitaus Koscht, ruff (Pennsylvania Dutch)	.
	برای دسترسی به خدمات زبان به طور رایگان، با شماره (Persian-Farsi)
Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonić (Polish)	.



## Remember to visit the website on your member ID card. Then sign in to your account for the most up-to-date information.

Please note that if your prescription drug benefits plan changes, the information here may no longer apply.

Medications on the Aetna Drug Guide, precertification, step-therapy and quantity limits lists are subject to change.

Coverage Requirements such as Prior Authorization or Step Therapy may vary by state.

Health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company of New York, Aetna Health Assurance Pennsylvania Inc., Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna). In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. In Utah and Wyoming by Aetna Health of Utah Inc. and Aetna Life Insurance Company. In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products. Pharmacy benefits are administered by an affiliated pharmacy benefit manager, CVS Caremark. Aetna® is part of the CVS Health® family of companies.

Your plan may not cover certain drugs to treat conditions such as infertility, erectile dysfunction and weight loss. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. To check coverage and copay information for a specific medicine, log into your member website. For questions, please call the toll-free number on your member ID card.

The drugs on the Pharmacy Drug Guide (formulary), Formulary Exclusions, Precertification, and Quantity Limit Lists are subject to change. The quantity limits and step therapy drug coverage review programs are not available in all service areas. However, these programs are available to self-funded plans.

In accordance with state law or insurer policies, changes to drug coverage are not effective for commercial fully insured plans (including HMOs) in Arizona, Iowa, Louisiana, New York, Texas, and in most circumstances Connecticut and Vermont, and in some circumstances Washington and Tennessee, until the plans' renewal date.

In accordance with state law, certain fully insured commercial California members (except Federal Employee Health Benefit Plan members) who obtained approval from an Aetna plan for coverage of drugs that are later added to the Preauthorization or Step Therapy Lists or removed from the Pharmacy Drug Guide will continue to have those drugs covered, for as long as the treating in-network provider continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition. Aetna reserves the right to periodically request clinical information from your provider to assess your medical condition and the appropriateness of your ongoing treatment. Failure to provide clinical information could result in subsequent denial of coverage for this medication.

In accordance with state law, fully insured Commercial Connecticut preferred provider organization (PPO) members (except Federal Employee Health Benefit Plan members) who are receiving coverage for drugs that are added to the Precertification or Step-Therapy Lists will continue to have those drugs covered for as long as the prescriber prescribes them, provided the drug is medically necessary and more medically beneficial than other covered drugs. Nothing in this section shall preclude the prescribing provider from prescribing another drug covered by the plan that is medically appropriate for the enrollee, nor shall anything in this section be construed to prohibit generic drug substitutions. For fully insured plans (including HMOs) in Maryland, changes in prior authorization requirements for previously authorized immune globulin (human) and drugs used in the treatment of a mental disorder may not apply on reauthorization under certain conditions.

In accordance with state law, commercial fully insured (including HMO) members in Connecticut, Louisiana, New Mexico and Texas (except Federal Employee Health Benefit Plan members) who are receiving coverage for drugs that are added or removed from the Pharmacy Drug Guide and Specialty Drug List will continue to have those drugs covered at the same benefit level until their plan's renewal date. In Texas, preauthorization approval is known as "preservice utilization review." It is not "verification" as defined by Texas law. Preauthorization means a determination that healthcare services proposed to be provided to a patient are medically necessary and appropriate.

In certain states, including Arkansas, Colorado, Connecticut, Delaware, Georgia, Illinois, Louisiana, Maryland, Minnesota, North Dakota, Pennsylvania and Texas, step therapy programs do not apply to fully insured members utilizing prescription drugs for the treatment of stage-four advanced, metastatic cancer.

In certain states, including Maine, step therapy programs do not apply to fully insured members utilizing prescription drugs for the treatment of metastatic cancer and conditions associated with metastatic cancer.

This document contains trademarks or registered trademarks of CVS Pharmacy, Inc. or one of its affiliates; it may also contain references to products that are trademarks or registered trademarks of entities not affiliated with CVS Health.

This material is for information only. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Information is subject to change. CVS Caremark Mail Service Pharmacy is part of the CVS Health family of companies.

## High Value Plan

### Drug Tier

**CE** = Copay Exception: Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy. Certain limitations may apply.

**PB** = Preferred Brand

**PBSP** = Preferred Brand Specialty

**PG** = Preferred Generic

### Drug Notes

**N8** = Drug Specific Coverage

**SPC** = Select Plan Coverage: Only available for select plans. Refer to member plan documents for coverage.

**lowercase italics** = Generic drugs

**UPPERCASE** = Brand name drugs

Prescription Drug Name	Drug Tier	Drug Notes
<b>ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION</b>		
<b>COX-2 INHIBITORS</b>		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg</i>	PG	
<i>celecoxib oral capsule 50 mg</i>	PG	N8 (Listing does not include certain NDCs)
<b>GOUT</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>colchicine oral capsule 0.6 mg</i>	PG	
<i>colchicine oral tablet 0.6 mg</i>	PG	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	PG	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	PG	
<i>probenecid oral tablet 500 mg</i>	PG	
<b>NON-OPIOID ANALGESICS</b>		
<i>butalbital-apap-caffeine (Bac (Butalbital-Acetamin-Caff) Oral Tablet 50-325-40 Mg)</i>	PG	
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	PG	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	PG	
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	PG	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	PG	
TENCON ORAL TABLET 50-325 MG ( <i>butalbital-acetaminophen</i> )	PG	
<b>NSAIDS</b>		
<i>diclofenac potassium oral tablet 25 mg</i>	PG	
<i>diclofenac potassium oral tablet 50 mg</i>	PG	N8 (Listing does not include certain NDCs)

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Drug Notes</b>
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	PG	
<i>diclofenac sodium external gel 1 %</i>	PG	
<i>diclofenac sodium external solution 1.5 %</i>	PG	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	PG	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	PG	
<i>etodolac oral capsule 300 mg</i>	PG	
<i>etodolac oral tablet 400 mg, 500 mg</i>	PG	
<i>flurbiprofen oral tablet 100 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>flurbiprofen oral tablet 50 mg</i>	PG	
<i>ibuprofen (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg)</i>	PG	
<i>ibuprofen oral suspension 100 mg/5ml</i>	PG	
<i>ibuprofen oral tablet 300 mg, 800 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>ibuprofen oral tablet 400 mg, 600 mg</i>	PG	
<i>indomethacin er oral capsule extended release 75 mg</i>	PG	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	PG	
<i>ketorolac tromethamine oral tablet 10 mg</i>	PG	
<i>diclofenac potassium (Lofena Oral Tablet 25 Mg)</i>	PG	
<i>meloxicam oral tablet 15 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>meloxicam oral tablet 7.5 mg</i>	PG	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>naproxen oral tablet 250 mg, 375 mg</i>	PG	
<i>naproxen oral tablet 500 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	PG	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	PG	
<i>oxaprozin oral tablet 600 mg</i>	PG	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	PG	
<i>sulindac oral tablet 150 mg, 200 mg</i>	PG	
<b>NSAIDS, COMBINATIONS</b>		
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	PG	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<b>OPIOID ANALGESICS</b>		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml, 300-30 mg/12.5ml</i>	PG	
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	PG	
<i>butalbital-asa-caff-codeine (Ascomp-Codeine Oral Capsule 50-325-40-30 Mg)</i>	PG	
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	PG	
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	PG	
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	PG	
<b>DISKETS ORAL TABLET SOLUBLE 40 MG (methadone hcl)</b>	PG	
<i>oxycodone-acetaminophen (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)</i>	PG	
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	PG	
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	PG	
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml</i>	PG	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	PG	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 7.5-200 mg</i>	PG	
<i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg</i>	PG	
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	PG	
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	PG	
<i>levorphanol tartrate oral tablet 3 mg</i>	PG	
<i>mepredine hcl oral tablet 50 mg</i>	PG	
<i>methadone hcl (Methadone Hcl Intensol Oral Concentrate 10 Mg/ML)</i>	PG	
<i>methadone hcl oral concentrate 10 mg/ml</i>	PG	
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	PG	
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	PG	
<i>methadone hcl (Methadose Oral Tablet Soluble 40 Mg)</i>	PG	
<i>morphine sulfate (concentrate) oral solution 20 mg/ml</i>	PG	
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	PG	
<i>morphine sulfate oral solution 10 mg/5ml</i>	PG	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	PG	
<i>oxycodone hcl oral capsule 5 mg</i>	PG	
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	PG	
<i>oxycodone hcl oral solution 5 mg/5ml</i>	PG	
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	PG	
<i>oxycodone hcl oral tablet abuse-deterrent 10 mg</i>	PB	
<i>oxycodone hcl oral tablet abuse-deterrent 15 mg</i>	PG	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	PG	
<i>oxymorphone hcl oral tablet 10 mg, 5 mg</i>	PG	
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG ( <i>oxycodone-acetaminophen</i> )	PG	
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	PG	
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	PG	
<i>tramadol hcl oral tablet 50 mg</i>	PG	
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	PG	
<b>OPIOID PARTIAL AGONISTS</b>		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG ( <i>buprenorphine hcl</i> )	PB	
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	PG	
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	PG	
<b>SALICYLATES</b>		
<i>aspirin adult low dose oral tablet delayed release 81 mg</i>	CE	
<i>aspirin adult low strength oral tablet delayed release 81 mg</i>	CE	
<i>aspirin childrens oral tablet chewable 81 mg</i>	CE	
<i>aspirin ec adult low dose oral tablet delayed release 81 mg</i>	CE	
<i>aspirin ec low strength oral tablet delayed release 81 mg</i>	CE	
<i>aspirin low dose oral tablet chewable 81 mg</i>	CE	
<i>aspirin low dose oral tablet delayed release 81 mg</i>	CE	
<i>aspirin oral tablet chewable 81 mg</i>	CE	
<i>aspirin oral tablet delayed release 81 mg</i>	CE	
<i>aspirin regimen oral tablet delayed release 81 mg</i>	CE	
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG ( <i>aspirin</i> )	CE	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
BAYER LOW DOSE ORAL TABLET CHEWABLE 81 MG ( <i>aspirin</i> )	CE	
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG ( <i>aspirin</i> )	CE	
<i>childrens aspirin oral tablet chewable 81 mg</i>	CE	
<i>cvs aspirin low dose oral tablet delayed release 81 mg</i>	CE	
<i>cvs aspirin low strength oral tablet delayed release 81 mg</i>	CE	
ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG ( <i>aspirin</i> )	CE	
<i>eq aspirin low dose oral tablet chewable 81 mg</i>	CE	
<i>eql aspirin low dose oral tablet chewable 81 mg</i>	CE	
<i>ft aspirin low dose oral tablet delayed release 81 mg</i>	CE	
<i>ft aspirin oral tablet chewable 81 mg</i>	CE	
<i>gnp adult aspirin low strength oral tablet chewable 81 mg</i>	CE	
<i>gnp aspirin oral tablet delayed release 81 mg</i>	CE	
<i>goodsense aspirin low dose oral tablet delayed release 81 mg</i>	CE	
<i>h-e-b aspirin oral tablet delayed release 81 mg</i>	CE	
<i>kls aspirin low dose oral tablet delayed release 81 mg</i>	CE	
<i>kp aspirin oral tablet delayed release 81 mg</i>	CE	
<i>mm aspirin oral tablet delayed release 81 mg</i>	CE	
<i>qc aspirin low dose oral tablet chewable 81 mg</i>	CE	
<i>qc childrens aspirin oral tablet chewable 81 mg</i>	CE	
<i>sb childrens aspirin oral tablet chewable 81 mg</i>	CE	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG ( <i>aspirin</i> )	CE	
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG ( <i>aspirin</i> )	CE	
<b>VISCOSUPPLEMENTS</b>		
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE 60 MG/3ML ( <i>sodium hyaluronate (viscosup)</i> )	PB	
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML ( <i>sodium hyaluronate (viscosup)</i> )	PB	
GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16.8 MG/2ML ( <i>sodium hyaluronate (viscosup)</i> )	PB	
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 30 MG/2ML ( <i>hyaluronan</i> )	PBSP	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<b>ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS</b>		
<b>ANTHELMINTICS - DRUGS FOR WORM INFECTION</b>		
<i>albendazole oral tablet 200 mg</i>	PG	
EMVERM ORAL TABLET CHEWABLE 100 MG ( <i>mebendazole</i> )	PB	
<i>ivermectin oral tablet 3 mg</i>	PG	
<i>praziquantel oral tablet 600 mg</i>	PG	
<b>ANTI-BACTERIALS - MISCELLANEOUS</b>		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML ( <i>amikacin sulfate liposome</i> )	PBSP	
<i>neomycin sulfate oral tablet 500 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>tinidazole oral tablet 250 mg, 500 mg</i>	PG	
<b>ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS</b>		
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	PG	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	PG	
<i>flucytosine oral capsule 250 mg</i>	PG	
<i>griseofulvin microsize oral tablet 500 mg</i>	PG	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	PG	
<i>itraconazole oral capsule 100 mg</i>	PG	
<i>itraconazole oral solution 10 mg/ml</i>	PG	
<i>ketoconazole oral tablet 200 mg</i>	PG	
<i>nystatin oral tablet 500000 unit</i>	PG	
<i>terbinafine hcl oral tablet 250 mg</i>	PG	
VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML ( <i>voriconazole</i> )	PB	
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	PG	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	PG	
<b>ANTIMALARIALS - DRUGS TO TREAT MALARIA</b>		
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	PG	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	PG	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg</i>	PG	
<i>mefloquine hcl oral tablet 250 mg</i>	PG	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	PBSP	
<i>quinine sulfate oral capsule 324 mg</i>	PG	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<b>ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION</b>		
<i>abacavir sulfate oral solution 20 mg/ml</i>	PBSP	
<i>abacavir sulfate oral tablet 300 mg</i>	PBSP	
<i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>	PBSP	
<i>efavirenz oral tablet 600 mg</i>	PBSP	
EMTRIVA ORAL CAPSULE 200 MG ( <i>emtricitabine</i> )	PBSP	
EMTRIVA ORAL SOLUTION 10 MG/ML ( <i>emtricitabine</i> )	PBSP	
ISENTRESS HD ORAL TABLET 600 MG ( <i>raltegravir potassium</i> )	PBSP	
ISENTRESS ORAL PACKET 100 MG ( <i>raltegravir potassium</i> )	PBSP	
ISENTRESS ORAL TABLET 400 MG ( <i>raltegravir potassium</i> )	PBSP	
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG ( <i>raltegravir potassium</i> )	PBSP	
<i>lamivudine oral solution 10 mg/ml</i>	PBSP	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	PBSP	
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	PBSP	
<i>nevirapine oral suspension 50 mg/5ml</i>	PBSP	
<i>nevirapine oral tablet 200 mg</i>	PBSP	
NORVIR ORAL PACKET 100 MG ( <i>ritonavir</i> )	PBSP	
<i>ritonavir oral tablet 100 mg</i>	PBSP	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG ( <i>fostemsavir tromethamine</i> )	PB	
SUNLENCA ORAL TABLET 300 MG ( <i>lenacapavir sodium</i> )	PB	
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG ( <i>lenacapavir sodium</i> )	PB	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	PBSP	
TIVICAY ORAL TABLET 50 MG ( <i>dolutegravir sodium</i> )	PBSP	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG ( <i>dolutegravir sodium</i> )	PBSP	
YEZTUGO ORAL TABLET 300 MG ( <i>lenacapavir sodium</i> )	PB	
<i>zidovudine oral capsule 100 mg</i>	PBSP	
<i>zidovudine oral syrup 50 mg/5ml</i>	PBSP	
<i>zidovudine oral tablet 300 mg</i>	PBSP	
<b>ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION</b>		
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	PBSP	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
BIKTARVY ORAL TABLET 30-120-15 MG ( <i>bictegravir-emtricitab-tenofovir</i> )	PB	
BIKTARVY ORAL TABLET 50-200-25 MG ( <i>bictegravir-emtricitab-tenofovir</i> )	PBSP	
CIMDUO ORAL TABLET 300-300 MG ( <i>lamivudine-tenofovir</i> )	PBSP	
DESCOVY ORAL TABLET 120-15 MG ( <i>emtricitabine-tenofovir af</i> )	PB	
DESCOVY ORAL TABLET 200-25 MG ( <i>emtricitabine-tenofovir af</i> )	PBSP	
DOVATO ORAL TABLET 50-300 MG ( <i>dolutegravir-lamivudine</i> )	PBSP	
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	CE	
EVOTAZ ORAL TABLET 300-150 MG ( <i>atazanavir-cobicistat</i> )	PBSP	
GENVOYA ORAL TABLET 150-150-200-10 MG ( <i>elviteg-cobic-emtricit-tenofaf</i> )	PBSP	
JULUCA ORAL TABLET 50-25 MG ( <i>dolutegravir-rilpivirine</i> )	PB	
KALETRA ORAL SOLUTION 400-100 MG/5ML ( <i>lopinavir-ritonavir</i> )	PB	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	PBSP	
ODEFSEY ORAL TABLET 200-25-25 MG ( <i>emtricitab-rilpivir-tenofovir af</i> )	PBSP	
PREZCOBIX ORAL TABLET 675-150 MG ( <i>darunavir-cobicistat</i> )	PB	
PREZCOBIX ORAL TABLET 800-150 MG ( <i>darunavir-cobicistat</i> )	PBSP	
SYMFI ORAL TABLET 600-300-300 MG ( <i>efavirenz-lamivudine-tenofovir</i> )	PBSP	
SYMTUZA ORAL TABLET 800-150-200-10 MG ( <i>darun-cobic-emtricit-tenofaf</i> )	PB	
TRIUMEQ ORAL TABLET 600-50-300 MG ( <i>abacavir-dolutegravir-lamivud</i> )	PBSP	
<i>trimeq pd oral tablet soluble 60-5-30 mg</i>	PB	
<b>ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS</b>		
<i>cycloserine oral capsule 250 mg</i>	PG	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	PG	
<i>isoniazid oral syrup 50 mg/5ml</i>	PG	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	PG	N8 (Listing does not include certain NDCs)

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
PRIFTIN ORAL TABLET 150 MG ( <i>rifapentine</i> )	PB	
<i>pyrazinamide oral tablet 500 mg</i>	PG	
<i>rifabutin oral capsule 150 mg</i>	PG	
<i>rifampin oral capsule 150 mg, 300 mg</i>	PG	
<b>ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS</b>		
<i>acyclovir oral capsule 200 mg</i>	PG	
<i>acyclovir oral suspension 200 mg/5ml</i>	PG	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	PG	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	PG	
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	PG	
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	PG	
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG ( <i>nirmatrelvir-ritonavir</i> )	PB	
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG ( <i>nirmatrelvir-ritonavir</i> )	PB	
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG ( <i>nirmatrelvir-ritonavir</i> )	PB	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	PG	
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	PG	
<i>valganciclovir hcl oral tablet 450 mg</i>	PG	
<b>CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS</b>		
<i>cefadroxil oral capsule 500 mg</i>	PG	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	PG	
<i>cefadroxil oral tablet 1 gm</i>	PG	
<i>cefdinir oral capsule 300 mg</i>	PG	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>cefixime oral capsule 400 mg</i>	PG	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	PG	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	PG	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	PG	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	PG	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	PG	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	PG	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>cephalexin oral tablet 250 mg, 500 mg</i>	PG	
<b>ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS</b>		
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	PG	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	PG	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	PG	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	PG	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML ( <i>fidaxomicin</i> )	PB	
DIFICID ORAL TABLET 200 MG ( <i>fidaxomicin</i> )	PB	
E.E.S. 400 ORAL TABLET 400 MG ( <i>erythromycin ethylsuccinate</i> )	PG	
<i>erythromycin base (Ery-Tab Oral Tablet Delayed Release 250 Mg, 333 Mg, 500 Mg)</i>	PG	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	PG	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	PG	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	PG	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	PG	
<i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	PG	
<b>FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS</b>		
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%) ( <i>ciprofloxacin</i> )	PB	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	PG	
<i>levofloxacin oral solution 25 mg/ml</i>	PG	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	PG	
<i>moxifloxacin hcl oral tablet 400 mg</i>	PG	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	PG	
<b>HEPATITIS B</b>		
<i>adefovir dipivoxil oral tablet 10 mg</i>	PBSP	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	PBSP	
<i>lamivudine oral tablet 100 mg</i>	PBSP	

Prescription Drug Name	Drug Tier	Drug Notes
<b>HEPATITIS C</b>		
EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG (sofosbuvir-velpatasvir)	PBSP	
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG (sofosbuvir-velpatasvir)	PBSP	
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG (ledipasvir-sofosbuvir)	PBSP	
HARVONI ORAL TABLET 45-200 MG, 90-400 MG (ledipasvir-sofosbuvir)	PBSP	
ribavirin oral capsule 200 mg	PBSP	
ribavirin oral tablet 200 mg	PBSP	
VOSEVI ORAL TABLET 400-100-100 MG (sofosbuv-velpatasv- voxilaprev)	PBSP	
<b>MISCELLANEOUS</b>		
atovaquone oral suspension 750 mg/5ml	PG	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	PG	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	PG	
dapsone oral tablet 100 mg, 25 mg	PG	
linezolid oral suspension reconstituted 100 mg/5ml	PG	
linezolid oral tablet 600 mg	PG	
methenamine hippurate oral tablet 1 gm	PG	
methenamine mandelate oral tablet 0.5 gm, 1 gm	PG	
metronidazole oral capsule 375 mg	PG	
metronidazole oral tablet 250 mg, 500 mg	PG	N8 (Listing does not include certain NDCs)
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	PG	
nitrofurantoin monohyd macro oral capsule 100 mg	PG	
sulfamethoxazole-trimethoprim oral suspension 800-160 mg/20ml	PG	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg	PG	N8 (Listing does not include certain NDCs)
sulfamethoxazole-trimethoprim oral tablet 800-160 mg	PG	
sulfamethoxazole-trimethoprim (Sulfatrim Pediatric Oral Suspension 200-40 Mg/5Ml)	PG	
vancomycin hcl oral capsule 125 mg, 250 mg	PG	
XIFAXAN ORAL TABLET 550 MG (rifaximin)	PB	
<b>PENICILLINS - DRUGS TO TREAT INFECTIONS</b>		
amoxicillin oral capsule 250 mg, 500 mg	PG	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	PG	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	PG	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	PG	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	PG	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	PG	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	PG	
<i>ampicillin oral capsule 500 mg</i>	PG	
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	PG	N8 (Listing does not include certain NDCs)
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	PG	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	PG	
<b>TETRACYCLINES - DRUGS TO TREAT INFECTIONS</b>		
<i>avidoxy oral tablet 100 mg</i>	PG	
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	PG	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	PG	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	PG	
<i>doxycycline hyclate oral tablet delayed release 80 mg</i>	PG	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	PG	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	PG	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 75 mg</i>	PG	
<i>doxycycline monohydrate oral tablet 50 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	PG	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	PG	
<i>doxycycline monohydrate (Mondoxyne NI Oral Capsule 100 Mg)</i>	PG	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	PG	
<b>ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER</b>		
<b>ALKYLATING AGENTS</b>		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	PG	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>dacarbazine intravenous solution reconstituted 100 mg</i>	PG	
LEUKERAN ORAL TABLET 2 MG ( <i>chlorambucil</i> )	PB	
MATULANE ORAL CAPSULE 50 MG ( <i>procarbazine hcl</i> )	PB	
MYLERAN ORAL TABLET 2 MG ( <i>busulfan</i> )	PB	
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	PBSP	
<b>ANTIMETABOLITES</b>		
<i>capecitabine oral tablet 150 mg, 500 mg</i>	PBSP	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG ( <i>trifluridine-tipiracil</i> )	PBSP	
<i>mercaptopurine oral tablet 50 mg</i>	PG	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	PBSP	
<i>methotrexate sodium injection solution 250 mg/10ml</i>	PBSP	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	PBSP	
ONUREG ORAL TABLET 200 MG, 300 MG ( <i>azacitidine</i> )	PBSP	
TABLOID ORAL TABLET 40 MG ( <i>thioguanine</i> )	PB	
<b>ANTINEOPLASTIC, BCL-2 INHIBITORS</b>		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG ( <i>venetoclax</i> )	PBSP	
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG ( <i>venetoclax</i> )	PBSP	
<b>BIOLOGIC RESPONSE MODIFIERS</b>		
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML ( <i>ropeginterferon alfa-2b-njft</i> )	PBSP	
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG ( <i>pomalidomide</i> )	PBSP	
THALOMID ORAL CAPSULE 100 MG, 50 MG ( <i>thalidomide</i> )	PBSP	
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
<i>abiraterone acetate micronized oral tablet 125 mg</i>	PBSP	
<i>abiraterone acetate oral tablet 250 mg</i>	PBSP	
<i>anastrozole oral tablet 1 mg</i>	CE	
<i>bicalutamide oral tablet 50 mg</i>	PG	
ELIGARD SUBCUTANEOUS KIT 22.5 MG ( <i>leuprolide acetate (3 month)</i> )	PB	
ELIGARD SUBCUTANEOUS KIT 30 MG ( <i>leuprolide acetate (4 month)</i> )	PB	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
ELIGARD SUBCUTANEOUS KIT 45 MG ( <i>leuprolide acetate (6 month)</i> )	PB	
ELIGARD SUBCUTANEOUS KIT 7.5 MG ( <i>leuprolide acetate</i> )	PB	
ERLEADA ORAL TABLET 240 MG, 60 MG ( <i>apalutamide</i> )	PBSP	
EULEXIN ORAL CAPSULE 125 MG ( <i>flutamide</i> )	PB	
<i>exemestane oral tablet 25 mg</i>	CE	
<i>fulvestrant intramuscular solution prefilled syringe 250 mg/5ml</i>	PBSP	
<i>letrozole oral tablet 2.5 mg</i>	PG	
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	PBSP	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG ( <i>leuprolide acetate</i> )	PBSP	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG ( <i>leuprolide acetate (3 month)</i> )	PBSP	
LYSODREN ORAL TABLET 500 MG ( <i>mitotane</i> )	PB	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	PG	
<i>nilutamide oral tablet 150 mg</i>	PG	
NUBEQA ORAL TABLET 300 MG ( <i>darolutamide</i> )	PBSP	
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	CE	
<i>toremifene citrate oral tablet 60 mg</i>	PG	
XTANDI ORAL CAPSULE 40 MG ( <i>enzalutamide</i> )	PBSP	
XTANDI ORAL TABLET 40 MG, 80 MG ( <i>enzalutamide</i> )	PBSP	
YONSA ORAL TABLET 125 MG ( <i>abiraterone acetate micronized</i> )	PBSP	
<b>KINASE INHIBITORS</b>		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG ( <i>everolimus</i> )	PBSP	
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG ( <i>everolimus</i> )	PBSP	
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG ( <i>brigatinib</i> )	PBSP	
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG ( <i>brigatinib</i> )	PBSP	
AUGTYRO ORAL CAPSULE 160 MG, 40 MG ( <i>repotrectinib</i> )	PBSP	
BOSULIF ORAL CAPSULE 100 MG, 50 MG ( <i>bosutinib</i> )	PBSP	
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG ( <i>bosutinib</i> )	PBSP	
BRAFTOVI ORAL CAPSULE 75 MG ( <i>encorafenib</i> )	PBSP	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
BRUKINSA ORAL CAPSULE 80 MG ( <i>zanubrutinib</i> )	PBSP	
BRUKINSA ORAL TABLET 160 MG ( <i>zanubrutinib</i> )	PBSP	
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG ( <i>cabozantinib s-malate</i> )	PBSP	
CALQUENCE ORAL TABLET 100 MG ( <i>acalabrutinib maleate</i> )	PBSP	
CAPRELSA ORAL TABLET 100 MG, 300 MG ( <i>vandetanib</i> )	PBSP	
<i>erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg</i>	PBSP	
GAVRETO ORAL CAPSULE 100 MG ( <i>pralsetinib</i> )	PBSP	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG ( <i>afatinib dimaleate</i> )	PBSP	
GOMEKLI ORAL CAPSULE 1 MG, 2 MG ( <i>mirdametinib</i> )	PBSP	
GOMEKLI ORAL TABLET SOLUBLE 1 MG ( <i>mirdametinib</i> )	PBSP	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG ( <i>palbociclib</i> )	PBSP	
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG ( <i>palbociclib</i> )	PBSP	
IBTROZI ORAL CAPSULE 200 MG ( <i>taletrectinib adipate</i> )	PBSP	
<i>imatinib mesylate oral tablet 100 mg, 400 mg</i>	PBSP	
ITOVEBI ORAL TABLET 3 MG, 9 MG ( <i>inavolisib</i> )	PBSP	
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG ( <i>ruxolitinib phosphate</i> )	PBSP	
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG ( <i>ribociclib succinate</i> )	PBSP	
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG ( <i>ribociclib succinate</i> )	PBSP	
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG ( <i>ribociclib succinate</i> )	PBSP	
KOSELUGO ORAL CAPSULE 10 MG, 25 MG ( <i>selumetinib sulfate</i> )	PBSP	
LORBRENA ORAL TABLET 100 MG, 25 MG ( <i>lorlatinib</i> )	PBSP	
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML ( <i>trametinib dimethyl sulfoxide</i> )	PBSP	
MEKINIST ORAL TABLET 0.5 MG, 2 MG ( <i>trametinib dimethyl sulfoxide</i> )	PBSP	
MEKTOVI ORAL TABLET 15 MG ( <i>binimetinib</i> )	PBSP	
NERLYNX ORAL TABLET 40 MG ( <i>neratinib maleate</i> )	PBSP	
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG ( <i>alpelisib</i> )	PBSP	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG ( <i>alpelisib</i> )	PBSP	
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG ( <i>alpelisib</i> )	PBSP	
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG ( <i>selpercatinib</i> )	PBSP	
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG ( <i>entrectinib</i> )	PBSP	
ROZLYTREK ORAL PACKET 50 MG ( <i>entrectinib</i> )	PBSP	
RYDAPT ORAL CAPSULE 25 MG ( <i>midostaurin</i> )	PBSP	
SCSEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG ( <i>asciminib hcl</i> )	PBSP	
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG ( <i>dasatinib</i> )	PBSP	
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG ( <i>sunitinib malate</i> )	PBSP	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG ( <i>dabrafenib mesylate</i> )	PBSP	
TAFINLAR ORAL TABLET SOLUBLE 10 MG ( <i>dabrafenib mesylate</i> )	PBSP	
TAGRISSE ORAL TABLET 40 MG, 80 MG ( <i>osimertinib mesylate</i> )	PBSP	
TRUQAP ORAL TABLET 200 MG ( <i>capivasertib</i> )	PBSP	
TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG ( <i>capivasertib</i> )	PBSP	
TUKYSA ORAL TABLET 150 MG, 50 MG ( <i>tucatinib</i> )	PBSP	
TURALIO ORAL CAPSULE 125 MG ( <i>pexidartinib hcl</i> )	PBSP	
TYKERB ORAL TABLET 250 MG ( <i>lapatinib ditosylate</i> )	PBSP	
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG ( <i>abemaciclib</i> )	PBSP	
XALKORI ORAL CAPSULE SPRINKLE 150 MG, 20 MG, 50 MG ( <i>crizotinib</i> )	PBSP	
XOSPATA ORAL TABLET 40 MG ( <i>gilteritinib fumarate</i> )	PBSP	
ZYKADIA ORAL TABLET 150 MG ( <i>ceritinib</i> )	PBSP	
<b>MISCELLANEOUS</b>		
<i>bexarotene oral capsule 75 mg</i>	PBSP	
<i>hydroxyurea oral capsule 500 mg</i>	PG	
KRAZATI ORAL TABLET 200 MG ( <i>adagrasib</i> )	PBSP	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG ( <i>sotorasib</i> )	PBSP	
LYNPARZA ORAL TABLET 100 MG, 150 MG ( <i>olaparib</i> )	PBSP	
ODOMZO ORAL CAPSULE 200 MG ( <i>sonidegib phosphate</i> )	PBSP	
<i>tretinoin oral capsule 10 mg</i>	PG	
VISTOGARD ORAL PACKET 10 GM ( <i>uridine triacetate</i> )	PBSP	
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG ( <i>niraparib tosylate</i> )	PBSP	
ZOLINZA ORAL CAPSULE 100 MG ( <i>vorinostat</i> )	PBSP	
<b>PROTEASOME INHIBITORS</b>		
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG ( <i>ixazomib citrate</i> )	PBSP	
<b>PROTECTIVE AGENTS</b>		
LEDERLE LEUCOVORIN ORAL TABLET 5 MG ( <i>leucovorin calcium</i> )	PG	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg</i>	PG	
MESNEX ORAL TABLET 400 MG ( <i>mesna</i> )	PB	
<b>TOPOISOMERASE INHIBITORS</b>		
<i>etoposide oral capsule 50 mg</i>	PBSP	
<b>CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS</b>		
<b>ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	PG	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	PG	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	PG	
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	PG	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	PG	
<i>quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	PG	N8 (Listing does not include certain NDCs)
<b>ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	PG	
<i>enalapril maleate oral solution 1 mg/ml</i>	PG	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	PG	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	PG	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	PG	
<i>moexipril hcl oral tablet 15 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>moexipril hcl oral tablet 7.5 mg</i>	PG	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	PG	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	PG	
<b>ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	PG	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG ( <i>finerenone</i> )	PB	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	PG	
<b>ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>		
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	PG	
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	PG	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	PG	
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	PG	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	PG	
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	PG	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	PG	
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	PG	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	PG	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	PG	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	PG	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>		
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	PG	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	PG	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	PG	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	PG	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	PG	
<b>ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM</b>		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	PG	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	PG	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	PBSP	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	PG	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	PG	
<i>amiodarone hcl (Pacerone Oral Tablet 100 Mg, 200 Mg)</i>	PG	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	PG	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	PG	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	PG	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	PG	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	PG	
<b>ANTILIPEMICS, BILE ACID RESINS - DRUGS TO TREAT HIGH CHOLESTEROL</b>		
<i>cholestyramine light oral packet 4 gm</i>	PG	
<i>cholestyramine oral packet 4 gm</i>	PG	
<i>colesevelam hcl oral packet 3.75 gm</i>	PG	
<i>colesevelam hcl oral tablet 625 mg</i>	PG	
<i>colestipol hcl oral granules 5 gm</i>	PG	
<i>colestipol hcl oral packet 5 gm</i>	PG	
<i>colestipol hcl oral tablet 1 gm</i>	PG	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>cholestyramine light</i> (Prevalite Oral Packet 4 Gm)	PG	
<i>cholestyramine light</i> (Prevalite Oral Powder 4 Gm/Dose)	PG	
<b>ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR - DRUGS TO TREAT HIGH CHOLESTEROL</b>		
<i>ezetimibe oral tablet 10 mg</i>	PG	
<b>ANTILIPEMICS, FIBRATES - DRUGS TO TREAT HIGH CHOLESTEROL</b>		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	PG	
<i>fenofibrate oral tablet 145 mg, 48 mg</i>	PG	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	PG	
<i>gemfibrozil oral tablet 600 mg</i>	PG	N8 (Listing does not include certain NDCs)
<b>ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL</b>		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	CE	
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	PG	
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	PG	
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	PG	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	PG	
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	PG	
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	PG	
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	PG	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	CE	
<i>simvastatin oral tablet 80 mg</i>	PG	
<b>ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS - DRUGS TO TREAT HIGH CHOLESTEROL</b>		
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	PG	
<b>ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL</b>		
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	PG	
NIACOR ORAL TABLET 500 MG ( <i>niacin (antihyperlipidemic)</i> )	PG	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<b>ANTILIPEMICS, OMEGA-3 FATTY ACIDS - DRUGS TO TREAT HIGH CHOLESTEROL</b>		
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	PG	
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM ( <i>icosapent ethyl</i> )	PB	
<b>ANTILIPEMICS, PCSK9 INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL</b>		
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML ( <i>evolocumab</i> )	PBSP	
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML ( <i>evolocumab</i> )	PBSP	
<b>BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS</b>		
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i>	PG	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	PG	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	PG	
<b>BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS</b>		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	PG	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	PG	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	PG	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	PG	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	PG	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	PG	
<i>labetalol hcl oral tablet 400 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	PG	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	PG	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	PG	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>pindolol oral tablet 10 mg, 5 mg</i>	PG	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	PG	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	PG	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	PG	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	PG	
<b>CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS</b>		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	PG	
<b>CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS</b>		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG ( <i>diltiazem hcl</i> )	PB	
<i>diltiazem hcl coated beads (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg)</i>	PG	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	PG	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	PG	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	PG	
<i>diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	PG	
<i>diltiazem hcl intravenous solution 25 mg/5ml</i>	PG	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	PG	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	PG	
<i>diltiazem hcl (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)</i>	PG	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	PG	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	PG	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	PG	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	PG	N8 (Listing does not include certain NDCs)

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>nimodipine oral capsule 30 mg</i>	PG	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 34 mg, 8.5 mg</i>	PG	
<i>diltiazem hcl er beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)</i>	PG	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg, 360 mg</i>	PG	
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	PG	
<i>verapamil hcl intravenous solution 2.5 mg/ml</i>	PG	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	PG	N8 (Listing does not include certain NDCs)
<b>DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS</b>		
<i>digoxin (Digox Oral Tablet 125 Mcg, 250 Mcg)</i>	PG	
<i>digoxin oral solution 0.05 mg/ml</i>	PG	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	PG	
<b>DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS</b>		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	PG	
<b>DIURETICS - DRUGS TO TREAT HEART CONDITIONS</b>		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	PG	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	PG	
<i>amiloride hcl oral tablet 5 mg</i>	PG	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	PG	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	PG	
<i>ethacrynic acid oral tablet 25 mg</i>	PG	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	PG	
<i>furosemide oral tablet 20 mg, 40 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>furosemide oral tablet 80 mg</i>	PG	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	PG	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	PG	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>methazolamide oral tablet 25 mg, 50 mg</i>	PG	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	PG	
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>triamterene oral capsule 100 mg, 50 mg</i>	PG	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	PG	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	PG	
<b>HEART FAILURE</b>		
CORLANOR ORAL SOLUTION 5 MG/5ML ( <i>ivabradine hcl</i> )	PB	
CORLANOR ORAL TABLET 5 MG, 7.5 MG ( <i>ivabradine hcl</i> )	PB	
<b>MISCELLANEOUS</b>		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG ( <i>mavacamten</i> )	PBSP	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	PG	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	PG	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	PG	
<i>hydralazine hcl injection solution 20 mg/ml</i>	PG	
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	PG	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	PG	
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	PG	
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	PG	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	PG	
VYNDAMAX ORAL CAPSULE 61 MG ( <i>tafamidis</i> )	PBSP	
<b>NITRATES - DRUGS TO TREAT HEART CONDITIONS</b>		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	PG	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	PG	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR ( <i>nitroglycerin</i> )	PB	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	PG	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	PG	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	PG	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
NITROLINGUAL TRANSLINGUAL SOLUTION 0.4 MG/SPRAY ( <i>nitroglycerin</i> )	PB	
<b>PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION</b>		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG ( <i>riociguat</i> )	PBSP	
<i>tadalafil (pah)</i> (Alyq Oral Tablet 20 Mg)	PBSP	
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	PBSP	
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>	PBSP	
OPSUMIT ORAL TABLET 10 MG ( <i>macitentan</i> )	PBSP	
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG ( <i>macitentan-tadalafil</i> )	PBSP	
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG ( <i>treprostinil diolamine</i> )	PBSP	
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG ( <i>treprostinil diolamine</i> )	PBSP	
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG ( <i>treprostinil diolamine</i> )	PBSP	
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG ( <i>treprostinil diolamine</i> )	PBSP	
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	PBSP	
<i>sildenafil citrate oral tablet 20 mg</i>	PBSP	
<i>tadalafil (pah) oral tablet 20 mg</i>	PBSP	
TADLIQ ORAL SUSPENSION 20 MG/5ML ( <i>tadalafil (pah)</i> )	PBSP	
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	PBSP	
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG ( <i>selexipag</i> )	PBSP	
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG ( <i>selexipag</i> )	PBSP	
YUTREPIA INHALATION CAPSULE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG ( <i>treprostinil sodium</i> )	PBSP	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<b>CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS</b>		
<b>ALCOHOL DETERRENTS</b>		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	PG	
<i>disulfiram oral tablet 250 mg</i>	PG	
<b>AMYOTROPHIC LATERAL SCLEROSIS (ALS) - DRUGS TO TREAT ALS</b>		
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML ( <i>edaravone</i> )	PBSP	
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML ( <i>edaravone</i> )	PBSP	
<i>riluzole oral tablet 50 mg</i>	PG	
<b>ANTI-ANXIETY - DRUGS TO TREAT ANXIETY</b>		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	PG	
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML ( <i>alprazolam</i> )	PB	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	PG	
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	PG	
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	PG	
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	PG	
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	PG	
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	PG	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>lorazepam oral concentrate 2 mg/ml</i>	PG	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	PG	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	PG	
<b>ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS</b>		
<i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i>	PG	
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	PG	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	PG	
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	PG	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	PG	
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	PG	
<i>memantine hcl oral solution 2 mg/ml</i>	PG	
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg &amp; 21 x 10 mg, 5 mg</i>	PG	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	PG	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	PG	
<b>ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION</b>		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	PG	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	PG	
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	PG	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	PG	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>citalopram hydrobromide oral solution 20 mg/10ml</i>	PG	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	PG	
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	PG	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	PG	
<i>doxepin hcl oral capsule 150 mg</i>	PG	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	PG	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>	PG	
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	PG	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	PG	
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	PG	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	PG	
<i>imipramine hcl oral tablet 10 mg, 50 mg</i>	PG	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	PG	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	PG	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	PG	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	PG	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	PG	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg</i>	PG	
<i>paroxetine hcl er oral tablet extended release 24 hour 37.5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	PG	
<i>phenelzine sulfate oral tablet 15 mg</i>	PG	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	PG	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	PG	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	PG	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	PG	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	PG	
<i>trazodone hcl oral tablet 300 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	PG	
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg</i>	PG	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	PG	
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG (zuranolone)	PBSP	
<b>ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE</b>		
<i>amantadine hcl oral capsule 100 mg</i>	PG	
<i>amantadine hcl oral solution 50 mg/5ml</i>	PG	
<i>amantadine hcl oral tablet 100 mg</i>	PG	
<i>benztropine mesylate oral tablet 0.5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>benztropine mesylate oral tablet 1 mg, 2 mg</i>	PG	
<i>bromocriptine mesylate oral capsule 5 mg</i>	PG	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	PG	
<i>carbidopa oral tablet 25 mg</i>	PG	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	PG	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	PG	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	PG	
<i>entacapone oral tablet 200 mg</i>	PG	
<i>haloperidol oral tablet 2 mg</i>	PG	
INBRIJA INHALATION CAPSULE 42 MG ( <i>levodopa</i> )	PBSP	
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	PG	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	PG	
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	PG	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	PG	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	PG	
<i>selegiline hcl oral capsule 5 mg</i>	PG	
<i>selegiline hcl oral tablet 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>tolcapone oral tablet 100 mg</i>	PG	
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	PG	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	PG	
<b>ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES</b>		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG ( <i>aripiprazole</i> )	PB	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG ( <i>aripiprazole</i> )	PB	
<i>aripiprazole oral solution 1 mg/ml</i>	PG	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	PG	
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	PG	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML ( <i>aripiprazole lauroxil</i> )	PB	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML ( <i>aripiprazole lauroxil</i> )	PB	
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	PG	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	PG	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	PG	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	PG	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	PG	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	PG	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	PG	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	PG	
<i>haloperidol lactate injection solution 5 mg/ml</i>	PG	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	PG	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 20 mg, 5 mg</i>	PG	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	PG	
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	PG	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	PG	
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	PG	
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>	PG	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	PG	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	PG	
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	PG	
<i>risperidone oral solution 1 mg/ml</i>	PG	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	PG	
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	PG	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	PG	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	PG	
<b>VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG (cariprazine hcl)</b>	PB	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	PG	
<b>ANTISEIZURE AGENTS - DRUGS TO TREAT SEIZURES</b>		
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 300 mg</i>	PG	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	PG	
<i>carbamazepine oral suspension 100 mg/5ml, 200 mg/10ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>carbamazepine oral tablet 200 mg</i>	PG	
<i>clobazam oral suspension 2.5 mg/ml</i>	PG	
<i>clobazam oral tablet 10 mg, 20 mg</i>	PG	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	PG	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	PG	
<i>diazepam oral concentrate 5 mg/ml</i>	PG	
<i>diazepam oral solution 5 mg/5ml</i>	PG	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	PG	
DILANTIN ORAL CAPSULE 30 MG ( <i>phenytoin sodium extended</i> )	PB	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	PG	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	PG	
<i>ethosuximide oral capsule 250 mg</i>	PG	
<i>ethosuximide oral solution 250 mg/5ml</i>	PG	
<i>felbamate oral suspension 600 mg/5ml</i>	PG	
<i>felbamate oral tablet 400 mg, 600 mg</i>	PG	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	PG	
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	PG	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	PG	
KLONOPIN ORAL TABLET 0.5 MG, 2 MG ( <i>clonazepam</i> )	PB	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	PG	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	PG	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	PG	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	PG	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	PG	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg &amp; 14x100 mg</i>	PG	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg &amp; 7 x 100 mg</i>	PG	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	PG	
<i>levetiracetam oral solution 100 mg/ml</i>	PG	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	PG	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	PG	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	PG	
<i>phenobarbital oral elixir 30 mg/7.5ml, 60 mg/15ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	PG	
<i>phenytoin oral suspension 100 mg/4ml</i>	PG	
<i>phenytoin oral tablet chewable 50 mg</i>	PG	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	PG	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	PG	
<i>pregabalin oral solution 20 mg/ml</i>	PG	
<i>levetiracetam (Roweepra Oral Tablet 500 Mg)</i>	PG	
<i>lamotrigine (Subvenite Oral Tablet 100 Mg, 150 Mg, 200 Mg, 25 Mg)</i>	PG	
<i>lamotrigine (Subvenite Starter Kit-Blue Oral Kit 35 X 25 Mg)</i>	PG	
<i>lamotrigine (Subvenite Starter Kit-Green Oral Kit 84 X 25 Mg &amp; 14X100 Mg)</i>	PG	
<i>lamotrigine (Subvenite Starter Kit-Orange Oral Kit 42 X 25 Mg &amp; 7 X 100 Mg)</i>	PG	
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	PG	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	PG	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	PG	
<i>valproic acid oral capsule 250 mg</i>	PG	
<i>valproic acid oral solution 250 mg/5ml, 500 mg/10ml</i>	PG	
<i>vigabatrin oral packet 500 mg</i>	PBSP	
<i>vigabatrin oral tablet 500 mg</i>	PBSP	
<i>vigabatrin (Vigadrone Oral Packet 500 Mg)</i>	PBSP	
<i>vigabatrin (Vigadrone Oral Tablet 500 Mg)</i>	PG	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	PG	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD</b>		
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	PG	
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	PG	
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	PG	
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	PG	
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	PG	
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	PG	
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	PG	
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	PG	
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	PG	
<i>lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	PG	
<i>lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	PG	
<i>methamphetamine hcl oral tablet 5 mg</i>	PG	
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	PG	
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	PG	
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg</i>	PG	
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	PG	
<i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	PG	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	PG	
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>dextroamphetamine sulfate (Zenedi Oral Tablet 10 Mg, 15 Mg, 2.5 Mg, 20 Mg, 30 Mg, 5 Mg, 7.5 Mg)</i>	PG	
<b>BOTULINUM TOXINS</b>		
DAXXIFY INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT ( <i>daxibotulinumtoxina-lanm</i> )	PBSP	
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT ( <i>abobotulinumtoxina</i> )	PBSP	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT ( <i>incobotulinumtoxina</i> )	PBSP	
<b>FIBROMYALGIA</b>		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG ( <i>milnacipran hcl</i> )	PB	
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG ( <i>milnacipran hcl</i> )	PB	
<b>HYPNOTICS - DRUGS TO TREAT INSOMNIA</b>		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG ( <i>suvorexant</i> )	PB	
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	PG	
<i>estazolam oral tablet 1 mg, 2 mg</i>	PG	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	PG	
<i>midazolam hcl oral syrup 2 mg/ml</i>	PG	
<i>ramelteon oral tablet 8 mg</i>	PG	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	PG	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	PG	
<i>zaleplon oral capsule 10 mg, 5 mg</i>	PG	
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	PG	
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	PG	
<b>MIGRAINE - ERGOTAMINE DERIVATIVES - DRUGS TO TREAT SEVERE HEADACHES</b>		
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	PG	
<b>MIGRAINE - MISCELLANEOUS - DRUGS TO TREAT SEVERE HEADACHES</b>		
UBRELVY ORAL TABLET 100 MG, 50 MG ( <i>ubrogepant</i> )	PB	
<b>MIGRAINE - MONOCLONAL ANTIBODIES - DRUGS TO TREAT SEVERE HEADACHES</b>		
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML ( <i>fremanezumab-vfrm</i> )	PB	
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML ( <i>fremanezumab-vfrm</i> )	PB	
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>galcanezumab-gnlm</i> )	PB	
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML ( <i>galcanezumab-gnlm</i> )	PB	
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML ( <i>galcanezumab-gnlm</i> )	PB	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<b>MIGRAINE - TRIPTANS AND COMBINATIONS - DRUGS TO TREAT SEVERE HEADACHES</b>		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	PG	
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	PG	
<i>frovatriptan succinate oral tablet 2.5 mg</i>	PG	
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	PG	
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	PG	
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	PG	
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>	PG	
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	PG	
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	PG	
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	PG	
<i>zolmitriptan nasal solution 5 mg</i>	PG	
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	PG	
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	PG	
<b>MISCELLANEOUS</b>		
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML ( <i>satralizumab-mwge</i> )	PBSP	
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML ( <i>risdiplam</i> )	PBSP	
EVRYSDI ORAL TABLET 5 MG ( <i>risdiplam</i> )	PBSP	
<b>MOOD STABILIZERS - DRUGS TO TREAT MOOD DISORDERS</b>		
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	PG	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	PG	
<i>lithium carbonate oral tablet 300 mg</i>	PG	
<i>lithium oral solution 8 meq/5ml</i>	PG	
<b>MOVEMENT DISORDERS</b>		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG ( <i>deutetrabenazine</i> )	PBSP	
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG ( <i>valbenazine tosylate</i> )	PBSP	
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG ( <i>valbenazine tosylate</i> )	PBSP	
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG ( <i>valbenazine tosylate</i> )	PBSP	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	PBSP	
<b>MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS</b>		
AUBAGIO ORAL TABLET 14 MG, 7 MG ( <i>teriflunomide</i> )	PBSP	
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML ( <i>interferon beta-1a</i> )	PBSP	
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML ( <i>interferon beta-1a</i> )	PBSP	
BETASERON SUBCUTANEOUS KIT 0.3 MG ( <i>interferon beta-1b</i> )	PBSP	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML ( <i>glatiramer acetate</i> )	PBSP	
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	PBSP	
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	PG	
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 &amp; 240 mg</i>	PG	
GILENYA ORAL CAPSULE 0.25 MG ( <i>fingolimod hcl</i> )	PBSP	
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	PBSP	
<i>glatiramer acetate (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/MI, 40 Mg/MI)</i>	PBSP	
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML ( <i>ofatumumab</i> )	PBSP	
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG ( <i>siponimod fumarate</i> )	PBSP	
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG, 7 X 0.25 MG ( <i>siponimod fumarate</i> )	PBSP	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML ( <i>interferon beta-1a</i> )	PBSP	
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG ( <i>interferon beta-1a</i> )	PBSP	
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML ( <i>interferon beta-1a</i> )	PBSP	
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG ( <i>interferon beta-1a</i> )	PBSP	
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG ( <i>dimethyl fumarate</i> )	PBSP	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK 120 & 240 MG ( <i>dimethyl fumarate</i> )	PBSP	
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML ( <i>natalizumab</i> )	PBSP	
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG ( <i>ozanimod hcl</i> )	PBSP	
ZEPOSIA ORAL CAPSULE 0.92 MG ( <i>ozanimod hcl</i> )	PBSP	
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21) ( <i>ozanimod hcl</i> )	PBSP	
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<i>baclofen oral suspension 25 mg/5ml</i>	PG	
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	PG	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	PG	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
<i>metaxalone oral tablet 800 mg</i>	PG	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	PG	
NORGESIC ORAL TABLET 25-385-30 MG ( <i>orphenadrine-aspirin-caffeine</i> )	PG	
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	PG	
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	PG	
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	PG	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	PG	
<b>MYASTHENIA GRAVIS - DRUGS TO TREAT MYASTHENIA GRAVIS</b>		
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	PG	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	PG	
<i>pyridostigmine bromide oral tablet 60 mg</i>	PG	
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1000-10000 MG-UNT/5ML ( <i>efgartigimod alfa-hyalur-qvfc</i> )	PBSP	
<b>NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS</b>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	PG	
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM ( <i>sodium oxybate</i> )	PBSP	
LUMRYZ STARTER PACK ORAL THERAPY PACK 4.5 & 6 & 7.5 GM ( <i>sodium oxybate</i> )	PBSP	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>modafinil oral tablet 100 mg, 200 mg</i>	PG	
SUNOSI ORAL TABLET 150 MG, 75 MG ( <i>solriamfetol hcl</i> )	PB	
WAKIX ORAL TABLET 17.8 MG, 4.45 MG ( <i>pitolisant hcl</i> )	PBSP	
XYWAV ORAL SOLUTION 500 MG/ML ( <i>ca, mg, k, and na oxybates</i> )	PBSP	
<b>OPIOID AGONIST/ANTAGONIST</b>		
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	PG	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	PG	
<b>OPIOID ANTAGONIST</b>		
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	PG	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	PG	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	PG	
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	PG	
<i>naltrexone hcl oral tablet 50 mg</i>	PG	N8 (Listing does not include certain NDCs)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG ( <i>naltrexone</i> )	PBSP	
<b>OPIOID PARTIAL AGONISTS</b>		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	PG	
<b>PSYCHOTHERAPEUTIC-MISC</b>		
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	PG	
<b>SMOKING DETERRENENTS</b>		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	CE	
<i>cvs nicotine mouth/throat gum 2 mg, 4 mg</i>	CE	
<i>cvs nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	CE	
<i>cvs nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	CE	
<i>cvs nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	CE	
<i>eq nicotine mouth/throat lozenge 4 mg</i>	CE	
<i>eq nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	CE	
<i>eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	CE	
<i>eq nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	CE	
<i>eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	CE	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>ft nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	CE	
<i>ft nicotine mouth/throat gum 2 mg, 4 mg</i>	CE	
<i>ft nicotine mouth/throat lozenge 2 mg, 4 mg</i>	CE	
<i>ft nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	CE	
<i>gnp nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	CE	
<i>gnp nicotine mouth/throat gum 4 mg</i>	CE	
<i>gnp nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	CE	
<i>gnp nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	CE	
<i>gnp nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr</i>	CE	
<i>goodsense nicotine mouth/throat gum 4 mg</i>	CE	
<i>goodsense nicotine mouth/throat lozenge 4 mg</i>	CE	
HABITROL TRANSDERMAL PATCH 24 HOUR 21 MG/24HR (nicotine)	CE	
KLS QUIT2 MOUTH/THROAT GUM 2 MG (nicotine polacrilex)	CE	
KLS QUIT2 MOUTH/THROAT LOZENGE 2 MG (nicotine polacrilex)	CE	
KLS QUIT4 MOUTH/THROAT GUM 4 MG (nicotine polacrilex)	CE	
KLS QUIT4 MOUTH/THROAT LOZENGE 4 MG (nicotine polacrilex)	CE	
NICORELIEF MOUTH/THROAT GUM 2 MG (nicotine polacrilex)	CE	
<i>nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	CE	
<i>nicotine polacrilex mini mouth/throat lozenge 2 mg</i>	CE	
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	CE	
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	CE	
<i>nicotine step 1 transdermal patch 24 hour 21 mg/24hr</i>	CE	
<i>nicotine step 2 transdermal patch 24 hour 14 mg/24hr</i>	CE	
<i>nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	CE	
<i>nicotine transdermal kit 21-14-7 mg/24hr</i>	CE	
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	CE	
NICOTROL NS NASAL SOLUTION 10 MG/ML (nicotine)	CE	
<i>qc nicotine transdermal system transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	CE	
<i>sm nicotine mouth/throat gum 4 mg</i>	CE	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>sm nicotine mouth/throat lozenge 2 mg</i>	CE	
<i>sm nicotine polacrilex mouth/throat lozenge 4 mg</i>	CE	
THRIVE MOUTH/THROAT GUM 2 MG ( <i>nicotine polacrilex</i> )	CE	
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 &amp; 1 mg x 42</i>	CE	
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	CE	
<b>ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES</b>		
<b>ACROMEGALY - DRUGS TO TREAT CONDITIONS THAT CAUSE EXCESSIVE GROWTH</b>		
<i>lanreotide acetate subcutaneous solution 120 mg/0.5ml</i>	PBSP	
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	PBSP	
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	PG	
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML ( <i>lanreotide acetate</i> )	PBSP	
<b>ANDROGENS - DRUGS TO REGULATE MALE HORMONES</b>		
<i>methyltestosterone oral capsule 10 mg</i>	PG	
NATESTO NASAL GEL 5.5 MG/ACT ( <i>testosterone</i> )	PB	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	PG	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	PG	
<i>testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	PG	
<i>testosterone transdermal solution 30 mg/act</i>	PG	
<b>ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	PG	
<b>ANTIDIABETICS, BIGUANIDE</b>		
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	PG	
<i>metformin hcl oral tablet 1000 mg, 500 mg</i>	PG	
<i>metformin hcl oral tablet 850 mg</i>	CE	

Prescription Drug Name	Drug Tier	Drug Notes
<b>ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS</b>		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	PG	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	PG	
<b>ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS</b>		
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG ( <i>empagliflozin-linagliptin-metformin</i> )	PB	
ZITUVIMET ORAL TABLET 50-1000 MG, 50-500 MG ( <i>sitagliptin base-metformin hcl</i> )	PB	
ZITUVIMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG ( <i>sitagliptin base-metformin hcl</i> )	PB	
<b>ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG ( <i>sitagliptin</i> )	PB	
<b>ANTIDIABETICS, INCRETIN MIMETIC AGENTS</b>		
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML ( <i>tirzepatide</i> )	PB	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML ( <i>semaglutide</i> )	PB	
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML ( <i>semaglutide</i> )	PB	
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML ( <i>semaglutide</i> )	PB	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG ( <i>semaglutide</i> )	PB	
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML ( <i>dulaglutide</i> )	PB	
<b>ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS</b>		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML ( <i>insulin glargine-lixisenatide</i> )	PB	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<b>ANTIDIABETICS, INSULIN</b>		
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin aspart (w/niacinamide)</i> )	PB	
FIASP INJECTION SOLUTION 100 UNIT/ML ( <i>insulin aspart (w/niacinamide)</i> )	PB	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML ( <i>insulin aspart (w/niacinamide)</i> )	PB	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML ( <i>insulin regular human</i> )	PB	
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>	PB	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin glargine</i> )	PB	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin glargine</i> )	PB	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )	PB	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )	PB	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML ( <i>insulin nph human (isophane)</i> )	PB	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML ( <i>insulin nph human (isophane)</i> )	PB	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin regular human</i> )	PB	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML ( <i>insulin regular human</i> )	PB	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin aspart</i> )	PB	
NOVOLOG INJECTION SOLUTION 100 UNIT/ML ( <i>insulin aspart</i> )	PB	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML ( <i>insulin aspart prot &amp; aspart</i> )	PB	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML ( <i>insulin aspart</i> )	PB	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML ( <i>insulin degludec</i> )	PB	

Prescription Drug Name	Drug Tier	Drug Notes
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin degludec</i> )	PB	
<b>ANTIDIABETICS, INSULIN SENSITIZER</b>		
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	PG	
<b>ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION</b>		
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	PG	
<b>ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION</b>		
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	PG	
<b>ANTIDIABETICS, MEGLITINIDE</b>		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	PG	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	N8 (Listing does not include certain NDCs)
<b>ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS</b>		
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG ( <i>empagliflozin-metformin hcl</i> )	PB	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG ( <i>empagliflozin-metformin hcl</i> )	PB	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG ( <i>dapagliflozin prop-metformin</i> )	PB	
<b>ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS</b>		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG ( <i>empagliflozin-linagliptin</i> )	PB	
<b>ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS</b>		
FARXIGA ORAL TABLET 10 MG, 5 MG ( <i>dapagliflozin propanediol</i> )	PB	
JARDIANCE ORAL TABLET 10 MG, 25 MG ( <i>empagliflozin</i> )	PB	
<b>ANTIDIABETICS, SULFONYLUREA</b>		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	PG	
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	PG	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>glipizide oral tablet 10 mg, 5 mg</i>	PG	
<b>ANTI OBESITY</b>		
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG ( <i>phentermine-topiramate</i> )	PB	
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML ( <i>liraglutide -weight management</i> )	PB	
WEGOVY ORAL TABLET 1.5 MG, 25 MG, 4 MG, 9 MG ( <i>semaglutide-weight management</i> )	PB	
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML, 1.7 MG/0.75ML, 2.4 MG/0.75ML ( <i>semaglutide-weight management</i> )	PB	
<b>CALCIUM RECEPTOR AGONISTS</b>		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg</i>	PBSP	
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG ( <i>cinacalcet hcl</i> )	PBSP	
<b>CALCIUM REGULATORS, BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS</b>		
<i>alendronate sodium oral solution 70 mg/75ml</i>	PG	
<i>alendronate sodium oral tablet 10 mg, 35 mg, 70 mg</i>	PG	
<i>ibandronate sodium oral tablet 150 mg</i>	PG	
<i>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg</i>	PG	
<i>risedronate sodium oral tablet delayed release 35 mg</i>	PG	
<i>zoledronic acid intravenous concentrate 4 mg/5ml</i>	PBSP	
<i>zoledronic acid intravenous solution 4 mg/100ml, 5 mg/100ml</i>	PBSP	
<b>CALCIUM REGULATORS, MISCELLANEOUS</b>		
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	PG	
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7ML ( <i>denosumab-bmwo</i> )	PBSP	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML ( <i>denosumab</i> )	PBSP	
<b>CALCIUM REGULATORS, PARATHYROID HORMONES</b>		
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML ( <i>abaloparatide</i> )	PBSP	
<b>CARNITINE DEFICIENCY AGENTS</b>		
<i>levocarnitine oral solution 1 gm/10ml</i>	PG	
<i>levocarnitine oral tablet 330 mg</i>	PG	

Prescription Drug Name	Drug Tier	Drug Notes
<b>CENTRAL PRECOCIOUS PUBERTY - DRUGS TO SUPPRESS PITUITARY HORMONES</b>		
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG ( <i>leuprolide acetate</i> )	PBSP	
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG ( <i>leuprolide acetate (3 month)</i> )	PBSP	
SUPPRELIN LA SUBCUTANEOUS KIT 50 MG ( <i>histrelin acetate</i> )	PBSP	
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG ( <i>triptorelin pamoate</i> )	PBSP	
<b>CHELATING AGENTS</b>		
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	PG	
<i>deferasirox oral packet 180 mg, 360 mg, 90 mg</i>	PG	
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	PG	
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	PG	
<i>deferiprone oral tablet 500 mg</i>	PG	
<i>deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg</i>	PG	
<i>penicillamine oral capsule 250 mg</i>	PG	
<i>penicillamine oral tablet 250 mg</i>	PG	
<i>trientine hcl oral capsule 250 mg</i>	PG	
<b>CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL</b>		
<i>levonorgestrel-ethinyl estrad (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)</i>	CE	
AFTERA ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	CE	
AFTERPILL ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	CE	
<i>levonorgestrel-ethinyl estrad (Altavera Oral Tablet 0.15-30 Mg-Mcg)</i>	CE	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	CE	
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	CE	
<i>levonorgestrel-ethinyl estrad (Amethyst Oral Tablet 90-20 Mcg)</i>	CE	
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR ( <i>segesterone-ethinyl estradiol</i> )	CE	
<i>desogestrel-ethinyl estradiol (Apri Oral Tablet 0.15-30 Mg-Mcg)</i>	CE	
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG ( <i>norethin-eth estrad triphasic</i> )	CE	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>levonorgest-eth estrad 91-day</i> (Ashlyna Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	CE	
<i>norethindrone acet-ethinyl est</i> (Aurovela 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethindrone acet-ethinyl est</i> (Aurovela 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Aurovela 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	
<i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
AVERI ORAL TABLET 0.15-0.03 MG ( <i>desogestrel-eth estrad-fe</i> )	CE	
<i>levonorgestrel-ethinyl estrad</i> (Aviane Oral Tablet 0.1-20 Mg-Mcg)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Ayuna Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>desogestrel-ethinyl estradiol</i> (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	
<i>norethindrone-eth estradiol</i> (Balziva Oral Tablet 0.4-35 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Blisovi 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	CE	
<i>norethindrone</i> (Camila Oral Tablet 0.35 Mg)	CE	
<i>levonorgest-eth estrad 91-day</i> (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	CE	
<i>levonorgest-eth estrad 91-day</i> (Camrese Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	
CAYA VAGINAL DIAPHRAGM ( <i>diaphragm arc-spring</i> )	CE	
<i>norethin ace-eth estrad-fe</i> (Charlotte 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	CE	
<i>levonorgestrel-ethinyl estrad</i> (Chateal Eq Oral Tablet 0.15-30 Mg-Mcg)	CE	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>condoms</i>	CE	
<i>norgestrel-ethinyl estradiol (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)</i>	CE	
<i>desogestrel-ethinyl estradiol (Cyred Eq Oral Tablet 0.15-30 Mg-Mcg)</i>	CE	
<i>norethindrone-eth estradiol (Dasetta 1/35 (28) Oral Tablet 1-35 Mg-Mcg)</i>	CE	
<i>norethin-eth estrad triphasic (Dasetta 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)</i>	CE	
<i>levonorgest-eth estrad 91-day (Daysee Oral Tablet 0.15-0.03 &amp;0.01 Mg)</i>	CE	
<i>norethindrone (Deblitane Oral Tablet 0.35 Mg)</i>	CE	
<i>levonorgestrel-ethinyl estrad (Delyla Oral Tablet 0.1-20 Mg-Mcg)</i>	CE	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML ( <i>medroxyprogesterone acetate</i> )	CE	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	CE	
<i>levonorgestrel-ethinyl estrad (Dolishale Oral Tablet 90-20 Mcg)</i>	CE	
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	CE	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	CE	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	CE	
<i>norgestrel-ethinyl estradiol (Elinest Oral Tablet 0.3-30 Mg-Mcg)</i>	CE	
ELLA ORAL TABLET 30 MG ( <i>ulipristal acetate</i> )	CE	
<i>etonogestrel-ethinyl estradiol (Eluryng Vaginal Ring 0.12-0.015 Mg/24Hr)</i>	CE	
<i>norethindrone (Emzahh Oral Tablet 0.35 Mg)</i>	CE	
<i>etonogestrel-ethinyl estradiol (Enilloring Vaginal Ring 0.12-0.015 Mg/24Hr)</i>	CE	
<i>desogestrel-ethinyl estradiol (Enskyce Oral Tablet 0.15-30 Mg-Mcg)</i>	CE	
<i>norethindrone (Errin Oral Tablet 0.35 Mg)</i>	CE	
<i>norgestimate-eth estradiol (Estarylla Oral Tablet 0.25-35 Mg-Mcg)</i>	CE	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	CE	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	CE	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>levonorgestrel-ethinyl estrad</i> (Falmina Oral Tablet 0.1-20 Mg-Mcg)	CE	
FC2 FEMALE CONDOM ( <i>condoms - female</i> )	CE	
<i>norethin ace-eth estrad-fe</i> (Feirza 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Feirza 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM ( <i>cervical caps</i> )	CE	
FEMLYV ORAL TABLET DISPERSIBLE 1-0.02 MG ( <i>norethindrone acet-ethinyl est</i> )	CE	
<i>norethin ace-eth estrad-fe</i> (Finzala Oral Tablet Chewable 1-20 Mg-Mcg(24))	CE	
<i>norethin ace-eth estrad-fe</i> (Gemmily Oral Capsule 1-20 Mg-Mcg(24))	CE	
<i>norethindrone acet-ethinyl est</i> (Hailey 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Hailey 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	
<i>norethin ace-eth estrad-fe</i> (Hailey Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Hailey Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>etonogestrel-ethinyl estradiol</i> (Haloette Vaginal Ring 0.12-0.015 Mg/24Hr)	CE	
<i>norethindrone</i> (Heather Oral Tablet 0.35 Mg)	CE	
HER STYLE ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	CE	
<i>levonorgest-eth estrad 91-day</i> (Iclevia Oral Tablet 0.15-0.03 Mg)	CE	
<i>norethindrone</i> (Incassia Oral Tablet 0.35 Mg)	CE	
<i>levonorgest-eth estrad 91-day</i> (Introvale Oral Tablet 0.15-0.03 Mg)	CE	
<i>desogestrel-ethinyl estradiol</i> (Isibloom Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>levonorgest-eth estrad 91-day</i> (Jaimiess Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	
<i>drospirenone-ethinyl estradiol</i> (Jasmiel Oral Tablet 3-0.02 Mg)	CE	
<i>norethindrone</i> (Jencycla Oral Tablet 0.35 Mg)	CE	
<i>levonorgest-eth estrad 91-day</i> (Jolessa Oral Tablet 0.15-0.03 Mg)	CE	
<i>levonorgest-eth estrad-fe bisg</i> (Joyeaux Oral Tablet 0.1-20 Mg-Mcg(21))	CE	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>desogestrel-ethinyl estradiol</i> (Juleber Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>norethindrone acet-ethinyl est</i> (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethindrone acet-ethinyl est</i> (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24))	CE	
<i>norethin-eth estradiol-fe</i> (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	
<i>desogestrel-ethinyl estradiol</i> (Kalliga Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>desogestrel-ethinyl estradiol</i> (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Kurvelo Oral Tablet 0.15-30 Mg-Mcg)	CE	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG ( <i>levonorgestrel</i> )	CE	
<i>norethindrone acet-ethinyl est</i> (Larin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethindrone acet-ethinyl est</i> (Larin 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Larin 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Lessina Oral Tablet 0.1-20 Mg-Mcg)	CE	
<i>levonorg-eth estrad triphasic</i> (Levonest Oral Tablet 50-30/75-40/125-30 Mcg)	CE	
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 &amp; 0.01 mg, 0.15-0.03 &amp; 0.01 mg, 0.15-0.03 mg</i>	CE	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i>	CE	
<i>levonorgestrel oral tablet 1.5 mg</i>	CE	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	CE	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	CE	
<i>levonorgestrel-ethinyl estrad (Levora 0.15/30 (28) Oral Tablet 0.15-30 Mg-Mcg)</i>	CE	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY ( <i>levonorgestrel</i> )	CE	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG ( <i>norethin-eth estrad-fe biphas</i> )	CE	
<i>norethindrone acet-ethinyl est (Loestrin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)</i>	CE	
<i>norethindrone acet-ethinyl est (Loestrin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)</i>	CE	
<i>norethin ace-eth estrad-fe (Loestrin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)</i>	CE	
<i>norethin ace-eth estrad-fe (Loestrin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)</i>	CE	
<i>levonorgest-eth estrad 91-day (Lojaimiess Oral Tablet 0.1-0.02 &amp; 0.01 Mg)</i>	CE	
<i>drospirenone-ethinyl estradiol (Loryna Oral Tablet 3-0.02 Mg)</i>	CE	
<i>norgestrel-ethinyl estradiol (Low-Ogestrel Oral Tablet 0.3-30 Mg-Mcg)</i>	CE	
<i>drospirenone-ethinyl estradiol (Lo-Zumandimine Oral Tablet 3-0.02 Mg)</i>	CE	
<i>norethindrone acet-ethinyl est (Luizza 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)</i>	CE	
<i>norethindrone acet-ethinyl est (Luizza 1/20 Oral Tablet 1-20 Mg-Mcg)</i>	CE	
<i>levonorgestrel-ethinyl estrad (Lutera Oral Tablet 0.1-20 Mg-Mcg)</i>	CE	
<i>norethindrone (Lyleq Oral Tablet 0.35 Mg)</i>	CE	
<i>norethindrone (Lyza Oral Tablet 0.35 Mg)</i>	CE	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	CE	
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	CE	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	CE	
<i>norethindrone (Meleya Oral Tablet 0.35 Mg)</i>	CE	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>norethin ace-eth estrad-fe</i> (Mibelas 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	CE	
<i>norethindrone acet-ethinyl est</i> (Microgestin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethindrone acet-ethinyl est</i> (Microgestin 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>norgestimate-eth estradiol</i> (Mili Oral Tablet 0.25-35 Mg-Mcg)	CE	
<i>levonorgest-eth estradiol-iron</i> (Minzoya Oral Tablet 0.1-20 Mg-Mcg(21))	CE	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY ( <i>levonorgestrel</i> )	CE	
<i>norgestimate-eth estradiol</i> (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	CE	
MY CHOICE ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	CE	
MY WAY ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	CE	
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG ( <i>estradiol valerate-dienogest</i> )	CE	
<i>norethindrone-eth estradiol</i> (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	CE	
<i>norethindrone-eth estradiol</i> (Necon 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	CE	
NEW DAY ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	CE	
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG ( <i>etonogestrel</i> )	CE	
NEXTSTELLIS ORAL TABLET 3-14.2 MG ( <i>drospirenone-estetrol</i> )	CE	
<i>drospirenone-ethinyl estradiol</i> (Nikki Oral Tablet 3-0.02 Mg)	CE	
<i>norethindrone</i> (Nora-Be Oral Tablet 0.35 Mg)	CE	
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	CE	
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	CE	
<i>norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg</i>	CE	
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	CE	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	CE	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>norethindrone oral tablet 0.35 mg</i>	CE	
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg</i>	CE	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	CE	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	CE	
<i>norethindrone (Norlyda Oral Tablet 0.35 Mg)</i>	CE	
<i>norethindrone (Norlyroc Oral Tablet 0.35 Mg)</i>	CE	
<i>norethindrone-eth estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)</i>	CE	
<i>norethindrone-eth estradiol (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)</i>	CE	
<i>norethindrone-eth estradiol (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)</i>	CE	
<i>norethin-eth estrad triphasic (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)</i>	CE	
NUVARING VAGINAL RING 0.12-0.015 MG/24HR ( <i>etonogestrel-ethinyl estradiol</i> )	PB	
<i>norethindrone-eth estradiol (Nylia 1/35 Oral Tablet 1-35 Mg-Mcg)</i>	CE	
<i>norethin-eth estrad triphasic (Nylia 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)</i>	CE	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM ( <i>diaphragms</i> )	CE	
OPCICON ONE-STEP ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	CE	
OPILL ORAL TABLET 0.075 MG ( <i>norgestrel</i> )	CE	
OPTION 2 ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	CE	
<i>norethindrone (Orquidea Oral Tablet 0.35 Mg)</i>	CE	
<i>levonorgestrel-ethinyl estrad (Orsythia Oral Tablet 0.1-20 Mg-Mcg)</i>	CE	
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE ( <i>copper</i> )	CE	
<i>norethindrone-eth estradiol (Philith Oral Tablet 0.4-35 Mg-Mcg)</i>	CE	
<i>desogestrel-ethinyl estradiol (Pimtrea Oral Tablet 0.15-0.02/0.01 Mg (21/5))</i>	CE	
<i>norethin-eth estrad triphasic (Pirmella 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)</i>	CE	
<i>levonorgestrel-ethinyl estrad (Portia-28 Oral Tablet 0.15-30 Mg-Mcg)</i>	CE	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>desogestrel-ethinyl estradiol</i> (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>levonorgest-eth estrad 91-day</i> (Rivelsa Oral Tablet 42-21-21-7 Days)	CE	
<i>levonorgest-eth estrad 91-day</i> (Setlakin Oral Tablet 0.15-0.03 Mg)	CE	
<i>norethindrone</i> (Sharobel Oral Tablet 0.35 Mg)	CE	
SHEWISE ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	CE	
<i>desogestrel-ethinyl estradiol</i> (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	
<i>levonorgest-eth estrad 91-day</i> (Simpesse Oral Tablet 0.15-0.03 &0.01 Mg)	CE	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG ( <i>levonorgestrel</i> )	CE	
SLYND ORAL TABLET 4 MG ( <i>drospirenone</i> )	CE	
<i>desogestrel-ethinyl estradiol</i> (Solia Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>norgestimate-eth estradiol</i> (Sprintec 28 Oral Tablet 0.25-35 Mg-Mcg)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	CE	
<i>drospirenone-ethinyl estradiol</i> (Syeda Oral Tablet 3-0.03 Mg)	CE	
TAKE ACTION ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	CE	
<i>norethin ace-eth estrad-fe</i> (Tarina 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	
<i>norethin ace-eth estrad-fe</i> (Tarina Fe 1/20 Eq Oral Tablet 1-20 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Taysofy Oral Capsule 1-20 Mg-Mcg(24))	CE	
<i>norethindron-ethinyl estrad-fe</i> (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri Femynor Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
<i>norethindron-ethinyl estrad-fe</i> (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Trinessa (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
<i>levonorg-eth estrad triphasic</i> (Trivora (28) Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
<i>norgestrel-ethinyl estradiol</i> (Turqoz Oral Tablet 0.3-30 Mg-Mcg)	CE	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR ( <i>levonorgestrel-eth estradiol</i> )	CE	
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG ( <i>levonorgestrel-ethinyl estrad</i> )	CE	
<i>drospiren-eth estrad-levomefol</i> (Tydemy Oral Tablet 3-0.03-0.451 Mg)	CE	
<i>ethynodiol diac-eth estradiol</i> (Valtya 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	
<i>ethynodiol diac-eth estradiol</i> (Valtya 1/50 Oral Tablet 1-50 Mg-Mcg)	CE	
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG ( <i>desogestrel-ethinyl estradiol</i> )	CE	
<i>drospirenone-ethinyl estradiol</i> (Vestura Oral Tablet 3-0.02 Mg)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Vienva Oral Tablet 0.1-20 Mg-Mcg)	CE	
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	CE	
<i>desogestrel-ethinyl estradiol</i> (Volnea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>norethindrone-eth estradiol</i> (Vyfemla Oral Tablet 0.4-35 Mg-Mcg)	CE	
<i>norgestimate-eth estradiol</i> (Vylibra Oral Tablet 0.25-35 Mg-Mcg)	CE	
<i>norethindrone-eth estradiol</i> (Wera Oral Tablet 0.5-35 Mg-Mcg)	CE	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	
<i>norethin-eth estradiol-fe</i> (Wymzya Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)	CE	
<i>norethindron-ethinyl estrad-fe</i> (Xarah Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	
<i>norethin-eth estradiol-fe</i> (Xelria Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)	CE	
<i>norelgestromin-eth estradiol</i> (Xulane Transdermal Patch Weekly 150-35 Mcg/24Hr)	CE	
<i>norelgestromin-eth estradiol</i> (Zafemy Transdermal Patch Weekly 150-35 Mcg/24Hr)	CE	
<i>ethynodiol diac-eth estradiol</i> (Zovia 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	CE	
<i>drospirenone-ethinyl estradiol</i> (Zumandimine Oral Tablet 3-0.03 Mg)	CE	
<b>DIABETIC SUPPLIES</b>		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP ( <i>glucose blood</i> )	PB	
ACCU-CHEK AVIVA PLUS KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	PB	
ACCU-CHEK FASTCLIX LANCET KIT ( <i>lancets misc.</i> )	PB	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
ACCU-CHEK FASTCLIX LANCETS ( <i>lancets</i> )	PB	
ACCU-CHEK GUIDE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	PB	
ACCU-CHEK GUIDE ME KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	PB	
ACCU-CHEK GUIDE TEST IN VITRO STRIP ( <i>glucose blood</i> )	PB	
ACCU-CHEK SAFE-T PRO LANCETS ( <i>lancets</i> )	PB	
ACCU-CHEK SMARTVIEW IN VITRO STRIP ( <i>glucose blood</i> )	PB	
ACCU-CHEK SOFTCLIX LANCET DEV KIT ( <i>lancets misc.</i> )	PB	
ACCU-CHEK SOFTCLIX LANCETS ( <i>lancets</i> )	PB	
BD AUTOSHIELD DUO 30G X 5 MM ( <i>insulin pen needle</i> )	PB	
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 29G X 1/2" 0.5 ML ( <i>insulin syringe-needle u-100</i> )	PB	
BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML ( <i>insulin syringe-needle u-100</i> )	PB	
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML ( <i>insulin syringe-needle u-100</i> )	PB	
BD INSULIN SYRINGE U-100 1 ML ( <i>insulin syringes (disposable)</i> )	PB	
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML ( <i>insulin syringe/needle u-500</i> )	PB	
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> )	PB	
BD PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM ( <i>insulin pen needle</i> )	PB	
BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM ( <i>insulin pen needle</i> )	PB	
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM ( <i>insulin pen needle</i> )	PB	
BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM ( <i>insulin pen needle</i> )	PB	
BD PEN NEEDLE ORIG ULTRAFINE 29G X 12.7MM ( <i>insulin pen needle</i> )	PB	
BD PEN NEEDLE SHORT ULTRAFINE 31G X 8 MM ( <i>insulin pen needle</i> )	PB	
BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML, 31G X 15/64" 1 ML ( <i>insulin syringe-needle u-100</i> )	PB	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML ( <i>insulin syringe-needle u-100</i> )	PB	
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML ( <i>insulin syringe- needle u-100</i> )	PB	
DEXCOM G6 RECEIVER DEVICE ( <i>continuous glucose receiver</i> )	PB	
DEXCOM G6 SENSOR ( <i>continuous glucose sensor</i> )	PB	
DEXCOM G6 TRANSMITTER ( <i>continuous glucose transmitter</i> )	PB	
DEXCOM G7 15 DAY SENSOR ( <i>continuous glucose sensor</i> )	PB	
DEXCOM G7 RECEIVER DEVICE ( <i>continuous glucose receiver</i> )	PB	
DEXCOM G7 SENSOR ( <i>continuous glucose sensor</i> )	PB	
EMBECTA AUTOSHIELD DUO 30G X 5 MM ( <i>insulin pen needle</i> )	PB	
EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML ( <i>insulin syringe-needle u-100</i> )	PB	
EMBECTA INSULIN SYR ULTRAFINE 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 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 ( <i>insulin syringe-needle u-100</i> )	PB	
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML ( <i>insulin syringe/needle u-500</i> )	PB	
EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM ( <i>insulin pen needle</i> )	PB	
EMBECTA PEN NEEDLE NANO 32G X 4 MM ( <i>insulin pen needle</i> )	PB	
EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 6 MM ( <i>insulin pen needle</i> )	PB	
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT ( <i>insulin disposable pump</i> )	PB	
OMNIPOD 5 DEXG7G6 PODS GEN 5 ( <i>insulin disposable pump</i> )	PB	
OMNIPOD DASH INTRO (GEN 4) KIT ( <i>insulin disposable pump</i> )	PB	
OMNIPOD DASH PDM (GEN 4) KIT ( <i>insulin disposable pump</i> )	PB	
OMNIPOD DASH PODS (GEN 4) ( <i>insulin disposable pump</i> )	PB	
RELION TRUE MET AIR GLUC METER KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	PB	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
RELION TRUE METRIX TEST STRIPS IN VITRO STRIP ( <i>glucose blood</i> )	PB	
TRUE METRIX AIR GLUCOSE METER DEVICE ( <i>blood glucose monitoring suppl</i> )	PB	
TRUE METRIX AIR GLUCOSE METER KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	PB	
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	PB	
TRUE METRIX GO GLUCOSE METER KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	PB	
TRUE METRIX METER KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	PB	
TRUEPLUS LANCETS 28G ( <i>lancets</i> )	PB	
TRUEPLUS LANCETS 30G ( <i>lancets</i> )	PB	
TRUEPLUS LANCETS 33G ( <i>lancets</i> )	PB	
TWIIST REFILL KIT KIT ( <i>insulin disposable pump</i> )	PB	
TWIIST REFILL KIT/INFUSION SET KIT ( <i>insulin disposable pump</i> )	PB	
TWIIST STARTER KIT KIT ( <i>insulin disposable pump</i> )	PB	
<b>ENDOMETRIOSIS</b>		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	PG	
ORLISSA ORAL TABLET 150 MG, 200 MG ( <i>elagolix sodium</i> )	PB	
<b>FERTILITY REGULATORS</b>		
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML ( <i>follitropin beta</i> )	PBSP	
<i>ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous</i>	PBSP	
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT ( <i>menotropins</i> )	PBSP	
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT ( <i>chorionic gonadotropin</i> )	PBSP	
<b>GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE</b>		
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>dexamethasone oral solution 0.5 mg/5ml</i>	PG	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 4 mg, 6 mg</i>	PG	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>dexamethasone oral tablet 1.5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>dexamethasone oral tablet 2 mg</i>	PB	
<i>dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)</i>	PG	
<i>dexamethasone sod phosphate pf injection solution 10 mg/ml</i>	PG	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	PG	
<i>dexamethasone (Hidex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21))</i>	PG	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	PG	
MEDROL ORAL TABLET 2 MG ( <i>methylprednisolone</i> )	PB	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	PG	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	PG	
<i>prednisolone oral solution 15 mg/5ml</i>	PG	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 5 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>prednisolone sodium phosphate oral solution 25 mg/5ml</i>	PG	
<i>prednisone oral solution 5 mg/5ml</i>	PG	
<i>prednisone oral tablet 1 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>prednisone oral tablet 10 mg, 2.5 mg, 20 mg, 50 mg</i>	PG	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	PG	
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) ( <i>dexamethasone</i> )	PG	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) ( <i>dexamethasone</i> )	PG	
<b>GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR</b>		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE ( <i>glucagon</i> )	PB	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE ( <i>glucagon</i> )	PB	
<i>glucagon emergency injection solution reconstituted 1 mg</i>	PB	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML ( <i>glucagon</i> )	PB	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML ( <i>glucagon</i> )	PB	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML ( <i>glucagon</i> )	PB	
<b>HEREDITARY TYROSINEMIA TYPE 1 AGENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT</b>		
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	PBSP	
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG ( <i>nitisinone</i> )	PBSP	
ORFADIN ORAL SUSPENSION 4 MG/ML ( <i>nitisinone</i> )	PBSP	
<b>HUMAN GROWTH HORMONES - DRUGS TO REGULATE PITUITARY HORMONES</b>		
HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG ( <i>somatropin</i> )	PBSP	
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 5 MG/1.5ML ( <i>somatropin</i> )	PBSP	
SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML ( <i>somapacitan-beco</i> )	PBSP	
<b>LYSOSOMAL STORAGE DISORDERS - FABRY DISEASE - DRUGS TO TREAT FABRY DISEASE</b>		
GALAFOLD ORAL CAPSULE 123 MG ( <i>migalastat hcl</i> )	PBSP	
<b>LYSOSOMAL STORAGE DISORDERS - GAUCHER DISEASE - DRUGS TO TREAT GAUCHER DISEASE</b>		
CERDELGA ORAL CAPSULE 84 MG ( <i>eliglustat tartrate</i> )	PBSP	
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT ( <i>imiglucerase</i> )	PBSP	
<i>miglustat oral capsule 100 mg</i>	PBSP	
<b>MENOPAUSAL SYMPTOM AGENTS - DRUGS TO TREAT MENOPAUSE</b>		
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY ( <i>estradiol-norethindrone acet</i> )	PB	
<i>estradiol (Dotti Transdermal Patch Twice Weekly 0.025 Mg/24Hr, 0.0375 Mg/24Hr, 0.05 Mg/24Hr, 0.075 Mg/24Hr, 0.1 Mg/24Hr)</i>	PG	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	PG	
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	PG	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>estradiol vaginal cream 0.01 %</i>	PG	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	PG	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	PG	
<i>norethindrone-eth estradiol (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)</i>	PG	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG ( <i>estradiol</i> )	PB	
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG ( <i>estradiol</i> )	PB	
<i>norethindrone-eth estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)</i>	PG	
<i>estradiol-norethindrone acet (Mimvey Oral Tablet 1-0.5 Mg)</i>	PG	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	PG	
VAGIFEM VAGINAL TABLET 10 MCG ( <i>estradiol</i> )	PB	
<b>MISCELLANEOUS</b>		
<i>cabergoline oral tablet 0.5 mg</i>	PG	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG ( <i>cysteamine bitartrate</i> )	PBSP	
<i>methylergonovine maleate (Methergine Oral Tablet 0.2 Mg)</i>	PG	
<i>methylergonovine maleate oral tablet 0.2 mg</i>	PG	
<i>raloxifene hcl oral tablet 60 mg</i>	CE	
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	PG	
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	PG	
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML ( <i>asfotase alfa</i> )	PBSP	
<b>PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS</b>		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	PG	
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	PG	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	PG	
<i>sevelamer carbonate oral tablet 800 mg</i>	PG	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	PG	
<b>POTASSIUM-REMOVING AGENTS - DRUGS TO REGULATE POTASSIUM LEVELS</b>		
<i>sodium polystyrene sulfonate (Kionex Combination Suspension 15 Gm/60ML)</i>	PG	
<i>sodium polystyrene sulfonate oral powder</i>	PG	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>sodium polystyrene sulfonate</i> (Sps (Sodium Polystyrene Sulf) Combination Suspension 15 Gm/60MI)	PG	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML ( <i>sodium polystyrene sulfonate</i> )	PG	
<b>PROGESTINS - DRUGS TO REGULATE PROGESTIN</b>		
CRINONE VAGINAL GEL 4 %, 8 % ( <i>progesterone</i> )	PB	
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 625 mg/5ml</i>	PG	
<i>norethindrone acetate oral tablet 5 mg</i>	PG	
<i>progesterone intramuscular oil 50 mg/ml</i>	PG	
<i>progesterone oral capsule 100 mg, 200 mg</i>	PG	
<b>THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS</b>		
<i>levothyroxine sodium</i> (Levo-T Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	PG	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	PG	
<i>levothyroxine sodium</i> (Levoxyl Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	PG	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	PG	
<i>methimazole oral tablet 10 mg, 5 mg</i>	PG	
<i>propylthiouracil oral tablet 50 mg</i>	PG	
<i>levothyroxine sodium</i> (Unithroid Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	PG	
<b>UREA CYCLE DISORDER - DRUGS TO TREAT UREA CYCLE DISORDER</b>		
PHEBURANE ORAL PELLETT 483 MG/GM ( <i>sodium phenylbutyrate</i> )	PBSP	
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	PBSP	
<i>sodium phenylbutyrate oral tablet 500 mg</i>	PBSP	
<b>UTERINE FIBROIDS - DRUGS TO TREAT UTERINE FIBROIDS</b>		
MYFEMBREE ORAL TABLET 40-1-0.5 MG ( <i>relugolix-estradiol-norethind</i> )	PB	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG ( <i>elagolix-estradiol-norethind</i> )	PB	
<b>VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES</b>		
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	PG	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	PG	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	PG	
<b>VITAMIN D ANALOGS</b>		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	PG	
<i>calcitriol oral solution 1 mcg/ml</i>	PG	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	PG	N8 (Listing does not include certain NDCs)
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	PG	
<b>GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS</b>		
<b>ANTICHOLINERGICS</b>		
CUVPOSA ORAL SOLUTION 1 MG/5ML ( <i>glycopyrrolate</i> )	PB	
<i>dicyclomine hcl intramuscular solution 10 mg/ml</i>	PG	
<i>dicyclomine hcl oral capsule 10 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	PG	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>	PG	
<i>hyoscyamine sulfate oral solution 0.125 mg/ml</i>	PG	
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	PG	
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	PG	
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	PG	
NULEV ORAL TABLET DISPERSIBLE 0.125 MG ( <i>hyoscyamine sulfate</i> )	PG	
<i>oscimin oral tablet 0.125 mg</i>	PG	
<i>oscimin sublingual tablet sublingual 0.125 mg</i>	PG	
<b>ANTIDIARRHEALS</b>		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	PG	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	PG	
<i>loperamide hcl oral capsule 2 mg</i>	PG	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<b>ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING</b>		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>aprepitant oral capsule 80 &amp; 125 mg</i>	PG	
<i>prochlorperazine (Compro Rectal Suppository 25 Mg)</i>	PG	
<i>doxylamine-pyridoxine oral tablet delayed release 10-10 mg</i>	PG	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>fosaprepitant dimeglumine intravenous solution reconstituted 150 mg</i>	PG	
<i>granisetron hcl oral tablet 1 mg</i>	PG	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	PG	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	PG	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	PG	
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	PG	
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	PG	
<i>prochlorperazine edisylate injection solution 10 mg/2ml</i>	PG	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>prochlorperazine rectal suppository 25 mg</i>	PG	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	PG	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	PG	
<i>promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg)</i>	PG	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	PG	
<i>trimethobenzamide hcl oral capsule 300 mg</i>	PG	N8 (Listing does not include certain NDCs)
<b>H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID</b>		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	PG	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	PG	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	PG	
<i>famotidine oral tablet 20 mg, 40 mg</i>	PG	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	PG	

Prescription Drug Name	Drug Tier	Drug Notes
<b>INFLAMMATORY BOWEL DISEASE - BOWEL, INTESTINE, AND STOMACH CONDITION DRUGS</b>		
<i>balsalazide disodium oral capsule 750 mg</i>	PG	
<i>budesonide oral capsule delayed release particles 3 mg</i>	PG	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	PG	
<i>mesalamine oral capsule delayed release 400 mg</i>	PG	
<i>mesalamine oral tablet delayed release 1.2 gm, 800 mg</i>	PG	
<i>mesalamine rectal enema 4 gm</i>	PG	
<i>mesalamine-cleanser rectal kit 4 gm</i>	PG	
<i>sulfasalazine oral tablet 500 mg</i>	PG	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	PG	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG ( <i>budesonide</i> )	PB	
<b>IRRITABLE BOWEL SYNDROME WITH CONSTIPATION</b>		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG ( <i>linaclotide</i> )	PB	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	PG	
<b>IRRITABLE BOWEL SYNDROME WITH DIARRHEA</b>		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	PG	
<b>LAXATIVES - DRUGS FOR CONSTIPATION</b>		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML ( <i>sod picosulfate-mag ox-cit acid</i> )	CE	
<i>constulose oral solution 10 gm/15ml</i>	PG	
<i>enulose oral solution 10 gm/15ml</i>	PG	
<i>peg 3350-kcl-nabcb-nacl-nasulf</i> (Gavilyte-G Oral Solution Reconstituted 236 Gm)	PG	
<i>generlac oral solution 10 gm/15ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	CE	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	PG	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	PG	
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm</i>	CE	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>	CE	
PEG-PREP ORAL KIT 5-210 MG-GM ( <i>bisacodyl-peg-kcl-nabicar-nacl</i> )	CE	
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM ( <i>peg-kcl-nacl-nasulf-na asc-c</i> )	CE	
SUFLAVE ORAL SOLUTION RECONSTITUTED 178.7 GM ( <i>peg 3350-kcl-nacl-nasulf-mgsul</i> )	CE	
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML ( <i>na sulfate-k sulfate-mg sulf</i> )	PB	
SUTAB ORAL TABLET 1479-225-188 MG ( <i>sodium sulfate-mag sulfate-kcl</i> )	CE	
<b>MISCELLANEOUS</b>		
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	PG	
IQIRVO ORAL TABLET 80 MG ( <i>elafibranor</i> )	PBSP	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	PG	
SUCRAID ORAL SOLUTION 8500 UNIT/ML ( <i>sacrosidase</i> )	PB	
<i>sucrafate oral tablet 1 gm</i>	PG	
SYMPROIC ORAL TABLET 0.2 MG ( <i>naldemedine tosylate</i> )	PB	
<i>ursodiol oral capsule 300 mg</i>	PG	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	PG	
<b>PANCREATIC ENZYMES</b>		
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> )	PB	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> )	PB	
<b>PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID</b>		
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	PG	
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	PG	
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	PG	
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	PG	
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	PG	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<b>RECTAL, CORTICOSTEROIDS</b>		
<i>hydrocortisone (perianal) external cream 1 %, 2.5 %</i>	PG	
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	PG	
<i>hydrocortisone (Procto-Med Hc External Cream 2.5 %)</i>	PG	
<i>hydrocortisone (Proctozone-Hc External Cream 2.5 %)</i>	PG	
<b>ULCER THERAPY COMBINATIONS</b>		
<i>amoxicill-clarithro-lansopraz oral therapy pack 500 &amp; 500 &amp; 30 mg</i>	PG	
<b>GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS</b>		
<b>BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE</b>		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	PG	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	PG	
<i>dutasteride oral capsule 0.5 mg</i>	PG	
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	PG	
<i>finasteride oral tablet 5 mg</i>	PG	
<i>silodosin oral capsule 4 mg, 8 mg</i>	PG	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	PG	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<b>CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL</b>		
ENCARE VAGINAL SUPPOSITORY 100 MG ( <i>nonoxynol-9</i> )	CE	
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % ( <i>nonoxynol-9</i> )	CE	
PHEXX VAGINAL GEL 1.8-1-0.4 % ( <i>lactic ac-citric ac-pot bitart</i> )	CE	
TODAY SPONGE VAGINAL 1000 MG ( <i>nonoxynol-9</i> )	CE	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % ( <i>nonoxynol-9</i> )	CE	
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % ( <i>nonoxynol-9</i> )	CE	
<b>ERECTILE DYSFUNCTION</b>		
<i>tadalafil oral tablet 20 mg, 5 mg</i>	PG	
<b>MISCELLANEOUS</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	PG	N8 (Listing does not include certain NDCs)

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>cytra k crystals oral packet 3300-1002 mg</i>	PG	
FILSPARI ORAL TABLET 200 MG, 400 MG ( <i>sparsentan</i> )	PBSP	
<i>pot &amp; sod cit-cit ac oral solution 550-500-334 mg/5ml</i>	PG	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	PG	
<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>	PG	
VANRAFIA ORAL TABLET 0.75 MG ( <i>atrasentan hcl</i> )	PBSP	
<b>URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE</b>		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	PG	
<i>flavoxate hcl oral tablet 100 mg</i>	PG	
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	PG	
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	PG	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	PG	
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	PG	
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	PG	
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>	PG	
<i>trospium chloride oral tablet 20 mg</i>	PG	
<b>VAGINAL ANTI-INFECTIVES - DRUGS TO TREAT VAGINAL INFECTIONS</b>		
<i>clindamycin phosphate vaginal cream 2 %</i>	PG	
<i>metronidazole vaginal gel 0.75 %</i>	PG	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	PG	
<i>terconazole vaginal suppository 80 mg</i>	PG	
VANDAZOLE VAGINAL GEL 0.75 % ( <i>metronidazole</i> )	PG	
<b>HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS</b>		
<b>ANTICOAGULANTS - BLOOD THINNERS</b>		
<i>dabigatran etexilate mesylate oral capsule 150 mg, 75 mg</i>	PG	N8 (Listing does not include certain NDCs)
ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE 3 X 0.5 MG ( <i>apixaban</i> )	PB	
ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE 4 X 0.5 MG ( <i>apixaban</i> )	PB	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG ( <i>apixaban</i> )	PB	
ELIQUIS ORAL CAPSULE SPRINKLE 0.15 MG ( <i>apixaban</i> )	PB	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG ( <i>apixaban</i> )	PB	
ELIQUIS ORAL TABLET SOLUBLE 0.5 MG ( <i>apixaban</i> )	PB	
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	PG	
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	PG	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	PG	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	PG	
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</i>	PG	
<i>warfarin sodium (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)</i>	PG	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	PG	
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML ( <i>rivaroxaban</i> )	PB	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG ( <i>rivaroxaban</i> )	PB	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG ( <i>rivaroxaban</i> )	PB	
<b>BLEEDING DISORDERS AGENTS</b>		
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG ( <i>coagulation factor viia-jncw</i> )	PBSP	
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT ( <i>antihemophilic factor-vwf</i> )	PBSP	
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML ( <i>darbepoetin alfa</i> )	PBSP	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML ( <i>darbepoetin alfa</i> )	PBSP	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim-jmdb</i> )	PBSP	
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML ( <i>filgrastim-aafi</i> )	PBSP	
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML ( <i>filgrastim-aafi</i> )	PBSP	
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim-apgf</i> )	PBSP	
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML ( <i>epoetin alfa</i> )	PBSP	
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML ( <i>epoetin alfa-epbx</i> )	PBSP	
<b>HEMOPHILIA A AGENTS</b>		
<i>adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 3000 unit, 500 unit, 750 unit</i>	PBSP	
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT ( <i>antihemophil fact single chain</i> )	PBSP	
ALTUVIIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT ( <i>antihem fact fc-vwf-xten-ehl</i> )	PBSP	
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT ( <i>antihem fact (bdd-rfviiiifc)</i> )	PBSP	
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT ( <i>antihemoph fact rcmb gpeg-exei</i> )	PBSP	
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML, 300 MG/2ML ( <i>emicizumab-kxwh</i> )	PBSP	
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT ( <i>ahf (bdd-rfviii peg-aucl)</i> )	PBSP	
NUWIQ INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT ( <i>antihem fact (bdd-rfviii,sim)</i> )	PBSP	
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT ( <i>antihem fact (bdd-rfviii,sim)</i> )	PBSP	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT ( <i>antihem fact (bdd-rfviii,mor)</i> )	PBSP	
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT ( <i>antihem fact (bdd-rfviii,mor)</i> )	PBSP	
<b>HEMOPHILIA B AGENTS</b>		
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT ( <i>coagulation factor ix (recomb)</i> )	PBSP	
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT ( <i>coagulation factor ix glycopeg</i> )	PBSP	
<b>MISCELLANEOUS</b>		
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	PG	
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	PG	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>pentoxifylline er oral tablet extended release 400 mg</i>	PG	
<i>tranexamic acid intravenous solution 1000 mg/10ml</i>	PG	
<i>tranexamic acid oral tablet 650 mg</i>	PG	
<b>PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS</b>		
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML ( <i>pegcetacoplan</i> )	PBSP	
<b>PLATELET AGGREGATION INHIBITORS - BLOOD THINNERS</b>		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	PG	
<i>clopidogrel bisulfate oral tablet 300 mg, 75 mg</i>	PG	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	PG	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	PG	
<b>SICKLE CELL DISEASE</b>		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG ( <i>hydroxyurea</i> )	PB	
ENDARI ORAL PACKET 5 GM ( <i>glutamine (sickle cell)</i> )	PBSP	
SIKLOS ORAL TABLET 100 MG, 1000 MG ( <i>hydroxyurea</i> )	PB	
<b>THROMBOCYTOPENIA AGENTS - DRUGS TO TREAT PLATELET DISORDERS</b>		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG ( <i>eltrombopag choline</i> )	PBSP	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
DOPTELET ORAL TABLET 20 MG ( <i>avatrombopag maleate</i> )	PBSP	
DOPTELET SPRINKLE ORAL CAPSULE SPRINKLE 10 MG ( <i>avatrombopag maleate</i> )	PBSP	
<b>IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM</b>		
<b>ALLERGENIC EXTRACTS</b>		
ORALAIR ADULT STARTER PACK SUBLINGUAL TABLET SUBLINGUAL 300 IR ( <i>grass mix pollens allergen ext</i> )	PB	
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR ( <i>grass mix pollens allergen ext</i> )	PB	
<b>AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)</b>		
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG ( <i>infliximab-axxq</i> )	PBSP	
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG ( <i>vedolizumab</i> )	PBSP	
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>tildrakizumab-asmn</i> )	PBSP	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG ( <i>infliximab</i> )	PBSP	
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML ( <i>golimumab</i> )	PBSP	
<b>AUTOIMMUNE AGENTS (SELF-ADMINISTERED)</b>		
<i>adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml, 80 mg/0.8ml</i>	PBSP	
<i>adalimumab-adaz subcutaneous solution prefilled syringe 10 mg/0.1ml, 20 mg/0.2ml, 40 mg/0.4ml</i>	PBSP	
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML, 320 MG/2ML ( <i>bimekizumab-bkzx</i> )	PBSP	
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML, 320 MG/2ML ( <i>bimekizumab-bkzx</i> )	PBSP	
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML ( <i>certolizumab pegol</i> )	PBSP	
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML ( <i>certolizumab pegol</i> )	PBSP	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>secukinumab</i> )	PBSP	
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML ( <i>secukinumab</i> )	PBSP	
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML ( <i>secukinumab</i> )	PBSP	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML ( <i>secukinumab</i> )	PBSP	
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML ( <i>secukinumab</i> )	PBSP	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML ( <i>dupilumab</i> )	PBSP	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML ( <i>dupilumab</i> )	PBSP	
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML ( <i>etanercept</i> )	PBSP	
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML ( <i>etanercept</i> )	PBSP	
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML ( <i>etanercept</i> )	PBSP	
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML ( <i>etanercept</i> )	PBSP	
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML ( <i>vedolizumab</i> )	PBSP	
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab-bwwd</i> )	PBSP	
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab-bwwd</i> )	PBSP	
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML ( <i>adalimumab-adaz</i> )	PBSP	N8 (Listing does not include certain NDCs)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML, 40 MG/0.4ML ( <i>adalimumab-adaz</i> )	PBSP	N8 (Listing does not include certain NDCs)
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML ( <i>adalimumab-adaz</i> )	PBSP	N8 (Listing does not include certain NDCs)
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML ( <i>sarilumab</i> )	PBSP	
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML ( <i>sarilumab</i> )	PBSP	
LITFULO ORAL CAPSULE 50 MG ( <i>ritlecitinib tosylate</i> )	PBSP	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML ( <i>mepolizumab</i> )	PBSP	
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 40 MG/0.4ML ( <i>mepolizumab</i> )	PBSP	
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG ( <i>baricitinib</i> )	PBSP	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML ( <i>abatacept</i> )	PBSP	
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML ( <i>abatacept</i> )	PBSP	
OTEZLA ORAL TABLET 20 MG, 30 MG ( <i>apremilast</i> )	PBSP	
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG ( <i>apremilast</i> )	PBSP	
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG ( <i>apremilast</i> )	PBSP	
OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK 10&20&30&(ER)75 MG ( <i>apremilast</i> )	PBSP	
PYZCHIVA SUBCUTANEOUS SOLUTION 45 MG/0.5ML ( <i>ustekinumab-ttwe</i> )	PBSP	
PYZCHIVA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.5ML, 90 MG/ML ( <i>ustekinumab-ttwe</i> )	PBSP	
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML ( <i>ustekinumab-ttwe</i> )	PBSP	
RINVOQ LQ ORAL SOLUTION 1 MG/ML ( <i>upadacitinib</i> )	PBSP	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG ( <i>upadacitinib</i> )	PBSP	
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML ( <i>risankizumab-rzaa</i> )	PBSP	
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML ( <i>risankizumab-rzaa</i> )	PBSP	
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>risankizumab-rzaa</i> )	PBSP	
SOTYKTU ORAL TABLET 6 MG ( <i>deucravacitinib</i> )	PBSP	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML ( <i>ustekinumab</i> )	PBSP	
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML ( <i>ustekinumab</i> )	PBSP	
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML ( <i>guselkumab</i> )	PBSP	
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML ( <i>guselkumab</i> )	PBSP	
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 200 MG/2ML ( <i>guselkumab</i> )	PBSP	
VELSIPITY ORAL TABLET 2 MG ( <i>etrasimod arginine</i> )	PB	
XELJANZ ORAL SOLUTION 1 MG/ML ( <i>tofacitinib citrate</i> )	PBSP	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
XELJANZ ORAL TABLET 10 MG, 5 MG ( <i>tofacitinib citrate</i> )	PBSP	
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG ( <i>tofacitinib citrate</i> )	PBSP	
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML ( <i>omalizumab</i> )	PBSP	
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML ( <i>omalizumab</i> )	PBSP	
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG ( <i>omalizumab</i> )	PBSP	
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML ( <i>ustekinumab-kfce</i> )	PBSP	
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML ( <i>ustekinumab-kfce</i> )	PBSP	
<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS</b>		
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	PG	
<i>methotrexate sodium oral tablet 2.5 mg</i>	PG	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML ( <i>methotrexate (anti-rheumatic)</i> )	PBSP	
<b>HEREDITARY ANGIOEDEMA</b>		
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML ( <i>icatibant acetate</i> )	PBSP	
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	PBSP	
ORLADEYO ORAL CAPSULE 110 MG, 150 MG ( <i>berotralstat hcl</i> )	PBSP	
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT ( <i>c1 esterase inhibitor (recomb)</i> )	PBSP	
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML ( <i>lanadelumab-flyo</i> )	PBSP	
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML ( <i>lanadelumab-flyo</i> )	PBSP	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<b>IMMUNOGLOBULIN</b>		
CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML, 1.65 GM/10ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML ( <i>immune globulin (human)-hipp</i> )	PBSP	
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML ( <i>immune globulin (human)</i> )	PBSP	
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML ( <i>immune globulin (human)</i> )	PBSP	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML ( <i>immune globulin (human)</i> )	PBSP	
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML ( <i>immune globulin (human)</i> )	PBSP	
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 40 GM/400ML, 5 GM/50ML ( <i>immune globulin (human)</i> )	PBSP	
XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML ( <i>immune globulin (human)-klhw</i> )	PBSP	
<b>IMMUNOSUPPRESSANTS</b>		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG ( <i>tacrolimus</i> )	PB	
<i>azathioprine oral tablet 50 mg</i>	PG	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML ( <i>belimumab</i> )	PBSP	
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML ( <i>belimumab</i> )	PBSP	
CELLCEPT ORAL CAPSULE 250 MG ( <i>mycophenolate mofetil</i> )	PB	
CELLCEPT ORAL SUSPENSION RECONSTITUTED 200 MG/ML ( <i>mycophenolate mofetil</i> )	PB	
CELLCEPT ORAL TABLET 500 MG ( <i>mycophenolate mofetil</i> )	PB	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	PBSP	
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG ( <i>tacrolimus</i> )	PB	
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	PBSP	
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG, 360 MG ( <i>mycophenolate sodium</i> )	PB	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
NEORAL ORAL CAPSULE 100 MG, 25 MG ( <i>cyclosporine modified</i> )	PB	
NEORAL ORAL SOLUTION 100 MG/ML ( <i>cyclosporine modified</i> )	PB	
PROGRAF ORAL PACKET 0.2 MG, 1 MG ( <i>tacrolimus</i> )	PB	
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML ( <i>cyclosporine</i> )	PB	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	PG	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG ( <i>everolimus</i> )	PB	
<b>MISCELLANEOUS</b>		
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML ( <i>nirsevimab-alip</i> )	PB	
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML ( <i>canakinumab</i> )	PBSP	
<b>NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS</b>		
<b>ELECTROLYTES</b>		
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ ( <i>potassium bicarbonate</i> )	PG	
<i>potassium chloride</i> (Klor-Con 10 Oral Tablet Extended Release 10 Meq)	PG	N8 (Listing does not include certain NDCs)
<i>potassium chloride crys er</i> (Klor-Con M10 Oral Tablet Extended Release 10 Meq)	PG	
<i>potassium chloride crys er</i> (Klor-Con M15 Oral Tablet Extended Release 15 Meq)	PG	
<i>potassium chloride crys er</i> (Klor-Con M20 Oral Tablet Extended Release 20 Meq)	PG	
<i>potassium chloride</i> (Klor-Con Oral Packet 20 Meq)	PG	
PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG ( <i>k phos mono-sod phos di &amp; mono</i> )	PG	
<i>phosphorous oral tablet 155-852-130 mg</i>	PG	
PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET 155-852-130 MG ( <i>k phos mono-sod phos di &amp; mono</i> )	PG	
<i>potassium chloride crys er oral tablet extended release 20 meq</i>	PG	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	PG	
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	PG	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>potassium chloride oral packet 20 meq</i>	PG	
<i>potassium chloride oral solution 20 meq/15ml (10%)</i>	PG	N8 (Listing does not include certain NDCs)
<i>potassium chloride oral solution 40 meq/15ml (20%)</i>	PG	
<i>sodium chloride intravenous solution 3 %</i>	PG	
<i>sodium fluoride oral solution 0.5 mg/ml, 1.1 (0.5 f) mg/ml</i>	CE	
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg</i>	CE	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	PG	
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg</i>	CE	
<i>sodium fluoride oral tablet chewable 2.2 (1 f) mg</i>	PG	
<b>PRENATAL VITAMINS</b>		
<i>completenate oral tablet chewable 29-1 mg</i>	PB	
INATAL GT ORAL TABLET ( <i>prenatal vit-dss-fe cbn-fa</i> )	PG	
OB COMPLETE ORAL TABLET 50-1.25 MG ( <i>prenatal vit-iron carbonyl-fa</i> )	PB	
<i>pnv-dha oral capsule 27-0.6-0.4-300 mg</i>	PG	
<i>pnv-select oral tablet 27-0.6-0.4 mg</i>	PG	
<i>prenatal 19 oral tablet chewable</i>	PG	
<i>prenatal 19 oral tablet chewable 29-1 mg</i>	PB	
<i>se-natal 19 oral tablet chewable 29-1 mg</i>	PB	
<i>thrivite rx oral tablet 29-1 mg</i>	PB	
TRINATE ORAL TABLET ( <i>prenatal vit-fe fumarate-fa</i> )	PG	
<i>wescap-pn dha oral capsule 27-0.6-0.4-300 mg</i>	PB	
<b>VITAMINS - VITAMINS AND SUPPLEMENTS</b>		
AIRAVITE ORAL TABLET 2.5-25-1 MG ( <i>folic acid-vit b6-vit b12</i> )	PG	
<i>biocel oral tablet</i>	PG	
<i>b-plex oral tablet</i>	PG	
<i>b-plex plus oral tablet</i>	PG	
<i>cvs folic acid oral tablet 800 mcg</i>	CE	
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	PG	
<i>ergocalciferol oral capsule 1.25 mg (50000 ut)</i>	PG	
FA-8 ORAL CAPSULE 0.8 MG ( <i>folic acid</i> )	CE	
<i>ferotrinsic oral capsule</i>	PG	
<i>folate oral tablet 400 mcg</i>	CE	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>folbee oral tablet 2.5-25-1 mg</i>	PG	
<i>folbee plus oral tablet</i>	PG	
<i>folic acid injection solution 5 mg/ml</i>	PG	
<i>folic acid oral capsule 0.8 mg</i>	CE	
<i>folic acid oral tablet 1 mg</i>	PG	
<i>folic acid oral tablet 400 mcg</i>	CE	
<i>foltrin oral capsule</i>	PG	
<i>ft folic acid oral tablet 400 mcg</i>	CE	
<i>gnp folic acid oral tablet 400 mcg</i>	CE	
K-TAN PLUS ORAL CAPSULE 162-115.2-1 MG ( <i>fefum-fepo-fa-b cmp-c-zn-mn-cu</i> )	PG	
LYSIPLEX PLUS ORAL TABLET ( <i>multiple vitamins-minerals</i> )	PG	
<i>multi-vitamin/fluoride oral solution 0.5 mg/ml</i>	PG	
<i>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>	PG	
NUFOL ORAL TABLET 2.5-25-1 MG ( <i>folic acid-vit b6-vit b12</i> )	PG	
NUTRIFAC ZX ORAL TABLET ( <i>multiple vitamins-minerals</i> )	PG	
<i>phytonadione injection solution 1 mg/0.5ml, 10 mg/ml</i>	PG	
<i>phytonadione oral tablet 5 mg</i>	PG	
<i>poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	PG	
<i>polysaccharide iron forte oral capsule 150-25-1 mg-mcg-mg</i>	PG	
<i>pyridoxine hcl injection solution 100 mg/ml</i>	PG	
<i>reno caps oral capsule 1 mg</i>	PG	
<i>tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	PG	
<i>v-c forte oral capsule</i>	PG	
VIC-FORTE ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	PG	
VITA S FORTE ORAL TABLET ( <i>multiple vitamins-minerals</i> )	PG	
VITACEL ORAL TABLET ( <i>multiple vitamins-minerals</i> )	PG	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	PG	
<i>vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml</i>	PG	
<i>yl folic acid oral tablet 400 mcg</i>	CE	
<b>OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS</b>		
<b>ANTIALLERGICS - DRUGS TO TREAT ALLERGIES</b>		
<i>azelastine hcl ophthalmic solution 0.05 %</i>	PG	
<i>cromolyn sodium ophthalmic solution 4 %</i>	PG	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	PG	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	PG	
<b>ANTIGLAUCOMA BETA-BLOCKERS - DRUGS TO TREAT GLAUCOMA</b>		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	PG	
<i>timolol hemihydrate ophthalmic solution 0.5 %</i>	PG	
<i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>	PG	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	PG	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	PG	
<b>ANTIGLAUCOMA COMBINATION AGENTS - DRUGS TO TREAT GLAUCOMA</b>		
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	PG	
<b>ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION</b>		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	PG	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	PG	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	PG	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	PG	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	PG	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	PG	
<b>ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS</b>		
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	PG	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	PG	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	PG	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	PB	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	PG	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	PG	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	PG	
NATACYN OPHTHALMIC SUSPENSION 5 % ( <i>natamycin</i> )	PB	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	PG	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	PG	
<i>ofloxacin ophthalmic solution 0.3 %</i>	PG	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	PG	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	PG	
<i>tobramycin ophthalmic solution 0.3 %</i>	PG	
TOBREX OPHTHALMIC OINTMENT 0.3 % ( <i>tobramycin</i> )	PB	
<i>trifluridine ophthalmic solution 1 %</i>	PG	
XDEMVY OPHTHALMIC SOLUTION 0.25 % ( <i>lotilaner</i> )	PB	
<b>ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION</b>		
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	PG	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	PG	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	PG	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	PG	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	PG	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	PG	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	PG	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	PB	
<b>DRY EYE DISEASE</b>		
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % ( <i>cyclosporine</i> )	PB	
RESTASIS OPHTHALMIC EMULSION 0.05 % ( <i>cyclosporine</i> )	PB	
VEVYE OPHTHALMIC SOLUTION 0.1 % ( <i>cyclosporine</i> )	PB	
<b>MISCELLANEOUS</b>		
ALTACAINE OPHTHALMIC SOLUTION 0.5 % ( <i>tetracaine hcl</i> )	PG	
ALTAFRIN OPHTHALMIC SOLUTION 10 %, 2.5 % ( <i>phenylephrine hcl</i> )	PG	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	PG	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	PG	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	PG	
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	PG	
<i>tropicamide ophthalmic solution 0.5 %, 1 %</i>	PG	
<b>PROSTAGLANDINS - DRUGS TO TREAT GLAUCOMA</b>		
<i>latanoprost ophthalmic solution 0.005 %</i>	PG	N8 (Listing does not include certain NDCs)
<b>RETINAL DISORDERS</b>		
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05ML ( <i>ranibizumab-nuna</i> )	PBSP	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<b>SYMPATHOMIMETICS - DRUGS TO TREAT GLAUCOMA</b>		
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	PG	
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	PG	
<b>OTHER</b>		
<b>IRRIGATION SOLUTIONS</b>		
ARGYLE STERILE WATER IRRIGATION SOLUTION ( <i>water for irrigation, sterile</i> )	PG	
<i>lactated ringers irrigation solution</i>	PG	
<i>irrigation solns physiological</i> (Physiolyte Irrigation Solution)	PG	
<i>irrigation solns physiological</i> (Physiosol Irrigation Irrigation Solution)	PG	
<i>ringers irrigation irrigation solution</i>	PG	
<i>sterile water for irrigation irrigation solution</i>	PG	
<b>RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS</b>		
<b>ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT</b>		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG ( <i>alpha1-proteinase inhibitor</i> )	PBSP	
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML, 4 GM/200ML, 5 GM/250ML ( <i>alpha1-proteinase inhibitor</i> )	PBSP	
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 4000 MG, 5000 MG ( <i>alpha1-proteinase inhibitor</i> )	PBSP	
<b>ANAPHYLAXIS TREATMENT AGENTS</b>		
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.3 mg/0.3ml</i>	PG	
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD</b>		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT ( <i>umeclidinium-vilanterol</i> )	PB	
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT ( <i>glycopyrrolate-formoterol</i> )	PB	
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	PG	

Prescription Drug Name	Drug Tier	Drug Notes
<b>ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD</b>		
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT ( <i>fluticasone-umeclidin-vilant</i> )	PB	
<b>ANTICHOLINERGICS</b>		
<i>ipratropium bromide inhalation solution 0.02 %</i>	PG	N8 (Listing does not include certain NDCs)
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	PG	
SPIRIVA HANDHALER INHALATION CAPSULE 18 MCG ( <i>tiotropium bromide</i> )	PB	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT ( <i>tiotropium bromide</i> )	PB	
YUPELRI INHALATION SOLUTION 175 MCG/3ML ( <i>revefenacin</i> )	PB	
<b>ANTI-HISTAMINES - DRUGS TO TREAT ALLERGIES</b>		
<i>azelastine hcl nasal solution 137 mcg/spray</i>	PG	
<i>carbinoxamine maleate oral tablet 4 mg</i>	PG	
<i>cetirizine hcl oral solution 1 mg/ml</i>	PG	
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	PG	
<i>cyproheptadine hcl oral tablet 4 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>desloratadine oral tablet 5 mg</i>	PG	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	PG	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	PG	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	PG	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	PG	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	PG	
<i>olopatadine hcl nasal solution 0.6 %</i>	PG	
RYCLORA ORAL SOLUTION 2 MG/5ML ( <i>dexchlorpheniramine maleate</i> )	PG	
<b>BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD</b>		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	PG	N8 (Listing does not include certain NDCs)

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	PG	
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	PG	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	PG	
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	PG	
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	PG	
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML ( <i>formoterol fumarate</i> )	PB	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT ( <i>olodaterol hcl</i> )	PB	
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	PG	
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT ( <i>levalbuterol tartrate</i> )	PB	
<b>COLD/COUGH</b>		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	PG	
<i>hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml</i>	PG	
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg</i>	PG	
<i>hydromet oral solution 5-1.5 mg/5ml</i>	PG	
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	PG	
<i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>	PG	
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	PG	
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)
<b>CYSTIC FIBROSIS</b>		
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML ( <i>tobramycin</i> )	PBSP	
KALYDECO ORAL PACKET 13.4 MG, 5.8 MG ( <i>ivacaftor</i> )	PBSP	
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML ( <i>dornase alfa</i> )	PBSP	
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	PBSP	
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG ( <i>elexacaftor-tezacaftor-ivacafti</i> )	PBSP	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG ( <i>elexacaftor-tezacaftor-ivacaft</i> )	PBSP	
<b>LEUKOTRIENE RECEPTOR ANTAGONISTS - DRUGS TO TREAT ASTHMA AND ALLERGIES</b>		
<i>montelukast sodium oral packet 4 mg</i>	PG	
<i>montelukast sodium oral tablet 10 mg</i>	PG	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	PG	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	PG	
<b>MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES</b>		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	PG	
<b>MISCELLANEOUS</b>		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	PG	
<i>sodium chloride inhalation nebulization solution 0.9 %</i>	PG	N8 (Listing does not include certain NDCs)
<i>sodium chloride inhalation nebulization solution 10 %, 3 %, 7 %</i>	PG	
<b>NASAL STEROIDS - DRUGS TO TREAT ALLERGIES</b>		
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	PG	
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	PG	
<i>mometasone furoate nasal suspension 50 mcg/act</i>	PG	
<b>PULMONARY FIBROSIS AGENTS</b>		
ESBRIET ORAL TABLET 267 MG, 801 MG ( <i>pirfenidone</i> )	PBSP	
OFEV ORAL CAPSULE 100 MG, 150 MG ( <i>nintedanib esylate</i> )	PBSP	
<i>pirfenidone oral tablet 534 mg</i>	PG	
<b>SEVERE ASTHMA AGENTS</b>		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML ( <i>benralizumab</i> )	PBSP	
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML ( <i>tezepelumab-ekko</i> )	PBSP	
<b>STEROID INHALANTS - DRUGS TO TREAT ASTHMA</b>		
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT ( <i>mometasone furoate</i> )	PB	
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	PG	
<i>fluticasone furoate ellipta inhalation aerosol powder breath activated 100 mcg/act, 200 mcg/act, 50 mcg/act</i>	PG	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT ( <i>budesonide</i> )	PB	
<b>STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD</b>		
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT ( <i>albuterol-budesonide</i> )	PB	
<i>budesonide-formoterol fumarate</i> (Breyna Inhalation Aerosol 160-4.5 Mcg/Act, 80-4.5 Mcg/Act)	PG	
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	PG	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	PG	N8 (Listing does not include certain NDCs)
<i>fluticasone-salmeterol</i> (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Act, 250-50 Mcg/Act, 500-50 Mcg/Act)	PG	
<b>XANTHINES - DRUGS TO TREAT COPD</b>		
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	PG	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	PG	
<i>theophylline oral elixir 80 mg/15ml</i>	PG	
<i>theophylline oral solution 80 mg/15ml</i>	PG	
<b>TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS</b>		
<b>DERMATOLOGY, ACNE</b>		
<i>adapalene external cream 0.1 %</i>	PG	
<i>adapalene external gel 0.1 %</i>	PG	
<i>adapalene external gel 0.3 %</i>	PG	N8 (Listing does not include certain NDCs)
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	PG	
BENZEPRO EXTERNAL FOAM 5.3 % ( <i>benzoyl peroxide</i> )	PG	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	PG	
<i>clindamycin phosphate</i> (Clindacin Etz External Swab 1 %)	PG	
<i>clindamycin phosphate</i> (Clindacin-P External Swab 1 %)	PG	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %, 1.2-5 %</i>	PG	
<i>clindamycin phosphate external lotion 1 %</i>	PG	
<i>clindamycin phosphate external solution 1 %</i>	PG	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>clindamycin phosphate external swab 1 %</i>	PG	
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	PG	
<i>dapsone external gel 5 %</i>	PG	N8 (Listing does not include certain NDCs)
<i>dapsone external gel 7.5 %</i>	PG	
<i>erythromycin external gel 2 %</i>	PG	
<i>erythromycin external solution 2 %</i>	PG	
<i>clindamycin-benzoyl per (refr) (Neuac External Gel 1.2-5 %)</i>	PG	
RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 % ( <i>tretinoin microsphere</i> )	PB	
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.1 % ( <i>tretinoin microsphere</i> )	PB	
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	PG	
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	PG	
<i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i>	PG	
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	PG	
<i>tretinoin microsphere pump external gel 0.04 %</i>	PG	
<b>DERMATOLOGY, ACTINIC KERATOSIS</b>		
<i>fluorouracil external cream 5 %</i>	PG	
<i>fluorouracil external solution 2 %, 5 %</i>	PG	
<i>imiquimod external cream 5 %</i>	PG	
<i>imiquimod pump external cream 3.75 %</i>	PG	
<b>DERMATOLOGY, ANTIBIOTICS</b>		
<i>gentamicin sulfate external cream 0.1 %</i>	PG	
<i>gentamicin sulfate external ointment 0.1 %</i>	PG	
<i>mupirocin external ointment 2 %</i>	PG	
<i>silver sulfadiazine external cream 1 %</i>	PG	
<i>silver sulfadiazine (Ssd External Cream 1 %)</i>	PG	
<b>DERMATOLOGY, ANTIFUNGALS</b>		
<i>ciclopirox (Ciclodan External Solution 8 %)</i>	PG	
<i>ciclopirox external gel 0.77 %</i>	PG	
<i>ciclopirox external shampoo 1 %</i>	PG	
<i>ciclopirox external solution 8 %</i>	PG	
<i>ciclopirox olamine external cream 0.77 %</i>	PG	
<i>ciclopirox olamine external suspension 0.77 %</i>	PG	
<i>clotrimazole external cream 1 %</i>	PG	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>clotrimazole external solution 1 %</i>	PG	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	PG	
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	PG	
<i>econazole nitrate external cream 1 %</i>	PG	
<i>ketconazole external cream 2 %</i>	PG	
<i>naftifine hcl external cream 2 %</i>	PG	
<i>nystatin (Nyamyc External Powder 100000 Unit/Gm)</i>	PG	
<i>nystatin external cream 100000 unit/gm</i>	PG	
<i>nystatin external ointment 100000 unit/gm</i>	PG	
<i>nystatin external powder 100000 unit/gm</i>	PG	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	PG	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	PG	
<i>nystatin (Nystop External Powder 100000 Unit/Gm)</i>	PG	
<b>DERMATOLOGY, ANTIPRURITIC</b>		
<i>doxepin hcl external cream 5 %</i>	PG	
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	PG	
<i>calcipotriene external ointment 0.005 %</i>	PG	
<i>calcipotriene external solution 0.005 %</i>	PG	
<i>calcipotriene (Calcitrene External Ointment 0.005 %)</i>	PG	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % ( <i>calcipotriene-betameth diprop</i> )	PB	
<i>methoxsalen rapid oral capsule 10 mg</i>	PG	
<i>tazarotene external cream 0.1 %</i>	PG	
<b>DERMATOLOGY, ANTISEBORRHEICS</b>		
<i>ketconazole external shampoo 2 %</i>	PG	
<i>selenium sulfide external lotion 2.5 %</i>	PG	
<b>DERMATOLOGY, ATOPIC DERMATITIS</b>		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG ( <i>abrocitinib</i> )	PBSP	
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 250 MG/2ML ( <i>lebrikizumab-lbkz</i> )	PBSP	
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MG/2ML ( <i>lebrikizumab-lbkz</i> )	PBSP	
<i>pimecrolimus external cream 1 %</i>	PG	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	PG	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
<i>ala-cort external cream 1 %</i>	PG	
<i>alclometasone dipropionate external cream 0.05 %</i>	PG	
<i>alclometasone dipropionate external ointment 0.05 %</i>	PG	
<i>amcinonide external ointment 0.1 %</i>	PB	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	PG	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	PG	
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	PG	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	PG	
<i>betamethasone dipropionate external cream 0.05 %</i>	PG	
<i>betamethasone dipropionate external lotion 0.05 %</i>	PG	
<i>betamethasone valerate external cream 0.1 %</i>	PG	
<i>betamethasone valerate external foam 0.12 %</i>	PG	
<i>betamethasone valerate external lotion 0.1 %</i>	PG	
<i>betamethasone valerate external ointment 0.1 %</i>	PG	
<i>clobetasol prop emollient base external cream 0.05 %</i>	PG	
<i>clobetasol propionate external foam 0.05 %</i>	PG	
<i>clobetasol propionate external gel 0.05 %</i>	PG	
<i>clobetasol propionate external liquid 0.05 %</i>	PG	
<i>clobetasol propionate external lotion 0.05 %</i>	PG	
<i>clobetasol propionate external ointment 0.05 %</i>	PG	
<i>clobetasol propionate external shampoo 0.05 %</i>	PG	
<i>clobetasol propionate external solution 0.05 %</i>	PG	
<i>clobetasol propionate (Clodan External Shampoo 0.05 %)</i>	PG	
<i>desonide external cream 0.05 %</i>	PG	
<i>desonide external gel 0.05 %</i>	PG	
<i>desonide external lotion 0.05 %</i>	PG	
<i>desonide external ointment 0.05 %</i>	PG	
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	PG	
<i>desoximetasone external gel 0.05 %</i>	PG	
<i>desoximetasone external liquid 0.25 %</i>	PG	
<i>desoximetasone external ointment 0.25 %</i>	PG	
<i>fluocinolone acetonide body external oil 0.01 %</i>	PG	
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	PG	
<i>fluocinolone acetonide external ointment 0.025 %</i>	PG	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>fluocinolone acetonide external solution 0.01 %</i>	PG	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	PG	
<i>fluocinonide emulsified base external cream 0.05 %</i>	PG	
<i>fluocinonide external cream 0.05 %, 0.1 %</i>	PG	
<i>fluocinonide external gel 0.05 %</i>	PG	
<i>fluocinonide external ointment 0.05 %</i>	PG	
<i>fluocinonide external solution 0.05 %</i>	PG	
<i>fluticasone propionate external cream 0.05 %</i>	PG	
<i>fluticasone propionate external lotion 0.05 %</i>	PG	
<i>fluticasone propionate external ointment 0.005 %</i>	PG	
<i>halobetasol propionate external cream 0.05 %</i>	PG	
<i>halobetasol propionate external ointment 0.05 %</i>	PG	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	PG	
<i>hydrocortisone butyrate external solution 0.1 %</i>	PG	
<i>hydrocortisone external cream 2.5 %</i>	PG	
<i>hydrocortisone external lotion 2.5 %</i>	PG	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	PG	
<i>hydrocortisone valerate external cream 0.2 %</i>	PG	
<i>hydrocortisone valerate external ointment 0.2 %</i>	PG	
MEDPURA HYDROCORTISONE EXTERNAL CREAM 1 % (hydrocortisone)	PG	
<i>mometasone furoate external cream 0.1 %</i>	PG	
<i>mometasone furoate external ointment 0.1 %</i>	PG	
<i>mometasone furoate external solution 0.1 %</i>	PG	
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	PG	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	PG	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	PG	
<i>triamcinolone acetonide (Triderm External Cream 0.5 %)</i>	PG	
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
<i>lidocaine hcl (Glydo External Prefilled Syringe 2 %)</i>	PG	
<i>lidocaine external patch 5 %</i>	PG	
<i>lidocaine hcl external solution 4 %</i>	PG	
<i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i>	PG	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	PG	

Prescription Drug Name	Drug Tier	Drug Notes
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>		
<i>acyclovir external ointment 5 %</i>	PG	
<i>ammonium lactate external cream 12 %</i>	PG	
<i>ammonium lactate external lotion 12 %</i>	PG	
NEMLUVIO SUBCUTANEOUS AUTO-INJECTOR 30 MG ( <i>nemolizumab-ilto</i> )	PBSP	
<i>podofilox external solution 0.5 %</i>	PG	
<b>DERMATOLOGY, ROSACEA</b>		
<i>azelaic acid external gel 15 %</i>	PG	
<i>metronidazole external cream 0.75 %</i>	PG	
<i>metronidazole external gel 0.75 %, 1 %</i>	PG	
<i>metronidazole external lotion 0.75 %</i>	PG	
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG ( <i>doxycycline</i> )	PB	
<b>DERMATOLOGY, SCABICIDES AND PEDICULICIDES</b>		
CROTAN EXTERNAL LOTION 10 % ( <i>crotamiton</i> )	PG	
<i>malathion external lotion 0.5 %</i>	PG	
<i>permethrin external cream 5 %</i>	PG	
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
<i>acetic acid irrigation solution 0.25 %</i>	PG	
ARGYLE STERILE SALINE IRRIGATION SOLUTION 0.9 % ( <i>sodium chloride (gu irrigant)</i> )	PG	
CURITY STERILE SALINE IRRIGATION SOLUTION 0.9 % ( <i>sodium chloride (gu irrigant)</i> )	PG	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>cevimeline hcl oral capsule 30 mg</i>	PG	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	PG	N8 (Listing does not include certain NDCs)
<i>clotrimazole mouth/throat troche 10 mg</i>	PG	
EASYGEL DENTAL GEL 0.4 % ( <i>stannous fluoride</i> )	PG	
FLUORIDEX DAILY RENEWAL MOUTH/THROAT CONCENTRATE 0.63 % ( <i>stannous fluoride</i> )	PG	
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	PG	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	PG	
<i>triamcinolone acetonide</i> (Oralene Mouth/Throat Paste 0.1 %)	PG	

2026 Pharmacy Drug Guide - High Value Plan

The formulary is updated the first week of each month  
03/01/2026

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Drug Notes</b>
<i>chlorhexidine gluconate (Periogard Mouth/Throat Solution 0.12 %)</i>	PG	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	PG	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	PG	
<b>OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR</b>		
<i>acetic acid otic solution 2 %</i>	PG	
<i>ciprofloxacin hcl otic solution 0.2 %</i>	PG	
<i>fluocinolone acetonide otic oil 0.01 %</i>	PG	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	PG	
<i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i>	PG	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	PG	
<i>ofloxacin otic solution 0.3 %</i>	PG	

## Index

<i>abacavir sulfate</i> .....	27	<i>alfuzosin hcl er</i> .....	87	ARALAST NP.....	102
<i>abacavir sulfate-lamivudine</i> .....	27	<i>aliskiren fumarate</i> .....	43	ARANELLE.....	65
ABILIFY MAINTENA.....	49	<i>allopurinol</i> .....	21	ARANESP (ALBUMIN FREE).....	89
<i>abiraterone acetate</i> .....	33	<i>almotriptan malate</i> .....	55	ARGYLE STERILE SALINE..	111
<i>abiraterone acetate micronized</i> ..	33	<i>alosetron hcl</i> .....	85	ARGYLE STERILE WATER..	102
<i>acamprosate calcium</i> .....	46	<i>alprazolam</i> .....	46	ARIKAYCE.....	26
<i>acarbose</i> .....	60	<i>alprazolam er</i> .....	46	<i>aripiprazole</i> .....	49
ACCU-CHEK AVIVA PLUS....	75	ALPRAZOLAM INTENSOL....	46	ARISTADA.....	49
ACCU-CHEK FASTCLIX LANCET.....	75	<i>alprazolam xr</i> .....	46	ARISTADA INITIO.....	49
ACCU-CHEK FASTCLIX LANCETS.....	76	ALTACAINE.....	101	<i>armodafinil</i> .....	57
ACCU-CHEK GUIDE.....	76	ALTAFRIN.....	101	Ascomp-Codeine.....	23
ACCU-CHEK GUIDE ME.....	76	Altavera.....	65	<i>asenapine maleate</i> .....	49
ACCU-CHEK GUIDE TEST....	76	ALTUVIIIIO.....	90	Ashlyna.....	66
ACCU-CHEK SAFE-T PRO LANCETS.....	76	ALUNBRIG.....	34	ASMANEX HFA.....	105
ACCU-CHEK SMARTVIEW ...	76	ALVAIZ.....	91	<i>aspirin</i> .....	24
ACCU-CHEK SOFTCLIX LANCET DEV.....	76	<i>alyacen 1/35</i> .....	65	<i>aspirin adult low dose</i> .....	24
ACCU-CHEK SOFTCLIX LANCETS.....	76	<i>alyacen 7/7/7</i> .....	65	<i>aspirin adult low strength</i> .....	24
<i>acebutolol hcl</i> .....	41	Alyq.....	45	<i>aspirin childrens</i> .....	24
<i>acetaminophen-codeine</i> .....	23	<i>amantadine hcl</i> .....	48	<i>aspirin ec adult low dose</i> .....	24
<i>acetazolamide</i> .....	43	<i>ambrisentan</i> .....	45	<i>aspirin ec low strength</i> .....	24
<i>acetazolamide er</i> .....	43	<i>amcinonide</i> .....	109	<i>aspirin low dose</i> .....	24
<i>acetic acid</i> .....	111, 112	Amethyst.....	65	<i>aspirin regimen</i> .....	24
<i>acetylcysteine</i> .....	105	<i>amiloride hcl</i> .....	43	<i>aspirin-dipyridamole er</i> .....	91
<i>acitretin</i> .....	108	<i>amiloride-hydrochlorothiazide</i> ..	43	ASTAGRAF XL.....	96
<i>acyclovir</i> .....	29, 111	<i>aminocaproic acid</i> .....	91	<i>atazanavir sulfate</i> .....	27
<i>adalimumab-adaz</i> .....	92	<i>amiodarone hcl</i> .....	39	<i>atenolol</i> .....	41
<i>adapalene</i> .....	106	<i>amitriptyline hcl</i> .....	47	<i>atenolol-chlorthalidone</i> .....	41
<i>adapalene-benzoyl peroxide</i> ....	106	<i>amlodipine besy-benazepril hcl</i> ..	37	<i>atomoxetine hcl</i> .....	53
<i>adefovir dipivoxil</i> .....	30	<i>amlodipine besylate</i> .....	42	<i>atorvastatin calcium</i> .....	40
ADEMPAS.....	45	<i>amlodipine besylate-valsartan</i> ...	38	<i>atovaquone</i> .....	31
<i>adynovate</i> .....	90	<i>amlodipine-atorvastatin</i> .....	42	<i>atovaquone-proguanil hcl</i> .....	26
AFINITOR.....	34	<i>amlodipine-olmesartan</i> .....	38	AUBAGIO.....	56
AFINITOR DISPERZ.....	34	<i>ammonium lactate</i> .....	111	Aubra Eq.....	66
Afirmelle.....	65	<i>amoxapine</i> .....	47	AUGTYRO.....	34
AFSTYLA.....	90	<i>amoxicill-clarithro-lansopraz</i> ....	87	Aurovela 1.5/30.....	66
AFTERA.....	65	<i>amoxicillin</i> .....	31, 32	Aurovela 1/20.....	66
AFTERPILL.....	65	<i>amoxicillin-pot clavulanate</i> .....	32	Aurovela 24 Fe.....	66
AIRAVITE.....	98	<i>amoxicillin-pot clavulanate er</i> ...	32	Aurovela Fe 1.5/30.....	66
AIRSUPRA.....	106	<i>amphetamine sulfate</i> .....	53	Aurovela Fe 1/20.....	66
AJOVY.....	54	<i>amphetamine-dextroamphet er</i> ...	53	AUSTEDO.....	55
<i>ala-cort</i> .....	109	<i>amphetamine-</i> <i>dextroamphetamine</i> .....	53	AVERI.....	66
<i>albendazole</i> .....	26	<i>ampicillin</i> .....	32	Aviane.....	66
<i>albuterol sulfate</i> .....	104	<i>ampicillin sodium</i> .....	32	<i>avidoxy</i> .....	32
<i>albuterol sulfate hfa</i> .....	103	<i>anagrelide hcl</i> .....	91	AVONEX PEN.....	56
<i>alclometasone dipropionate</i> .....	109	<i>anastrozole</i> .....	33	AVONEX PREFILLED.....	56
<i>alendronate sodium</i> .....	64	ANNOVERA.....	65	AVSOLA.....	92
		ANORO ELLIPTA.....	102	Ayuna.....	66
		<i>apraclonidine hcl</i> .....	102	<i>azathioprine</i> .....	96
		<i>aprepitant</i> .....	84	<i>azelaic acid</i> .....	111
		Apri.....	65	<i>azelastine hcl</i> .....	99, 103
				<i>azithromycin</i> .....	30

Azurette.....	66	<i>betamethasone dipropionate</i>		<i>calcitriol</i> .....	83
Bac (Butalbital-Acetamin-Caff). 21		<i>aug</i> .....	109	<i>calcium acetate (phos binder)</i> .....	81
<i>bacitracin</i> .....	100	<i>betamethasone valerate</i> .....	109	CALQUENCE.....	35
<i>bacitracin-polymyxin b</i> .....	100	BETASERON.....	56	Camila.....	66
<i>bacitra-neomycin-polymyxin-hc</i> .....	100	<i>betaxolol hcl</i> .....	41, 100	Camrese.....	66
<i>baclofen</i> .....	57	<i>bethanechol chloride</i> .....	87	Camrese Lo.....	66
<i>balsalazide disodium</i> .....	85	BETHKIS.....	104	CAMZYOS.....	44
Balziva.....	66	BEVESPI AEROSPHERE.....	102	<i>candesartan cilexetil</i> .....	39
BAQSIMI ONE PACK.....	79	<i>bexarotene</i> .....	36	<i>candesartan cilexetil-hctz</i> .....	38
BAQSIMI TWO PACK.....	79	BEYFORTUS.....	97	<i>capecitabine</i> .....	33
BAYER ASPIRIN EC LOW DOSE.....	24	<i>bicalutamide</i> .....	33	CAPRELSA.....	35
BAYER LOW DOSE.....	25	BIKTARVY.....	28	<i>captopril</i> .....	38
BD AUTOSHIELD DUO.....	76	BIMZELX.....	92	<i>carbamazepine</i> .....	51
BD INSULIN SYRINGE.....	76	<i>biocel</i> .....	98	<i>carbamazepine er</i> .....	50, 51
BD INSULIN SYRINGE HALF-UNIT.....	76	<i>bisoprolol fumarate</i> .....	41	<i>carbidopa</i> .....	48
BD INSULIN SYRINGE MICROFINE.....	76	<i>bisoprolol-hydrochlorothiazide</i> ..	41	<i>carbidopa-levodopa</i> .....	48
BD INSULIN SYRINGE U-500.....	76	Blisovi 24 Fe.....	66	<i>carbidopa-levodopa er</i> .....	48
BD INSULIN SYRINGE ULTRAFINE.....	76	Blisovi Fe 1.5/30.....	66	<i>carbidopa-levodopa-entacapone</i> .....	49
BD PEN NEEDLE MICRO ULTRAFINE.....	76	Blisovi Fe 1/20.....	66	<i>carbinoxamine maleate</i> .....	103
BD PEN NEEDLE MINI ULTRAFINE.....	76	BOSULIF.....	34	CARDIZEM LA.....	42
BD PEN NEEDLE NANO 2ND GEN.....	76	<i>b-plex</i> .....	98	Cartia Xt.....	42
BD PEN NEEDLE NANO ULTRAFINE.....	76	<i>b-plex plus</i> .....	98	<i>carvedilol</i> .....	41
BD PEN NEEDLE SHORT ULTRAFINE.....	76	BRAFTOVI.....	34	CAYA.....	66
BD SAFETYGLIDE INSULIN SYRINGE.....	76	Breyna.....	106	<i>cefadroxil</i> .....	29
BD VEO INSULIN SYR U/F 1/2UNIT.....	77	<i>briellyn</i> .....	66	<i>cefdinir</i> .....	29
BD VEO INSULIN SYR ULTRAFINE.....	77	<i>brimonidine tartrate</i> .....	102	<i>cefixime</i> .....	29
BELBUCA.....	24	<i>bromfenac sodium (once-daily)</i> .....	101	<i>cefpodoxime proxetil</i> .....	29
BELSOMRA.....	54	<i>bromocriptine mesylate</i> .....	48	<i>cefprozil</i> .....	29
<i>benazepril hcl</i> .....	37	BRUKINSA.....	35	<i>cefuroxime axetil</i> .....	29
<i>benazepril-hydrochlorothiazide</i> ..	37	<i>budesonide</i> .....	85, 105	<i>celecoxib</i> .....	21
BENEFIX.....	91	<i>budesonide-formoterol fumarate</i>	106	CELLCEPT.....	96
BENLYSTA.....	96	<i>bumetanide</i> .....	43	<i>cephalexin</i> .....	29, 30
BENZEPRO.....	106	<i>buprenorphine</i> .....	24	CERDELGA.....	80
<i>benzonatate</i> .....	104	<i>buprenorphine hcl</i> .....	58	CEREZYME.....	80
<i>benzoyl peroxide-erythromycin</i> .....	106	<i>buprenorphine hcl-naloxone hcl</i> .....	58	<i>cetirizine hcl</i> .....	103
<i>benztropine mesylate</i> .....	48	<i>bupropion hcl</i> .....	47	<i>cevimeline hcl</i> .....	111
BESREMI.....	33	<i>bupropion hcl er (smoking det)</i> .....	58	Charlotte 24 Fe.....	66
<i>betamethasone dipropionate</i> .....	109	<i>bupropion hcl er (sr)</i> .....	47	Chateal Eq.....	66
		<i>bupropion hcl er (xl)</i> .....	47	<i>childrens aspirin</i> .....	25
		<i>bupropion hcl er (xl)</i> .....	47	<i>chlorhexidine gluconate</i> .....	111
		<i>buspirone hcl</i> .....	46	<i>chloroquine phosphate</i> .....	26
		<i>butalbital-acetaminophen</i> .....	21	<i>chlorpromazine hcl</i> .....	49
		<i>butalbital-apap-caff-cod</i> .....	23	<i>chlorthalidone</i> .....	43
		<i>butalbital-apap-caffeine</i> .....	21	<i>cholestyramine</i> .....	39
		<i>butalbital-asa-caff-codeine</i> .....	23	<i>cholestyramine light</i> .....	39
		<i>butorphanol tartrate</i> .....	23	CIBINQO.....	108
		BYOOVIZ.....	101	Ciclodan.....	107
		<i>cabergoline</i> .....	81	<i>ciclopirox</i> .....	107
		CABOMETYX.....	35	<i>ciclopirox olamine</i> .....	107
		<i>calcipotriene</i> .....	108	<i>cilostazol</i> .....	91
		<i>calcitonin (salmon)</i> .....	64	CIMDUO.....	28
		Calcitrene.....	108	<i>cimetidine</i> .....	84

<i>cimetidine hcl</i> .....	84	CROTAN.....	111	<i>dexamethasone sodium phosphate</i> .....	101
CIMZIA (2 SYRINGE).....	92	Cryselle-28.....	67	DEXCOM G6 RECEIVER.....	77
CIMZIA-STARTER.....	92	CURITY STERILE SALINE... ..	111	DEXCOM G6 SENSOR.....	77
<i>cinacalcet hcl</i> .....	64	CUTAQUIG.....	96	DEXCOM G6 TRANSMITTER	77
CIPRO.....	30	CUVPOSA.....	83	DEXCOM G7 15 DAY	
<i>ciprofloxacin hcl</i> .....	30, 100, 112	<i>cvs aspirin low dose</i> .....	25	SENSOR.....	77
<i>citalopram hydrobromide</i> .....	47	<i>cvs aspirin low strength</i> .....	25	DEXCOM G7 RECEIVER.....	77
<i>clarithromycin</i> .....	30	<i>cvs folic acid</i> .....	98	DEXCOM G7 SENSOR.....	77
<i>clarithromycin er</i> .....	30	<i>cvs nicotine</i> .....	58	<i>dexamethylphenidate hcl</i> .....	53
CLENPIQ.....	85	<i>cvs nicotine polacrilex</i> .....	58	<i>dextroamphetamine sulfate</i> .....	53
Clindacin Etz.....	106	<i>cyanocobalamin</i> .....	98	<i>dextroamphetamine sulfate er</i> .....	53
Clindacin-P.....	106	<i>cyclobenzaprine hcl</i> .....	57	<i>diazepam</i> .....	51
<i>clindamycin hcl</i> .....	31	<i>cyclopentolate hcl</i> .....	101	<i>diclofenac potassium</i> .....	21
<i>clindamycin palmitate hcl</i> .....	31	<i>cyclophosphamide</i> .....	32	<i>diclofenac sodium</i> .....	22, 101
<i>clindamycin phos-benzoyl perox</i>		<i>cycloserine</i> .....	28	<i>diclofenac sodium er</i> .....	22
.....	106	<i>cyclosporine</i> .....	96	<i>diclofenac-misoprostol</i> .....	22
<i>clindamycin phosphate</i> .....	88, 106, 107	<i>cyproheptadine hcl</i> .....	103	<i>dicloxacillin sodium</i> .....	32
<i>clindamycin-tretinoin</i> .....	107	Cyred Eq.....	67	<i>dicyclomine hcl</i> .....	83
<i>clobazam</i> .....	51	CYSTAGON.....	81	DIFICID.....	30
<i>clobetasol prop emollient base</i> .....	109	<i>cytra k crystals</i> .....	88	Digox.....	43
<i>clobetasol propionate</i> .....	109	<i>dabigatran etexilate mesylate</i> .....	88	<i>digoxin</i> .....	43
Clodan.....	109	<i>dacarbazine</i> .....	33	<i>dihydroergotamine mesylate</i> .....	54
<i>clomipramine hcl</i> .....	46	<i>dalfampridine er</i> .....	56	DILANTIN.....	51
<i>clonazepam</i> .....	51	<i>danazol</i> .....	78	<i>diltiazem hcl</i> .....	42
<i>clonidine</i> .....	44	<i>dantrolene sodium</i> .....	57	<i>diltiazem hcl er</i> .....	42
<i>clonidine hcl</i> .....	44	<i>dapsone</i> .....	31, 107	<i>diltiazem hcl er beads</i> .....	42
<i>clonidine hcl er</i> .....	53	<i>darifenacin hydrobromide er</i> .....	88	<i>diltiazem hcl er coated beads</i> .....	42
<i>clopidogrel bisulfate</i> .....	91	Dasetta 1/35 (28).....	67	<i>dilt-xr</i> .....	42
<i>clorazepate dipotassium</i> .....	51	Dasetta 7/7/7.....	67	<i>dimethyl fumarate</i> .....	56
<i>clotrimazole</i> .....	107, 108, 111	DAXXIFY.....	53	<i>dimethyl fumarate starter pack</i> .....	56
<i>clotrimazole-betamethasone</i> .....	108	Daysee.....	67	<i>diphenhydramine hcl</i> .....	103
<i>clozapine</i> .....	49, 50	Deblitane.....	67	<i>diphenoxylate-atropine</i> .....	83
<i>colchicine</i> .....	21	<i>deferasirox</i> .....	65	<i>dipyridamole</i> .....	91
<i>colchicine-probenecid</i> .....	21	<i>deferasirox granules</i> .....	65	DISKETS.....	23
<i>colesevelam hcl</i> .....	39	<i>deferiprone</i> .....	65	<i>disopyramide phosphate</i> .....	39
<i>colestipol hcl</i> .....	39	<i>deferoxamine mesylate</i> .....	65	<i>disulfiram</i> .....	46
COMBIPATCH.....	80	Delyla.....	67	<i>divalproex sodium</i> .....	51
<i>completenate</i> .....	98	<i>demeclocycline hcl</i> .....	32	<i>divalproex sodium er</i> .....	51
Compro.....	84	DEPO-SUBQ PROVERA 104... ..	67	<i>dofetilide</i> .....	39
<i>condoms</i> .....	67	DESCOVY.....	28	Dolishale.....	67
<i>constulose</i> .....	85	<i>desipramine hcl</i> .....	47	<i>donepezil hcl</i> .....	46
COPAXONE.....	56	<i>desloratadine</i> .....	103	DOPTELET.....	92
CORLANOR.....	44	<i>desmopressin ace spray refrig</i> .....	83	DOPTELET SPRINKLE.....	92
COSENTYX.....	93	<i>desmopressin acetate</i> .....	83	<i>dorzolamide hcl-timolol mal pf</i> .....	100
COSENTYX (300 MG DOSE)... ..	92	<i>desmopressin acetate spray</i> .....	83	Dotti.....	80
COSENTYX SENSOREADY		<i>desogestrel-ethinyl estradiol</i> .....	67	DOVATO.....	28
(300 MG).....	92	<i>desonide</i> .....	109	<i>doxazosin mesylate</i> .....	87
COSENTYX SENSOREADY		<i>desoximetasone</i> .....	109	<i>doxepin hcl</i> .....	47, 54, 108
PEN.....	92	<i>desvenlafaxine succinate er</i> .....	47	<i>doxercalciferol</i> .....	83
COSENTYX UNOREADY.....	93	<i>dexamethasone</i> .....	78, 79	<i>doxycycline hyclate</i> .....	32
CRINONE.....	82	<i>dexamethasone sod phosphate</i>		<i>doxycycline monohydrate</i> .....	32
<i>cromolyn sodium</i> .....	86, 99, 105	<i>pf</i> .....	79		

<i>doxylamine-pyridoxine</i> .....	84	<i>enalapril-hydrochlorothiazide</i> ....	37	<i>etonogestrel-ethinyl estradiol</i> ....	67
<i>dronabinol</i> .....	84	ENBREL.....	93	<i>etoposide</i> .....	37
<i>drospiren-eth estrad-levomefol</i> ...	67	ENBREL MINI.....	93	EUFLEXXA.....	25
<i>drospirenone-ethinyl estradiol</i> ...	67	ENBREL SURECLICK.....	93	EULEXIN.....	34
DROXIA.....	91	ENCARE.....	87	EVOTAZ.....	28
<i>duloxetine hcl</i> .....	47	ENDARI.....	91	EVRYSDI.....	55
DUPIXENT.....	93	Endocet.....	23	<i>exemestane</i> .....	34
DUROLANE.....	25	Enilloring.....	67	<i>ezetimibe</i> .....	40
<i>dutasteride</i> .....	87	<i>enoxaparin sodium</i> .....	89	<i>ezetimibe-simvastatin</i> .....	40
<i>dutasteride-tamsulosin hcl</i> .....	87	Enskyce.....	67	FA-8.....	98
DYSPORT.....	53	ENSPRYNG.....	55	Falmina.....	68
E.E.S. 400.....	30	ENSTILAR.....	108	<i>famciclovir</i> .....	29
EASYGEL.....	111	<i>entacapone</i> .....	49	<i>famotidine</i> .....	84
EBGLYSS.....	108	<i>entecavir</i> .....	30	FARXIGA.....	63
<i>econazole nitrate</i> .....	108	ENTYVIO.....	92	FASENRA PEN.....	105
ECONTRA ONE-STEP.....	67	ENTYVIO PEN.....	93	FC2 FEMALE CONDOM.....	68
ECOTRIN LOW STRENGTH... 25	25	<i>enulose</i> .....	85	<i>febuxostat</i> .....	21
<i>efavirenz</i> .....	27	ENVARUSUS XR.....	96	Feirza 1.5/30.....	68
EFFER-K.....	97	EPCLUSA.....	31	Feirza 1/20.....	68
<i>eletriptan hydrobromide</i> .....	55	<i>epinastine hcl</i> .....	99	<i>felbamate</i> .....	51
ELIGARD.....	33, 34	<i>epinephrine</i> .....	102	<i>felodipine er</i> .....	42
Elinest.....	67	<i>eplerenone</i> .....	38	FEMCAP.....	68
ELIQUIS.....	89	<i>epoprostenol sodium</i> .....	45	FEMLYV.....	68
ELIQUIS (1.5 MG PACK).....	88	<i>eq aspirin low dose</i> .....	25	<i>fenofibrate</i> .....	40
ELIQUIS (2 MG PACK).....	88	<i>eq nicotine</i> .....	58	<i>fenofibrate micronized</i> .....	40
ELIQUIS DVT/PE STARTER		<i>eq nicotine polacrilex</i> .....	58	<i>fenofibric acid</i> .....	40
PACK.....	89	<i>eq nicotine step 3</i> .....	58	<i>fentanyl</i> .....	23
ELLA.....	67	<i>eql aspirin low dose</i> .....	25	<i>ferotransic</i> .....	98
ELOCTATE.....	90	<i>ergocalciferol</i> .....	98	FIASP.....	62
Eluryng.....	67	ERLEADA.....	34	FIASP FLEXTOUCH.....	62
EMBECTA AUTOSHIELD		<i>erlotinib hcl</i> .....	35	FIASP PENFILL.....	62
DUO.....	77	Errin.....	67	FILSPARI.....	88
EMBECTA INS SYR U/F 1/2		Ery-Tab.....	30	<i>finasteride</i> .....	87
UNIT.....	77	<i>erythromycin</i> .....	30, 100, 107	Finzala.....	68
EMBECTA INSULIN SYR		<i>erythromycin base</i> .....	30	FIRAZYR.....	95
ULTRAFINE.....	77	<i>erythromycin ethylsuccinate</i> .....	30	<i>flavoxate hcl</i> .....	88
EMBECTA INSULIN		ESBRIET.....	105	<i>flecainide acetate</i> .....	39
SYRINGE U-500.....	77	<i>escitalopram oxalate</i> .....	47	<i>fluconazole</i> .....	26
EMBECTA PEN NEEDLE		<i>esomeprazole magnesium</i> .....	86	<i>flucytosine</i> .....	26
NANO.....	77	ESPEROCT.....	90	<i>fludrocortisone acetate</i> .....	79
EMBECTA PEN NEEDLE		Estarylla.....	67	<i>flunisolide</i> .....	105
NANO 2 GEN.....	77	<i>estazolam</i> .....	54	<i>fluocinolone acetonide</i>	
EMBECTA PEN NEEDLE		<i>estradiol</i> .....	80, 81	.....	109, 110, 112
ULTRAFINE.....	77	<i>estradiol valerate</i> .....	81	<i>fluocinolone acetonide body</i> ....	109
EMGALITY.....	54	<i>estradiol-norethindrone acet</i> ....	81	<i>fluocinolone acetonide scalp</i> ....	110
EMGALITY (300 MG DOSE)... 54	54	<i>eszopiclone</i> .....	54	<i>fluocinonide</i> .....	110
EMPAVELI.....	91	<i>ethacrynic acid</i> .....	43	<i>fluocinonide emulsified base</i> ....	110
<i>emtricitabine-tenofovir df</i> .....	28	<i>ethambutol hcl</i> .....	28	FLUORIDEX DAILY	
EMTRIVA.....	27	<i>ethosuximide</i> .....	51	RENEWAL.....	111
EMVERM.....	26	<i>ethynodiol diac-eth estradiol</i> ....	67	<i>fluorometholone</i> .....	101
Emzahn.....	67	<i>etodolac</i> .....	22	<i>fluorouracil</i> .....	107
<i>enalapril maleate</i> .....	38	<i>etodolac er</i> .....	22	<i>fluoxetine hcl</i> .....	47

<i>fluphenazine decanoate</i> .....	50	<i>glipizide</i> .....	64	<i>hydrocodone bitartrate er</i> .....	23
<i>fluphenazine hcl</i> .....	50	<i>glipizide er</i> .....	63	<i>hydrocodone bit-homatrop mbr</i>	104
<i>flurbiprofen</i> .....	22	<i>glipizide-metformin hcl</i> .....	61	<i>hydrocodone-acetaminophen</i> .....	23
<i>fluticasone furoate ellipta</i> .....	105	<i>glucagon emergency</i> .....	79	<i>hydrocodone-ibuprofen</i> .....	23
<i>fluticasone propionate</i> .....	105, 110	<i>glyburide-metformin</i> .....	61	<i>hydrocortisone</i> .....	79, 85, 110
<i>fluticasone-salmeterol</i> .....	106	<i>glycopyrrolate</i> .....	83	<i>hydrocortisone (perianal)</i> .....	87
<i>fluvastatin sodium</i> .....	40	<i>Glydo</i> .....	110	<i>hydrocortisone ace-pramoxine</i> ...	87
<i>fluvastatin sodium er</i> .....	40	<b>GLYXAMBI</b> .....	63	<i>hydrocortisone butyrate</i> .....	110
<i>fluvoxamine maleate</i> .....	46	<i>gnp adult aspirin low strength</i> ...	25	<i>hydrocortisone valerate</i> .....	110
<i>fluvoxamine maleate er</i> .....	46	<i>gnp aspirin</i> .....	25	<i>hydrocortisone-acetic acid</i> .....	112
<i>folate</i> .....	98	<i>gnp folic acid</i> .....	99	<i>hydromet</i> .....	104
<i>folbee</i> .....	99	<i>gnp nicotine</i> .....	59	<i>hydromorphone hcl</i> .....	23
<i>folbee plus</i> .....	99	<i>gnp nicotine mini</i> .....	59	<i>hydromorphone hcl er</i> .....	23
<i>folic acid</i> .....	99	<i>gnp nicotine polacrilex</i> .....	59	<i>hydroxychloroquine sulfate</i> ...26, 95	
<b>FOLLISTIM AQ</b> .....	78	<b>GOMEKLI</b> .....	35	<i>hydroxyurea</i> .....	36
<i>foltrin</i> .....	99	<i>goodsense aspirin low dose</i> .....	25	<i>hydroxyzine hcl</i> .....	103
<i>fondaparinux sodium</i> .....	89	<i>goodsense nicotine</i> .....	59	<i>hydroxyzine pamoate</i> .....	103
<i>fosaprepitant dimeglumine</i> .....	84	<i>granisetron hcl</i> .....	84	<i>hyoscyamine sulfate</i> .....	83
<i>fosinopril sodium</i> .....	38	<i>griseofulvin microsize</i> .....	26	<b>HYRIMOZ</b> .....	93
<i>fosinopril sodium-hctz</i> .....	37	<i>griseofulvin ultramicrosize</i> .....	26	<b>HYRIMOZ-PLAQUE</b>	
<i>frovatriptan succinate</i> .....	55	<i>guanfacine hcl</i> .....	44	<b>PSORIASIS START</b> .....	93
<i>ft aspirin</i> .....	25	<i>guanfacine hcl er</i> .....	53	<i>ibandronate sodium</i> .....	64
<i>ft aspirin low dose</i> .....	25	<b>GVOKE HYPOPEN 1-PACK</b> ...	79	<b>IBRANCE</b> .....	35
<i>ft folic acid</i> .....	99	<b>GVOKE HYPOPEN 2-PACK</b> ...	79	<b>IBTROZI</b> .....	35
<i>ft nicotine</i> .....	59	<b>GVOKE PFS</b> .....	80	<b>Ibu</b> .....	22
<i>ft nicotine mini</i> .....	59	<b>HABITROL</b> .....	59	<i>ibuprofen</i> .....	22
<b>FULPHILA</b> .....	90	<b>HADLIMA</b> .....	93	<i>icatibant acetate</i> .....	95
<i>fulvestrant</i> .....	34	<b>HADLIMA PUSH TOUCH</b> .....	93	<b>Iclevia</b> .....	68
<i>furosemide</i> .....	43	<b>Hailey 1.5/30</b> .....	68	<b>ILARIS</b> .....	97
<b>Fyavolv</b> .....	81	<b>Hailey 24 Fe</b> .....	68	<b>ILUMYA</b> .....	92
<i>gabapentin</i> .....	51	<b>Hailey Fe 1.5/30</b> .....	68	<i>imatinib mesylate</i> .....	35
<b>GALAFOLD</b> .....	80	<b>Hailey Fe 1/20</b> .....	68	<i>imipramine hcl</i> .....	47
<i>galantamine hydrobromide</i> ...46, 47		<i>halobetasol propionate</i> .....	110	<i>imipramine pamoate</i> .....	47
<i>galantamine hydrobromide er</i> ... 46		<b>Haloette</b> .....	68	<i>imiquimod</i> .....	107
<b>GAMMAGARD</b> .....	96	<i>haloperidol</i> .....	49, 50	<i>imiquimod pump</i> .....	107
<b>GAMUNEX-C</b> .....	96	<i>haloperidol decanoate</i> .....	50	<b>IMVEXXY MAINTENANCE</b>	
<i>ganirelix acetate</i> .....	78	<i>haloperidol lactate</i> .....	50	<b>PACK</b> .....	81
<i>gatifloxacin</i> .....	100	<b>HARVONI</b> .....	31	<b>IMVEXXY STARTER PACK</b> ... 81	
<b>Gavilyte-G</b> .....	85	<b>Heather</b> .....	68	<b>INATAL GT</b> .....	98
<b>GAVRETO</b> .....	35	<i>h-e-b aspirin</i> .....	25	<b>INBRIJA</b> .....	49
<b>GELSYN-3</b> .....	25	<b>HEMLIBRA</b> .....	90	<b>Incassia</b> .....	68
<i>gemfibrozil</i> .....	40	<i>heparin sodium (porcine)</i> .....	89	<i>indapamide</i> .....	43
<b>Gemmily</b> .....	68	<i>heparin sodium (porcine) pf</i> .....	89	<i>indomethacin</i> .....	22
<i>generlac</i> .....	85	<b>HER STYLE</b> .....	68	<i>indomethacin er</i> .....	22
<i>gentamicin sulfate</i> .....	100, 107	<b>Hidex 6-Day</b> .....	79	<b>INGREZZA</b> .....	55
<b>GENVOYA</b> .....	28	<b>HIZENTRA</b> .....	96	<i>insulin glargine-yfgn</i> .....	62
<b>GILENYA</b> .....	56	<b>HUMATROPE</b> .....	80	<b>Introvale</b> .....	68
<b>GILOTRIF</b> .....	35	<b>HUMULIN R U-500</b>		<i>ipratropium bromide</i> .....	103
<b>GLASSIA</b> .....	102	<b>KWIKPEN</b> .....	62	<i>ipratropium-albuterol</i> .....	102
<i>glatiramer acetate</i> .....	56	<i>hydralazine hcl</i> .....	44	<b>IQIRVO</b> .....	86
<b>Glatopa</b> .....	56	<i>hydrochlorothiazide</i> .....	43	<i>irbesartan</i> .....	39
<i>glimepiride</i> .....	63	<i>hydrocod poli-chlorphe poli er</i> ..	104	<i>irbesartan-hydrochlorothiazide</i> ..	38

ISENTRESS.....	27	<i>kp aspirin</i> .....	25	<i>lidocaine hcl</i> .....	110
ISENTRESS HD.....	27	KRAZATI.....	36	<i>lidocaine hcl urethral/mucosal</i> .....	110
Isibloom.....	68	K-TAN PLUS.....	99	<i>lidocaine viscous hcl</i> .....	111
<i>isoniazid</i> .....	28	Kurvelo.....	69	<i>lidocaine-prilocaine</i> .....	110
<i>isosorbide dinitrate</i> .....	44	KYLEENA.....	69	LILETTA (52 MG).....	70
<i>isosorbide mononitrate er</i> .....	44	<i>labetalol hcl</i> .....	41	<i>linezolid</i> .....	31
<i>isradipine</i> .....	42	<i>lactated ringers</i> .....	102	LINZESS.....	85
ITOVEBI.....	35	<i>lactulose</i> .....	85	<i>liothyronine sodium</i> .....	82
<i>itraconazole</i> .....	26	<i>lactulose encephalopathy</i> .....	85	<i>lisdexamfetamine dimesylate</i> .....	53
<i>ivermectin</i> .....	26	<i>lamivudine</i> .....	27, 30	<i>lisinopril</i> .....	38
Jaimiess.....	68	<i>lamivudine-zidovudine</i> .....	28	<i>lisinopril-hydrochlorothiazide</i> .....	37
JAKAFI.....	35	<i>lamotrigine</i> .....	51	LITFULO.....	93
Jantoven.....	89	<i>lamotrigine er</i> .....	51	<i>lithium</i> .....	55
JARDIANCE.....	63	<i>lamotrigine starter kit-blue</i> .....	52	<i>lithium carbonate</i> .....	55
Jasmiel.....	68	<i>lamotrigine starter kit-green</i> .....	52	<i>lithium carbonate er</i> .....	55
Jencycla.....	68	<i>lamotrigine starter kit-orange</i> .....	52	LO LOESTRIN FE.....	70
Jinteli.....	81	<i>lanreotide acetate</i> .....	60	Loestrin 1.5/30 (21).....	70
JIVI.....	90	<i>lansoprazole</i> .....	86	Loestrin 1/20 (21).....	70
Jolessa.....	68	LANTUS.....	62	Loestrin Fe 1.5/30.....	70
Joyeaux.....	68	LANTUS SOLOSTAR.....	62	Loestrin Fe 1/20.....	70
Juleber.....	69	Larin 1.5/30.....	69	Lofena.....	22
JULUCA.....	28	Larin 1/20.....	69	Lojaimiess.....	70
Junel 1.5/30.....	69	Larin 24 Fe.....	69	LONSURF.....	33
Junel 1/20.....	69	Larin Fe 1.5/30.....	69	<i>loperamide hcl</i> .....	83
Junel Fe 1.5/30.....	69	Larin Fe 1/20.....	69	<i>lorazepam</i> .....	46
Junel Fe 1/20.....	69	<i>latanoprost</i> .....	101	LORBRENA.....	35
Junel Fe 24.....	69	LEDERLE LEUCOVORIN.....	37	Loryna.....	70
Kaitlib Fe.....	69	<i>leflunomide</i> .....	95	<i>losartan potassium</i> .....	39
KALETRA.....	28	Lessina.....	69	<i>losartan potassium-hctz</i> .....	38
Kalliga.....	69	<i>letrozole</i> .....	34	<i>loteprednol etabonate</i> .....	101
KALYDECO.....	104	<i>leucovorin calcium</i> .....	37	<i>lovastatin</i> .....	40
Kariva.....	69	LEUKERAN.....	33	Low-Ogestrel.....	70
Kelnor 1/35.....	69	<i>leuprolide acetate</i> .....	34	<i>loxapine succinate</i> .....	50
KERENDIA.....	38	<i>levabuterol hcl</i> .....	104	Lo-Zumandimine.....	70
KESIMPTA.....	56	<i>levabuterol tartrate</i> .....	104	<i>lubiprostone</i> .....	85
<i>ketoconazole</i> .....	26, 108	<i>levetiracetam</i> .....	52	Luizza 1.5/30.....	70
<i>ketorolac tromethamine</i> .....	22, 101	<i>levetiracetam er</i> .....	52	Luizza 1/20.....	70
KEVZARA.....	93	<i>levocarnitine</i> .....	64	LUMAKRAS.....	37
Kionex.....	81	<i>levocetirizine dihydrochloride</i> .....	103	LUMRYZ.....	57
KISQALI (200 MG DOSE).....	35	<i>levofloxacin</i> .....	30	LUMRYZ STARTER PACK.....	57
KISQALI (400 MG DOSE).....	35	Levonest.....	69	LUPRON DEPOT (1-MONTH).....	34
KISQALI (600 MG DOSE).....	35	<i>levonorgest-eth estrad 91-day</i> .....	69	LUPRON DEPOT (3-MONTH).....	34
KLONOPIN.....	51	<i>levonorgest-eth estradiol-iron</i> .....	70	LUPRON DEPOT-PED (1-	
Klor-Con.....	97	<i>levonorgestrel</i> .....	70	MONTH).....	65
Klor-Con 10.....	97	<i>levonorgestrel-ethinyl estrad</i> .....	70	LUPRON DEPOT-PED (3-	
Klor-Con M10.....	97	<i>levonorg-eth estrad triphasic</i> .....	70	MONTH).....	65
Klor-Con M15.....	97	Levora 0.15/30 (28).....	70	Lutera.....	70
Klor-Con M20.....	97	<i>levorphanol tartrate</i> .....	23	Lyleq.....	70
<i>kls aspirin low dose</i> .....	25	Levo-T.....	82	LYNPARZA.....	37
KLS QUIT2.....	59	<i>levothyroxine sodium</i> .....	82	LYSIPLEX PLUS.....	99
KLS QUIT4.....	59	Levoxyl.....	82	LYSODREN.....	34
KOSELUGO.....	35	<i>lidocaine</i> .....	110	Lyza.....	70

<i>malathion</i> .....	111	<i>methyltestosterone</i> .....	60	<i>naproxen</i> .....	22
<i>marlissa</i> .....	70	<i>metoclopramide hcl</i> .....	84	<i>naproxen sodium</i> .....	22
MATULANE.....	33	<i>metolazone</i> .....	44	<i>naratriptan hcl</i> .....	55
Matzim La.....	42	<i>metoprolol succinate er</i> .....	41	NATACYN.....	100
MAYZENT.....	56	<i>metoprolol tartrate</i> .....	41	NATAZIA.....	71
MAYZENT STARTER PACK..	56	<i>metoprolol-hydrochlorothiazide</i> ..	41	<i>nateglinide</i> .....	63
<i>meclizine hcl</i> .....	84	<i>metronidazole</i> .....	31, 88, 111	NATESTO.....	60
MEDPURA		<i>mexiletine hcl</i> .....	39	<i>nebivolol hcl</i> .....	41
HYDROCORTISONE.....	110	Mibelas 24 Fe.....	71	Necon 0.5/35 (28).....	71
MEDROL.....	79	Microgestin 1.5/30.....	71	Necon 1/35 (28).....	71
<i>medroxyprogesterone acetate</i>		Microgestin 1/20.....	71	NEMLUVIO.....	111
.....	70, 82	Microgestin Fe 1.5/30.....	71	<i>neomycin sulfate</i> .....	26
<i>mefloquine hcl</i> .....	26	Microgestin Fe 1/20.....	71	<i>neomycin-bacitracin zn-</i>	
<i>megestrol acetate</i> .....	34, 82	<i>midazolam hcl</i> .....	54	<i>polymyx</i> .....	100
MEKINIST.....	35	<i>midodrine hcl</i> .....	44	<i>neomycin-polymyxin-dexameth</i> ..	100
MEKTOVI.....	35	<i>miglitol</i> .....	60	<i>neomycin-polymyxin-gramicidin</i>	
Meleya.....	70	<i>miglustat</i> .....	80	.....	100
<i>meloxicam</i> .....	22	Mili.....	71	<i>neomycin-polymyxin-hc</i> ....	100, 112
<i>memantine hcl</i> .....	47	Mimvey.....	81	NEORAL.....	97
<i>memantine hcl er</i> .....	47	<i>minocycline hcl</i> .....	32	NERLYNX.....	35
MENOPUR.....	78	<i>minoxidil</i> .....	44	Neuac.....	107
<i>mepерidine hcl</i> .....	23	Minzoya.....	71	<i>nevirapine</i> .....	27
<i>meprobamate</i> .....	46	MIRENA (52 MG).....	71	<i>nevirapine er</i> .....	27
<i>mercaptapurine</i> .....	33	<i>mirtazapine</i> .....	47	NEW DAY.....	71
<i>mesalamine</i> .....	85	<i>misoprostol</i> .....	86	NEXPLANON.....	71
<i>mesalamine-cleanser</i> .....	85	<i>mm aspirin</i> .....	25	NEXTSTELLIS.....	71
MESNEX.....	37	<i>modafinil</i> .....	58	<i>niacin er (antihyperlipidemic)</i> ....	40
<i>metaxalone</i> .....	57	<i>moexipril hcl</i> .....	38	NIACOR.....	40
<i>metformin hcl</i> .....	60	<i>mometasone furoate</i> .....	105, 110	<i>nicardipine hcl</i> .....	42
<i>metformin hcl er</i> .....	60	Mondoxyne NI.....	32	NICORELIEF.....	59
<i>methadone hcl</i> .....	23	Mono-Linyah.....	71	<i>nicotine</i> .....	59
Methadone Hcl Intensol.....	23	<i>montelukast sodium</i> .....	105	<i>nicotine mini</i> .....	59
Methadose.....	23	<i>morphine sulfate</i> .....	23, 24	<i>nicotine polacrilex</i> .....	59
<i>methamphetamine hcl</i> .....	53	<i>morphine sulfate (concentrate)</i> ..	23	<i>nicotine polacrilex mini</i> .....	59
<i>methazolamide</i> .....	44	<i>morphine sulfate er</i> .....	23	<i>nicotine step 1</i> .....	59
<i>methenamine hippurate</i> .....	31	MOUNJARO.....	61	<i>nicotine step 2</i> .....	59
<i>methenamine mandelate</i> .....	31	<i>moxifloxacin hcl</i> .....	30, 100	<i>nicotine step 3</i> .....	59
Methergine.....	81	<i>multi-vitamin/fluoride</i> .....	99	NICOTROL NS.....	59
<i>methimazole</i> .....	82	<i>multi-vitamin/fluoride/iron</i> .....	99	<i>nifedipine</i> .....	42
<i>methocarbamol</i> .....	57	<i>mupirocin</i> .....	107	<i>nifedipine er</i> .....	42
<i>methotrexate sodium</i> .....	33, 95	MY CHOICE.....	71	<i>nifedipine er osmotic release</i> .....	42
<i>methotrexate sodium (pf)</i> .....	33	MY WAY.....	71	Nikki.....	71
<i>methoxsalen rapid</i> .....	108	<i>mycophenolate sodium</i> .....	96	<i>nilutamide</i> .....	34
<i>methscopolamine bromide</i> .....	83	MYFEMBREE.....	82	<i>nimodipine</i> .....	43
<i>methyl dopa</i> .....	44	MYFORTIC.....	96	NINLARO.....	37
<i>methylergonovine maleate</i> .....	81	MYLERAN.....	33	<i>nisoldipine er</i> .....	43
<i>methylphenidate hcl</i> .....	53	<i>na sulfate-k sulfate-mg sulf</i> .....	85	<i>nitisinone</i> .....	80
<i>methylphenidate hcl er</i> .....	53	<i>nabumetone</i> .....	22	NITRO-DUR.....	44
<i>methylphenidate hcl er (cd)</i> .....	53	<i>nadolol</i> .....	41	<i>nitrofurantoin macrocrystal</i> .....	31
<i>methylphenidate hcl er (la)</i> .....	53	<i>naftifine hcl</i> .....	108	<i>nitrofurantoin monohyd macro</i> ...	31
<i>methylphenidate hcl er (osm)</i> .....	53	<i>naloxone hcl</i> .....	58	<i>nitroglycerin</i> .....	44
<i>methylprednisolone</i> .....	79	<i>naltrexone hcl</i> .....	58	NITROLINGUAL.....	45

NIVESTYM.....	90	<i>ofloxacin</i> .....	30, 100, 112	<i>oseltamivir phosphate</i> .....	29
<i>nizatidine</i> .....	84	<i>olanzapine</i> .....	50	OSEVELT.....	64
Nora-Be.....	71	<i>olanzapine-fluoxetine hcl</i> .....	58	OTEZLA.....	94
NORDITROPIN FLEXPRO.....	80	<i>olmesartan medoxomil</i> .....	39	OTEZLA XR.....	94
<i>norelgestromin-eth estradiol</i> .....	71	<i>olmesartan medoxomil-hctz</i> .....	38	OTEZLA/OTEZLA XR	
<i>norethin ace-eth estrad-fe</i> .....	71	<i>olmesartan-amlodipine-hctz</i> .....	38	INITIATION PK.....	94
<i>norethindrone</i> .....	72	<i>olopatadine hcl</i> .....	100, 103	<i>oxaprozin</i> .....	22
<i>norethindrone acetate</i> .....	82	OLUMIANT.....	93	<i>oxazepam</i> .....	46
<i>norethindrone acet-ethinyl est</i> ....	71	<i>omega-3-acid ethyl esters</i> .....	41	<i>oxcarbazepine</i> .....	52
<i>norethindrone-eth estradiol</i> .....	81	<i>omeprazole</i> .....	86	<i>oxybutynin chloride</i> .....	88
<i>norethin-eth estradiol-fe</i> .....	72	OMNIFLEX DIAPHRAGM.....	72	<i>oxybutynin chloride er</i> .....	88
NORGESIC.....	57	OMNIPOD 5 DEXG7G6		<i>oxycodone hcl</i> .....	24
<i>norgestimate-eth estradiol</i> .....	72	INTRO GEN 5.....	77	<i>oxycodone-acetaminophen</i> .....	24
<i>norgestim-eth estrad triphasic</i> ....	72	OMNIPOD 5 DEXG7G6 PODS		<i>oxymorphone hcl</i> .....	24
Norlyda.....	72	GEN 5.....	77	OZEMPIC (0.25 OR 0.5	
Norlyroc.....	72	OMNIPOD DASH INTRO		MG/DOSE).....	61
Nortrel 0.5/35 (28).....	72	(GEN 4).....	77	OZEMPIC (1 MG/DOSE).....	61
Nortrel 1/35 (21).....	72	OMNIPOD DASH PDM (GEN		OZEMPIC (2 MG/DOSE).....	61
Nortrel 1/35 (28).....	72	4).....	77	Pacerone.....	39
Nortrel 7/7/7.....	72	OMNIPOD DASH PODS		<i>paliperidone er</i> .....	50
<i>nortriptyline hcl</i> .....	48	(GEN 4).....	77	PANCREAZE.....	86
NORVIR.....	27	<i>ondansetron</i> .....	84	<i>pantoprazole sodium</i> .....	86
NOVOLIN 70/30.....	62	<i>ondansetron hcl</i> .....	84	PARAGARD	
NOVOLIN 70/30 FLEXPEN.....	62	ONUREG.....	33	INTRAUTERINE COPPER.....	72
NOVOLIN N.....	62	OPCICON ONE-STEP.....	72	<i>paricalcitol</i> .....	83
NOVOLIN N FLEXPEN.....	62	OPILL.....	72	<i>paroxetine hcl</i> .....	48
NOVOLIN R.....	62	OPSUMIT.....	45	<i>paroxetine hcl er</i> .....	48
NOVOLIN R FLEXPEN.....	62	OPSYNVI.....	45	PAXLOVID (150/100).....	29
NOVOLOG.....	62	OPTION 2.....	72	PAXLOVID (300/100 &	
NOVOLOG FLEXPEN.....	62	OPTIONS GYNOL II		150/100).....	29
NOVOLOG MIX 70/30		CONTRACEPTIVE.....	87	PAXLOVID (300/100).....	29
FLEXPEN.....	62	ORACEA.....	111	<i>peg 3350-kcl-na bicarb-nacl</i> .....	85
NOVOLOG PENFILL.....	62	ORALAIR.....	92	<i>peg-3350/electrolytes</i> .....	85
NUBEQA.....	34	ORALAIR ADULT STARTER		<i>peg-3350/electrolytes/ascorbat</i> ...85	
NUCALA.....	93	PACK.....	92	<i>peg-kcl-nacl-nasulf-na asc-c</i> .....86	
NUFOL.....	99	Oralone.....	111	PEG-PREP.....	86
NULEV.....	83	ORENCIA.....	94	<i>penicillamine</i> .....	65
NUTRIFAC ZX.....	99	ORENCIA CLICKJECT.....	94	<i>penicillin v potassium</i> .....	32
NUVARING.....	72	ORENITRAM.....	45	<i>pentazocine-naloxone hcl</i> .....	24
NUWIQ.....	90	ORENITRAM MONTH 1.....	45	<i>pentoxifylline er</i> .....	91
Nyamyc.....	108	ORENITRAM MONTH 2.....	45	PERFOROMIST.....	104
Nylia 1/35.....	72	ORENITRAM MONTH 3.....	45	<i>perindopril erbumine</i> .....	38
Nylia 7/7/7.....	72	ORFADIN.....	80	Periogard.....	112
<i>nystatin</i> .....	26, 108, 111	ORIAHNN.....	83	<i>permethrin</i> .....	111
<i>nystatin-triamcinolone</i> .....	108	ORLISSA.....	78	<i>perphenazine</i> .....	50
Nystop.....	108	ORLADEYO.....	95	PHEBURANE.....	82
NYVEPRIA.....	90	<i>orphenadrine citrate er</i> .....	57	<i>phenelzine sulfate</i> .....	48
OB COMPLETE.....	98	<i>orphenadrine-aspirin-caffeine</i> ...57		<i>phenobarbital</i> .....	52
<i>octreotide acetate</i> .....	60	Orquidea.....	72	<i>phenoxybenzamine hcl</i> .....	44
ODEFSEY.....	28	Orsythia.....	72	<i>phenylephrine hcl</i> .....	101
ODOMZO.....	37	ORTHOVISC.....	25	<i>phenytoin</i> .....	52
OFEV.....	105	<i>oscimin</i> .....	83	<i>phenytoin sodium extended</i> .....	52

PHEXX.....	87	PREGNYL.....	78	<i>ramelteon</i> .....	54
Philith.....	72	<i>prenatal 19</i> .....	98	<i>ramipril</i> .....	38
PHOSPHA 250 NEUTRAL.....	97	Prevalite.....	40	<i>ranolazine er</i> .....	44
<i>phosphorous</i> .....	97	PREZCOBIX.....	28	<i>rasagiline mesylate</i> .....	49
PHOSPHO-TRIN 250		PRIFTIN.....	29	RASUVO.....	95
NEUTRAL.....	97	<i>primaquine phosphate</i> .....	26	REBIF.....	56
Physiolyte.....	102	PRIVIGEN.....	96	REBIF REBIDOSE.....	56
Physiosol Irrigation.....	102	<i>probenecid</i> .....	21	REBIF REBIDOSE	
<i>phytonadione</i> .....	99	<i>prochlorperazine</i> .....	84	TITRATION PACK.....	56
<i>pilocarpine hcl</i> .....	101, 112	<i>prochlorperazine edisylate</i> .....	84	REBIF TITRATION PACK.....	56
<i>pimecrolimus</i> .....	108	<i>prochlorperazine maleate</i> .....	84	REBINYN.....	91
Pimtree.....	72	PROCRIT.....	90	Reclipsen.....	73
<i>pindolol</i> .....	41	Procto-Med Hc.....	87	RELION TRUE MET AIR	
<i>pioglitazone hcl</i> .....	63	Proctozone-Hc.....	87	GLUC METER.....	77
<i>pioglitazone hcl-glimepiride</i> .....	63	<i>progesterone</i> .....	82	RELION TRUE METRIX	
<i>pioglitazone hcl-metformin hcl</i> ...	63	PROGRAF.....	97	TEST STRIPS.....	78
PIQRAY (200 MG DAILY		PROLATE.....	24	REMICADE.....	92
DOSE).....	35	PROLIA.....	64	<i>reno caps</i> .....	99
PIQRAY (250 MG DAILY		<i>promethazine hcl</i> .....	84	<i>repaglinide</i> .....	63
DOSE).....	36	<i>promethazine-codeine</i> .....	104	REPATHA.....	41
PIQRAY (300 MG DAILY		<i>promethazine-dm</i> .....	104	REPATHA SURECLICK.....	41
DOSE).....	36	Promethegan.....	84	RESTASIS.....	101
<i>pirfenidone</i> .....	105	<i>propafenone hcl</i> .....	39	RESTASIS MULTIDOSE.....	101
Pirmella 7/7/7.....	72	<i>propafenone hcl er</i> .....	39	RETACRIT.....	90
<i>piroxicam</i> .....	22	<i>proparacaine hcl</i> .....	101	RETEVMO.....	36
<i>pitavastatin calcium</i> .....	40	<i>propranolol hcl</i> .....	41, 42	RETIN-A MICRO.....	107
PLENVU.....	86	<i>propranolol hcl er</i> .....	41	RETIN-A MICRO PUMP.....	107
<i>pnv-dha</i> .....	98	<i>propylthiouracil</i> .....	82	<i>ribavirin</i> .....	31
<i>pnv-select</i> .....	98	<i>protriptyline hcl</i> .....	48	<i>rifabutin</i> .....	29
<i>podofilox</i> .....	111	<i>pseudoeph-bromphen-dm</i> .....	104	<i>rifampin</i> .....	29
<i>poly-iron 150 forte</i> .....	99	PULMICORT FLEXHALER...	106	<i>riluzole</i> .....	46
<i>polymyxin b-trimethoprim</i> .....	100	PULMOZYME.....	104	<i>ringers irrigation</i> .....	102
<i>polysaccharide iron forte</i> .....	99	<i>pyrazinamide</i> .....	29	RINVOQ.....	94
POMALYST.....	33	<i>pyridostigmine bromide</i> .....	57	RINVOQ LQ.....	94
Portia-28.....	72	<i>pyridostigmine bromide er</i> .....	57	<i>risedronate sodium</i> .....	64
<i>pot &amp; sod cit-cit ac</i> .....	88	<i>pyridoxine hcl</i> .....	99	<i>risperidone</i> .....	50
<i>potassium chloride</i> .....	98	PYZCHIVA.....	94	<i>ritonavir</i> .....	27
<i>potassium chloride crys er</i> .....	97	<i>qc aspirin low dose</i> .....	25	<i>rivastigmine</i> .....	47
<i>potassium chloride er</i> .....	97	<i>qc childrens aspirin</i> .....	25	<i>rivastigmine tartrate</i> .....	47
<i>potassium citrate er</i> .....	88	<i>qc nicotine transdermal system</i> ...	59	Rivelsa.....	73
<i>pramipexole dihydrochloride</i> .....	49	QSYMIA.....	64	<i>rizatriptan benzoate</i> .....	55
<i>pramipexole dihydrochloride er</i> .....	49	<i>quetiapine fumarate</i> .....	50	<i>ropinirole hcl</i> .....	49
<i>prasugrel hcl</i> .....	91	<i>quetiapine fumarate er</i> .....	50	<i>ropinirole hcl er</i> .....	49
<i>pravastatin sodium</i> .....	40	<i>quinapril hcl</i> .....	38	<i>rosuvastatin calcium</i> .....	40
<i>praziquantel</i> .....	26	<i>quinapril-hydrochlorothiazide</i> ...	37	Roweepra.....	52
<i>prazosin hcl</i> .....	38	<i>quinidine gluconate er</i> .....	39	ROZLYTREK.....	36
<i>prednisolone</i> .....	79	<i>quinine sulfate</i> .....	26	RUCONEST.....	95
<i>prednisolone acetate</i> .....	101	<i>rabeprazole sodium</i> .....	86	RUKOBIA.....	27
<i>prednisolone sodium phosphate</i>		RADICAVA ORS.....	46	RYBELSUS.....	61
.....	79, 101	RADICAVA ORS STARTER		RYCLORA.....	103
<i>prednisone</i> .....	79	KIT.....	46	RYDAPT.....	36
<i>pregabalin</i> .....	52	<i>raloxifene hcl</i> .....	81	SANDIMMUNE.....	97

<i>sapropterin dihydrochloride</i> .....	81	SPS (SODIUM POLYSTYRENE SULF).....	82	Taysofy.....	73
SAVELLA.....	54	Sronyx.....	73	<i>tazarotene</i> .....	108
SAVELLA TITRATION PACK.....	54	Ssd.....	107	TECFIDERA.....	56, 57
SAXENDA.....	64	ST JOSEPH LOW DOSE.....	25	<i>telmisartan</i> .....	39
<i>sb childrens aspirin</i> .....	25	STELARA.....	94	<i>telmisartan-amlodipine</i> .....	39
SCSEMBLIX.....	36	<i>sterile water for irrigation</i> .....	102	<i>telmisartan-hctz</i> .....	39
<i>scopolamine</i> .....	84	STRENSIQ.....	81	<i>temazepam</i> .....	54
<i>selegiline hcl</i> .....	49	STRIVERDI RESPIMAT.....	104	<i>temozolomide</i> .....	33
<i>selenium sulfide</i> .....	108	Subvenite.....	52	TENCON.....	21
<i>se-natal 19</i> .....	98	Subvenite Starter Kit-Blue.....	52	<i>tenofovir disoproxil fumarate</i> .....	27
SENSIPAR.....	64	Subvenite Starter Kit-Green.....	52	<i>terazosin hcl</i> .....	87
<i>sertraline hcl</i> .....	48	Subvenite Starter Kit-Orange.....	52	<i>terbinafine hcl</i> .....	26
Setlakin.....	73	SUCRAID.....	86	<i>terbutaline sulfate</i> .....	104
<i>sevelamer carbonate</i> .....	81	<i>sucralfate</i> .....	86	<i>terconazole</i> .....	88
<i>sevelamer hcl</i> .....	81	SUFLAVE.....	86	<i>testosterone</i> .....	60
SEVENFACT.....	89	<i>sulfacetamide sodium</i> .....	101	<i>testosterone cypionate</i> .....	60
Sharobel.....	73	<i>sulfacetamide sodium (acne)</i> ....	107	<i>testosterone enanthate</i> .....	60
SHEWISE.....	73	<i>sulfacetamide-prednisolone</i> .....	100	<i>tetrabenazine</i> .....	56
SIKLOS.....	91	<i>sulfamethoxazole-trimethoprim</i> ..	31	<i>tetracycline hcl</i> .....	32
<i>sildenafil citrate</i> .....	45	<i>sulfasalazine</i> .....	85	TEZSPIRE.....	105
<i>silodosin</i> .....	87	Sulfatrim Pediatric.....	31	THALOMID.....	33
<i>silver sulfadiazine</i> .....	107	<i>sulindac</i> .....	22	<i>theophylline</i> .....	106
Simliya.....	73	<i>sumatriptan</i> .....	55	<i>theophylline er</i> .....	106
Simpesse.....	73	<i>sumatriptan succinate</i> .....	55	<i>thioridazine hcl</i> .....	50
SIMPONI ARIA.....	92	SUNLENCA.....	27	<i>thiothixene</i> .....	50
<i>simvastatin</i> .....	40	SUNOSI.....	58	THRIVE.....	60
SKYLA.....	73	SUPPRELIN LA.....	65	<i>thrivite rx</i> .....	98
SKYRIZI.....	94	SUPREP BOWEL PREP KIT....	86	Tiadylt Er.....	43
SKYRIZI PEN.....	94	SUTAB.....	86	<i>tiagabine hcl</i> .....	52
SLYND.....	73	SUTENT.....	36	Tilia Fe.....	73
<i>sm nicotine</i> .....	59, 60	Syeda.....	73	<i>timolol hemihydrate</i> .....	100
<i>sm nicotine polacrilex</i> .....	60	SYMFI.....	28	<i>timolol maleate</i> .....	42, 100
<i>sod citrate-citric acid</i> .....	88	SYMPROIC.....	86	<i>timolol maleate (once-daily)</i> ....	100
<i>sodium chloride</i> .....	98, 105	SYMTUZA.....	28	<i>tinidazole</i> .....	26
<i>sodium fluoride</i> .....	98	SYNJARDY.....	63	TIVICAY.....	27
<i>sodium phenylbutyrate</i> .....	82	SYNJARDY XR.....	63	TIVICAY PD.....	27
<i>sodium polystyrene sulfonate</i> .....	81	TABLOID.....	33	<i>tizanidine hcl</i> .....	57
SOGROYA.....	80	<i>tacrolimus</i> .....	97, 108	<i>tobramycin</i> .....	101, 104
Solia.....	73	<i>tadalafil</i> .....	87	<i>tobramycin-dexamethasone</i> .....	100
<i>solifenacin succinate</i> .....	88	<i>tadalafil (pah)</i> .....	45	TOBREX.....	101
SOLIQUA.....	61	TADLIQ.....	45	TODAY SPONGE.....	87
SOMATULINE DEPOT.....	60	TAFINLAR.....	36	<i>tolcapone</i> .....	49
<i>sotalol hcl</i> .....	39	TAGRISSE.....	36	<i>tolterodine tartrate</i> .....	88
<i>sotalol hcl (af)</i> .....	39	TAKE ACTION.....	73	<i>tolterodine tartrate er</i> .....	88
SOTYKTU.....	94	TAKHZYRO.....	95	<i>topiramate</i> .....	52
SPIRIVA HANDIHALER.....	103	<i>tamoxifen citrate</i> .....	34	<i>toremifene citrate</i> .....	34
SPIRIVA RESPIMAT.....	103	<i>tamsulosin hcl</i> .....	87	<i>torseamide</i> .....	44
<i>spironolactone</i> .....	38	TAPERDEX 12-DAY.....	79	<i>tramadol hcl</i> .....	24
<i>spironolactone-hctz</i> .....	44	TAPERDEX 7-DAY.....	79	<i>tramadol hcl (er biphasic)</i> .....	24
Sprintec 28.....	73	Tarina 24 Fe.....	73	<i>tramadol hcl er</i> .....	24
SPRYCEL.....	36	Tarina Fe 1/20 Eq.....	73	<i>tramadol-acetaminophen</i> .....	24
Sps (Sodium Polystyrene Sulf)...	82			<i>trandolapril</i> .....	38

<i>tranexamic acid</i> .....	91	TRUE METRIX GO		<i>verapamil hcl er</i> .....	43
<i>tranylcypromine sulfate</i> .....	48	GLUCOSE METER.....	78	VERZENIO.....	36
<i>trazodone hcl</i> .....	48	TRUE METRIX METER.....	78	Vestura.....	74
TRELEGY ELLIPTA.....	103	TRUEPLUS LANCETS 28G.....	78	VEVYE.....	101
TREMFYA.....	94	TRUEPLUS LANCETS 30G.....	78	VFEND.....	26
TREMFYA ONE-PRESS.....	94	TRUEPLUS LANCETS 33G.....	78	VIC-FORTE.....	99
TREMFYA PEN.....	94	TRULICITY.....	61	Vienna.....	74
<i>treprostinil</i> .....	45	TRUQAP.....	36	<i>vigabatrin</i> .....	52
TRESIBA.....	63	TUKYSA.....	36	Vigadrone.....	52
TRESIBA FLEXTOUCH.....	62	TURALIO.....	36	<i>viorele</i> .....	74
<i>tretinoin</i> .....	37, 107	Turqoz.....	74	VISTOGARD.....	37
<i>tretinoin microsphere</i> .....	107	TWIIST REFILL KIT.....	78	VITA S FORTE.....	99
<i>tretinoin microsphere pump</i> .....	107	TWIIST REFILL		VITACEL.....	99
Tri Femynor.....	73	KIT/INFUSION SET.....	78	<i>vitamin d (ergocalciferol)</i> .....	99
<i>triamcinolone acetonide</i> ... ..	110, 112	TWIIST STARTER KIT.....	78	<i>vitamin k1</i> .....	99
<i>triamterene</i> .....	44	TWIRLA.....	74	VIVITROL.....	58
<i>triamterene-hctz</i> .....	44	TYBLUME.....	74	Volnea.....	74
<i>triazolam</i> .....	54	Tydemy.....	74	<i>voriconazole</i> .....	26
Triderm.....	110	TYKERB.....	36	VOSEVI.....	31
<i>trientine hcl</i> .....	65	TYMLOS.....	64	VRAYLAR.....	50
Tri-Estarylla.....	73	TYSABRI.....	57	Vyfemla.....	75
<i>trifluoperazine hcl</i> .....	50	UBRELVY.....	54	Vylibra.....	75
<i>trifluridine</i> .....	101	UCERIS.....	85	VYNDAMAX.....	44
<i>trihexyphenidyl hcl</i> .....	49	Unithroid.....	82	VYVGART HYTRULO.....	57
TRIJARDY XR.....	61	UPTRAVI.....	45	WAKIX.....	58
TRIKAFTA.....	104, 105	UPTRAVI TITRATION.....	45	<i>warfarin sodium</i> .....	89
Tri-Legest Fe.....	73	<i>ursodiol</i> .....	86	WEGOVY.....	64
Tri-Linyah.....	73	VAGIFEM.....	81	Wera.....	75
Tri-Lo-Estarylla.....	74	<i>valacyclovir hcl</i> .....	29	<i>wescap-pn dha</i> .....	98
Tri-Lo-Marzia.....	74	<i>valganciclovir hcl</i> .....	29	WIDE-SEAL DIAPHRAGM 60	75
Tri-Lo-Mili.....	74	<i>valproic acid</i> .....	52	WIDE-SEAL DIAPHRAGM 65	75
Tri-Lo-Sprintec.....	74	<i>valsartan</i> .....	39	WIDE-SEAL DIAPHRAGM 70	75
<i>trimethobenzamide hcl</i> .....	84	<i>valsartan-hydrochlorothiazide</i> ... ..	39	WIDE-SEAL DIAPHRAGM 75	75
Tri-Mili.....	74	Valtya 1/35.....	74	WIDE-SEAL DIAPHRAGM 80	75
TRINATE.....	98	Valtya 1/50.....	74	WIDE-SEAL DIAPHRAGM 85	75
Trinessa (28).....	74	<i>vancomycin hcl</i> .....	31	WIDE-SEAL DIAPHRAGM 90	75
TRIPTODUR.....	65	VANDAZOLE.....	88	WIDE-SEAL DIAPHRAGM 95	75
Tri-Sprintec.....	74	VANRAFIA.....	88	WILATE.....	89
TRIUMEQ.....	28	<i>varenicline tartrate</i> .....	60	Wixela Inhub.....	106
<i>triumeq pd</i> .....	28	<i>varenicline tartrate (starter)</i> .....	60	Wymzya Fe.....	75
<i>tri-vite/fluoride</i> .....	99	VASCEPA.....	41	XALKORI.....	36
Trivora (28).....	74	<i>v-c forte</i> .....	99	Xarah Fe.....	75
Tri-Vylibra.....	74	VCF VAGINAL		XARELTO.....	89
Tri-Vylibra Lo.....	74	CONTRACEPTIVE.....	87	XARELTO STARTER PACK... ..	89
<i>tropicamide</i> .....	101	VELIVET.....	74	XDEMVY.....	101
<i>tropium chloride</i> .....	88	VELSIPITY.....	94	XELJANZ.....	94, 95
<i>tropium chloride er</i> .....	88	VENCLEXTA.....	33	XELJANZ XR.....	95
TRUE METRIX AIR		VENCLEXTA STARTING		Xelria Fe.....	75
GLUCOSE METER.....	78	PACK.....	33	XEMBIFY.....	96
TRUE METRIX BLOOD		<i>venlafaxine hcl</i> .....	48	XEOMIN.....	54
GLUCOSE TEST.....	78	<i>venlafaxine hcl er</i> .....	48	XIFAXAN.....	31
		<i>verapamil hcl</i> .....	43	XIGDUO XR.....	63

XOLAIR.....	95
XOPENEX HFA.....	104
XOSPATA.....	36
XTANDI.....	34
Xulane.....	75
XYNTHA.....	91
XYNTHA SOLOFUSE.....	91
XYWAV.....	58
YESINTEK.....	95
YEZTUGO.....	27
<i>yl folic acid</i> .....	99
YONSA.....	34
YUPELRI.....	103
YUTREPIA.....	45
Zafemy.....	75
<i>zafirlukast</i> .....	105
<i>zaleplon</i> .....	54
ZEJULA.....	37
ZEMAIRA.....	102
ZENPEP.....	86
Zenzedi.....	53
ZEPOSIA.....	57
ZEPOSIA 7-DAY STARTER PACK.....	57
ZEPOSIA STARTER KIT.....	57
<i>zidovudine</i> .....	27
<i>ziprasidone hcl</i> .....	50
ZITUVIMET.....	61
ZITUVIMET XR.....	61
ZITUVIO.....	61
<i>zoledronic acid</i> .....	64
ZOLINZA.....	37
<i>zolmitriptan</i> .....	55
<i>zolpidem tartrate</i> .....	54
<i>zolpidem tartrate er</i> .....	54
<i>zonisamide</i> .....	52
ZORTRESS.....	97
Zovia 1/35 (28).....	75
Zumandimine.....	75
ZURZUVAE.....	48
ZYKADIA.....	36